

Introduction of National AIDS Spending Assessment (NASA) to the National Advisory Committee on AIDS in Fiji

Final Report

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Acronyms and Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti Retroviral
ASC	Aids Spending Category
ATFF	AIDS Task Force of Fiji
BCC	Behavioral Communication Change
BS	Blood Services
BTS	Blood Transfusion Services
DMT	Divisional Management Team
DPH	Director Public Health
EQA	External Quality Assurance
FAB	Fijian Affairs Board
FASW	Fiji Association of Social Workers
FBO	Faith Based Organization
FCA	Fiji College of Agriculture
FCDC	Fiji Centre of Disease Control
FIT	Fiji Institute of Technology
FJN+	Fiji Network of Positive People
FPS	Fiji Pharmaceutical Services
FWRM	Fiji Women's Rights Movement
FSMed	Fiji School of Medicine
FSN	Fiji School of Nursing
GFATM	Global Funding on AIDS, TB and malaria
HCW	Health Care Workers
HIV	Human Immuno-deficiency Virus
IDU	Intravenous Drug User
ILO	International Labor Organization
M & E	Monitoring & Evaluation
MDGs	Millennium Development Goals
MEA	Multiethnic Affairs
MOE	Ministry of Education
MOH	Ministry of Health
MSIF	Marie Stopes International Fiji
MSM	Men who have sex with men
NACA	National Advisory Committee on AIDS
NASA	National AIDS Spending Assessment
NCHP	National Centre for Health Promotion
NGO	Non Government Organization
NHPS	National HIV/AIDS Strategic Plan
NN+	Northern Network of Positive People
NRL	National Reference Laboratory
OI	Opportunistic Infection
PINA	Pacific Island News Association
PLWHA	People Living With HIV & AIDS
PMTCT	Prevention of Mother to Child Transmission
PRHP	Pacific Regional HIV Project
QAP	Quality Assessment Program
RFHAF	Reproductive Family Health Association Fiji

SGS	Second Generation Surveillance
SMP	Sexual Minority Group
SPATS	South Pacific Alliance of Theological Society
SPC	Secretariat of the Pacific Community
STI	Sexually Transmitted Infectious
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNGASS	United Nations General Assembly Special Session (on HIV/AIDS)
VCCT	Voluntary Counseling, Confidentiality Testing
WAC	Women's Action for Change
WHO	World Health Organization

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1. Introduction

The Fiji Government, in its effort to monitor and evaluate the response to the HIV and AIDS pandemic, seeks to build the capacity of the National Advisory Committee on AIDS (NACA) and other stakeholders, including CSO's and people living with AIDS, to track the flow of financial resources from funding sources to actual expenditures. This final report outlines the amount the Republic of the Fiji Islands spent on the HIV/AIDS initiative over the last two and a half years (2007-2009) from various local and external financing sources. This report supports the proposed UNDP financed technical assistance intended to introduce the National AIDS Spending Assessment methodology to the National Advisory Committee (NACA). Further development, implementation and institutionalization of the NASA methodology is expected to be lead by the NACA in order to standardize the classification of HIV and AIDS expenditures among all stakeholders. It is projected that NACA's analysis of the tracked expenditures will enable valuable information to be disclosed that will influence the strategic allocation of future resources to Fiji's HIV/AIDS initiative. Data generated through NASA can also be used to measure the nation's commitment and effort, which is an important component of the UNGASS Declaration, and therefore will also help Fiji to address some of the gaps that currently exist in its UNGASS reporting.

The UNDP will provide the primary technical support on how to use NASA, which is among a number of monitoring and evaluation tools available to Fiji.

2. Background

Fiji has a cumulative figure of 259 HIV positive cases (from year 1989 to December 2007) and is classified as a low HIV prevalence country under the WHO classification. However, these figures only reflect laboratory confirmed and reported cases. While the number of new infections has levelled off in 2006 and 2007, it is too premature to precisely state that the trend is reversing. Youths continue to be the most affected group, and the Fijian ethnic group still accounts for a disproportionate majority of all cases. Heterosexual transmission is the primary reported mode of transmission, followed by peri-natal transmission. The increasing number of females who have tested positive validates the primary mode of transmission and the vulnerability of women, girls and children born to HIV positive women. In responding to the AIDS pandemic, Fiji has developed a National HIV Strategic Plan 2007-2011 (NHSP) to guide programmatic responses to HIV/AIDS in Fiji. The NHSP has a monitoring & evaluation (M&E) framework with budget estimates. Despite having a multi-sectored NHSP to address and implement a sound response to HIV in the country, challenges remain. These include the need for a holistic view of the obstacles identified in the plan, access to tools, resources for a more systematic and coordinated approach to budgeting and resource allocation, tracking of expenditures, and monitoring and evaluating implementation of the plan.

3. Objective

The technical consultant, with expertise in the formulation, implementation and monitoring of HIV and AIDS policies and programmatic responses, including experience in the use of NASA as a tool in developing countries, has been primarily responsible for the strategic, technical and hands-on support necessary to successfully introduce NASA to the NACA and other stakeholders as jointly identified by NACA, the Fiji Ministry of Health, UNAIDS and UNDP.

From October to December 2009 and in accordance with the established work plan and strategy, the technical consultant has:

- ✓ Assisted NACA in convening an initial stakeholder meeting to inform the organization of the project, process and data requirements;
- ✓ Briefed the UNCT/Joint Team on NASA and necessary deliverables;
- ✓ Conducted a workshop and on-the-job training in data collection, planning and capacity building for tracking funds and expenditures specifically for HIV and AIDS;
- ✓ Provided strategic guidance, methodology and hands-on support in the collection of national data using NASA data collection spreadsheet to facilitate the aggregation of key expenditure data for all key programmatic areas and to populate the database;
- ✓ Analysed national data to determine funding, expenditures and gaps, and at the same time provided on-the-job training for all processes;
- ✓ Developed an aggregated database on the National HIV and AIDS Spending Assessment for 2007, 2008 and 2009 (first semester);
- ✓ Conducted a stakeholder workshop to validate some findings and lessons learned;
- ✓ Prepared the inception and interim reports, which were approved by the UNDP official counterpart;
- ✓ Prepared the matrix for UNGASS indicator # 1;
- ✓ Produced the present final report and submitted to NACA, with copies to UNDP and UNAIDS as required.

4. Methodology

To execute the National AIDS Spending Assessment (NASA), the following tasks were completed: (i) review of project documents, (ii) training of stakeholders to familiarize them with the NASA methodology and (iii) collection, analysis and entry of data into the database system. The data collection process was led by the stakeholder technical staff in order to obtain financial data for the established periods. As expected, the first data collection process using NASA methodology was challenging and laborious due to the fact that prior data collected on actual expenditures did not incorporate this methodology and time had to be spent reviewing, verifying and reclassifying this data. It is important to note that the consultant received enormous support from the majority of organizations involved in the process to accomplish this arduous task.

Following the NASA guidelines, expenditures have been classified by financing sources, financing agents and providers of services and type of function, where:

- ❖ Financing sources are the institutions or entities that provide the funds used in the system by financing agents.
- ❖ Financing agents are institutions or entities that channel the funds provided by financing sources and use those funds to pay for or purchase the activities reflected in their work plans.
- ❖ Providers of service are not limited to the health sector and include all the entities that engage in the production of goods, services or activities in response to HIV and AIDS.
- ❖ Function is the type of goods and services provided and activities carried out.

4.1. AIDS Spending Categories

The expenditures should fall under the AIDS spending classification, which is a functional classification that has been structured into eight primary spending categories:

1. Prevention
2. Care and treatment
3. Orphans and vulnerable children
4. Program management and administration
5. Human resources
6. Social protections and social services
7. Enabling environment
8. Research

One of the main stipulations of the NASA resource tracking process is to make sure that the classification format used is made up of equally exclusive and exhaustive categories, meaning that each transaction corresponds to one category, but not more than one. This is the first attempt in Fiji to introduce the NASA system and once it is established and standardized among stakeholders, it will be possible to analyze and review the various organizations' efforts and efficiencies with regard to the different categories and subcategories that are addressed with the HIV and AIDS interventions.

Under the NASA system, funds and expenditures related to the National Response to HIV are organized according to three dimensions: (i) finance, (ii) provision and (iii) consumption. The NASA System has to follow three phases of data collection, processing and reporting:

- 1) Total public spending from central, sub-national, government, as well as government managed funds including, but not limited to parastatal organizations and public social security health insurance schemes;

- 2) International aid from bilateral and multilateral agencies and private international; and
- 3) Private expenditures, with emphasis on household expenditures, mainly out-of-pocket, and from corporations (as workplace programs).

Incorporating the NASA methodology, the process of estimating resource flows in Fiji follows a bottom-up and top-down approach. First, actual expenditures have been identified by providers of service according to level of activity or function. Then, financial transactions have been tried to reclassify by sources through the financing agents. Lastly, the use of the resources is determined by disaggregating the production function components and the beneficiaries of such functions. The resource tracking process basically is intended to track funds from their origin (i.e. financing source), to the financing agents, and finally to their destination (i.e. the final beneficiaries receiving goods or services from the respective service providers).

4.2. Planning the NASA

During the first stage of the consulting work in Fiji, the sources and key informants were identified, selected and contacted. The methodology to carry out NASA was shared with the national teams during the training workshop and in the subsequent meetings held by the consultant with some of the organizations to initiate the data collection process. The data collection process was formulated by the NACA staff, Mr Akuila Masi of UNDP and Mr. Mohamed Turay of UNAIDS.

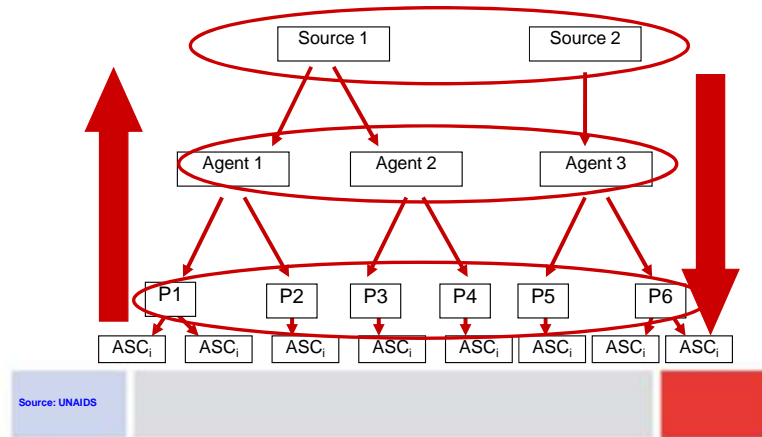
The feasibility and success of NASA was attributed to collecting reliable background information and engaging key players, as well as identifying potential information sources and reviewing user and informant interest and commitment. Additionally, the success of NASA was dependent on the integration of an inter-institutional group responsible for accessing pertinent information, analyzing key data and publicizing important findings. Overall, the response in Fiji was positive, and the majority of organizations willing to offer their financial data realized the benefit of this process.

The NASA classification process was used to identify transactions, whenever all the necessary information was available, in order to understand how the transfer of funds was made 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/targeted populations. See figure 1.

Figure 1.

Transaction

⌘ NASA: we capture data “Bottom up” & “Top down”



This figure illustrates the financing stream linking the financing source with the financing agent and the provider of services. A provider of services can produce several AIDS Spending Categories (two ASC's 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's is produced to reach one or more specific intended beneficiary populations: beneficiary population1 and beneficiary population2.

4.3. Data Collection Process

NASA provides relevant information for the decision-making level by answering these questions: Who is financing?, How much is being financed?, Who is managing the funds?, Who is providing the funds and what is being provided?, Who is the beneficiary population?, and finally How are the funds being produced?

A financial information system containing or utilizing NASA classification for expenditures is not yet in place in any of the organizations in Fiji; consequently, data was collected from all the possible sources that NACA had identified applying and/or adapting the AIDS Spending Categories. Data from public financing agents (national government agencies, local government units) was collected through the NASA Excel based form; however, not all national government agencies were able to complete the forms correctly, given the difficulty of retrieving historical financial data (2007-2009 June) using NASA classification. For example, NACA had to collect the information from the Ministry of Health (MoH) Department of Accounting were registries consisted mainly of accounting records and therefore the NACA team had to verify each voucher to track the expenditures and to classify each one under the NASA system. Because of this, NACA was forced to submit financial data that underreported the actual investments made.

Primary data collection was undertaken with the direct support of NACA, government agencies, such as the Ministry of Finance and Ministry of Health, funding sources

and providers of service (NGOs). The matrixes and forms were distributed by NACA to the stakeholders in order to collect financial data and track expenditures by type of activity or function. Funding sources were requested to provide information on their total funding and spending on HIV and AIDS and all their agents, and the activities that were undertaken by each of their agents. However, providers of service were required to provide all of their sources of financing and their activities by source of financing.

The tedious data collection process that the organizations went through only proves there is a need to establish a more standardized financial reporting system that follows the NASA classification process. An improved system will facilitate a more systematic monitoring and evaluation of all HIV and AIDS related activities and financial expenditures.

4.3.1. Mapping the Organizations

During the planning and data collection process the following number of organizations were identified:

Financing Sources:	18
Financing Agents:	15
Providers of Service:	39

National HIV Response and financing and consumption flows		
ORGANIZATIONS MAPPING IN FIJI		
Financing Sources	Financing agents	Providers of Services
1. Ministry of Finance 2. The Global Fund 3. AUSAID 4. NZAID (The Pacific Response Fund) 5. EU 6. French Government 7. ILO 8. International Red Cross 9. JICA 10. KOICA 11. NZAID 12. UNAIDS 13. UNDP 14. UNFPA 15. UNICEF 16. UNIFEM 17. UNRC 18. WHO	1. Ministry of Health 2. Ministry of Education 3. Ministry of Labour 4. Ministry of Women & Social Welfare 5. Ministry of Youth 6. NACA 7. PRHP 8. Secretariat of the Pacific 9. FESP 10. Burnett Institute 11. Pacific Response Fund 12. PIAF 13. PRIDE 14. FHSIP 15. Fiji Council of Social Services	1.NACA 1.1 MoH Western 1.2 MOH North 1.3 MoH Central/ eastern 1.4 MoH Tamavuna 2. MSM 3. PIAF 4. RRRT 5. PCSS 6. TPAF 7. MSIP 8. PRHP 9. FJN+ 10. Sex minority 11. Anglican Church 12. MEN fiji 13. Methodist Church 14. MoE 15. Red Cross Fiji 16. AIDS task force 17. Co-op 18. NFNC 19. Reproductive & Family Health Association of Fiji (RHAFAF) 20. FSWA 21. GM Community Health 22. FIHE 23. GIPA Fiji 24. FRCS 25. AIDS task force of Fiji 26. Cakaudrove Provincial Youth 27. Fiji Council of Social Services (FCOSS) 28. Fiji Prison Services Project 29. Fiji Red Cross Society 30. Burnett Institute 31. Fiji Women's Crisis Center 32. Fiji Women's Rights Movement 33. Labasa Hub Centre Reproductive Health STI Clinic 34. Mataika House Laboratory 35. Naviti Street Hub Centre 36. Pacific Community for Pastoral Care & Counseling 37. Pacific Counseling and Social Services (PC&SS) 38. Poor Relief Society 39. Women's Action for Change
Public Flows	→	PUBLIC INSTITUTIONS
Private flows	→	PRIVATE INSTITUTIONS
International Flows	→	INTERNATIONAL ORGANIZATIONS

Source: NACA

The data on actual expenditures was retrieved from available government and donor sources, such as the Ministry of Finance, Ministry of Health, the UN System SPC and others. After the meetings were held by the consultant with the stakeholders and financial data was collected, it is safe to say that the funding agents and the providers of service do not have a homogenous classification system in place for the HIV AND AIDS spending categories.

All organizations have different reporting formats and functions that are not consistent with NASA classification. Moreover, some of the functions contain overlapping expenditure functions, making it impossible to disaggregate them. Therefore, it was extremely difficult to precisely identify expenditures according to NASA classification. The majority of agencies do not provide a breakdown of functions, thus the functions were classified in the .98 and .99 ASC.

The following list is not final and therefore needs to be updated on a continual basis. In many countries there are cases where organizations, especially providers of service, run work plans on HIV and AIDS related activities for no longer than one year, therefore it is necessary that NACA updates the list of organizations on a yearly basis.

