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**REPUBLIC OF SIERRA LEONE**

**NATIONAL AIDS SPENDING ASSESSMENT  
(NASA)**

**FOR THE PERIOD: 2006-2007**

**FLOW AND LEVEL OF RESOURCES AND EXPENDITURES  
OF THE NATIONAL HIV AND AIDS RESPONSE**

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May 2009



**UNAIDS**  
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

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UNICEF  
WFP  
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NATIONAL AIDS SPENDING ASSESSMENT (NASA)  
FOR THE PERIOD: 2006-2007  
FLOW AND LEVEL OF RESOURCES AND EXPENDITURES  
OF THE NATIONAL HIV AND AIDS RESPONSE



NATIONAL HIV/AIDS SECRETARIAT



Programa Prioritário de ITS-SIDA

National Counterparts

Mohamed Turay – UNAIDS SL  
Marxin S. Kanu – NAS  
Victor S- Kamara – NAS  
Kiskama F. Swarray - MOH  
Alimamy Kamara – M&E MOH Reproductive and Child health programe  
Mustapha Ben Coker – MOH Health Education Oficcer

International counterparts

Anastasiya Nitsoy – UNAIDS HQ / AFE  
Christian Arán – International Consultant  
Germán Fynn – International Consultant

ACRONYMS.....	7
FOREWORD .....	8
1 Basic Fact Sheet on Sierra Leone HIV and AIDS Expenditure for the period 2006-2007 .....	10
2 Introduction .....	11
2.1 Context for the Assessment .....	11
2.2 Objectives and Purpose .....	11
2.3 Scope of the Assessment .....	11
3 Study Design and Methodology.....	12
3.1 Approach .....	12
3.2 NASA Methodology.....	13
3.3 Data Collection and Processing.....	15
3.3.1 NASA Preparatory Mission .....	15
3.3.2 NASA Mission and NASA Team .....	15
3.3.3 Sources of Data.....	16
3.3.4 Data Collection .....	16
3.3.5 Data Processing.....	16
3.4 Limitations of the Assessment .....	17
4 Overview of the Country Context .....	18
4.1 HIV and AIDS Situation .....	18
4.1.1 Regional Context .....	18
4.1.2 Sierra Leone Context .....	19
4.1.3 Status of the epidemic .....	20
4.2 The National Response to the AIDS Epidemic.....	21
4.2.1 Policy Context .....	21
5 NASA Results and Main Policy Findings.....	23
5.1 2007 NASA results.....	23
5.1.1 Financing Sources 2007 .....	23
5.1.2 AIDS Spending Categories - 2007 .....	25
5.1.3 Preventive interventions - 2007 .....	26
5.1.4 Service Providers – 2007.....	27
5.1.5 Financing Agents – 2007 .....	28
5.1.6 Beneficiary Populations – 2007 .....	28
5.2 2006 NASA results.....	30
5.2.1 Financing Sources 2006 .....	30

5.2.2	AIDS Spending Categories - 2006 .....	30
5.3	2006 and 2007 comparison of the results .....	31
5.3.1	Financing Sources.....	31
5.3.2	Financing Agents .....	31
5.3.3	HIV Service Providers .....	31
5.3.4	Composition of HIV and AIDS Spending .....	32
6	Conclusions .....	33
6.1	Main Findings.....	33
6.2	Recommendations.....	34
7	Bibliography .....	35
Annex 1 – Contacted Institutions .....		36
Annex 2 – Assumptions and Estimations.....		37
	Assumptions for ART laboratory monitoring and OI diagnostics estimations.....	38
	OI prophylaxis and treatment estimations .....	39
	STI treatment estimations .....	39
	Matching TOP-DOWN and BOTTOM-UP: ARVs, OIs, STIs, tests .....	39
	Estimation of UN agencies funding of HIV response in Sierra Leone .....	40
	GFTAM - NASA Categories Crosswalk for Sierra Leone.....	41
Annex 3 – Letter used for data collection.....		51
	Letter to NGOs .....	51
	Letter to Donors and Government Ministries .....	52
Annex 4 – Forms.....		53
	Form 1 .....	53
1	<i>HIV RESPONSE INSTITUTIONS</i> .....	53
2	This information is confidential .....	53
	Form 2 .....	56
Annex 5 – Status on data collected .....		63
Annex 6 – Matrixes .....		65
	2007 – Financing Sources to AIDS Spending Categories – USD (section 1) .....	65
	2007 – Financing Sources to AIDS Spending Categories – USD (section 2) .....	66
	2007 – Financing Sources to AIDS Spending Categories – USD (section 3) .....	67
	2007 – Financing Agents to AIDS Spending Categories – USD (section 1).....	68
	2007 – Financing Agents to AIDS Spending Categories – USD (section 2).....	69
	2007 – Financing Agents to AIDS Spending Categories – USD (section 3).....	70
	2007 – Financing Agents to AIDS Spending Categories – USD (section 4).....	71
	2007 – Beneficiary Populations to AIDS Spending Categories – USD (section 1).....	72
	2007 – Beneficiary Populations to AIDS Spending Categories – USD (section 2).....	73
	2007 – Providers of Services to AIDS Spending Categories – USD (section 1) .....	74

2007 – Providers of Services to AIDS Spending Categories – USD (section 2) .....	75
2007 – Providers of Services to AIDS Spending Categories – USD (section 3) .....	76
2007 – Providers of Services to AIDS Spending Categories – USD (section 4) .....	77
2007 – Financing Sources to Financing Agents – USD .....	78

<i>Figure 1 Transactions</i> .....	13
<i>Figure 2 “Bottom up” and “Top down” approach.</i> .....	14
<i>Figure 3 NASA dimensions and categories.</i> .....	15
<i>Figure 4 Timeline of the NASA mission in Sierra Leone</i> .....	15
<i>Figure 5 HIV prevalence by age group and sex.</i> .....	20
<i>Figure 6 National Response – Mapping of actors:</i> .....	22
<i>Figure 7 Financing Sources 2007 – Table (1<sup>st</sup> and 2<sup>nd</sup> digit analysis):</i> .....	23
<i>Figure 8 Financing Sources 2007 – Graph, International components (2<sup>nd</sup> digit analysis):</i> .....	23
<i>Figure 9 Financing Sources 2007 – Table (3<sup>d</sup> digit analysis):</i> .....	24
<i>Figure 10 AIDS Spending Categories 2007 – Table, 1<sup>st</sup> digit:</i> .....	25
<i>Figure 11 AIDS Spending Categories 2007 – Main sub components:</i> .....	25
<i>Figure 12 Spending on Prevention 2007 – Table:</i> .....	26
<i>Figure 13 Spending on Prevention 2007 – Graph:</i> .....	26
<i>Figure 14 Service Providers of the HIV National Response 2007 – USD:</i> .....	27
<i>Figure 15 Service Providers of the HIV National Response 2007 – Main providers:</i> .....	27
<i>Figure 16 Financing Sources to Financing Agents 2007, USD:</i> .....	28
<i>Figure 17 Beneficiary Populations of the HIV National Response 2007:</i> .....	28
<i>Figure 18 Beneficiary Populations of the HIV National Response 2007:</i> .....	29
<i>Figure 19 Financing Sources 2006 – Table (1<sup>st</sup> digit ):</i> .....	30
<i>Figure 20 AIDS Spending Categories 2006 – Table 1<sup>st</sup> digit:</i> .....	30



## ACRONYMS

<b>ART</b>	Antiretroviral Therapy
<b>ASC</b>	Aids Spending Categories
<b>BCC</b>	behaviour change communication
<b>BP</b>	Beneficiary Populations
<b>CDB</b>	Caribbean Development Bank
<b>CSO</b>	civil society organization
<b>DAC</b>	Development Assistance Committee (of the OECD)
<b>DFID</b>	Department for International Development (of the United Kingdom)
<b>EU</b>	European Union
<b>FA</b>	Financing Agent
<b>FBO</b>	Faith-based organization
<b>FS</b>	Financing Source
<b>GDP</b>	Gross Domestic Product
<b>GFTAM</b>	The Global Fund to Fight AIDS, Tuberculosis and Malaria
<b>HIV</b>	Human immune deficiency virus
<b>MDG</b>	Millennium Development Goals
<b>MOE</b>	Ministry of Education
<b>MOH</b>	Ministry of Health
<b>MSM</b>	Men that have sex with other men
<b>NAS</b>	National HIV/AIDS Secretariat
<b>NASA</b>	National Aids Spending Assessment
<b>NGO's</b>	Non-Governmental Organizations
<b>OI</b>	Opportunistic Infections
<b>OVC</b>	orphans and vulnerable children
<b>PEP</b>	post-exposure prophylaxis
<b>PF</b>	Production Factors
<b>PLHIV</b>	people living with HIV
<b>PMTCT</b>	Prevention of Mother-to-Child Transmission
<b>PPP</b>	Purchasing Parity Power
<b>PR</b>	Principal recipient of GFTAM
<b>PS</b>	Providers of services
<b>RTS</b>	Resource Tracking System
<b>SR</b>	Sub recipient of GFTAM
<b>STI</b>	sexually transmitted infections
<b>SW</b>	Sex Workers
<b>TB</b>	Tuberculosis
<b>UN</b>	United Nations
<b>UNAIDS</b>	Joint United Nations Program on HIV/AIDS
<b>UNDOC</b>	United Nations Office on Drugs and Crimes
<b>UNDP</b>	United Nations Development Programme
<b>UNESCO</b>	United Nations Educational, Scientific and Cultural Organization
<b>UNFPA</b>	United Nations Population Fund
<b>UNGASS</b>	United Nations General Assembly Special Session
<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>UNICEF</b>	United Nations Children's Fund
<b>UNOCHA</b>	United Nations Office for the Coordination of Humanitarian Affairs
<b>USAID</b>	United States Agency for International Development
<b>VCT</b>	Voluntary Counselling and Testing
<b>WB</b>	World Bank
<b>WFP</b>	World Food Programme
<b>WHO</b>	World Health Organization

Sub-Saharan Africa is home to approximately 11% of the global population and nearly two-thirds of all people living with HIV. Despite the unprecedented loss of life, millions orphaned, and economic impacts in this region, the increased level of funding for HIV and AIDS does not meet the resource need to address HIV. According to the recently released UNAIDS estimates of the financial resources required for Universal Access to prevention, treatment, care and support, there is a global funding gap of US\$ 8.1 billion in 2007<sup>1</sup>.

Since the first HIV and AIDS case was reported in Sierra Leone in 1987, 5879 individuals have tested positive for HIV and AIDS, 2341 of whom have developed the AIDS disease, and 555 are reported to have died. Prevalence rate of HIV was 1.5% in 2005. By the end of 2006 and 2007, prevalence at antenatal clinics (ANCs) was reported as 2.9% and 4.4% respectively.

The Government and its development partners remain at the forefront of efforts to move towards universal access to HIV prevention, treatment, care and support in Sierra Leone. Unless we can prevent new infections, future treatment costs will continue to mount. Similarly, treatment access is essential to efforts to preserve the productivity of adults and their households, reduce costly hospitalization, and alleviate the epidemic's impact on the economy and human development. Unless treatment programmes keep pace with need, HIV-related mortality is likely to increase, further intensifying the epidemic's impact. Given the many challenges that must be overcome to provide HIV services, high levels of funding will be needed to move towards universal access in the coming years.

In this situation, it is critical to know how funds are invested on Sierra Leone to deliver a well-coordinated and improved response to the pandemic. To do so, policymakers require data on the current organization and financing of HIV/AIDS programmes as well as routine expenditure data to determine if funds are being spent as intended and in line with national AIDS strategic plans. By obtaining such data, decision makers can determine the strengths and weaknesses on the countries' response to HIV.

NASA is a resource-tracking framework developed by UNAIDS that seeks to monitor the annual flow of funds used to finance the response to HIV/AIDS in a given country. NASA establishes the level and determinants of expenditure on HIV, thus measuring the national response to HIV/AIDS. It also facilitates creative efforts in diversifying financial sources as well as identifying areas for improving allocation in a more efficient and equitable way. NASA generates useful information for the decision-making and policy design process intended to reduce the burden of disease caused by HIV. Estimating the expenditure and all its implications for action are a complement for the efforts of countries that are designing and implementing strategic plans to tackle HIV/AIDS epidemic. Information about the existing situation offers a rationale for reforms in the funding, distribution and use of resources in response to HIV/AIDS. In order to be able to effectively allocate resources, it is important to have a precise analysis of the sources and the different uses of the funds, especially in situations of resource scarcity. If the total amount of resources devoted to HIV/AIDS, the financial sources and providers of the different services, and the financial gaps and functional overlaps are well identified, opportunities to increase investment will surface.

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<sup>1</sup> Financial resources required to achieve universal access to HIV prevention, treatment, care and support. UNAIDS, 2008.



This report was possible due to the support from the National HIV/AIDS Secretariat, UNAIDS country office in Sierra Leone, and several institutions, whether public or private, multilateral, bilateral, or non governmental, who collaborated with this report sharing the information requested.

Signed by:

# 1 Basic Fact Sheet on Sierra Leone HIV and AIDS Expenditure for the period 2006-2007

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## **HIV and AIDS Expenditure by Funding Sources:**

- o Total Spending: US\$ 7,616,723 in 2006; US\$ 9,172,666 in 2007
- o Public: US\$ 136,403 (2%) in 2006; US\$ 200,598 (2%) in 2007
- o International: US\$ 7,479,541 (98%) in 2006; US\$ 8,972,069 (98%) in 2007
- o Private: US\$ 780 (0%) in 2006

## **HIV and AIDS Expenditure by Financing Agent:**

- o Public: US\$ 4,720,774 (51%) in 2007
- o International: US\$ 4,400,908 (48%) in 2007
- o Private: US\$ 50,985 (1%) in 2007

## **HIV and AIDS Expenditure by Service Provider:**

- o Public Providers: US\$ 4,338,005 (57%) in 2006; US\$ 2,496,247 (27%) in 2007
- o Private Non-Profit: US\$ 2,483,017 (33%) in 2006; US\$ 5,087,973 (55%) in 2007
- o Private for Profit: US\$ 63,707 (1%) in 2006; US\$ 104,952 (1%) in 2007
- o Bilateral and Multilaterals: US\$ 731,994 (10%) in 2006; US\$ 1,483,495 (16%) in 2007

## **HIV and AIDS Expenditure by Programmatic Area:**

### **PREVENTION (in 2006 - 49% of total Expenditure; in 2007 - 61% of total Expenditure)**

- o Total Expenditure US\$ 3,704,586 in 2006 and US\$ 5,563,089 in 2007
- o Main Item: PMTCT in 2006, BCC in 2007

### **CARE and TREATMENT (in 2006 - 4% of total Expenditure; in 2007 - 11% of total Expenditure)**

- o Total Expenditure US\$ 325,048 in 2006 and US\$ 1,043,497 in 2007
- o Main Item: Nutritional support in 2006, ART in 2007

### **OVC ACTIVITIES (in 2006 - 3% of total Expenditure; in 2007 - 2% of total Expenditure)**

- o Total Expenditure US\$ 201,825 in 2006 and US\$ 193,297 in 2007
- o Main Item: OVC basic health care in 2006; OVC education in 2007

### **PROGRAM MANAGEMENT ACTIVITIES (in 2006 - 23% of total Expenditure; in 2007 - 19% of total Expenditure)**

- o Total Expenditure US\$ 1,730,135 in 2006 and US\$ 1,713,412 in 2007
- o Main Item: Planning, coordination and programme management (US\$1,075,039)

## **HIV and Expenditure by Beneficiary in 2007**

- o General Population: US\$ 2,819,408 (31%)
- o People Living with HIV: US\$ 1,388,791 (15%)
- o MARPS: US\$ 222,882 (2%)

## 2 Introduction

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### 2.1 Context for the Assessment

Sierra Leone faces a lot of challenges in setting up the national system of monitoring and evaluation and thus, moving from a “zero” prevalence before 2005 when the first survey was conducted indicating that Sierra Leone has 1.5% prevalence rate. The greatest challenge in responding to the problem of HIV and AIDS in the country is lack of reliable and accurate information on a range of relevant indicators. With this constraint, the National AIDS Secretariat committed resources through the support of UNAIDS to strengthen the area of M&E and strategic information management. Sierra Leone however enjoys a high degree of religious freedom and tolerance. The two major religions are Islam and Christianity. These religious groups have in the past collaborated in the promotion of some health programmes such as the Expanded Programme on Immunization and also HIV awareness raising campaigns.

### 2.2 Objectives and Purpose

The overall objective of this NASA activity is to contribute to the strengthening of National AIDS Spending Assessments in Sierra Leone in order to support the coordination, harmonization and alignment of HIV and AIDS resource use. The specific objectives of the study were the following:

- ✂ To track the allocation of HIV and AIDS funds, from their origin down to the end point of service delivery, among the different financing sources (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.
- ✂ To leverage both technical and financial support to develop a mechanism for institutionalizing HIV Spending Assessments.

Key issues that should be addressed by this NASA study are as follows:

- ✂ What is actually disbursed and spent in each component of the multisectoral HIV response? Are increased allocations of expenditure going to priority HIV interventions?
- ✂ What is the allocation of AIDS spending in relation to the objectives and targets of the National HIV/AIDS Strategic Plan?
- ✂ Where do HIV and AIDS funds go – Who are the main service providers and beneficiaries of these services?
- ✂ Does international donor assistance replace or induce a reduction of government expenditures for HIV and AIDS programmes and activities?

### 2.3 Scope of the Assessment

The assessment focused on tracking national level HIV expenditure available at central level for the year 2006 and 2007. Data collection covered domestic and external spending in HIV and AIDS, including funds channeled through the government. The assessment did not include household out-of-pocket expenditure on HIV and AIDS.

## 3 Study Design and Methodology

### 3.1 Approach

The National HIV and AIDS Spending Assessment (NASA) approach to resource tracking is a comprehensive and systematic methodology used to determine the flow of resources intended to combat HIV and AIDS. The tool tracks actual expenditure (public, private and international) both in health and non-health sectors (social mitigation, education, labour, and justice) that comprises the National Response to HIV and AIDS<sup>2</sup>.

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 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 target of the *Declaration of Commitment* adopted by the United National General Assembly Special Session on HIV and AIDS (UNGASS)<sup>3</sup>.

NASA follows a system of expenditure tracking that involves the systematic capturing of the flow of resources by different financial sources to service providers, through diverse mechanisms of transaction. A transaction comprises of all the elements of the financial flow, the transfer of resources from a financial source to a service provider, which spends the money in different budgetary items to produce functions (or interventions) in response to addressing HIV and AIDS to the benefit of specific target groups or to address unspecific populations (or the general population). 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.

In cases where there are missing data, costing techniques are used to estimate actual expenditure based on internationally accepted costing methods and standards used to retrogressively measure past actual expenditure. Ingredient and step-down costing is used for direct and shared expenditure for HIV and AIDS, whilst shared costs are allocated on the most appropriate utilization factor.

As part of its methodology, NASA employs double entry tables or matrices to represent the origin and destination of resources, avoiding double-accounting the expenditures by reconstructing the resources flows for every transaction from funding source to service provider and beneficiary population, rather than just adding up the expenditures of every agent that commits resources to HIV and AIDS activities.

The feasibility of NASA relies on background information, identification of key players and potential information sources, 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>2</sup> UNAIDS, 2006: National AIDS Spending Assessment: a notebook on methods, definitions and procured for the measurement of HIV/AIDS financing flows and expenditures at country level. (draft- work in progress).

<sup>3</sup> *Declaration of Commitment* adopted by the United National General Assembly Special Session on HIV and AIDS (UNGASS)

NASA was recommended as a methodology to report to UNGASS on the Indicator No 1 on in-country spending on the whole set of activities within the response to HIV and AIDS from different sources. Out of 145 countries who submitted their reports for review at the 2008 High-level Meeting, 107 included information on HIV spending.

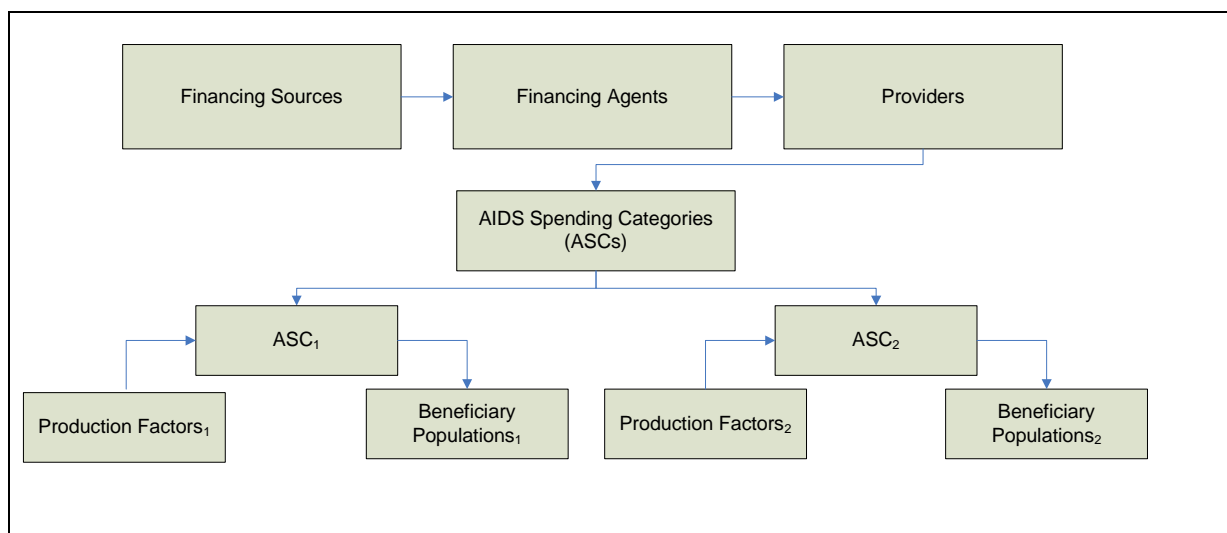
### 3.2 NASA Methodology

NASA describes the flow of resources from their origin down to the beneficiary populations. The financial flows for the national HIV response are grouped in three dimensions: finance, provision and consumption. Expenditures are reconciled from these three dimensions using the triangulation of the data.

The financial flows refer to the dimension in which financing agents obtain resources from the financing sources to “purchase” the transformation of those resources into goods and services by providers.

A transaction is a transfer of resources between different economic agents. The unit of observation to reconstruct the flows from the origin to its ends is the transaction. Central to the resource tracking work is the comprehensive reconstruction of all transactions to follow the money flows from the financing sources, through buyers and providers and finally to the beneficiaries. NASA methodology uses this concept to reflect a the transfer of resources from a financing source to financing agent and finally to a provider of goods or services, who invests in different production factors to generate ASC intended to benefit specific beneficiary populations (Figure 1). The illustration shows the financing flow linking the financing source with the financing agent and the provider. The provider can produce several ASC (two in this example: ASC1 and ASC2). Each ASC is produced by a specific combination of resources consumed: production factors1 and production factors2. Also, each of the ASC is produced to reach one or more specific intended beneficiary populations: beneficiary population1 and beneficiary population2.

