Solomon Islands

National AIDS Spending Assessment (NASA)

For the Period: 2008 - 2010

SOLOMON ISLANDS NATIONAL AIDS COUNCIL SINAC

UNAIDS JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS
UNHCR UNICEF WFP UNDP UNFPA UNODC ILO UNESCO WHO WORLD BANK

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ACKNOWLEDGEMENTS

Since the identification of the first case of HIV in Solomon Islands, the Government initiated a response which witnessed the establishment of high level entities for management and prevention of HIV and AIDS in Solomon Islands. The Solomon Islands National AIDS Commission (SINAC) was established as a clear demonstration of Government's commitment.

The conduct of this National AIDS Spending Assessment (NASA) exercise covering AIDS related expenditures for the period 2008-2010, is a key step towards developing a sustainable HIV and AIDS response. The spending analysis has been intended to provide information around the thrust of the HIV and AIDS expenditure in the country vis-à-vis the areas which should be prioritized. The analysis will assist planners, implementers and monitors with critical information about how programme resources are spent.

The Government of the Solomon Islands through its National AIDS Commission and the Ministry of Health, expresses its deep felt appreciation and gratitude to all stakeholders, external development partners, national and international nongovernmental organizations, churches and civil society for their involvement in the exercise.

We are appreciative of the time spent by all respondents who provided us with their expenditure records; and we take due note that the exercise would have been rendered impossible without their invaluable contribution.

We are also cognizant of the challenges posed by the actual process. These challenges have included the lack of the requisite information to disseminate and track expenditures to the budget lines and the lack of clear HIV and AIDS budget lines within the national budget.

Special thanks go to UNAIDS Pacific and its Technical Support Facility for the meaningful contribution through the provision of both technical and financial support respectively. We also acknowledge the hard work of the International Consultant in preparing this report.

We hope that the data and information provided here will be used for future decision-making to make Solomon Island's national response more efficient effective and attuned to the country's needs in HIV/AIDS prevention, treatment care, and support.

Government of Solomon Islands
Solomon Islands National AIDS Commission
Honiara
July 2011

ABBREVIATIONS AND ACRONYMS

ADRA	Adventist Development Relief Agency
AIDS	Acquired Immune Deficiency
ANC	Antenatal Care
ART	Antiretroviral Therapy
ARV	Antiretroviral
ASC	AIDS Spending Category
AusAid	Australian Aid Agency
BCC	Behavioural Change Communication
BL	Bilateral
BP	Beneficiary Population
CSO	Civil Society Organization
EU	European Union
FS	Financing Source
FSW	Female Sex Worker
GFATM	Global Fund for AIDS, Tuberculosis and Malaria
HIV	Human immunodeficiency virus
HSSP	Health Sector Support Project
IDU	Injecting Drug User
IEC	Information, Education and Communication
INGO	International Non-Governmental Organization
JICA	Japan International Cooperation Agency
KABP	Knowledge, Attitude, Behavior and Practice
MARPs	Most at risk populations
CoM	Church of Melanesia
MDG	Millennium Development Goal
MoH	Ministry of Health
MSM	Men having Sex with Men
N.E.C.	Not elsewhere classified
NAC	National AIDS Commission
NASA	National AIDS Spending Assessment
NCPI	National Composite Policy Index
NGO	Non-governmental Organization
NSP	National Strategic Plan
NZODA	New Zealand Oversees Development Assistance
OOPE	Out of Pocket Expenditure
OVC	Orphans and Vulnerable Children
PF	Production Factor
PICT	Provider Initiated Counseling and Testing
PLWH	People Living with HIV
PMTCT	Prevention of mother-to-child transmission
SGS	Second Generation Surveillance
SI	Solomon Islands

SIDT	Solomon Islands Development Trust
SIG	Solomon Island Government
SINAC	Solomon Islands National AIDS Commission
SINCCM	Solomon Islands National Country Coordinating Mechanism
SIPPA	Solomon Islands Planned Parent Association
SPC	Secretariat of the Pacific Community
SIRC	Solomon Islands Red Cross
SSEC	South Sea Evangelical Church
STI	Sexually Transmitted Infection
SW	Sex Worker
TOR	Term of Reference
UNAIDS	Joint United Nations Program on HIV/AIDS
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session on HIV and AIDS
UNICEF	United Nations Children's Fund
UPF	United Peace Foundation
VCCT	Voluntary Confidential Counseling and Testing
VCT	Voluntary Counseling and Testing
WAD	World AIDS Day
WHO	World Health Organization
WVI	World Vision International

EXECUTIVE SUMMARY

HIV testing began in 1989 in Solomon Islands. From the period of 1994 – 2009, a total of 13 cases of HIV were detected. In response, the Government has developed National Strategic Plans and strategies geared towards ensuring the halting and reversal of the spread of HIV in the country with a view of achieving the Millennium Development Goal #6 and the HIV related targets therein.

In 2011, the Government of Solomon Islands committed to undertake a comprehensive National AIDS Spending Assessment (NASA) of HIV and AIDS expenditure in Solomon Islands. The Government established a NASA Taskforce with the primary objective of ensuring the implementation of the NASA exercise[1]. This report is the realization of that commitment and the analysis of the report shows several important findings particularly on patterns and categories of spending.

This report is the result of a spending assessment exercise that was extensive, expansive and rigorous. It was coordinated by Solomon Islands National AIDS Commission (SINAC) in collaboration with UNAIDS and stakeholders involved in the response to HIV and AIDS.

The methodology for the NASA included data collection, entry, analysis, cleaning and report development. The target of the NASA was primarily the public sector and public sector partners. The NASA did not aim to capture the private spending on HIV/AIDS, such as that contributed by the private sector, private insurances and those made by individuals and households (out-of-pocket expenditure, OOPE). However, some churches and faith-based organisations were included.

The hallmark of the exercise is that it has encouraged, to a larger extent, transparency and accountability amongst stakeholders and bodies with domestic oversight responsibilities. These include Government related agencies, Country Coordination Mechanism for Global Fund activities, stakeholders, donors and others.

Upon analysis, it was found that 31.5% of the respondents were multilateral agencies (all from the United Nations family). In terms of budget allocation to HIV and AIDS, it was found that 43.6% of all resources allocated to the national response came from INGOs. However, we should note that although multilateral agencies account for 22.5% (the second highest), some resources from multilateral agencies are also allocated to INGOs. The extent to which there is overlap within this report is negligible with an expected margin of error of 5% for misreporting.

[1] See Annex 4 – NASA Taskforce TOR

Table 1: Summary of NASA Respondents

TYPE OF ORGANIZATION	NUMBER	PERCENT
Source - Agent - Provider		
Government Agencies	1	5.3%
Bilateral Agencies	2	10.5%
Multilateral Agencies	6	31.5%
INGO	4	21.2%
NGO	6	31.5%
TOTAL	19	100%
Data Received	19	
No Response	0	

In relation to actual expenditure as a percentage of the overall expenditure, the multilateral agencies spent more than the allocated budget (29% versus the planned 27.1%), while INGOs spent less (41.7% versus 43.6% which was the planned allocation). NGOs were far above (227% versus 2.65) and this could be due to the funding nature of the NGOs which is mainly cash budgeting. Most of the NGOs do not have budget allocated and are used in most instances on a call basis as agents/providers for Multilateral agencies and other sources of funding.

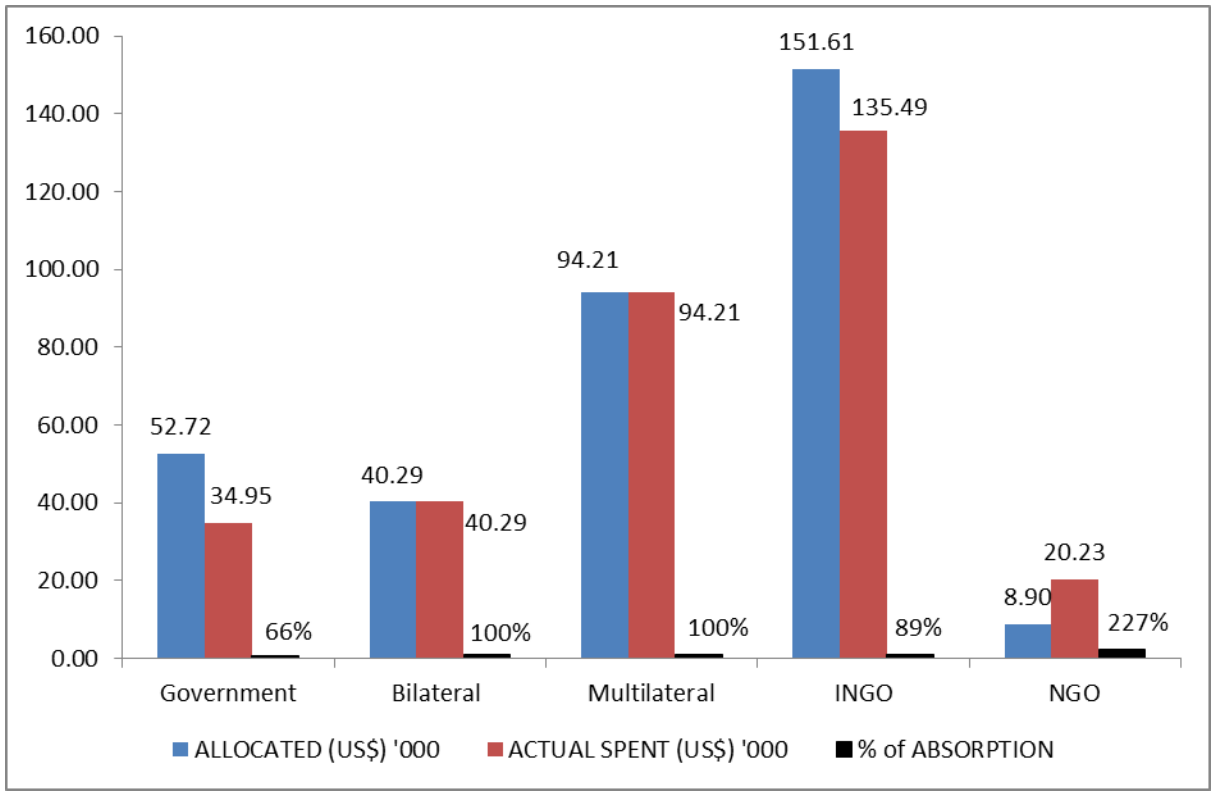
Financial Absorption Rate

Figure 1shows the comparison between the aggregate of annual public allocations and external commitments with the actual aggregate of expenditure. The result relative to the annual absorption rate for the period 2008-2010 is 93.5%. The allocations captured here are public and external budgetary allocations/commitments. Because this NASA exercise does not capture the private allocation also, it is likely that this percentage of absorption may be overestimated.

