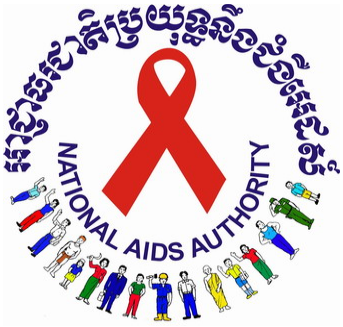
Kingdom of Cambodia

Nation Religion King



National AIDS Authority

NATIONAL AIDS SPENDING ASSESSMENT

FISCAL YEARS 2007 AND 2008

National AIDS Authority

Planning, Monitoring, Evaluation and Research Department

June 2009

Table of contents

Acronyms and abbreviations

AFE	AIDS Financing and Economic Division
AIDS	Acquired Immune Deficiency Syndrome
ASC	AIDS Spending Categories
AT	Assessment Team
ART	Anti-retroviral Therapy
DFID	UK Department of International Development
FA	Financing Agents
HIV	Human Immunodeficiency Virus
GFATM	Global Fund for HIV/AIDS, Tuberculosis and Malaria
M&E	Monitoring and Evaluation
MOEYS	Ministry of Education, Youth and Sports
MOH	Ministry of Health
MOI	Ministry of Interior
MORD	Ministry of Rural Development
MOSVY	Ministry of Social Affairs, Veterans and Youth Rehabilitation
MOWA	Ministry of Women Affairs
NAA	National AIDS Authority
NASA	National AIDS Spending Assessment
NBTC	National Blood Transfusion Center
NCHADS	National Center for HIV/AIDS, Dermatology and STDs
NGO	Non-Governmental Organization
NSP	National Strategic Plan for a Comprehensive and Multisectoral Response to HIV/AIDS
OI	Opportunistic Infection
PEPFAR	President's Emergency Plan for AIDS Relief
RGC	Royal Government of Cambodia
SC	Steering Committee
UN	United Nations
UNAIDS	Joint UN Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNGASS	UN General Assembly Special Session on HIV/AIDS

Acknowledgements

This report includes the results of the second National AIDS Spending Assessment (NASA II) in Cambodia, covering the fiscal years 2007 and 2008. NASA II was carried out from December 2008 to January 2009 under the leadership of the National AIDS Authority (NAA). It was designed to build in a coherent manner on NASA I which was carried out at the end of 2007 and covered the year 2006.

The NAA is especially grateful to H.E. Dr. Hor Bun Leng (Deputy Secretary General, NAA) and to Dr. Ngin Lina, Director of the Department of Monitoring, Evaluation and Research (PMER) for commissioning and coordinating this important assessment.

Very special thanks go to the NASA Assessment Team including staff of the PMER and of other NAA departments who planned and implemented this assessment. Its members included Mr. Sok Serey (M&E Specialist & NASA Team Leader), Dr. Lim Kalay (Deputy Director), Dr. Ly Chanravuth (Deputy Director), Dr. Tan Sokhey (Technical Assistant) and Ms. Siek Sopheak (M&E Assistant) from the PMER Department; Mr. Hang Vibol (Deputy Director) from the Administration and Finance Department; and Dr. Chhea Sitthi (Deputy Director) from the Communication and Resource Mobilization Department.

The NAA is grateful to Dr. Savina Ammassari (M&E Advisor) from the UNAIDS Country Office (UCO) and Mr. Christian Aran (NASA Advisor) from the AIDS Financing and Economics (AFE) Division at UNAIDS Secretariat for their technical advice and support in building a financial resource tracking system in Cambodia. Assistance by Ms. Alexandra Illmer (M&E Fellow) and Mr. John Keating (Programme Specialist) from the UCO has also been appreciated.

The NAA thanks UNAIDS for funding the first and the second NASA in Cambodia.

Last but not least, particular thanks go the many institutions and people who have participated in the assessment. NASA would not have been possible without their keen interest in this pioneering initiative and their timely submission of financial data to the NAA.

Executive Summary

The HIV/AIDS situation in Cambodia can be described as improving but fragile, with the estimated prevalence rate slowly declining, remaining consistently below one percent for the last three years. The NASA II report is a comprehensive examination of the country's HIV/AIDS spending for the years 2007 and 2008. This assessment provides indicators of the financial country response to AIDS and supports the tracking and mobilization of resources in this important area of intervention. This and future NASAs will be used as a tool to install a continuous financial information system within Cambodia's national multisectoral HIV/AIDS monitoring and evaluation framework.

HIV/AIDS spending in Cambodia for 2007 was US$ 53,258,765 and in 2008 was US$ 51,846,997. These figures identify a drop in AIDS spending of 2.6% from one year to the other. Yet, the AIDS spending in these two years was significantly higher than that recorded in 2006 (US$ 46,307,588). Notably a large share of total annual spending came from external sources (circa 90% percent for both years). This leaves the national response highly exposed to drops in donor funding and very dependant on international financial assistance (particularly in a time of economic uncertainty and belt tightening).

In terms of categories of interventions that were financed, these were mostly geared towards Prevention which constitutes the largest share of expenditure followed by Care and Treatment, and Program Management and Administration. Prevention related activities included Blood Safety, Prevention Programs for key at risk populations, Media, Condom and Social Marketing, and Youth Prevention. Care and Treatment spending was largely accounted for by Antiretroviral Therapy and Home Based Care, while Program Management and Administration activities included Program Management, Operations Research and Monitoring and Evaluation.

An effective mobilization and allocation of resources is essential with regard to scaling up the national response for the aim of achieving universal access to prevention, treatment and care. Thus, NASAs should be regularly conducted every two years to not only track resources but provide an evidence base to inform policy decisions and strengthen targeted resource mobilization. NASA methodology should be refined and improved with each new round eliminating as many limitations as possible. This will allow for more accurate assessments to be made and more in-depth analysis to be conducted.

Both the Royal Government of Cambodia and development partners are encouraged to continue to support HIV/AIDS resource mobilization and to utilize NASA to determine the most effective and needed combination of interventions to ensure achievement of universal access by all those in need. Over time dependence on external financial support should be reduced with increasing investment of domestic resources in the national response to HIV and AIDS.

Key Findings

No	Key Message	Details
1.	**HIV Spending**	The total amount spent on AIDS-related interventions in Cambodia in 2007 was US$ 53,258,765 and in 2008 US$ 51,846,997.
2.	**Sources of AIDS Funds**	There were 5 main sources of AIDS funds in 2007 and 2008 including Bilateral, the Global Fund, Central Government, UN Agencies and Other International organizations. Bilateral (2007-47%; 2008-40%) sources were the largest contributors followed by the Global Fund (2007-31%; 2008-37%), the Central Government (2007-11%; 2008-10%), UN Agencies (2007-10%; 2008-8%) and Other International (2007-1%; 2008-5%) sources. While funds from Bilateral, Central Government and UN Agencies have declined, the allocation from Global Fund and Other International organizations increased.
3.	**AIDS Financing Agents**	The HIV response in Cambodia is highly reliant on external financing. Out of the total amount captured, 90 percent of the funds in 2007 and 2008 came from international sources.
4.	**AIDS Funding Sources by Financing Agents**	The AIDS funds flow from the 5 different sources to the financing agents such as the Central Government, UN Agencies, National and International NGOs, Bilateral and Multilateral Agencies. The funds from the Central Government and the Global Fund were transferred to the Government Agencies only, while UN Agencies, Bilateral and Other International organizations distributed funds to various institutions or spent them themselves. The amount transferred to Government Agencies decreased during the period of analysis (2007-58%; 2008-52%) while it increased for national (2007-10%; 2008-13%)

		and international agencies (2007-32%; 2008-35%).
5.	**AIDS Spending by Categories**	There are eight AIDS Spending Categories (ASCs) which are internationally adopted and standardized. Prevention (2007-44%; 2008-39%) was the category with the largest percentage of HIV spending over the two years surveyed, followed by Care and Treatment (2007-25%; 2008-29%) then Progamme Management and Administration (2007-18%; 2008-20%). Other ASCs totaled a relatively minor percentage, less than projected needs based on costing for 2007-2010. The spending on the social protection and social services was below 1% for both years. This highlights the need for improved allocation of resources to ensure effective impact mitigation.
6.	**Decreased Spending**	These figures identify a drop in AIDS spending from 2007 to 2008 of 2.6%. Yet, the AIDS spending in these two years was significantly higher than that recorded in 2006 (US$ 46,307,588).
7.	**Decision making of the HIV response**	Although most of the funds are coming from international sources, more than half of the AIDS funds are managed and administered by Government Agencies.

1. Background

Cambodia is recognized as one of the few countries that have been successful in reversing the HIV epidemic. The national response to the epidemic is guided by the National Strategic Plan for a Comprehensive and Multisectoral Response to HIV/AIDS 2006-2010 (NSP II). The strategic plan was developed in 2006 under the leadership of the National AIDS Authority (NAA) and has been revised in 2007 following the production of updated HIV prevalence estimates and projections.

The revised NSP II has three main goals:

1. To reduce new infections of HIV;
2. To provide care and support to people living with and affected by HIV; and
3. To alleviate the socio-economic and human impact of AIDS on the individual, family, community, and society.

It is built around seven complementary strategies:

1. Increase coverage of effective prevention interventions;
2. Increase coverage of effective interventions for comprehensive care;
3. Increase coverage of effective interventions for impact mitigation;
4. Develop effective leadership by government and non-government sectors for implementation of the response to AIDS at central and local levels;
5. Create a supportive legal and public policy environment for the AIDS response;
6. Increase the availability of information for policy makers and for program planners through monitoring, evaluation and research; and
7. Enhance sustainable and equitable resource allocation for the national response to AIDS.

A large number of institutions are involved in Cambodia's national multisectoral response to HIV and AIDS. These include ministries and other government departments, bi- and multilateral organizations, private sector bodies and more than 200 national and international non-governmental organizations (NGOs).

2. Introduction

The first National AIDS Spending Assessment (NASA I) in Cambodia was conducted by the National AIDS Authority (NAA) with support from the UNAIDS Country Office (UCO) in early 2008. The assessment covered the fiscal year 2006 and produced for the first time a comprehensive set of data needed to assess HIV/AIDS related financing and spending.

NASA I allowed the Royal Government of Cambodia (RGC) to report on the first indicator used to measure progress with regard to the Declaration of Commitment made by Member States at the 2001 UN General Assembly Special Session on HIV/AIDS (UNGASS).
The second assessment (NASA II), whose results are presented in this report, focused on the fiscal years 2007 and 2008. It has helped expanding the financial database and

enabled the NAA to conduct for the first time an analysis of trends in funding and spending over time and produce more comprehensive evidence for financial forecasts and costings.

Tracking and mobilizing financial resources for AIDS-related interventions is an important function of the NAA along with monitoring and evaluation (M&E) of the national multisectoral response. Regularly repeated National AIDS Spending Assessments are an integral part of the national M&E system to track financial resource flows. Developing a proper AIDS resource tracking system that allows continuous monitoring of funding and spending is an important objective of Strategy 7 of the NSPII which aims to 'Enhance sustainable and equitable resource allocation for the national response to AIDS'.

A National Funding Matrix is used to measure the first UNGASS indicator on National Commitment and Action and captures AIDS spending by funding sources (national and international). The matrix helps recording AIDS spending within eight categories across three funding sources.

Like the first assessment NASA II was expected to help answering these questions:

How is the HIV/AIDS sector being financed?
What are its constituent parts?
What currently dominates in financial resource allocation?
Who pays, what do they pay for and what do they get for their payment?
What trends in financial resource allocation can be observed over time?

NASA II used the same methodology that was utilized in NASA I with some improvements due to updates in classifications recommended at the global level. It surveyed a large number of institutions involved with the national response including ministries and other government departments, non-governmental organizations, and bi- and multilateral agencies as well as a few private sector firms manifestly engaged in this sector. Private individuals and households were not covered by the survey.

The significance of NASA II lies in its contribution towards a strengthened evidence base on resource flows for HIV/AIDS in the Cambodian context. This information will be used to guide strategic resource planning by the national authorities and other interested parties. It will further serve to highlight current priorities in resource allocation and allow users to pinpoint gaps in funding as the profile of the epidemic evolves.

3. Objectives

The general purpose of NASA II was to measure expenditures for HIV/AIDS in the health and non-health sectors. The specific objectives of NASA II were to:

a) Gather the data necessary to assess AIDS funding and spending by using three main variables (i.e., financing sources, financing agents, functions or AIDS Spending Categories);
b) Report on UNGASS Indicator 1 in the next Country Progress Report (submission scheduled March 2010); and

c) Build capacity within the NAA to conduct future National AIDS Spending Assessments autonomously and to build a national resource tracking system to provide continuous information on HIV/AIDS resource flows in Cambodia;

In the long term, regularly repeated National AIDS Spending Assessments are expected to contribute to an increasingly comprehensive financial evidence base and to facilitate the following tasks:

i. Monitoring and evaluation of the National Strategic Plans for a Comprehensive and Multisectoral HIV/AIDS response;
ii. Tracking progress towards the achievement of nationally or internationally adopted goals, such as NSP II, Universal Access and UNGASS targets for prevention, treatment and care, and impact mitigation;
iii. Help determining the cost of AIDS-related interventions and identifying funding gaps, mobilizing financial resources, identifying priorities in allocating funds, and optimizing the use of the funds.

4. Methodology

NASA II covered for the first time two fiscal years at once (2007/2008). It involved a survey of a large number of institutions engaged in the national multisectoral response to HIV/AIDS in Cambodia. The process and procedures used for the assessment were very similar to those utilized in NASA I[1].

4.1 Process and Timeline

The second NASA was a participatory process led by the NAA with support from UNAIDS. The first step consisted of the establishment of an Assessment Team (AT) and a Steering Committee (SC). This facilitated participation and ownership of relevant stakeholders and was intended to ensure that results were aligned with expectations to the greatest extent possible.

The AT was formed by members from diverse departments of the NAA and led by the Planning, Monitoring, Evaluation and Research (PMER) department. Other members were from NAA's Communication and Resource Mobilization (CRM) and Administration and Finance (AF) departments as well as from the UNAIDS Country Office (UCO)[2]. The role of the AT was to design, plan and implement the assessment including the data collection and analysis and the drafting of the report as well as to organize and facilitate SC meetings and the NASA launch and dissemination meetings.

The SC was set up as a means to involve key stakeholder organizations with a special interest in financial matters and in the development of the resource tracking system for HIV/AIDS and subsequently in the implementation of NASA II[3]. Its role was to provide

[1] See Annex 1.
[2] See composition of NASA Assessment Team in Annex 2.
[3] See composition of NASA Steering Committee in Annex 3.

technical guidance to the AT and to emphasize the importance of resource tracking efforts at different levels and spheres within and beyond the HIV/AIDS sector.