It is necessary to highlight that not all organizations were contacted by NACA, therefore during the collection process only financial information from the following organizations was collected directly:

FINANCING SOURCE	FINANCING AGENT	PROVIDER OF SERVICES
Ministry of Finance	MOH	FJN+
UNAIDS	NACA	Marie Stopes
UNDP	SPC*	PC&SS
UNFPA	PC&SS	SPC
UNICEF		NACA
WHO		
NZAID		
AUSAID		
French Government		

*SPC submitted financial information on grants awarded to the following additional organizations. However, in the aggregated report it is not possible to identify how much was provided by each organization by period, however these being regional organisations should provide exact information to the NASA process on how much was spent in Fiji:

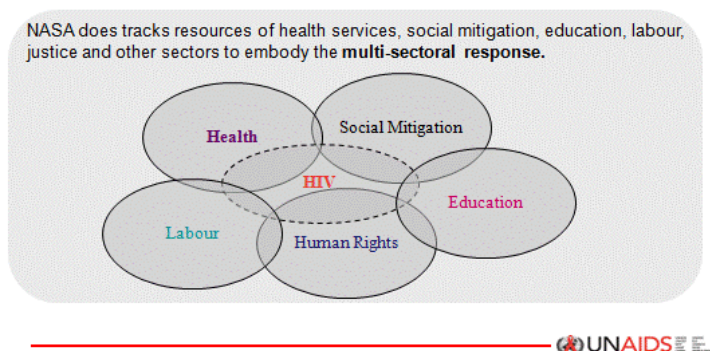
- 1.AHD/PPAPD 2. APLF 3. BURNET 4. ILO 5. OSSHAM 6. PIPSO
 7. RRRT 8.UNIFEM 9. WCC-PCC 10. FASW 11.FSMED 12. PRHP

In some countries other than in the Pacific Islands, a resource tracking team has been established. If this is the case for Fiji, NACA should be involved at the end of the present process to produce the financial reports that contain indicators of the country's response to HIV and AIDS. In addition, NACA should support monitoring resources from fund raising to disbursement. NACA should also be responsible for leading the process of institutionalizing the NASA classification and each organization should have an official counterpart responsible for submitting the financial information on the established due dates and adhering to the NASA guidelines. Thus, NASA is a valuable tool to support an ongoing financial information system linked to Fiji's national monitoring and evaluation framework.

It is important to note that NASA is not limited to health expenditures. NASA follows the basic framework and templates of the National Health Accounts, but also includes the tracking of social mitigation, education, labor, justice and other sectors' expenditures, as outlined in the National Strategic Plan. This framework clearly calls for the inclusion of activities under the education, social development and welfare sectors, as well as for other activities that are clearly outside the health care service delivery system. See Figure 3.

Figure 3.

National Aids Spending Assessment



During the training and the data collection process not all of the sectors were included; therefore, it is necessary to update the structure of the various organizations involved and also contact them in order to initiate the NASA system and the data collection guidelines that should be established by NACA. Moreover, government budgetary systems may classify expenditures using a functional classification process, which is not consistent and not sufficiently detailed as the NASA definitions. Thus, the resource tracking team should identify the expenditures that are for health and those which are not, as well as determine the expenditures that can be assigned to particular NASA functions. This process requires thorough documentation, not only to establish benchmarks and consistency for future work, but also to verify if the national expenditure estimates differ from the “official numbers”.

The classifications are intended as a tool to organize the information accurately and in a unbiased way. They do not prevent the national resource tracking team from adapting the tool to the country specifics, using the meta-data route (sources and methods, footnotes, other) to increase transparency and to facilitate comparative use when required.

4.3.2. Beneficiary Populations

The populations presented here are explicitly targeted or intended to benefit from specific activities, e.g. the intended recipients of the various services. The identification of the beneficiary population (BP) is aimed at quantifying the resources specifically allocated to a population as part of the service delivery process of a programmatic intervention. The selected BP's, according to the intention or target of the expenditure in such programmatic intervention, have not been clearly identified in many of the classifications presented by the organizations (Annex I). This is a key issue that needs to be fine-tuned in order to ensure that the resources spent are effective or have sufficient coverage. It is assumed that financial resources are targeted to the most vulnerable population.

There are several ways to look at the population that benefits from the goods, services, and activities that are included in the National Response to HIV and AIDS. The more common attributes include demographic, geographical, socioeconomic, health condition

and vulnerability status. However, there is a need for prevention interventions and monitoring and evaluation efforts among most-at-risk populations. In annex I is presented the tables and graphs for the beneficiary populations related to the HIV and AIDS expenditures in Fiji.

4.3.3. Production Factors

The previous classifications are focused on the HIV and AIDS outputs; however, it is advantageous to analyze the production factors (budgetary items/objects of expenditure) to create those outputs. The purpose of analyzing resource spending has many policy uses, including the development of policies regarding payments for human resources, investments in different categories, expenditure on antiretrovirals and any other related inputs. The resource cost classification captures expenditures according to the standard economic classification of resources used for the production of goods and services. The classification includes two major categories: (1) current expenditures and (2) capital expenditures. This classification includes breakdowns for each category and can be applied in most instances to the activities of providers.

5. Data Processing

The collected data from the organizations in Fiji has been organized whenever possible according to NASA matrixes with assistance of the NASA Excel based software. The data input intends to reconstruct and classify each transaction, verify data and identify gaps, inconsistencies or double accounting. The main products in this process are the double entry tables that outline HIV and AIDS financial flows in several combinations of entities. This approach allows national teams to easily input data from different sources, and in the future will enable the national teams to cross check estimates. This approach also facilitates compliance with the consistency and comparability criteria or attributes along time and across the country's criteria, as it has a standardized categories structure, validated and it can be as well refined as the national experience increases in its use.

6. Data Analysis

Working with transactions from the beginning of data collection requires that all data collected is accounted for by specific source, agent, provider, ASC(s), production factor(s) and beneficiary population(s). By doing so, all data collected is matched according to its functions (financing, production and use) before it is accounted for in the matrixes; consequently the closure of the matrixes is guaranteed in advance. If all transactions are complete and closed, the matrix and estimations will close as well. As mentioned previously, not all of the organizations were capable of reporting all of the necessary functions therefore completion and closure of the matrixes was not possible in many cases. SPC, for example, has only reported in the UNGASS matrix, due to the limitation in time and the lack of knowledge the staff possesses on NASA classification. Therefore, it is clear that this first effort to complete the matrixes has not been fully achieved.

In this phase the financing and expenditure flows were completed and cross checked. Special care was taken to avoid double accounting expenditures because in many cases the disbursements from one entity may be the income of another entity, and these flows were handled so as to capture the resources only when they were finally incurred. This is especially the case for HIV programs where there are several layers of intermediary

institutions before the resources reach the providers of service and finally the beneficiary population.

During the data analysis all transactions were completed and cross checked following a “bottom up” and “top down” reconciliation approach to once more avoid double accounting and to ensure that the amounts input to the transaction reflect the actual spending. Therefore, each financial transaction was recreated to eventually add up to the total national (or any sub-national unit) and each dimension was cross checked against all other dimensions. It should be noted that most of the stakeholders contacted were able to provide the required data for this report. For most organizations, the expenditure items were not broken down into specific functions or activities and some donors (source of financing) were not able to break down their expenditures according to the NASA AIDS spending categories.

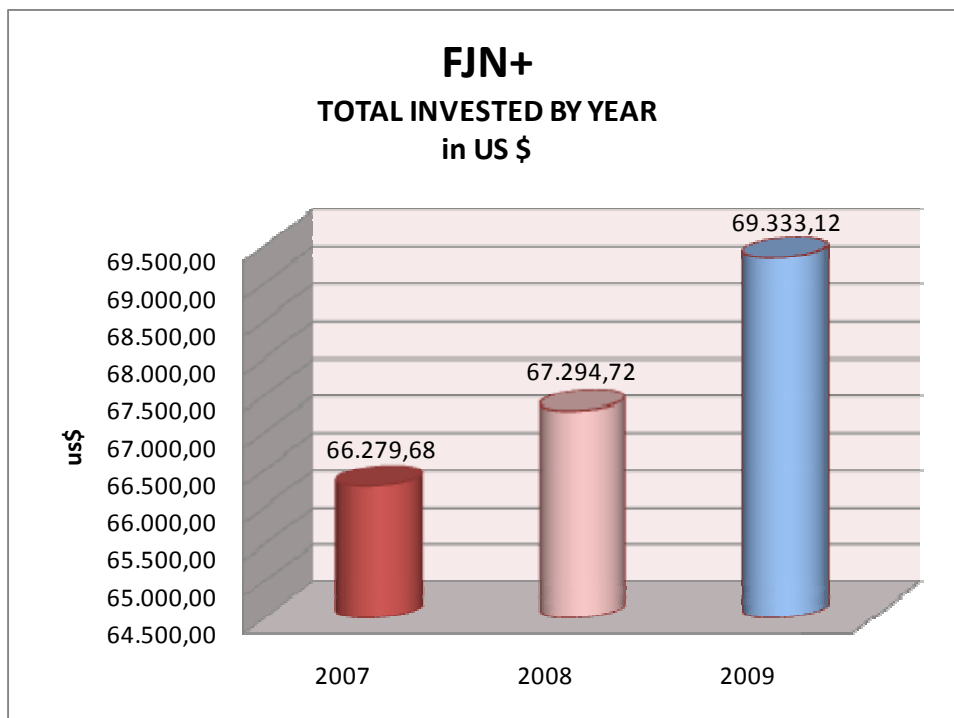
The classification went into great detail to facilitate the work of those gathering numbers; however, it was not expected that all transactions could be completed to such a level of detail. Once no further details were available, the “.98” categories were used. When more accurate programs or precise production factors could be identified, a further detail was allowed with precise indication of its contents. When an expenditure was unclassifiable due to lack of specification in the classifications, it was entered under the corresponding category “.99” (n.e.c. / not elsewhere classified)

An additional effort should be made to fully establish the NASA System in Fiji and most importantly translate the results obtained into useful data for decision-making and also to promote political dialogue. Once Fiji establishes resource tracking as a key objective and begins to adapt to the challenges faced during financial assessments, the country will be able to make more informed and educated political decisions to positively affect the response to HIV and AIDS.

6.1. Financial data per organization and aggregated

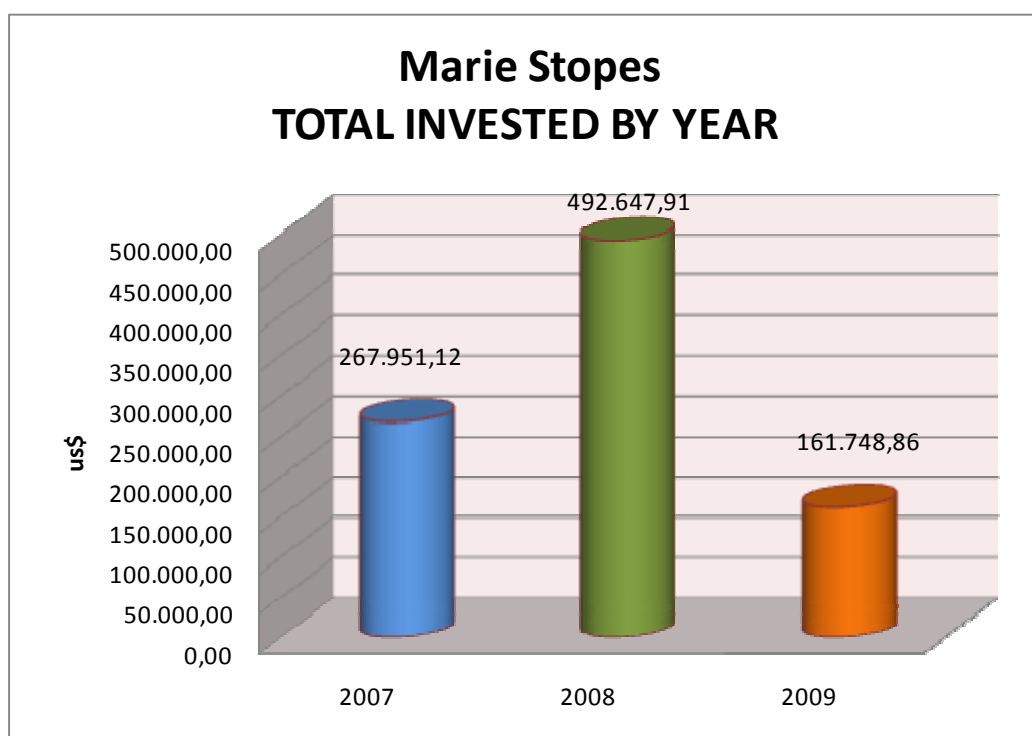
6.1.1. FJN+

Provider	Year	CodE ASC	Description	Expenditure	US\$
FJN+	2007	ASC.05	Human resources	12.918,00	8.267,52
FJN+	2007	ASC.07	Enabling environment	90.644,00	58.012,16
FJN+	2008	ASC.01	Prevention	5.500,00	3.520,00
FJN+	2008	ASC.06	Social protection and social services (excluding OVC)	3.902,00	2.497,28
FJN+	2008	ASC.05	Human resources	12.060,00	7.718,40
FJN+	2008	ASC.07	Enabling environment	83.686,00	53.559,04
FJN+	2009	ASC.05	Human resources	12.367,00	7.914,88
FJN+	2009	ASC.07	Enabling environment	95.966,00	61.418,24
Total					202.907,52

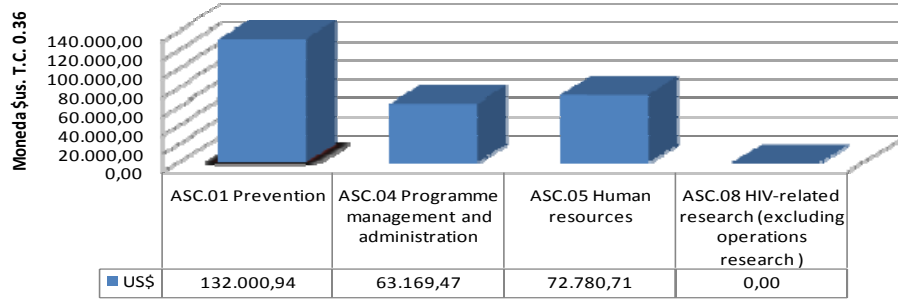


6.1.2 Marie Stopes

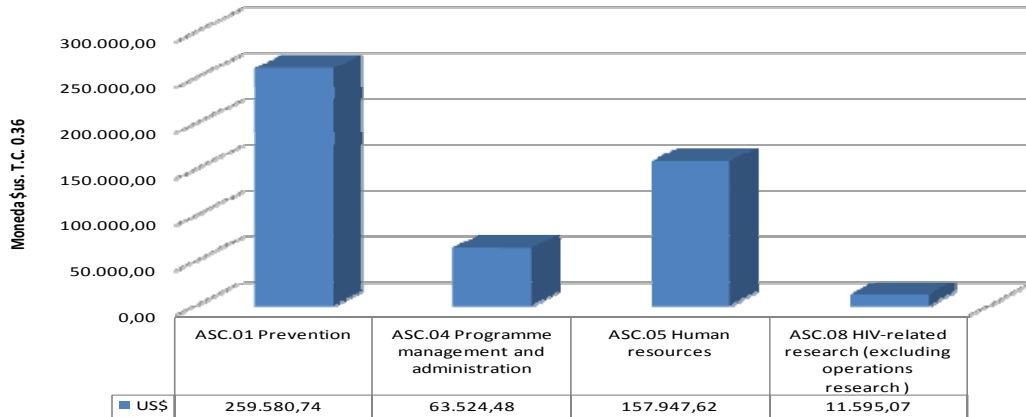
Provider	Year	Code ASC	Expenditure	US\$
Marie Stopes	2007	ASC.01 Prevention	206.251,46	132.000,94
Marie Stopes	2007	ASC.04 Programme management and administration	98.702,30	63.169,47
Marie Stopes	2007	ASC.05 Human resources	113.719,86	72.780,71
Marie Stopes	2007	ASC.08 HIV-related research (excluding operations research)	0,00	0,00
Marie Stopes	2008	ASC.01 Prevention	405.594,88	259.580,74
Marie Stopes	2008	ASC.04 Programme management and administration	99.257,00	63.524,48
Marie Stopes	2008	ASC.05 Human resources	246.793,15	157.947,62
Marie Stopes	2008	ASC.08 HIV-related research (excluding operations research)	18.117,30	11.595,07
Marie Stopes	2009	ASC.01 Prevention	158.505,00	101.443,20
Marie Stopes	2009	ASC.04 Programme management and administration	62.166,00	39.786,24
Marie Stopes	2009	ASC.05 Human resources	32.061,60	20.519,42
			TOTAL	922.347,89



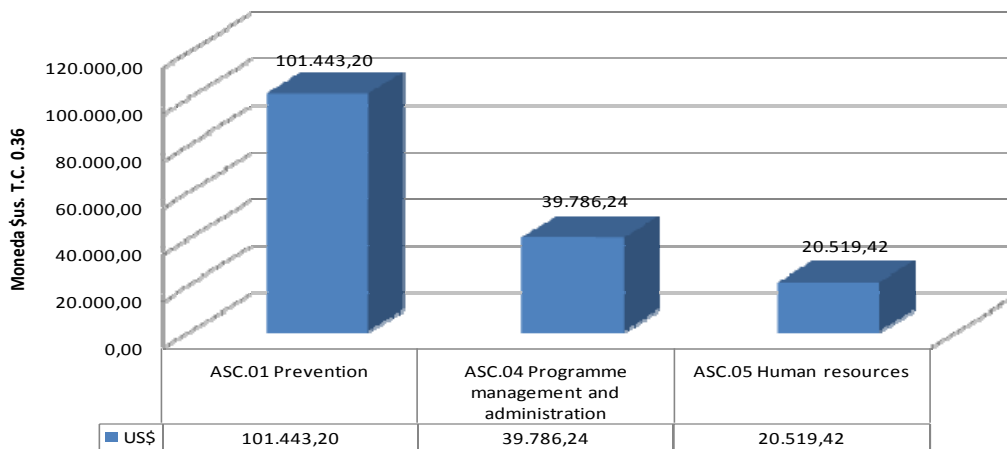
Marie Stopes (2007)



