



REPUBLIC OF MALAWI

THE NATIONAL AIDS SPENDING ASSESSMENT

Financial Years 2019/20 - 2021/22

National AIDS
Commission





**NATIONAL AIDS SPENDING ASSESSMENT REPORT
FINANCIAL YEARS 2019/20 – 2021/22**

**National AIDS Commission
Lilongwe, Malawi
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This National AIDS Spending Assessment (NASA) was conducted by the National AIDS Commission (NAC) through funding provided by the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) and the Joint United Nations Programme on HIV and AIDS (UNAIDS).

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FOREWORD

Malawi has made significant progress in reducing the incidence and prevalence of HIV. To alleviate the burden of HIV, the Government of Malawi (GoM) has expanded HIV prevention, care and treatment interventions, supporting human capital development, a key enabler for Malawi 2063. Effective HIV programming requires timely access to accurate financial data, which necessitates the conduct of National AIDS Spending Assessment (NASA).

This NASA covers fiscal years 2019/20 to 2021/22, providing a comprehensive analysis of Malawi's HIV and AIDS financing landscape. This report offers valuable insights into resource mobilization, allocation and use in the national response. The spending assessment has identified key gaps in domestic resource allocation and areas for improving financial efficiency while reducing dependence on external funding. This evidence-based analysis is essential for understanding financial flows and ensuring that HIV investments align with national priorities. The findings and recommendations in this report are further expected to be instrumental in strengthening delivery of HIV services in Malawi. The timing of the report is particularly crucial as Malawi is in the process of developing the HIV and AIDS Sustainability Roadmap. The NASA findings are expected to play a vital role in informing the prioritization of roadmap interventions and activities, including supporting efficiency analyses.

The report is a result of consistent collaboration among all stakeholders in HIV programming. On behalf of the Government of Malawi, I extend sincere gratitude to all partners who contributed to this assessment, including the Department of Planning and Policy Development in the Ministry of Health, the National AIDS Commission (NAC), the Global Fund for AIDS, Tuberculosis and Malaria (GFATM), the Joint United Nations Programme on HIV and AIDS (UNAIDS) and the Clinton Health Access Initiative (CHAI). This collaboration among stakeholders has ensured accuracy and comprehensiveness of the findings. Last, but not least, I would like to thank the two consultants, Dr. Julius Korir (International Consultant) and Dr. Dominic Nkhoma (National Consultant) for successfully leading the design, data collection, processing and compilation of a comprehensive NASA report.

The government calls on all stakeholders to continue supporting these efforts, working together to safeguard Malawi's progress and ensure equitable access to quality HIV services for all. Together, we remain committed to ensuring the country's continued progress towards ending AIDS as a public health threat.



Dr. Beatrice Lydia Matanje
National AIDS Commission Chief Executive Officer

ACRONYMS AND ABBREVIATIONS

| | |
|--------------|---|
| AGYW | Adolescent Girls and Young Women |
| AIDS | Acquired Immune Deficiency Syndrome |
| ART | Antiretroviral Therapy |
| ARVs | Antiretrovirals |
| ASC | AIDS Spending Category |
| BMGF | Bill and Melinda Gates Foundation |
| BP | Beneficiary Population |
| CHAI | Clinton Health Access Initiative |
| CMST | Central Medical Stores Trust |
| DCT | Data Consolidation Tool |
| EID | Early Infant Diagnosis |
| EU | European Union |
| FAP | Financing Agent and Purchaser |
| FE | Financing Entity |
| FP | Factors of Production |
| FY | Financial Year |
| GAM | Global AIDS Monitoring |
| GFATM | Global Fund to Fight AIDS, Tuberculosis and Malaria |
| GoM | Government of Malawi |
| HPT | Health Products and Technologies |
| HRH | Human Resources for Health |
| HSSP | Health Sector Strategic Plan |
| HTC | HIV Testing and Counselling |
| HIV | Human Immunodeficiency Virus |
| HMIS | Health Management Information System |
| INGO | International Non-Governmental Organization |
| KP | Key Populations |
| LNGO | Local Non-Governmental Organisation |
| MBCH | Malawi Business Coalition for Health |