Both the AT and the SC began to function between November and December 2008. Early December the first Steering Committee meeting was held to validate the process and methodology to be used in NASA II. This meeting was followed by the *Launching of NASA II* at Cambodiana Hotel in mid-December with the objective to inform prospective respondents about the initiative in addition to instructing them on what data is required and for what reasons

The NASA II data collection lasted from mid-January to mid-February 2009. The data were then entered, cleaned and organized in Excel spreadsheets by the AT as well as analyzed, validated and interpreted. The NASA II results have been outlined in this report and disseminated at a meeting in July 2009.

Table 1: Timeline of NASA II Process and Analysis

Activities	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.
Field work material update								
AT meetings and training								
SC meeting								
Launch								
Data collection								
Data Clarification and Entry								
NASA Analysis Training								
Draft Report								
Comment and Suggestions								
Finalized Report								

4.2 Methodological Approach

The methodology used for the assessments in Cambodia is in line with international standards and draws on the one that is used for National AIDS Spending Assessments (NASA)[4]. NASA is based on standardized classifications, definitions and methods to ensure that when countries produce their HIV/AIDS spending estimates, results can be compared globally.

In principle the NASA methodology uses six variables: financing sources, financing agents, providers, production factors, AIDS Spending Categories and intended beneficiaries. Due to resource and capacity constraints, the assessments in Cambodia did not comprehensively cover beneficiaries and providers or production factors. In

[4] See http://www.unaids.org/en/KnowledgeCentre/HIVData/Tracking/Nasa.asp

future assessments it is hoped that investigation efforts can be expanded to obtain data on these additional aspects.

NASA II captured data on financing sources and funding agents as well as AIDS Spending Categories (ASCs) as internationally defined. There are eight ASCs including the following: (1) Prevention; (2) Care and Treatment; (3) Orphans and Vulnerable Children; (4) Program Management and Administration Strengthening; (5) Human Resources; (6) Recruitment and Retention Incentives- Human Capital; (7) Enabling Environment and Community Development; and (8) HIV and AIDS-related Research.

The NASA methodology used conventional estimation methods to disaggregate financing and spending categories. Financing flows were accounted by reconstructing the financial transactions among different entities and levels. Financial data was organized and tabulated in matrices showing the flow of funds from one entity to another as well as the sources of AIDS funds by different spending categories.

4.3 Data collection

The data was collected through a survey involving respondents from government and non-governmental organizations, bi- and multilateral agencies and private firms. A preliminary mapping of the AIDS sector helped with identifying potential respondents and establishing comprehensive lists of respondents. Respondents were sent the following documentation and survey tools[5]: (1) a concept note on the NASA objectives, methodology and process; (2) two matrices to record data for 2007 and for 2008 based on Excel; (3) an instruction sheet on how to fill the matrices, and (4) a list of definitions of the AIDS Spending Categories (ASCs)[6].

Survey respondents were asked to enter their financial data into the two matrices; one matrix for 2007 and another for 2008. Each matrix included two sections. In the first section respondents were required to break down their funding and spending based on the AIDS Spending Categories (ASCs). In the second section they were requested to indicate the total amount of money they had available for HIV/AIDS related activities or interventions in that given year and to record HIV/AIDS financing support they provided in that same year to other organizations. Respondents were also asked to provide the name of their organization, the person who filled the matrices together with his/her contact details to enable the NASA Assessment Team (AT) to get in contact, if required, in order to clarify/validate the data submitted or to obtain complementary data.

The accompanying guidance note included detailed instructions and a list of definitions of the ASCs to help respondents with filling the matrix. To ensure maximum quality of the data, close follow-up by the AT with survey respondents took place throughout the survey and cross-checks and corrections were made in close cooperation with survey respondents after they have submitted their data. This interaction between the AT and respondents was fundamental to ensuring a good understanding of the survey tool and that it was completed as accurately as possible. In some cases, the AT went to the institutions in order to technically support their completion of the matrices.

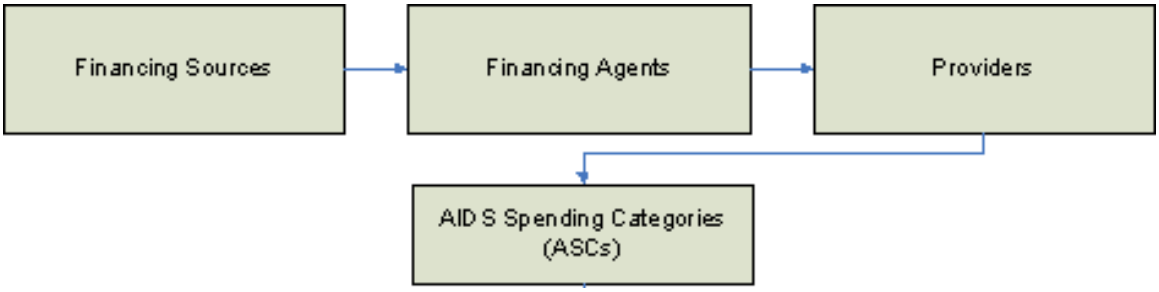
[5] See Annex 4.

[6] See survey instrumentation in Annex 4.

4.4 Transaction Flow of HIV/AIDS Funding

In Cambodia, the HIV funds flow in a complex manner from the financing sources to the financing agents who manage or handle the funds and make programmatic decisions on their use. The providers may receive funding from either the financing sources or financing agents in order to produce services regarding the 8 internationally-formulated AIDS Spending Categories (ASCs).

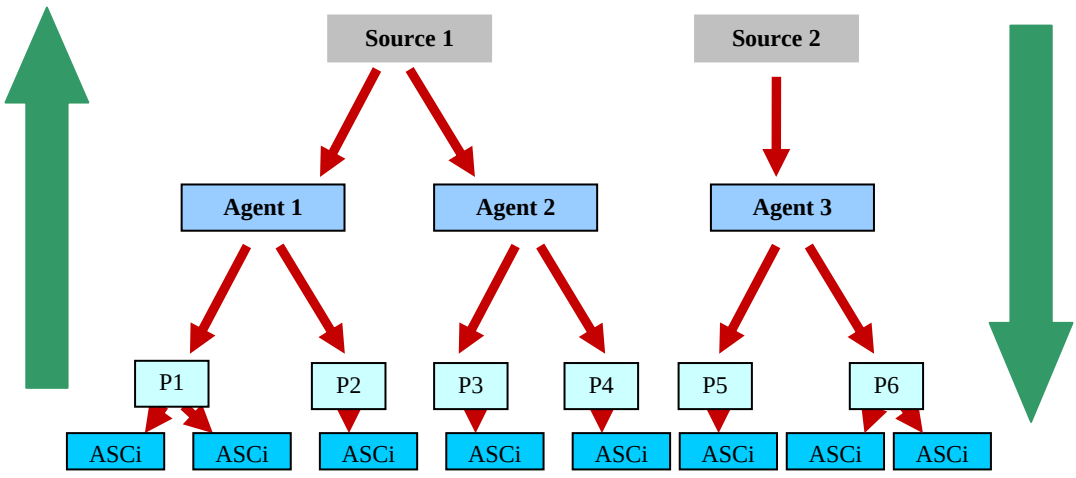
Figure 1: Transaction Flow of HIV/AIDS Funding



4.5 Data Analysis

The NASA methodology aims to help to avoid double-counting and to assure that actual expenditures are adequately captured.

Figure 2: Example of Data Analysis



This is done by reconstructing transactions between different entities and across different levels, from sources to financing agents, from agents to providers, as well as the other way around. A good understanding of the national multisectoral response to the epidemic is necessary, hence the importance of the preliminary sketching of the HIV/AIDS sector. After cleaning the data and filling data gaps through communication

with respondents, the data was compiled by the AT in Excel worksheets. Thereafter, “top down” and “bottom up” analysis was undertaken to reconstruct each transaction and to calculate and estimate the actual spending for different AIDS Spending Categories.

4.6 Limitations

Like most surveys, this NASA has a number of limitations. The main issue relates to the difference registered between donor transfers and actual spending which is mainly due to difficulties in deciphering from their budgets the amount that was actually spent on AIDS-related activities. The data collection tools utilized so far for the spending assessments also had some limitations and will need to be improved in the future.

In fact, reconstruction of each flow of funding and reconciliation of different transactions proved more difficult than expected. This was mainly due to the data collection tools:

a) Section I in the Matrix included both funds “spent” and funds “transferred” by the relevant institution.

b) The actual source of funding could not exactly be identified in Section I of the Matrix, because a distinction was only made between different categories of Financing Sources (i.e.: Public, Bilateral, Multilateral, Global Fund, etc).

c) Data on Section II in the Matrix captured the amount transferred to a specific institution, but it does not always capture the final use (specific ASC) of these funds.

By deducting the funds transferred in Section II from the total on Section I, it was possible to calculate the actual spending of the institution reporting the data. But it was not possible to precisely establish the appropriate share of spending by the different ASC. Thus, an adjustment ratio was used to estimate spending by ASC and by sources.

These limitations shall be dealt with in future NASA rounds by improving the data collection tools. This will also simplify the data analysis methods. Since the national response is now familiar with the data collection forms currently in use, it is advisable to operate the improvements by maintaining to the extent possible the same format which is in general deemed quite user friendly.

4.7 Training

Another challenge faced during the assessment was related to the still insufficient understanding of NASA concepts and capacity in managing and analyzing large financial data sets. In addition there were some difficulties encountered by the AT due to deficient computer equipment, internet connection and other communications infrastructure. To overcome these problems a NASA Data Analysis and Interpretation Training Workshop was organized by the NAA with support from UNAIDS in May 2009 in Battambang.

The training workshop was attended by members of the AT who learned more about NASA approaches plus methods and who were able to practice data analysis and

interpretation under the specialist guidance of a NASA Advisor from the UNAIDS Secretariat.

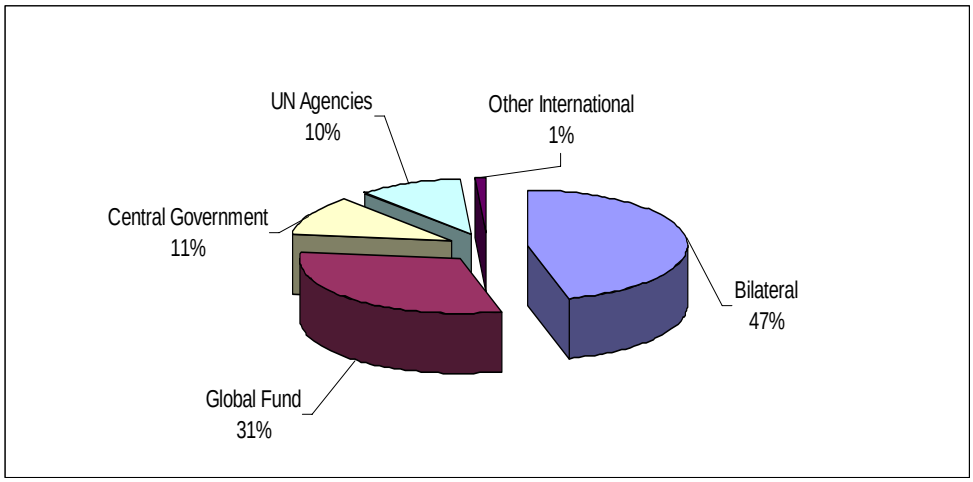
5. Results

The total amount spent on AIDS-related interventions in Cambodia in 2007 was US$ 53,258,765 and in 2008 US$ 51,846,997. These figures identify a drop in AIDS spending from one year to the other of 2.6%[7]. Yet, the AIDS spending in these two years was significantly higher than that recorded in 2006 (US$ 46,307,588)[8].

5.1 Sources of AIDS Funds

Figure 3 and Figure 4 show that in these two years the main financers of the national multisectoral response to HIV in the country were bilateral agencies (47% in 2007 and 40% of total spending in 2008) and Global Fund (31% in 2007 and 37% of total expenditures in 2008)[9]. Out of the total, 11% and 10% of AIDS funds were respectively derived in 2007 and in 2008 from the national budget[10].

Figure 3: Sources of AIDS Funds, 2007



The proportion of Global Fund resources used for AIDS-related interventions has increased and that obtained from bilateral agencies has decreased over the two years. This is mostly due to the fact that the British Department for International Development (DFID), who was a major source for AIDS funding in Cambodia phased out its financing of the national response to HIV in early 2008. As a result, the Global Fund share of total

[7] See Annexes 5 and 6.

[8] NAA (2008) National AIDS Spending Assessment (NASA) Year 2006, Phnom Penh: NAA.

[9] See data tables in Annex 7.

[10] It needs to be noticed that national funds were mostly used for blood screening and that spending was related to blood screening for HIV and other diseases. This means that the public share of total AIDS spending is in reality much lower. In the future it is important to take steps allowing to properly disaggregating blood screening expenditure for AIDS from that concerning other diseases.

AIDS financing has increased. Furthermore, it emerges that AIDS spending sourced from UN agencies has declined in both absolute and proportional terms over the past three years.