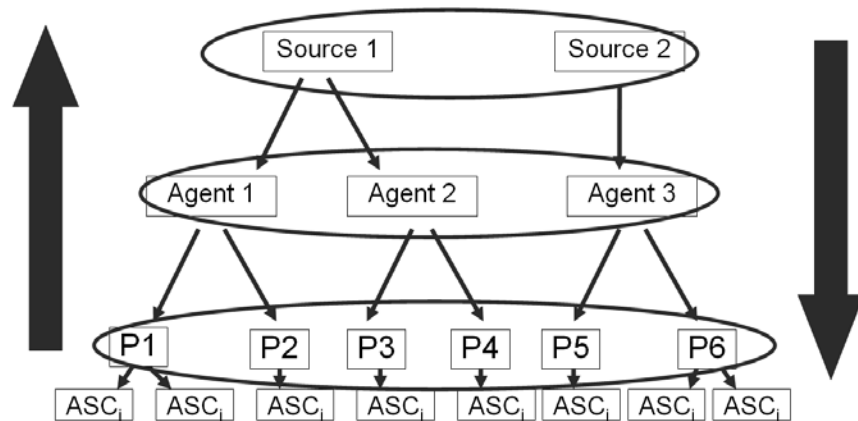
Figure 1 Transactions



The identification of transactions starts during the planning step, when mapping the different actors on the HIV response. The source-agent-provider relation is established here, transfer mechanisms and all kind of activities that are financed this way are identified. During the data collection the transaction is complemented with the amount of the resources implicit on it.

Finally, during the data analysis all transactions are completed and crosschecked doing a “bottom up” and “top down” reconciliation to avoid double counting and to ensure that the amounts inputted to the transaction reflect actual spending (Figure 2).

Figure 2 “Bottom up” and “Top down” approach.



Therefore, each financial transaction must be recreated to eventually add up to the total national (or any sub-national unit) and each dimension can be cross-tabulated against any other of the dimensions. Working with transactions from the beginning of data collection means that all data collected must be accounted for its specific source, agent, provider, ASC(s), production factor(s) and beneficiary population(s). By doing so all data collected is matched in all of its dimensions (financing, production and use) before they are accounted in the matrixes, consequently the closure of the matrixes is guaranteed in advanced. If all transactions are complete and closed, the matrix and estimations will close as well.

Another important fact to be considered during any resource tracking assessment is to avoid double counting. Especially on HIV responses, where there are several layers of intermediary institutions before the resources reach the provider of services. Care must be taken to avoid double counting expenditures because disbursements of one entity may be the income of another one, and these intrasector flows must be handled so as to capture the resources only when they are finally incurred.

In NASA, financial flows and expenditures related to the National Response to HIV are organized according to three dimensions: finance, provision, and consumption. The classification of the three dimensions and six categories comprise the framework of the NASA system. These dimensions incorporate six categories:

Figure 3 NASA dimensions and categories.

<b>Financing</b>	
1. Financing agents (FA)	Entities that pool financial resources to finance service provision programmes and also make programmatic decisions (purchaser-agent).
2. Financing sources (FS)	Entities that provide money to financing agents.
<b>Provision of HIV services</b>	
3. Providers (PS)	Entities that engage in the production, provision, and delivery of HIV services.
4. Production factors (PF)	Resources used for the production of ASC.
<b>Use</b>	
5. AIDS spending categories (ASC)	HIV-related interventions and activities.
6. Beneficiary segments of the population (BP)	Populations intended to benefit from specific activities.

### 3.3 Data Collection and Processing

#### 3.3.1 NASA Preparatory Mission






A preparatory mission started one week before the main mission. The purpose of this mission was to sensitize the key actors of the HIV response in the country on the NASA methodology and to coordinate the agenda of interviews with the key actors during data collection.

#### 3.3.2 NASA Mission and NASA Team

The National HIV and AIDS Secretariat in Collaboration with the UNAIDS AIDS Financing and Economic (AFE) Division and UNAIDS Sierra Leone, conducted the National AIDS Spending Assessment (NASA) for the years 2006 and 2007 on a four week mission to the country consisting of two international NASA consultants and the UNAIDS AFE NASA adviser.

Data collection forms were distributed among the key actors and the training of local staff began with a two day workshop in which every step of the methodology was explained to the team. The schedule of the NASA mission is presented in Figure 4.

Figure 4 Timeline of the NASA mission in Sierra Leone

Id.	Task	Start	End	Days	2 nov aaaa					9 nov aaaa					16 nov aaaa					23 nov aaaa								
					3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
1	Data collection	04/11/2008	19/11/2008	12d																								
2	Data process	17/11/2008	24/11/2008	6d																								
3	Data Analysis	25/11/2008	26/11/2008	2d																								
4	Validation Meeting	27/11/2008	27/11/2008	1d																								
5	Presenting preliminary results	28/11/2008	28/11/2008	1d																								

NASA core team for the assessment in Sierra Leone:

1. Marxin S. Kanu – NAS
2. Victor S. Kamara – NAS
3. Kiskama F. Swarray – MOH
4. Alimamy Kamara – M&E MOH
5. Mustapha Ben Coker – MOH
6. Mohamed Turay – UNAIDS SL
7. Anastasiya Nitsoy – UNAIDS AFE
8. Christian Arán – UNAIDS consultant
9. German Fynn – UNAIDS consultant

NASA team obtained all necessary permissions from the national authorities to access data and conduct an overall exercise. The letter of support for the mission presented in Annex 3.

### **3.3.3 Sources of Data**

In collaboration with national stakeholders, NASA Team of consultants identified and mapped HIV financial sources, financial agents, service providers, and AIDS spending categories.

Although a lot of sources of data (detailed expenditure records) were obtained from the primary sources for 2006 and 2007, secondary sources were widely used where primary sources were not available (e.g. expenditure of NGOs who received direct funding from donors which were not captured, donor report or more detailed data on expenditure). In some cases costing techniques were used to estimate some of the expenditures of HIV and AIDS related activities using the best available data and most suitable assumptions.

For the list of institutions visited to collect HIV and AIDS expenditure data and the status of data collected refer to Annex 1.

### **3.3.4 Data Collection**

The assessment was undertaken through a desk review of key policy documents, programme documentation and available budgetary and expenditure reports for the period 2006-2007. This review was accompanied by three weeks of data collection in November 2008.

Letters introducing NASA and requesting data were sent out by NAS to the various government ministries, NGOs, businesses and bilateral and multilateral organizations in order to formally gain access to the required data. Presentation of NASA objectives, expected outputs and key methodological principles were presented to stakeholders on different meeting and working groups during the preparatory mission and first week of the main mission.

The standard NASA Questionnaires were adjusted to suit the country context. NAS sent the adjusted questionnaires (see Annex 4) to key respondents, and consultants introduced the questionnaires on the UN technical working group, and agreed on a date for submission of data. Each organization was asked to allocate spending, using various criteria, into different programmes to enable a functional classification of HIV and AIDS expenditures. Funds could be allocated to various HIV service providers (intermediaries) such as NGOs, CBOs, public or private hospitals. NASA consultants were also on hand to support organizations to complete the questionnaires.

### **3.3.5 Data Processing**

The expenditure data collected was first captured in Excel® Data processing Files, and checked and balanced. All the information obtained/collected was verified as far as possible, to ensure the validity of data from the records of the source, the agents and the providers and also to avoid double counting. The data was then transferred to the NASA Resource Tracking Software (RTS), which has been developed to facilitate the NASA data processing. 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 RTS results databases were then exported to Excel® to produce summary tables and graphics for analysis.

### 3.4 Limitations of the Assessment

Tracking the HIV and AIDS expenditure has proved challenging and there are a number of limitations to the study. The major ones include the following:

⌘ **Availability of HIV expenditure data:**

Data limitations made it difficult to evaluate HIV expenditure in a number of areas including: Opportunistic Infections, Public sector resource envelope (with the exception of MOH), private household out-of-pocket expenditure on HIV and AIDS, organizational overheads, and production factors (capital and recurrent expenditure). This can be attributed to several reasons including:

⌘ **Missing data:**

During the NASA mission it was not possible to obtain the necessary information to estimate expenditures on STI's and on OI treatment. The expenditures captured in these two categories were captured top down and do not represent the full spending at country level (E.g.: salaries of health personnel working in the public hospitals and ambulatory centers is not included).

## 4 Overview of the Country Context

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### 4.1 HIV and AIDS Situation

#### 4.1.1 Regional Context

Sub-Saharan Africa and the Southern African Development Community (SADC) region in particular, carry the heaviest burden of HIV and AIDS in the world. Although the region has just over 10% of the world's population, it is home to more than two-thirds (68%) of all people infected with HIV. Moreover, over three quarters (76%) of all AIDS-related deaths in 2007 occurred in this region. Some 1.7 million [1.4 million-2.4 million] people were newly infected with HIV in 2007, bringing to 22.5 million [20.9 million-24.3 million] the total number of people living with the virus. Unlike other regions, the majority of people (61%) living with HIV in sub-Saharan Africa are women<sup>4</sup>. Within the region, Southern Africa is at the epicenter of the global HIV epidemic - national adult HIV prevalence exceeded 15% in eight Southern African countries in 2005.

The scale of the epidemic makes HIV and AIDS the single greatest threat to attaining SADC's over-arching objective of sustainable and equitable economic growth and socio-economic development that will ensure poverty alleviation. The epidemic if unabated will continue to erode the hard won economic gains and intensify poverty and human suffering. Similarly, the level of the epidemic makes the attainment of many of the globally agreed Millennium Development Goals (MDGs) difficult.

The continued high levels of HIV prevalence and the limited success in turning the tide of the epidemic in the region resulted in the Special Summit on HIV and AIDS by SADC Heads of State and Government in Maseru, in 2003. One of the outcomes of the Summit was the Declaration on HIV and AIDS. The Declaration provides the highest political commitment on HIV and AIDS in the region and articulates priority areas requiring urgent attention and action in various areas.

Domestic public expenditure from governments has also significantly increased in low-income sub-Saharan African countries, and more moderately in middle income countries. In 2005, domestic resources reached US\$ 2.5 billion (UNAIDS, 2006). In many of the Sub-Saharan countries however, the funding for prevention, treatment and care has depended largely on external sources of funding such as: the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria (GFATM), the World Bank, the Presidential Emergency Plan for AIDS Relief (PEPFAR), as well as many other cooperation agencies allocate resources in the region, most of it as bilateral assistance to development. In relatively few years, the availability of resources has dramatically increased for some of these countries, at a pace unlikely to encompass the absorptive capacity of the institutional arrangements and health care systems.

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<sup>4</sup> UNAIDS/WHO (2007): AIDS Epidemic Update

#### 4.1.2 Sierra Leone Context

Sierra Leone, officially the Republic of Sierra Leone, is a country in West Africa. Bordered by Guinea in the north, Liberia in the southeast, and the Atlantic Ocean in the southwest. Sierra Leone covers a total area of 71,740 km<sup>2</sup> (27,699 sq mi) and has a population estimated at 6.3 million. The country has a tropical climate, with a diverse environment ranging from savannah to rainforests. Freetown is the capital, seat of government, and largest city. Bo is the second largest city. Other major cities in the country with a population over 100,000 are Kenema, Koidu Town and Makeni.



Sierra Leone is slowly emerging from a protracted civil war and is showing signs of a successful transition. Investor and consumer confidence continue to rise, adding impetus to the country's economic recovery. Rich in minerals, Sierra Leone has relied on mining, especially diamonds, for its economic base. Annual production of Sierra Leone's diamond estimates range between \$250-300 million U.S. dollar. Sierra Leone has one of the world's largest deposits of rutile. About two-thirds of the population engages in subsistence agriculture, which accounts for 52.5% of national income. Despite its successes and development, the Sierra Leone economy still faces significant challenges. There is high unemployment, particularly among the youth and ex-combatants. In 2006, three of every ten young men, age 20-24, were neither formally employed nor in school. The problem is especially acute in urban areas. Poverty is heavily concentrated in the rural and other urban areas outside Freetown. Revised estimates suggest that 66% of the population lived below the poverty line in 2004.

Sierra Leone's strong recovery, which began in 2000, continued for an ninth unbroken year into 2008 when real Gross Domestic Product (GDP) grew by an estimated 5.5 percent despite rising food and fuel prices. Growth in recent years has been propelled by remittances and investments from the Sierra Leone expatriate community, selected mining investments and by foreign aid. Much of this growth was concentrated in the informal agricultural, fishing, mining and services sectors that make up the bulk of the economy. Real economic growth rebounded strongly after the war, 27% in 2002, 9% in 2003 and just over 7% for 2004-07<sup>5</sup>. UNDP Human Development Index (2007) Sierra Leone is ranked 177 out of 177 countries based on 2005 data. The current account deficit was financed mainly by concessional external assistance and debt relief. Most fundamentally, in December 2006, Sierra Leone reached the Completion Point under the Enhanced Heavily Indebted Poor Countries (HIPC) initiative and, in so doing, also gained additional relief under the Multilateral Debt Relief Initiative (MDRI). Taken together, the total relief will amount to roughly US\$1.6 billion spread over 30 years.

Sierra Leone struggles with a high infant mortality (160 per 1,000 live births in 2006), maternal mortality (1,077 per 100,000 live births in 2005) and under five-mortality rate (271 per 1,000 in 2005). The incidence of tuberculosis is high (about 628 cases per 100,000 people versus 495 cases for the region). The reported incidence of malaria is high but declining, from morbidity rate of 37.5 (2003) to 35.2 (2005). Sierra Leone has made rapid progress in measles immunization with better than average results relative to the rest of Sub-Saharan Africa. The reported incidence of malaria is high but declining, from a morbidity rate of 37.5 in 2003 and 2004 to 35.2 in 2005. The distribution of public power in 2007 was limited mainly to Freetown and Bo with approximately 20MW of actual output in the two cities. This translates into 30 kwh/capita versus a regional average of 541 kwh/capita.

<sup>5</sup> Sierra Leone Country Brief, The World Bank, 2009. <http://go.worldbank.org/COWMCN2VS0>

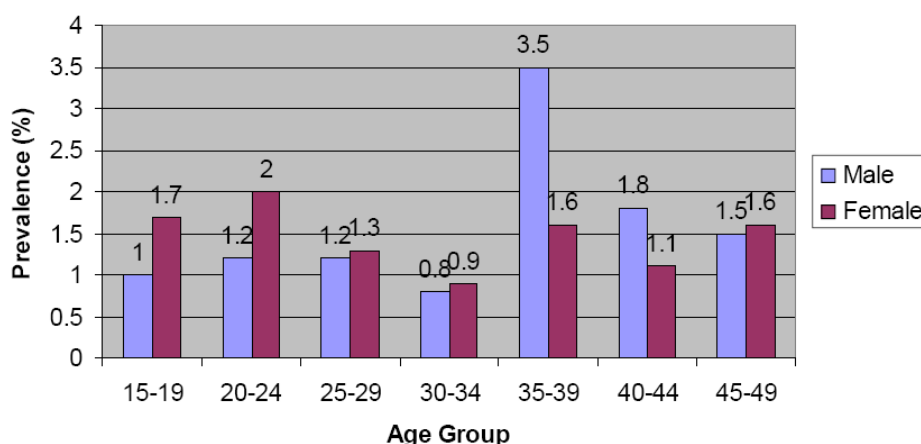
### 4.1.3 Status of the epidemic

Since the first HIV and AIDS case was reported in Sierra Leone in 1987, 5879 individuals have tested positive for HIV and AIDS, 2341 of whom have developed the AIDS disease, and 555 are reported to have died. Prevalence rate of HIV has shifted from 0.9% in 2002 to 1.5% in 2005. Of the 1.53%, 91% are HIV-1 positive, 4.5% HIV 2 positive and 4.5% dual HIV 1 and HIV 2 positive.

Prevalence does not differ significantly between males (1.5%) and females (1.6%). The highest prevalence among women occur in the 20-24 years group (2.0%) whereas males between 35-39 years have the highest prevalence (3.5%). Prevalence in urban areas was 2.1% as compared to 1.3% in rural areas. By the end of 2006 and 2007, prevalence at antenatal clinics (ANCs) was reported as 2.9% and 4.4% respectively.

The high risk behaviour in Sierra Leone varies according to gender, age, and, to some degree, urban-rural residence. Seventy-three percent of the total population sampled in 2005 reported having had sex in the last twelve months and 74% of these did so in the last one month. There is a slightly higher level of sexual activity for Moslems (75.4%) than Christians (69.8%). The mean age at first sex for respondents is 16 years. About 27% of the population was reported to have sex with more than one sexual partner, and about 2% have sex in exchange for money. The number of people who have sex in exchange for money was reported to constitute about 0.5 percent of the total respondents. In general, knowledge related to HIV and AIDS is fairly low especially in rural areas. Christians have a higher level of knowledge of 79 percent as compared with Muslims, 69 percent and 61 percent for other religions.

Figure 5 HIV prevalence by age group and sex.



Source: Sero Prevalence Report 2005

Males (65.1%) had a higher level of knowledge as compared with females (54.2%). Seventy-one percent of respondents know that mutual faithfulness is related to HIV prevention. Those with tertiary education have the highest level of knowledge (47.9%), as compared with those with no education (10.1%). It is evident from the 2005 survey results that misconceptions about HIV transmission are high in Sierra Leone. These false beliefs vary by sex and residential stratum, with urban residents having fewer misconceptions than rural residents. The district with the highest prevalence rate is Koinadugu (3%), and most of the respondents from this district neither know their HIV status nor have any knowledge of a PLHIV (2005 sero prevalence report). In light of the high number of recent infections, the lack of knowledge, and the low condom use, prevention efforts, including educational messages, have to be urgently scaled up.

## 4.2 The National Response to the AIDS Epidemic

### 4.2.1 Policy Context

The National AIDS Council (NAC) chaired by His Excellency the President is the highest strategic body in the national response, the NAC coordinates the implementation of the policies agreed upon by the NAC by involving key Ministries, local councils, the private sector, and civil society in the design, planning, implementation, monitoring and evaluation of programmes. Over 300 agencies are engaged in HIV and AIDS activities (UNAIDS 2005) especially IEC/BCC leading to increased awareness on HIV and AIDS throughout the country. The end of the decade-long war again gave Sierra Leone the enabling socio-political environment for implementing a comprehensive multi-sectorial programme to combat the HIV epidemic.

By 2007 the National response has benefited from improved strategic planning. The government of Sierra Leone recognized HIV and AIDS as a multi-sectoral development problem, and acknowledged the dangers that a prospective explosion in HIV prevalence poses for the country's future. Consequently, it continued to offer strong political commitment in combating the epidemic. Evidence of this can be adduced from the strong political leadership in the response with the Head of State as Chairman of the NAC. The council comprises public and non-public sector representatives in roughly equal parts, as well as people living with HIV (PLHIV).

Further, a National HIV and AIDS Policy was adopted by cabinet and endorsed by Parliament in 2002. A strategic planning process and plan of action for implementation of the national policy, was developed with support from the UN Thematic Group on HIV and AIDS in 2005.

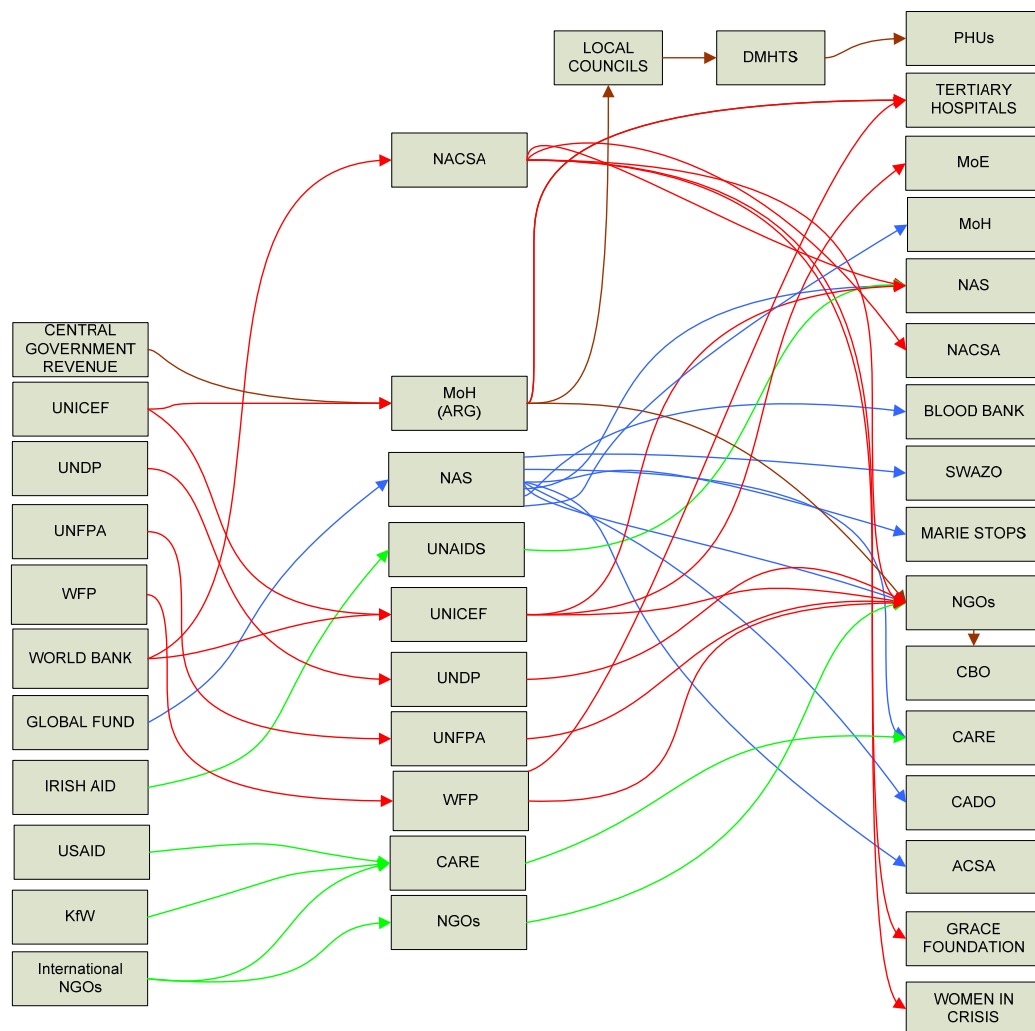
The country has developed a national strategic framework for 2006 -2010 which places strong emphasis on the prevention of new infections; treatment, care and support for PLHIV and communities; human and legal rights; decentralizations programmes, research, monitoring and evaluation. A number of ground breaking achievements were made during the period. From 2006 to 2007 – November 2007, 3,885 people were tested positive out of the 40,154 that reported at the 81 VCCT centres. 162 Sites for the prevention of mother to child transmission were established in all district headquarter towns and a total of 55,525 pregnant women were tested in the period under review. 1,146 pregnant women were found to be positive. 81 Antiretroviral treatment sites were established countrywide. A total of 2,541 PLHIV are on ART. District AIDS Committees have been established in every district for coordination and rapid response to the epidemic countrywide. There is now an increased state expenditure on antiretroviral drugs following the implementation of the 3X5 initiative.

The country has just concluded the implementation of the World Bank funded fifteen million U. S. dollar SHARP (Sierra Leone HIV and AIDS Response Programme) project. The aim of the four-year project was to reduce HIV prevalence and mitigate the impact of HIV and AIDS on affected persons. It did so through a multi-sectoral approach to the national response. SHARP, under which two national sero prevalence surveys were commissioned, had four components: capacity building and policy coordination; multi-sectoral approach to HIV and AIDS; Health Sector response and Community and civil society initiatives. The private sector has spearheaded the formulation of Workplace Policies on HIV and AIDS that addresses AIDS education of employees, reviewing health benefits and supporting various HIV and AIDS causes.

As a step to further scale up the national response, the Country Coordination Mechanism (CCM) in Sierra Leone received an 18 million dollar grant from the Global Fund (Round 4) to develop a comprehensive national response to HIV/AIDS encompassing adequate prevention, treatment, care and support for those affected in Sierra Leone. The five years (2005-2009) grant aims at scaling up existing HIV and AIDS interventions in the country such as: increasing knowledge and promoting behavioral change through community drama, ensuring safe blood nation wide, promote correct use of condom, improve and scale up PMTCT and VCCT services, improved access to ART services, provide prevention, treatment support and care to special groups, to strengthen and expand the national capacity to design, implement, monitor and evaluate HIV programmes etc.