Provider Marie Stopes (2008)

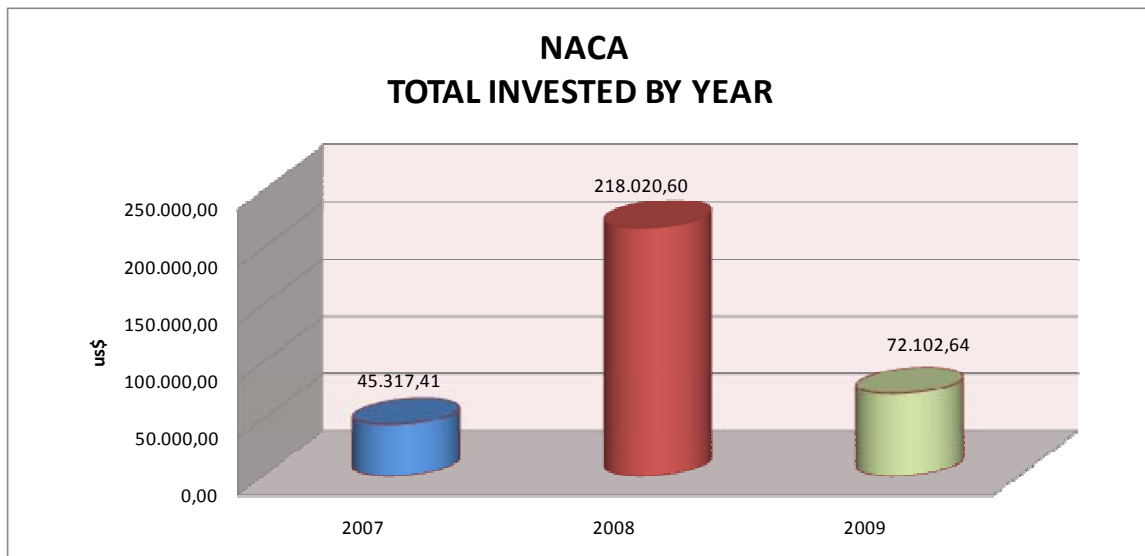


Provider Marie Stopes (2009)



6.1.3 NACA

Provider	Year	Code ASC	Expenditure	US\$
NACA	2007	ASC.01 Prevention	2.310,00	1.478,40
NACA	2007	ASC.04 Programme management and administration	68.498,45	43.839,01
NACA	2008	ASC.01 Prevention	223.254,81	142.883,09
NACA	2008	ASC.02 Care and treatment	38.470,40	24.621,05
NACA	2008	ASC.04 Programme management and administration	61.187,72	39.160,15
NACA	2008	ASC.05 Human resources	1.939,20	1.241,09
NACA	2008	ASC.06 Social protection and social services (excluding OVC)	6.508,82	4.165,65
NACA	2008	ASC.08 HIV-related research (excluding operations research)	9.296,20	5.949,57
NACA	2009	ASC.01 Prevention	46.935,70	30.038,85
NACA	2009	ASC.02 Care and treatment	20.309,00	12.997,76
NACA	2009	ASC.04 Programme management and administration	40.168,18	25.707,63
NACA	2009	ASC.05 Human resources	5.050,00	3.232,00
NACA	2009	ASC.07 Enabling environment	197,50	126,40
			TOTAL	335.440,65



The MoH Accounting Department has reported to NACA the following actual disbursements under its yearly work plan for the years 2007-2008:

Year	Committed In Fj \$	Disbursed In Fj\$	NASA total classified In US \$
2007	500,000	208,159.09	45,317
2008	500,000	444,070.60	218,020.60
2009	500,000	NA	72,102.64 (up to June 30)

The information sent by NACA on classified activities differs greatly from those reported by the MoH Accounting Department. This is in part due to the difficulty that the NACA team experienced when reviewing each voucher with no clear indication of how the expenses linked to the specific activities listed in the National Strategy.

During the review of the Fiji National HIV/AIDS Strategic Plan 2007-2011, it was noted that the implemented work plans at the activity level were not in line with a financial or accounting system with the same activity numbers, therefore it was very difficult to track the actual activities and if they were even implemented. See figure 4.

Figure 4

Strategies	Activities	KPIs	Output	Risk ISM	Time	Resp	Budget FS	Fund Source
1a.1 To increase the level of knowledge and understanding of sexual health issues out of school	1a.1.1 Develop BCC strategies according to survey and review findings to complement existing HIV/AIDS programs	1a.1.1.1 Current needs and gaps identified	Review report developed and implemented to support behavior modification/change	Budget & Compliance	June 2007	MOH	30,000	MOH NACA
	1a.1.2 Develop BCC materials in different languages and reflective of the needs and issues of young people	1a.1.2.1 Identification and gathering of BCC strategies tailored to meet specific needs of young people	BCC strategies developed and implemented - updated BCC materials	Budget & Compliance	2007	MOH & relevant stakeholders MSP	50,000	Mobilize

Source: Fiji National HIV/AIDS Strategic Plan 2007-2011

Reference Source: Fiji National HIV/AIDS Strategic Plan 2007-2011	Type	Account	Date	User	Amount
JRNL00235626	GLT	23-05627-999-999	31/01/2007	sram	-4.41
JRNL00239093	GLT	23-05627-999-999	02/03/2007	mereia.bogibuto	474.00
JRNL00240563	GLT	23-05627-999-999	06/03/2007	vijenram	201.78
JRNL00243896	GLT	23-05627-999-999	27/03/2007	mereia.bogibuto	263.11
JRNL00243896	GLT	23-05627-999-999	27/03/2007	mereia.bogibuto	263.11
JRNL00244170	GLT	23-05627-999-999	28/03/2007	vijenram	189.00
JRNL00244170	GLT	23-05627-999-999	28/03/2007	vijenram	189.00
JRNL00244560	GLT	23-05627-201-999	30/03/2007	vijenram	960.00
JRNL00244560	GLT	23-05627-201-999	30/03/2007	vijenram	200.89
JRNL00244793	GLT	23-05627-501-999	30/03/2007	vijenram	198.22
JRNL00244955	GLT	23-05627-999-999	31/03/2007	sram	-23000.00
JRNL00245176	GLT	23-05627-999-999	31/03/2007	vijenram	5712.00
JRNL00245176	GLT	23-05627-999-999	31/03/2007	vijenram	875.00
JRNL00245176	GLT	23-05627-999-999	31/03/2007	vijenram	1016.00
JRNL00245176	GLT	23-05627-999-999	31/03/2007	vijenram	446.40
JRNL00245176	GLT	23-05627-999-999	31/03/2007	vijenram	296.00
JRNL00245176	GLT	23-05627-999-999	31/03/2007	vijenram	135.00
JRNL00244916	GLT	23-05627-201-999	03/04/2007	vijenram	60.00
JRNL00244916	GLT	23-05627-201-999	03/04/2007	vijenram	17.73

Source: MoH Department of Accounting

There is no relationship neither in the activity with the narration nor in the budget with the amount, making it very difficult to track expenditures

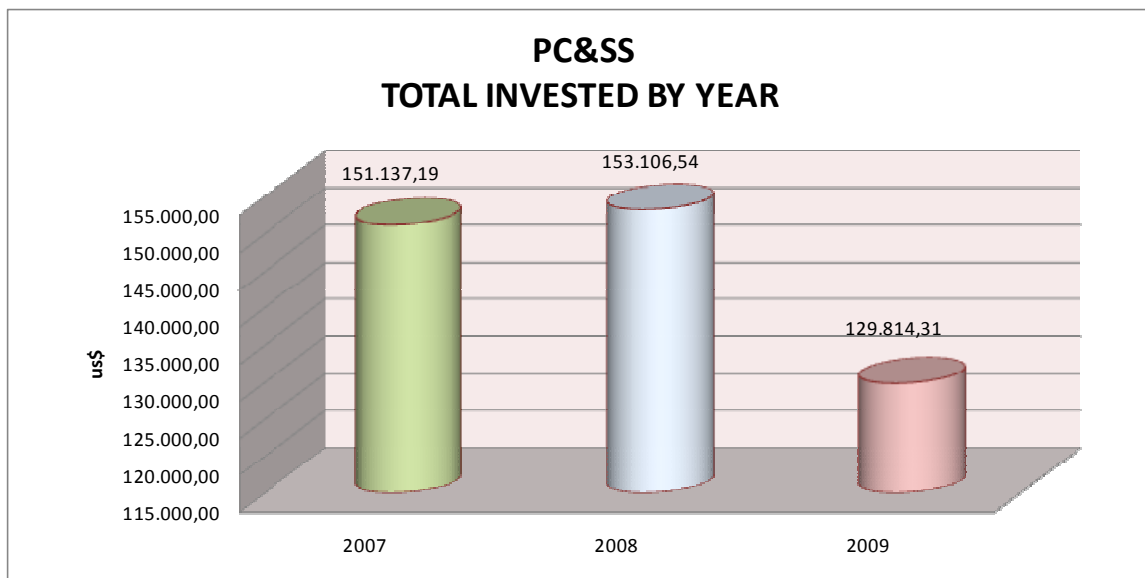
During the data collection process detailed information was not given on:

- 1 Strengthening laboratory capacity at Mataika House (Fiji's NRL) for quality testing and provision of confirmation tests for HIV in Fiji
2. Prevention activities against vulnerable populations (MARPs)
 - ii. Fiji Pharmaceuticals and Biomedical Services
3. Provision of Antiretroviral drugs (ARVs) for treatment
4. Salaries (estimation of medical personnel, who dedicate part or full time work to provide services to HIV/AIDS services)

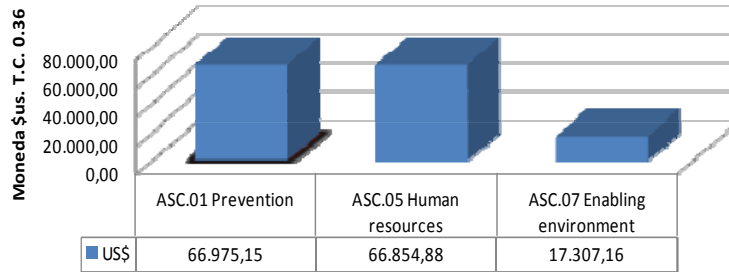
The omission of this information means that some additional transactions are not being reported, thus NACA has to estimate the amount actually spent.

6.1.4 PC&SS

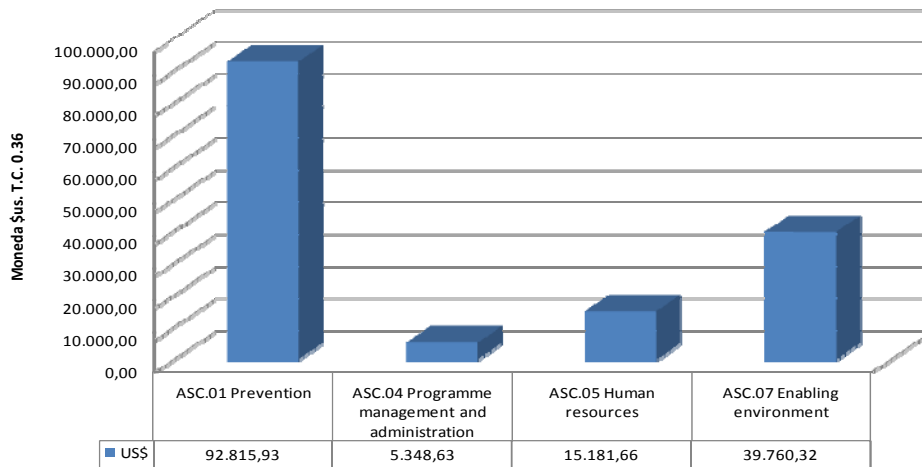
Provider	Year	Codigo ASC	Expenditure	US\$
PC&SS	2007	ASC.01 Prevention	104.648,67	66.975,15
PC&SS	2007	ASC.05 Human resources	104.460,75	66.854,88
PC&SS	2007	ASC.07 Enabling environment	27.042,44	17.307,16
PC&SS	2008	ASC.01 Prevention	145.024,90	92.815,93
PC&SS	2008	ASC.04 Programme management and administration	8.357,23	5.348,63
PC&SS	2008	ASC.05 Human resources	23.721,35	15.181,66
PC&SS	2008	ASC.07 Enabling environment	62.125,50	39.760,32
PC&SS	2009	ASC.01 Prevention	52.123,46	33.359,02
PC&SS	2009	ASC.02 Care and treatment	15.498,96	9.919,33
PC&SS	2009	ASC.04 Programme management and administration	20.823,82	13.327,24
PC&SS	2009	ASC.05 Human resources	77.980,22	49.907,34
PC&SS	2009	ASC.07 Enabling environment	36.408,40	23.301,38
			TOTAL	434.058,04



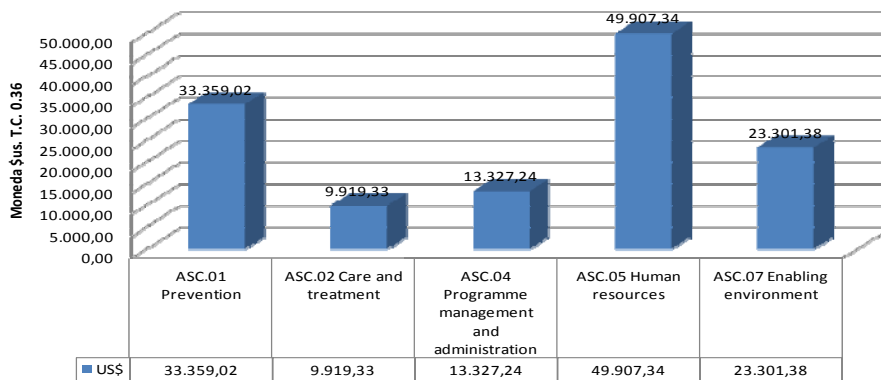
PC&SS (2007)



PC&SS (2008)