Figure 4: Sources of AIDS Funds, 2008

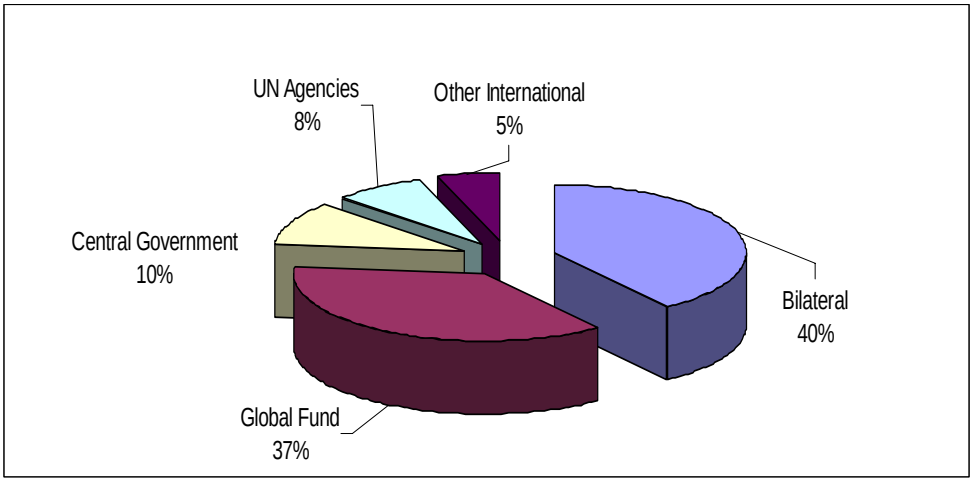
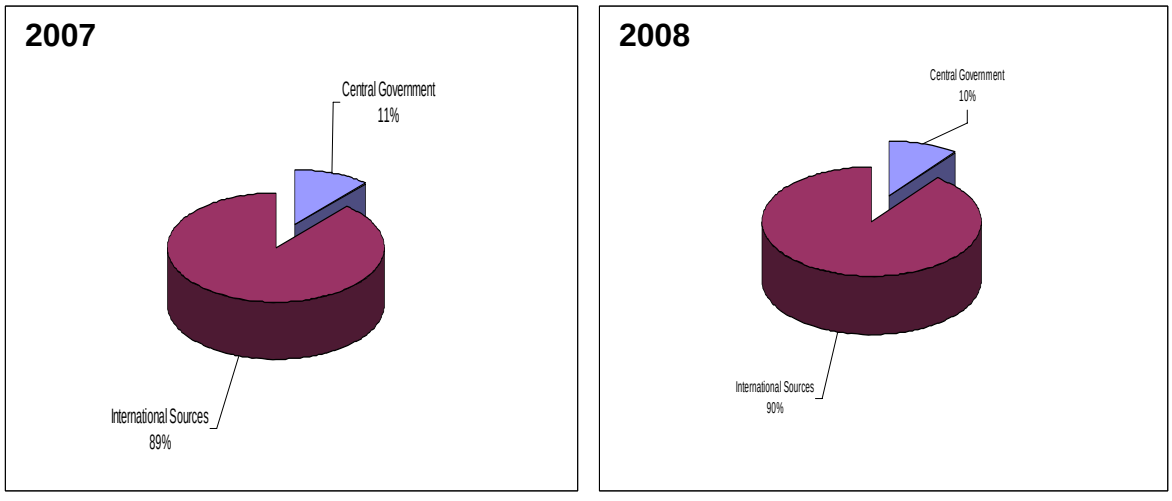


Figure 5 and 6 more clearly illustrates the national-international divide in AIDS financing in Cambodia. It shows that 89% in 2007 and 90% in 2008 of funds spent on AIDS-related interventions came from international sources.

Figures 5 and 6: Type of Sources of AIDS Funds, 2007 and 2008

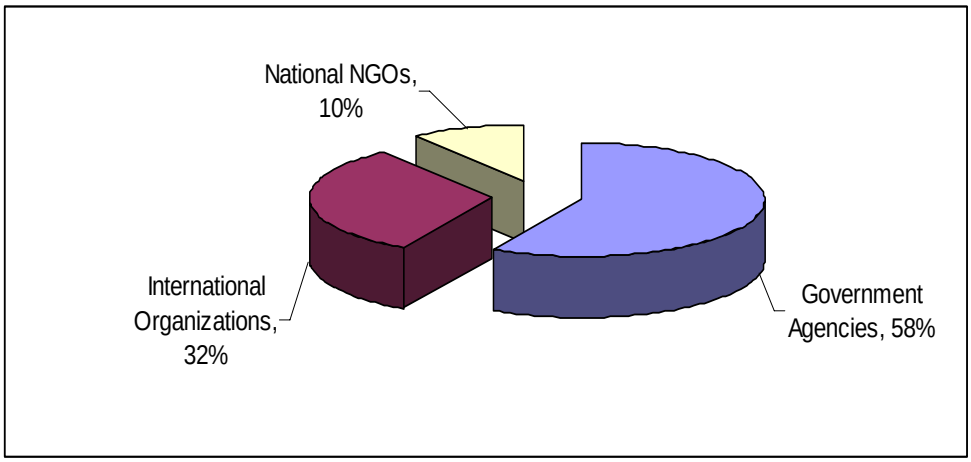


The fact that Cambodia remains heavily reliant on international support to respond to the HIV epidemic raises considerable concerns, especially in the context of the global economic downturn and possible future decreases in international development assistance. At current low levels of national financing for the response to the epidemic it will be extremely difficult to sustain successful outcomes of efforts aimed at reversing the spread of HIV in the country.

5.2 AIDS Financing Agents

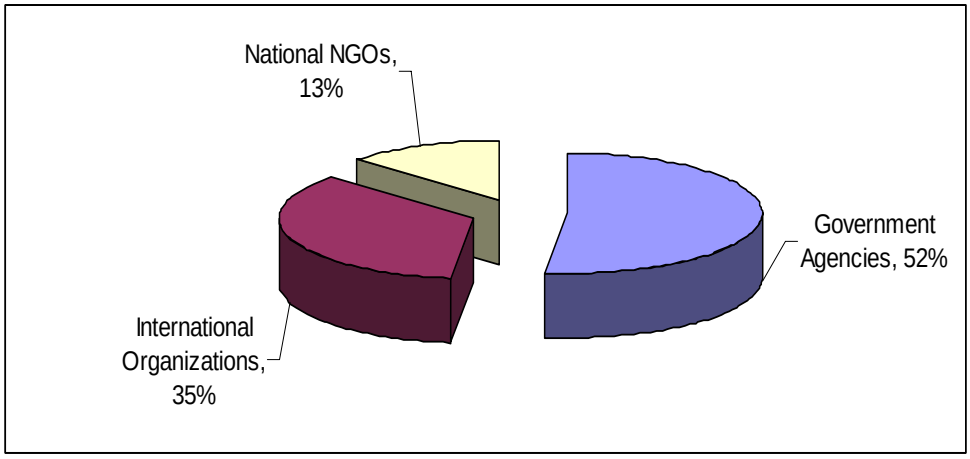
AIDS financing agents are those institutional entities who receive funds from the funding sources and who manage or handle the funds and make programmatic decisions on their use. The financing agents operate at an intermediary level between the funding sources and the service providers.

Figure 7: AIDS Financing Agents, 2007



Figures 7 and Figure 8 reveal that in both years the most important financing agent in Cambodia was the Government who made decisions over more than half of total AIDS spending (58% in 2007 and 52% in 2008)[11]. The programmatic decision making role over the spending of AIDS resources by National NGOs increased from 10% in 2007 to 13% in 2008 and that of International Organizations (including international NGOs) also increased slightly from 32% to 35%[12].

Figure 8: AIDS Financing Agents, 2008

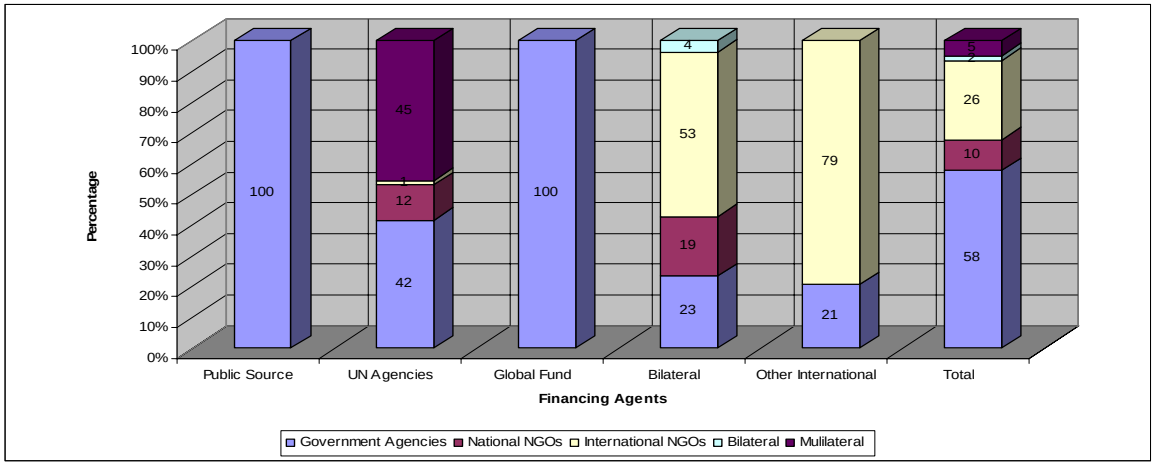


[11] See Annexes 7, 8 and 9.

[12] It needs to be noted that international NGOs were in the 2006 NASA classified in the category 'NGOs and Private Agents', hence the large share of their financing agents role in that year. Due to new global classification guidelines the classification has been changed but the end result remains comparable, with international NGOs making proportionally the largest bulk of AIDS spending decision making by using mostly funds from major bilateral donors (e.g., USAID).

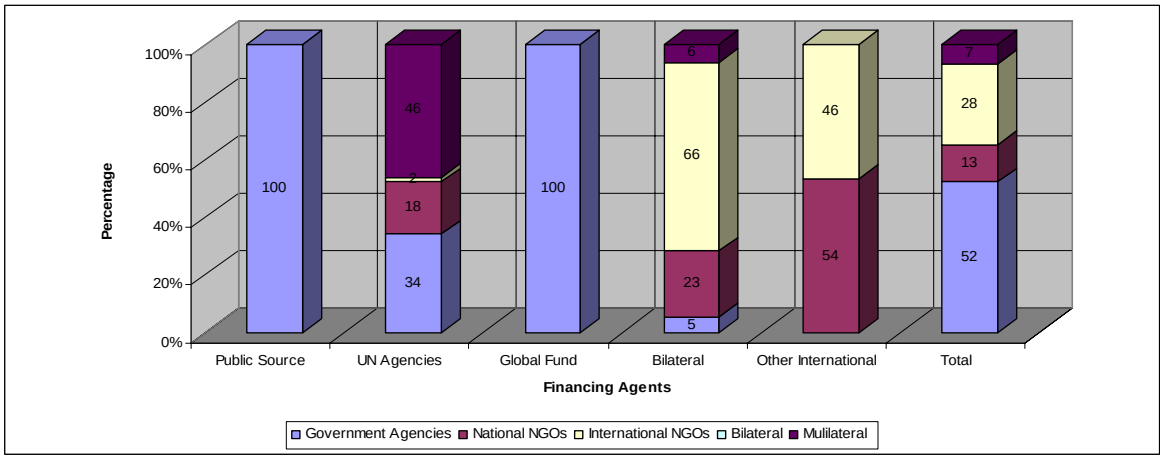
Figures 9 and 10 show that Government was the sole financing agent of AIDS-related expenditures covered by the national budget[13]. Government was also the only financing agent for resources channeled through GFATM, making it overall the most important AIDS spending decision maker in 2007 and 2008 when its share of decision making over bilateral funds is added[14].

Figure 9: AIDS Funding Sources by Financing Agents, 2007



In 2007 AIDS expenditures funded by UN Agencies were to a large extent decided upon by the Government (42%) and the UN Agencies themselves (45%). In 2008, Government's share in decision making over these expenditures declined to 34% and that of UN Agencies increased to 46%.

Figure 10: AIDS Funding Sources by Financing Agents, 2008



[13] See tables in Annex 7.

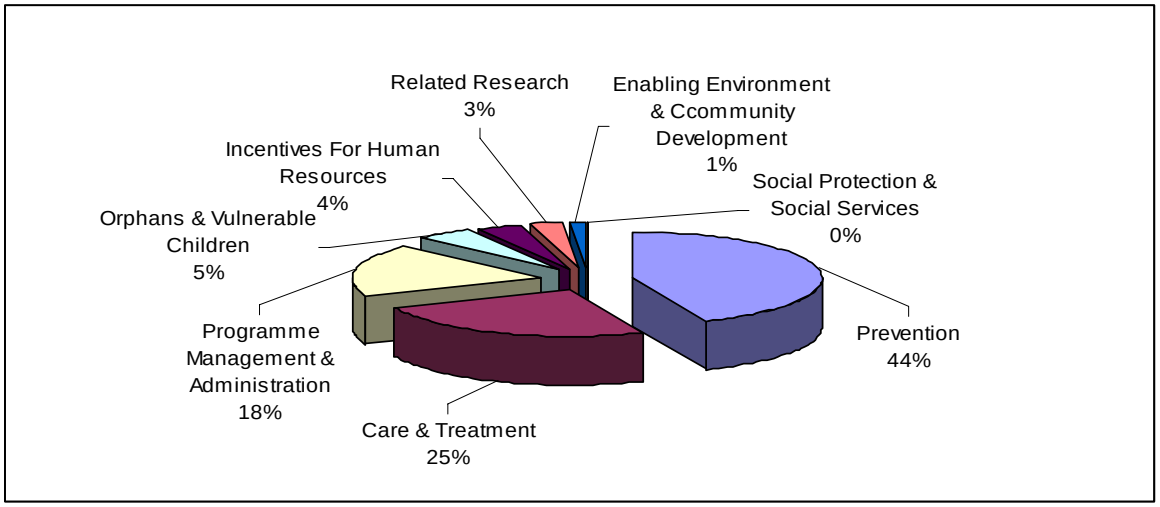
[14] This is due to the fact that GFATM funds are decided upon and handled by Cambodia's Principal Recipients who in these two years were represented exclusively by Government institutions. See Annex 7, 8 and 9 for the details.

The use of these resources was determined to a much smaller, yet rising extent by National NGOs (12% in 2007 and 18% in 2008). More than half of AIDS spending covered by Bilateral Donors was handled by International NGOs (53% in 2007 and 66% in 2008) and the remainder by Government (23% in 2007 and 5% in 2008) and National NGOs (19% in 2007 and 23% in 2008). This is due to the growth in prominence of the United States of America Government (USG) as a funding source for AIDS related interventions after the phasing out of DFID support and the fact that USG's financial contributions to the national response are mostly channeled through NGOs.In both years AIDS funds derived from other international organizations, not fitting the other categories (e.g., Clinton and Elton John Foundations and others), were mostly managed by International NGOs mainly representing themselves.

5.3 AIDS Spending by Categories

In 2007, out of the total AIDS spending of US$ 53,258,765, the largest share was used for HIV Prevention interventions (44%)[15] (Figure 11). This was followed by 25% of the resources utilized for Care and Treatment; 18% for Programme Management and Administration; 5% for programmes focused on Orphans and Vulnerable Children; and 4% for Incentives for Human Resources. Spending on the other ASCs such as Related Research, Enabling Environment and Community Development, and Social Protection and Social Service made up a very small percentage of the total AIDS spending in both years.