| | |
|---------------|--|
| MOH | Ministry of Health |
| MSM | Men who have Sex with Men |
| MWK | Malawi Kwacha |
| NASA | National AIDS Spending Assessment |
| NHA | National Health Accounts |
| NSP | National Strategic Plan |
| OOPE | Out-of-Pocket Expenditure |
| OVC | Orphans and Vulnerable Children |
| PEPFAR | United States President's Emergency Plan for AIDS Relief |
| PF | Production Factor |
| PITC | Provider Initiated Testing and Counselling |
| PLHIV | People Living with HIV |
| PMTCT | Prevention of Mother-to-Child Transmission |
| PrEP | Pre-Exposure Prophylaxis |
| PS | Provider of Service |
| REV | Revenue |
| RM | Resource Mapping |
| RTT | Resource Tracking Tool |
| SADC | Southern African Development Community |
| SBCC | Social and Behaviour Change Communication |
| SCH | Financing Scheme |
| SDM | Service Delivery Modality |
| STI | Sexually Transmitted Infection |
| SW | Sex Workers |
| TB | Tuberculosis |
| TG | Transgender |
| THE | Total Health Expenditure |
| UHC | Universal Health Coverage |
| UNAIDS | Joint United Nations Programme on HIV and AIDS |
| UNFPA | United Nations Population Fund |

| | |
|---------------|-------------------------------------|
| UNICEF | United Nations Children's Fund |
| US\$ | United States Dollar |
| USG | United States Government |
| VMMC | Voluntary Medical Male Circumcision |
| WHO | World Health Organization |

EXECUTIVE SUMMARY

Background

This NASA covered three financial years (2019/20-2021/22), which spanned two national HIV and AIDS strategic plans for Malawi. The FY 2019/20 corresponded to the last implementation year for the National HIV and AIDS Strategic Plan (NSP) 2015-2020 [1], while the financial years 2020/21 and 2021/22 corresponded to the 2020-2025 NSP which was revised in 2023 to cover 2023 - 2027 [2]. In both strategic plans, Malawi is committed to scaling up HIV care and treatment interventions as well as preventing the further spread of HIV infection. The country also commits to mitigate the health, social-economic, and psychosocial impact of HIV and AIDS on individuals, families, communities, and the nation. The strategic plans emphasise the importance of domestic and international funding for the successful implementation of the interventions and activities in the HIV and AIDS response. They also recognise that the optimal distribution of financial resources is a requisite for effectively implementing the country's strategies.

Malawi recognizes the importance of data on HIV resource flows to support decision-making and ensure the effective implementation of the HIV and AIDS response. Additionally, in alignment with the 2021 Political Declaration on HIV and AIDS, Malawi, like many other countries, is required to submit annual progress reports on milestones achieved in the national response to the epidemic. As a result, conducting the NASA was necessary.

The Ministry of Health (MoH) commissioned the NASA, a globally recognised, comprehensive, and systematic methodology to track the flow of resources for the HIV programme in the country. The primary objective of conducting the assessment was to gain a deeper understanding of the spending patterns related to the national HIV and AIDS response and to analyse HIV spending priorities. This was achieved by applying the NASA methodology to collect, compile, and analyse HIV expenditure data for the financial years under review.

Methodology and Scope

The standard NASA methodology was adopted, involving a survey to collect primary and secondary data on HIV expenditure from different sources. These sources include financing entities, financing agents and purchasers, and service providers. The methodology addresses four key questions:

1. Who are the main sources of funds for the HIV and AIDS response?
2. Which entities pool and allocate the financial resources?
3. Who are the service providers? and
4. What interventions are financed?

Additionally, it considers allocative and technical efficiency as well as issues of sustainability of HIV funding.

The NASA was conducted as part of a harmonised and fully integrated data collection process combining Malawi's Health Sector Resource Mapping (RM), the National Health Accounts (NHA) and the NASA. One tool was developed to collect data required for the three processes and once the data is cleaned, separate analyses are carried out for each of the three components. Additional data were collected from the United States President's Emergency Plan for AIDS Relief (PEPFAR) programme, GFATM and MoH.

Overall, data were obtained from the main sources of funding of the HIV and AIDS response in Malawi, including the Government of Malawi (GoM), the United States Government (USG), the GFATM, the Bill and Melinda Gates Foundation (BMGF), UNAIDS, United Nations Children's Fund (UNICEF) and United Nations Population Fund (UNFPA). The financing agents and purchasers were also surveyed, and they provided expenditure data. The survey also covered some Local Non-Governmental Organisations (LNGOs). The MoH, in collaboration with the Clinton Health Access Initiative (CHAI) analysed the use of Human Resources for Health (HRH) in delivering HIV services across health facilities. The study revealed that **60.8 percent of HRH time** was dedicated to HIV services, including Anti-Retroviral Treatment (ART), Prevention of Mother-to-Child Transmission (PMTCT), HIV Testing and Counselling (HTC), laboratory monitoring, and Voluntary Medical Male Circumcision (VMMC). This percentage was applied to personnel emolument data to estimate spending on HRH for HIV-related services.