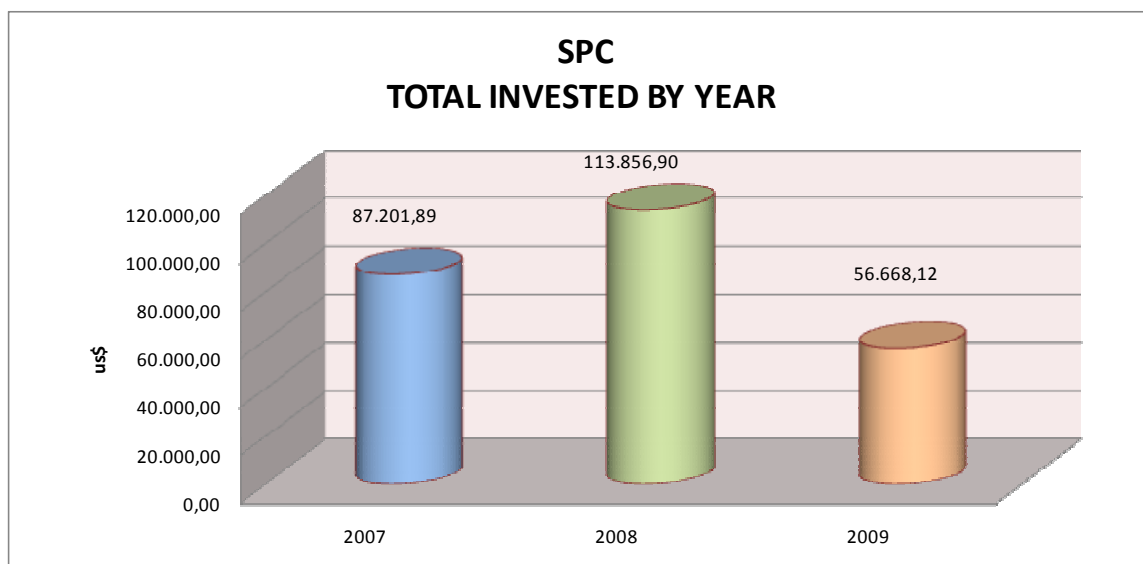


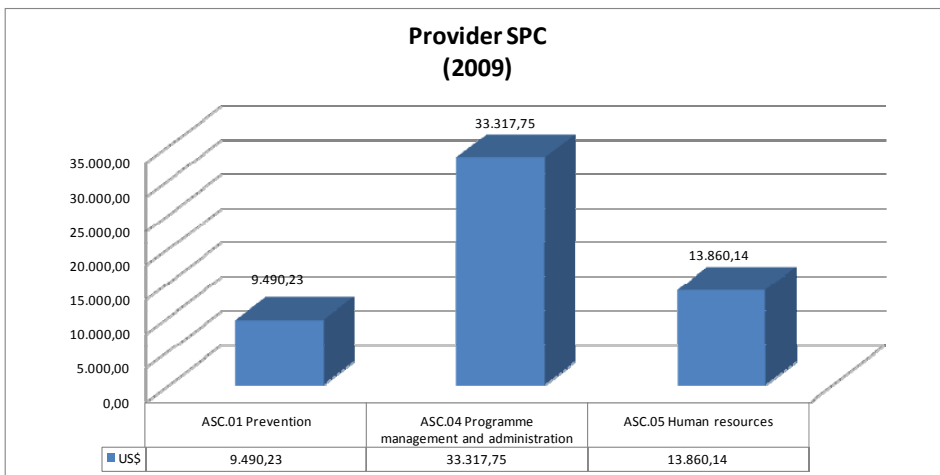
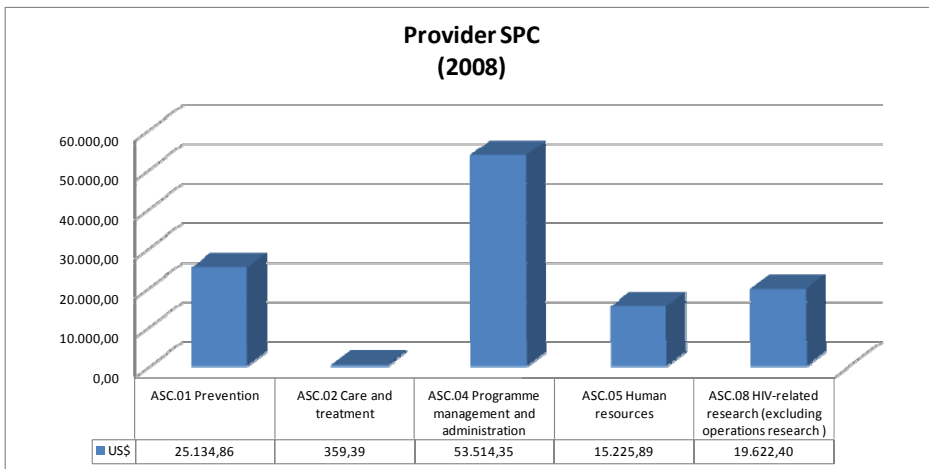
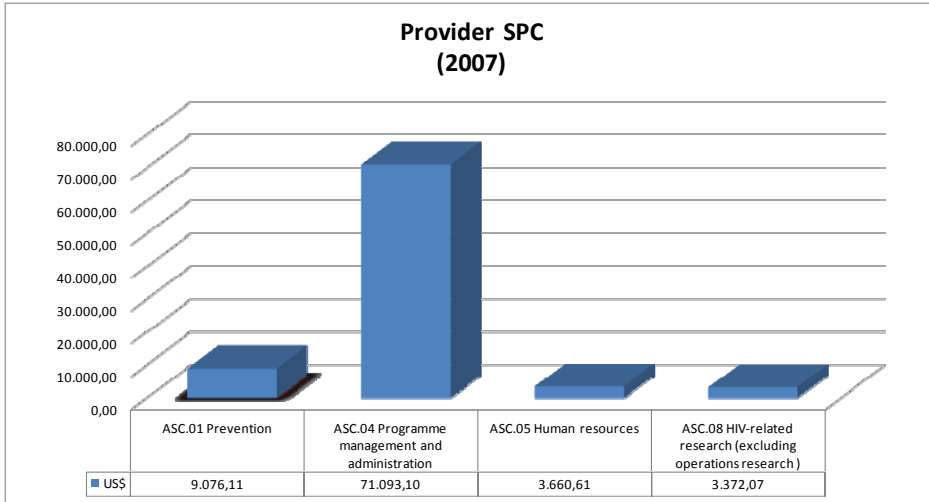
PC&SS (2009)



6.1.5 SPC

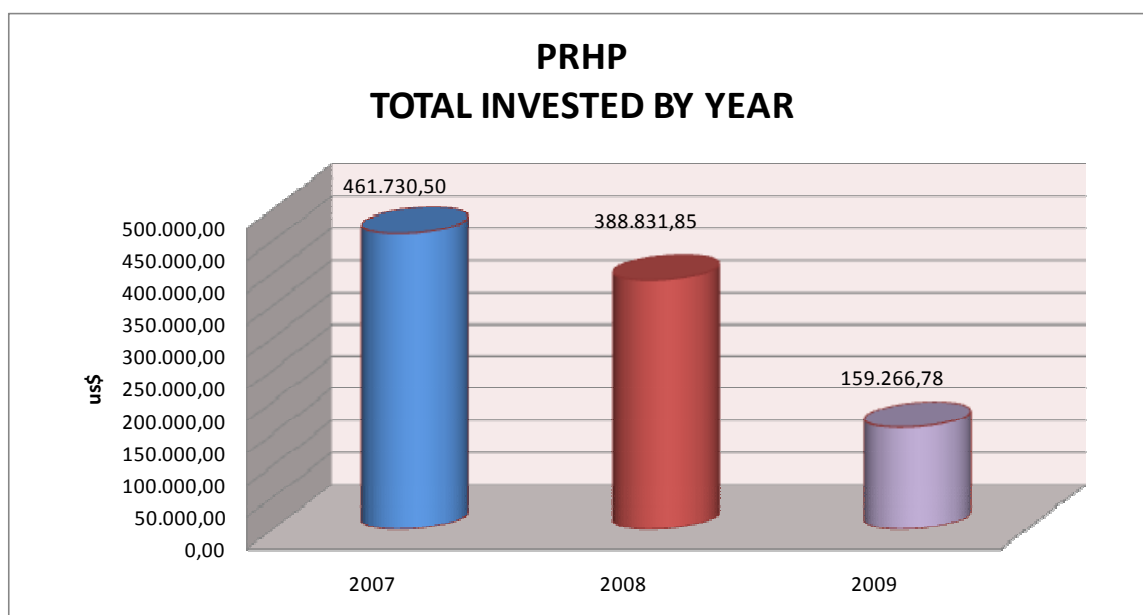
Provider	Year	Codigo ASC	Expenditure	US\$
SPC	2007	ASC.01 Prevention	14.181,44	9.076,11
SPC	2007	ASC.04 Programme management and administration	111.082,97	71.093,10
SPC	2007	ASC.05 Human resources	5.719,70	3.660,61
SPC	2007	ASC.08 HIV-related research (excluding operations research)	5.268,85	3.372,07
SPC	2008	ASC.01 Prevention	39.273,23	25.134,86
SPC	2008	ASC.02 Care and treatment	561,55	359,39
SPC	2008	ASC.04 Programme management and administration	83.616,18	53.514,35
SPC	2008	ASC.05 Human resources	23.790,44	15.225,89
SPC	2008	ASC.08 HIV-related research (excluding operations research)	30.660,00	19.622,40
SPC	2009	ASC.01 Prevention	14.828,48	9.490,23
SPC	2009	ASC.04 Programme management and administration	52.058,99	33.317,75
SPC	2009	ASC.05 Human resources	21.656,47	13.860,14
Total				257.726,91

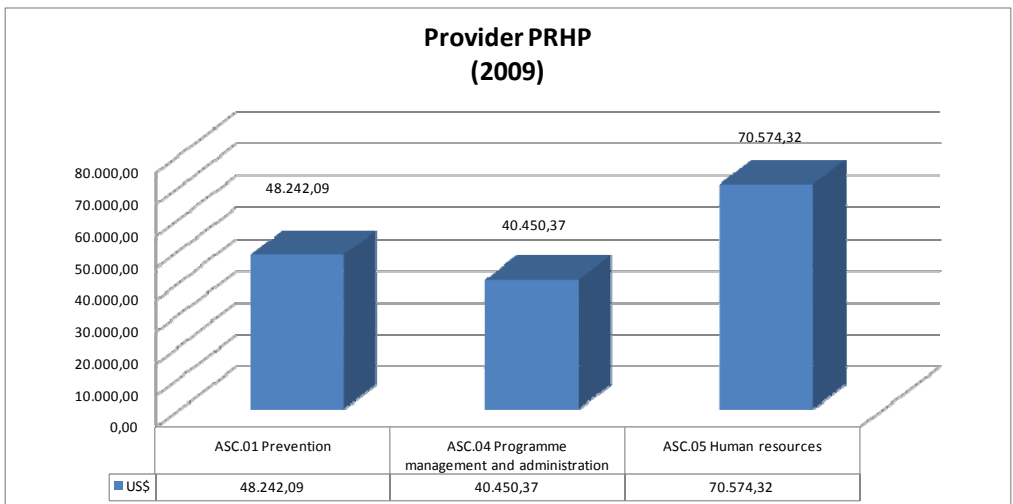
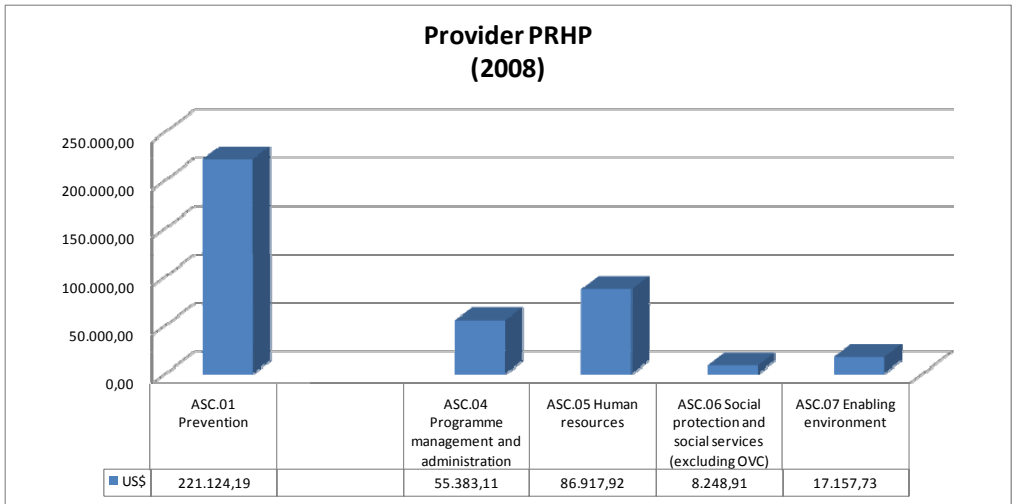
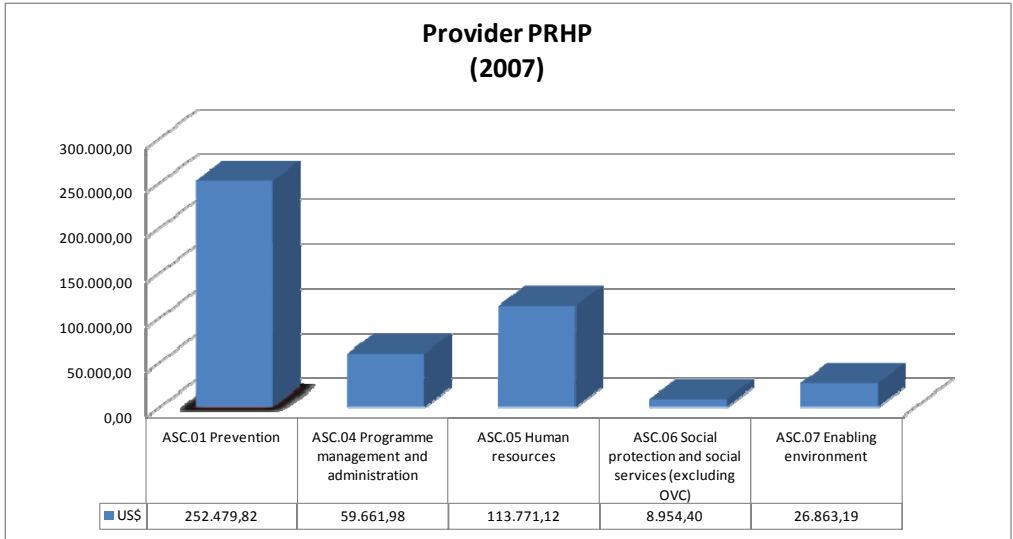




6.1.6 PRHP

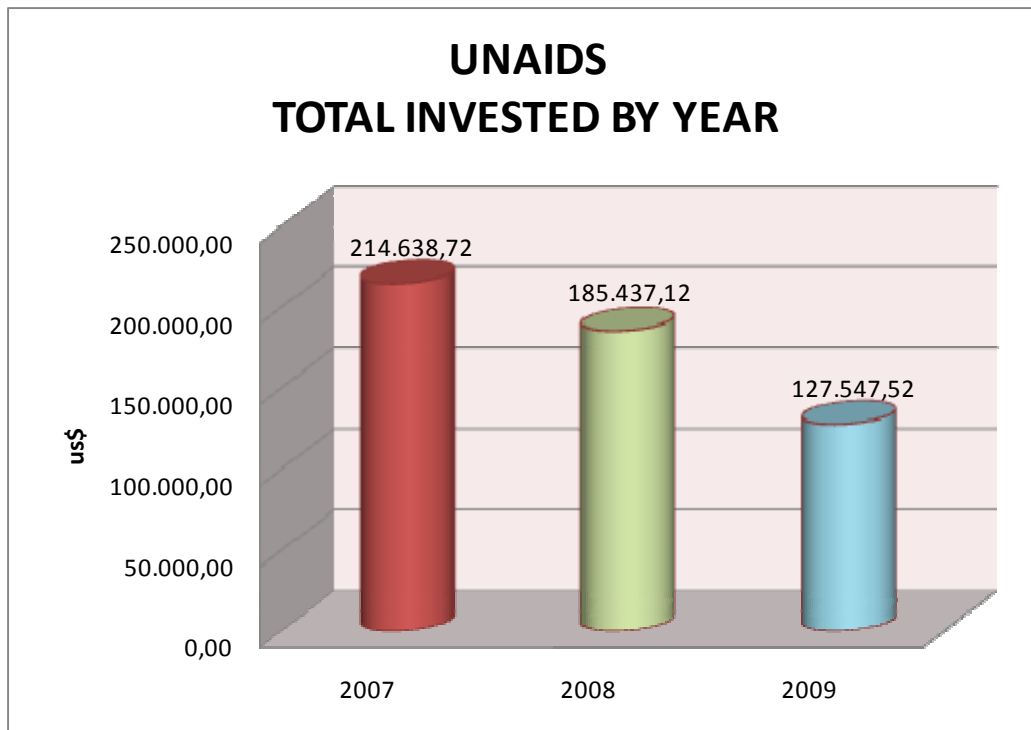
Provider	Year	Codigo ASC	Expenditure	US\$
PRHP	2007	ASC.01 Prevention	394.499,74	252.479,82
PRHP	2007	ASC.04 Programme management and administration	93.221,86	59.661,98
PRHP	2007	ASC.05 Human resources	177.767,37	113.771,12
PRHP	2007	ASC.06 Social protection and social services (excluding OVC)	13.991,24	8.954,40
PRHP	2007	ASC.07 Enabling environment	41.973,73	26.863,19
PRHP	2008	ASC.01 Prevention	345.506,54	221.124,19
PRHP	2008			
PRHP	2008	ASC.04 Programme management and administration	86.536,11	55.383,11
PRHP	2008	ASC.05 Human resources	135.809,24	86.917,92
PRHP	2008	ASC.06 Social protection and social services (excluding OVC)	12.888,92	8.248,91
PRHP	2008	ASC.07 Enabling environment	26.808,95	17.157,73
PRHP	2009	ASC.01 Prevention	75.378,26	48.242,09
PRHP	2009	ASC.04 Programme management and administration	63.203,71	40.450,37
PRHP	2009	ASC.05 Human resources	110.272,38	70.574,32
Total				1.009.829,13