Figure 11: AIDS Expenditure by AIDS Spending Categories, 2007

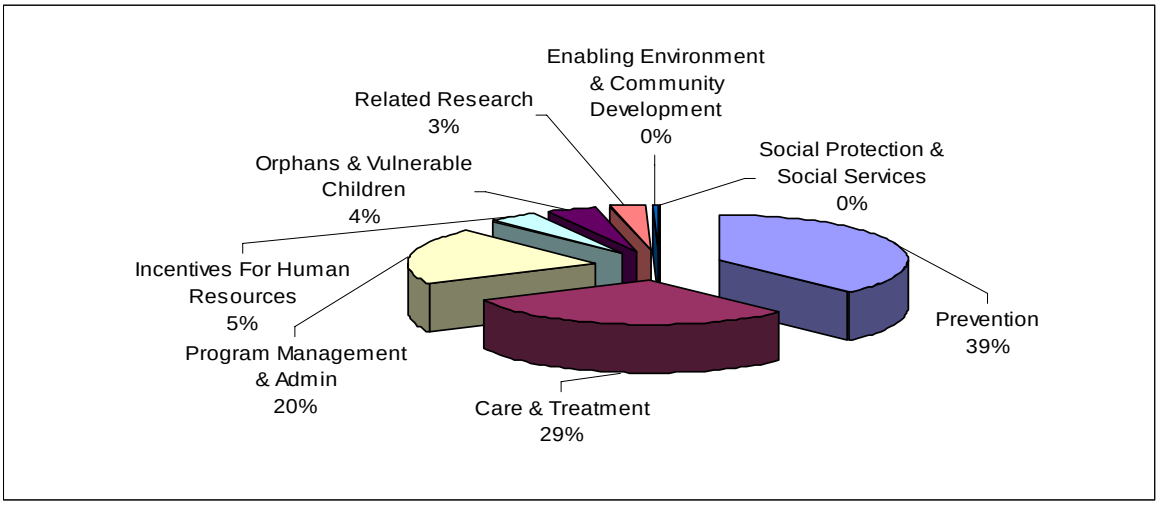


In 2008, out of total AIDS spending representing US$ 51,846,997 in that year, expenditure for HIV Prevention decreased to 39% but continued representing the largest category of expenditure (Figure 12)[16]. It was followed by Care and Treatment (29%) which significantly increased compared to the previous year as well as by Programme

[15] See Annexes 5 and 7.
[16] See Annexes 6 and 7.

Management and Administration (20%) which also grew. AIDS expenditures related to the other categories remained almost constant from 2007 to 2008.

Figure 12: AIDS Expenditure by AIDS Spending Categories, 2008



The growth in spending related to Care and Treatment expenditures is primarily due to the remarkable increase in Cambodia of the number of people in need who are receiving Opportunistic Infection/Anti-retroviral Therapy (OI/ART) treatment. At the end of 2008, 31,999 adults were receiving ART representing 94.9% of those with advanced HIV infection in need of treatment. This is very close to Cambodia's Universal Access 2010 Care and Treatment target and represents a great achievement. However, the decrease in the share of resources allocated to HIV Prevention is a source of some concern at least in the longer term where the possibility of a resurgence in the epidemic cannot be ruled out unless critical attention is focused, and adequate financial investments are made, into HIV Prevention with key at risk populations such as sex workers (in brothel and non-brothel settings), drug users and men who have sex with men.

5.4 AIDS Spending by Sub-Categories

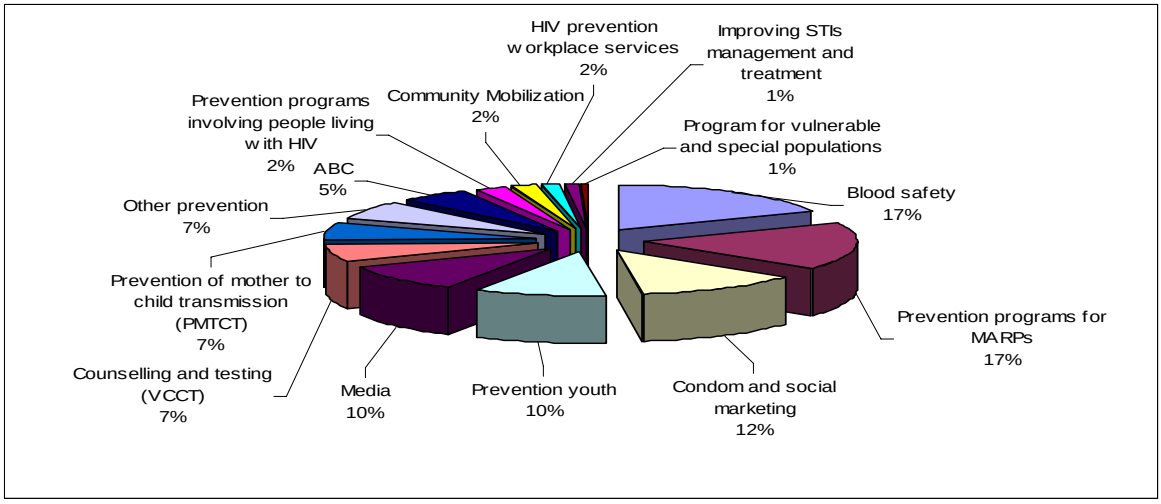
It is also interesting to look at the distribution of spending within some of the eight major AIDS Spending Categories that are broken down by sub-spending categories: Prevention, Care and Treatment and Programme Management and Administration.

5.4.1 Prevention Spending

Figure 14 shows that in 2007, out of US$ 23,273,407 of total AIDS expenditure on HIV Prevention, 17% was used for prevention programmes for Key Populations (i.e., sex workers, drug users, men who have sex with men) and 17% was used for Blood Safety

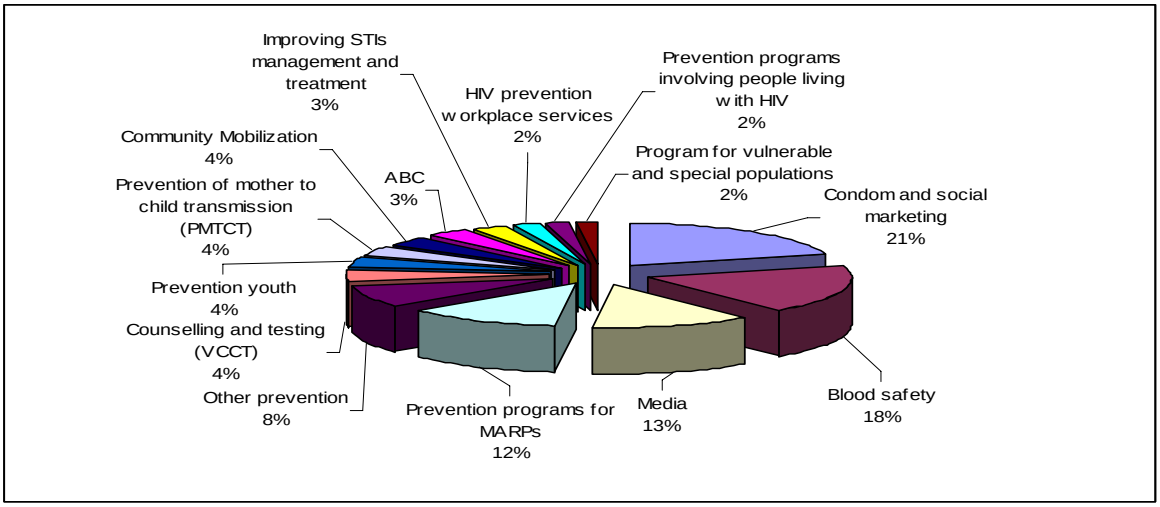
activities [17] . These areas are followed by expenditures for Condoms and Social Marketing (12%); Media and Youth Prevention at (10%) respectively; Voluntary and Confidential Counseling and Testing (VCCT) and by Prevention of Mother to Child Transmission (PMTCT) interventions (representing respectively 7% of total expenditures for HIV prevention interventions). Additionally, the spending on other prevention sub-categories was 7% and included peer education among the armed forces.

Figure 13: Expenditure on Prevention by Sub-categories, 2007



From Figure 14 it is possible to gather that Condom and Social Marketing expenditure increased to 21% in 2008, making this the largest category of HIV Prevention spending. Prevention programmes for Key Populations and Blood Safety interventions accounted for 12% and 18% respectively similar to the previous year[18]. Spending on Prevention of Mother to Child Transmission and on Voluntary and Confidential Counseling and Testing both decreased by three percentage points reaching 3% and 4% each in 2008. It must be noted that the spending on Blood Safety was particularly large because it was not specifically HIV-related as it also covered other health goals.

Figure 14: Expenditure on Prevention by Sub-categories, 2008

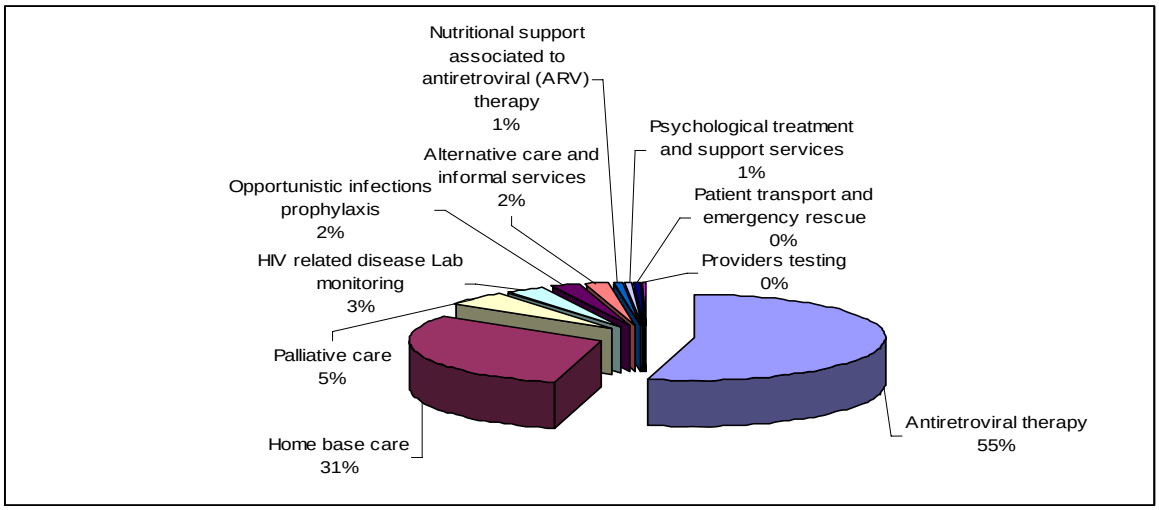


5.4.2 Care and Treatment Spending

5.5.2 Care and Treatment Spending

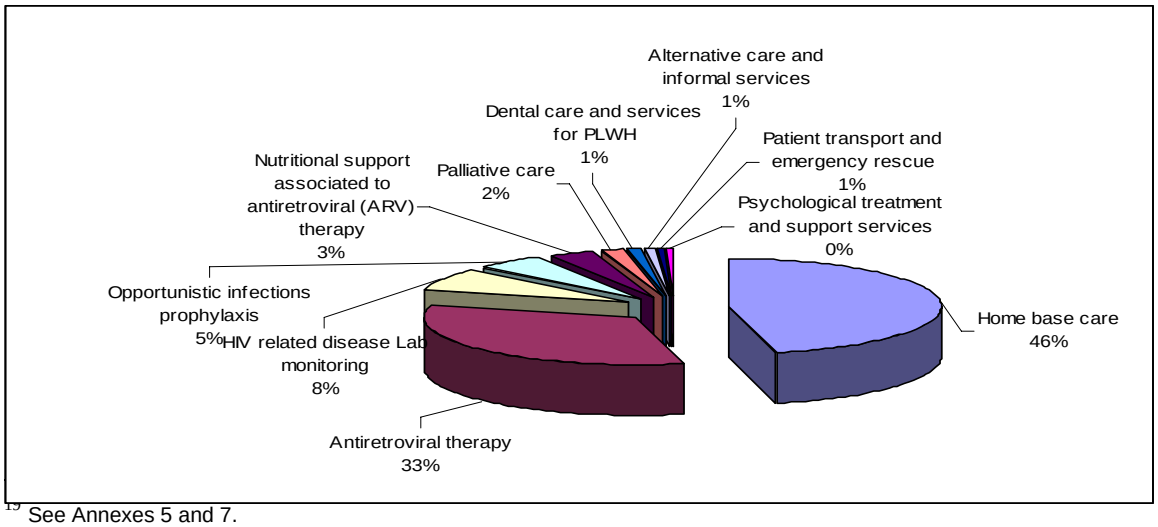
In 2007, total expenditure on care and treatment was US$ 13,481,788; it grew by 4% to US$ 14,809,076 in 2008[19]. Out of the total Treatment and Care expenditure in 2007 97% was spent on outpatient care and the remaining on inpatient care related to HIV.

Figure 15: Expenditure on Outpatient Care by Sub-Categories, 2007



Figures 15 and 16 present a further breakdown of outpatient care expenditure related to HIV. They show that by far the largest share of spending concerned the provision of Antiretroviral Therapy (55% in 2007 and 33% in 2008) and of Home-Based Care (31% in 2007 and 46% in 2008). Thus, spending on Home-Based Care increased from 2007 to 2008 whereas expenditure on Antiretroviral Therapy dropped[20].

Figure 16: Expenditure on Outpatient Care by Sub-Categories, 2008



[19] See Annexes 5 and 7.

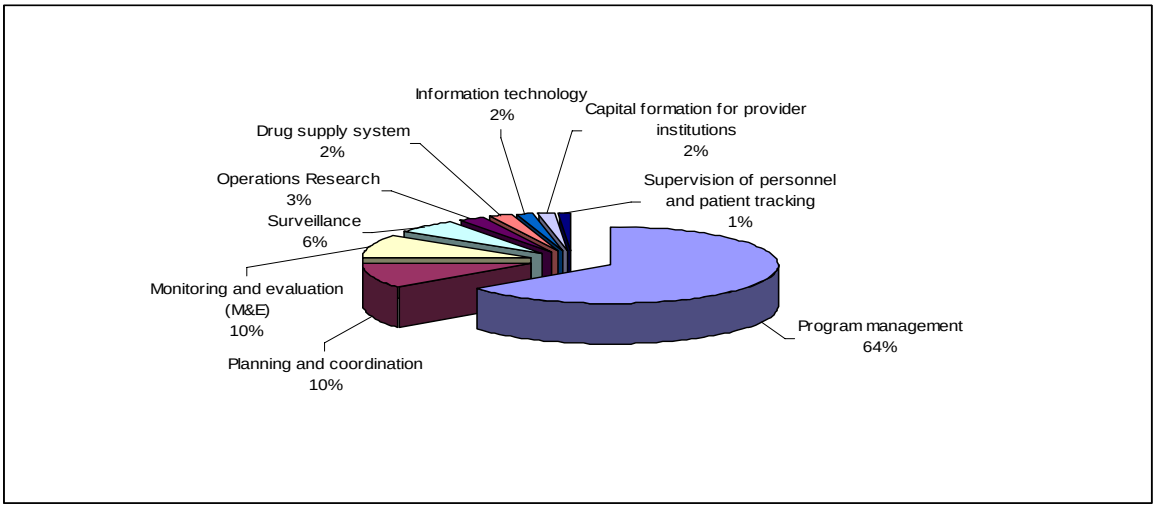
[20] The significant drop recorded in spending on ART from 2007 to 2008 is not plausible given the rapid increase in people on treatment. This can only be explained by the fact that the NASA methodology which is currently being used in Cambodia does not yet allow to adequately capture spending based on the accrual method, meaning that spending was measured and reported using the time and level of procurement rather than that of provision of treatment to the patient.