The collected expenditure data was processed using the Data Consolidation Tool (DCT) and imported into the NASA Resource Tracking Tool (RTT) which were both developed by UNAIDS to generate result matrices. Out-of-Pocket Expenditure (OOPE) was not included since a household survey could not be conducted due to resource constraints.

Results

The total HIV spending increased steadily from MWK275 billion (US\$373 million) in FY 2019/20 to MWK350 billion (US\$434 million) in FY 2020/21 and MWK376 billion (US\$461 million) in FY 2021/22, representing an annual average increase of 17 percent over the period. The USG, through PEPFAR, and the GFATM, were the main financing entities, accounting for over 60 percent of the total expenditure. The USG funding amounted to MWK87 billion (US\$118 million) in FY 2019/20, increased to MWK117 billion (US\$145 million) in FY 2020/21, and MWK128 billion (US\$157 million) in FY 2021/22. The GFATM was the second highest in FY 2019/20, at MWK78 billion (US\$106 million). In subsequent years, the GFATM was the leading source of funds, contributing MWK123 billion (US\$153 million) in FY 2020/21 and MWK132 billion (US\$162 million) in FY 2021/22. The GoM made a significant contribution, mainly through funding HRH and facility operating costs. Its HIV spending was MWK69 billion (US\$93 million) in FY 2019/20, MWK75 billion (US\$93 million) in FY 2020/21, and MWK83 billion (US\$101 million) in FY 2021/22. The BMGF was another notable source of funding during this period.

The public sector financing agents and purchasers were shown to have an important role in pooling and allocating funds for the HIV and AIDS response. The public sector financing agents and purchasers accounted for MWK184 billion (US\$249 million, 66.7 percent) in FY 2019/20, MWK231 billion (US\$287 million, 66 percent) in FY 2020/21 and MWK243 billion (US\$298 million, 64.6 percent) in FY 2021/22. Though accounting for small amounts of spending, the private sector agents and purchasers, which included mainly domestic NGOs and corporations, displayed increasing trends in the amount they managed for HIV interventions. They were responsible for MWK6 billion (US\$8 million, 2.2 percent) in FY 2019/20, MWK26 billion (US\$33 million, 7.5 percent) in FY 2020/21 and MWK29 billion (US\$36 million, 7.8 percent) in FY 2021/22. International financing agents and purchasers accounted for the remainder, which was significant, at 31 percent in FY 2019/20, 26.5 percent in FY 2020/21, and 27.6 percent in FY 2021/22.

HIV care and treatment consistently accounted for the largest and increasing share of expenditures, totalling MWK148 billion (US\$200 million), MWK198 billion (US\$245 million) and MWK210 billion (US\$258 million) in FYs 2019/20, 2020/21 and 2021/22, respectively. The expenditure represented 53.7 percent of total HIV spending in FY 2019/20, 56.5 percent in FY 2020/21 and 55.9 percent in FY 2021/22.

Programme enablers and system strengthening were the second largest, with expenditure representing 12.4 percent in FY 2019/20, 12 percent in FY 2020/21 and 13.4 percent in FY 2021/22. HIV prevention spending stagnated while spending on HIV testing increased and surpassed prevention in both nominal and proportional amounts, ranking third in expenditure shares for both FY 2020/21 and FY 2021/22. HIV Testing and Counselling (HTC) accounted for MWK30 billion (US\$40 million, 10.8 percent) of the total HIV spending in FY 2019/20 and increased significantly in absolute amount to MWK40 billion (US\$52 million, 11.9 percent) in FY 2020/21 and MWK55 billion (US\$68 million, 14.7 percent) in 2021/22. HIV prevention, accounted for 8.5 percent in FY 2019/20, 8.8 percent in FY 2020/21 and 7.4 percent in FY 2021/22 of total HIV spending below the recommendation of at least 25 percent.

The estimated spending on social protection and economic support, mainly through cash transfer targeted at the poor households, showed a steadily declining trend from MWK39 billion (US\$53 million, 14.3 percent) in FY 2019/20 to MWK37 billion (US\$46 million, 10.6 percent) in FY 2020/21 and MWK32 billion (US\$39 million, 8.4 percent) in FY 2021/22.