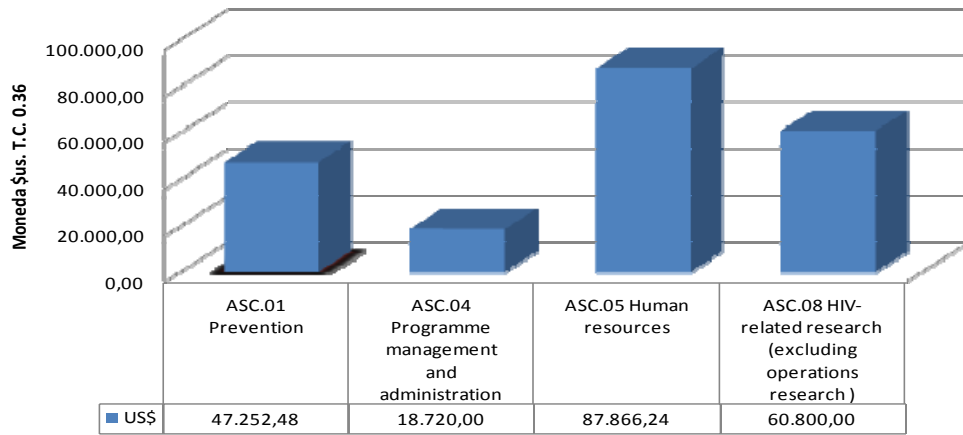


6.1.7 UNAIDS

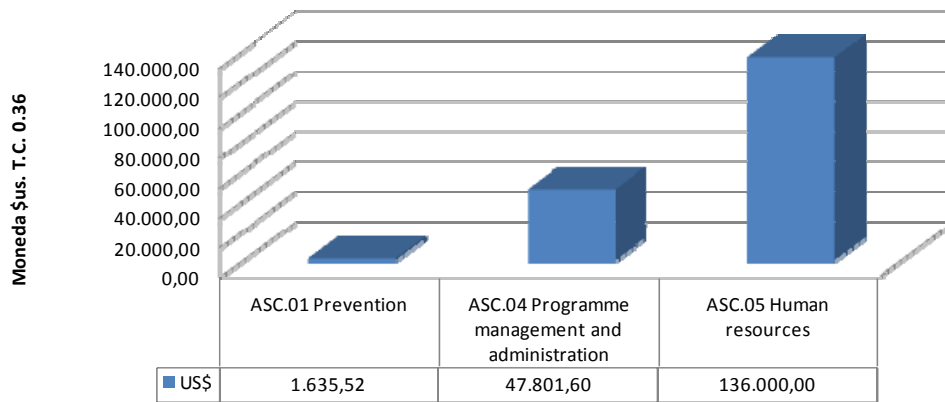
Year	Code ASC	Expenditure	US\$
2007	ASC.01 Prevention	73.832,00	47.252,48
2007	ASC.04 Programme management and administration	29.250,00	18.720,00
2007	ASC.05 Human resources	137.291,00	87.866,24
2007	ASC.08 HIV-related research (excluding operations research)	95.000,00	60.800,00
2008	ASC.01 Prevention	2.555,50	1.635,52
2008	ASC.04 Programme management and administration	74.690,00	47.801,60
2008	ASC.05 Human resources	212.500,00	136.000,00
2009	ASC.01 Prevention	4.065,00	2.601,60
2009	ASC.04 Programme management and administration	71.353,00	45.665,92
2009	ASC.05 Human resources	123.875,00	79.280,00
TOTAL			527.623,36

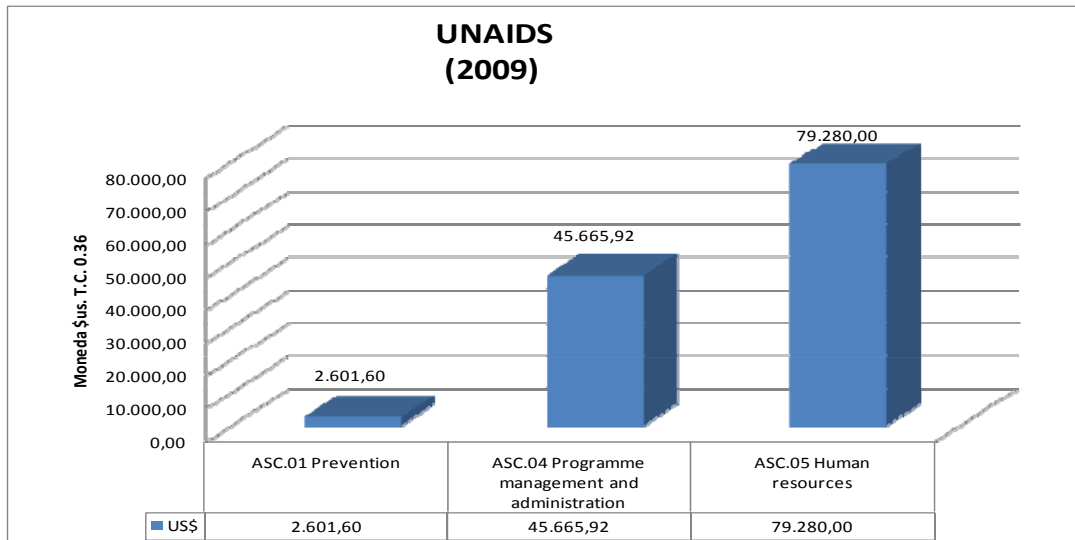


UNAIDS (2007)



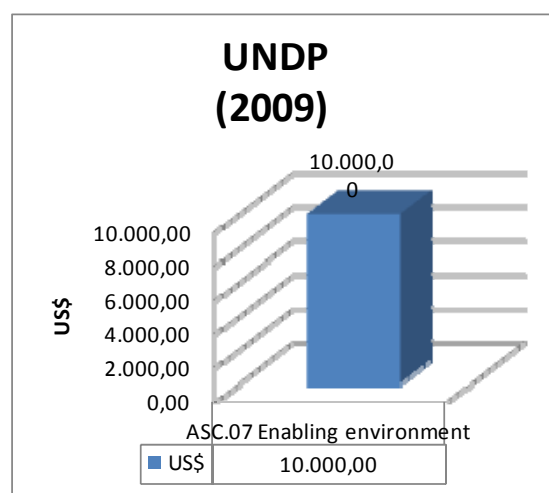
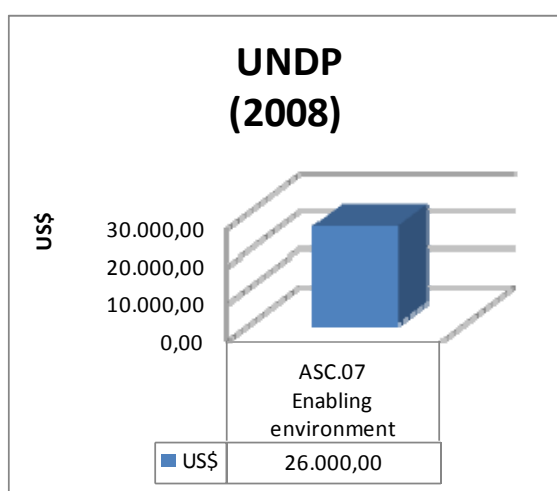
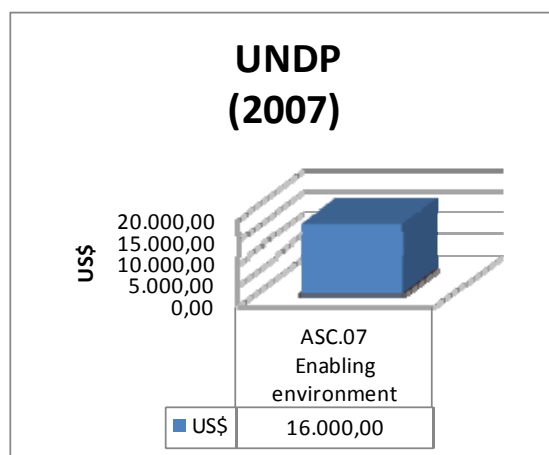
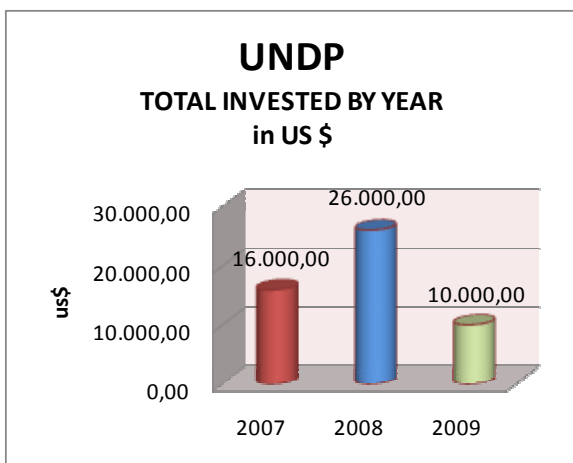
UNAIDS (2008)





6.1.8 UNDP

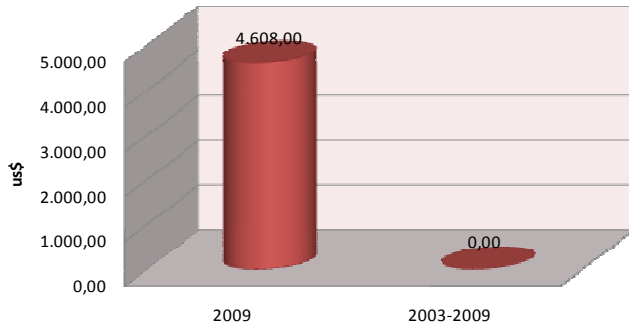
Year	Code ASC	Expenditure	US\$
2007	ASC.07 Enabling environment	25.000,00	16.000,00
2008	ASC.07 Enabling environment	40.625,00	26.000,00
2009	ASC.07 Enabling environment	15.625,00	10.000,00



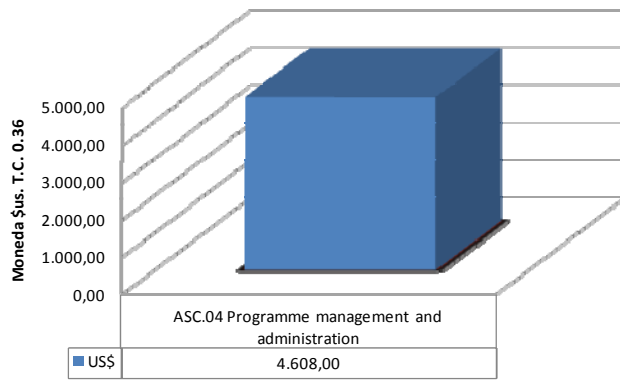
6.1.9 UNFPA

Year	Codigo ASC	Expenditure	US\$
2009	ASC.04 Programme management and administration	7.200,00	4.608,00
2003-2009	ASC.07 Enabling environment		
		Total	4.608,00

UNFPA TOTAL INVESTED BY YEAR in US\$

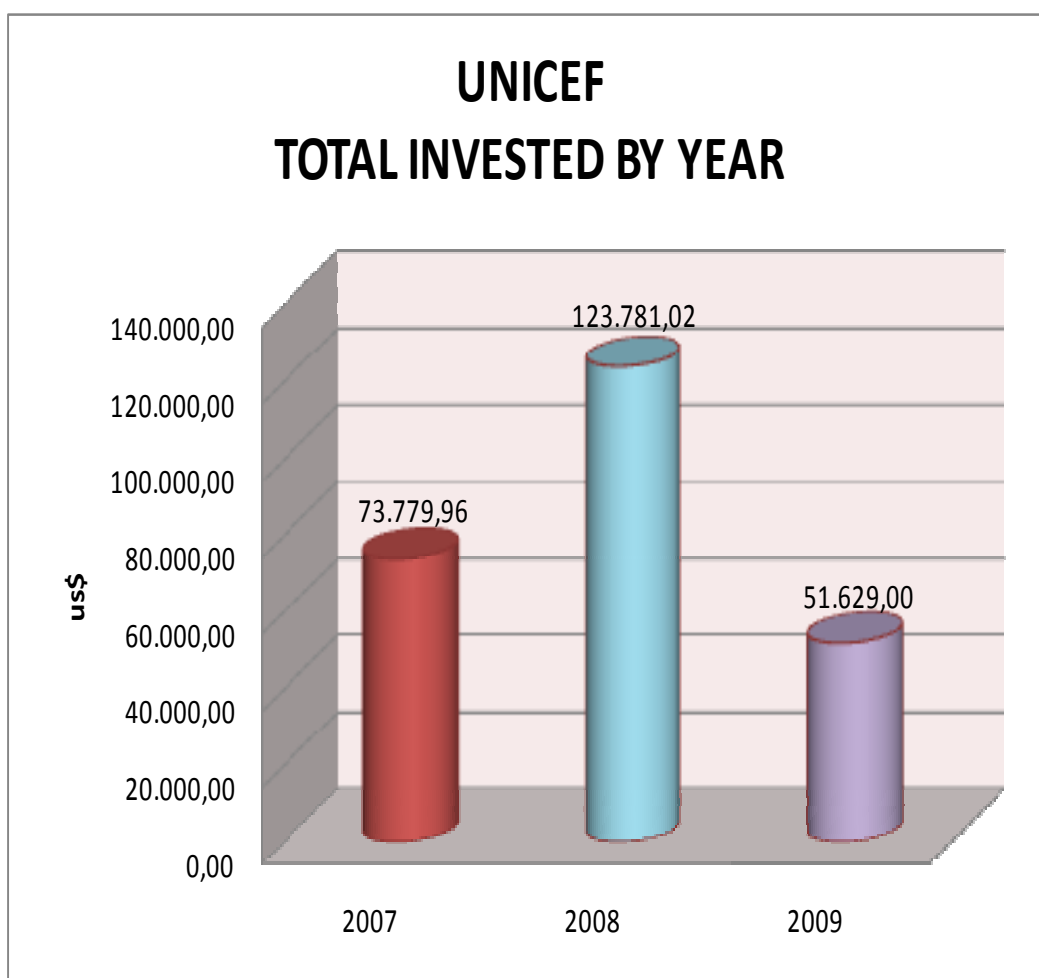


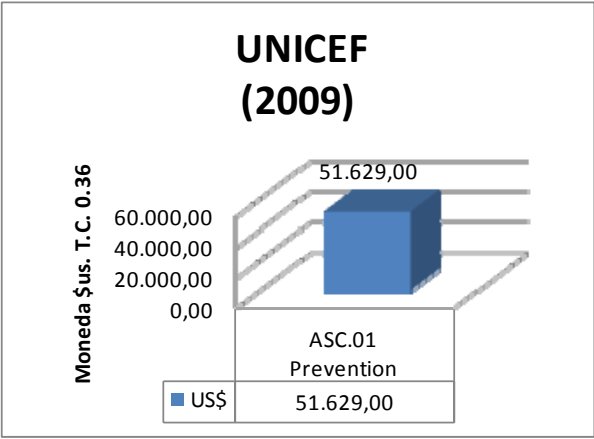
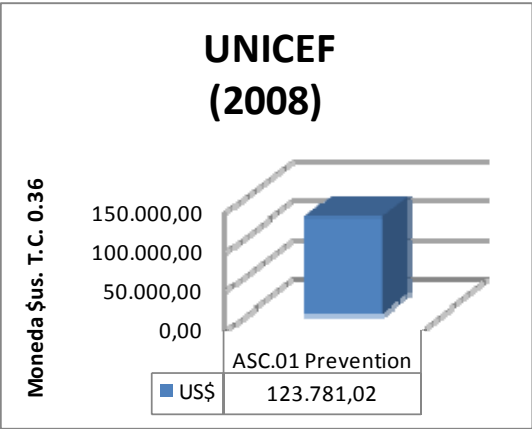
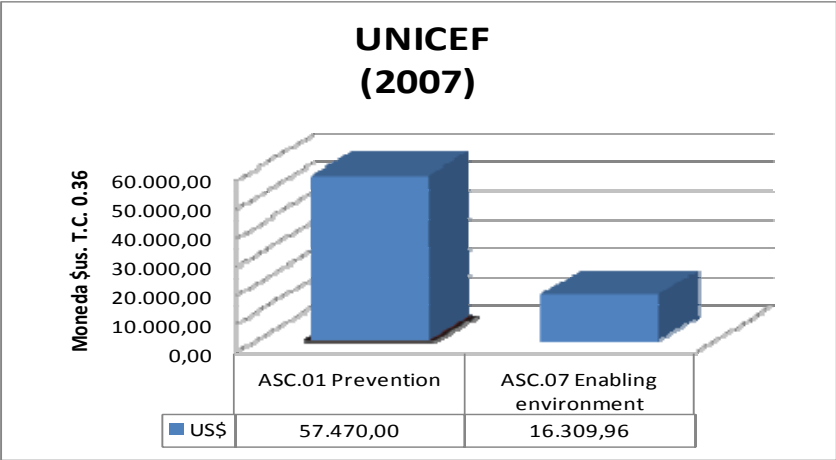
UNFPA (2009)