Table 2: Disbursement and Absorption by Funding Source

SOURCE	ALLOCATED US$	%	ACTUAL SPENT US$	%	% of ABSORPTION
Government	527,171.00	15.1	349,467.00	10.7	66.3
Bilateral	402,895.00	11.6	402,895.00	12.4	100
Multilateral	942,141.00	27.1	942,141.00	29.0	100
INGO	1,516,050.00	43.6	1,354,942.00	41.7	89.4
NGO	88,960.00	2.6	202,300.00	6.2	227.4
Total	**3,477,217.00**	**100**	**3,251,745.00**	**100**	**93.5**

Figure 1: Disbursement and Absorption by Funding Source



The actual amount spent on the national response to HIV/AIDS for the period 2008-2010 was $3,251,745. Of this amount, Save the Children (an INGO) spent 13.2%, the highest expenditure of any of the respondents.

An analysis of expenditure by AIDS spending category revealed that Prevention received the highest funding amounting to 34.2% of the actual amount spent, while Programme Management and Administration received 25.5%, coming in at second highest spending category. It is important to note that no resources (0%) were allocated or spent on Orphans and vulnerable children. This could very well mean that there are no OVCs in Solomon Islands, but then again this speaks to a bigger issue of the definition of OVC in the Solomon Islands context.

The overall NASA exercise went on well due largely to the leadership of the Government of Solomon Islands and the cooperation of its partners. Most agencies submitted their data (raw data in most cases which were not properly structured) and in addition, they continued to furnish information as they became available. However, this posed a challenge as well; as each time data is received after analysis, there is a need to conduct a new analysis which would capture the new data. This delays the compilation of the report and poses a challenge to completion of the exercise.

The study examined the quality of services provided and the outputs and impact of spending and provides the first data requirement of an accurate assessment of what was actually spent. Although the exercise provides for baseline data, it does not provide an opportunity for

exploring a detailed and effective spending mechanism, the financial management systems, bureaucracies and bottlenecks, and issues of absorptive capacity which were observed through secondary means.

Given the extent and scope of the NASA, it is recommended that:

1. NASA be institutionalized and conducted regularly with a view to establish trends.
2. That all bilateral and multilateral organizations align and harmonize their programming with the government and within the scope of the National Strategic Plan (NSP)
3. Capacity building needs to be streamlined towards instituting a sustainable capacity-building mechanism to equip and empower providers of service.
4. Resource mobilization needs to be strengthened, especially from the government end. There is a need to influence public resource allocation to ensure an increase in resources to government entities responsible for the national response
5. Improved financial information systems are required. The NSP calls for better information systems in relation to M&E, but there is a need to broaden this towards ensuring that financial information systems are also strengthened.

I. COUNTRY PROFILE

Solomon Islands lies in a southeast direction between Papua New Guinea, the Republic of Vanuatu, and North-East of Australia within a 1,667 km stretch of widely scattered archipelago of rugged mountainous islands and low lying coral. It covers a total land area of 28,369 sq. km from a sea area covering 1,632,964 sq. km. The country has a population of approximately 460,000 compared to 285,000 in 1986. The total population for 2003 was estimated to be 456,800 as compared to the census figure of 409,042 in 1999 and 444,564 for 2002[2].
The population of Solomon Islands has been increasing at a declining rate but is notably still very high by pacific standard. The annual growth rate by 1999 was 2.8% compared to 1986 when it was 3.5%. However, Solomon Islands still has the highest annual population growth in the pacific[3]. The estimated population currently is put at 518,338.

There are scattered villages with the majority which comprises 52% situated on the sea coast while about 33% live inland with no access to the sea and 15.0% lived inland with sea access. These are factors that serve as stumbling blocks to primary health activities such as the clinic outreach and physical access to basic health care services. Approximately 30% of the population lives more than 3 kilometres from a nearest health clinic. About 70% of the total population lives within 3 km to the nearest clinic while the limited access to sea and domestic air-transport services continues to be a problem.

In 1999 – 2003 during the height of the civil ethnic conflict, the economy of the country almost collapsed totally. In 2003, the country's main economic activities such as the palm oil industry, fishing and fish-cannery, logging/timber industry, copra, cocoa, and coffee, gold/silver mining

[2] SI Population and Housing Census November 1999
[3] National Census 1986

and tourism were either shut down or minimally reduced in the level of production. The resulting poor economic predicament was exacerbated further by the decisions of certain development and donor partners to temporarily suspend financial support. Mainly in the forefront of this decision were the World Bank and the European Union. However, several countries and/or their bilateral organizations like continued with their financial and technical support albeit on a well-controlled and a regularly revised monitoring and supervision. Primary examples of this are AusAid, Japan/JICA, and New Zealand/NZODA and Taiwan. As a result of the many shortcomings were experienced and affected government and public services. These services included health services, gross inadequacy of supplies and equipment, poor maintenance of health facilities, job redundancy and increased unemployment. This caused a massive brain drain.

During the conflict period, the Gross Domestic Product (GDP) declined to SBD$584 (US$84) in 2002 while the external and internal Government debts stood at SBD$1087.3m (US$156.4m) and SBD$458.6m (US$65.9m) respectively for the same period. The external reserve was also estimated to be SBD$129.9m (US$18.7m) representing an import cover of about 1.5 months. In 2002 during the conflict period, Solomon Island was referred to as a 'failing state' as a result of the near total breakdown of law and declining status of the economy.

The arrival of the Regional Assistance Mission to Solomon Islands (RAMSI) in early July 2003 played a significant role in saving the country from total collapse and helped restored law and order. RAMSI comprises of soldiers and policemen from New Zealand, Papua New Guinea, Fiji, Tonga, Samoa and Cook Islands led by the Australian Army and Police contingent. They assisted in not only restoring law and order in the country but also in the rebuilding of the economy. This act saved the country from becoming a 'failed state'.

By the end of 2003 (six months after the arrival of RAMSI), the country's economy showed a positive recovery along with the restoration of law and order. (The total revenue collection up to the end of September 2003, was SBD$257 million, compared to the estimated SBD$195 million) The palm oil factory and the gold/silver mines (major revenue earners) are still closed but the others are gradually returning to normal operation.

The first case of HIV/AIDS as an emergency was in early 2004 during which time the first AIDS infected person was diagnosed and treated[4]. While it is the Government that is the major source of funding for health services at both the central and provincial levels, it has to rely heavily on external financial and technical assistances. In 2005, for the first time in the history of the country, the Government through the Ministry of Health's budget allocated SBD0.5 Million (US$71,922) to HIV/AIDS response. This has been complemented by financial support received from the AusAid Health Trust Fund, the Global Fund to fight HIV/AIDS TB and Malaria(GFATM), and WHO.

[4] Ministry of Health, SI (2004) Health Status Report 2004

a. Overview of the Solomon Islands HIV epidemic

From 1994 to the end of 2009, Solomon Islands has 13 cumulative cases of HIV dating from and of this number there are eight of those infected alive with 5 deaths from AIDS related causes. HIV in Solomon Islands is thought to be primarily heterosexually driven with no reported cases of mother to child transmission.

Table 3: Overview of the HIV Cases

Sex	Age Range	Diagnosed with HIV/AIDS	Death from HIV/AIDS	Living with HIV/AIDS
Female	1 – 15 years	0	0	0
Female	Above 15 years	8	1	7
Male	1 – 15 years	0	0	0
Male	Above 15 years	5	4	1
Total		**13**	**5**	**8**

2 females (adults); 2 males (adults) receiving ARV treatment – 2008; 1 male (adults); receiving ARV treatment - 2009

The HIV prevalence of Solomon Island is estimated at 0.002%. It is however suspected that a level of considerable under-reporting exists and there is suspected new cases because the overall surveillance of HIV remains limited especially amongst groups engaged in high-risk sexual behaviours[5].

II. Introduction

The Solomon Islands' National HIV Policy and Multisectoral Strategic Plan (**2005-2010**) and the supporting National Action Plans are strategically aimed at achieving the universal access targets to HIV treatment, care, prevention and support as a contribution to attaining the larger Millennium Development Goals. The provisions of the policy framework and multi-sectoral strategies of the revised policy and plan serve as the key tool for the national HIV response.

A boost to the strategic plan and the attending policy was the formation of the Solomon Islands National AIDS Council (SINAC). Its first meeting was held on the September 28, 2004. The mandate was to conceptualize the vision and the mission of the policy and plan that would prevent the HIV/AIDS endemic from being a devastating menace to the health of the people.

To achieve the results and undertaking of such an enormous vision and mission, a situation analysis to determine the needs and problems were undertaken to develop the policy and the multi-sectoral plan especially in areas that required refinement and strengthening.

This NASA exercise addresses key issues and answers the following questions as follows:

- Actual disbursement and expenditures on each component included in the response to HIV.

[5] UNGASS Country Progress Report 2010

- What are the priority areas and are these expenditures being appropriated to these priority HIV interventions?
- The allocation of AIDS spending in relation to the objectives and priority of the National Strategic Plan.
- The main actors involved in the response to HIV/AIDS in terms of Sources, Agents, Providers and Beneficiaries.
- The adequacy of funds to the response to HIV and resources to enhance building human resource capacity.