The production factors were mainly on recurrent expenditure, accounting for about 98 percent of the total expenditure in all the years. In the broad categorisation of recurrent expenditure, medical products and supplies, including Anti-Retrovirals (ARVs), laboratory reagents and materials, HIV tests, diagnostics and non-medical supplies, accounted for 27.9 percent of total HIV

expenditure in FY 2019/20, 34.9 percent in FY 2020/21 and 35.8 percent in FY 2021/22. The largest component of medical supplies was ARVs, which accounted for 15.4 percent of total expenditure in FY 2019/20, 16.7 percent in FY 2020/21 and 14.9 percent in FY 2021/22. Spending on laboratory reagents and materials showed an increasing trend, accounting for 5.8 percent of total HIV spending in FY 2019/20, 8.6 percent in FY 2020/21, and 12.8 percent in 2021/22.

Personnel costs emerged as the second-largest cost driver of HIV spending in Malawi in FY 2020/21 (30.1 percent) and FY 2021/22 (33.1 percent). However, they were the highest category in FY 2019/20, 31.5 percent of the total HIV spending.

The main beneficiaries of HIV spending were People Living with HIV (PLHIV), accounting for 53.8 percent of the total HIV spending in FY 2019/20, increasing to 59.5 percent in FY 2020/21 and decreasing to 56.1 percent in FY 2021/22. The second-largest group of beneficiaries was vulnerable, accessible, and other targeted populations, which accounted for slightly above 16 percent in FYs 2019/20 and 2020/21, but declined to 12.8 percent in FY 2021/22. The general population received the third largest share of the total expenditure each year, followed by non-targeted populations, which comprised 13.7 percent of the total expenditure in FY 2021/22.

NASA's actual total expenditure was more than the estimated cost of the NSP in all the years. The variance between NASA's expenditure and the NSP's cost was driven primarily by the variance between the care and treatment estimated costs and actual expenditures and could stem from potentially underestimated unit costs within the NSP, which might not have encompassed all associated above-site costs. Another possible explanation was the estimation of personnel emoluments, that used a model which may have overestimated the cost of human resources and inclusion of social protection in NASA. This was higher than the estimated cost in the NSP.

Conclusion

The following conclusions can be drawn from the results:

- a) The funding for the HIV and AIDS response in the country is still increasing. Evidence from the results shows that public and donor funding towards the fight against HIV and AIDS has also increased in the last three years.
- b) There is a high risk of unsustainability of the HIV and AIDS response because the bulk of the funding comes from external sources. Over the last three years, the country has continued to rely heavily on international sources, particularly the GFATM, PEPFAR, and other bilateral and multilateral sources for its HIV prevention and treatment programmes. Most of these programmes are almost entirely funded by international sources. Given the uncertain future financing landscape, domestically funded HIV programmes need to deliver effective

prevention and treatment strategies that focus on prioritised interventions.

- c) The contribution of the GoM is critical, mainly through funding of HRH. The government makes a significant contribution to the national HIV and AIDS response through the provision of health personnel, facilities' operational costs and other recurrent inputs.
- d) ARVs are essential for provision of care and treatment but almost exclusively funded by one external source. Any challenge with the flow of funds from this source will expose the country to severe HIV treatment services disruption.
- e) Although the HIV and AIDS response is heavily dependent on development partners, almost half of the funds go towards public schemes, which are important to building sustainable systems for providing access to services.
- f) The funding for prevention has lagged behind the estimated cost of achieving the NSP prevention targets. The expenditure on prevention constituted about 8 percent of total spending in FYs 2019/20 and 2020/21 and decreased to about 7 percent in FY 2021/22. This trend is against the expectation that at least 25 percent of the expenditure should go to HIV prevention. The decline in prevention funding raises concerns about the country's ability to effectively implement preventive measures, potentially hindering efforts to control the spread of HIV.
- g) The public sector providers play an important role in the provision of HIV and AIDS services in Malawi as reflected in the spending by service providers and programme data on service utilisation.
- h) The comparison of NASA results and NSP costing for care and treatment, specifically the current 2023-2027 NSP, showed the NASA spending on care and treatment was almost double the estimated costs of treatment. The discrepancy could have been due to the understated ART unit costs, resulting in lower ART costs than actual expenditures. The understatement undermines efforts for resource mobilisation.

Recommendations

1. Domestic financing through health insurance in the context of UHC is one way of improving HIV services' sustainability even though insurance is mostly limited to personal treatment services and not covering public prevention interventions. The 2023-2027 NSP has outlined various options that could be implemented to raise more resources domestically. There is a need for strong political commitment to aggressively pursue these options.