5.4.3 Programme Management and Administration Spending

5.5.3 Programme Management and Administration Spending

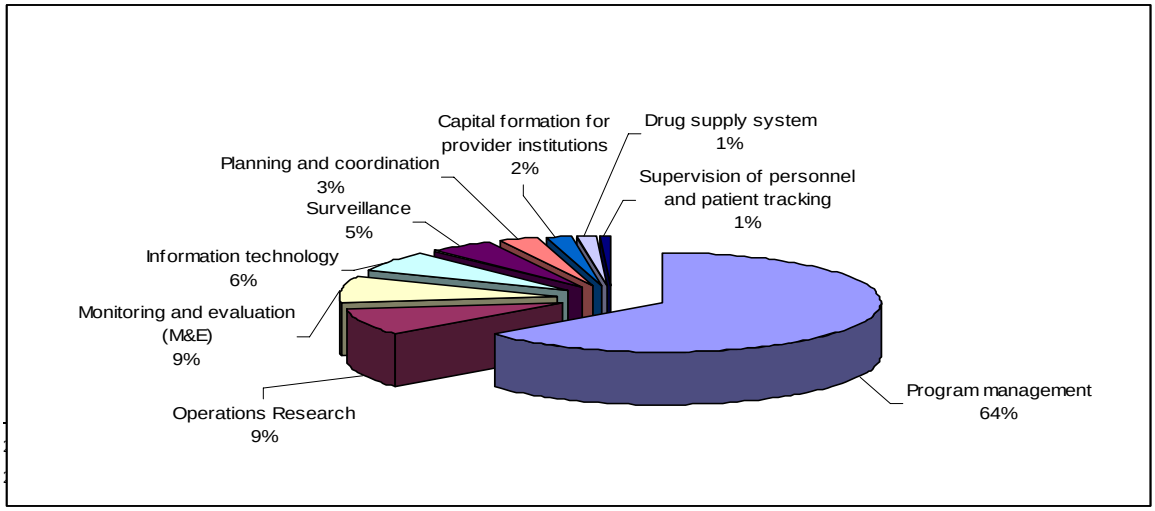
In 2007, AIDS expenditure on Programme Management and Administration was US$ 9,494,033[21]. Out of this amount 64% was spent on Programme Management and 10% respectively on Planning and Coordination and Monitoring and Evaluation (Figure 17).

Figure 17: Expenditure on Programme Management & Administration by Sub-categories, 2007



In 2008, AIDS spending on Programme Management and Administration increased by 2% to US$ 10,279,877[22]. Figure 18 shows that the share spent for Programme Management remained the same (64%) while that employed for Planning and Coordination dropped (to 3%) and that of Operation Research increased (to 9%). An increase was also registered in spending on Information Technology (to 6%).

Figure 18: Expenditure on Programme Management and Administration by Sub-categories, 2008



6. AIDS Spending Trends

5.4 AIDS Spending by Sources and Categories

Figures 19 and 20 break down AIDS spending by source and AIDS spending category for both 2007 and 2008. They show that Care and Treatment is largely financed with foreign resources coming especially from the Global Fund. The greatest share of public funds was spent on Prevention and particularly on blood safety. A high proportion of spending for Program Management and Administration was registered among international organizations not falling in the categories of Bilaterals, UN and Global Fund.

Figure 19: AID S Spending by Sources and Categories 2007

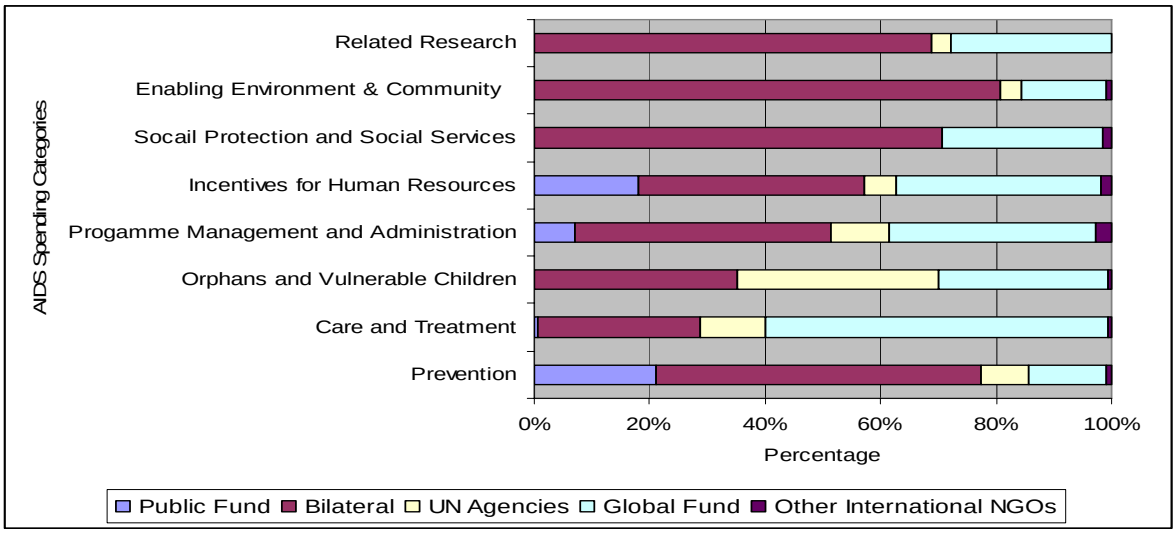
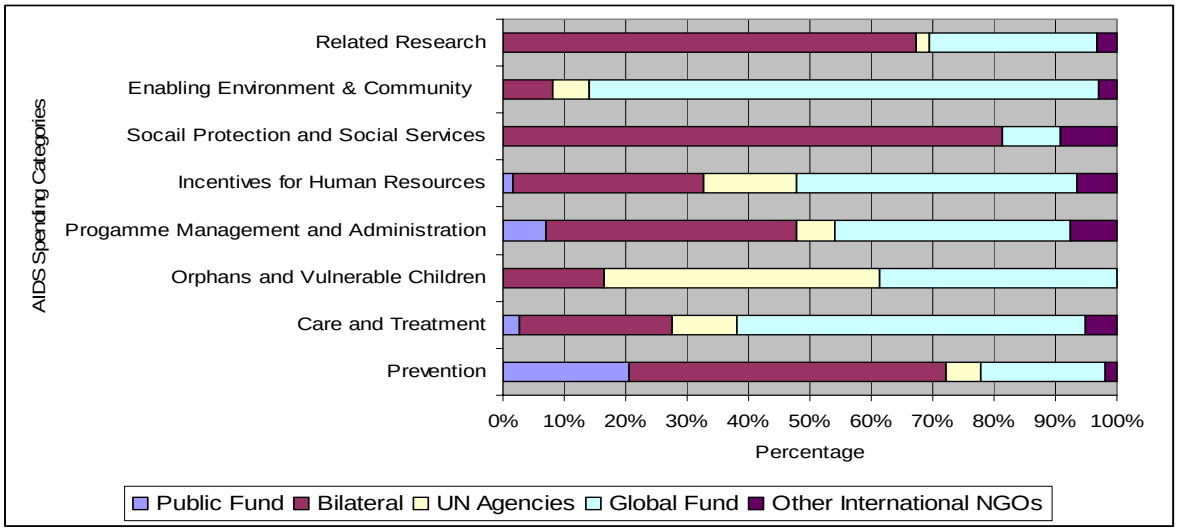


Figure 20 shows AIDS Spending by Sources and Categories in 2008.

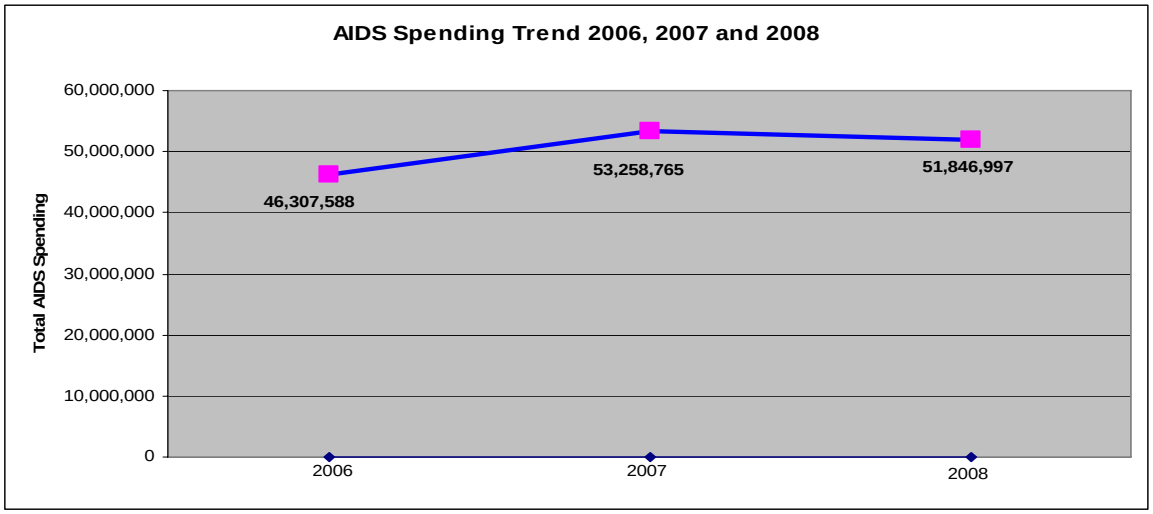
Figure 20: AIDS Spending by Sources and Categories 2008



6. AIDS Spending Trends

Figure 23 illustrates that total AIDS-related spending has fluctuated over the years 2006, 2007, and 2008 with a peak in 2007. From 2006 to 2007 an increase of 11.5% was registered in total spending, and from 2007 to 2008 a drop of 2.6% was detected. A decrease in AIDS expenditure sourced from Bilateral Agencies has mostly influenced this downward trend.

Figure 21: Total AIDS Spending Trend 2006, 2007 and 2008



7. Conclusions and recommendations

Total spending on HIV/AIDS in Cambodia has slightly declined from $53,258,765 in 2007 to $51,846,997 in 2008. The majority of funds spent for AIDS-related interventions came from Bilateral Agencies and the Global Fund. The role of Global Fund as a financer of the national response expanded while that of Bilateral Agencies shrunk contributing to an overall decline in AIDS spending in 2008.

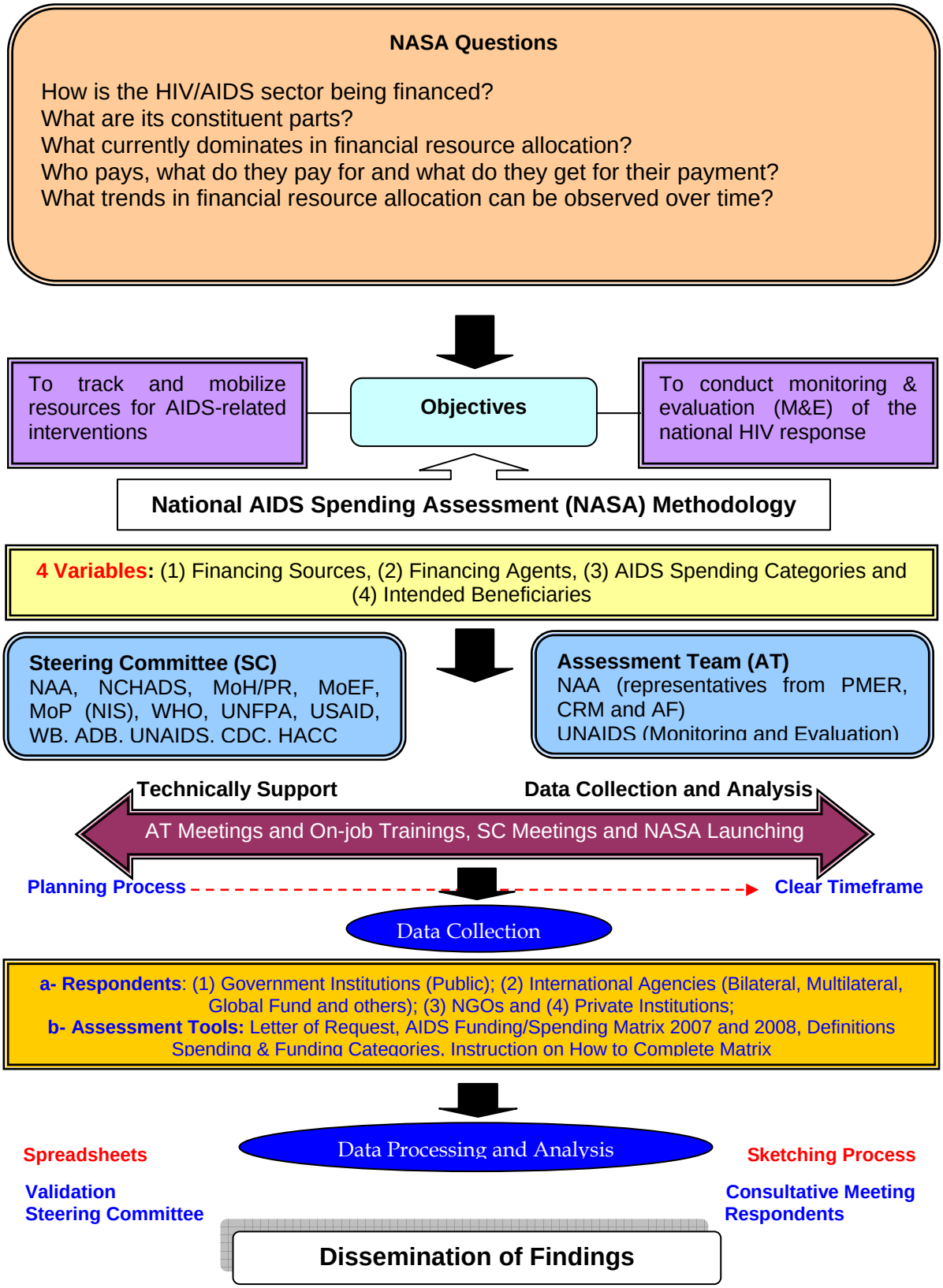
Most of the funds used to cover AIDS-related spending came from international donors making the national response to the epidemic very dependent on foreign aid. Government was the main decision-maker on the way AIDS funds were spent, though its role diminished while that of National NGOs and International Agencies slightly increased.