The key objectives of the Solomon Islands' National HIV Policy and Multisectoral Strategic Plan (**2005-2010**) are as follow:

- Reduction of Risks and Vulnerability to HIV and other STI's
- Increasing access to HIV testing and screening under confidential and voluntary conditions
- Establishing, expanding and strengthening STI/HIV Surveillance, and the continuum of treatment and care.
- Capacity building of the health system, as well as NGOs, Churches and CBOs to effectively and efficiently implement HIV programs and activities, which ensures integration of prevention and care.
- 5. Sustainable development to enable an environment for behavioral change, destigmatisation, and against discrimination impacting on prevention and care.
  (Taken from SI National HIV Policy & Multisectoral Strategic Plan 2005-2010)

Solomon Islands face huge challenges in the provision of HIV related services. A high level of coordination, consolidation, and focused interventions are needed to overcome the challenges. It is very essential that stakeholders have and maintain a clear understanding at all levels of available resources and expenditure related to HIV and AIDS. This is a very important yardstick to measure the adequacy of resources and that expenditures are appropriately targeted to meet universal access targets. NASA is a proven mechanism and/or tool that provide a clear understanding of collective spending.

a. OBJECTIVES AND SCOPE OF NASA

The main objective of the Solomon Islands NASA exercise as follows:

1) To assist SINAC in convening a stakeholders' meeting and consultations towards building consensus on HIV and STI expenditures.

2) To comprehensively track and analyse HIV/STI expenditures in the Solomon from 2008 – 2010 ensuring the provision of information that will be useful towards the overall review, development and costing of the next NSP 2011 – 2015.

3) To build capacity through workshops and on-the-job-training in planning, data collection and analysis of HIV/STI expenditures using the NASA methodology.

4) To provide information on gaps and trends in the HIV/STI response for utilization by Solomon Islands and regional partners.

5) To develop a data base that will be a basis for additional and further analysis and also for the preparation of an aggregated National HIV/STI Spending Assessment report.

A key objective of the exercise was to transfer skills to two SINAC staff and to build the capacity and systems to improve SINAC mechanism of monitoring, analysing and reporting of financial transactions. Importantly, the two staff members who have been critically involved throughout this process are now equipped in the NASA process and can easily continue the collection, analysis and update the database on an annual basis. That is possible depending on the importance attached to the effort applied and the commitment.

It should be noted that the time frame provided for the exercise will enable the provision of timely information to the NSP.

b. Methodology

This section provides a description of the methods, procedures and limitations of the Solomon Islands National AIDS Spending Assessment (NASA) exercise.

The process of conducting the NASA was very participatory and began with information to all stakeholders involved in the response to HIV; informing them of the exercise and inviting them to a one-day training programme organized particularly for programme and finance staff respectively. The purpose was to acquaint them with the objectives of the assessment, the process, NASA classifications and headers and related details. Subsequently, a mapping of resource flows to the HIV/AIDs programme was prepared and data was collected from sources, agents, and providers on actual overall spending for the period 2008-2010. The data collected was analyzed using the NASA global methodology. It is assumed that 90% of spending on HIV/AIDS in Solomon Island was captured in the exercise.

i. Data:

A total of 24 organizations excluding those in the Private Sector were originally targeted for data collection. However, due to difficulties associated with data collection, 19 responded by submitting data of their HIV/AIDS spending. Data from 16 Organizations were incomplete with 3 submitting complete data. These included sources of funding and agents and providers with both domestic and international identities mainly located in Honiara. These organizations are mainly those who have substantially mobilized resources for the response to HIV/AIDS in Solomon Islands.

The methodology is a framework that permits accounting for the capacity and flows of finances and expenditures. This accounting must be exhaustive and ensure that funds and expenditures from the public, international and private sectors, are addressed as to how they performed in the response to the HIV/AIDS epidemic.

Tables and matrices structured as double entries are used to show the source and absorption of funds and this is done to avoid misrepresentation caused by double accounting. By this the methodology reconstructs the flow of resource by transactions and not by sources or agents. In

order to obtain and consolidate information, NASA employs the use of the top-down and bottom-up techniques.

Therefore a transaction is the compilation of components of the financial flow, the transfer of funds from a source to a provider of service where the funds are disbursed according to budgetary allocation so as to ensure a proper response to HIV/AIDS and related issues in addressing the general population.

By being exhaustive, accounting of the finances must encompass entities, services and expenditures. The periodic nature of the accounting ensures that continuing recording and analyses are done through annual reporting that would yield accuracy. The accounting should be systematic thus ensuring that the structure of the categories and records/reports are over time consistent and comparable across countries.

In the national strategic framework, NASA captures all spending relative to HIV/AIDS by categories. As a result, countries can monitor progress towards achieving their goals. It must be noted that NASA goes beyond the boundary of health-related spending to all other expenditures and/or spending related to HIV/AIDS to include for example, care for orphans and vulnerable children (OVCs), creating a conducive and enabling environment, research, upgrading and constructing infrastructure etc.

In conclusion, NASA in addition to establishing a continuous information system of the financing of HIV/AIDS also ensures 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/AIDS (UNGASS I & II).

III.Key Findings

The NASA exercise involved several key donors and partners involved in the national HIV and AIDS response. Responses were from the Source (Agents or Providers), Government, Bilateral agencies, multilateral agencies, INGOs and NGOs. The most responses were received from multilateral agencies and NGOs at 31.5% each respectively, while INGOs came in second with 21.5% of the responses. However, it should be noted that although some organizations could fall into one or more categories, there is no overlap for the purpose of this analysis. All organizations have been placed into only one category.

Figure 2: Summary of NASA Respondents

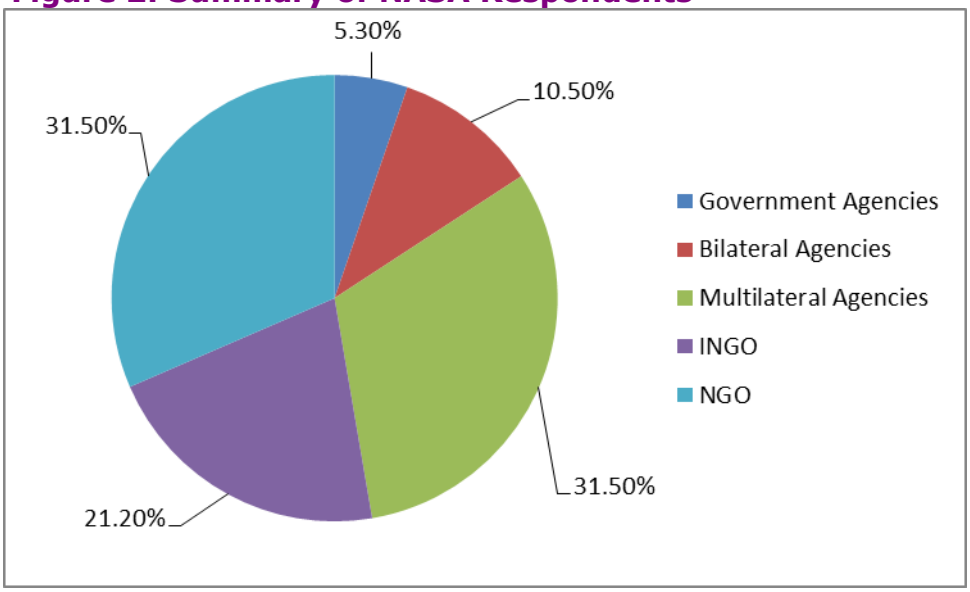


Table 4: NASA Respondents by Sector

GOVERNMENT	BILATERAL	MULTILATERAL	INGO	NGO
Government of Solomon Islands National Referral Hospital	AusAid SPC	Global Fund UNAIDS UNDP UNFPA UNICEF WHO	ADRA OXFAM Save the Children World Vision	S. I. Red Cross SIPPA Church of Melanesia UPF SIDT

The results of the assessment showed that a total of USD 3,251,745 spent on HIV/AIDS in Solomon Islands for the period covered (2008 – 2010). In the period under review the major external (international) funding was from the SPC who provided 7.5%.

Table 5: Funding and Percentages by Partners

Funding Partners	Actual Amount US$	Percent
Government of Solomon Islands	349,467.00	10.8
General Referral Hospital	29,044.00	0.9
AusAid	159,557.00	4.9
SPC	243,338.00	7.5
GFATM	158,154.00	4.9

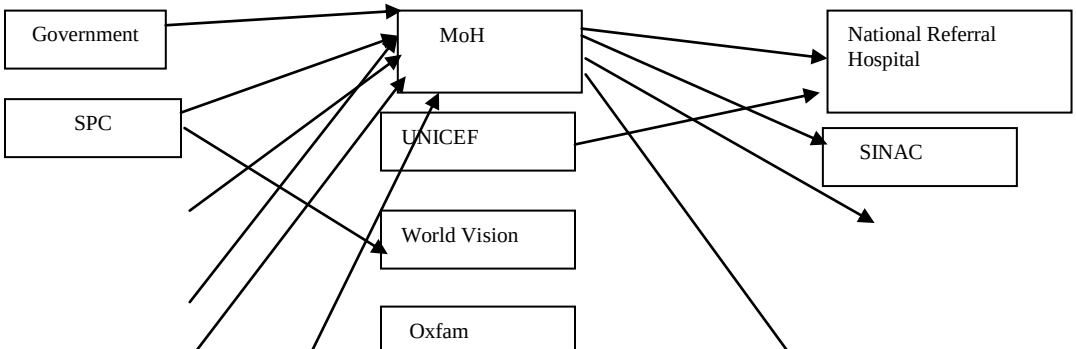
UNAIDS	196,026.00	6.0
UNDP	161,561.00	5.0
UNFPA	134,246.00	4.1
UNICEF	212,850.00	6.6
WHO	79,304.00	2.4
ADRA	403,650.00	12.4
OXFAM	257,712.00	7.9
Save the Children	469,392.00	14.4
World Vision	224,188.00	6.9
SIRC	4,113.00	0.1
SIDT	3,408.00	0.1
SIPPA	73,654.00	2.3
United Peace Federation	7,785.00	0.2
Melanesia Church	84,296.00	2.6
Total	**3,251,745.00**	**100**