In addition to the above, the country was also successful in the Global Fund Round 6 to the tune of USD 26 mln that caters for a scale up of the existing comprehensive national response to HIV and AIDS that includes prevention, treatment, care and support for those affected.

*Figure 6 National Response – Mapping of actors:*



## 5 NASA Results and Main Policy Findings

### 5.1 2007 NASA results

#### 5.1.1 Financing Sources 2007

The expenditure on HIV and AIDS was \$9.2 million in 2007. Sierra Leone HIV response is highly dependant on international funding: public sources financed only 2% of the total HIV expenditures while international sources financed 98% of total HIV expenditure (Figure 7).

Figure 7 Financing Sources 2007 – Table (1<sup>st</sup> and 2<sup>nd</sup> digit analysis):

Financing Sources	USD 2007	%
<b>FS.1 Public Sources</b>	<b>200.598</b>	<b>2%</b>
<b>FS.3. International funds</b>	<b>8.972.069</b>	<b>98%</b>
<b>FS.3.1 Direct bilateral contributions</b>	<b>1.379.562</b>	<b>15%</b>
<b>FS.3.2 Multilateral Agencies</b>	<b>7.286.051</b>	<b>80%</b>
<b>FS.3.3 International not-for-profit organizations and foundations</b>	<b>306.456</b>	<b>3%</b>
<b>Total U\$S</b>	<b>9.172.666</b>	<b>100%</b>

Multilateral agencies were the main source of funding (80%), followed by direct bilateral contributions (15%) (Figure 8).

Figure 8 Financing Sources 2007 – Graph, International components (2<sup>nd</sup> digit analysis):

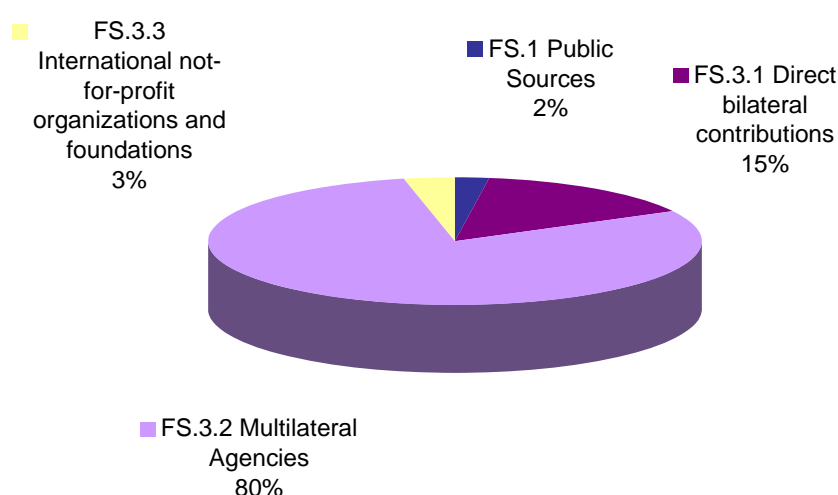


Figure 9 Financing Sources 2007 – Table (3<sup>rd</sup> digit analysis):

<b>Financing Sources:</b>	<b>USD</b>	<b>%</b>
<b>FS.1 Public Sources</b>	<b>200.598</b>	<b>2%</b>
FS.1.1.1 - Central Government Revenue	200.598	2%
<b>FS.3. International funds</b>	<b>8.972.069</b>	<b>98%</b>
<b>FS.3.1 Direct bilateral contributions</b>	<b>1.379.562</b>	<b>15%</b>
FS.3.1.04 - Government of Canada	21.769	0%
FS.3.1.08 - Government of Germany	580.373	6%
FS.3.1.10 - Government of Ireland	178.273	2%
FS.3.1.21 - Government of United Kingdom	555.987	6%
FS.3.1.22 - Government of United States	43.160	0%
<b>FS.3.2 Multilateral Agencies</b>	<b>7.286.051</b>	<b>79%</b>
FS.3.2.01 - Commission of the European Communities	251.553	3%
FS.3.2.05 - The Global Fund to Fight AIDS, Tuberculosis and Malaria	2.259.712	25%
FS.3.2.06 - UNAIDS Secretariat	172.500	2%
FS.3.2.07 - United Nations Children's Fund (UNICEF)	839.006	9%
FS.3.2.08 - United Nations Development Programme (UNDP)	41.000	0%
FS.3.2.13 - United Nations Population Fund (UNFPA)	176.075	2%
FS.3.2.14 - World Bank (WB)	2.008.030	22%
FS.3.2.15 - World Food Programme (WFP)	509.312	6%
FS.3.2.16 - World Health Organization (WHO)	107.864	1%
FS.3.2.99 - Multilateral funds or development funds n.e.c.	921.000	10%
<b>FS.3.3 International not-for-profit organizations and foundations</b>	<b>306.456</b>	<b>3%</b>
<b>Total U\$S</b>	<b>9.172.666</b>	<b>100%</b>

Central Government Revenue is the only public source of funding in 2007 (\$ 200,598)<sup>6</sup>. Financing from the multilateral agencies is the main international source of funding in 2007. The Global Fund to Fight AIDS, Tuberculosis and Malaria is the main financing source, contributing with 25% of the resources spent in Sierra Leone in 2007. The World Bank was another major source of funds contributing with 22% of total spending. The governments of Germany and of United Kingdom were the main bilateral contributors, financing 6% of the response each. International not-for profit organizations and foundations finance 3% of the HIV spending in 2007 (\$ 306,456). (Figure 9)

<sup>6</sup> International grants and central budget support to Sierra Leone are accounted in NASA as public sources. According to the budget profile for 2006-2010, approximately 60% of the total national budget is financed by domestic revenue and 40% by international grants including debt assistance with HIPC. This means that only 1% of the HIV and aids spending in 2007 was generated by domestic revenue.



### 5.1.2 AIDS Spending Categories - 2007

The key spending priorities in 2007 have been prevention (61% - \$5,6 million), programme management and administrative strengthening (19% - \$1,7 million) and care and treatment (11% - \$1 million). (Figures 10 and 11).

Figure 10 AIDS Spending Categories 2007 – Table, 1<sup>st</sup> digit:

ASC	U\$S	%
<b>ASC.1 Prevention Total</b>	<b>5.563.089</b>	<b>61%</b>
<b>ASC.2 Care &amp; treatment Total</b>	<b>1.043.497</b>	<b>11%</b>
<b>ASC.3 OVC Total</b>	<b>193.297</b>	<b>2%</b>
<b>ASC.4 Programme management and administration strengthening Total</b>	<b>1.713.412</b>	<b>19%</b>
<b>ASC.5 Incentives for human resources Total</b>	<b>10.977</b>	<b>0%</b>
<b>ASC.6 Social protection services and social services Total</b>	<b>359.749</b>	<b>4%</b>
<b>ASC.7 Enabling environment and community development Total</b>	<b>194.942</b>	<b>2%</b>
<b>ASC.8 Research Total</b>	<b>93.705</b>	<b>1%</b>
<b>Total U\$S</b>	<b>9.172.666</b>	<b>100%</b>

Figure 11 AIDS Spending Categories 2007 – Main sub components:

ASC	U\$S	%
<b>ASC.1 Prevention Total</b>	<b>5,611,058</b>	<b>61%</b>
ASC.01.01.98 Not-disaggregated social and behavioral change communication	1,554,125	17%
ASC.01.04.98 Programmatic interventions for vulnerable and accessible population not disaggregated by type	785,987	9%
ASC.01.05 Prevention – youth in school	514,714	6%
ASC.01.98 Prevention activities not disaggregated by intervention	1,169,191	13%
<b>ASC.2 Care &amp; treatment Total</b>	<b>1,043,497</b>	<b>11%</b>
ASC.02.01.03.98 Antiretroviral therapy not disaggregated neither by age nor by line of treatment	401,165	4%
<b>ASC.3 OVC Total</b>	<b>193,297</b>	<b>2%</b>
ASC.03.01 OVC education	71,879	1%
ASC.03.02 OVC basic health care	67,848	1%
<b>ASC.4 Programme management and administration strengthening Total</b>	<b>1,729,412</b>	<b>19%</b>
ASC.04.01 Planning, coordination and programme management	1,075,039	12%
<b>ASC.5 Incentives for human resources Total</b>	<b>10,977</b>	<b>0%</b>
ASC.05.98 Incentives for human resources not disaggregated by type	10,977	0%
<b>ASC.6 Social protection services and social services Total</b>	<b>359,749</b>	<b>4%</b>
ASC.06.02 Social protection through in-kind benefits	315,465	3%
<b>ASC.7 Enabling environment and community development Total</b>	<b>199,942</b>	<b>2%</b>
ASC.07.01 Advocacy and policy development	116,511	1%
ASC.07.98 Enabling environment and community development not disaggregated by type	58,201	1%
<b>ASC.8 Research Total</b>	<b>24,736</b>	<b>0%</b>
<b>Total general</b>	<b>9,172,666</b>	<b>100%</b>

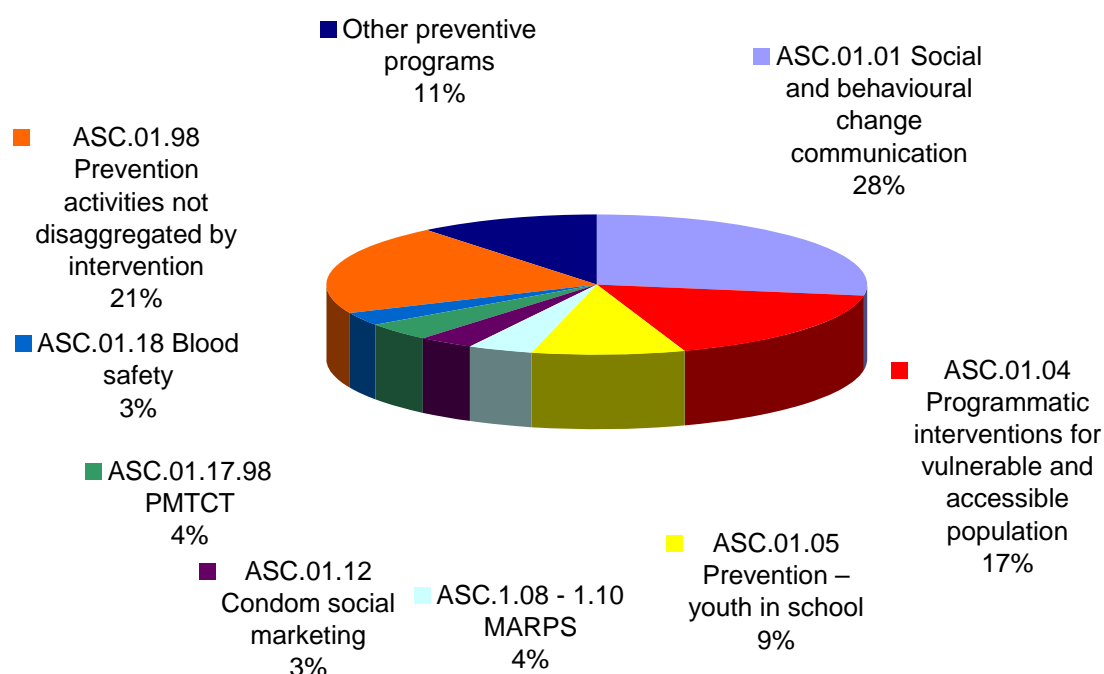
### 5.1.3 Preventive interventions - 2007

In 2007 the preventive interventions that received more funds was social and behavioral change communication, activity that represented almost one third of total HIV preventive interventions (\$1,5 millions). Programmatic interventions for vulnerable and accessible populations (which include among other interventions addressed to migrants and uniformed populations) represented 17% of total preventive programs; prevention for youth in school captured 9% of the spending on preventive programs. Significant amount of preventive resources was reported as “01.98 preventive activities not disaggregated by intervention”, meaning that the providers of services knew the resources were spent in preventive activities, but were not able to keep track of this spending to any specific programmatic intervention (21% of all prevention expenditures were accounted in this category). (Figures 12 and 13).

Figure 12 Spending on Prevention 2007 – Table:

ASC.1 Prevention Total	USD 2007	%
ASC.01.01 Social and behavioral change communication	1,546,125	28%
ASC.01.04 Programmatic interventions for vulnerable and accessible population	961,891	17%
ASC.01.05 Prevention – youth in school	514,714	9%
ASC.1.08 - 1.10 MARPS	214,814	4%
ASC.01.12 Condom social marketing	195,497	3%
ASC.01.17.98 PMTCT	223,933	4%
ASC.01.18 Blood safety	176,433	3%
ASC.01.98 Prevention activities not disaggregated by intervention	1,169,191	21%
Other preventive programs	608,460	11%
<b>Total general</b>	<b>5,611,058</b>	<b>100%</b>

Figure 13 Spending on Prevention 2007 – Graph:



### 5.1.4 Service Providers – 2007

The provision of goods and services to the national HIV response in Sierra Leone in 2007 was mainly carried out by private sectors providers. Private sector providers received 57% of total HIV spending (\$5,2 million) while public sector providers received 27% of total HIV spending (\$2,5 million). (Figure 14)

Figure 14 Service Providers of the HIV National Response 2007 – USD:

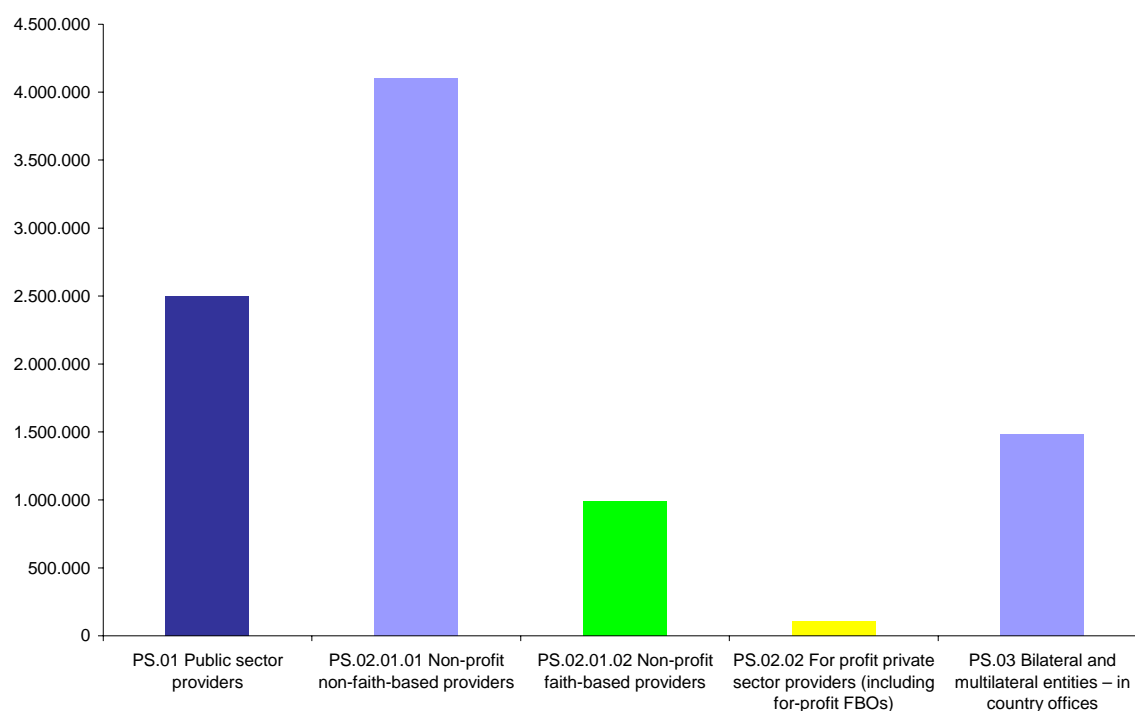


Figure 15 Service Providers of the HIV National Response 2007 – Main providers:

Providers:	USD 2007	%
<b>PS.01 Public sector providers</b>	<b>2,496,247</b>	<b>27%</b>
PS.01.01.01 Hospitals	550,945	6%
PS.01.01.14.01 National AIDS commission (NACs)	1,019,302	11%
PS.01.01.14.02 Ministry of Health or equivalent (including. NAPs/NACPs)	638,521	7%
PS.01.01.14.03 Ministry of Education or equivalent	282,915	3%
<b>PS.02 Private sector providers</b>	<b>5,192,925</b>	<b>57%</b>
<b>PS.02.01 Non-profit providers</b>	<b>5,087,973</b>	<b>55%</b>
<b>PS.02.01.01 Non-profit non-faith-based providers</b>	<b>4,100,095</b>	<b>45%</b>
PS.02.01.01.14 Self-help and informal community-based organizations	1,056,267	12%
PS.02.01.01.15 Civil society organizations	3,043,828	33%
<b>PS.02.01.02 Non-profit faith-based providers</b>	<b>987,878</b>	<b>11%</b>
PS.02.01.02.01 Hospitals	156,839	2%
PS.02.01.02.14 Civil society organizations	831,039	9%
<b>PS.02.02 For profit private sector providers (including for-profit FBOs)</b>	<b>104,952</b>	<b>1%</b>
PS.02.98 Private sector providers not disaggregated by type	71,000	1%
<b>PS.03 Bilateral and multilateral entities – in country offices</b>	<b>1,483,495</b>	<b>16%</b>
PS.03.02 Multilateral agencies	1,483,495	16%
<b>Total US\$</b>	<b>9,172,666</b>	<b>100%</b>

Civil society organizations were the most important type of providers in 2007, capturing \$3 million, which represents one third of total HIV spending. Self help organizations also play a key role in the response, receiving 12% of the funds. Multilateral agencies and the NAS receive 16% and 11% of the funds respectively.

### 5.1.5 Financing Agents – 2007

Even if the financing of the HIV response comes mainly from international sources, the decision on how to use the funds relies on national organizations. To see this it is necessary to analyze a table relating the financing sources with the financing agents, i.e. relating the origin of the funds (FS) with the institutions making the programmatic decisions (FA) (Figure 16).

Figure 16 Financing Sources to Financing Agents 2007, USD:

Financing Sources to Financing Agents		Financing Sources				Total
		Central Government Revenue	Direct bilateral contributions	Multilateral Agencies	International not-for-profit organizations and foundations	
Financing Agents	Public Sector	200,598	-	4,375,605	144,571	4,720,774
	Private Sector	-	-	-	50,985	50,985
	Multilateral Agencies	-	178,273	2,888,846	-	3,067,118
	International Non Profit	-	1,201,289	21,600	110,900	1,333,789
Total		200,598	1,379,562	7,286,051	306,456	9,172,666

The public sector decides on how to allocate 51% (\$4,7 million) of the total funds spent on HIV in 2007. The principal financing agent in Sierra Leone in 2007 was the NAS; being the principal recipient of both GFTAM and the WB, is the responsible for the management of more than \$4 million.

### 5.1.6 Beneficiary Populations – 2007

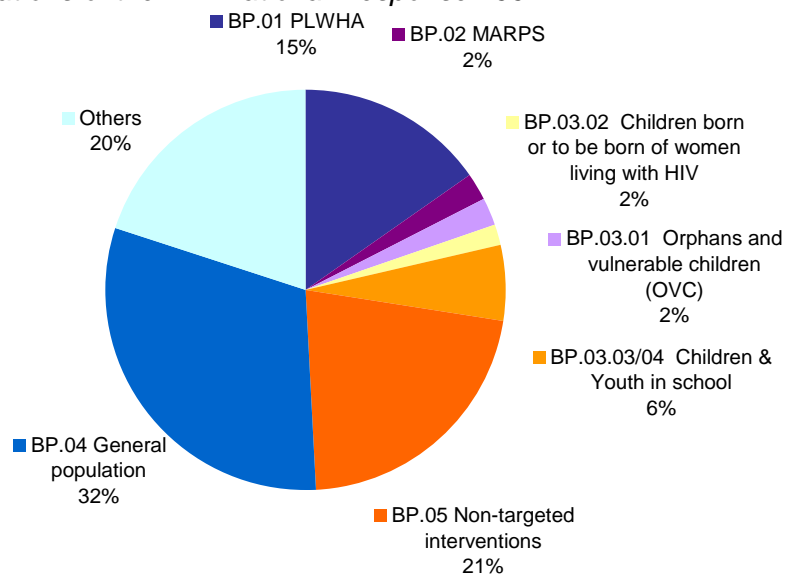
One added value of the NASA methodology, is that tracks the expenditure down to the beneficiary. Expenditure understood as goods and services delivered and not stocks or budgets.

Figure 17 Beneficiary Populations of the HIV National Response 2007:

Beneficiary Populations	USD 2007	%
BP.01 PLWHA	1,388,791	15%
BP.02 MARPS	222,882	2%
BP.03.01 Orphans and vulnerable children (OVC)	193,297	2%
BP.03.02 Children born or to be born of women living with HIV	156,452	2%
BP.03.03/04 Children & Youth in school	571,048	6%
BP.05 Non-targeted interventions	1,971,425	21%
BP.04 General population	2,827,408	31%
Others	1,841,363	20%
Total general	9,172,666	100%

Analyzing the expenditures according to its intended beneficiaries in 2007, we find that the one third of the spending (\$ 2,8 million) was addressed to the general population, 21% to non targeted interventions ( interventions who benefit the response in general or are intermediary interventions ; e.g.: management, M&E, training) and 15% of the spending was addressed to people living with HIV (\$ 1.4 million). (Figures 17 and 18).

Figure 18 Beneficiary Populations of the HIV National Response 2007:



## 5.2 2006 NASA results

### 5.2.1 Financing Sources 2006

The share of HIV and AIDS spending from public and international sources of funding was the same in 2006 than in 2007, public spending constituted 2% and international spending constituted 98% of total HIV and AIDS expenditure. (Figure 19).

Figure 19 Financing Sources 2006 – Table (1<sup>st</sup> digit):

Financing Sources	USD 2006	%
FS.1 Public Sources	136,403	2%
FS.2 Private Sources	780	0%
FS.3. International funds	7,479,541	98%
<b>Total</b>	<b>7,616,723</b>	<b>100%</b>

### 5.2.2 AIDS Spending Categories - 2006

A further disaggregation of data by the NASA AIDS Spending Categories show that the key spending priorities have been on prevention (49%); programme management and administrative strengthening (23%); and social protection services and social services (19%). Overall spending on HIV and AIDS was \$ 7,6 million in 2006. Figure 20 presents spending by programmatic areas and their components in 2006. The analysis shows that the major spending category was prevention (\$ 3,7 million), capturing almost the half of the period expenditure.

Figure 20 AIDS Spending Categories 2006 – Table 1<sup>st</sup> digit:

ASC	USD 2006	%
ASC.1 Prevention Total	3,704,586	49%
ASC.2 Care & treatment Total	325,048	4%
ASC.3 OVC Total	201,825	3%
ASC.4 Programme management and administration strengthening Total	1,730,135	23%
ASC.5 Incentives for human resources Total	14,673	0%
ASC.6 Social protection services and social services Total	1,481,480	19%
ASC.7 Enabling environment and community development Total	137,134	2%
ASC.8 Research Total	21,842	0%
<b>Total U\$S</b>	<b>7,616,723</b>	<b>100%</b>

## 5.3 2006 and 2007 comparison of the results

### 5.3.1 Financing Sources

The overall spending on HIV and AIDS from public sources substantially increased over the period 2006 to 2007 particularly due to international sources who provided 98% of the overall HIV spending in Sierra Leone. Even though spending of The Global Fund decreased in absolute figures and as a share (over \$3.1 million or 41% of total in-country spending in 2006 compared to \$2.6 million or 25% in 2007) it remains the largest financing source of the HIV response in Sierra Leone. The overall increase of the international spending was mainly due to bilateral donors whose contribution has changed from \$378,079 or 5% of total spending in 2006 to \$1,379,562 or 15% in 2007. World Bank became the second largest funding source in Sierra Leone only in 2007 (over \$2 million or 22% of total HIV spending) due to improved resources utilization and overall project implementation. In 2006 WB financed only 6% of the HIV response in SL – nearly \$0.5 million.