From 2007 to 2008 spending on HIV Prevention decreased whereas expenditures on Care and Treatment and on Programme Management and Administration increased. This trend is the source of some concern given the importance of HIV Prevention interventions to avert new infections, especially among Key Populations at particular risk of HIV infection, and to maintain Cambodia's HIV prevalence rate at low levels.

Therefore, in the future more efforts are required to mobilize resources and to make programme interventions and service delivery more cost-effective. The Royal Government of Cambodia and international donors need to continue supporting the national response to HIV and AIDS in order to ensure the achievement of Universal Access to prevention, care and treatment and support for all those in need.

Annexes

Annex 1: Process and Procedures of NASA II



Annex 2. Composition of the NASA Assessment Team

National AIDS Authority

A. Planning, Monitoring, Evaluation and Research Department

Mr. Sok, Serey, M&E Specialist

Dr. Lim Kalay, Deputy Director

Dr. Ly Chanravuth, Deputy Director

Dr. Tan Sokhey, Technical Assistant

Ms. Siek Sopheak, M&E Assistant

A. Administration and Finance Department

Mr. Hang Vibol, Deputy Director

B. Communication and Resource Mobilization Department

Dr. Chhea Sitthi, Deputy Director

UNAIDS Country Office

Dr. Savina Ammassari, M&E Advisor

Ms. Alexandra Illmer, M&E Fellow

Mr. John Keating, Programme Specialist

Annex 3. Composition of the NASA Steering Committee

The NASA Steering Committee comprised representatives from the following organizations:

- National AIDS Authority
- National Centre for HIV/AIDS, dermatology and STDs
- Ministry of Health/Principal Recipient
- Ministry of Planning/National Institute of Statistics
- Ministry of Economy and Finance
- Council for the Development of Cambodia
- UNAIDS
- UNFPA
- WHO
- USAID
- World Bank
- Asian Development Bank
- Representative from private sector (CBCA)
- HIV/AIDS Coordinating Committee (HACC)

Annex 4: Instrumentation of NASA II

National AIDS Authority

UNAIDS

AIDS Funding/Spending Matrix

Year 2008

Cambodian Fiscal Year:
Institution:
Person who filled Matrix:
Phone / Email:

SECTION I

AIDS Spending Categories Currency: (Riels/USD)		Total Spending ……	%	Sources of Funds: Public Sources	Sources of Funds: Private Sources (profit and non-profit)	Sources of Funds: International Sources			
							Multilateral		
						Bilateral	UN Agencies	Global Fund	Other International
1	**PREVENTION**								
1.1	Media								
1.2	Community Mobilization								
1.3	ABC								
1.4	Counselling and testing (VCCT)								
1.5	Program for vulnerable and special populations								
1.6	Prevention youth in school								
1.7	Prevention youth out of school								
1.8	Prevention programs involving people living with HIV								
1.9	Prevention programs involving sex workers								
1.10	Programs involving men who have sex with men (MSM)								
1.11	Harm-reduction for injecting drug users (IDU)								
1.12	HIV prevention workplace services								
1.13	Condom and social marketing								
1.14	Microbicides								
1.15	Improving STIs management and treatment								
1.16	Prevention of mother to child transmission (PMTCT)								
1.17	Blood safety								
1.18	Post-exposure prophylaxis								
1.19	Safe medical injections								

	1.2	Universal precautions								
	1.21	Other preventions								
2	**CARE & TREATMENT**									
	2.1	Outpatient care								
	2.1.1	Providers testing								
	2.1.2	Opportunistic infections prophylaxis								
	2.1.3	Antiretroviral therapy								
	2.1.4	Nutritional support associated to antiretroviral (ARV) therapy								
	2.1.5	HIV related disease Lab monitoring								
	2.1.6	Dental care and services for PLWH								
	2.1.7	Psychological treatment and support services								
	2.1.8	Patient transport and emergency rescue								
	2.1.9	Palliative care								
	2.1.10	Home base care								
	2.1.11	Alternative care and informal services								
	2.2	Inpatient care								
	2.2.1	Opportunistic infections treatment								
	2.2.2	Other care and treatment services								
3	ORPHANS & VULNERABLE CHILDREN									
4	PROGRAM MANAGEMENT & ADMINISTRATION									
	4.1	Program management								
	4.2	Planning and coordination								
	4.3	Monitoring and evaluation (M&E)								
	4.4	Operations Research								
	4.5	Surveillance								
	4.6	Drug supply system								
	4.7	Information technology								
	4.8	Supervision of personnel and patient tracking								
	4.9									
5	INCENTIVES FOR HUMAN RESOURCES									
6	SOCIAL PROTECTION & SOCIAL SERVICES									
7	ENABLING ENVIRONMENT & COMMUNITY DEVELOPMENT									
8	RELATED RESEARCH									
T	Total Expenditures on HIV AIDS 2008									

SECTION II

Currency	Amount
USD	
USD	

1 What was your total HIV AIDS budget for the year under Review (your Fiscal Year)

2 How much was spent from the total budget (personnel included) for the period under review?

3 Did your organization provide any financial support for HIV AIDS activities to other institutions during that period? If YES, fill the table below

Transfer of funds to other institutions out of the amount included in total spending 2008 (Row T)

Institutions Currency: (Riels/USD)	**Amount** ----------	**ASC Code**

Add additional row if required

AIDS Spending Categories		
1	PREVENTION	This category includes expenses for programs, interventions and activities aimed to reduce risk behaviour, to lead to a decrease in HIV infections among the population and to improve quality and safety in health facilities in regard of therapies administered to HIV and AIDS patients exclusively or in large part.
1.1	Media	Information, education, and communication campaigns undertaken via different media to reach a large number of people. Media may include channels such as radio, television and print.
1.2	Community Mobilization	Activities that create community commitment and involvement in achieving program goals. This includes involvement of community groups (for example PLHIV) in program planning and mobilization of community resources, peer education, support groups and self representation.
1.3	ABC	Prevention strategies and activities (including training) to promote abstinence, delay, fidelity, partner-reduction messages and related social and community norms.
1.4	Counselling and testing (VCCT)	Client-initiated confidential voluntary counseling and testing includes activities in which both HIV counseling and testing are consumed by people who seek to know their HIV status (as in traditional VCCT) and as indicated in other contexts (e.g. sexually transmitted infection clinics).
1.5	Program for vulnerable and special populations	Preventive interventions targeting special accessible populations and segments of the population vulnerable to HIV risks such as migrants, truck drivers, indigenous groups, recruits, prisoners. Special attention should be given to those people in situations of conflict and displacement.
1.6	Prevention youth in school	A benefit corresponding to a program targeting young people enrolled in primary and secondary level schools (6–11 and 12–15), though, the group between 15 and 25 are the most threatened by the AIDS epidemic, accounting for half of all new cases of HIV.
1.7	Prevention youth out of school	Services based on outreach work targeting young people (6-15 years) out of school by delivering skills-based sexual education; youth friendly health services, offering core interventions for the prevention of the transmission through unsafe drug injecting practices; and consistent access to male and female condoms.
1.8	Prevention programs involving people living with HIV	Activities aimed to reduce risky behaviors by infected people aimed to decrease the rate of infections among the population. The aim is to empower people living with HIV to avoid acquiring new sexually transmitted infections, delay HIV progression and avoid passing their infections to others.

1.9	Prevention programs involving sex workers	Activities aimed to promote risk reduction measures including outreach (including peer), voluntary and confidential HIV counselling and testing, prevention of sexual transmission of HIV (including condoms and prevention and treatment of sexually transmitted infections) and consistent access to male and female condom.
1.1	Programs involving men who have sex with men (MSM)	Activities targeting men who regularly or occasionally have sex with other men. Programme expenditures include risk reduction activities, outreach (including peer), voluntary and confidential HIV counselling and testing and prevention of sexual transmission of HIV (including condoms, prevention and treatment of sexually transmitted infections).
1.11	Harm-reduction for injecting drug users (IDU)	Services provided under a comprehensive program of treatment options such as substitution treatment and the implementation of harm-reduction measures (peer outreach, and sterile needle and syringe programmes), voluntary and confidential HIV counselling and testing and prevention of sexual transmission of HIV (including condoms and prevention and treatment of STI).
1.12	HIV prevention workplace services	Services promoted in private businesses, public institutions, unions, and professional associations (teachers, farmers, fishermen, coffee growers etc.) to generate HIV prevention services for their members, employees and family members.
1.13	Condom and social marketing	Procurement of male and female condoms regardless of mode of distribution (cost-free, subsidized or commercially priced). Interventions to promote community acceptance and positive attitudes toward condom use. Includes campaigns to promote the purchasing of condoms.
1.14	Microbicides	Activities aimed to make available microbicides that are proven safe and effective to provide another prevention option that would help to reduce new HIV infections.
1.15	Improving STIs management and treatment	Sexually transmitted infection activities, which encompass prevention and care services, diagnosis and treatment.
1.16	Prevention of mother to child transmission (PMTCT)	Activities aimed at preventing mother-to-child HIV transmission including counselling and testing for pregnant women, antiretroviral prophylaxis for HIV-infected pregnant women and newborns, counselling and support for safe infant feeding practices.

1.17	Blood safety	Medical transmission/blood safety expenditures and investments addressing activities supporting a nationally coordinated blood programme to prevent HIV transmission, which includes policies; infrastructure, equipment and supplies; donor-recruitment activities; blood collection, distribution, testing and transfusion; and management to ensure a safe and adequate blood supply.
1.18	Post-exposure prophylaxis	Includes post-exposure interventions and antiretroviral drugs after exposure in the health care setting, or after high risk exposure (rape) and unprotected sex.
1.19	Safe medical injections	Medical transmission/injection safety including the development of policies, training, waste-management systems, advocacy and other activities to promote (medical) injection safety, including distribution/supply chain, cost and appropriate disposal of injection equipment and other related equipment and supplies. Expenditures within this category are limited to the prevention of HIV transmission.
1.2	Universal precautions	It refers to the use of gloves, masks and gowns by health care personnel to avoid HIV infection through contaminated blood.
1.21	Other preventions	Includes all other preventive programs, interventions and activities in which the country is incurring and consider relevant and not listed above (e.g. male circumcision).
2	CARE & TREATMENT	This category includes all the expenditures, purchases, transfers and investments incurred to provide access to clinic- and home/community-based activities for the treatment and care of HIV-infected adults and children. The treatment and care component include the following interventions and activities:
2.1	Outpatient care	These expenses are aimed at optimizing quality of life for HIV-infected persons and their families throughout the continuum of care by means of antiretroviral therapy, symptom diagnosis and relief; nutritional support; psychological and spiritual support; clinical monitoring, related laboratory services and management of opportunistic infections (excluding TB) and other HIV- and AIDS-related complications ; and culturally-appropriate end-of-life care.
2.1.1	Providers testing	The cost and expenditures of provider-initiated testing are distinct from client-initiated testing that takes place through voluntary confidential counselling and testing (VCCT) services.

2.1.2	Opportunistic infections prophylaxis	Prophylaxis for prevention of opportunistic infections (e.g., the cost of isoniazid to prevent TB and cotrimoxazole to protect against pathogens responsible for pneumonia, diarrhoea and their complications. Children born to women living with HIV receive 18 months of cotrimoxazole, as prophylaxis).
2.1.3	Antiretroviral therapy	The specific therapy includes a comprehensive group of recommended antiretroviral drugs, including the cost of supply logistics for either adults or children. These treatment regimens have been shown to reduce the amount of virus so that it becomes undetectable in a patient's blood. It includes: first line ART, second line ART and Multidrug ART after failing second line treatment.
2.1.4	Nutritional support associated to antiretroviral (ARV) therapy	Clinical nutritional services including food, nutritional supplements, pharmaceutical products, clinical and laboratory monitoring.
2.1.5	HIV related disease Lab monitoring	Includes laboratory expenditures for the delivery of CD4 cell count, viral load determination and testing for drug resistance aimed to monitor the biological response to antiretroviral therapy and to determine the disease progression for a person with HIV related disease.
2.1.6	Dental care and services for PLWH	Includes dental care and treatment services for people living with HIV (PLHIV).
2.1.7	Psychological treatment and support services	Includes psychological treatment and support services for PLHIV.
2.1.8	Patient transport and emergency rescue	Expenses for transport and emergency rescue of PLHIV.
2.1.9	Palliative care	Refers to care that addresses pain and discomfort associated with HIV. All basic health care and support activities either clinic- or home/community-based activities for HIV-infected adults and children and their families.
2.1.10	Home base care	External support for the AIDS chronically ill individuals and their families. It may include medical care, supplies for medical care, food, companionship.
2.1.11	Alternative care and informal services	A wide range of services and products, not allopathic services, including traditional healing, homeopathy and acupuncture among other.
2.2	Inpatient care	All in-hospital care activities for HIV-infected adults and children aimed at the treatment of HIV related disease by means of diagnosis procedures, surgery, intensive care and overall hospital care.

2.2.1	Opportunistic infections treatment	Treatment of opportunistic infections (OI) refers to a package of medication, diagnosis and care used for treatment of HIV-related diseases
2.2.2	Other care and treatment services not elsewhere classified	Includes all other treatment programs, interventions and activities that are not captured above in which the country is incurring and considers them as a relevant spending.
3	ORPHANS & VULNERABLE CHILDREN	This includes education, basic health care (including immunization & nutrition), family/home support (including food, clothes & shoes, blankets & bed nets, income generation etc), community support, organisation cost and other services supporting a child under the age of 18 who has lost one or both parents regardless of financial support.
4	PROGRAM MANAGEMENT & ADMINISTRATION	Expenditures that are incurred at administrative levels outside the point of health care delivery including management of HIV/AIDS programs and interventions, planning and coordination of activities, monitoring and evaluation (M&E), advocacy and operations research. Included are salaries for staff working on program management and administration.
4.1	Program management	Expenses that are incurred at administrative levels, including operating costs and facility upgrading through purchases of equipment as well as salaries. Salaries for staff working on prevention and treatment are accounted for within other categories (e.g., ASC 1. (Prevention), ASC 2. (Treatment & Care)). Salaries for staff working on program planning, management, M&E, administration, advocacy etc. are accounted for under this spending line.
4.2	Planning and coordination	Planning and coordination activities including those in support to the Three Ones principle (coordination of a single agreed AIDS action framework and support to build/strengthen one National AIDS Authority).
4.3	Monitoring and evaluation (M&E)	Activities designed to ascertain progress and results of program interventions; provision of feedback for accountability and quality; surveillance; and, implementation/upgrade of information management systems. Includes M&E of prevention, treatment, care and impact mitigation efforts and salaries of the staff who implement monitoring and evaluation activities.
4.4	Operations Research	Expenses incurred to perform applied operations research aimed to improve the design, planning, management, delivery, and quality of HIV/AIDS interventions and services.