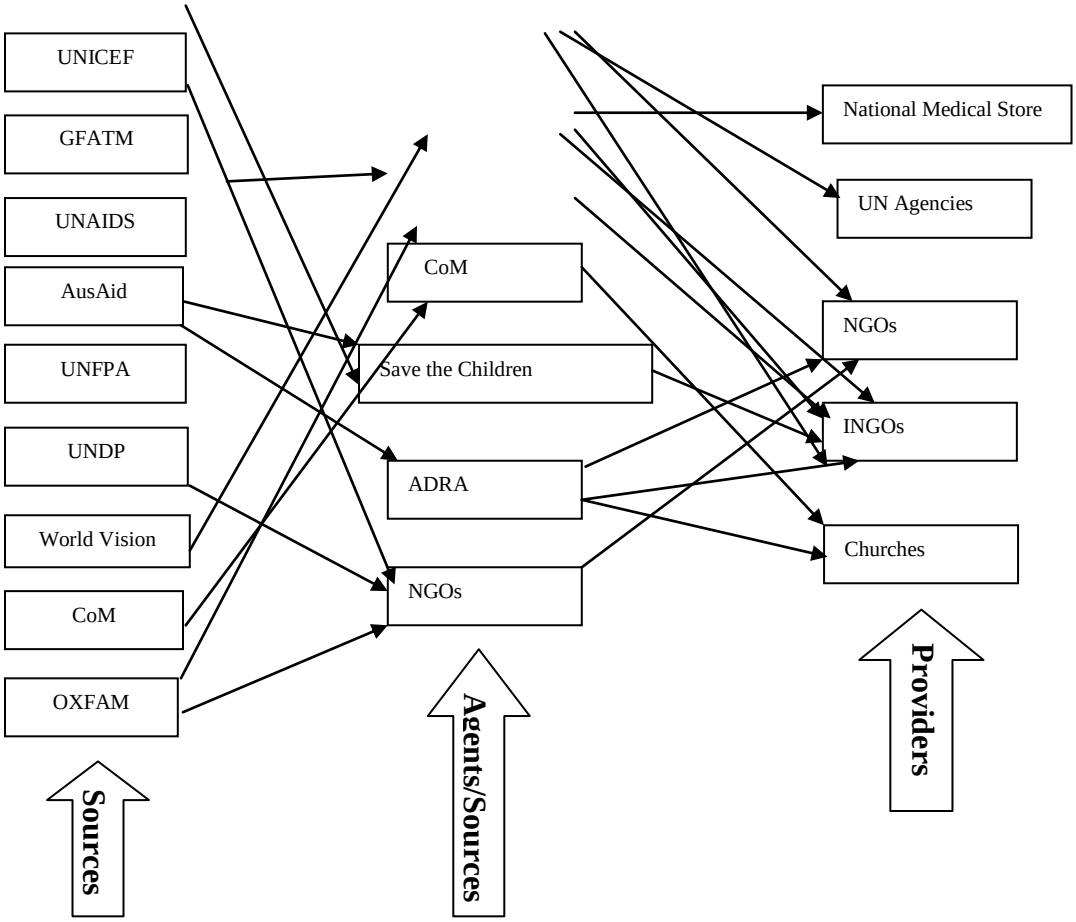
By the three funding categories, the major provider of funds was the INGOs with 41.6%, however it was also noted that most of them are directly funded by some bilateral and multilateral agencies. This is followed by the multilateral agencies with 29% of direct funding to the response to HIV/AIDS. The third highest source of funding by sector is the bilateral whose direct funding amounted to 12.4% but this could be/is technically higher because they are in most cases the major source of funding for mainly INGOs that are covered in the report. The last and least are the NGOs with just 5.3%

A. Mapping of Fund Flow:

After the initial briefing formalities with those organizations that were identified for the NASA exercise, data collection tool were distributed that would allow all the organizations to report all available HIV/AIDS expenditures for the period 2008-2010 after which all Sources, Agents/Sources and Providers were identified through a mapping exercise.

Figure 3: Mapping of Fund Flow





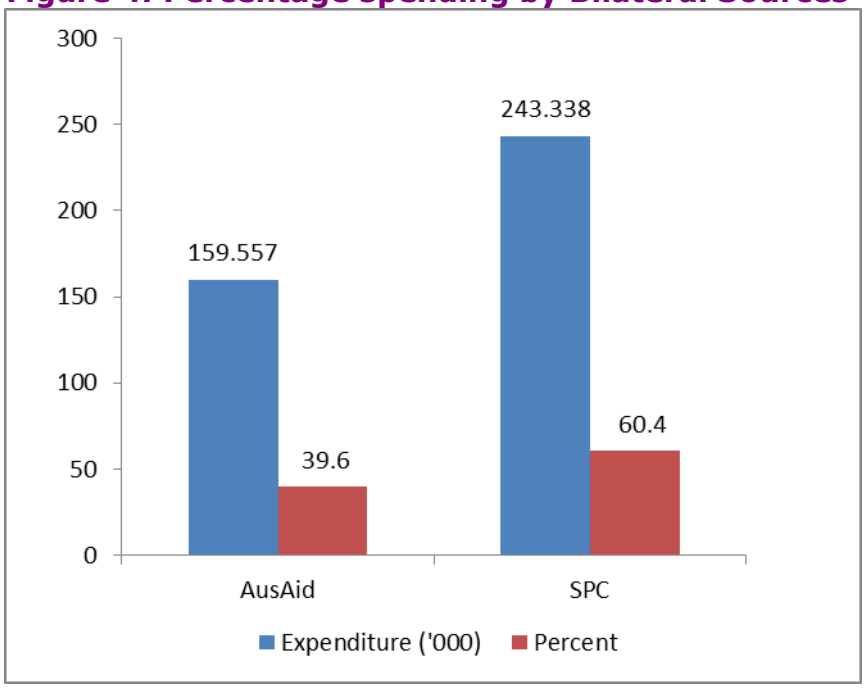
The tables below demonstrate the intra-categorical spending by the major categories such as bilaterals, multilaterals and INGOs.

Table 6: Spending by Bilateral Sources

Bilateral Source	Expenditure US$	Percent
AusAid	159,557	39.6
SPC	243,338	60.4
Total	**402,895**	**100**

The total expenditure by bilateral agencies amounted to $402,895.00, with the highest amount expended by SPC with $243,338 representing 60.4% of the overall total spent by bilaterals. As stated earlier, most INGOs and some NGOs are funded by these bilateral agencies.

Figure 4: Percentage spending by Bilateral Sources



Six multilateral agencies were captured by the exercise and contained in the report; amongst them, the total expenditure is $942,141 (See Table 7 below) with the highest amount expended by UNICEF representing 22.6% of the overall total spent. The next is UNAIDS with 20.9% having spent $196,026 of total multilateral expenditure. The least is WHO with 8.4% spending an amount of $79,304. These amounts are direct expenditure and are higher in the case of some multilateral agencies as they sometimes fund the Government and some INGOs.

Table 7: Spending by Multilateral Sources

Multilateral Source	Expenditure US$	Percent
GFATM	158,154	16.8
UNAIDS	196,026	20.9
UNDP	161,561	17.1
UNFPA	134,246	14.2
UNICEF	212,850	22.6
WHO	79,304	8.4
Total	**942,141**	**100**

There are 4 major INGOs contained in the report (see Table 8 below) with total expenditure of $ 1,354,942 expended over the period under review. Of these 4, Save the Children has the highest amount of $469,392 which constitutes 34% of the overall total. This is followed by ADRA with $403,650 constituting 29.8%. However, most of these INGOs are funded by multilateral and bilateral agencies, some receiving almost up to 100% funding.

Table 8: Expenditure and Percentage by INGO

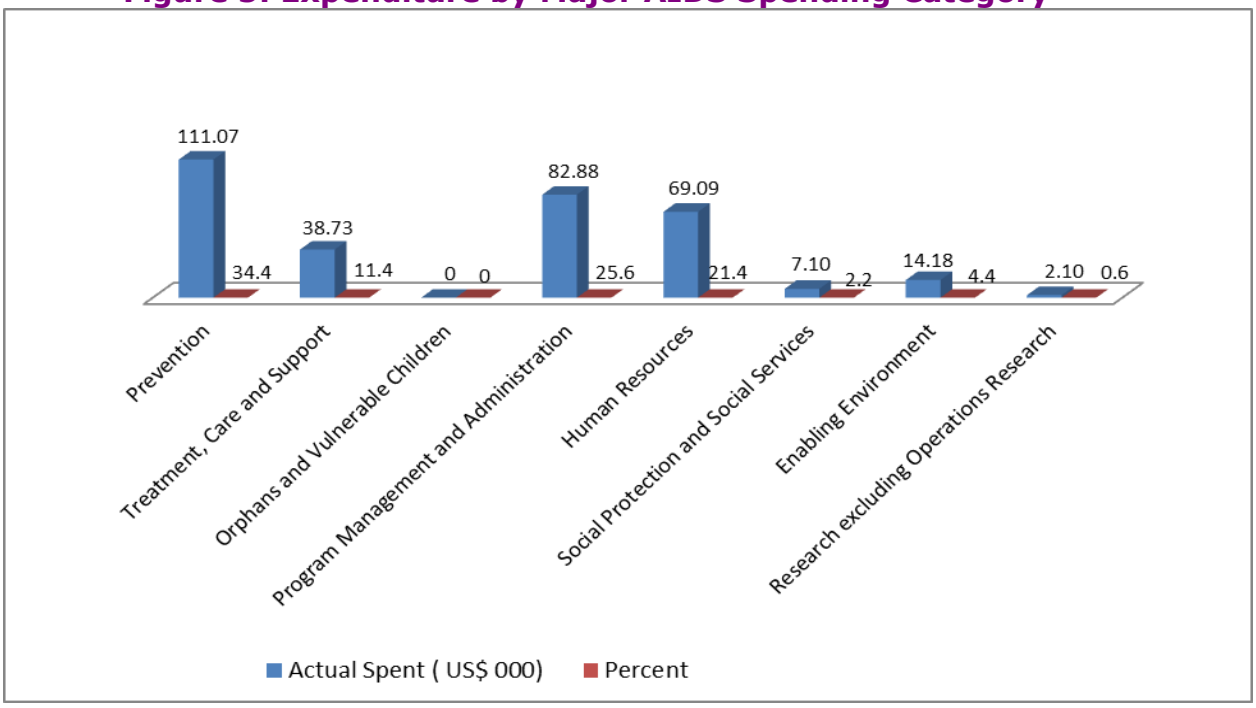
INGO	Expenditure US$	Percent
ADRA	403,650	29.8
OXFAM	257,712	19.0
Save the Children	469,392	34.6
World Vision	224,188	16.6
Total	**1,354,942**	**100**

