



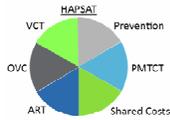
# **HIV/AIDS PROGRAM SUSTAINABILITY ANALYSIS TOOL: DONOR QUESTIONNAIRE**

April 2010

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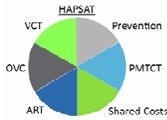


## HIV/AIDS Program Sustainability Analysis Tool Data Collection Donor Questionnaire

Donors are organizations such as PEPFAR, UNICEF, and GFATM that provide funding for HIV/AIDS activities.

*Sources of data for the following survey may include annual reports and financial management reports. Please feel free to indicate the sources of data as appropriate for future reference.*

The next 3 pages outline the information to collect from each of these organizations. You will need copies of this questionnaire for each donor organization from which data is being collected.



## HIV/AIDS Program Sustainability Analysis Tool Data Collection Donor Questionnaire

**Data Collector Name** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Email** \_\_\_\_\_  
**Date** \_\_\_\_\_

As a donor organization providing funds to HIV/AIDS programs, we ask that you provide the following information regarding your allocated budgets and disbursements for HIV/AIDS-related activities in the years 2006-2008. 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.

### 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	

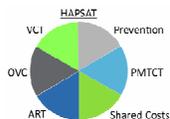
Do you have a recent annual report or other documentation on your HIV/AIDS related operations?  
 If so, please give it to the data collector or email an electronic copy to: [data\\_submit@hapsat.net](mailto:data_submit@hapsat.net)

### PART B: HIV/AIDS FUNDS RECEIVED FROM DONOR ORGANIZATIONS

Currency	
<p><b>The financial information you will provide in this survey is reported in what currency?</b></p> <ul style="list-style-type: none"> <li>• Please use only one currency in the table below, or be sure to indicate where you are reporting figures in a different currency</li> <li>• 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</li> </ul>	<p><b>Currency</b> _____</p>

Fiscal Year	
<p><b>The financial information you will provide in this survey is reported for annual cycles that begin on what date?</b></p>	<p><b>Start of Fiscal Year</b></p> <p>_____</p> <p>Month      Day</p>

Funding for HIV/AIDS	20XX	20XX	20XX
Total <b>budget allocation</b> for HIV/AIDS - related activities			
Total <b>disbursement</b> (expenditure) for HIV/AIDS - related activities			

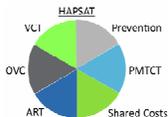


## HIV/AIDS Program Sustainability Analysis Tool Data Collection Donor Questionnaire

### PART C: Funding of HIV/AIDS services by category.

For each HIV/AIDS-related service category please indicate your financial support in each year from 20XX to 20XX.

HIV/AIDS Service Category	20XX	20XX	20XX
<b>Antiretroviral Therapy (ART)</b>	Budget _____ Disbursed _____	Budget _____ Disbursed _____	Budget _____ Disbursed _____
<b>HIV Testing (VCT)</b>	Budget _____ Disbursed _____	Budget _____ Disbursed _____	Budget _____ Disbursed _____
<b>Prevention of Mother-to-Child Transmission (PMTCT)</b>	Budget _____ Disbursed _____	Budget _____ Disbursed _____	Budget _____ Disbursed _____
<b>Co-infection with Tuberculosis (TB-HIV)</b>	Budget _____ Disbursed _____	Budget _____ Disbursed _____	Budget _____ Disbursed _____
<b>Home Based Care (HBC)</b>	Budget _____ Disbursed _____	Budget _____ Disbursed _____	Budget _____ Disbursed _____
<b>Palliative Care &amp; Support (OI)</b>	Budget _____ Disbursed _____	Budget _____ Disbursed _____	Budget _____ Disbursed _____
<b>Prevention – Behavioral Change &amp; Prevention Commodities</b>	Budget _____ Disbursed _____	Budget _____ Disbursed _____	Budget _____ Disbursed _____
<b>Orphans and Vulnerable Children (OVC)</b>	Budget _____ Disbursed _____	Budget _____ Disbursed _____	Budget _____ Disbursed _____
<b>Other (specify) _____</b>	Budget _____ Disbursed _____	Budget _____ Disbursed _____	Budget _____ Disbursed _____



## HIV/AIDS Program Sustainability Analysis Tool Data Collection Donor Questionnaire

### PART D: INFORMATION ON ORGANIZATIONS SUPPORTED

Specify the organization(s) your organization supported financially and the amount disbursed for HIV/AIDS.

- If your organization has a report or other documentation containing this information, please provide it to the data collector instead of filing out this table.
- If information is available, please indicate whether the disbursement was directed to any specific HIV/AIDS services by checking all the boxes that apply.
- If contributions were made to the Government, please specify precisely which line ministry or program received the money.
- HBC = Home based care, OI = Treatment of Opportunistic Infections, PC = Palliative Care

Organization Name	20XX	20XX	20XX
	Disbursed _____ <input type="checkbox"/> ART <input type="checkbox"/> VCT <input type="checkbox"/> PMTCT <input type="checkbox"/> TBHIV <input type="checkbox"/> HBC <input type="checkbox"/> OI <input type="checkbox"/> PC <input type="checkbox"/> OVC <input type="checkbox"/> Other <input type="checkbox"/> Prevention	Disbursed _____ <input type="checkbox"/> ART <input type="checkbox"/> VCT <input type="checkbox"/> PMTCT <input type="checkbox"/> TBHIV <input type="checkbox"/> HBC <input type="checkbox"/> OI <input type="checkbox"/> PC <input type="checkbox"/> OVC <input type="checkbox"/> Other <input type="checkbox"/> Prevention	Disbursed _____ <input type="checkbox"/> ART <input type="checkbox"/> VCT <input type="checkbox"/> PMTCT <input type="checkbox"/> TBHIV <input type="checkbox"/> HBC <input type="checkbox"/> OI <input type="checkbox"/> PC <input type="checkbox"/> OVC <input type="checkbox"/> Other <input type="checkbox"/> Prevention
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- You can make photocopies of this page as needed.

**END OF SURVEY – THANK YOU FOR YOUR PARTICIPATION!**