6.1.10 UNICEF

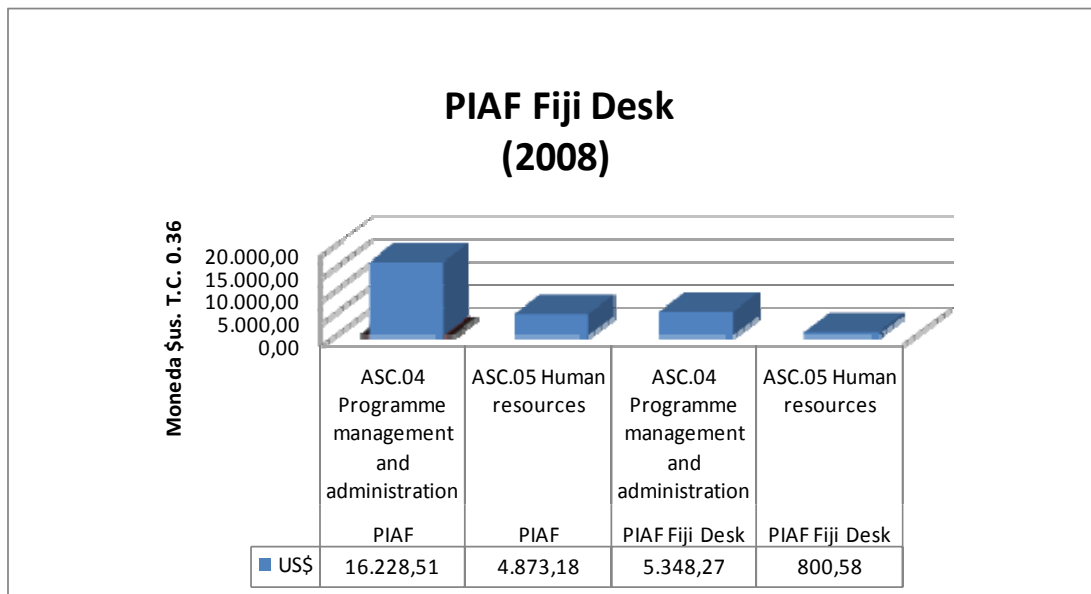
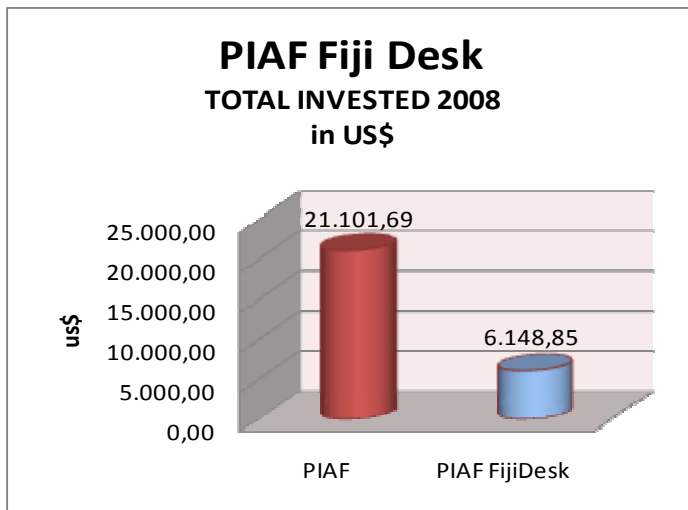
Year	Code ASC	Expenditure	US\$
2007	ASC.01 Prevention	89.796,87	57.470,00
2007	ASC.07 Enabling environment	25.484,31	16.309,96
2008	ASC.01 Prevention	193.407,85	123.781,02
2009	ASC.01 Prevention	80.670,31	51.629,00
		TOTAL	249.189,98





6.1.11 PIAF

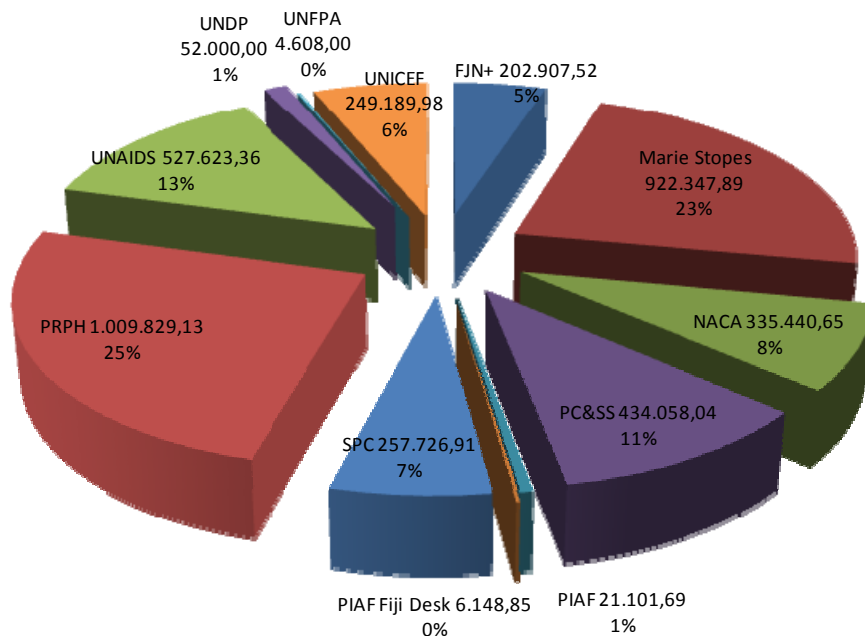
Provider	Code ASC	Expenditure	US\$
PIAF	ASC.04 Programme management and administration	25.357,05	16.228,51
PIAF	ASC.05 Human resources	7.614,34	4.873,18
PIAF Fiji Desk	ASC.04 Programme management and administration	8.356,67	5.348,27
PIAF Fiji Desk	ASC.05 Human resources	1.250,90	800,58
		Total	27.250,54



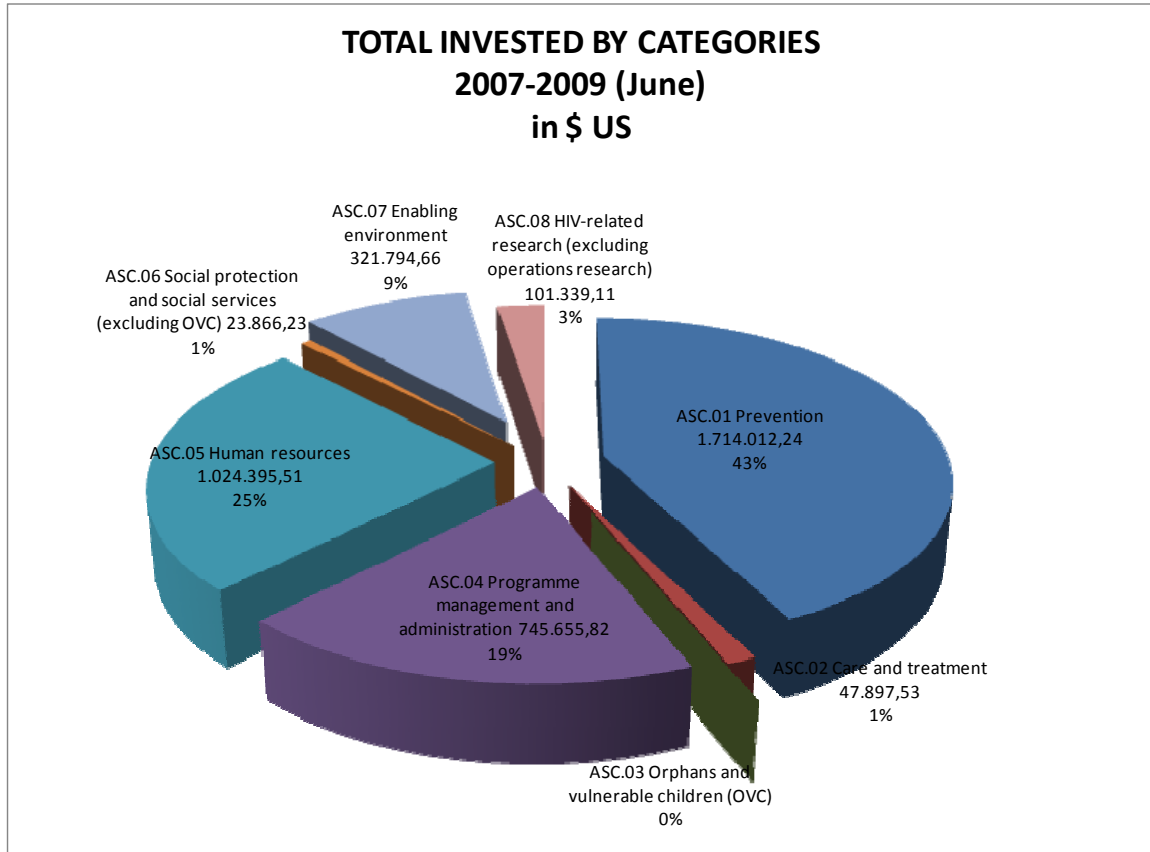
7 Total aggregated by organization for 2007-2009 June

Provider	Total	%
FJN+	202.907,52	5%
Marie Stopes	922.347,89	23%
NACA	335.440,65	8%
PC&SS	434.058,04	11%
PIAF	21.101,69	1%
PIAF Fiji Desk	6.148,85	0%
SPC	257.726,91	6%
PRPH	1.009.829,13	25%
UNAID	527.623,36	13%
UNDP	52.000,00	1%
UNFPA	4.608,00	0%
UNICEF	249.189,98	6%
TOTAL	4.022.982,02	100,00%

**TOTAL INVESTED BY ORGANIZATION
2007-2009 (June)
in \$US**



7.1 TOTAL INVESTED BY HIV/AIDS SPENDING CATEGORIES



7.2 Financing HIV/AIDS

Total AIDS spending over the last two and a half years (2007-2009 June) was estimated at 4,022,982.02 US dollars. In comparison to 2007, spending increased in 2008 by 29% and if the investments seem to keep the same trend for 2009, since the investment up to June 30 has been of US\$ 847,326.35

It can be observed that the share of public sector spending on AIDS for the same period was relatively small at 8%. The Fijian Government has committed 272,250 US dollars, equivalent to 500,000 Fijian dollars, annually since 2005; the level of actual disbursed money differs from year to year. In the last couple of years a large share of total spending came from external sources equivalent to 92% of the total money committed to HIV and AIDS related interventions.

In order to achieve the Fiji National HIV/AIDS Strategic Plan 2007-20011 the NACA has set benchmarks for five service delivery areas at an estimated amount of 5,467,520 US

dollars, equivalent to 8,543,000 Fijian dollars, of which an estimated 73.58% has already been disbursed up until June 30, 2009. It can be concluded that with 50% of the timeframe elapsed for the Strategic Plan, the progress of disbursement is higher. A mid-term evaluation should determine how efficient and effective the National Strategic Plan has been in terms of process, output and outcome indicators as a result of this total amount of money invested so far.

7.2.2 Nature of HIV and AIDS Program Spending

With regard to specific activities, it can be observed that in Fiji, resources were dedicated mostly to prevention and human resources activities:

ASC	Total	Total
ASC.01 Prevention	1.714.012,24	43%
ASC.02 Care and treatment	47.897,53	1%
ASC.03 Orphans and vulnerable children (OVC)		0%
ASC.04 Programme management and administration	745.655,82	19%
ASC.05 Human resources	1.024.395,51	25%
ASC.06 Social protection and social services (excluding OVC)	23.866,23	1%
ASC.07 Enabling environment	365.815,57	9%
ASC.08 HIV-related research (excluding operations research)	101.339,11	3%
TOTAL	4.022.982,02	100%

It can be stated that with the low prevalence of HIV / AIDS in the country, efforts were concentrated on keeping the prevalence and rate of transmission low.

8 NASA and UNGASS

The National AIDS Spending Assessments (NASA) supports the country's NASAs every other year for its UNGASS reporting. The National Funding Matrix is used to measure the first UNGASS indicator on National Commitment and Action: AIDS Spending by Funding Source. The matrix is a spreadsheet that enables countries to record AIDS spending within eight categories across three funding sources. This indicator presents aggregated data and provides critical information that is valuable at both national and global levels of the AIDS response in terms of financial funds per country. The National Funding Matrix has been designed to be compatible with different data collection and tracking systems, i.e. National AIDS Spending Assessments (NASA) and National Health Accounts and Resource Flows Surveys, so as to transfer information from these tools to the matrix. For countries using the NASA, the UNGASS matrix is one of the outputs of this tool.

The National Funding Matrix has two basic components: AIDS Spending Categories (How funds allocated to the national response are spent) and Financing Sources (Where funds allocated to the national response are obtained). The UNGASS Matrix for Fiji is presented in Annex II.

The National Funding Matrix for Fiji has been constructed with the AIDS Spending Categories (ASC) and with an aggregated level of the NASA Financing Sources (FS) for the periods 2007 to 2009 (June). The NACA together with other stakeholders have to decide whether this is the final information to be reported in the UNGASS Country Report or a second round of data collection may be needed. If a second round is required, the NACA and supporting stakeholders must first identify the additional data sources needed to complete information for the same period and determine the financial data for the period of July 1st to December 31st, in order to have a complete UNGASS Matrix.

9 Critical Issues for the NASA Implementation

The resource tracking process should be completed while the data and findings are still relevant to the policy process. It is possible to complete this first estimation, however it is dependent on the availability of data and collaboration of stakeholders to set and meet deadlines. Unexpected constraints may delay progress. For example, the data collection team may find that some entities do not have data as expected, available data is not adequately detailed or the data is otherwise invalid. A second round of data collection may be needed, starting with the task of identifying additional data sources. The NACA may be able to assist the team to avoid such constraints and identify alternative solutions. Both the NASA and NHA frameworks recommend performing routine estimations of HIV and AIDS spending trends.

In order to meet the requirements specified in the previous sections, there are a number of aspects that must be clarified during the implementation process. The critical elements to establishing a NASA system should include:

<p>(1) Monitor project progress and report regularly to partners on project progress with agreed financial indicators</p> <p>(2) Collect financial data according to certain indicators and method</p> <p>a) Assess whether the national strategy supported by individual projects reached set goals;</p> <p>b) Assess to what extent the strategy might be sustainable after some of the funding has</p>	<ul style="list-style-type: none"> • Budget for monitoring and evaluation activities including financial data collection • Timeline for monitoring and evaluation activities with allocation of responsibilities to team members (M & E Unit at NACA) • Financial Data collection plan and strategy following the NASA methodology • Standardize the ASC classification among key stakeholders • Data collection resources • Data collection timelines <p>Evaluation plan, stating:</p> <ul style="list-style-type: none"> • Goals of evaluation • Purpose; expected use of evaluation findings
---	--

<p>ceased.</p> <p>(3) Have mechanisms in place for capturing and documenting lessons learned during and at the end of the national strategy implementation.</p> <p>(4) Have a mechanism in place for disseminating financial reports and using the results obtained through lessons learned in enhancing policy and programs design;</p>	<ul style="list-style-type: none"> • Budget • Who will conduct the data collection (staff/consultant) • Clear responsibility assigned by entity • Discussion on how organizational learning is taking place and lessons have an institutionalization process • Discussion on how lessons learned will be incorporated into policy and programs design • Disseminate results
--	---

9.1 Institutionalize the NASA Classification

Ideally the financial data collection process should be completed twice a year in order to facilitate that process. For this purpose it is important to have updated information on the stakeholders that are implementing HIV and AIDS related activities and the contact name from each organization.

Timeframe	Data collection period	Data Analysis	Reporting period (dissemination)
January 1- June 30	August 1-15	August 16- 30	September 1-6
July 1- December 31	February 1- 14	February 15-28	March 1-6 (aggregated report for the previous year)

Financial Data

- Input indicators (financial data) related to each of the activities linked to the National Strategy areas and under the NASA classification.
- Output indicators regarding implementation of activities under the National Strategy.
- Database at the NACA will be linked to the national M&E Database. The database will receive the data from the PCU and be programmed in a simple software (SQL server is an option) with ample reporting possibilities.

Standardizing financial data under NASA classification from the different institutions involved is critical for the design and implementation of the NASA system in Fiji.

9.1.2 Establishing Institutional Responsibility

The success of the NASA system will depend not only on the resource tracking team but also on the institutional counterpart to ensure that implementation is an ongoing process. In this regard, the consultant has identified three potential options, which should be analysed by the counterpart and defined for the next phase of the implementation:

- (i) Keep the existing data collection and financial reporting structure meaning that every organization has their own classification and does not respond to the NASA classification, which is the least recommendable.
- (ii) Create a position within the NACA, directly attached to the NACA M&E, which is responsible for the collection, analysis and preparation of financial reports.
- (iii) NACA can outsource the data collection and financial reporting process to local consultants and monitor the process.

At the end having the financial data in an integrated way and with a standard classification will help the strategic financial planning and will allow the NACA and the supporting stakeholders to identify the critical gap between perceived needs and actual financing needed.

9.1.3 Lessons Learned

At the end of the day, the success of the NASA system will depend on the extent to which data from the system is standardized, analyzed and processed by program managers and policymakers to make evidence based decisions. In this context, it is critical that the NACA and supporting stakeholders define benchmarks and discuss lessons learned. Developing effective lessons learned is a continuous, dynamic process of investigation, where the key elements include experience, knowledge, access and relevance. It requires a culture of inquiry, analysis and investigation, rather than one of response and reporting. Effective lessons learned are more easily accomplished when people are given the chance to observe, engage or discover strategies for dealing with particular types of problems or development issues. Managing lessons learned not only requires establishing systems and processes to gather, organize, package and disseminate information and knowledge in a timely manner to the appropriate decision makers, but also conducting assessments of the processes. Information gained from the processes may be described as feedback.

10 Conclusions and Recommendations

In order to optimize the use of the NASA methodology, it is important to ensure that throughout the financial data collection processes, the financing agents and providers of services, especially their program managers, have ownership of the data. However, this ownership may not immediately lead to better data use. Such ownership means that:

- (i) NACA as the government body has the primary responsibility to provide guidance and leadership to all stakeholders involved in applying the NASA methodology throughout the data collection process; from the planning and analysis stages, to interpretation of the financial data and reporting;
- (ii) The existing national capacity (governmental and nongovernmental) must be strengthened to guarantee uniform quality data within the NASA classification framework;

- (iii) Comparing expenditure estimates across programs/project not only requires the use of common definitions, but also comparable methods in estimating specific items of expenditure and open database for unitary costs
- (iv) The data quality control process must be standardized in order to improve the data management system and feedback must be given to the organizations that continue to submit data in an incorrect format until good quality is achieved and sustained.
- (v) There is lack of strategic vision related to a more coordinated investment in relation to the National Strategic Program workplan.
- (vi) High diversity remains across the various organizations in terms of approaches and classifications for HIV and AIDS expenditures.
- (vii) There are no standardized and homogeneous financial indicators in the M&E system.
- (viii) There is a lack of clarity of the financial resource needs and inefficiencies in allocating the available resources.
- (ix) There is a need to disclose the financial resources available and better linkage to the National Strategy to adequately respond to HIV / AIDS.
- (x) There is a need to develop and implement a M&E system for the efficient management of HIV and AIDS resources.
- (xi) Implementing NASA is a continual process that requires political and technical support to improve the processes and ensure the involved stakeholders are fully committed.
- (xii) A resource tracking team should be appointed among the different stakeholders in order to define the guidelines for implementation and standardization of the NASA system at the national level. The resource tracking procedures have to be standardized to properly compare and aggregate financial data among stakeholders.