The analysis of the spending continues with a closer look at the spending by category; and shows that relative to the core HIV/AIDS activities during the period shows that of the total funds spent it is proportionally shown that 34.4% was spent on prevention activities specifically on awareness activities - Communication for social and behavioral change. This was followed by programme management and administration with 25.6% with specific reference to planning, coordination, and programme management in term of expenditure incurred at the administrative level outside the point of health care delivery to include dissemination of strategic information, programme efficiency and effectiveness, planning/evaluation of prevention, care, and treatment efforts. Expenditure on human resources is the third category with 21.4% most specifically monetary incentives for human resources not broken down by staff. There is no data that shows any expenditure on OVC which could mean that there are no existence of OVCs in the country.

Table 9: Expenditure by Major AIDS Spending Category

	AIDS Spending Categories	Actual Amount US$	Percent
ASC .01	Prevention	1,110,753.00	34.4
ASC .02	Treatment, Care and Support	387,307.00	11.4
ASC .03	Orphans and Vulnerable Children	-	0
ASC .04	Program Management and Administration	828,796.00	25.6
ASC .05	Human Resources	690,969.00	21.4
ASC .06	Social Protection and Social Services	71,062.00	2.2
ASC .07	Enabling Environment	141,858.00	4.4
ASC .08	Research excluding Operations Research	21,000.00	0.6
	Total	**3,251,745.00**	**100**

Figure 5: Expenditure by Major AIDS Spending Category



B. HIV/AIDS Prevention interventions

Prevention programmes constitute a set of activities or programmes that are comprehensive and specifically designed to reduce risk behaviours. Ultimately, this should result into an impacted decrease in behaviour that would mean a decrease in HIV infection among the population. The NASA Classification and Taxonomy has more than 70 comprehensive categories sets of sub-categories of prevention interventions that provide second digit analysis of all prevention activities.

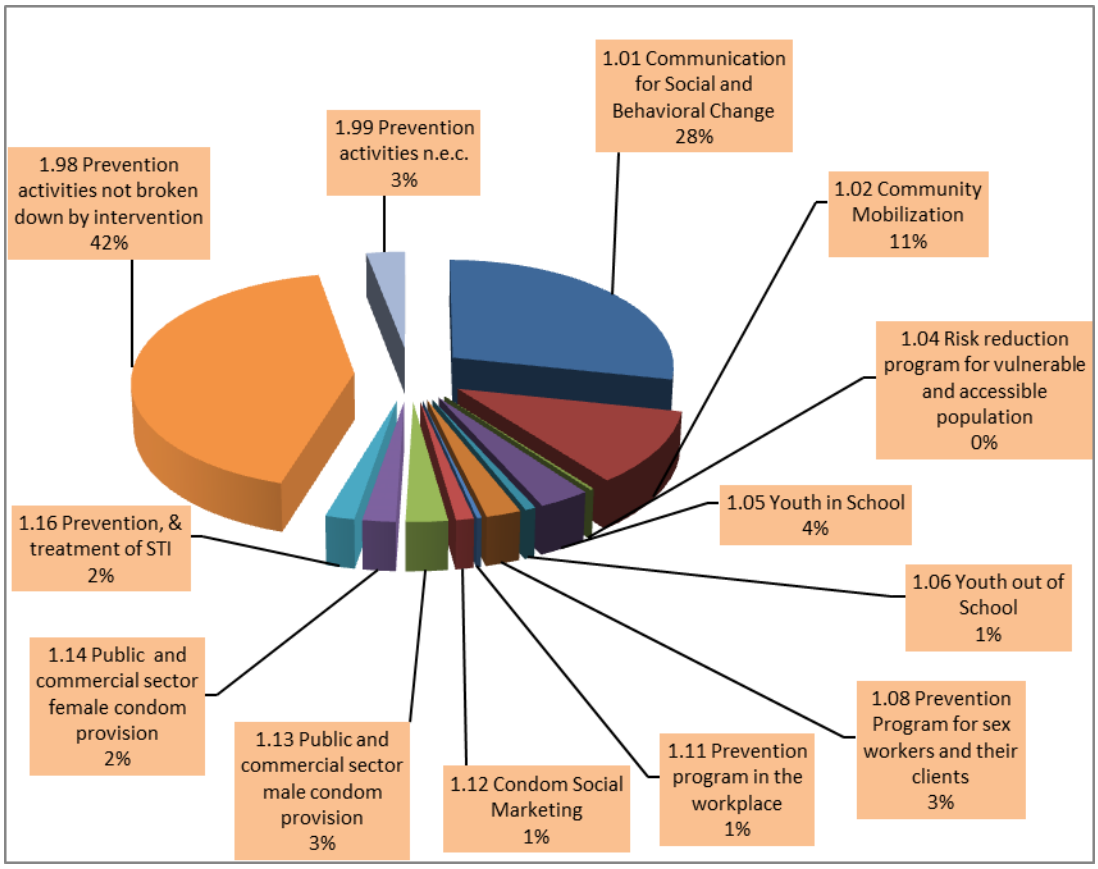
Prevention related activities amounted to 34.4% (US$ 1,110,753.00) of total spending in the country. The interventions that accounted for the amount are shown in the Table below. A significant portion (42.3%) of the amount expended is shown in ".01.98 – Preventive activities not disaggregated by activities" because although it is known by the providers/agents that these amounts were spent in Prevention activities, there is no specified tracking to a particular programmatic intervention.

Table 10: Spending on Prevention

ASC Code	ASC Categories	2008	2009	2010	TOTAL
01.01.98	Not disaggregated Social and Behavioral change communication	58,815.00	119,908.00	136,063.00	314,786.00
01.02	Community Mobilization	23,057.00	101,274.00	-	124,331.00
01.04	Risk reduction program for vulnerable and accessible population	-	2,840.00	-	2,840.00
01.05	Youth in School	28,964.71	5,147.00	3,718.52	37,830.23
01.06	Youth out of School	-	4,093.00	3,804.00	7,897.00
01.08	Prevention Program for sex workers and their clients	-	13,382.00	12,620.00	26,002.00
01.11	Prevention program in the workplace	3,526.00	-	-	3,526.00

01.12	Condom Social Marketing	8,716.00	4,200.00	-	12,916.00
01.13	Public and commercial sector male condom provision	13,912.00	17,020.00	-	30,932.00
01.14	Public and commercial sector Female condom provision	-	24,106.00	-	24,106.00
01.16	Prevention, diagnosis & treatment of STI	-	21,722.00	-	21,722.00
01.98	Prevention activities not broken down by intervention	334,865.00	48,022.46	87,092.00	469,979.46
	Other Prevention programs	31,869.45	-	2,016.00	33,885.45
	Total	**503,725.17**	**361,714.46**	**245,313.52**	**1,110,753.15**

Figure 6: Spending on Prevention



C. Care and Treatment

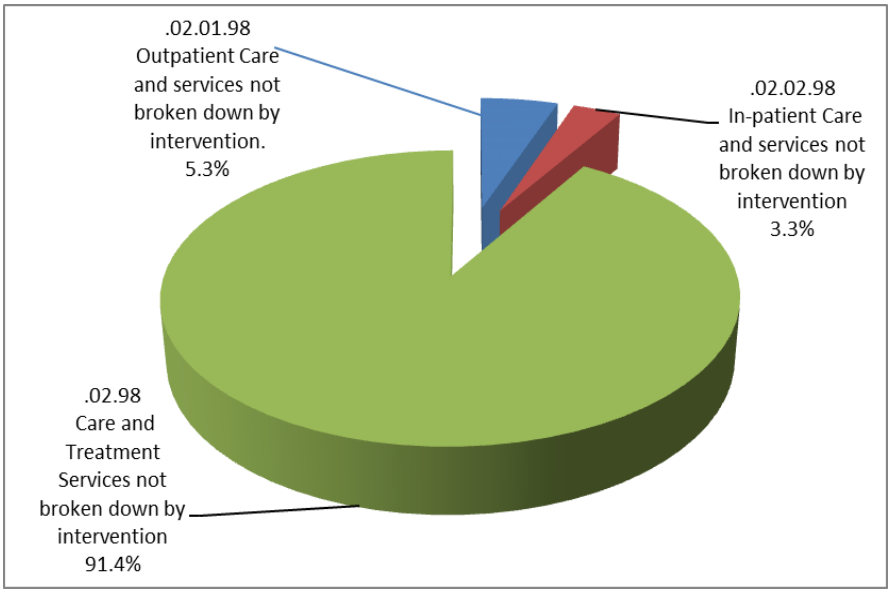
The actual spending on Care and treatments was low compared to the actual spending attributed to the top three spending (Prevention, Programme Management and Administration and Human Resource) and in the absence of an estimated costed amount it could not be determined if this was a prioritized intervention that was underspent. However, in some cases cost estimates are not translated into actual funds allocations to prioritized HIV/AIDS interventions. An amount of US$ 387,307 (11.4% of total expenditure) was spent on Care and Treatment in the period 2008-2010 which included ART related expenses. However, this amount was not fully classified in detail due to the lack of adequate information/data received from the requisite

organizations/hospital. Therefore they were captured under ASC 2.98 and 2.99 respectively. See table below.