4.5	Surveillance	Includes serosentinel, behaviour surveillance. Activities of registry, processing of information aimed to document the incidence and specific prevalence of the epidemic in the general population as well as specific populations. It also includes sentinel surveillance studies, mandatory reporting of cases and epidemiological analysis.
4.6	Drug supply systems	Includes the procurement, logistics, transportation and supply of antiretroviral and other essencial drugs for the care of people with HIV infection.
4.7	Information technology	Implementation and upgrade of information systems, software and hardware integrated in information networks to manage clinical outcomes information.
4.8	Supervision of personnel and patient tracking	The activities and resources to supervise personnel working on the field tracking patients and providing adherence support and treatment preparedness.
4.9	Capital formation for provider institutions	Investments, purchases and expenses that involve the construction, renovation, leasing, procurement (equipment, supplies, furniture, and vehicles), overhead and/or installation for the implementation of HIV and AIDS programmes. Activities to upgrade and construct facilities providing HIV/AIDS services including all investments in building or refurbishing infrastructure.
5	INCENTIVES FOR HUMAN RESOURCES	Activities of the workforce through approaches for recruitment, retention, deployment and rewarding to ensure high quality performance of staff working in the HIV/AIDS field. Includes wage benefits and monetary incentives for personnel as well as formative education and training of the staff. Included are workshops and attendance in workshops and conferences.
6	SOCIAL PROTECTION & SOCIAL SERVICES	Includes the provision of cash benefits and benefits in kind to PLHIV and other people in need due to sickness, old age, disability, unemployment, social exclusion, etc. Social Protection comprises personal social services and social security. Included are AIDS-specific income generating interventions and social protection activities not elsewhere classified.
7	ENABLING ENVIRONMENT & COMMUNITY DEVELOPMENT	Includes (1) advocacy and strategic communication on HIV and AIDS; (2) human rights activities with focus on HIV/AIDS, (3) AIDS-specific institutional development initiatives, (4) AIDS-specific programmes focused on women and gender issues.
8	RELATED RESEARCH	All HIV/AIDS related research, excluding operational research and surveillance which are captured under ASC 4.4 and 4.5. This category includes biomedial, clinical, epidemiological, vaccine-related, behavioural, and socio-economic research and studies.

Sources of HIV/AIDS Funding

	Funding Categories (Sources Of Funds)	
S1	Public Sources	This includes all institutional units of Government that finance HIV and AIDS interventions in Cambodia.
S2	Private Sources	This includes all private institutions (profit and non-profit, including national NGOs such as KHANA), households and individuals that finance HIV and AIDS interventions in Cambodia.
S3	International Sources	This includes all institutions (public and private) that finance HIV and AIDS interventions in Cambodia.
S3.1	Bilateral Sources	Includes resources coming from other Governments (e.g., US Government/PEPFAR, DFID).
S3.2	Multilateral Sources	Includes resources coming from UN agencies and funds involving more than one government (e.g., Global Fund).
S3,2	Other International Sources	Includes resources coming from foreign or international institutions not included in bi- and multi-lateral sources (e.g., Bill Gates Foundation; Clinton Foundation).

Instructions to complete AIDS Funding Matrix:

- The attached AIDS Funding Matrix is a spreadsheet that enables you to record AIDS spending for 2007 and 2008 within eight categories across three funding sources. NASA II covers two years and therefore there are two worksheets – or AIDS Funding Matrices – that will need to be filled and returned by your organization: one for 2007 and one for 2008.

- Each AIDS Funding Matrix is divided into two sections. You are required to breakdown spending in your organization for the years 2007 and 2008 based on different AIDS Spending Categories (ASC) in the first section and your financing support on HIV/AIDS to other institutions for 2007 and 2008 in the second section.

- AIDS spending and transfers of funds to other institutions should be reported separately for the 12 months under review in each of the worksheets. Following the Cambodian Fiscal Year, the first worksheet is to be used to report spending for the period from January to December 2007 and the second worksheet to report spending from January to December 2008.

SECTION I

- The eight spending categories (ASC) include (1) Prevention; (2) Care and Treatment; (3) Orphans and Vulnerable Children; (4) Program Management and Administration; (5) Incentives for Human Resources; (6) Social Protection and Social Services; (7) Enabling Environment and Community Development; and (8) Related Research. See definitions included in Manual.

- The eight ASC are further sub-categorized. The definitions for the spending categories and sub-categories are listed in the attached manual as well as the definitions of the three main funding sources.

- The three main funding sources include Public Sources (or government funds), Private Sources and International Sources as defined in the Manual. The direct source should be reported meaning the institution from which funds have been received through a transfer.

- You are requested to include as much detail as possible in the AIDS Funding Matrix, including breakdowns by all applicable AIDS spending categories and funding sources and their subcategories.

- The figures inserted into Section I have to be actual expenditures. When there is a problem defining the amount please indicate a percentage of the total AIDS spending.

- The total of each spending line item must correspond to the total of the funding derived from different sources.

- Amounts should be reported in US$ or in Riels and the currency should be specified at the top of the matrix.

- Expenditures should be only counted in one single category or sub-category and they should not be double counted.

SECTION II

- Responses are required to the three initial questions.

- The amounts your organization has transferred to another or other organizations for HIV/AIDS activities have to be recorded separately by indicating the ASC for which the funds have been used.

- Amounts transferred should be reported in US$ or in Riels. Please indicate the currency you are using at the top of the matrix.

- Additional rows should be added to the matrix as required.

Annex 5. Expenditure by AIDS Spending Categories and Funding Sources, 2007

Annex 5. Expenditure by AIDS Spending Categories and Funding Sources, 2007

AIDS Spending Categories Currency: (Riels/USD)		Total Spending ……	% ……	Public Sources	Private Sources (profit and non-profit)	International Sources			
							Multilateral		
						Bilateral	UN Agencies	Global Fund	Other International
1	**PREVENTION**	**23,273,407**	**44%**	**4,943,811**	**-**	**13,058,636**	**1,901,650**	**3,140,782**	**228,529**
1.1	Media	2,268,802	4%	961,491	-	434,020	335,046	516,817	21,428
1.2	Community Mobilization	440,358	1%	-	-	129,510	30,838	260,132	19,877
1.3	ABC	1,235,545	2%	-	-	782,744	-	446,483	6,319
1.4	Counselling and testing (VCCT)	1,536,509	3%	-	-	1,171,665	184,401	179,926	516
1.5	Program for vulnerable and special populations	146,584	0%	-	-	66,992	66,893	12,598	101
1.6	Prevention youth in school	1,929,584	4%	-	-	1,490,867	383,970	15,106	39,641
1.7	Prevention youth out of school	375,195	1%	53,904	-	162,915	117,256	36,934	4,186
1.8	Prevention programs involving people living with HIV	507,245	1%	-	-	379,787	78,442	36,338	12,678
1.9	Prevention programs involving sex workers	2,895,691	5%	-	-	2,605,387	265	276,641	13,399
1.10	Programs involving men who have sex with men (MSM)	551,398	1%	-	-	495,182	19,035	34,845	2,337
1.11	Harm-reduction for injecting drug users (IDU)	630,762	1%	-	-	385,255	231,982	13,524	-
1.12	HIV prevention workplace services	350,413	1%	-	-	138,225	59,008	75,559	77,621
1.13	Condom and social marketing	2,911,624	5%	-	-	2,537,353	6,922	363,558	3,791
1.14	Microbicides	-	0%	-	-	-	-	-	-
1.15	Improving STIs management and treatment	238,909	0%	-	-	204,654	265	33,990	-
1.16	Prevention of mother to child transmission (PMTCT)	1,524,146	3%	-	-	1,010,017	214,506	299,623	-
1.17	Blood safety	4,207,355	8%	3,925,571	-	-	46,295	235,488	-
1.18	Post-exposure prophylaxis	2,375	0%	-	-	1,582	794	-	-
1.19	Safe medical injections	6,614	0%	-	-	-	6,614	-	-
1.2	Universal precautions	37,046	0%	2,845	-	349	176	33,676	-
1.21	Other preventions	1,477,255	3%	-	-	1,062,132	118,942	269,544	26,636
2	**CARE & TREATMENT**	**13,481,788**	**25%**	**67,862**	**-**	**3,787,139**	**1,560,780**	**7,968,993**	**97,013**
2.1	Outpatient care	13,064,378	25%	67,862	-	3,733,996	1,560,780	7,612,452	89,288
2.1.1	Providers testing	41,294	0%	-	-	-	9,920	31,373	-

	2.1.2	Opportunistic infections prophylaxis	315,394	1%	-	-	60,489	35,900	219,005	-
	2.1.3	Antiretroviral therapy	7,052,219	13%	20,781	-	649,342	538,672	5,843,423	-
	2.1.4	Nutritional support associated to antiretroviral (ARV) therapy	104,256	0%	-	-	28,773	31,926	32,303	11,254
	2.1.5	HIV related disease Lab monitoring	417,997	1%	-	-	243,258	9,848	157,498	7,393
	2.1.6	Dental care and services for PLWH	-	0%	-	-	-	-	-	-
	2.1.7	Psychological treatment and support services	95,994	0%	-	-	1,595	63,804	30,595	-
	2.1.8	Patient transport and emergency rescue	53,862	0%	-	-	6,797	20,755	18,127	8,182
	2.1.9	Palliative care	705,334	1%	-	-	612,154	-	93,180	-
	2.1.10	Home base care	4,016,955	8%	47,081	-	2,120,472	849,148	944,953	55,301
	2.1.11	Alternative care and informal services	261,073	0%	-	-	11,114	807	241,995	7,157
	2.2	Inpatient care	417,410	1%	-	-	53,144	-	356,541	7,726
	2.2.1	Opportunistic infections treatment	416,927	1%	-	-	53,144	-	356,058	7,726
	2.2.2	Other care and treatment services	483	0%	-	-	-	-	483	-
3	**ORPHANS & VULNERABLE CHILDREN**		**2,787,594**	**5%**	**-**	**-**	**978,602**	**975,583**	**816,943**	**16,467**
4	**PROGRAM MANAGEMENT & ADMINISTRATION**		**9,494,033**	**18%**	**664,193**	**-**	**4,203,545**	**958,229**	**3,415,833**	**252,234**
	4.1	Program management	6,124,850	12%	312,446	-	2,562,329	280,394	2,791,102	178,578
	4.2	Planning and coordination	1,009,455	2%	204,096	-	533,369	152,233	109,642	10,115
	4.3	Monitoring and evaluation (M&E)	919,442	2%	-	-	393,846	261,863	245,779	17,954
	4.4	Operations Research	242,117	0%	-	-	156,936	43,834	-	41,348
	4.5	Surveillance	578,036	1%	-	-	516,708	61,328	-	-
	4.6	Drug supply system	194,786	0%	82,873	-	-	-	109,302	2,611
	4.7	Information technology	168,335	0%	-	-	40,356	99,058	28,199	722
	4.8	Supervision of personnel and patient tracking	109,093	0%	57,507	-	-	51,586	-	-
	4.9	Capital formation for provider institutions	147,918	0%	7,271	-	-	7,934	131,808	905
5	**INCENTIVES FOR HUMAN RESOURCES**		**2,046,001**	**4%**	**369,570**	**-**	**802,311**	**110,516**	**725,967**	**37,637**
6	**SOCIAL PROTECTION & SOCIAL SERVICES**		**39,810**	**0%**	**-**	**-**	**28,079**	**-**	**11,103**	**628**
7	**ENABLING ENVIRONMENT & COMMUNITY DEVELOPMENT**		**647,502**	**1%**	**-**	**-**	**523,453**	**22,560**	**95,898**	**,591**
8	**RELATED RESEARCH**		**1,488,630**	**3%**	**-**	**-**	**1,024,219**	**49,974**	**414,438**	**-**

T	Total Expenditures on HIV AIDS	**53,258,765**	**100%**	**6,045,435**	**-**	**24,405,983**	**5,579,291**	**16,589,956**	**638,100**

Annex 6. Expenditure by AIDS Spending Categories and Funding Sources, 2008

AIDS Spending Categories Currency: (Riels/USD)		Total Spending ……	%	Public Sources	Private Sources (profit and non-profit)	International Sources			
							Multilateral		
						Bilateral	UN Agencies	Global Fund	Other International
1	**PREVENTION**	**19,928,804**	**38%**	**4,111,892**	**-**	**10,292,491**	**1,098,997**	**4,051,545**	**373,878**
1.1	Media	2,537,513	5%	596,952	-	614,572	149,761	1,135,487	40,741
1.2	Community Mobilization	706,959	1%	-	-	352,676	47,606	245,386	61,291
1.3	ABC	651,364	1%	-	-	274,399	-	372,349	4,617
1.4	Counselling and testing (VCCT)	821,268	2%	-	-	574,564	107,481	122,803	16,420
1.5	Program for vulnerable and special populations	343,924	1%	-	-	268,604	44,118	26,876	4,325
1.6	Prevention youth in school	545,865	1%	171,062	-	125,376	208,323	32,275	8,828
1.7	Prevention youth out of school	263,266	1%	81,447	-	8,881	130,007	37,344	5,587
1.8	Prevention programs involving people living with HIV	359,087	1%	-	-	266,191	48,620	28,434	15,842
1.9	Prevention programs involving sex workers	1,145,389	2%	-	-	675,280	7,542	439,490	23,077
1.10	Programs involving men who have sex with men (MSM)	635,516	1%	-	-	439,580	-	165,000	30,935
1.11	Harm-reduction for injecting drug users (IDU)	696,591	1%	-	-	585,358	44,087	55,016	12,130
1.12	HIV prevention workplace services	475,640	1%	-	-	319,422	53,102	86,160	16,956
1.13	Condom and social marketing	4,077,061	8%	-	-	3,586,915	16,829	415,983	57,335
1.14	Microbicides	-	0%	-	-	-	-	-	-
1.15	Improving STIs management and treatment	561,563	1%	-	-	492,625	-	66,610	2,328
1.16	Prevention of mother to child transmission (PMTCT)	742,457	1%	-	-	526,965	96,981	100,850	17,661
1.17	Blood safety	3,672,480	7%	3,262,431	-	53,598	12,622	343,829	-
1.18	Post-exposure prophylaxis	3,731	0%	-	-	2,633	-	1,098	-
1.19	Safe medical injections	-	0%	-	-	-	-	-	-
1.2	Universal precautions	20,272	0%	-	-	731	-	19,541	-
1.21	Other preventions	1,668,856	3%	-	-	1,124,121	131,918	357,013	55,805
2	**CARE & TREATMENT**	**14,809,076**	**29%**	**398,149**	**-**	**3,703,954**	**1,543,028**	**8,400,678**	**763,267**
2.1	Outpatient care	13,622,187	26%	355,490	-	3,604,656	1,543,028	7,441,729	677,284
2.1.1	Providers testing	-	0%	-	-	-	-	-	-
2.1.2	Opportunistic infections prophylaxis	707,309	1%	-	-	119,759	40,917	546,633	-
2.1.3	Antiretroviral therapy	4,467,375	9%	299,247	-	148,178	437,267	3,343,217	239,467
2.1.4	Nutritional support	469,292	1%	-	-	78,720	23,510	332,365	34,697