Financing from the multilateral agencies remains the main international source of funding in 2007. The multilateral agencies decreased spending from 88% of the total share in 2006 to 80% of total expenditure in 2007. Direct bilateral contributions increased expenditure from \$378,079 in 2006 to \$1.4 million in 2007, due to the appearance of the government of United Kingdom spending \$555,987 and increment of government of Germany expenditure to \$580,373.

The total expenditure on prevention programmes increased from 49% in 2006 to 61% in 2007; while expenditure on programme management and administrative strengthening declined from 23% of total funding in 2006 to 19% in 2007. Another important key intervention area, treatment and care, increased the participation from 4% in 2006 to 11% of the total share in 2007. Social protection services and social services had an important decrease in 2007, the spending fell from 19% of total spending in 2006 to a low 4% in 2007. The total spending on orphans and vulnerable children (OVC), enabling environment and community development and incentives for human resources has remained stable from 2006 to 2007.

### 5.3.2 Financing Agents

Most of the funds spent on the HIV response in Sierra Leone, over 50% each year mainly from public and multilateral international sources, are managed through public sector agents – National AIDS Commission and Ministry of Health. 31% of all 2007 funds were managed by UN agencies – mainly by UNFPA (12%), UNICEF (9%) and World Food Programme (6%). International non-profit organizations managed over 87% of the direct bilateral contributions in 2007.

### 5.3.3 HIV Service Providers

Civil society organizations play a crucial role in the HIV response in Sierra Leone. In 2007 civil society organizations provided services representing 33% of total HIV spending. The public sector provided services representing 27% of total HIV spending.

The figures for providers have changed in 2007, showing non-profit non-faith-based providers as the main provider of HIV and AIDS services, having increased their share from 28% to 45% of HIV and AIDS expenditure in 2007. Non-profit faith-based providers spending increased from 5% to 11% in 2007, while for profit private sector providers remained stable.

The public sector providers expenditure had an important slowdown in 2007, the sector expenditure decrease from 57%(\$4,3 million) to 27% (US\$2,5 million) in 2007. The National AIDS commission was the principal public provider in 2007 and 2006, capturing \$ 1 million of total spending on each year, representing 14% of the national response in 2007. The Ministry of Health or equivalent and public hospitals, in 2007, had a significant drop to 7% (\$638,521) and 6% (\$550,945) correspondingly. The Ministry of Education spending increased for this period from 1% (\$70,954) to 3% (\$282,915).

Multilaterals agencies expenditure increased from 10% (US\$731,994) to 16% (US\$1,483,495) in 2007.

#### **5.3.4 Composition of HIV and AIDS Spending**

Most of the funds spent on the HIV response in Sierra Leone, were spent in preventive activities 50% each year mainly from public and multilateral international sources, are managed through public sector agents – National AIDS Commission and Ministry of Health. 31% of all 2007 fun

Overall spending on prevention of HIV has increased by US\$1,858,503 from US\$3,704,586 in 2006 to US\$5,563,089 in 2006.

The expenditure on social and behavioral change communication increased from 13% in 2006 to 27% in 2007; while spending on condom social marketing and public and commercial sector male condom provision dropped to 4% and 2% respectively. Prevention, diagnosis and treatment of sexual transmitted infections and PMTCT had a significant drop to 3% and 4% respectively, while blood safety remained stable.



## 6 Conclusions

### 6.1 Main Findings

#	Key Message	Details
1.	<b>HIV spending:</b>	HIV spending increased from \$ 7,6 million in 2006 to \$9,2 million in 2007.
2.	<b>Increased spending:</b>	HIV spending increased in 21% from 2006 to 2007.
3.	<b>Financing of the HIV response:</b>	The HIV response in Sierra Leone is highly dependant on international funds. 98% of the funds in 2006 and 2007 came from international sources. Multilateral sources are the main source of funding in Sierra Leone in the period of analysis.
4.	<b>Decision making of the HIV response:</b>	Although most of the funds are coming from international sources, 51% of the funds are managed by public institutions (mainly NAS).
5.	<b>Profile of Spending:</b>	Prevention is the programmatic area which captures most of the spending, capturing 49% and 61% of total HIV spending in 2006 and 2007 respectively. Programme management captures a significant share of HIV spending in SL (23% and 19% in 2006 and 2007 respectively).
6.	<b>Funding for Prevention programmes has increased:</b>	Overall total expenditure on prevention showed a significant increased between 2006 and 2007 (51% in relative terms and \$1,9 million in absolute values).
7.	<b>Programme management relative weight decreased in the period of analysis:</b>	The spending on programme management and administration strengthening was the same for both years of study (\$1,7 million), showing a decrease on its relative weight in 2007 (falling from 23% if total spending in 2006 to 19% in 2007)
8.	<b>General population is the main beneficiary population:</b>	In 2007 one third of the spending (\$ 2,8 million) was addressed to the general population, 21% to non targeted interventions and 15% of the spending was addressed to people living with HIV
9.	<b>Relatively low spending on MARPS.</b>	Spending addressed to the most at risk populations captured 2% of total spending in 2007.

## 6.2 Recommendations

#	Key Message	Details
1.	<b>Institutionalize NASA in the context of M&amp;E framework of NAS:</b>	There is the need to institutionalize the NASA process in SL for ease of data collection and also reporting on HIV and AIDS spending. The key issues that need to be addressed are a) greater advocacy to all stake holders, b) streamlining of financial disbursement and reporting mechanisms; and c) the NAS coordinating mandate has to be enforced - that is a suitable mechanism has to be introduced that will track HIV and AIDS from source to provider in SL.
2.	<b>Involve NASA spending estimates in SL in a continuum improvement cycle:</b>	Spending on STIs and OI was underestimated in this first exercise. It is recommended that a more detailed and parsimonious analysis is done on the future NASA excursive.
3.	<b>Compare NASA findings with NSP:</b>	Use the NASA report to analyze it with the countries priorities of spending according to the NSP.
4.	<b>Reconsider level of spending on MARPS:</b>	Spending on MARPS seems to be relatively low. It would be recommended to discuss with key partners and decision makers if the level of spending is adequate to the countries priorities.

## 7 Bibliography

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## Annex 1 – Contacted Institutions

#	Intsitution	Contact Person
1	ADRA	Hassan Benguna & Philip Conteh
2	ARG	Abdul Fofanah
3	Blood Services (Connaught Hosp)	Saio Konoma
4	CADO	Solomon Kargbo
5	CARE	Balla Sidibe
6	CHASL	Bola Williams
7	Children in Crisis	Gladys Carol
8	CONCERN	Manoj Kumar
9	Connaught Hospital	Dr. Sulonman Conteh
10	EFSL	Simeon Koroma
11	FAO	Enitor Briggs
12	Goal	Brima M. Kabba
13	GTZ	Aminata Korona - Social Adviser
14	HACSA	Jhonattan
15	Militar	
16	MOH	Dr SAS Kargbo – Director of Reproductive & Child Health
17	MOH	Dr. AL Seisay – Director of Deasease Prevention & Control
18	MOH	Dr. KS Daoh – Acting Director – General of Medical Services
19	MSSSL	Foday Tusay
20	NACSA	Dr. William Konteh
21	NAS	Dr. Brima Kargbo – Director
22	OXFAM GB	Amara Mannah
23	PLAN SL	Ibrahim Kamara
24	Police	
25	Prison	
26	Shepard Hospice	Gabriel Madiaye
27	SL Red Cross	Jaftoi
28	SPW Students Partnership Worldwide	Edward Francis - Director
29	SWAASL	Sylvia Jabbie - Care & Support specialist
30	UNAIDS	Mohamed Turay
31	UNDP	Adama Thorle
32	UNFPA	Isatu Kajue
33	UNHCR	Marcel Lumbala
34	UNICEF	Edmund
35	UNICEF	
36	UNIFEM	Melrose Kargbo
37	WFP	Zainab Mansaray
38	WFP	Zainab Mansaray
39	World Health Organization	Dra Loisa Ghandu
40	YMCA	Christian Kamara

## Annex 2 – Assumptions and Estimations

### Estimation of ART drug consumption and costs

Available information about number of patients on ART made the bottom up estimation of the ART expenditure possible including number of 1-line and 2-line patients. However, there were no tracks on the particular number of regimens for 2006 and 2007. A % proportion was based on the interview with ARV stock manager and information from drug procurement list.

Proportion of patients per regimen	Regimen	Cost per regimen per year
1st line regimens		
20%	d4T 30 mg/3TC + NVP 200mg	\$137.88
20%	d4T 40 mg/3TC + NVP 200mg	\$140.64
10%	d4T 30 mg/3TC + EFV 600mg	\$311.88
10%	d4T 40 mg/3TC + EFV 600mg	\$314.64
20%	AZT/3TC + EFV600	\$391.20
10%	AZT/3TC + NVP	\$217.20
10%	AZT/3TC + ABC 300mg	\$647.28
average cost per 1st line regimen		\$283.04
2nd line regimens		
25%	ABC 300mg/ddi 200mg/IDV 400mg/RTV 100mg	\$1,702.80
25%	ABC 300mg/ddi 200mg/LPV133/RTV33	\$1,442.40
25%	TFV 300mg/ddi 200mg/Ind 400mg/RTV 100mg	\$1,452.24
25%	TFV 300mg/ddi 200mg/LPV133/RTV33	\$1,191.84
average cost per 2 line regimen		\$1,447.32

Drug procurement information about the cost of drugs provided in 2006 and partially 2007 was not available. For the main bulk of drugs 2007 procurement prices were used to calculate the cost of regimens. It is assumed that prices paid in 2007 and 2008 (presented below) did not change significantly from 2005/2006.

Type of drugs	price per monthly doze
ABC 300mg	\$40.60
ddl 200mg	\$11.60
IDV 400mg	\$52.20
RTV 100mg	\$37.50
TFV 300mg	\$19.72
LPV133/RTV33	\$68.00
AZT/3TC	\$13.34
d4T 40mg/3TC	\$6.96
NVP 200mg	\$4.76
EFV 600mg	\$19.26
d4T 30mg/3TC	\$6.73
d4T 30mg/3TC + NVP 200mg	\$9.05

Total number of ART patients (819 in 2006, 1226 in 2007) was used to calculate the number of regimens. Even though a number of patients survived by the end of the year may be a more precise assumption, information about the time of death of the patients was absent.

Total number of patients	819	1226
Number of patients survived	702	991
Number of patients on 1 line	814	1,213
Number of patients on 2 line	5	13
1st line weighted cost per patient per year	\$283	\$283
2nd line weighted cost per patient per year	\$1,447	\$1,447
Total cost of ARV drugs 1st line	\$230,398	\$343,332
Total cost of ARV drugs 2nd line	\$7,237	\$18,815
Total cost of ART drugs	\$237,634	\$362,148

### Assumptions for ART laboratory monitoring and OI diagnostics estimations

No data on the exact amount of tests done in 2006 and 2007 is available. National ART guideline was used to estimate number of tests. The following information regarding different types of tests was used.

	2006	2007
Number of patients on ART	819	1226
Male patients on ART	299	418
Female patients on ART	520	808

Assumptions regarding laboratory monitoring of ART and OI diagnostics are accepted by National ART coordinator as relevant.

Type of test	Number of tests per patient per year	2006	2007
HIV Serology	1	819	1226
CD4	2	1638	2452
Hib	3	2457	3678
Liver function test	2	1638	2452
Renal function test	2	1638	2452
HB2Ag	1	819	1226
UDRL and TPHA (STI tests)	1	819	1226
Chest testing	1	819	1226
sputum test	1	819	1226
pregnancy test	1 (for females of fertile age) <sup>7</sup>	520	808

No information regarding cost of each of the tests was available. Estimations were done based on the data in 2007/2008 procurement lists and from the interview with lab specialists.

Type of test	Cost per test	Total annual cost
HIV Serology		
CD4	\$10	
Hib		

<sup>7</sup> Because all children on ART are calculated separately, it is assumed that all female patients on ART received pregnancy test once a year

Liver function test		
Renal function test		
HB2Aq		
UDRL and TPHA (STI tests)		
Chest testing		
sputum test		
pregnancy test		

### OI prophylaxis and treatment estimations

MoH reported only 16 patients in 2006 and 290 in 2007 receiving OI prophylaxis which seems too low. NASA team decided to use different approach to measure spending on this activity. As the OI prophylaxis in NASA is limited to co-trimoxazole it was assumed that all funds to procure this drug projected in the GFATM proposal for 2006 and 2007 were actually spent. So, the total amount budgeted for 2006 for co-trimoxazole prophylaxis equaled 10957 USD, and 10350 USD – for 2007. The rest of budgeted OI drugs (excluding co-trimoxazole) are assumed to be actually delivered to patients for OI treatment purpose. According to available information from the interviewed hospitals, most of OI treatment in Sierra Leone is outpatient, these expenditures were assigned to ASC.02.01.02.01 Outpatient OI treatment: 60490 USD in 2006 and 55581 USD in 2007.

### STI treatment estimations

To measure STI-related spending it was assumed that all funds to procure drugs for STI treatment projected in the GFATM proposal for 2006 and 2007 were actually spent. So, the total amount budgeted for 2006 for prophylaxis equaled 10957 USD, and 10350 USD – for 2007.

	Qty	Cost	Qty	Cost
DRUGS	2006		2007	
Doxycycline 100mg (x 1000 tabs)	1,887	30,192	944	15,104
Nystatin Pessaries (x 1000 pessaries)	12	288	6	144
Canesten Pessaries (x 6 pessaries)	46,667	38,640	23,334	19,321
Cotrimoxazole 400mg + 80mg (x 1000 tabs)	8,820	60,858	4,410	30,429
Metronidazole Tabs 250mg (x 1000 tabs)	1,470	10,290	735	5,145
Ciprofloxacin Tabs 250mg (x 1000 tabs)	588	16,464	294	8,232
Benzathine 2.4mg (50vials)	252,000	70,056	35,028	9,738
Erythromycin Tabs 250mg (x 1000 tabs)	3,528	105,840	1,764	52,920
Paracetamol Tabs 500mg (x 1000 tabs)	9,072	30,845	4,536	15,422
TOTAL		363,473		156,455

Source: Sources and prices of selected medicines and diagnostics for PLWHAs, 2006

### Matching TOP-DOWN and BOTTOM-UP: ARVs, OIs, STIs, tests

Information about drugs, tests and supplies, procured in 2007 was used for “top-down” estimations.

2007	TOP DOWN				BOTTOM UP*
	UNICEF	WB	GF	GoSL	
ARVs (incl. PMTCT)	-	-	\$177,664	\$258,850	\$395,892
Tests and consumables	\$163,958	-	\$725	-	\$26,153

OI drugs	-	-	\$203,101	-	-
STI drugs	-	-	\$48,150	-	\$110,045
	\$163,958	-	\$429,639	\$258,850	
	\$852,447				\$534,231

Bottom-up estimations of ARVs and PMTCT, based on number of patients and cost of the regimens, are presented above.

According to the data from the Ministry of Health, there were 26,153 VCCT tests done in 2007. Average cost per HIV test is \$1.

OI spending bottom up estimation requires data on number of cases of different OIs and treatment regimens. The only available information is the assumptions created for the GFATM country proposal development: it was expected that 17,500 PLHIV will need opportunistic infections treatment at least 3 times per year. Budgeted figures might be used as an assumption. See details above.

Matching STI treatment “top-down” and “bottom-up” resulted with significant discrepancy between overall projected need for STI treatment and total reported number of STI cases per year. In the GFATM country proposal it was assumed that 210,000 patients will need syndromic management at least 2 times per year, while MoH reported 22,009 STI cases in 2007.

### Estimation of UN agencies funding of HIV response in Sierra Leone

NASA methodology and data collection tools were presented on the UN Technical working group. Forms were distributed on the meeting in the hard copy. Soft copies were sent via email after the meeting. In total 7 UN agencies and programmes provided information considering their contribution into HIV response in Sierra Leone. These are: UNAIDS, UNDP, UNICEF, UNIFEM, UNFPA, UNHCR, World Food Programme. FAO was also interviewed during data collection process but there were no tracks about any financial or in-kind support for HIV-related activities in 2006 and 2007.

Different funds were channelled through UNAIDS to national stakeholders (NAS) and various UN agencies. UNAIDS operational cost (excluding international staff costs) related to service delivery or administration of programmes was included into the estimations.

NASA team faced several limitations analyzing UNDP spending on HIV, specifically related to the lack of tracks about any HIV-specific support in 2006 and 2007. During the interview with UNDP HIV programme officer the only available data about funds disbursed for community-mobilization projects in districts of Sierra Leone was linked to specific beneficiary populations. For the purpose of NASA these disbursements were considered as actual expenditures. No operational cost related to service delivery or administration of programmes was included into UNDP estimations.

UNICEF provided detailed data on the amounts of funds or in-kind donations disbursed to the implementing partners, however, it was very time-consuming to clearly identify the exact implementing partner, especially in case of NGOs. Considering this, NASA team decided to calculate UNICEF- originated spending of NGOs top-down. So, in order to avoid double-counting of expenditures, all transactions, in which UNICEF was mentioned as Financing Source and estimated bottom up based on NGOs` reports, were excluded from the analysis. UNICEF operational cost related to service delivery and administration of programmes was included into the estimations.

A bulk of UNIFEM funds were captured bottom-up in transactions where SWASL was mentioned as a provider. No operational cost related to service delivery or administration of programmes was included into UNIFEM estimations.

UNFPA funds were partially estimated bottom-up – for expenditures channelled through Ministry of Education. In all other cases, when UNFPA was a Financing Source or an agent, the transactions were constructed top-down, relying mainly on the spending data reported by UNFPA. No operational cost related to service delivery or administration of programmes was included into UNFPA estimations.

WFP reported on funds spent to provide food support to different target groups. It was reported that 2004 PLHIV received nutritional support from WFP in 2006 and 1037 – in 2007. WFP programme officer recommended to use “5” ratio to estimate general food support to their families.



4 different NASA AIDS spending categories were identified as part of WFP HIV-specific activities. As only total amount spent for nutritional support was available for each year, a number of beneficiaries of each programme was applied (and accepted by WFP) to calculate expenditures for each ASC. It was assumed that funds equally targeted recipients of PMTCT, ART and OVC programmes in 2006 as no information about exact number of clients was available.

2006	Number of clients	% distribution among different ASCs	Spending per ASC (USD)
Nutritional support as part of PMTCT programme	668	6%	95,578
ART-related nutritional support	668	6%	95,578
Nutritional support for OVC	668	6%	95,578
Non-ART nutritional support	10020	83%	1,433,673
Total HIV-specific 2006 spending reported by WFP			1,720,408
2004 Total number of PLHIV clients			
10020 Number of recipients of family support			

Total number of recipients of WFP nutritional support in 2006 - 12024

2007	Number of clients	% distribution among different ASCs	Spending per ASC (USD)
Nutritional support as part of PMTCT programme	612	10%	52,750
ART-related nutritional support	1037	18%	89,382
Nutritional support for OVC	600	10%	51,716
Non-ART nutritional support	3660	62%	315,465
Total HIV-specific 2007 spending reported by WFP			509,312
Total number of recipients of WFP nutritional support in 2007 - 5909			

No operational cost related to service delivery or administration of nutritional support programmes was included into WFP estimations.

## GFTAM - NASA Categories Crosswalk for Sierra Leone

The reconstruction of the transactions of the funds from GFTAM were reconstructed mainly using the data from the NAS (principal recipients in SL). To match the information on disbursements by year and by sub recipient. This was used as a proxy of actual spending and was cross checked and matched with the bottom up information received by the providers who filled their formularies.