Table 11: Spending on Care and Treatment

ASC Code	ASC Categories	2008	2009	2010	Total
.02.01.98	Outpatient Care and services not broken down by intervention.	16,555.00	4,100.00	-	20,655.00
.02.02.98	In-patient Care and services not broken down by intervention	12,489.00	-	-	12,489.00
.02.98	Care and Treatment Services not broken down by intervention	75,000.00	116,160.00	163,003.00	354,163.00
		104,044.00	**120,260.00**	**163,003.00**	**387,307.00**

Figure 7: Spending on Care and Treatment



The report shows that 19 partners committed and expended funds to the national response to HIV/AIDS (See Table 10 below). Total budgeted amount is $ 3,587,936 of which $3,251,745 was actually spent. This actual expenditure represents 90.6% of the budgeted amount. The Government with the highest budgeted amount actually spent far less (63% of its budget) in comparison with other partners in term of actual expenditure versus budget. This is followed by World Vision spending the same 63% but with a lower budgeted amount; (note: World Vision data is for only the year 2009). 100% of funds budgeted by the bilateral agencies were spent.

Table 12: Funding Budgeted and Spent by Each Partner

FUNDING PARTNERS	BUDGET (US$)	ACTUAL (US$)	DIFFERENCE (US$)
Government of Solomon Islands	553,594.00	349,467.00	**204,127.00**
AusAid	159,557.00	159,557.00	**0**
SPC	243,338.00	243,338.00	**0**
GFATM	158,154.00	158,154.00	**0**
UNAIDS	196,026.00	196,026.00	**0**
UNDP	161,561.00	161,561.00	**0**
UNFPA	134,246.00	134,246.00	**0**
UNICEF	212,850.00	212,850.00	**0**
WHO	79,304.00	79,304.00	**0**
ADRA	413,832.00	403,650.00	**10,182.00**
OXFAM	265,443.00	257,712.00	**7,731.00**
Save the Children	483,474.00	469,392.00	**14,082.00**
World Vision	353,301.00	224,188.00**	**129,113.00**
National Referral Hospital	29, 044.00	29,044.00	**0**
SIRC	4,113.00	4,113.00	**0**
SIDT	3,408.00	3,408.00	**0**
SIPPA	73,654.00	73,654.00	**0**
UPF	7,785.00	7,785.00	**0**
Church of Melanesia	84,296.00	84,296.00	**0**
Total	**3,587,936.00**	**3,251,745.00**	**365,235.00**

****data available only for 2009**

D. Spending Pattern by Targeted/Intended Beneficiary Populations

Analyzing the Beneficiary Population requires the quantification of a specified amount of fund to a group/population in fulfillment of service delivery through programs. As a matter of principle, the usage of funds classifies the Beneficiary Population which means that beneficiaries are those benefitting from the service irrespective of the outcome.
Beneficiary Population as befitting this report are categorized as follows:

1. People Living with HIV
2. Most-at-Risk Populations
3. Other Key populations at high risk
4. Specific Accessible Populations
5. General Population

The main beneficiaries of the National AIDS response were the General Population and/or MARPs. However, it is difficult to quantify them due to the fact that disaggregated data was not available. There is a need for data to be further disaggregated at the stage of the allocation and delivery of services respectively. This will lead to an analysis that will detail these expenditures. Additionally, under Prevention there would be a detailed analysis of spending relative to gender and age group of the beneficiaries.

The proportion of spending going to PLHIV is unknown due to the disaggregated nature of the data and the unknown spending on ARVs, which directly benefits PLWHA. As also stated earlier, the lack of disaggregated financial data in terms of the gender and ages of beneficiaries of services makes it difficult to further disaggregate the category of PLWHA.

Challenges and Constraints

The most recurring challenge was obtaining the full and complete data from almost all of the agencies targeted for the NASA exercise. Where the data were made available, they were not detailed enough and therefore had to be reworked to include spending categories, programme functions, and beneficiary population. After this process, the data then had to be assigned full NASA classification during data processing. Overall, the quality of data received from most agencies was not up to par and needed total reworking.

Another challenge was getting feedback after recognizing faults with the data and needing clarification or additional information. This resulted in delays and also increased the possibility for minor errors to occur because in some of these cases, the consultant had to make assumptions in the absence of feedback based on experience.

The lack of a functional task force was a major challenge. A functional taskforce would have been paramount in alleviating the challenges posed above, because the task force would have been comprised of individuals from these very same agencies. Their participation and leadership from taskforce would have served as a conduit for facilitating better participation and reporting of their agencies. On numerous occasions, a call for a setup of a task force and/or meeting was made and the importance stressed, but to no avail.

However, this is the first comprehensive HIV/AIDS spending assessment for the country. It is hoped that lessons were drawn from there and learned from this first experience that would guide future exercises.

Conclusion

In terms of achievement, the assessment has achieved its basic objective which is primarily to do a spending assessment of HIV/AIDS expenditure in the country. Almost all related intended objectives were achieved with the exception of capturing expenditures by production factors and beneficiary population for *all* the reported expenditure. To a larger extent this level of data

was either not available and where they were available, it required extensive additional data collection and estimations which were beyond the available time and scope of this project.

It is recommended that the strategic plan also highlights any and/or all significant resource gaps based on resources committed by donors/stakeholders and the requirement of the country's HIV/AIDS Plan. It was also observed and noted that the programmatic spending and/or absorptive capacity of the country needed to be reviewed relative to priorities.

The process has clearly shown that there is a need to ensure strengthening of planning, capacity and data management to successfully implement NASA exercises in the future. This requires some forward thinking around frequency and usefulness.

On a final note, the report and the process it underwent in the preparation can be seen as a historic undertaking as it is the first of its kind in the Solomon Islands. It is hope that results, analysis, recommendations and lessons learned will be used as guiding tools in curtailing the HIV/AIDS epidemic.

Recommendations

The following are a summary of recommendation derived from conducting the NASA exercise in Solomon Islands:

1. Institutionalizing NASA to collect, analyzes, and disaggregates expenditure data
2. Donor alignment and harmonization
3. Capacity building
4. Strengthening national capacity for resource mobilization
5. Increased public sector spending on HIV/AIDS-related functions
6. Increased and greater multi-sectoral engagement

Institutionalizing NASA

The NASA exercise provides a comprehensive and important base-line study of the donor funding used to fund HIV/AIDS. Because it is comprehensive, it is recommended that a NASA database be maintained where expenditure will be captured into reporting format periodically. This necessitates the need for institutionalizing NASA preferably within the Monitoring and Evaluation (M&E) framework to be coordinated by SINAC. Where there is an existing methodology within the M&E, NASA data can be integrated. This can be achieved easily if there is standardization of the expenditure data and information reporting from all organizations that are contributing to the response to HIV.

It is also important to note that there is a need to align spending on HIV/AIDS to a National Strategic Plan. While this Solomon Islands NASA made an effort to track all major HIV/AIDS expenditure in the country, it is possible that some of the expenditures may not conform to the NSP and the likelihood exist that in term of priorities, achievements in spending in some categories were satisfactory while in others it was not.

Alignment and harmonisation

For reporting purpose, an alignment and harmonization of the reporting requirements and the financial year is recommended There should be a collaborative effort by UNAIDS/SINAC to engage other agencies formulating and agreeing to a workable collaboration to develop and maintain a financial reporting systems that disaggregate their HIV/AIDS disbursement and expenditure in line with the NASA spending categories classifications. This would result in an efficient and systematic planning and monitoring of the disbursement and use of funds and simplify the NASA reporting processes.

Capacity building

All donors involved in the response to HIV/AIDS should concertedly work towards instituting a sustainable capacity-building mechanism to equip and empower providers of service. This capacity building should also extend to personnel involved with keeping financial records from which reports are crafted. It is strongly recommended that in the shortest possible time immediate action be taken to this end. A good measure would be to hire the service of a consultant on a short term basis to work along with the staff concern to streamline and put into proper perspective the financial record keeping system. This will go a long way in ensuring a successful "Bottom–Up" and "Up-Down expenditure tracking respectively. Providers will be equipped to efficiently maintain a system of record that aligns with the NASA reporting requirements and this will ultimately be an important step in achieving the goal of institutionalizing NASA.

National capacity in resource mobilisation

Where Government and its related agencies were only able to mobilize 15.7% of the total resources in the country (see Table 2), the multilateral agencies and INGOs contributed a combined total of 69.1% of the resources. This clearly shows that while the country has engaged its partners adequately, there is immense reliability on these agencies. It is recommended that Government strengthens its mobilization from within by ensuring less bureaucracy in the disbursement of resource that is budgeted and allocated.

1. **Improved financial information systems**

There is the need to improve the financial information system in terms of the quality and accuracy of HIV/AIDS expenditure data. In some institutions, retrieval of the required information/data was difficult as they were not contextualized in reporting forms or the data did not exist at all. The latter led to some institutions providing incomplete information or information not adequate to assign proper NASA classification and code. This slowed down the exercise to an extent since the late submission of information delayed the whole process of compiling the report.

Annex 1: Organizations listed for NASA

In the table below are Organizations from which data were sought. Included are issues related to and status of data. Evidently, the biggest obstacle in the NASA exercise is that of obtaining data. A similar table in excel was also used to track the NASA data collection process from the participating organizations.