ANNEXES

Annex I

Tables and graphs by Beneficiary Population

Prevention			
Table 1 Beneficiary Populations			
DESCRIPTION	ASC.01	ASC.01	ASC.01
	2007	2008	2009
BP.01.01.01 Adult and young men (15 years of age and over) living with HIV	0,00	3.460,00	0,00
BP.01.01.98 Adult and young people (15 years and over) living with HIV not disaggregated by gender	0,00	6.911,58	0,00
BP.01.98 People living with HIV not disaggregated by age or gender	0,00	6.978,00	0,00
BP.01.02.98 Children (under 15 years) living with HIV not disaggregated by gender	0,00	1.530,59	0,00
BP.02.02.98 Sex workers, not disaggregated by gender, and their clients	0,00	1.250,00	32.200,55
BP.03.06 Indigenous groups	0,00	2.430,00	0,00
BP.03.20 Factory employees (e.g. for workplace interventions)	1.617,84	12.899,39	0,00
BP.03.98 Other key populations not disaggregated by type	0,00	142,10	0,00
BP.04.03 Junior high/high school students	200,00	0,00	0,00
BP.04.05 Health care workers	550,00	18.220,65	7.678,10
BP.04.07 Military	0,00	590,00	0,00
BP.04.98 General population not disaggregated by age or gender	42.252,70	8.684,23	88,70
BP.04.99 Specific "accessible " populations n.e.c.	6.350,00	9.015,78	0,00
BP.05.01.02 Female adult population	0,00	1.335,00	0,00
BP.05.01.98 General adult population (older than 24 years) not disaggregated by gender	0,00	2.045,00	1.690,00
BP.05.02.02 Girls	0,00	55.821,59	0,00
BP.05.03.98 Youth (age 15 to 24 years) not disaggregated by gender	0,00	16.751,00	1.790,00
BP.05.98 General population not disaggregated by age or gender.	3.487,00	56.177,90	12.000,00
BP.06 Non-targeted interventions	0,00	5.157,07	6.040,58
BP.99 Specific targeted populations not elsewhere classified (n.e.c.)	183.621,83	392.695,49	158.505,00

Care and Treatment			
Tabl2 Beneficiary Populations			
DETALLE	ASC.02	ASC.02	ASC.02
	2007	2008	2009
BP.01.02.98 Children (under 15 years) living with HIV not disaggregated by gender	0,00	100,00	0,00
BP.04.05 Health care workers	0,00	739,20	0,00
BP.04.98 General population not disaggregated by age or gender	0,00	0,00	10.611,23
BP.05.98 General population not disaggregated by age or gender.	0,00	0,00	3.800,00

Programme Management and Administration

Table 3. Beneficiary Populations			
	ASC.04	ASC.04	ASC.04
DETALLE	2007	2008	2009
BP.01.01.02 Adult and young women (15 years and over) living with HIV	0,00	0,00	160,00
BP.01.01.98 Adult and young people (15 years and over) living with HIV not disaggregated by gender	0,00	90,00	400,00
BP.01.98 People living with HIV not disaggregated by age or gender	0,00	4.201,90	11.513,04
BP.01.02.98 Children (under 15 years) living with HIV not disaggregated by gender	0,00	347,74	0,00
BP.03.06 Indigenous groups	0,00	78,00	0,00
BP.03.09 Children and youth living in the street	0,00	1.275,00	0,00
BP.03.20 Factory employees (e.g. for workplace interventions)	6.537,92	4.690,30	0,00
BP.04.05 Health care workers	0,00	13.527,70	213,00
BP.04.98 General population not disaggregated by age or gender	72.666,94	0,00	43.355,76
BP.05.01.98 General adult population (older than 24 years) not disaggregated by gender	0,00	1.510,00	0,00
BP.05.02.02 Girls	0,00	9.973,31	0,00
BP.05.03.98 Youth (age 15 to 24 years) not disaggregated by gender	315,00	4.306,25	1.250,00
BP.05.98 General population not disaggregated by age or gender.	0,00	80.426,77	2.332,75
BP.06 Non-targeted interventions	0,00	47.968,13	7.526,00
BP.99 Specific targeted populations not elsewhere classified (n.e.c.)	19.497,44	94.566,70	62.930,28

Human Resources

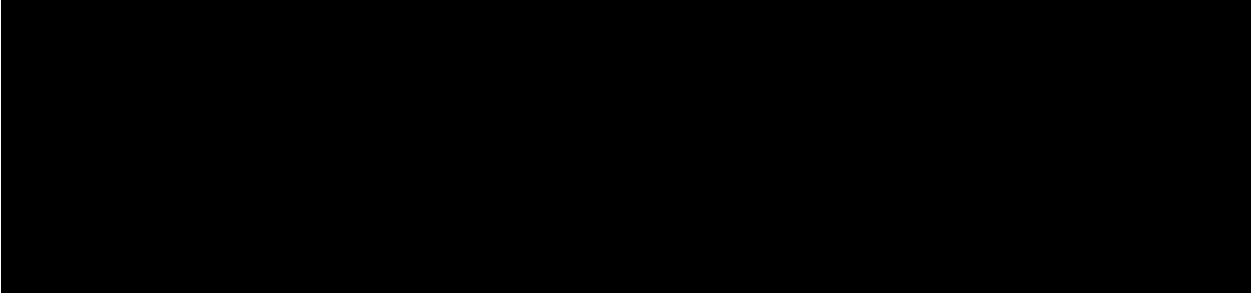
Table 4. Beneficiary Populations			
	ASC.05	ASC.05	ASC.05
DETALLE	2007	2008	2009
BP.01.98 People living with HIV not disaggregated by age or gender	12.918,00	32.222,30	7.756,00
BP.02.02.98 Sex workers, not disaggregated by gender, and their clients	0,00	0,00	41.512,23
BP.03.20 Factory employees (e.g. for workplace interventions)	14.711,03	18.951,80	0,00
BP.04.05 Health care workers	0,00	78,00	1.587,00
BP.04.98 General population not disaggregated by age or gender	23.879,04	6.392,11	0,00
BP.04.99 Specific "accessible" populations n.e.c.	0,00	26.951,03	59.298,00
BP.05.03.98 Youth (age 15 to 24 years) not disaggregated by gender	0,00	510,00	0,00
BP.05.98 General population not disaggregated by age or gender.	5.625,00	0,00	0,00
BP.06 Non-targeted interventions	0,00	8.998,79	3.024,00
BP.99 Specific targeted populations not elsewhere classified (n.e.c.)	75.504,79	227.841,35	161.533,00

Protection and Social Services

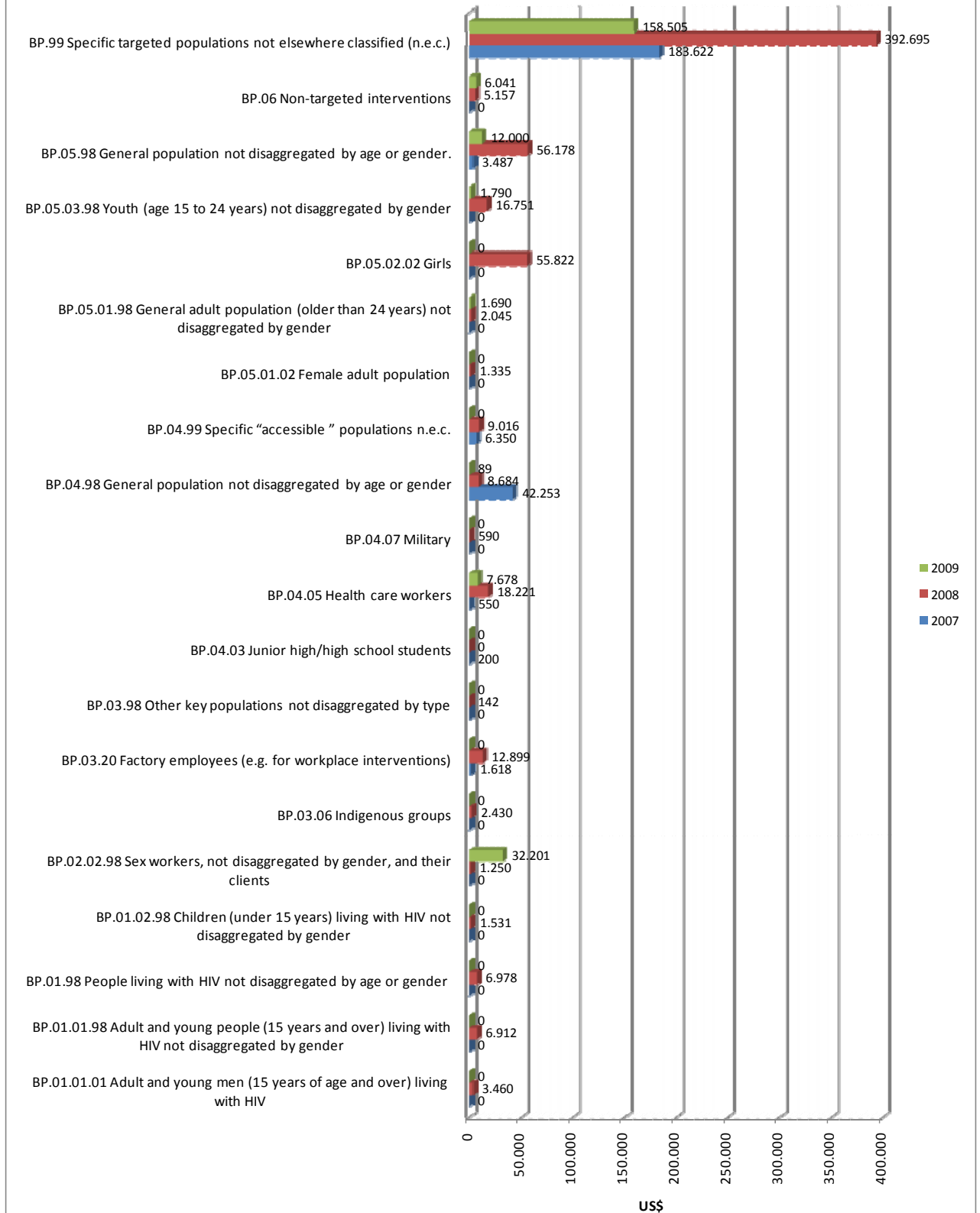
Table 5. Beneficiary Populations			
	ASC.06	ASC.06	ASC.06
DETALLE	2007	2008	2009
BP.01.98 People living with HIV not disaggregated by age or gender	0,00	3.902,00	0,00
BP.05.03.98 Youth (age 15 to 24 years) not disaggregated by gender	0,00	3.023,85	0,00
BP.06 Non-targeted interventions	0,00	113,17	0,00

Enabling Environment

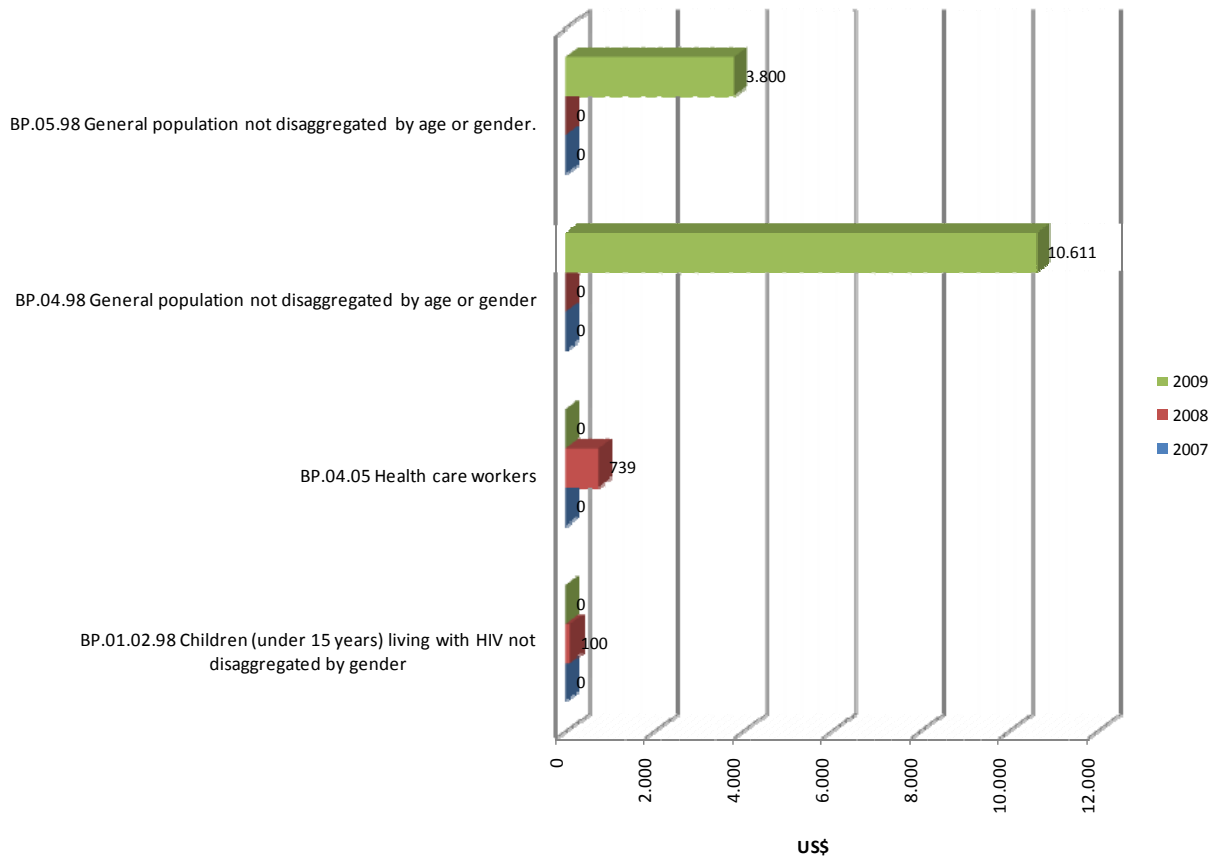
Table 6 Beneficiary Populations			
	ASC.07	ASC.07	ASC.07
DETALLE	2007	2008	2009
BP.01.98 People living with HIV not disaggregated by age or gender	90.644,00	83.686,00	87.536,00
BP.04.98 General population not disaggregated by age or gender	0,00	64.505,59	15.246,00
BP.04.99 Specific "accessible" populations n.e.c.	70.097,64	0,00	0,00
BP.05.98 General population not disaggregated by age or gender.	83.219,84	36.879,50	38.348,40
BP.06 Non-targeted interventions	0,00	0,00	2.057,00