The disbursements to the sub recipients is categorized according to the GFTAM categories into 11 Objective/Broad activities plus the PR administrative costs, each broad activity composed by sub activities; in total more than 200 sub activities. In order to use the data base on disbursements to sub recipients a crosswalk between the NASA categories and the GFTAM categories was necessary. To do the crosswalk the M&E officer of the GFTAM/NAS and the NASA task force reviewed together all the Broad activities and its subcomponents and matched each of them to a specific NASA ASC, BP and PF. The crosswalk between GFTAM and NASA categories for SL is captured in the following tables:

<b>Objective 1: To increase knowledge and promote behavioral change on HIV/AIDS through drama and appropriate communications channels.</b>			
<b>Objective /Broad activities</b>	<b>NASA ASCs</b>	<b>BP NASA</b>	<b>PF NASA</b>
Broad Activity 1: Hire a consultant to train national team on drama performance	ASC.01.01.98 Not-disaggregated social and behavioural change communication	BP.04.98 General population not disaggregated by age or gender.	PF.01.02.02.07 Consulting services
Broad Activity 2: Train National team to conduct a National Performance for His Excellencies the President, Cabinet Ministers, Palimentarians and council chairmen.	ASC.07.01 Advocacy and policy development	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 3: Train 2 district teams to conduct HIV/AIDS drama in 2 Districts	ASC.01.01.98 Not-disaggregated social and behavioural change communication	BP.04.98 General population not disaggregated by age or gender.	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 4: Train chieftdom teams to train community to perform drama in 10 Chieftdoms	ASC.01.02 Community mobilization	BP.04.98 General population not disaggregated by age or gender.	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 5: Workshop for developing information/advocacy kits for all levels and groups	ASC.07.01 Advocacy and policy development	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 6: Procure one 4 Wheel drive vehicle and vedio projector, generator and amplifier and speakers for dissemination of information	ASC.01.01.98 Not-disaggregated social and behavioural change communication	BP.04.98 General population not disaggregated by age or gender.	PF.02.02.01 Vehicles
Braod activity 7: Vehicle and motor bike maintainance and runnig cost	ASC.01.01.98 Not-disaggregated social and behavioural change communication	BP.04.98 General population not disaggregated by age or gender.	PF.01.02.02.02 Maintenance and repair services
Broad Activity 8: Monitoring and supervision and evaluation of the pilots	ASC.04.03 Monitoring and evaluation	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type
Broad Activity9: Procure 3 motor bikes for coordination	ASC.04.03 Monitoring and evaluation	BP.05 Non-targeted interventions	PF.02.02.01 Vehicles
Broad Activity 10: Recording of community Drama for TV and Radio	ASC.01.01.98 Not-disaggregated social and behavioural change communication	BP.04.98 General population not disaggregated by age or gender.	PF.01.02.02.04 Publisher-, motion picture-, broadcasting and programming services
Broad activity 11: Air drama on F.M Studio per episode	ASC.01.01.98 Not-disaggregated social and behavioural change communication	BP.04.98 General population not disaggregated by age or gender.	PF.01.02.02.04 Publisher-, motion picture-, broadcasting and programming services
Broad activity 12: Operational cost	ASC.04.01 Planning, coordination and programme management	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type

<b>Objective 2: To prevent HIV/AIDS transmission by ensuring the availability of safe blood nationwide.</b>			
<b>Objective /Broad activities</b>	<b>NASA ASCs</b>	<b>BP NASA</b>	<b>PF NASA</b>
Broad Activity 1:Worshop for developing standard operating procedures(SOP)	ASC.01.18 Blood safety	BP.03.11 Recipients of blood or blood products	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 2: Printing and dissemination of SOPs	ASC.01.18 Blood safety	BP.03.11 Recipients of blood or blood products	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 3: Strengthen voluntary blood donors club in the Western Area and establish voluntary blood donor clubs in the 12 districts	ASC.01.18 Blood safety	BP.03.11 Recipients of blood or blood products	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 4: Provide donor incentives (T-shirts, caps, badges, refreshments etc) and distribution	ASC.01.18 Blood safety	BP.03.11 Recipients of blood or blood products	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 5: Train 38 laboratory technicians	ASC.01.18 Blood safety	BP.03.11 Recipients of blood or blood products	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 6: Train 39 medical Officers in rational Use of blood	ASC.01.18 Blood safety	BP.03.11 Recipients of blood or blood products	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 7: Train 240 (20 in each district) blood donor promoters	ASC.01.18 Blood safety	BP.03.11 Recipients of blood or blood products	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 8: Observe World Voluntary Blood Donors Day Award and present certificates, organize picnics	ASC.01.18 Blood safety	BP.03.11 Recipients of blood or blood products	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 9: Implement Blood Collection strategies (mobile and static)	ASC.01.18 Blood safety	BP.03.11 Recipients of blood or blood products	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 10: Provide appropriate equipment for the proper collection of blood, screening, storage and cross-matching (See attached list)	ASC.01.18 Blood safety	BP.03.11 Recipients of blood or blood products	PF.02.02.03 Laboratory and other medical equipments

Broad Activity 11: Conduct Monitoring and Supervision/Enforcement and Regulation visits to both government and private sites	ASC.04.03 Monitoring and evaluation	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 12: Procurement of Vehicle, computers and accessories and office furnitures	ASC.04.01 Planning, coordination and programme management	BP.05 Non-targeted interventions	PF.02.98 Capital expenditure not disaggregated by type
Broad Activity 13: Recruitment of staff for Blood Services	ASC.01.18 Blood safety	BP.03.11 Recipients of blood or blood products	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 14 Vehicle maintainance, fuel and Lubricants	ASC.04.01 Planning, coordination and programme management	BP.05 Non-targeted interventions	PF.01.02.02 Maintenance and repair services
Broad Activity 15: Blood Safety programme Operational Cost	ASC.04.01 Planning, coordination and programme management	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type
Broad activity 16: Recruitment of staff for National Reference Laboratory	ASC.01.18 Blood safety	BP.03.11 Recipients of blood or blood products	PF.01.01.01 Wages
Broad Activity 17: Operational cost of National HIV/AIDS Reference Laboratory	ASC.04.01 Planning, coordination and programme management	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 18: Technical Assistance for Blood Safety	ASC.01.18 Blood safety	BP.03.11 Recipients of blood or blood products	PF.01.98 Current expenditures not disaggregated by type

Objective 3: To provide knowledge and skills on STI/HIV/AIDS prevention among the youth.			
Objective /Broad activities	NASA ASCs	BP NASA	PF NASA
Broad Activity 1: Organize mass rallies, float parades, etc.	ASC.01.01.98 Not-disaggregated social and behavioural change communication	BP.04.03.98 Youth (age 15 to 24 years) not disaggregated by gender	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 2: Conduct visits and talks in all operational areas.	ASC.01.01.98 Not-disaggregated social and behavioural change communication	BP.04.03.98 Youth (age 15 to 24 years) not disaggregated by gender	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 3: Organize series of one-day sensitization sessions for youth and adolescence and school children to serve as channel to talk to their peers and community members	ASC.01.01.98 Not-disaggregated social and behavioural change communication	BP.04.03.98 Youth (age 15 to 24 years) not disaggregated by gender	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 4: Organize 12 District level TOT workshops for youth representatives on HIV/AIDS related issues.	ASC.01.02 Community mobilization	BP.04.03.98 Youth (age 15 to 24 years) not disaggregated by gender	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 5: Identify and train Internal Animators/Peer Educators (6,080 in Year 1, 4,560 in Year 2) in HIV/AIDS Communication Skills.	ASC.01.01.98 Not-disaggregated social and behavioural change communication	BP.04.03.98 Youth (age 15 to 24 years) not disaggregated by gender	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 6: Organize 1 Material Development Workshop to develop IEC Materials	ASC.01.01.98 Not-disaggregated social and behavioural change communication	BP.04.03.98 Youth (age 15 to 24 years) not disaggregated by gender	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 7: Develop and disseminate IEC materials such as Posters, T-shirts, Caps, Sign Posts, Bill Boards, and Flyers etc HIV/AIDS related issues for youth.	ASC.01.01.98 Not-disaggregated social and behavioural change communication	BP.04.03.98 Youth (age 15 to 24 years) not disaggregated by gender	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 8: Provide training through school and community based quiz, drama, essay competitions, radio discussions, and talk shows among youth groups	ASC.01.01.98 Not-disaggregated social and behavioural change communication	BP.04.03.98 Youth (age 15 to 24 years) not disaggregated by gender	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 9: Organize TOT for 3,800 youth representatives in Life Skills programme	ASC.01.01.98 Not-disaggregated social and behavioural change communication	BP.04.03.98 Youth (age 15 to 24 years) not disaggregated by gender	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 10: Organize TOT for 2,280 Link Teachers in Life Skills programme	ASC.01.05 Prevention – youth in school	BP.03.04 Youth at school	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 14: Print and produce existing Life Skills module to carry out life skills education programme among youths.	ASC.01.01.98 Not-disaggregated social and behavioural change communication	BP.04.03.98 Youth (age 15 to 24 years) not disaggregated by gender	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 15: Train 4000 Counsellors Skills for young people	ASC.01.01.98 Not-disaggregated social and behavioural change communication	BP.04.03.98 Youth (age 15 to 24 years) not disaggregated by gender	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 16: Provide equipment for YFC	ASC.01.01.98 Not-disaggregated social and behavioural change communication	BP.04.03.98 Youth (age 15 to 24 years) not disaggregated by gender	PF.01.98 Current expenditures not disaggregated by type

Broad Activity 17: Provide, 20 XL Motorcycles, Desk top computers, Laptop Computers, Mega phones, Video Cameras, Videos and Accessories, Audio Visual materials etc.	ASC.01.01.98 Not-disaggregated social and behavioural change communication	BP.04.03.98 Youth (age 15 to 24 years) not disaggregated by gender	PF.02.98 Capital expenditure not disaggregated by type
Broad activity 18: Spares parts, Maintenance and running cost of bikes and vehicles	ASC.01.01.98 Not-disaggregated social and behavioural change communication	BP.04.03.98 Youth (age 15 to 24 years) not disaggregated by gender	PF.01.02.02.02 Maintenance and repair services
Broad activity 19: Provide salaries, per diems, and other allowances to project staff	ASC.01.01.98 Not-disaggregated social and behavioural change communication	BP.04.03.98 Youth (age 15 to 24 years) not disaggregated by gender	PF.01.01.98 Labour income not disaggregated by type

<b>Objective 4: To expand access to and promote correct and consistent use of condoms in the general population and among vulnerable groups nationwide.</b>			
<b>Objective /Broad activities</b>	<b>NASA ASCs</b>	<b>BP NASA</b>	<b>PF NASA</b>
Broad Activity 1: Hire distribution and marketing staff	ASC.01.12 Condom social marketing	BP.04.98 General population not disaggregated by age or gender.	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 2: Training of Staff	ASC.01.12 Condom social marketing	BP.04.98 General population not disaggregated by age or gender.	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 3: Establish and equip condom outlets	ASC.01.13 Public and commercial sector male condom provision	BP.04.98 General population not disaggregated by age or gender.	PF.02.98 Capital expenditure not disaggregated by type
Broad activity 4: Procurement of 3 million condoms and package	ASC.01.12 Condom social marketing	BP.04.98 General population not disaggregated by age or gender.	PF.01.02.01.04 Condoms
Broad Activity 5: Project Evaluation	ASC.04.03 Monitoring and evaluation	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type
Broad objective 6: Programme operational cost	ASC.04.01 Planning, coordination and programme management	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 7: Behavioural Surveillance Survey(BSS)	ASC.08.05 Behavioural research	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type

<b>Objective 5: To strengthen and expand services for sexually transmitted infections.</b>			
<b>Objective /Broad activities</b>	<b>NASA ASCs</b>	<b>BP NASA</b>	<b>PF NASA</b>
Broad Activity 1: Identify 202 STI clinics to renovate and refurbish in the district hospitals, PHUs and NGO clinics; include supply of laboratory equipment.	ASC.01.16 Prevention, diagnosis and treatment of sexually transmitted infections (STI)	BP.03.21 People attending STI clinics	PF.98 Production factors not disaggregated by type
Broad activity 2: Provision of supplies and laboratory equipments	ASC.01.16 Prevention, diagnosis and treatment of sexually transmitted infections (STI)	BP.03.21 People attending STI clinics	PF.98 Production factors not disaggregated by type
Broad Activity 3: Produce and distribute 2500 training manuals on Syndromic Management of STIs.	ASC.01.16 Prevention, diagnosis and treatment of sexually transmitted infections (STI)	BP.03.21 People attending STI clinics	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 4: Train 52 trainers for district in STI management.	ASC.01.16 Prevention, diagnosis and treatment of sexually transmitted infections (STI)	BP.03.21 People attending STI clinics	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 5: Train 1400 district health care staff (including laboratory technicians) in STI management and counselling	ASC.01.16 Prevention, diagnosis and treatment of sexually transmitted infections (STI)	BP.03.21 People attending STI clinics	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 6: Provide drugs, condoms and other supplies for STI management to 200 health facilities	ASC.01.16 Prevention, diagnosis and treatment of sexually transmitted infections (STI)	BP.03.21 People attending STI clinics	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 7: Monitoring and supervision of STI management	ASC.01.16 Prevention, diagnosis and treatment of sexually transmitted infections (STI)	BP.03.21 People attending STI clinics	PF.01.98 Current expenditures not disaggregated by type
Broad activity 8: identify and hire project staff	ASC.01.16 Prevention, diagnosis and treatment of sexually transmitted infections (STI)	BP.03.21 People attending STI clinics	PF.01.01.03 Non-wage labour income
Broad activity 9: Procurement of office equipment	ASC.01.16 Prevention, diagnosis and treatment of sexually transmitted infections (STI)	BP.03.21 People attending STI clinics	PF.02.98 Capital expenditure not disaggregated by type
Broad activity 10: procurement of Medical Equipment for STI Management	ASC.01.16 Prevention, diagnosis and treatment of sexually transmitted infections (STI)	BP.03.21 People attending STI clinics	PF.02.02.03 Laboratory and other medical equipments
Broad activity 11: procurement of 1 Station wagon and 4 motor bikes	ASC.01.16 Prevention, diagnosis and treatment of sexually transmitted infections (STI)	BP.03.21 People attending STI clinics	PF.02.02.01 Vehicles
Broad activity 12: Repair and maintenance of Bike	ASC.01.16 Prevention, diagnosis and treatment of sexually transmitted infections (STI)	BP.03.21 People attending STI clinics	PF.01.02.02.02 Maintenance and repair services

Broad activity 13: Operational cost of centres	ASC.01.16 Prevention, diagnosis and treatment of sexually transmitted infections (STI)	BP.03.21 People attending STI clinics	PF.01.98 Current expenditures not disaggregated by type
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<b>Objective 6: To reduce HIV transmission from parent to child through the provision of Prevention of Parent-to-Child Transmission (PPTCT) services in 13 districts.</b>			
<b>Objective /Broad activities</b>	<b>NASA ASCs</b>	<b>BP NASA</b>	<b>PF NASA</b>
Broad activity 1: Recruitment of Staff for PMTCT	ASC.01.17.98 PMTCT not disaggregated by intervention	BP.03.02 Children born or to be born of women living with HIV	PF.01.01.01 Wages
Broad Activity 2: Renovate and equip PMTCT sites	ASC.01.17.98 PMTCT not disaggregated by intervention	BP.03.02 Children born or to be born of women living with HIV	PF.02.02.03 Laboratory and other medical equipments
Broad activity 3: Identify and train 54 doctors in PMTCT	ASC.01.17.98 PMTCT not disaggregated by intervention	BP.03.02 Children born or to be born of women living with HIV	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 4: Identify and train nurses and midwives in 13 districts in universal precautions under leadership of DHMT	ASC.01.17.98 PMTCT not disaggregated by intervention	BP.03.02 Children born or to be born of women living with HIV	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 5: Identify and train MCH Aides and TBAs in 13 districts on PMTCT	ASC.01.17.98 PMTCT not disaggregated by intervention	BP.03.02 Children born or to be born of women living with HIV	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 6: Provide test kits	ASC.01.17.98 PMTCT not disaggregated by intervention	BP.03.02 Children born or to be born of women living with HIV	PF.01.02.01.05 Reagents and materials
Broad Activity 7: Workshop for development of IEC for PMTCT	ASC.01.17.99 PMTCT activities n.e.c.	BP.03.02 Children born or to be born of women living with HIV	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 8: Produce and disseminate IEC materials for PPTCT	ASC.01.17.99 PMTCT activities n.e.c.	BP.03.02 Children born or to be born of women living with HIV	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 9: Conduct community sensitization and outreach for uptake of PPTCT	ASC.01.17.99 PMTCT activities n.e.c.	BP.03.02 Children born or to be born of women living with HIV	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 10: Conduct impact assessment of interventions at 18-month intervals	ASC.01.17.98 PMTCT not disaggregated by intervention	BP.03.02 Children born or to be born of women living with HIV	PF.01.98 Current expenditures not disaggregated by type
Broad Activity11: conduct monitoring and supervision of PMTCT activities	ASC.04.03 Monitoring and evaluation	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type
Broad activity 12: Operational cost	ASC.01.17.98 PMTCT not disaggregated by intervention	BP.03.02 Children born or to be born of women living with HIV	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 13: Joint Review of PMTCT activities	ASC.01.17.99 PMTCT activities n.e.c.	BP.03.02 Children born or to be born of women living with HIV	PF.01.98 Current expenditures not disaggregated by type

<b>Objective 7: To improve access to and utilization of Voluntary and Confidential Counseling and Testing (VCCT) services in 13 districts.</b>			
<b>Objective /Broad activities</b>	<b>NASA ASCs</b>	<b>BP NASA</b>	<b>PF NASA</b>
Broad Activity 1: Renovate 30 VCCT Sites	ASC.01.03 Voluntary counselling and testing (VCT)	BP.04.98 General population not disaggregated by age or gender.	PF.02.98 Capital expenditure not disaggregated by type
Broad Activity2. Equip 30 VCCT sites	ASC.01.03 Voluntary counselling and testing (VCT)	BP.04.98 General population not disaggregated by age or gender.	PF.02.02.03 Laboratory and other medical equipments
Broad Activity 3: Recruit VCCT Supervisor and laboratory staff	ASC.01.03 Voluntary counselling and testing (VCT)	BP.04.98 General population not disaggregated by age or gender.	PF.01.01.01 Wages
Broad Activity 4: Train VCCT Staff	ASC.01.03 Voluntary counselling and testing (VCT)	BP.04.98 General population not disaggregated by age or gender.	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 5: Procure rapid test kits and laboratory materials for facilities	ASC.01.03 Voluntary counselling and testing (VCT)	BP.04.98 General population not disaggregated by age or gender.	PF.01.02.01.05 Reagents and materials
Broad Activity 6: Workshop for developing IEC materials on VCCT.	ASC.01.03 Voluntary counselling and testing (VCT)	BP.04.98 General population not disaggregated by age or gender.	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 7: Produce and disseminate IEC materials for VCCT	ASC.01.03 Voluntary counselling and testing (VCT)	BP.04.98 General population not disaggregated by age or gender.	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 8: Conduct community sensitization and outreach for uptake of PPTCT	ASC.01.03 Voluntary counselling and testing (VCT)	BP.04.98 General population not disaggregated by age or gender.	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 9: conduct monitoring and supervision of VCCT activities	ASC.04.03 Monitoring and evaluation	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 10: Conduct impact assessment of interventions at 18-month intervals	ASC.01.03 Voluntary counselling and testing (VCT)	BP.04.98 General population not disaggregated by age or gender.	PF.01.98 Current expenditures not disaggregated by type



Broad Activity 11: Procurement of motor bikes and protective gears for VCCT	ASC.01.03 Voluntary counselling and testing (VCT)	BP.04.98 General population not disaggregated by age or gender.	PF.02.02.01 Vehicles
Broad activity 12: Repair and running of motor bikes and Vehicle	ASC.01.03 Voluntary counselling and testing (VCT)	BP.04.98 General population not disaggregated by age or gender.	PF.01.02.02.02 Maintenance and repair services
Broad Activity 13: Procurement of Vehicle	ASC.01.03 Voluntary counselling and testing (VCT)	BP.04.98 General population not disaggregated by age or gender.	PF.02.02.01 Vehicles

<b>Objective 8:To improve access to and utilization of ARVs in 13 districts.</b>			
<b>Objective /Broad activities</b>	<b>NASA ASCs</b>	<b>BP NASA</b>	<b>PF NASA</b>
Broad Activity 1: Recruitment of external consultant for training physicians and nurses in ARV treatment	ASC.02.01.03.98 Antiretroviral therapy not disaggregated neither by age nor by line of treatment	BP.01.98 People living with HIV not disaggregated by age or gender	PF.01.02.02.07 Consulting services
Broad Activity 2: Train 60 physicians in ARV therapy for PLWHAs	ASC.04.12 Training	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 3: Train 42 nurses in nursing care for PLWHAs	ASC.04.12 Training	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 4: Training of 126 Field Staff in HBC of PLWHAs	ASC.04.12 Training	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 5: Training of community care givers in home-based care	ASC.02.01.09.01 Home-based medical care	BP.01.98 People living with HIV not disaggregated by age or gender	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 6: Train Health Staff (PHUs) in the treatment of opportunistic infections (OIs)	ASC.04.12 Training	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 7: Train 24 laboratory technicians in the use of the CD4 counter.	ASC.02.01.05 Specific HIV-related laboratory monitoring	BP.01.98 People living with HIV not disaggregated by age or gender	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 8: Procure ARV drugs for PLWHAs	ASC.02.01.03.98 Antiretroviral therapy not disaggregated neither by age nor by line of treatment	BP.01.98 People living with HIV not disaggregated by age or gender	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 9: Provision drugs for treatment of Ios	ASC.02.01.03.98 Antiretroviral therapy not disaggregated neither by age nor by line of treatment	BP.01.98 People living with HIV not disaggregated by age or gender	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 10: Procure CD4 cell counters and reagents	ASC.02.01.05 Specific HIV-related laboratory monitoring	BP.01.98 People living with HIV not disaggregated by age or gender	PF.02.02.03 Laboratory and other medical equipments
Broad activity 11: monitoring and supervision of treatment of PLWHAs	ASC.02.01.03.98 Antiretroviral therapy not disaggregated neither by age nor by line of treatment	BP.01.98 People living with HIV not disaggregated by age or gender	PF.01.98 Current expenditures not disaggregated by type
Broad activity 12: Impact assessment of Arv Treatment	ASC.02.01.03.98 Antiretroviral therapy not disaggregated neither by age nor by line of treatment	BP.01.98 People living with HIV not disaggregated by age or gender	PF.01.98 Current expenditures not disaggregated by type
Broad activity 13: Operational cost	ASC.02.01.03.98 Antiretroviral therapy not disaggregated neither by age nor by line of treatment	BP.01.98 People living with HIV not disaggregated by age or gender	PF.01.98 Current expenditures not disaggregated by type
Broad activity 14: Training of PLWHAs in positive living	ASC.01.07.01 BCC as part of prevention of HIV transmission aimed at PLHIV	BP.01.98 People living with HIV not disaggregated by age or gender	PF.01.98 Current expenditures not disaggregated by type
Broad activity 15: Strengthening of PLWHA organisation	ASC.07.03 AIDS-specific institutional development	BP.01.98 People living with HIV not disaggregated by age or gender	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 16: Construction and maintenance of Cold Storage	ASC.04.10.01 Upgrading laboratory infrastructure and new equipment	BP.01.98 People living with HIV not disaggregated by age or gender	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 17: Procurement, maintenance and running cost of one supplies Van	ASC.04.01 Planning, coordination and programme management	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type

<b>Objective 9:To provide prevention, care, support and treatment to special groups.</b>			
<b>Objective /Broad activities</b>	<b>NASA ASCs</b>	<b>BP NASA</b>	<b>PF NASA</b>
Broad activity 1: Recruitment and payment of programme staff	ASC.04.01 Planning, coordination and programme management	BP.05 Non-targeted interventions	PF.01.01.98 Labour income not disaggregated by type
Broad Activity 2: Workshop for developing IEC/BCC program content targeted at specific high-risk communities	ASC.01.98 Prevention activities not disaggregated by intervention	BP.04.98 General population not disaggregated by age or gender.	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 3: Train health workers, community volunteers, peer educators and animators.	ASC.04.12 Training	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 4: Train peer educators and animators.	ASC.04.12 Training	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type

Broad Activity 5: Train community volunteers and animators.	ASC.04.12 Training	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type
Broad activity 6: Train health workers in surveillance methods	ASC.04.12 Training	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 7: Support CSWs in short term vocational training	ASC.01.08.98 Programmatic interventions for sex workers and their clients not disaggregated by type	BP.02.2.98 Sex workers, not disaggregated by gender, and their clients	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 8: train CSWs in safer sex practices	ASC.01.08.04 BCC as part of programmes for sex workers and their clients	BP.02.2.98 Sex workers, not disaggregated by gender, and their clients	PF.01.98 Current expenditures not disaggregated by type
Broad activity 9: support CSWs for One-year training courses	ASC.01.08.98 Programmatic interventions for sex workers and their clients not disaggregated by type	BP.02.2.98 Sex workers, not disaggregated by gender, and their clients	PF.01.98 Current expenditures not disaggregated by type
Broad activity 10: Provide start-up kits for trained CSWs	ASC.01.08.98 Programmatic interventions for sex workers and their clients not disaggregated by type	BP.02.2.98 Sex workers, not disaggregated by gender, and their clients	PF.01.98 Current expenditures not disaggregated by type
Broad Activity11: Develop, produce and air TV and radio dramas	ASC.01.01.98 Not-disaggregated social and behavioural change communication	BP.04.98 General population not disaggregated by age or gender.	PF.01.02.02.04 Publisher-, motion picture-, broadcasting and programming services
Broad Activity12: Office management cost and utilities	ASC.04.01 Planning, coordination and programme management	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 13: Procurement of motor bikes and computers and bicycles	ASC.04.01 Planning, coordination and programme management	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 14: Procurement of office equipments	ASC.04.01 Planning, coordination and programme management	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type
Broad activity 15: Procurement of training materials for soap making and gara tie-dying	ASC.04.12 Training	BP.05 Non-targeted interventions	PF.01.02.01.98 Material supplies not disaggregated by type