		associated to antiretroviral (ARV) therapy								
	2.1.5	HIV related disease Lab monitoring	1,023,959	2%	-	-	456,240	7,837	508,375	51,508
	2.1.6	Dental care and services for PLWH	144,005	0%	-	-	-	-	144,005	-
	2.1.7	Psychological treatment and support services	65,931	0%	-	-	2,677	27,454	35,800	-
	2.1.8	Patient transport and emergency rescue	93,462	0%	-	-	46,302	15,674	21,905	9,582
	2.1.9	Palliative care	227,877	0%	-	-	221,649	-	4,614	1,614
	2.1.10	Home base care	6,323,792	12%	56,243	-	2,514,261	990,369	2,422,502	340,416
	2.1.11	Alternative care and informal services	99,184	0%	-	-	16,870	-	82,314	-
	2.2	Inpatient care	1,186,890	2%	42,659	-	99,298	-	958,949	85,984
	2.2.1	Opportunistic infections treatment	1,153,567	2%	42,659	-	96,665	-	957,850	56,393
	2.2.2	Other care and treatment services	33,322	0%	-	-	2,633	-	1,098	29,591
3	**ORPHANS & VULNERABLE CHILDREN**		**2,224,681**	**4%**	**-**	**-**	**364,381**	**1,001,701**	**858,518**	**81**
4	**PROGRAM MANAGEMENT & ADMINISTRATION**		**10,279,877**	**20%**	**715,834**	**-**	**4,208,882**	**633,613**	**3,954,531**	**767,017**
	4.1	Program management	6,557,422	13%	631,768	-	3,304,723	244,788	2,030,027	346,117
	4.2	Planning and coordination	278,626	1%	448	-	60,310	57,396	110,050	50,422
	4.3	Monitoring and evaluation (M&E)	901,013	2%	13,936	-	237,457	150,766	432,275	66,579
	4.4	Operations Research	942,127	2%	-	-	234,002	44,011	512,351	151,763
	4.5	Surveillance	502,630	1%	55,746	-	360,071	54,404	17,158	15,253
	4.6	Drug supply system	133,281	0%	13,936	-	-	1,010	78,367	39,968
	4.7	Information technology	665,159	1%	-	-	6,678	61,884	570,495	26,102
	4.8	Supervision of personnel and patient tracking	90,740	0%	-	-	5,642	19,353	-	65,745
	4.9	Capital formation for provider institutions	208,878	0%	-	-	-	-	203,810	5,068
5	**INCENTIVES FOR HUMAN RESOURCES**		**2,317,106**	**4%**	**35,706**	**-**	**719,507**	**356,270**	**1,058,035**	**147,588**
6	**SOCIAL PROTECTION & SOCIAL SERVICES**		**19,248**	**0%**	**-**	**-**	**15,672**	**-**	**1,827**	**1,749**
7	**ENABLING ENVIRONMENT & COMMUNITY DEVELOPMENT**		**257,497**	**0%**	**-**	**-**	**20,896**	**15,575**	**213,220**	**7,805**
8	**RELATED RESEARCH**		**2,010,709**	**4%**	**-**	**-**	**1,351,233**	**46,572**	**549,156**	**63,748**

T	Total Expenditures on HIV AIDS	**51,846,997**	**100%**	**5,261,582**	**0**	**20,677,015**	**4,695,757**	**19,087,509**	**2,125,134**

Annex 7. Data tables

Table 3. Sources of AIDS Funds, 2007 and 2008 - USD

Sources of AIDS Funds	2007		2008	
	Amount (USD)	%	Amount (US$)	%
Public Source	6,045,435	11	5,261,582	10
Bilateral	24,405,983	47	20,677,015	47
UN Agencies	5,579,291	10	4,695,757	8
Global Fund	16,589,956	31	19,087,509	37
Other International	638,100	1	2,125,134	5
Total	**53,258,765**	**100**	**51,846,997**	**100**

Table 4. AIDS Financing Agents, 2007 and 2008 - USD

AIDS Financing Agents	2007		2008	
	Amount	%	Amount	%
Government Agencies	30,811,515	58	27,076,130	52
National NGOs	5,356,411	10	6,712,485	13
International Organizations	17,090,839	32	18,058,381	35
Total	**53,258,765**	**100**	**51,846,997**	**100**

Table 5. Types of Sources of AIDS Funds, 2007 and 2008 - USD

Types of Sources	2007		2008	
	Amount	%	Amount	%
National Source	6,045,435	11	5,261,582	10
International Source	47,213,329	89	46,585,415	90
Total	**53,258,765**	**100**	**51,846,997**	**100**

Table 6. AIDS Funding Sources by Financing Agents, 2007 - USD

Sources of AIDS Funds in 2007	Central Government		National NGOs		International NGOs		Total	
	Amount	%	Amount	%	Amount	%	Amount	%
Public Source	6,045,435	20	-		-	-	6,045,435	11
UN Agencies	2,316,413	8	645,511	12	2,617,367	15	5,579,291	10
Global Fund	16,589,956	54	-		-	-	16,589,956	31
Bilateral	5,727,838	19	4,710,900	88	13,967,245	82	24,405,983	46
Other International	131,873	0	-		506,227	3	638,100	1
Total	**30,811,515**	**100**	**5,356,411**	**100**	**17,090,839**	**100**	**53,258,765**	**100**

Table 7. AIDS Funding Sources by Financing Agents, 2008 - UDS

Sources of AIDS Funds in 2008	Central Government		National NGOs		International NGOs		Total	
	Amount	%	Amount	%	Amount	%	Amount	%
Public Source	5,261,582	64	-	-	-	-	5,261,582	10
UN Agencies	1,597,762	20	847,163	13	2,250,833	12	4,695,757	8
Global Fund	190850	2	-	-	-	-	19,087,509	37
Bilateral	1,129,278	14	4,727,710	70	14,820,027	82	20,677,015	40
Other International	-	0	1,137,612	17	987,521	5	2,125,134	5
Total	**8,179,472**	**100**	**6,712,485**	**100**	**18,058,381**	**100**	**51,846,997**	**100**

Table 8. AIDS Expenditure by AIDS Spending Categories, 2007 and 2008 - USD

AIDS Spending Categories (ASC)	2007		2008	
	Amount	%	Amount	%
Prevention	23,273,407	44	19,928,804	38
Care and Treatment	13,481,788	25	14,809,076	29
Orphans and Vulnerable Children	2,787,594	5	2,224,681	4
Program Management & Administration	9,494,033	18	10,279,877	20
Incentives for Human Resources	2,046,001	4	2,317,106	5
Social Protection & Social Services	39,810	0	19,248	0
Enabling Environment & Community Development	647,502	1	257,497	0
Related Research	1,488,630	3	2,010,709	4
Total	**53,258,765**	**100**	**51,846,997**	**100**

Table 9. AIDS Spending Assessment, 2007 and 2008 - USD

Prevention by Sub-categories	2007		2008	
	Amount	%	Amount	%
Media	2,268,802	10	2,537,513	13
Community Mobilization	440,358	2	706,959	4
ABC	1,235,545	5	651,364	3
Counselling and testing (VCCT)	1,536,509	7	821,268	4
Program for vulnerable and special populations	146,584	1	343,924	2
Prevention youth	2,304,778	10	809,131	4
Prevention programs involving people living with HIV	507,245	2	359,087	2
Prevention programs for MARPs	4,077,852	18	2,477,496	12
HIV prevention workplace services	350,413	2	475,640	2
Condom and social marketing	2,911,624	13	4,077,061	20
Improving STIs management and treatment	238,909	1	561,563	3
Prevention of mother to child transmission (PMTCT)	1,524,146	7	742,457	4
Blood safety	4,207,355	18	3,672,480	18
Other prevention	1,523,289	7	1,692,860	8
Total	**23,273,407**	**100**	**19,928,804**	**100**

Table 10. Expenditure on Prevention by Sub-categories, 2007 and 2008 - USD

Care and Treatment Aggregated by Inpatient and Outpatient Care	2007		2008	
	Amount	%	Amount	%
Outpatient care	13,064,378	97	13,622,187	92
Providers testing	41,294	0	0	0
Opportunistic infections prophylaxis	315,394	2	707,309	5
Antiretroviral therapy	7,052,219	52	4,467,375	30
Nutritional support associated to antiretroviral (ARV) therapy	104,256	1	469,292	3
HIV related disease Lab monitoring	417,997	3	1,023,959	7
Dental care and services for PLWH			144,005	1
Psychological treatment and support services	95,994	1	65,931	0
Patient transport and emergency rescue	53,862	0	93,462	1
Palliative care	705,334	5	227,877	2
Home base care	4,016,955	30	6,323,792	43
Alternative care and informal services	261,073	2	99,184	1
Inpatient care	417,410	3	1,186,890	8
Opportunistic infections treatment	416,927	3	1,153,567	8
Other care and treatment services not elsewhere classified	483	0	3,3322	0
Total	**13,481,788**	**100**	**14,809,076**	**100**

Table 11. Expenditure on Programme Management and Administration by Sub-categories, 2007 and 2008 - USD

Programme Management and Administration by Sub-categories	2007		2008	
	Amount	%	Amount	%
Program management	6,124,850	65	6,557,422	64
Planning and coordination	1,009,455	11	278,626	3
Monitoring and evaluation (M&E)	919,442	10	901,013	9
Operations Research	242,117	3	942,127	9
Surveillance	578,036	6	502,630	5
Drug supply system	194,786	2	133,281	1
Information technology	168,335	2	665,159	6
Supervision of personnel and patient tracking	109,093	1	90,740	1
Capital formation for provider institutions	147,918	2	208,878	2
Total	**9,494,033**	**100**	**10,279,877**	**100**

Annex 8. Flow of Funds 2007

Sources / Agents	National Sources	International Sources				GRAND TOTAL	Share of FA
	Public Sources	Multilateral		Bilateral	Other International		
		UN	GF				
Central Government							
NAA	1,021,316	239,627	-	559,915	-	1,820,858	3%
MoH	630,813	727,127	16,589,956	3,043,754	-	20,991,650	39%
NBTC	4,153,098	-	-	-	-	4,153,098	8%
MoND	-	-	-	-	-	-	0%
MOEYS	240,208	193,393	-	1,749,169	-	2,182,770	4%
MOWA	-	19,928	-	-	-	19,928	0%
MOI	-	-	-	-	131,873	131,873	0%
MOSVY	-	14,039	-	-	-	14,039	0%
MoLVT	-	2,981	-	-	-	2,981	0%
Others government agencies	-	1,119,319	-	375,000	-	1,494,319	3%
Government Sub-total	***6,045,435***	***2,316,413***	***16,589,956***	***5,727,838***	***131,873***	***30,811,515***	58%
National Non-Governmental Organisations							
National NGOs	-	645,511	-	4,710,900	-	5,356,411	10%
Other private	-	-	-	-	-	-	0%
Sub-total National NGOs	***-***	***645,511***	***-***	***4,710,900***	***-***	***5,356,411***	***10%***
National Sub-total	**6,045,435**	**2,961,924**	**16,589,956**	**10,438,738**	**131,873**	**36,167,926**	**68%**
International Organizations							
International NGOs	-	81,223	-	13,030,385	506,227	13,617,835	26%
Bilateral Agent	-	-	-	936,860	-	936,860	2%
Mulilateral	-	2,536,144	-	-	-	2,536,144	5%
International Sub-total	***-***	***2,617,367***	***-***	***13,967,245***	***506,227***	***17,090,839***	***32%***
Grand TOTAL	***6,045,435***	***5,579,291***	***16,589,956***	***24,405,983***	***638,100***	***53,258,765***	100%
Share of Donors	*11%*	*10%*	*31%*	*46%*	*1%*	*100%*	

Annex 9. Flow of Funds 2008

Sources / Agents	National Sources		International					TOTAL	Share of FA
			Multilateral			Bilateral	Other International		
	Public Sources	Private Sources	UN	GF	Other Multilateral				
Central Government									
NAA	1,027,435	-	242,562	-	-	32,476	-	1,302,472	3%
MoH	294,840	-	874,198	19,087,509	-	654,802	-	20,911,349	40%
NBTC	3,645,081	-	-	-	-	-	-	3,645,081	7%
MoND	-	-	-	-	-	-	-	-	0%
MOEYS	294,226	-	46,785	-	-	-	-	341,011	1%
MOWA	-	-	235,855	-	-	-	-	235,855	0%
MOI	-	-	45,127	-	-	-	-	45,127	0%
MOSVY	-	-	-	-	-	-	-	-	0%
MoLVT	-	-	6,685	-	-	-	-	6,685	0%
Others government agencies	-	-	146,552	-	-	442,000	-	588,552	1%
Sub-total Gov.	***5,261,582***	***-***	***1,597,762***	***19,087,509***	***-***	***1,129,278***	***-***	***27,076,130***	52%
National Non-Governmental Org.									
National NGOs	-	-	847,163	-		4,727,710	1,137,612	6,712,485	13%
Other private	-	-	-	-		-	-	-	0%
Sub-total National NGOs	***-***	***-***	***847,163***	***-***	***-***	***4,727,710***	***1,137,612***	***6,712,485***	***13%***
National Sub-total	**5,261,582**	**-**	**2,444,924**	**19,087,509**	**-**	**5,856,988**	**1,137,612**	**33,788,616**	**65%**
International Org.									
International NGOs	-	-	79,950	-	-	13,550,116	987,521	14,617,587	28%
Bilateral Agents	-	-	11,920	-	-	-	-	11,920	0%
Mulilateral Agents	-	-	2,158,963	-	-	1,269,911	-	3,428,874	7%
International Sub-total	***-***	***-***	***2,250,833***	***-***	***-***	***14,820,027***	***987,521***	***18,058,381***	***35%***
Grant TOTAL	***5,261,582***	***-***	***4,695,757***	***19,087,509***	***-***	***20,677,015***	***2,125,134***	***51,846,997***	*100%*
Share of Donors	*10%*	*0%*	*9%*	*37%*	*0%*	*40%*	*4%*	*100%*	