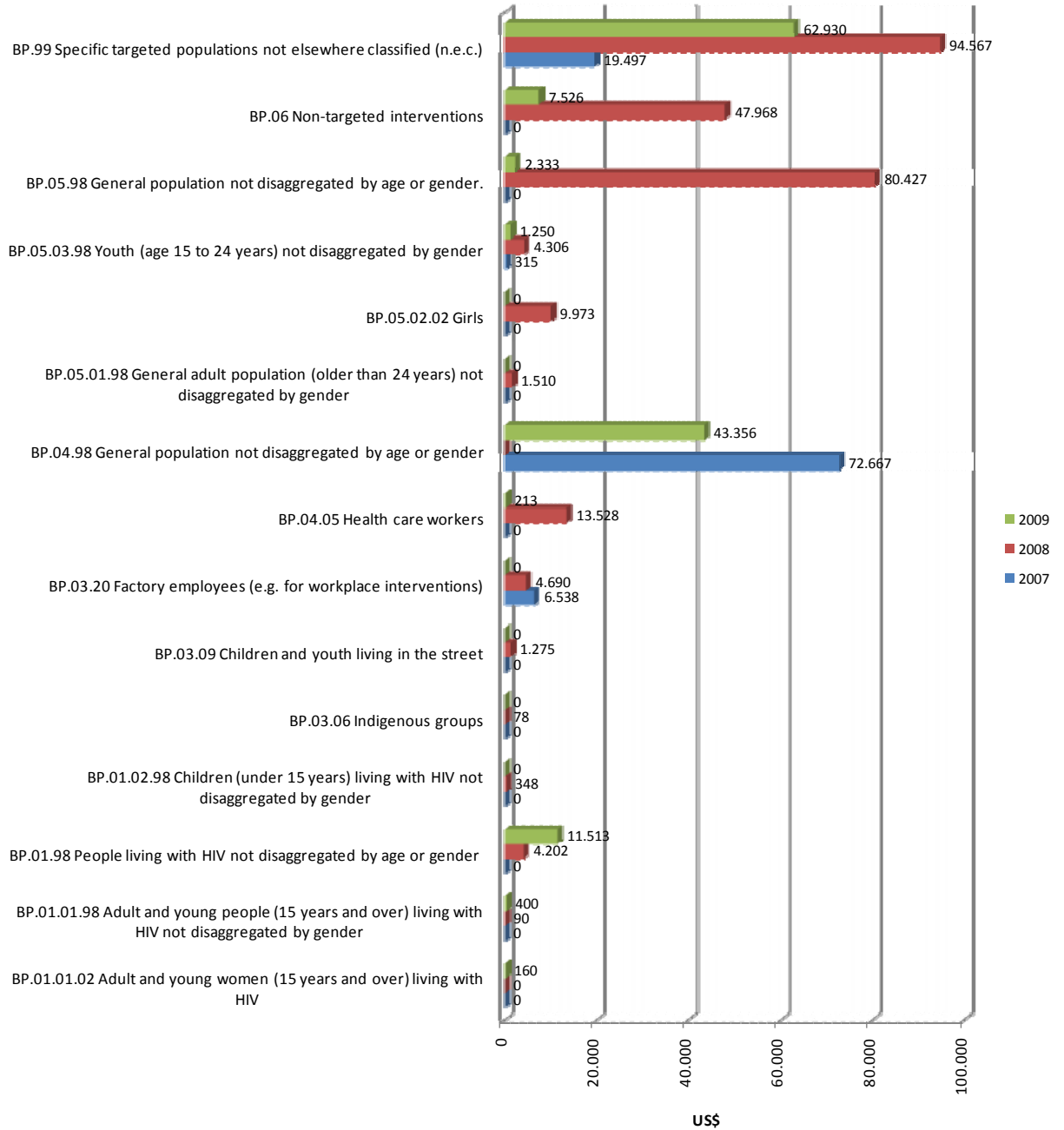
BENEFICIARY POPULATION BY CODE ASC.01 PREVENTION



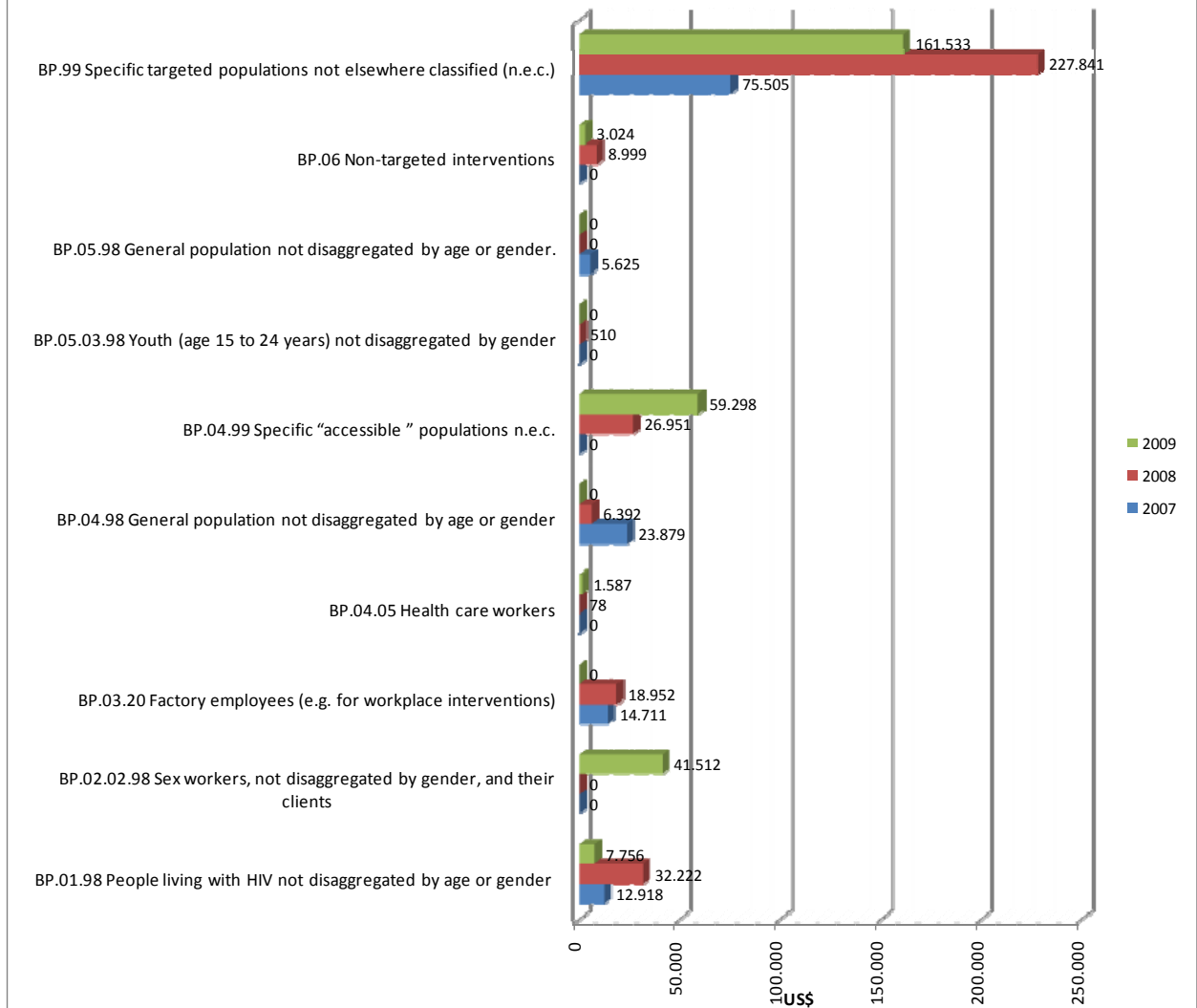
BENEFICIARY POPULATION BY CODE ASC.02 CARE AND TREATMENT



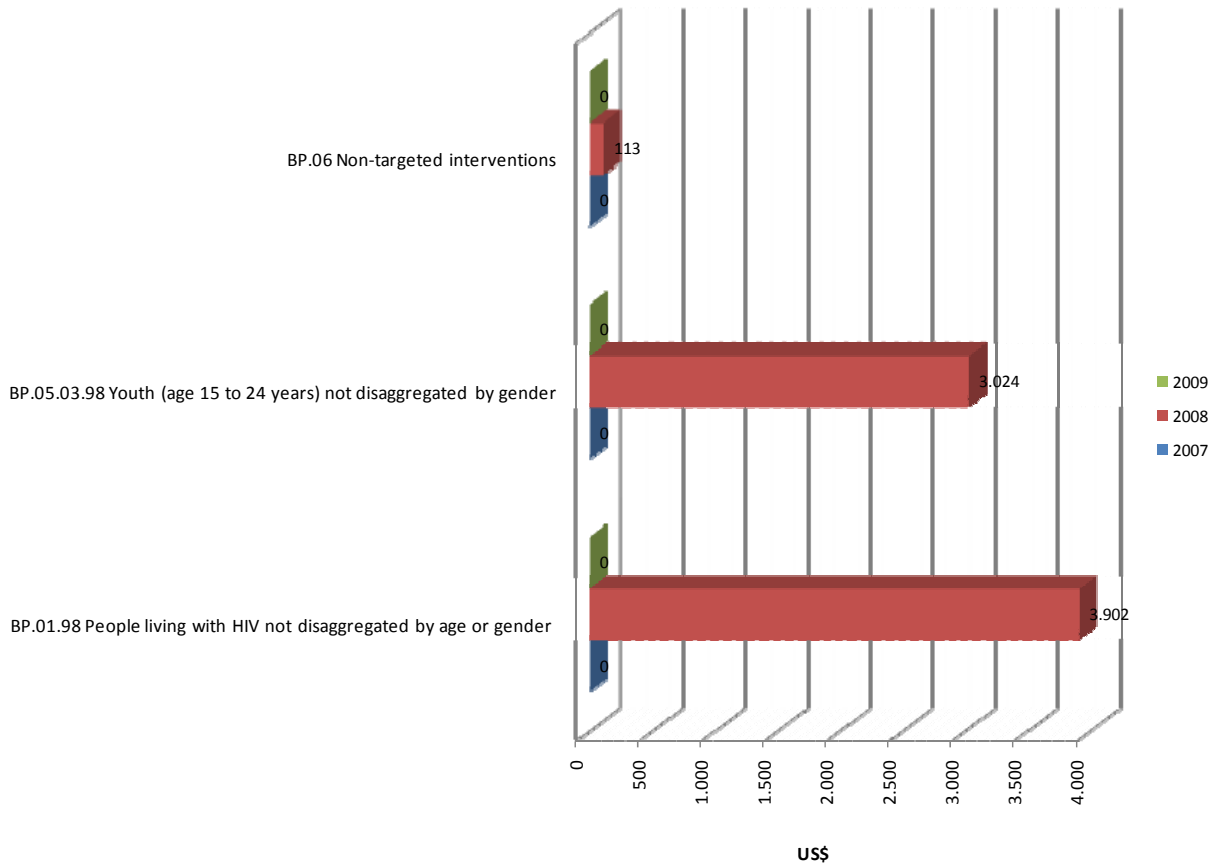
BENEFICIARY POPULATION BY CODE ASC.04 PROGRAMME MANAGEMENT AND ADMINISTRATION



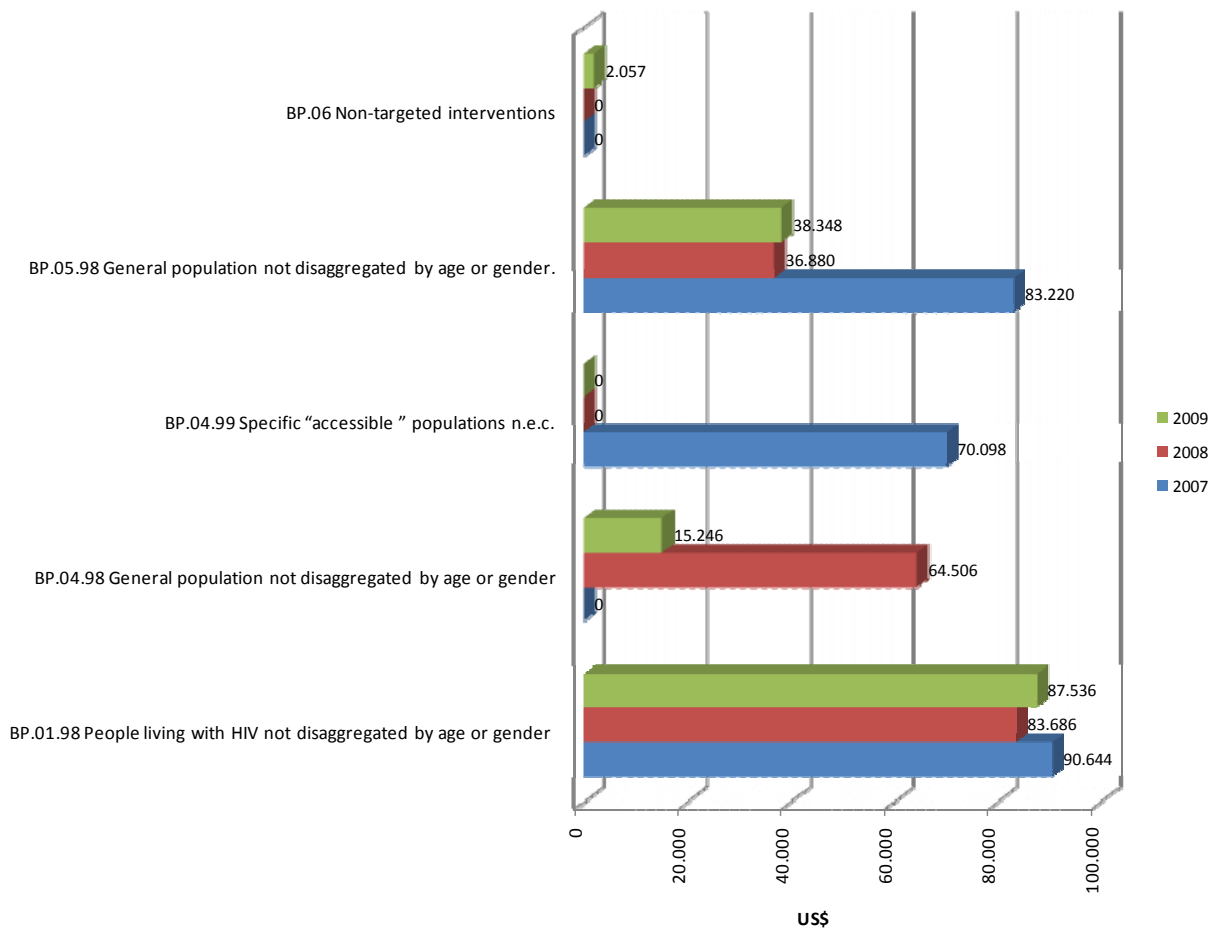
BENEFICIARY POPULATION BY CODE ASC.05 HUMAN RESOURCES



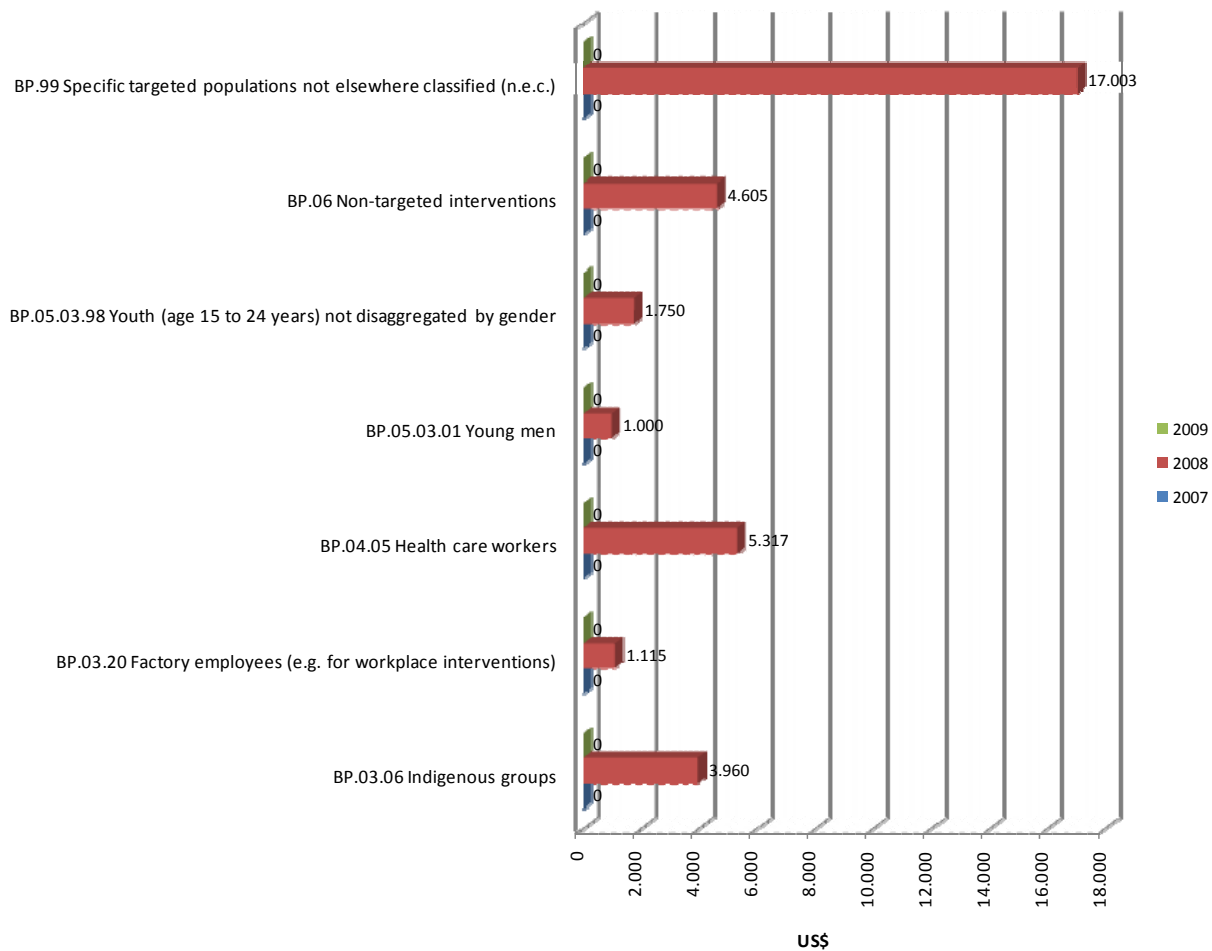
**BENEFICIARY POPULATION
BY CODE ASC.06 PROTECTION AND SOCIAL SERVICES (EXCLUDING OVC)**



BENEFICIARY POPULATION BY CODE ASC.07 ENABLING ENVIRONMENT



**BENEFICIARY POPULATION
BY CODE ASC.08 HIV-RELATED RESEARCH (EXCLUDING OPERATIONS
RESEARCH)**



Annex II UNGASS Matrix

Annex III Database