<b>Objective 10: To provide palliative care and support to PLWHA and OVCs, particularly in war affected areas.</b>			
<b>Objective /Broad activities</b>	<b>NASA ASCs</b>	<b>BP NASA</b>	<b>PF NASA</b>
Broad Activity : Provision of Top-up for Salaries to program mangers, M&E, Accountants, and volunteers	ASC.05.98 Incentives for human resources not disaggregated by type	BP.05 Non-targeted interventions	PF.01.01.98 Labour income not disaggregated by type
Broad Activity 2:Procurement of office supplies.	ASC.04.01 Planning, coordination and programme management	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 3: Spares and Maintenance	ASC.04.01 Planning, coordination and programme management	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 4: Develop advocacy kit on support for PLWHAs on stigma reduction	ASC.07.01 Advocacy and policy development	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 5: Organize series of workshops for communities and health workers on home based care and support	ASC.03.03 OVC family/home support	BP.03.01 Orphans and vulnerable children (OVC)	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 6: Undertake training of community members in stigma reduction	ASC.03.98 OVC services not disaggregated by intervention	BP.03.01 Orphans and vulnerable children (OVC)	PF.01.98 Current expenditures not disaggregated by type
Broad activity 7: Strengthen community support for PLWHAs through trainings, IGAs and provision of support resources. (see trainings for PLWHAs on IGAs, start up kits, IEC/BCC already budgeted for).	ASC.01.07.98 Prevention of HIV transmission aimed at PLHIV not disaggregated by type	BP.01.98 People living with HIV not disaggregated by age or gender	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 8: Strengthen community support for orphans through trainings, IGAs and provision of support resources.(See advocacy, IEC/BCC and IGAs trainings/start up kits).	ASC.03.98 OVC services not disaggregated by intervention	BP.03.01 Orphans and vulnerable children (OVC)	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 9: Identify and train nurses, other health workers and care-givers on care and support services for PLWHAs (Including training of TOT on IEC/BCC)	ASC.04.12 Training	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type
Broad activity 10: *Training of volunteers on support to PLWHAs and OVCs.	ASC.04.12 Training	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 11: Train health workers and peer educators on pre-post counselling skills.	ASC.04.12 Training	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type

Broad Activity 12: Organize series of workshops for communities in 151 chiefdoms to address related to stigma and discrimination.	ASC.03.98 OVC services not disaggregated by intervention	BP.03.01 Orphans and vulnerable children (OVC)	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 13: Provision of home based care kits to PLWHAs	ASC.03.02 OVC basic health care	BP.03.01 Orphans and vulnerable children (OVC)	PF.01.98 Current expenditures not disaggregated by type
Broad activity 14: Facilitate care for orphans/vulnerable children through IGAs trainings for care givers.	ASC.03.02 OVC basic health care	BP.03.01 Orphans and vulnerable children (OVC)	PF.01.98 Current expenditures not disaggregated by type
Broad activity 15: Provision of start up kits to Care-givers for orphans/OVCs	ASC.03.02 OVC basic health care	BP.03.01 Orphans and vulnerable children (OVC)	PF.01.98 Current expenditures not disaggregated by type
Broad activity 16: Provide skills (IGAs) training to PLWHAs including entrepreneurship skills for business management.	ASC.06.04 HIV-specific income generation projects	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 17: Provision of start up kits to PLWHAs.	ASC.06.04 HIV-specific income generation projects	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type
Broad activity 18: Provision of orphans with educational support kits (uniforms, shoes etc.) including needs assessment.	ASC.03.01 OVC education	BP.03.01 Orphans and vulnerable children (OVC)	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 19: Hospice care (palliative care)- budget was not provided as the ART was expected to take care of some of this aspect.	ASC.02.01.08 Palliative care	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 20: Build kakua Hospice.	ASC.04.10.99 Upgrading and construction of infrastructure n.e.c.	BP.05 Non-targeted interventions	PF.02.01.02 Construction of new health centres
Broad Activity 21: Supervisory visits by program managers.	ASC.03.98 OVC services not disaggregated by intervention	BP.03.01 Orphans and vulnerable children (OVC)	PF.01.01.98 Labour income not disaggregated by type
Broad Activity 22: Supervisory visits by M&E.	ASC.04.03 Monitoring and evaluation	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type
Broad activity 23: Provide nutrition for PLWHAs	ASC.03.03 OVC family/home support	BP.03.01 Orphans and vulnerable children (OVC)	PF.01.98 Current expenditures not disaggregated by type
Broad activity 24: Provide nutrition for OVCs	ASC.03.03 OVC family/home support	BP.03.01 Orphans and vulnerable children (OVC)	PF.01.98 Current expenditures not disaggregated by type

<b>Objective 11: To strengthen and expand national capacity to design, implement, monitor and evaluate HIV/AIDS programmes in the country.</b>			
<b>Objective /Broad activities</b>	<b>NASA ASCs</b>	<b>BP NASA</b>	<b>PF NASA</b>
Broad Activity 1: Train District M&E Officers in data management and research	ASC.04.03 Monitoring and evaluation	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 2: Procure logistics (Vehicle)	ASC.04.03 Monitoring and evaluation	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 3: Recruitment of M&E Specialist	ASC.04.03 Monitoring and evaluation	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 4: Conduct national behavioural survey.	ASC.08.05 Behavioural research	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type
Broad activity 5: Conduct combined baseline studies for ART & PMTCT Interventions.	ASC.04.03 Monitoring and evaluation	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 6: Mid-Term Evaluation	ASC.04.03 Monitoring and evaluation	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 7: End of Project Evaluation	ASC.04.03 Monitoring and evaluation	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 8: Needs Assessment survey of M&E capacities of SRs and District M&E Teams	ASC.04.03 Monitoring and evaluation	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 9: Conduct Health facility survey	ASC.01.04.98 Programmatic interventions for vulnerable and accessible population not disaggregated by type	BP.03.98 Other key and accessible populations not disaggregated by type	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 10: Conduct quality assessment survey	ASC.01.04.98 Programmatic interventions for vulnerable and accessible population not disaggregated by type	BP.03.99 Other key and accessible populations n.e.c.	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 11: Conduct Operational research studies	ASC.04.04 Operations research	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type



Broad Activity 12: Conduct data auditing	ASC.04.01 Planning, coordination and programme management	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 13: Organise annual meetings of SRs and other stakeholders	ASC.04.01 Planning, coordination and programme management	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 14: Training of SRs in data management, report writing and record keeping	ASC.04.12 Training	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 16: Logistic support to Districts M&E Offices ( fuel, stationary, communication, filing cabinet, memory sticks etc)	ASC.04.03 Monitoring and evaluation	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 17: Training of Implementing partners in the use data collection forms	ASC.04.12 Training	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 18: Assess cost benefit analysis of HIV/AIDS interventions	ASC.08.06 Research in economics	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 19: Investigate sexual networks among youths	ASC.08.98 HIV and AIDS-related research activities not disaggregated by type	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 20: Sentinel monitoring of HIV/STIs	ASC.04.05 Serological-surveillance (serosurveillance)	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 21: Provide regional training for 4 laboratory technicians	ASC.04.12 Training	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 22: Provide local training for laboratory staff	ASC.04.12 Training	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type
Broad activity 23: Monitoring and evaluation of activities	ASC.04.03 Monitoring and evaluation	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 24: Recruit International Consultant M&E and programming-fees and expenses	ASC.04.03 Monitoring and evaluation	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type
Broad activity 25: Design and develop a data base for Global fund activities	ASC.04.01 Planning, coordination and programme management	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type
Broad activity 26: Project review meeting	ASC.04.01 Planning, coordination and programme management	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type

PR Administrative and other costs			
Objective /Broad activities	NASA ASCs	BP NASA	PF NASA
Broad Activity 1: Recruitment and support to existing staff	ASC.04.01 Planning, coordination and programme management	BP.05 Non-targeted interventions	PF.01.01.01 Wages
Broad Activity 2: Office Rental	ASC.04.01 Planning, coordination and programme management	BP.05 Non-targeted interventions	PF.01.02.02.98 Services not disaggregated by type
Broad Activity 3: Procurement of office equipment and furniture	ASC.04.10.99 Upgrading and construction of infrastructure n.e.c.	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 4: Procurement of vehicles and motorbikes	ASC.04.02 Programme administration and transaction costs associated with managing and disbursing funds	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 5: Maintenance and running costs of Vehicles	ASC.04.98 Programme management and administration strengthening not disaggregated by type	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 6: Insurance and License	ASC.04.02 Programme administration and transaction costs associated with managing and disbursing funds	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 7: Maintenance and running cost of motorbikes	ASC.04.02 Programme administration and transaction costs associated with managing and disbursing funds	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 8: Insurance and License for motorbikes	ASC.04.02 Programme administration and transaction costs associated with managing and disbursing funds	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 9: Maintenance of Office Generator	ASC.04.98 Programme management and administration strengthening not disaggregated by type	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type
Broad Activity10: Utilities/Internet	ASC.04.10.99 Upgrading and construction of infrastructure n.e.c.	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type

Broad Activity 11: Supervision and Monitoring	ASC.04.03 Monitoring and evaluation	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 12: Meetings	ASC.04.01 Planning, coordination and programme management	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 13: support to CCM meetings	ASC.04.01 Planning, coordination and programme management	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 14: support to technical committee	ASC.04.03 Monitoring and evaluation	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 15: Retreat(Training of principal and subrecipients)	ASC.04.12 Training	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 16: Study tour and Overseas travel for Key PR Staff	ASC.04.12 Training	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 17: External Audit fees	ASC.04.02 Programme administration and transaction costs associated with managing and disbursing funds	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type
Broad Activity 18: Procurement of standby generator	ASC.04.10.99 Upgrading and construction of infrastructure n.e.c.	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type
Broad activity 19: Payment of KPMG	ASC.04.02 Programme administration and transaction costs associated with managing and disbursing funds	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type
Broad activity 20: Assessment of the institutional capacity of sub-receipients	ASC.04.01 Planning, coordination and programme management	BP.05 Non-targeted interventions	PF.01.98 Current expenditures not disaggregated by type

## Annex 3 – Letter used for data collection

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### Letter to NGOs

Dear Sir/Madam

This letter is a follow up to the email communication sent to you on the scheduled emergency meeting relating to the planned National AIDS Spending Assessment exercise.

There is a growing need for more enhanced and adapted Monitoring and Evaluation Systems by countries to ensure an evidenced based response to the HIV and AIDS epidemic. This includes the description and tracking of available financial resources used by stakeholders in the national response towards achieving the targets set out in the 2001 UNGASS Declaration of Commitment on HIV and AIDS, the MDG and Universal Access.

As a result, the National HIV and AIDS Secretariat in Collaboration with the UNAIDS AIDS Financing and Economic Division, along with partners wish to conduct the National AIDS Spending Assessment (NASA) for the years 2006 and 2007. The exercise will establish a clear base line on HIV and AIDS financing for Sierra Leone as we move towards achieving Universal Access and the MDGs.

To successfully implement this activity, the cooperation and participation of your organization is extremely important. You are therefore invited to a consultative meeting on Thursday November 6<sup>th</sup> 2008 at the Conference Room of the Global Fund Office, Cantonment Road, Off Kingharman Road, Freetown. Please note that this exercise has a short time line that will last just for the month of November

Thank you very much for your usual cooperation.

Dr Brima Kargbo

Director

## Letter to Donors and Government Ministries

Dear Sir/Madam

There is a growing need for more enhanced and adapted Monitoring and Evaluation Systems by countries to ensure an evidenced based response to the HIV and AIDS epidemic. This includes the description and tracking of available financial resources used by stakeholders in the national response towards achieving the targets set out in the 2001 UNGASS Declaration of Commitment on HIV and AIDS, the MDG and Universal Access.

As a result, the National HIV and AIDS Secretariat in Collaboration with the UNAIDS AIDS Financing and Economic Division, along with partners wish to conduct the National AIDS Spending Assessment (NASA) for the years 2006 and 2007. The exercise will establish a clear base line in HIV and AIDS financing for Sierra Leone as we move towards achieving Universal Access and the MDGs.

To successfully implementation this activity, the cooperation and participation of your organization is extremely important. Therefore, the team of international consultants and national counterpart would appreciate the opportunity to visit you for further consultations on the .....

Thank you very much for your usual cooperation.

Dr Brima Kargbo

Director

## Annex 4 – Forms

### Form 1

FORM [1] - 2006

#### 1 HIV RESPONSE INSTITUTIONS

### 2 This information is confidential

Year under study: 2006

Date: / 11 / 08

#### 1. - Identification of the Institution

[ ]

Name of the Institution:	
Contact (Name and Position):	
Address:	E-mail:
Telephone:	Fax:

Select with an x the legal status of the institution (*may be more than one option*)

Legal Status	National	International
Public		
Private		
For profit		
Not for profit		
Bilateral agency		
Multilateral agency		

The institution <b>receives</b> funds coming from other institutions to finance or produce HIV related activities?	Yes (please fill section 2)
The institution <b>used its own funds</b> to finance or to produce HIV related activities?	Yes (please fill line 10, in Section 2)
The institution <b>transfers</b> funds to other institutions for HIV related activities?	Yes (please fill section 3)
The institution produces HIV related activities (goods or services)?	Yes (please fill the 3 first columns in section 2)

Select with an x if values are in local currency:

Select with an x if values are in USD (**Recommended**):

Other (Euro, etc), please specify:

SL	
USD	

#### 2. Origin of funds

Indicate:

- Name of the institution from which the funds were received.
- Amount of money expended in the year of the estimation disaggregated per financing source

<u>Name of the Institution</u>	<u>Amount received</u>	<i>Amount spent by the Institution</i>	<i>Amount transfered to other Institutions</i>
OF [1]			
OF [2]			
OF [3]			
OF [4]			
OF [5]			
OF [6]			
OF [7]			
OF [8]			
OF [9]			
OF [10] Own funds			
<b>TOTAL</b>			

If the institution utilized funds, precede to fill in section 4 for each of the amount utilized.

### 3. Destination of Funds:

For each institution identified in table 2. (OF [1] to OF [10]) please indicate in the following tables:

- Name of institutions for which funds were transfered in the year of the estimation and
- Amount reported as expenditure in the year by each institution

<u>Name of the institution which received the fund coming from source OF [1]</u>	<u>Amount transferred</u>	<i>Amount reported as spent</i>
DF [1]		
DF [2]		
DF [3]		
DF [4]		
DF [5]		
DF [6]		
DF [7]		
DF [8]		
DF [9]		
DF [10]		
<b>TOTAL</b>		

a) If sections 2 and 3 were filled, the sum of the transfered amount calculated in section 3, it must equal to the sum of amount transfered to other institutions calculated in section 2. If not please indicate difference causes.

<b><u>Name of the institution which received the fund coming from source OF [2]</u></b>	<b><u>Amount transferred</u></b>	<b><i>Amount reported as spent</i></b>
DF [1]		
DF [2]		
DF [3]		
DF [4]		
DF [5]		
DF [6]		
DF [7]		
DF [8]		
DF [9]		
DF [10]		
<b>TOTAL</b>		

a) If sections 2 and 3 were filled, the sum of the transferred amount calculated in section 3, it must equal to the sum of amount transferred to other institutions calculated in section 2. If not please indicate difference causes.

<b><u>Name of the institution which received the fund coming from source OF [3]</u></b>	<b><u>Amount transferred</u></b>	<b><i>Amount reported as spent</i></b>
DF [1]		
DF [2]		
DF [3]		
DF [4]		
DF [5]		
DF [6]		
DF [7]		
DF [8]		
DF [9]		
DF [10]		
<b>TOTAL</b>		

a) If sections 2 and 3 were filled, the sum of the transferred amount calculated in section 3, it must equal to the sum of amount transferred to other institutions calculated in section 2. If not please indicate difference causes.

<b><u>Name of the institution which received the fund coming from source OF [4]</u></b>	<b><u>Amount transferred</u></b>	<b><i>Amount reported as spent</i></b>
DF [1]		
DF [2]		
DF [3]		
DF [4]		
DF [5]		
DF [6]		
DF [7]		
DF [8]		
DF [9]		
DF [10]		
<b>TOTAL</b>		

a) If sections 2 and 3 were filled, the sum of the transferred amount calculated in section 3, it must equal to the sum of amount transferred to other institutions calculated in section 2. If not please indicate difference causes.

**NOTE: IF YOU NEED MORE TABLES PLEASE ADD COPY.**

**FORM [2] - 2006**

For each institution that reported funds as spent on FORM [1] section 2, fill FORM [2] section 4. Details on resources utilization by financing source (4.1 to 4.4)

**4. Details on resources utilization by financing source**

**Name of the institution which used the resources:**

[ ]:

**Name of the institution which provided the information:**

[ ]:

For each amount of spent funds, mentioned in Form [1] section 2, please, provide the following details:

- The amount of funds, spent on the implementation of each activity (please, use NASA categorization of activities – AIDS spending categories). Note: The total amount of funds spent by the organization must be equal to the amount, identified as “spent” in section 2.
- If enough data is available, please, use as detailed NASA category as possible. In the lack of data different assumption (based on field and professional experience) can be used to classify an activity. Please, provide details on the assumptions used and indicate with a (x) as an estimated data, when completing this form. Please, provide source of the data for each of the assumptions.
- If it is not possible to estimate the expenditure by category, indicate “not applicable” (N/A) in this form.

**UTILIZATION OF RECEIVED FUNDS:****4.1. Deciding the use of the resources**

Please indicate with an “X” in the following Table which institution decided the final use/allocation, of the resources:

The institution origin of funds:

Your own institution:

Other - please specify:

**4.2. Expenditure by type of activity and by financial source**

No	NASA code (ASC)	Description of the activity	TOTAL amount spent
A1-OF[ ]			
A2-OF[ ]			
A3-OF[ ]			
A4-OF[ ]			
A5-OF[ ]			
A6-OF[ ]			
A7-OF[ ]			
Total			



#### **4.3. Expenditure by type of activity and beneficiary population**

Indicate:

- The total amount spent for each activity, as mentioned in Table 4.2., disaggregated by beneficiary population (BP), using NASA classification.
- If no specific data about beneficiary population of the certain activity is available, please make the best possible estimation, using all the information available and your professional experience. Mark with an (x) estimated data.

BP code	BP description	A1-OF[ ]	A2-OF[ ]	A3-OF[ ]	A4-OF[ ]	A5-OF[ ]
BP.01.01.0 1	Adult and young men (15 years of age and over) living with HIV					
BP.01.01.0 2	Adult and young women (15 years and over) living with HIV					
BP.01.01.9 8	Adult and young people (15 years and over) living with HIV not disaggregated by gender					
BP.01.02.0 1	Boys (under 15 years) living with HIV					
BP.01.02.0 2	Girls (under 15 years) living with HIV					
BP.01.02.9 8	Children (under 15 years) living with HIV not disaggregated by gender					
BP.01.98	People living with HIV not disaggregated by age or gender					
BP.02.01	Injecting drug users (IDU) and their sexual partners					
BP.02.02.0 1	Female sex workers and their clients					
BP.02.02.0 2	Male transvestite sex workers (and their clients)					
BP.02.02.0 3	Male non-transvestite sex workers (and their clients)					
BP.02.02.9 8	Sex workers, not disaggregated by gender, and their clients					
BP.02.03	Men who have sex with men (MSM)					

BP code	BP description	A1-OF[ ]	A2-OF[ ]	A3-OF[ ]	A4-OF[ ]	A5-OF[ ]
BP.02.99	"Most at risk populations" n.e.c.					
BP.03.01	Orphans and vulnerable children (OVC)					
BP.03.02	Children born or to be born of women living with HIV					
BP.03.03	Children in school					
BP.03.04	Youth at school					
BP.03.05	University students					
BP.03.06	Children and youth living in the street					
BP.03.07	Children and youth gang members					
BP.03.08	Children and youth out of school					
BP.03.09	Institutionalized children and youth					
BP.03.10	Partners of persons living with HIV					
BP.03.11	Recipients of blood or blood products					
BP.03.12	Internally displaced populations (because of an emergency)					
BP.03.13	Migrants/mobile populations					
BP.03.14	Indigenous groups					
BP.03.15	Prisoners and other institutionalized persons					
BP.03.16	Refugees (externally displaced)					
BP.03.17	Truck drivers/transport workers and commercial drivers					
BP.03.18	Health care workers					
BP.03.19	Ex-combatants and other armed non-uniformed groups					
BP.03.20	Factory employees (e.g. for workplace interventions)					
BP.03.21	People attending STI clinics					
BP.03.22	Sailors					
BP.03.23	Military					

BP code	BP description	A1-OF[ ]	A2-OF[ ]	A3-OF[ ]	A4-OF[ ]	A5-OF[ ]
BP.03.24	Police					
BP.03.98	Other Key and Accessible populations not disaggregated					
BP.03.99	Other Key and Accessible populations n.e.c.					
BP.04.01.0	Male adult population					
BP.04.01.0	Female adult population					
BP.04.01.9	General adult population (older than 24 years) not disaggregated by gender					
BP.04.02.0	Boys					
BP.04.02.0	Girls					
BP.04.02.9	Children (under 15 years) not disaggregated by gender					
BP.04.03.0	Young men					
BP.04.03.0	Young females					
BP.04.03.9	Youth (age 15 to 24 years) not disaggregated by gender					
BP.04.98	General population not disaggregated by age or gender					
BP.05	Non-targeted interventions					
BP.99	Specific targeted populations not elsewhere classified (n.e.c.)					
TOTAL*:						

(\*: The total of each column must equal the amount registered in the Table 4.2)

#### 4.4. Expenditure by type of activity and production factors

Indicate:

- The total amount spent for each activity, as mentioned in Table 4.2., disaggregated by production factors (PF), using NASA classification.
- If no specific data about production factors of the certain activity is available, please make the best possible estimation, using all the information available and your professional experience. Mark with an (x) estimated data.

PF code	PF description	A1-OF[ ]	A2-OF[ ]	A3-OF[ ]	A4-OF[ ]	A5-OF[ ]
PF.01.01.01	Wages					
PF.01.01.02	Social contributions					
PF.01.01.03	Non-wage labour income					
PF.01.01.98	Labour income not disaggregated by type					
PF.01.02.01.01	Antiretrovirals					
PF.01.02.01.02	Other drugs and pharmaceuticals (excluding antiretrovirals)					
PF.01.02.01.03	Medical and surgical supplies					
PF.01.02.01.04	Condoms					
PF.01.02.01.05	Reagents and materials					
PF.01.02.01.06	Food and nutrients					
PF.01.02.01.07	Uniforms and school materials					
PF.01.02.01.98	Material supplies not disaggregated by kind					
PF.01.02.01.99	Other material supplies n.e.c.					
PF.01.02.02.01	Administrative services					

PF code	PF description	A1-OF[ ]	A2-OF[ ]	A3-OF[ ]	A4-OF[ ]	A5-OF[ ]
PF.01.02.02.02	Maintenance and repair services					
PF.01.02.02.03.01	Basic health care packages purchased on behalf of key population at higher risk					
PF.01.02.02.03.02	Social protection, monetary benefits					
PF.01.02.02.03.03	Educational support					
PF.01.02.02.03.04	Family/home support					
PF.01.02.02.03.98	Social and other administration services contracted not disaggregated by type					
PF.01.02.02.03.99	Social and other administration services contracted n.e.c.					
PF.01.02.02.04	Publisher-, motion picture-, broadcasting and programming services					
PF.01.02.02.05	Recurrent training in medical, paramedical, social care and related establishments					
PF.01.02.02.06	Market research services					
PF.01.02.02.07	Consulting services					
PF.01.02.02.08	Transportation and travel services					
PF.01.02.02.09	Housing services					
PF.01.02.02.10	Catering (meals and drinks) services					
PF.01.02.02.11	Transaction costs/financial intermediation services					
PF.01.02.02.98	Services not disaggregated by type					

PF code	PF description	A1-OF[ ]	A2-OF[ ]	A3-OF[ ]	A4-OF[ ]	A5-OF[ ]
PF.01.02.02.99	Services n.e.c.					
PF.01.03.01	Consumption of fixed capital in public establishments or entities					
PF.01.03.02	Consumption of fixed capital in private establishments					
PF.01.03.98	Consumption of fixed capital not disaggregated by sector					
PF.01.98	Current expenditures not disaggregated by type					
PF.01.99	Current expenditures n.e.c.					
PF.02.01.01	Laboratory and other infrastructure upgrading					
PF.02.01.02	Construction of new health centres					
PF.02.01.99	Other buildings n.e.c.					
PF.02.02.01	Vehicles					
PF.02.02.02	Information technology (hardware and software)					
PF.02.02.03	Laboratory and other medical equipments					
PF.02.02.99	Other equipment n.e.c.					
PF.02.98	Capital expenditure not disaggregated by type					
PF.02.99	Capital expenditure n.e.c.					
PF.98	Production factors not disaggregated by type.					
	TOTAL*:					

(\*: The total of each column must equal the amount indicated in the Table 4.2)

## Annex 5 – Status on data collected

Institution	2006		2007	
	Transaction	Type of Data	Transaction	Type of Data
ADRA	↓	RE, B	↓	RE, B
CADO	↓	RE	↓	RE
CARE	↓↑	RE	↓↑	RE
CCF	↓	RE, B	↓	RE, B
CHASL	↓	RE, B	↓	RE, B
HACSA	↓	RE, B	↓	RE, B
K. Hospice	↓	RE, B	↓	RE, B
MOH/ARG	↓↑, ↑	RE, E	↓↑, ↑	RE, E
MSSL	↓	RE, B	↓	RE, B
NAS <sup>8</sup>	↓↑	RE	↓↑	RE
NAS/GFTAM <sup>9</sup>	↓	RE	↓	RE
PLAN	↓↑	RE	↓↑	RE
Safe Blood	↓	RE	↓	RE
SLRCS	↓	RE, B	↓	RE, B
SPW	↓↑	RE	↓↑	RE
SWASL	↓	RE, B	↓	RE, B

<sup>8</sup> Includes GFTAM funds executed by NAS (NAS funds as a provider).