SECTOR	ORGANIZATIONS	DATA RECEIVED	ISSUES	COMMENTS
Sources	SIG – Ministry and Agencies	Yes – attended training	Data incomplete Raw data (ledger copy) received, complete classification was required	Conducted desk review and classified data
	AusAid	No – did not attend training	Data received from SINAC	Classified data into NASA category
	SPC	Yes – did not attend training	Data incomplete – needed classification	Classified data into NASA category
	GFATM	No – did not attend training	Information received from SPC and SINAC	Classified data into NASA category
Agents/Sources	UNAIDS	Yes – did not attend training	Data incomplete – no classification	Classified data into NASA category
	UNDP	No – did not attend training	Information received from SINAC and SPC records.	Classified data into NASA category
	UNFPA	No – did not attend training	Information received from SINAC and SPC records.	Classified data into NASA category
	UNICEF	Yes – attended training	Data complete	NASA coded – minimum reclassification of some data
	WHO	Yes – attended training	Data incomplete – no classification	Follow-up and research conducted and Classified data into NASA category
	ADRA	Yes attended training	Data incomplete	Some adjustments in classification required
	OXFAM	Yes - attended training	Data incomplete	Some adjustments in classification required

	Save the Children	Yes- attended training	Data complete	Some adjustments in classification required
	World Vision	Yes – attended training	Data complete	Some adjustments in classification required
Providers	SIRC	Yes – attended training	Data incomplete – not coded	Some adjustments in classification required
	SIPPA	Yes – attended training	Data incomplete – not coded	Some adjustments in classification required
	Church of Melanesia	Yes – attended training	Data incomplete – not coded	Required classification
	UPF	Yes - attended training	Data incomplete – not coded	Classification required
	SIDT	Yes - attended training	Data incomplete – not coded	Classification required

Annex 2: NASA Orientation/Training Listing

The organizations were invited to a 1 day NASA training session. The aim was to orientate participants on the NASA methodology and processes involved in data collection.

Names	Organization	Position	Contact/Address
Martha Misake	UNICEF	Program Assistant	mmisake.unicef@gmail.com
Michelle O'Connor	UNICEF	HIV/AIDS Program Officer	moconnor.unicef@gmail.com
Moses Karuni	HCC		maekaruni@gmail.com
Sue Sikihi	World Vision	HIV Coordinator	
Christina Rago	SIDT	Finance officer	christina@sidt.org.sb
Gwen Rarai	SIDT	HIV Project Officer	gwen.salu@gmail.com
Samantha Tome	World Vision	HIV Officer	tommysamantha@yahoo.com
Winifred Mara	Save the Children	Finance Manager	fin@savethechildren.org.sb
Alick Konare	Save the Children	HIV Project Officer	hivteam@savethechildren.org.sb
Wayne Sade	Oxfam	HIV Program Assistant	waynes@oxfam.org.au
Martha Rafe	Oxfam	Finance Officer	martham@oxfam.org.au
John Waneria	SI Prison Service	Prison Officer Nurse	23812, ext 212
Grace Fafale	SIPPA	Finance Officer	gfafale@fpsi.com.sb
Alice Houanihau	Universal Peace Federation	HIV Program Assistant	aliceanthoria@yahoo.mail.com, 7475277
Abel Kotali	UPF	HIV Program Music Manager	Abeljoe42@gmail.com 39520, 7554361
George Gnagnafu	Mothers Union	Field worker	7468534/7568002
George Pitakoe	SIPPA	Programme Officer	gpitakoe@fspi.com.sb 7477431/22991
George Hagi	CSSI	Health Manager	ghagi@SIPS.gov.sb, 7423988
Annie Sau	SSEC	Health Coordinator	asaui@ssec.org.sb
Henry Oti	HIV/STI Unit	Support officer	hoti@moh.gov.sb
Joe lovi	ADRA	HIV Project Coordinator Schools	jlovi@adra.org.sb 7515458
Frauline Tito	ADRA	HIV Project Officer	ftito@adra.org.sb 38656
John Gela	Solomon Islands National AIDS Council	Coordinator	jgela@moh.gov.sb 28210
Isaac Muliloa	Ministry of Health & Medical services	National STI/HIV Coordinator	imuliloa@moh.gov.sb 28210

Annex 3: Data collection forms

i. Source/Agent form

Year of the expenditure estimate:_____			
Objectives of the form: I. To identify the origin of the funds used or managed by the institution during the year under study. II. To identify the use and destiny of those funds.			
Indicate what currency will be used throughout the form with an "X":		**Local currency**	**Other (specify):** _____
Name of the Institution:			
1. Person to Contact (Name and Title):			
2. Address:		**3. E-mail:**	
4. Phone:		**5. Fax:**	
6. **7. Type of institution:** Select category of institution with an "X".	6.1 Public central government		
	6.2 Public regional government		
	6.3 Public local government		
	6.4 Private-for-profit national		
	6.5 Private-for-profit international		
	6.6 National NGO		
	6.7 International NGO		
	6.8 Bilateral Agency		
	6.9 Multilateral Agency		

8. Origin of the funds received: List the institutions that granted funds during the year under study.	
Origin of the funds (Name of the Institution and Person to Contact)	Funds received
9.1 Institution: Contact:	
9.2 Institution: Contact:	
9.3 Institution: Contact:	
7.1 Institution: Contact:	

7.2 Institution: Contact:	
TOTAL:	

9. Destination of the funds:

I. List the institutions to which funds were transferred during the year under study.
II. Quantify the transferred funds.
III. Quantify the transferred funds *reported as spent* during the period under study. If no information is available regarding the amount spent, state "No Data" in the cell.

Destination of the funds (Name of the Institution and Person to Contact)	Funds transferred	Funds transferred and spent
8.1 Institution: Contact:		
8.2 Institution: Contact:		
8.3 Institution: Contact:		
8.4 Institution: Contact:		
8.5 Institution: Contact:		
TOTAL:		

10. Additional information on transferred funds reported as spent: Complete a Providers form (Form # 2) for each institution about which the Source / 0Agent has information regarding what the funds were used for, in order to gain information on Functions, Beneficiary Populations and Production Factors.

11. Consumption of the funds: If the institution consumed resources in producing services or goods, (i.e. administrative costs in managing the funds), complete a Providers form (Form # 2) regarding those funds.

12. Surveyor:	**13. Date:** / / 0

ii. Providers form

Origin of the information: Select with an "X" the source of the information on the Provider	
A) Information given by the Provider itself.	

B) Information given by other institution than the Provider (i.e.: Agent or Financing Source)

Year of the expenditure estimate:_____

Objectives of data collection from the Provider:

III. To identify the origin of the funds spent by the provider in the year under study.
IV. To identify in which NASA Functions the funds were spent.
V. To identify the NASA Beneficiary Populations for each NASA Function.
VI. To identify the NASA Production Factors for each Function.

Indicate what currency will be used throughout the form with an "X":	**Local currency**	**Other (spec**

Name of the Provider:

14. Person to Contact (Name and Title):

15. Address: | **16. E-mail:**

17. Phone: | **18. Fax:**

19. Type of institution: Select category of institution with an "X".

6.10 Public central government	
1. Public regional government	
2. Public local government	
3. Private-for-profit national	
4. Private-for-profit international	
5. National NGO	
6. International NGO	
7. Bilateral Agency	
8. Multilateral Agency	

In case of B), complete:

Institution: Person to Contact (Name and Title):

Phone: E-mail:

20. Destination of the funds:

IV. Identify and quantify the NASA Functions in which the funds were spent.
V. Identify and quantify the NASA Beneficiary Population(s) of each Function.
VI. Use NASA notebook to classify Functions and Beneficiary Populations, using the name and code as they figure in the notebook for their identification.

8.1 Destination of the funds received from "7.1"

8.1.1 Function (Code and Name) Code: Name:	Amount spent
8.1.1.1 Beneficiary Population (Code y Name): Code: Name:	
8.1.1.2 Beneficiary Population (Code y Name): Code: Name:	
Total spent on the Function:	

8.1.2 Function (Code y Name) Code: Name:	Amount spent
8.1.2.1 Beneficiary Population (Code y Name): Code: Name:	
8.1.2.2 Beneficiary Population (Code y Name): Code: Name:	
Total spent on the Function:	
8.1.3 Function (Code y Name) Code: Name:	Amount spent
8.1.3.1 Beneficiary Population (Code y Name): Code: Name:	
8.1.3.2 Beneficiary Population (Code y Name): Code: Name:	
Total spent on the Function:	

8.2 Destination of the funds received from "7.2"	
8.2.1 Function (Code y Name) Code: Name:	Amount spent
8.2.1.1 Beneficiary Population (Code y Name): Code: Name:	
8.2.1.2 Beneficiary Population (Code y Name): Code: Name:	
Total spent on the Function:	
8.2.2 Function (Code y Name) Code: Name:	Amount spent
8.2.2.1 Beneficiary Population (Code y Name): Code: Name:	
8.2.2.2 Beneficiary Population (Code y Name): Code: Name:	
Total spent on the Function:	
8.2.3 Function (Code y Name) Code: Name:	Amount spent
8.2.3.1 Beneficiary Population (Code y Name): Code: Name:	
8.2.3.2 Beneficiary Population (Code y Name): Code: Name:	
Total spent on the Function:	

8.3 Destination of the funds received from "7.3"	
8.3.1 Function (Code y Name) Code: Name:	Amount spent
8.3.1.1 Beneficiary Population (Code y Name): Code: Name:	

8.3.1.2 Beneficiary Population (Code y Name): Code: Name:	
Total spent on the Function:	
8.3.2 Function (Code y Name) Code: Name:	Amount spent
8.3.2.1 Beneficiary Population (Code y Name): Code: Name:	
8.3.2.2 Beneficiary Population (Code y Name): Code: Name:	
Total spent on the Function:	
8.3.3 Function (Code y Name) Code: Name:	Amount spent
8.3.3.1 Beneficiary Population (Code y Name): Code: Name:	
8.3.3.2 Beneficiary Population (Code y Name): Code: Name:	
Total spent on the Function:	

