

HIV/AIDS Program Sustainability Analysis Tool Data Collection Principal Recipients Questionnaire

Data Collector Name: _____ Phone _____ Email _____

Principal recipients are organizations that receive money from major donors such as PEPFAR, UNICEF, and GFATM and then disperse it to specific HIV/AIDS activities. HAPSAT defines money from Donors to Principal Recipients as money that bypasses the Ministry of Health. Therefore in planning for the future of the Ministry’s HIV/AIDS program, it is necessary to collect some data regarding activities funded by donors through other organizations.

As a principal recipient organization disbursing funds to HIV/AIDS programs, and implementing programs, we ask that you provide the following information regarding your allocated budgets and disbursements for HIV/AIDS-related activities in the years 20XX-20XX. This will aid in our efforts to analyze the total cost of, and resources required to sustain or scale-up national HIV/AIDS programs and services and identify possible shortfalls threatening achievement of program goals. Please provide thorough and accurate information to the best of your ability.

Sources of data for the following survey may include VCT registers, ART registers, and Pharmacy data systems. Please feel free to indicate the sources of data as appropriate for future reference.

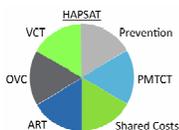
The next 4 pages outline the information to collect from each of these organizations. You will need copies of this questionnaire for each principal recipient from which data is being collected.

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PART A. IDENTIFICATION INFORMATION

QUESTIONS	ANSWER
Name of organization	
Name of respondent	
Position of respondent	
Contact phone number of respondent	
E-mail address of respondent	

Do you have a recent annual report or other documentation on your HIV/AIDS related operations?
If so, please give it to the data collector or email an electronic copy to: xxx.xxx@xxx.com

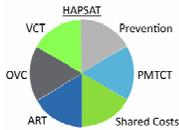


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PART B: HIV/AIDS FUNDS RECEIVED FROM DONOR ORGANIZATIONS

Currency	
<p>The financial information you will provide in this survey is reported in what currency?</p> <ul style="list-style-type: none"> <i>Please use only one currency in the table below, or be sure to indicate where you are reporting figures in a different currency</i> <i>If you have a report containing this information, you can give the report to the data collector instead of (or in addition to) filling out the table below</i> 	<p style="text-align: right;">Currency _____</p>

How much money do you receive from the following donors each year for HIV/AIDS?			
Donor	Year 20XX	Year 20XX	Year 20XX
PEPFAR / USAID			
Global Fund (GFATM)			
UNICEF			
World Bank			
Gates Fund			
<i>Please list any other significant donors and the amount of money received below...</i>			
<i>Please make any notes that may be useful for interpreting the data you report above...</i>			



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PART D: HIV/AIDS SUPPORT BY EXPENDITURE CATEGORY

Please describe the type of services your organization is supporting financially and the amounts spent on each category.

- Please provide the information as available and to the best of your ability.
- If your organization has existing reports that contain this information, you can provide the data collector with that report instead of completing this table.

Expenditure Category	Amount of Money Disbursed		
	Year 20XX	Year 20XX	Year 20XX
<input type="checkbox"/> Health Worker Labor for HIV/AIDS	_____	_____	_____
<input type="checkbox"/> ART	_____	_____	_____
<input type="checkbox"/> PMTCT	_____	_____	_____
<input type="checkbox"/> VCT	_____	_____	_____
<input type="checkbox"/> TB-HIV	_____	_____	_____
<input type="checkbox"/> Home-based Care	_____	_____	_____
<input type="checkbox"/> Other (specify) _____	_____	_____	_____
<input type="checkbox"/> Other (specify) _____	_____	_____	_____
<input type="checkbox"/> Health Worker Training for HIV/AIDS	_____	_____	_____
<input type="checkbox"/> Equipment	_____	_____	_____
<input type="checkbox"/> Lab machines	_____	_____	_____
<input type="checkbox"/> Vehicles	_____	_____	_____
<input type="checkbox"/> Computers	_____	_____	_____
<input type="checkbox"/> Other (specify) _____	_____	_____	_____
<input type="checkbox"/> Drugs or Supplies	_____	_____	_____
<input type="checkbox"/> ART drugs	_____	_____	_____
<input type="checkbox"/> HIV testing	_____	_____	_____
<input type="checkbox"/> STI treatment	_____	_____	_____
<input type="checkbox"/> OI treatment or prophylaxis	_____	_____	_____
<input type="checkbox"/> Other (specify) _____	_____	_____	_____
<input type="checkbox"/> Management/Operational Support	_____	_____	_____
<input type="checkbox"/> Prevention	_____	_____	_____
<input type="checkbox"/> Mass media	_____	_____	_____
<input type="checkbox"/> Prevention commodities	_____	_____	_____
<input type="checkbox"/> Other (specify) _____	_____	_____	_____
<input type="checkbox"/> Other (specify) _____	_____	_____	_____
<input type="checkbox"/> Orphans and Vulnerable Children	_____	_____	_____
<input type="checkbox"/> Nutrition	_____	_____	_____
<input type="checkbox"/> Education	_____	_____	_____
<input type="checkbox"/> Housing	_____	_____	_____
<input type="checkbox"/> Other (specify) _____	_____	_____	_____
<input type="checkbox"/> Management/Administration/Coordination	_____	_____	_____
<input type="checkbox"/> Other (specify) _____	_____	_____	_____
<input type="checkbox"/> Other (specify) _____	_____	_____	_____

END OF SURVEY – THANK YOU FOR YOUR PARTICIPATION!