<sup>9</sup> Includes GFTAM funds, executed by the sub recipients (NAS as a financing agent).

TAPE	↓	RE, B	↓	RE, B
TSH	↓↑	RE	↓↑	RE
UNAIDS	↓,↓↑	RE	↓,↓↑	RE
UNDP	↓,↓↑	RE	↓,↓↑	RE
UNFPA	↓,↓↑	RE	↓,↓↑	RE
UNICEF	↓,↓↑	RE, B	↓,↓↑	RE, B
WFP	↓,↓↑	RE, B	↓,↓↑	RE, B
WHO	↓↑	RE	↓↑	RE
WVI	↓	RE, B	↓	RE, B
YWDO	↓	RE, B	↓	RE, B
<p><i>“Transaction”:</i></p> <div> <div>↓Top down</div> <div>↑Bottom up</div> <div>↓↑Top down and Bottom up</div> </div>				
<p><i>“Type of Data”:</i></p> <p><b>RE</b> Reported Expenditures</p> <p><b>E</b> Estimated based on the production of good and services using P*Q approach</p> <p><b>B</b> Budget figures</p>				



## Annex 6 – Matrixes

### 2007 – Financing Sources to AIDS Spending Categories – USD (section 1)

ASC:	FS.1.1.1 - Central Government Revenue	FS.3.1.04 - Government of Canada	FS.3.1.08 - Government of Germany	FS.3.1.10 - Government of Ireland	FS.3.1.21 - Government of United Kingdom	FS.3.1.22 - Government of United States	FS.3.2.01 - Commission of the European Communities	FS.3.2.05 - The Global Fund to Fight AIDS, Tuberculosis and Malaria	FS.3.2.06 - UN/WHO Secretariat	FS.3.2.07 - United Nations Children's Fund (UNICEF)	FS.3.2.08 - United Nations Development Programme (UNDP)	FS.3.2.13 - United Nations Population Fund (UNFPA)	FS.3.2.14 - World Bank (WB)	FS.3.2.15 - World Food Programme (WFP)	FS.3.2.16 - World Health Organization (WHO)	FS.3.2.99 - Multilateral funds or independent funds n.e.c.	FS.3.3.08 - Core International	FS.3.3.22 - Plan International	FS.3.3.99 - International not-for-profit organizations and foundations not elsewhere classified (n.e.c.)	Grand Total
ASC.01.01.01 Health social and behavioural change communication																			8 000	8 000
ASC.01.01.98 Not-disaggregated social and behavioural change communication	25 717		402 798				7 547	303 294	21 500	9 235	6 500	12 500	692 551		27 371				37 112	1 546 125
ASC.01.02 Community mobilization								12 244	15 000	19 904	34 500	5 500	11 343						9 310	107 801
ASC.01.03 Voluntary counselling and testing (VCT)								84 529											28 370	112 899
ASC.01.04.02 Condom social marketing, public and commercial sector provision of condoms as part of programmes for vulnerable and accessible populations																				
ASC.01.04.03 Prevention and treatment of sexually transmitted infection ( STI ) as part of programmes for vulnerable and accessible populations													7 001							7 001
ASC.01.04.04 Behavioural change communication (BCC) as part of programmes for vulnerable and accessible populations			122 937									20 500								20 500
ASC.01.04.98 Programmatic interventions for vulnerable and accessible population not disaggregated by type												11 466								134 403
ASC.01.04.99 Other programmatic interventions for vulnerable and accessible populations not elsewhere classified (n.e.c.)												32 300	257 687			496 000			785 987	
ASC.01.05 Prevention – youth in school		5 769			206 700			4 783		222 534		2 508						38 220		34 200
ASC.01.06 Prevention – youth out-of-school					7 287					20 592			5 214					25 480		58 573
ASC.01.07.01 BCC as part of prevention of HIV transmission aimed at PLHIV								21 024												21 024
ASC.01.07.98 Prevention of HIV transmission aimed at PLHIV not disaggregated by type																				
ASC.01.08.02 Condom social marketing, public and commercial sector provision of condoms as part of programmes for sex workers and their clients												3 500								3 500

## 2007 – Financing Sources to AIDS Spending Categories – USD (section 2)

ASC:	FS.1.1.1 - Central Government Revenue	FS.3.1.04 - Government of Canada	FS.3.1.08 - Government of Germany	FS.3.1.10 - Government of Ireland	FS.3.1.21 - Government of United Kingdom	FS.3.1.22 - Government of United States	FS.3.2.01 - Commission of the European Communities	FS.3.2.05 - The Global Fund to Fight AIDS, Tuberculosis and Malaria	FS.3.2.06 - UNAIDS Secretariat	FS.3.2.07 - United Nations Children's Fund (UNICEF)	FS.3.2.08 - United Nations Development Programme (UNDP)	FS.3.2.13 - United Nations Population Fund (UNFPA)	FS.3.2.14 - World Bank (WB)	FS.3.2.15 - World Food Programme (WFP)	FS.3.2.16 - World Health Organization (WHO)	FS.3.2.99 - Multilateral development funds n.e.c.	FS.3.3.08 - International Care	FS.3.3.22 - Plan International	FS.3.3.99 - International not-for-profit organizations not elsewhere classified (n.e.c.)	Grand Total
												3 500								3 500
ASC.01.08.03 Prevention and treatment of STI as part of programmes for sex workers and their clients												3 500								58 139
ASC.01.08.04 BCC as part of programmes for sex workers and their clients			54 639																	
ASC.01.08.98 Programmatic interventions for sex workers and their clients not disaggregated by type								56 448					81 416							137 864
ASC.01.08.99 Other programmatic interventions for sex workers and their clients, n.e.c.													6 597							6 597
ASC.01.09.98 Programmatic interventions for MSM not disaggregated by type																				5 214
ASC.01.12 Condom social marketing							5 031	110 392												185 497
ASC.01.13 Public and commercial sector male condom provision						43 160		12 491	30 000			29 450								115 101
ASC.01.14 Public and commercial sector female condom provision												1 100								1 100
ASC.01.16 Prevention, diagnosis and treatment of sexually transmitted infections (STI)								183 961												183 961
ASC.01.17.98 PMTCT not disaggregated by intervention								33 308												35 831
ASC.01.17.99 PMTCT activities n.e.c.								30 452	15 000	84 199				52 750						188 101
ASC.01.18 Blood safety								176 433												176 433
ASC.01.98 Prevention activities not disaggregated by intervention												13 000	728 092			425 000				1 169 191
ASC.02.01.02 Opportunistic infection (OI) prophylaxis							50 311													50 311
ASC.02.01.02.02 OI outpatient treatment															1 948					1 948
ASC.02.01.03.01.01 First-line ART – adults	149 759							103 679												253 438
ASC.02.01.03.01.02 Second-line ART – adults	4 704							3 256												7 960
ASC.02.01.03.98 Antiretroviral therapy not disaggregated neither by age nor by line of treatment								401 165												401 165
ASC.02.01.04 Nutritional support associated to ARV therapy														89 382						89 382
ASC.02.01.05 Specific HIV-related laboratory monitoring								-												-
ASC.02.01.06 Palliative care																				
ASC.02.01.09.01 Home-based medical care							25 155	14 236												10 197
ASC.02.01.09.98 Home-based care not disaggregated by type												3 000								49 589
ASC.02.98 Care and treatment services not disaggregated by intervention							100 621						64 562		11 324					186 705
ASC.03.01 OVC education							50 311	13 920												71 879
ASC.03.02 OVC basic health care								16 132							51 716					67 848
ASC.03.03 OVC family/home support								26 761												26 761
ASC.03.05 OVC administrative/organization costs										6 370										6 370
ASC.03.98 OVC services not disaggregated by intervention								14 354					6 086							20 439

## 2007 – Financing Sources to AIDS Spending Categories – USD (section 3)

ASC:	FS.1.1.1 - Central Government Revenue	FS.3.1.04 - Government of Canada	FS.3.1.08 - Government of Germany	FS.3.1.10 - Government of Ireland	FS.3.1.21 - Government of United Kingdom	FS.3.1.22 - Government of United States	FS.3.2.01 - Commission of the European Communities	FS.3.2.05 - The Global Fund to Fight AIDS, Tuberculosis and Malaria	FS.3.2.06 - UN AIDS Secretariat	FS.3.2.07 - United Nations Children's Fund (UNICEF)	FS.3.2.08 - United Nations Development Programme (UNDP)	FS.3.2.13 - United Nations Population Fund (UNFPA)	FS.3.2.14 - World Bank (WB)	FS.3.2.15 - World Food Programme (WFP)	FS.3.2.16 - World Health Organization (WHO)	FS.3.2.99 - Multilateral funds or development funds n.e.c.	FS.3.3.08 - International Care Plan	FS.3.3.22 - International Foundations and not elsewhere classified (n.e.c.)	Grand Total	
ASC.04.01 Planning, coordination and programme management				80 974	320 000			262 424	56 000	325 806					28 290				1 546	1 075 039
ASC.04.02 Programme administration and transaction costs associated with managing and disbursing funds				3 109				65 933												69 942
ASC.04.03 Monitoring and evaluation		16 000		36 277	22 000			50 865	30 000	36 735					4 477					196 355
ASC.04.04 Operations research																				
ASC.04.05 Serological-surveillance (serosurveillance)																				
ASC.04.08 Information technology																			6 941	6 941
ASC.04.10.01 Upgrading laboratory infrastructure and new equipment																			17 127	17 127
ASC.04.10.99 Upgrading and construction of infrastructure n.e.c.								101 826												101 826
ASC.04.12 Training	11 084			12 450				49 882		40 045			2 807		25 862				41 928	184 058
ASC.04.98 Programme management and administration strengthening not disaggregated by type	9 334			7 017				49 800		520					8 591				3 761	79 024
ASC.05.98 Incentives for human resources not disaggregated by type								10 977												10 977
ASC.06.02 Social protection through in-kind benefits														315 465						315 465
ASC.06.04 HIV-specific income generation projects								27 236				11 500								38 736
ASC.06.08 Social protection services and social services not disaggregated by type																				5 548
ASC.07.01 Advocacy and policy development				38 445					5 000	73 066										116 511
ASC.07.02.98 Human right programmes not disaggregated by type													3 182							3 182
ASC.07.03 AIDS-specific institutional development								8 297											5 000	13 297
ASC.07.04 AIDS-specific programmes focused on women												8 750								8 750
ASC.07.98 Enabling environment and community development not disaggregated by type													58 201							58 201
ASC.08.05 Behavioural research								-												-
ASC.08.06 Research in economics								9 609												9 609
ASC.08.98 HIV and AIDS-related research activities not disaggregated by type							12 578												2 549	15 127
Grand Total	200 598	21 769	580 373	178 273	555 987	43 160	251 553	2 259 712	172 500	839 006	41 000	176 075	2 008 030	509 312	107 864	921 000	63 700	8 000	234 756	9 172 666

2007 – Financing Agents to AIDS Spending Categories – USD (section 1)

ASC:	FA.1.1.1.1 - Ministry (or equivalent sector entity) of Health	FA.1.1.1.10 - National AIDS Commission	FA.2.5 - Not-for-profit institutions (other than social insurance)	FA.3.2.01 - Commission of the European Communities	FA.3.2.06 - UNAIDS Secretariat	FA.3.2.07 - United Nations Children's Fund (UNICEF)	FA.3.2.08 - United Nations Development Programme (UNDP)	FA.3.2.13 - United Nations Population Fund (UNFPA)	FA.3.2.15 - World Food Programme (WFP)	FA.3.3.08 - Care International	FA.3.3.22 - Plan International	FA.3.3.99 - Other International not-for-profit organizations not elsewhere classified (n.e.c.)	Grand Total
ASC.01.01.01 Health social and behavioural change communication											8 000		8 000
ASC.01.01.98 Not-disaggregated social and behavioural change communication	90 200	995 846		7 547	21 500	9 235	6 500	12 500		402 798			1 546 125
ASC.01.02 Community mobilization	9 310	23 587				34 904	34 500	5 500					107 801
ASC.01.03 Voluntary counselling and testing (VCT)	28 370	84 529											112 899
ASC.01.04.02 Condom social marketing, public and commercial sector provision of condoms as part of programmes for vulnerable and accessible populations		7 001											7 001
ASC.01.04.03 Prevention and treatment of sexually transmitted infection ( STI) as part of programmes for vulnerable and accessible populations								20 500					20 500
ASC.01.04.04 Behavioural change communication (BCC) as part of programmes for vulnerable and accessible populations								11 466		122 937			134 403
ASC.01.04.98 Programmatic interventions for vulnerable and accessible population not disaggregated by type		257 687						528 300					785 987
ASC.01.04.99 Other programmatic interventions for vulnerable and accessible populations not elsewhere classified (n.e.c.)								14 000					14 000
ASC.01.05 Prevention – youth in school		4 783				222 534		2 508		38 220	39 969	206 700	514 714
ASC.01.06 Prevention – youth out-of-school		5 214				20 592				25 480		7 287	58 573
ASC.01.07.01 BCC as part of prevention of HIV transmission aimed at PLHIV		21 024											21 024
ASC.01.07.98 Prevention of HIV transmission aimed at PLHIV not disaggregated by type													

2007 – Financing Agents to AIDS Spending Categories – USD (section 2)

ASC:	FA.1.1.1.1 - Ministry (or equivalent sector entity) of Health	FA.1.1.1.10 - National AIDS Commission	FA.2.5 - Not-for-profit institutions (other than social insurance)	FA.3.2.01 - Commission of the European Communities	FA.3.2.06 - UNAIDS Secretariat	FA.3.2.07 - United Nations Children's Fund (UNICEF)	FA.3.2.08 - United Nations Development Programme (UNDP)	FA.3.2.13 - United Nations Population Fund (UNFPA)	FA.3.2.15 - World Food Programme (WFP)	FA.3.3.08 - International Care	FA.3.3.22 - Plan International	FA.3.3.99 - Other International not-for-profit organizations not elsewhere classified (n.e.c.)	Grand Total
ASC.01.08.02 Condom social marketing, public and commercial sector provision of condoms as part of programmes for sex workers and their clients								3 500					3 500
ASC.01.08.03 Prevention and treatment of STI as part of programmes for sex workers and their clients								3 500					3 500
ASC.01.08.04 BCC as part of programmes for sex workers and their clients								3 500		54 639			58 139
ASC.01.08.98 Programmatic interventions for sex workers and their clients not disaggregated by type		137 864											137 864
ASC.01.08.99 Other programmatic interventions for sex workers and their clients, n.e.c.		6 597											6 597
ASC.01.09.98 Programmatic interventions for MSM not disaggregated by type		5 214											5 214
ASC.01.12 Condom social marketing		190 466		5 031									195 497
ASC.01.13 Public and commercial sector male condom provision		12 491						37 850		64 760			115 101
ASC.01.14 Public and commercial sector female condom provision								1 100					1 100
ASC.01.16 Prevention, diagnosis and treatment of sexually transmitted infections (STI)		183 961											183 961
ASC.01.17.98 PMTCT not disaggregated by intervention	2 523	33 308											35 831
ASC.01.17.99 PMTCT activities n.e.c.	5 700	30 452				99 199			52 750				188 101
ASC.01.18 Blood safety		176 433											176 433
ASC.01.98 Prevention activities not disaggregated by intervention		726 092	5 099					438 000					1 169 191
ASC.02.01.02 Opportunistic infection (OI) prophylaxis				50 311									50 311
ASC.02.01.02.02 OI outpatient treatment	1 948												1 948
ASC.02.01.03.01.01 First-line ART – adults		253 438											253 438
ASC.02.01.03.01.02 Second-line ART – adults		7 960											7 960

2007 – Financing Agents to AIDS Spending Categories – USD (section 3)

ASC:	FA.1.1.1.1 - Ministry (or equivalent sector entity) of Health	FA.1.1.1.10 - National AIDS Commission	FA.2.5 - Not-for-profit institutions (other than social insurance)	FA.3.2.01 - Commission of the European Communities	FA.3.2.06 - UNAIDS Secretariat	FA.3.2.07 - United Nations Children's Fund (UNICEF)	FA.3.2.08 - United Nations Development Programme (UNDP)	FA.3.2.13 - United Nations Population Fund (UNFPA)	FA.3.2.15 - World Food Programme (WFP)	FA.3.3.08 - International Care	FA.3.3.22 - Plan International	FA.3.3.99 - Other International not-for-profit organizations not elsewhere classified (n.e.c.)	Grand Total
ASC.02.01.03.98 Antiretroviral therapy not disaggregated neither by age nor by line of treatment		401 165											401 165
ASC.02.01.04 Nutritional support associated to ARV therapy									89 382				89 382
ASC.02.01.05 Specific HIV-related laboratory monitoring		-											-
ASC.02.01.08 Palliative care													
ASC.02.01.09.01 Home-based medical care		14 236	10 197	25 155									49 589
ASC.02.01.09.98 Home-based care not disaggregated by type								3 000					3 000
ASC.02.98 Care and treatment services not disaggregated by intervention	11 324	64 562	10 197	100 621									186 705
ASC.03.01 OVC education		13 920	7 648	50 311									71 879
ASC.03.02 OVC basic health care		16 132							51 716				67 848
ASC.03.03 OVC family/home support		26 761											26 761
ASC.03.05 OVC administrative/organization costs						6 370							6 370
ASC.03.98 OVC services not disaggregated by intervention		20 439											20 439
ASC.04.01 Planning, coordination and programme management	29 835	262 424			136 974	325 806						320 000	1 075 039
ASC.04.02 Programme administration and transaction costs associated with managing and disbursing funds		65 933			3 109								69 042
ASC.04.03 Monitoring and evaluation	4 477	50 865			66 277	36 735					16 000	22 000	196 355
ASC.04.04 Operations research													
ASC.04.05 Serological-surveillance (serosurveillance)													
ASC.04.08 Information technology	6 941												6 941
ASC.04.10.01 Upgrading laboratory infrastructure and new equipment	1 831		15 296										17 127

2007 – Financing Agents to AIDS Spending Categories – USD (section 4)

ASC:	FA.1.1.1.1 - Ministry (or equivalent sector entity) of Health	FA.1.1.1.10 - National AIDS Commission	FA.2.5 - Not-for-profit institutions (other than social insurance)	FA.3.2.01 - Commission of the European Communities	FA.3.2.06 - UNAIDS Secretariat	FA.3.2.07 - United Nations Children's Fund (UNICEF)	FA.3.2.08 - United Nations Development Programme (UNDP)	FA.3.2.13 - United Nations Population Fund (UNFPA)	FA.3.2.15 - World Food Programme (WFP)	FA.3.3.08 - Care International	FA.3.3.22 - Plan International	FA.3.3.99 - Other International not-for-profit organizations not elsewhere classified (n.e.c.)	Grand Total
ASC.04.10.99 Upgrading and construction of infrastructure n.e.c.		101 826											101 826
ASC.04.12 Training	78 874	52 689			12 450	40 045							184 058
ASC.04.98 Programme management and administration strengthening not disaggregated by type	21 687	49 800			7 017	520							79 024
ASC.05.98 Incentives for human resources not disaggregated by type		10 977											10 977
ASC.06.02 Social protection through in-kind benefits									315 465				315 465
ASC.06.04 HIV-specific income generation projects		27 236						11 500					38 736
ASC.06.98 Social protection services and social services not disaggregated by type	5 548												5 548
ASC.07.01 Advocacy and policy development					43 445	73 066							116 511
ASC.07.02.98 Human right programmes not disaggregated by type		3 182											3 182
ASC.07.03 AIDS-specific institutional development		8 297									5 000		13 297
ASC.07.04 AIDS-specific programmes focused on women								8 750					8 750
ASC.07.98 Enabling environment and community development not disaggregated by type		58 201											58 201
ASC.08.05 Behavioural research		-											-
ASC.08.06 Research in economics		9 609											9 609
ASC.08.98 HIV and AIDS-related research activities not disaggregated by type			2 549	12 578									15 127
Grand Total	298 570	4 422 204	50 985	251 553	290 773	869 006	41 000	1 105 475	509 312	708 833	68 969	555 987	9 172 666

# 2007 – Beneficiary Populations to AIDS Spending Categories – USD (section 1)

ASC:	BP01.01.98 Adult and young people (15 years and over) living with HIV not disaggregated by gender	BP01.98 People living with HIV not disaggregated by age or gender	BP02.02.01 Female sex workers and their clients	BP02.03 Men who have sex with men (MSM)	BP02.2.98 Sex workers, not disaggregated by gender, and their clients	BP02.99 "Most at risk populations" n.e.c.	BP03.01 Orphans and vulnerable children (OVC)	BP03.02 Children born or to be born of women living with HIV	BP03.03 Children in school	BP03.04 Youth at school	BP03.06 Children and youth living in the street	BP03.08 Children and youth out of school	BP03.11 Recipients of blood or blood products	BP03.12 Internally displaced populations (because of an emergency)	BP03.15 Prisoners and other institutionalized persons	BP03.16 Refugees (externally displaced)	BP03.17 Truck drivers/transport workers and commercial drivers
ASC.01.01.01 Health social and behavioural change communication																	
ASC.01.01.98 Not-disaggregated social and behavioural change communication										440							
ASC.01.02 Community mobilization										53 928							
ASC.01.03 Voluntary counselling and testing (VCT)																	
ASC.01.04.02 Condom social marketing, public and commercial sector provision of condoms as part of programmes for vulnerable and accessible populations																	
ASC.01.04.03 Prevention and treatment of sexually transmitted infection (STI) as part of programmes for vulnerable and accessible populations																	
ASC.01.04.04 Behavioural change communication (BCC) as part of programmes for vulnerable and accessible populations										1 966					5 464		27 319
ASC.01.04.98 Programmatic interventions for vulnerable and accessible population not disaggregated by type														248 000		248 000	
ASC.01.04.99 Other programmatic interventions for vulnerable and accessible populations not elsewhere classified (n.e.c.)																	
ASC.01.05 Prevention – youth in school									34 200	480 514							
ASC.01.06 Prevention – youth out-of-school											20 592	37 981					
ASC.01.07.01 BCC as part of prevention of HIV transmission aimed at PLHIV		21 024															
ASC.01.07.98 Prevention of HIV transmission aimed at PLHIV not disaggregated by type																	
ASC.01.08.02 Condom social marketing, public and commercial sector provision of condoms as part of programmes for sex workers and their clients			3 500														
ASC.01.08.03 Prevention and treatment of STI as part of programmes for sex workers and their clients			3 500														