8.4 Destination of the funds received from "7.4"	
8.4.1 Function (Code y Name) Code: Name:	Amount spent
8.4.1.1 Beneficiary Population (Code y Name): Code: Name:	
8.4.1.2 Beneficiary Population (Code y Name): Code: Name:	
Total spent on the Function:	
8.4.2 Function (Code y Name) Code: Name:	Amount spent
8.4.2.1 Beneficiary Population (Code y Name): Code: Name:	
8.4.2.2 Beneficiary Population (Code y Name): Code: Name:	
Total spent on the Function:	
8.4.3 Function (Code y Name) Code: Name:	Amount spent
8.4.3.1 Beneficiary Population (Code y Name): Code: Name:	
8.4.3.2 Beneficiary Population (Code y Name): Code: Name:	
Total spent on the Function:	

8.5 Destination of the funds received from "7.5"	
8.5.1 Function (Code y Name)	Amount spent

Code:		Name:		
		8.5.1.1	Beneficiary Population (Code y Name):	
Code:		Name:		
		8.5.1.2	Beneficiary Population (Code y Name):	
Code:		Name:		
			Total spent on the Function:	
		8.5.2	Function (Code y Name)	Amount spent
Code:		Name:		
		8.5.2.1	Beneficiary Population (Code y Name):	
Code:		Name:		
		8.5.2.2	Beneficiary Population (Code y Name):	
Code:		Name:		
			Total spent on the Function:	
		8.5.3	Function (Code y Name)	Amount spent
Code:		Name:		
		8.5.3.1	Beneficiary Population (Code y Name):	
Code:		Name:		
		8.5.3.2	Beneficiary Population (Code y Name):	
Code:		Name:		
			Total spent on the Function:	

21. Origin of the funds received: List the institutions that granted the funds spent during the year under study.

Origin of the funds (Name of the Institution and Person to Contact)	Funds received during the year under study
7.3 Institution: Contact:	
7.4 Institution: Contact:	
7.5 Institution: Contact:	
7.6 Institution: Contact:	
7.7 Institution: Contact:	
TOTAL:	

22. Production Factors: In order to finish the form, complete ANNEX 1.

23. Surveyor:	**24. Date:** / / 0

Annex 4: List of people interviewed

NAMES	POSITIONS	ORGANIZATIONS
Dr. Dalipanda Tenneth	Director of Public Health	Ministry of Health
Dr. Nemia Bainivalu	Director	SINAC - Ministry of Health
John Gela	Coordinator	SINAC – Ministry of Health
Isaac Muliloa	Coordinator-HIV/STI	Ministry of Health
Naeri Alamo	Director	Family Support Center
Niamh Murnaghan		Save the Children
Thet Thet New	Operations Director	Save the Children
Naeri Alamo	Family Support Center	Director
Michelle O'Connor	HIV/AID Programme Officer	UNICEF
Martha Misake	Programme Assistant	UNICEF
Jennifer	Director	SIDT
George Pitakoe	Programme Officer	SIPPA
Grace Fafale	Programme Officer	SIPPA
Joe Lovi	HIV Project Coordinator - Schools	ADRA
Samantha Tome	HIV/AIDS Officer	World Vision
Dr. Juliet Fleischi	Country Liaison Officer	WHO
Timi	National Director	National Medical Store
Willie Horoto	Manager	National Medical Store
Mia Rimon	Coordinator	SPC Country Office
Akiko Suzaki	Deputy Resident Representative	UNDP
Elizabeth Wrench	Procurement & Supply Management Coordinator	SPC-Regional Office
Dr. Dennie	Consultant	SPC – Regional Office
Margot Szamier	Consultant	

Annex 5: NASA Classification

NASA Classification:
The below classification are as defined in the Classification taxonomy and Definitions in National AIDS Spending Assessment (NASA) as provided by UNAIDS, 2009.

NASA classifications are mutually exclusive and exhaustive, meaning that where expenditures are incurred; the transactions that arise are assigned to one and only one category of spending. These transactions cannot be duplicated or excluded.

AIDS Spending Categories (ASC): There are 8 major categories of spending and a combined total of over 90 sub categories disaggregated under these each major categories. The 8 major categories are produced here by definitions.

> **ASC.01 Prevention**: Prevention is defined as a comprehensive set of activities or programmes designed to reduce risky behaviour. Prevention services involve the development, dissemination, and evaluation of linguistically, culturally, and age-appropriate materials supporting programme goals.

ASC.02 Treatment and Care: refers to all expenditures, purchases, transfers and investment incurred to provide access to clinic- and home- or community-based activities for the treatment and care of HIV-infected adults and children.

ASC.03 Orphans and Vulnerable Children (OVC): An orphan is defined as a child under the age of 18 years who has lost one or both parents regardless of financial support (AIDS programme-related or not). Vulnerable children refer to those who are close to being orphans and who are not receiving support as orphans because at least one of their parents is alive, and at the same time their parents are too ill to take care of them.

ASC.04 Strengthening of Programme Management and Administration: Programme expenditures are defined as expenses that are incurred at administrative levels outside the point of health care delivery. Programme expenditures cover services such as management of AIDS programmes, monitoring and evaluation (M&E), advocacy, pre-service training, and facility upgrading through purchases of laboratory equipment and of telecommunications.

ASC.05 Incentives for the Recruitment and Retention of Human Resources– Human Capital: This category refers to services of the workforce through approaches for recruitment, retention, deployment and rewarding of quality performance of health care workers and managers for work in the HIV and AIDS field.

ASC.06 Social Protection and Social Services (excluding OVC): Social protection conventionally refers to functions of government relating to the provision of cash benefits and benefits-in-kind to categories of individuals defined by needs such as sickness, old age, disability, unemployment, social exclusion and so on.

ASC.07 Enabling Environment and Community Development: It includes a full set of services that generate an increased and wider range of support key principles and essential actions as well as policy development.

ASC.08 HIV and AIDS-Related Research (excluding operations research): It covers researchers and professionals engaged in the conception or creation of new knowledge, products, processes, methods, and systems for HIV and in the management of the programmes concerned with HIV and AIDS.

BP: Beneficiaries Population Targeted or intended: The populations presented here are explicitly targeted or intended to benefit from specific activities. In principle, the identification of the BPs is dictated by the intended use of the funds.

PS: Providers of Services. Providers are entities or persons that engage directly in the production, provision and delivery of services against a payment for their contribution. Providers include government and other public entities, private for-profit and non-profit organizations, corporate and non-corporate enterprises and self-employed persons.

PF: Production Factors: Since the provider and production factors classifications are focused on the HIV and AIDS outputs, it is also desirable to analyse the inputs or production factors that create these outputs. In NASA the classification of production factors categorizes expenditures in

terms of resources used for the production, i.e. wages, salaries, new buildings, renovations, etc. (budgetary items)

FA: Financing Agent: Entities which mobilize financial resources collected from different financing sources (pools) and transfer them to pay for or to purchase health care or other services or goods. These entities directly purchase from providers or steer in full, or as co-guarantors of payment, resources earmarked for the provision of commodities (services and/or goods) to satisfy a need.

FA: Financing Sources: Financing sources are entities or pools which *purchasers*, providers of financial intermediation services or paying agents, tap or use other forms of mobilization to fund the HIV and AIDS services.

Annex 6: NASA Task Force - TOR

Government of Solomon Islands
National AIDS Commission in collaboration with UNAIDS

Formation of a NASA Task Force for a Comprehensive National AIDS Spending Assessment (NASA) in Solomon Islands

TOR of Task Force:
The overall objective of the Solomon Islands comprehensive National AIDS Spending Assessment (NASA) is to conduct a National AIDS Spending Assessment (health and non-health) by using six variables (financing sources, financing agents, functions or AIDS Spending categories (ASC), production factors, providers of services and intended beneficiaries) and to effectively put into place a NASA system in Solomon Islands in the coming years. This is to include strategic investments in the strengthening of individual(s) and institutional capacity respectively.

The purpose of the Task Force will be to assist in coordinating and strengthening the comprehensive NASA processes from designing to completion as well as the dissemination of information and findings to wider audiences.

The task force will comprise of representatives from Public, Private (including I/NGOs, profit and not for profit organisations) and Donor community. Members should ideally knowledgeable of the Health Account or other Social Accounst; have good contacts throughout the health system (both public and private); have knowledge about the key HIV/AIDS issues, its actors including spending; have some analytical and facilitation skills; and willing to give some amount of time for the process.

Major areas of task, includes
- Manage the NASA team; Ensure accomplishment of all tasks;
- Keep the momentum throughout the period of the exercise

1. Manage Stakeholders
   - Manage committee meetings and consultations
   - Link NASA to policy issues
   - Coordinate with and ensure contribution from all stakeholders

2. Facilitate the data collection process
   - Facilitate data collection from stakeholders
   - Help get permission/approvals from government and others as necessary to facilitate data collection
3. Data analysis and interpretations
   - Be aware of data gaps and conflicts and advice the team accordingly
   - Help obtain “big picture” by analysis and interpreting NASA information
   - Help identify system and policy related information

4. Creation of documents, policy brief, press release, presentation, facts sheets etc
    - Help design appropriate documents for different audience
    - Contribute to the writing of the document
5. Dissemination
    - Dissemination of findings at National level, Regional level (this events can be combined with other national and regional level activities i.e. UNGASS sharing, NAP sharing or consultation)

NASA taskforce membership profile

The team will comprise of representatives from the Government and other stakeholders involved in the response to HIV/AIDS. Members of the task force (preferably finance and programme staff) should have knowledge of key HIV/AIDS programme areas and issues; should be professionally involved with other stakeholders such as partners from other sectors. They should also have some analytical and facilitation skills and offer some to this national exercise as may be required..

Annex 7: References

Ministry of Health (2010), UNGASS Country Progress Report

Ministry of Health, Solomon Island (2004), Health Status Report

National HIV Policy and Multi-sectoral Strategic Plan 2005-2010

Solomon Islands Population and Housing Census, November 1999

UNAIDS (2007), National AIDS Spending Assessment Resource Tracking System (User Guide), UNAIDS, 20, avenue Appia, CH-1211 Geneve 27 Suisse

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