BP.03.19 Ex-combatants and other armed non-uniformed groups	BP.03.20 Factory and other employees (e.g. for workplace interventions)	BP.03.21 People attending STI clinics	BP.03.22 Sailors	BP.03.23 Military	BP.03.24 Police	BP.03.98 Other key and accessible populations not disaggregated by type	BP.03.99 Other key and accessible populations n.e.c.	BP.04.01.02 Female adult population	BP.04.01.98 General adult population (older than 24 years) not disaggregated by gender	BP.04.02.98 Children (under 15 years) not disaggregated by gender	BP.04.03.02 Young females	BP.04.03.98 Youth (age 15 to 24 years) not disaggregated by gender	BP.04.98 General population not disaggregated by age or gender.	BP.05 Non-targeted interventions	BP.99 Specific targeted populations not elsewhere classified (n.e.c.)	Grand Total
												8 000				8 000
			500		500	4 500	500				2 168	505 436	1 032 081			1 546 125
										476	5 500	17 011	30 886			107 801
													112 899			112 899
						7 001										7 001
			3 000		7 000	10 500										20 500
				27 319	16 392	5 500	50 443									134 403
6 324			7 000			260 834	9 300					6 530				785 987
					3 500	10 500										14 000
																514 714
																58 573
																21 024
																3 500
																3 500

## 2007 – Beneficiary Populations to AIDS Spending Categories – USD (section 2)

ASC:	BP01.01.98 Adult and young people (15 years and over) living with HIV not disaggregated by gender	BP01.98 People living with HIV not disaggregated by age or gender	BP02.02.01 Female sex workers and their clients	BP02.03 Men who have sex with men (MSM)	BP02.2.98 Sex workers, not disaggregated by gender, and their clients	BP02.99 "Most at risk populations" n.e.c.	BP03.01 Orphans and vulnerable children (OVC)	BP03.02 Children born or to be born of women living with HIV	BP03.03 Children in school	BP03.04 Youth at school	BP03.06 Children and youth living in the street	BP03.08 Children and youth out of school	BP03.11 Recipients of blood or blood products	BP03.12 Internally displaced populations (because of an emergency)	BP03.15 Prisoners and other institutionalized persons	BP03.16 Refugees (externally displaced)	BP03.17 Truck drivers/transport workers and commercial drivers
ASC.01.08.04 BCC as part of programmes for sex workers and their clients			3 500		54 639												
ASC.01.08.98 Programmatic interventions for sex workers and their clients not disaggregated by type					137 864												
ASC.01.08.99 Other programmatic interventions for sex workers and their clients, n.e.c.					6 597												
ASC.01.09.98 Programmatic interventions for MSM not disaggregated by type				5 214													
ASC.01.12 Condom social marketing																	
ASC.01.13 Public and commercial sector male condom provision																	
ASC.01.14 Public and commercial sector female condom provision																	
ASC.01.16 Prevention, diagnosis and treatment of sexually transmitted infections (STI)																	
ASC.01.17.98 PMTCT not disaggregated by intervention								35 831									
ASC.01.17.99 PMTCT activities n.e.c.								120 620									
ASC.01.18 Blood safety													176 433				
ASC.01.98 Prevention activities not disaggregated by intervention						4 568											
ASC.02.01.02 Opportunistic infection (OI) prophylaxis		50 311															
ASC.02.01.02.02 OI outpatient treatment		1 948															
ASC.02.01.03.01.01 First-line ART – adults		253 438															
ASC.02.01.03.01.02 Second-line ART – adults		7 960															
ASC.02.01.03.98 Antiretroviral therapy not disaggregated neither by age nor by line of treatment		401 165															
ASC.02.01.04 Nutritional support associated to ARV therapy	89 382																
ASC.02.01.05 Specific HIV-related laboratory monitoring		-															
ASC.02.01.08 Palliative care																	
ASC.02.01.09.01 Home-based medical care		49 589															

BP.03.19 Ex-combatants and other armed non-uniformed groups	BP.03.20 Factory and other employees (e.g. for workplace interventions)	BP.03.21 People attending STI clinics	BP.03.22 Sailors	BP.03.23 Military	BP.03.24 Police	BP.03.98 Other key and accessible populations not disaggregated by type	BP.03.99 Other key and accessible populations n.e.c.	BP.04.01.02 Female adult population	BP.04.01.98 General adult population (older than 24 years) not disaggregated by gender	BP.04.02.98 Children (under 15 years) not disaggregated by gender	BP.04.03.02 Young females	BP.04.03.98 Youth (age 15 to 24 years) not disaggregated by gender	BP.04.98 General population not disaggregated by age or gender.	BP.05 Non-targeted interventions	BP.99 Specific targeted populations not elsewhere classified (n.e.c.)	Grand Total
																58 139
																137 864
																6 597
																5 214
													195 497			195 497
	30 000								750		5 850	500	78 001			115 101
											350		750			1 100
		183 961														183 961
																35 831
													41 267	26 214		188 101
																176 433
												18 659	720 964		425 000	1 169 191
																50 311
																1 948
																253 438
																7 960
																401 165
																89 382
																-
																49 589

# 2007 – Beneficiary Populations to AIDS Spending Categories – USD (section 3)

ASC:	BP.01.01.98 Adult and young people (15 years and over) living with HIV not disaggregated by gender	BP.01.98 People living with HIV not disaggregated by age or gender	BP.02.02.01 Female sex workers and their clients	BP.02.03 Men who have sex with men (MSM)	BP.02.2.98 Sex workers, not disaggregated by gender, and their clients	BP.02.99 "Most at risk populations" n.e.c.	BP.03.01 Orphans and vulnerable children (OVC)	BP.03.02 Children born or to be born of women living with HIV	BP.03.03 Children in school	BP.03.04 Youth at school	BP.03.06 Children and youth living in the street	BP.03.08 Children and youth out of school	BP.03.11 Recipients of blood or blood products	BP.03.12 Internally displaced populations (because of an emergency)	BP.03.15 Prisoners and other institutionalized persons	BP.03.16 Refugees (externally displaced)	BP.03.17 Truck drivers/ transport workers and commercial drivers
ASC.02.01.09.98 Home-based care not disaggregated by type		3 000															
ASC.02.98 Care and treatment services not disaggregated by intervention		151 622															
ASC.03.01 OVC education							71 879										
ASC.03.02 OVC basic health care							67 848										
ASC.03.03 OVC family/home support							26 761										
ASC.03.05 OVC administrative/organization costs							6 370										
ASC.03.98 OVC services not disaggregated by intervention							20 439										
ASC.04.01 Planning, coordination and programme management																	
ASC.04.02 Programme administration and transaction costs associated with managing and disbursing funds																	
ASC.04.03 Monitoring and evaluation																	
ASC.04.04 Operations research																	
ASC.04.05 Serological-surveillance (serosurveillance)																	
ASC.04.08 Information technology																	
ASC.04.10.01 Upgrading laboratory infrastructure and new equipment																	
ASC.04.10.99 Upgrading and construction of infrastructure n.e.c.																	
ASC.04.12 Training		2 807															
ASC.04.98 Programme management and administration strengthening not disaggregated by type																	
ASC.05.98 Incentives for human resources not disaggregated by type																	
ASC.06.02 Social protection through in-kind benefits	315 465																
ASC.06.04 HIV-specific income generation projects		27 236	3 500														
ASC.06.98 Social protection services and social services not disaggregated by type		5 548															
ASC.07.01 Advocacy and policy development																	

BP.03.19 Ex-combatants and other armed non-uniformed groups	BP.03.20 Factory and other employees (e.g. for workplace interventions)	BP.03.21 People attending STI clinics	BP.03.22 Sailors	BP.03.23 Military	BP.03.24 Police	BP.03.98 Other key and accessible populations not disaggregated by type	BP.03.99 Other key and accessible populations n.e.c.	BP.04.01.02 Female adult population	BP.04.01.98 General adult population (older than 24 years) not disaggregated by gender	BP.04.02.98 Children (under 15 years) not disaggregated by gender	BP.04.03.02 Young females	BP.04.03.98 Youth (age 15 to 24 years) not disaggregated by gender	BP.04.98 General population not disaggregated by age or gender.	BP.05 Non-targeted interventions	BP.99 Specific targeted populations not elsewhere classified (n.e.c.)	Grand Total
																3 000
													35 083			186 705
																71 879
																67 848
																26 761
																6 370
																20 439
														1 075 039		1 075 039
														69 042		69 042
														196 355		196 355
														6 941		6 941
														17 127		17 127
														101 826		101 826
														181 250		184 058
														79 024		79 024
														10 977		10 977
																315 465
						8 000										38 736
																5 548
														116 511		116 511

## 2007 – Beneficiary Populations to AIDS Spending Categories – USD (section 4)

ASC:	BP.01.01.98 Adult and young people (15 years and over) living with HIV not disaggregated by gender	BP.01.98 People living with HIV not disaggregated by age or gender	BP.02.02.01 Female sex workers and their clients	BP.02.03 Men who have sex with men (MSM)	BP.02.2.98 Sex workers, not disaggregated by gender, and their clients	BP.02.99 "Most at risk populations" n.e.c.	BP.03.01 Orphans and vulnerable children (OVC)	BP.03.02 Children born or to be born of women living with HIV	BP.03.03 Children in school	BP.03.04 Youth at school	BP.03.06 Children and youth living in the street	BP.03.08 Children and youth out of school	BP.03.11 Recipients of blood or blood products	BP.03.12 Internally displaced populations (because of an emergency)	BP.03.15 Prisoners and other institutionalized persons	BP.03.16 Refugees (externally displaced)	BP.03.17 Truck drivers/transport workers and commercial drivers
ASC.07.02.98 Human right programmes not disaggregated by type																	
ASC.07.03 AIDS-specific institutional development		8 297															
ASC.07.04 AIDS-specific programmes focused on women																	
ASC.07.98 Enabling environment and community development not disaggregated by type																	
ASC.08.05 Behavioural research																	
ASC.08.06 Research in economics																	
ASC.08.98 HIV and AIDS-related research activities not disaggregated by type																	
Grand Total	404 847	983 945	14 000	5 214	199 100	4 568	193 297	156 452	34 200	536 848	20 592	37 981	176 433	248 000	5 464	248 000	27 319

BP.03.19 Ex-combatants and other armed non-uniformed groups	BP.03.20 Factory and other employees (e.g. for workplace interventions)	BP.03.21 People attending STI clinics	BP.03.22 Sailors	BP.03.23 Military	BP.03.24 Police	BP.03.98 Other key and accessible populations not disaggregated by type	BP.03.99 Other key and accessible populations n.e.c.	BP.04.01.02 Female adult population	BP.04.01.98 General adult population (older than 24 years) not disaggregated by gender	BP.04.02.98 Children (under 15 years) not disaggregated by gender	BP.04.03.02 Young females	BP.04.03.98 Youth (age 15 to 24 years) not disaggregated by gender	BP.04.98 General population not disaggregated by age or gender.	BP.05 Non-targeted interventions	BP.99 Specific targeted populations not elsewhere classified (n.e.c.)	Grand Total
														3 182		3 182
														5 000		13 297
								8 750								8 750
														58 201		58 201
														-		-
														9 609		9 609
														15 127		15 127
6 324	30 000	183 961	10 500	27 319	27 392	306 834	60 243	8 750	750	476	13 868	556 136	2 247 428	1 971 425	425 000	9 172 666

2007 – Providers of Services to AIDS Spending Categories – USD (section 1)

ASC	PS.01.01.01 Hospitals	PS.01.01.14.01 National AIDS commission (NACs)	PS.01.01.14.02 Ministry of Health or equivalent (including NAPs/NACPs)	PS.01.01.14.03 Ministry of Education or equivalent	PS.01.01.14.04 Ministry of Social Development or equivalent	PS.01.01.14.05 Ministry of Defence or equivalent	PS.02.01.01.14 Self-help and informal community- based organizations	PS.02.01.01.15 Civil society organizations	PS.02.01.02.01 Hospitals	PS.02.01.02.14 Civil society organizations	PS.02.02.01 Hospitals	PS.02.02.10.03 Higher education	PS.02.02.14 Consultancy firms	PS.02.02.15 Workplace (factories and service companies)	PS.02.98 Private sector providers not disaggregated by type	PS.03.02 Multilateral agencies	Total general
ASC.01.01.01 Health social and behavioural change communication								8 000									8 000
ASC.01.01.98 Not-disaggregated social and behavioural change communication		57 181	98 194	2 168			358 378	562 118		441 620				5 525	6 500	14 440	1 546 125
ASC.01.02 Community mobilization			24 310				11 343	36 871		777					34 500		107 801
ASC.01.03 Voluntary counselling and testing (VCT)			79 440					31 207		2 251							112 899
ASC.01.04.02 Condom social marketing, public and commercial sector provision of condoms as part of programmes for vulnerable and accessible populations								7 001									7 001
ASC.01.04.03 Prevention and treatment of sexually transmitted infection (STI) as part of programmes for vulnerable and accessible populations								20 500									20 500
ASC.01.04.04 Behavioural change communication (tCCO) as part of programmes for vulnerable and accessible populations				1 966				9 500		122 937							134 403
ASC.01.04.98 Programmatic interventions for vulnerable and accessible population not disaggregated by type							133 094	142 040		14 854						496 000	785 987
ASC.01.04.99 Other programmatic interventions for vulnerable and accessible populations not elsewhere classified (n.e.c.)								14 000									14 000
ASC.01.05 Prevention – youth in school				216 577				251 452		46 685							514 714
ASC.01.06 Prevention – youth out-of-school			20 592					12 501		25 480							58 573
ASC.01.07.01 BCC as part of prevention of HIV transmission aimed at PLHIV								21 024									21 024
ASC.01.07.98 Prevention of HIV transmission aimed at PLHIV not disaggregated by type																	
ASC.01.08.02 Condom social marketing, public and commercial sector provision of condoms as part of programmes for sex workers and their clients								3 500									3 500
ASC.01.08.03 Prevention and treatment of STI as part of programmes for sex workers and their clients								3 500									3 500



# 2007 – Providers of Services to AIDS Spending Categories – USD (section 2)

ASC	PS.01.01.01 Hospitals	PS.01.01.14.01 National AIDS commission (NACs)	PS.01.01.14.02 Ministry of Health or equivalent (including NAPs/NACPs)	PS.01.01.14.03 Ministry of Education or equivalent	PS.01.01.14.04 Ministry of Science Development or equivalent	PS.01.01.14.05 Ministry of Defence or equivalent	PS.02.01.01.14 Self-Help and informal community-based organizations	PS.02.01.01.15 Civil society organizations	PS.02.01.02.01 Hospitals	PS.02.01.02.14 Civil society organizations	PS.02.02.01 Hospitals	PS.02.02.10.03 Higher education	PS.02.02.14 Consultancy firms	PS.02.02.15 Workplace (including service companies)	PS.02.98 Private sector providers disaggregated by type	PS.03.02 Multilateral agencies	Total general
ASC.01.08.04 BCC as part of programmes for sex workers and their clients								3 500		54 639							58 139
ASC.01.08.98 Programmatic interventions for sex workers and their clients not disaggregated by type							39 106	98 758									137 864
ASC.01.08.99 Other programmatic interventions for sex workers and their clients, n.e.c.														6 597			6 597
ASC.01.09.98 Programmatic interventions for MSM not disaggregated by type								5 214									5 214
ASC.01.12 Condom social marketing							25 387	165 117		4 953							195 497
ASC.01.13 Public and commercial sector male condom provision								20 341		64 760					30 000		115 101
ASC.01.14 Public and commercial sector female condom provision								1 100									1 100
ASC.01.16 Prevention, diagnosis and treatment of sexually transmitted infections (STI)		68 720	68 827					40 373		8 042							183 961
ASC.01.17.98 PMTCT not disaggregated by intervention		12 423	4 686					12 947		5 776							35 831
ASC.01.17.99 PMTCT activities n.e.c.	26 375	46 589	84 437					29 259		1 441							188 101
ASC.01.18 Blood safety	166 367		10 067														176 433
ASC.01.98 Prevention activities not disaggregated by intervention																	
ASC.02.01.02 Opportunistic infection (OI) prophylaxis								277 514		16 497				12 221		425 000	1 169 191
ASC.02.01.02.02 Outpatient treatment								50 311									50 311
ASC.02.01.03.01 First-line ART – adults	101 375		1 948														1 948
ASC.02.01.03.01.02 Second-line ART – adults	3 184								152 063								253 438
ASC.02.01.03.98 Antiretroviral therapy not disaggregated neither by age nor by line of treatment		380 764	18 959					1 441									401 165
ASC.02.01.04 Nutritional support associated to ARV therapy	44 691							44 691									89 382
ASC.02.01.05 Specific HIV-related laboratory monitoring		-															-
ASC.02.01.06 Palliative care																	
ASC.02.01.09.01 Home-based medical care			14 236					35 352									49 589
ASC.02.01.09.98 Home-based care not disaggregated by type										3 000							3 000

# 2007 – Providers of Services to AIDS Spending Categories – USD (section 3)

ASC	PS.01.01.01 Hospitals	PS.01.01.14.01 National AIDS commission (NACS)	PS.01.01.14.02 Ministry of Health or equivalent (including NAPs/NACPs)	PS.01.01.14.03 Ministry of Education or equivalent	PS.01.01.14.04 Ministry of Social Development or equivalent	PS.01.01.14.05 Ministry of Defence or equivalent	PS.02.01.01.14 Self-help and informal community- based organizations	PS.02.01.01.15 Civil society organizations	PS.02.01.02.01 Hospitals	PS.02.01.02.14 Civil society organizations	PS.02.02.01 Hospitals	PS.02.02.10.03 Higher education	PS.02.02.14 Consultancy firms	PS.02.02.15 Workplace (factories and service companies)	PS.02.98 Private sector providers not disaggregated by type	PS.03.02 Multilateral agencies	Total general
ASC.02.98 Care and treatment services not disaggregated by intervention			11 324				29 479	145 901									186 705
ASC.03.01 OVC education								71 331		548							71 879
ASC.03.02 OVC basic health care	25 858							40 308		1 682							67 848
ASC.03.03 OVC family/home support								24 627		2 134							26 761
ASC.03.05 OVC administrative/organization costs								6 370									6 370
ASC.03.98 OVC services not disaggregated by intervention								12 440		7 999							20 439
ASC.04.01 Planning, coordination and programme management	23 206	188 698	38 464	18 897		-0		366 895								438 879	1 075 039
ASC.04.02 Programme administration and transaction costs associated with managing and disbursing funds		65 933														3 109	69 042
ASC.04.03 Monitoring and evaluation	2 157	24 720	18 718	26 305				57 637		540						66 277	196 355
ASC.04.04 Operations research																	
ASC.04.05 Serological-surveillance (serosurveillance)																	
ASC.04.08 Information technology			6 941														6 941
ASC.04.10.01 Upgrading laboratory infrastructure and new equipment			1 831					15 296									17 127
ASC.04.10.99 Upgrading and construction of infrastructure n.e.c.		17 818						84 009									101 826
ASC.04.12 Training		49 373	107 791					13 244		3 438						10 212	184 058
ASC.04.98 Programme management and administration strengthening not disaggregated by type		49 800	22 207													7 017	79 024
ASC.05.98 Incentives for human resources not disaggregated by type								10 977									10 977
ASC.06.02 Social protection through in-kind benefits	157 732							157 732									315 465
ASC.06.04 HIV-specific income generation projects								37 789		946							38 736
ASC.06.98 Social protection services and social services not disaggregated by type			5 548														5 548
ASC.07.01 Advocacy and policy development		59 283		17 001	4 565			13 102								22 560	116 511
ASC.07.02.98 Human right programmes not disaggregated by type							3 182										3 182
ASC.07.03 AIDS-specific institutional development								13 297									13 297
ASC.07.04 AIDS-specific programmes focused on women								8 750									8 750
ASC.07.98 Enabling environment and community development not disaggregated by type							18 338	39 863									58 201
ASC.08.05 Behavioural research								-									-
ASC.08.06 Research in economics													9 609				9 609
ASC.08.98 HIV and AIDS-related research activities not disaggregated by type								15 127									15 127
Total general	550 945	1 019 302	638 521	282 915	4 565	-0	1 056 267	3 043 828	156 839	831 039			9 609	24 344	71 000	1 483 495	9 172 866

## 2007 – Financing Sources to Financing Agents – USD

Financing Agents:	FS.1.1.1 - Central Government Revenue	FS.3.1.04 - Government of Canada	FS.3.1.08 - Government of Germany	FS.3.1.10 - Government of Ireland	FS.3.1.21 - Government of United Kingdom	FS.3.1.22 - Government of United States	FS.3.2.01 - Commission of the European Communities	FS.3.2.05 - The Global Fund to Fight AIDS, Tuberculosis and Malaria	FS.3.2.06 - UNAIDS Secretariat	FS.3.2.07 - United Nations Children's Fund (UNICEF)	FS.3.2.08 - United Nations Development Programme (UNDP)	FS.3.2.13 - United Nations Population Fund (UNFPA)	FS.3.2.14 - World Bank (WB)	FS.3.2.15 - World Food Programme (WFP)	FS.3.2.16 - World Health Organization (WHO)	FS.3.2.99 - Multilateral funds or development funds n.e.c.	FS.3.3.08 - Plan International	FS.3.3.22 - International	FS.3.3.99 - International not-for-profit organizations and foundations not elsewhere classified (n.e.c.)	Grand Total
FA.1.1.1.1 - Ministry (or equivalent sector entity) of Health	46 136														107 864				144 571	298 570
FA.1.1.1.10 - National AIDS Commission	154 462							2 259 712					2 008 030							4 422 204
FA.2.5 - Not-for-profit institutions (other than social insurance)																			50 985	50 985
FA.3.2.01 - Commission of the European Communities							251 553													251 553
FA.3.2.06 - UNAIDS Secretariat				178 273					112 500											290 773
FA.3.2.07 - United Nations Children's Fund (UNICEF)									30 000	839 006										869 006
FA.3.2.08 - United Nations Development Programme (UNDP)											41 000									41 000
FA.3.2.13 - United Nations Population Fund (UNFPA)									30 000			154 475				921 000				1 105 475
FA.3.2.15 - World Food Programme (WFP)														509 312						509 312
FA.3.3.08 - Care International			580 373			43 160						21 600					63 700			708 833
FA.3.3.22 - Plan International		21 769																8 000		68 969
FA.3.3.99 - Other International not-for-profit organizations not elsewhere classified (n.e.c.)					555 987															555 987
Grand Total	200 598	21 769	580 373	178 273	555 987	43 160	251 553	2 259 712	172 500	839 006	41 000	176 075	2 008 030	509 312	107 864	921 000	63 700	8 000	234 756	9 172 666

NATIONAL AIDS SPENDING ASSESSMENT (NASA)  
FOR THE PERIOD: 2006-2007  
FLOW AND LEVEL OF RESOURCES AND EXPENDITURES  
OF THE NATIONAL HIV AND AIDS RESPONSE



NATIONAL HIV/AIDS SECRETARIAT



Programa Prioritário de ITS-SIDA