2. Increasing government allocation from own domestically generated revenue will greatly reduce the unsustainability problem. It is essential to mainstream HIV and AIDS-related activities into core budgets and functions in the long term. Additionally, the government should develop specific resource mobilisation strategies to ensure adequate funding for HIV and AIDS activities. This should not only consider short-term funding requirements but also ways to gradually increase the availability of resources over time to cope with rising HIV and AIDS-related needs. It is also essential to develop a strategy to create budgetary space to cover key HIV and AIDS-related costs over the next decade.
3. However, given fiscal space constraints and funding needs for other sectors, the government can only allocate limited funding. Therefore, finding cost-effective, sustainable financing options is imperative.
4. Public-Private-Partnerships (PPP) should be initiated and strengthened as an option for domestic HIV financing and strategic health purchasing.
5. There is a compelling and urgent need to prioritise and adequately fund prevention initiatives to sustain momentum in HIV and AIDS response efforts. The use of programmatic and epidemiological data should be strengthened to aid resource allocation for key HIV program interventions.
6. Continue building capacities of public entities which are the main financing agents and purchasers as well as service providers. However, for comprehensive domestic sustainability, the private sector also needs to be capacitated as it plays an important role in HIV prevention activities.
7. There is a need to prioritise domestic funding for antiretroviral drugs to ensure smooth service delivery, as HRH is generally available through GoM funding. Even with tight fiscal space, the resources from the government could be increased gradually over time as part of domestic financing sustainability.
8. There is a need to understand the sources of the differences between NSP costs of interventions and NASA results. This exercise is crucial for accurate budgeting and planning, ensuring that all necessary expenses are accounted for in future financial frameworks. This will help to align resource allocation with the actual needs and operational realities of the HIV and AIDS response initiatives. Where possible, the costing of NSP could be revised to align with actual resource needs, if the 2023-2027 NSP did not revise the unit costs.
9. Out-of -Pocket Expenditure (OOPE) by households was not included in the study but it is important to estimate it to assess the economic burden

of HIV. This assessment recommends that a stand-alone study be conducted.

10. Improve the capacity of the MoH team to ensure regular collection of quality data using the harmonised approach

1 INTRODUCTION

1.1 Introduction and Rationale for the NASA

Malawi has conducted two cycles of the National AIDS Spending Assessment (NASA) over 12 years. In FY 2011/12, with support from the development partners, Malawi conducted the first NASA covering the Financial Years (FYs) 2007/8 and 2008/9. The second cycle of NASA was conducted in FY 2020/21 and covered the FYs 2015/16 - 2018/19. As part of an effort to entrench sustainability, NASA's data collection process was harmonised with Resource Mapping (RM) and National Health Accounts (NHA) in the second cycle.

The results from the second cycle showed that international entities were the main sources of funding for the HIV and AIDS response. They contributed about 80 percent of the total expenditure each year, with the GoM contributing about 20 percent, primarily in terms of Human Resources for Health (HRH). The results underscored the importance of international sources but pointed to the problem of sustainable financing for the response[3].

The continuous availability of information on financing is essential in HIV programming and other decision-making processes, particularly in assessing existing systems and guiding the efficient distribution of financial resources. Besides tracking resource flows and funding for the HIV and AIDS response, the NASA also provides information needed to monitor the progress of the targets under the Declaration of Commitment on HIV and AIDS that were adopted by the United Nations General Assembly Special Sessions (UNGASS) on HIV and AIDS in 2001. Notwithstanding, the last NASA in Malawi was conducted in FY 2020/21, covering FYs 2015/16 - 2018/19. Therefore, the need for recent data and information necessitated the undertaking of the third cycle of NASA.

1.2 Purpose

The purpose of NASA was to conduct a comprehensive and systematic assessment and tracking of HIV and AIDS sources of funding and expenditures to improve financial planning and expenditure monitoring using NASA tools and guidelines. NASA methodology was employed to identify the sources and volumes of resources utilised in the HIV and AIDS response, aligning with the NASA expenditure tracking categories. In this regard, the MoH, through the National AIDS Commission (NAC), facilitated NASA to cover the FYs 2019/20 - 2021/22 within the harmonised RM-NHA-NASA process, which was concurrently collecting data.

2 BACKGROUND

2.1 HIV and AIDS Situation

The global goal of ending AIDS as a public health threat by 2030 calls for countries to adapt and implement global objectives and strategic priorities at the national level. In the current 2023 – 2027 NSP[2], Malawi has embraced the 95:95:95 targets. The country has also domesticated several global strategic frameworks, including the Global AIDS Strategy, 2021-2026.

According to UNAIDS [4], Malawi had 980,000 PLHIV in 2023, of which 50,000 were children under 15 years old. HIV prevalence among adults aged 15 to 49 years was estimated at 6.7 percent with women having an HIV prevalence of 8.4 percent and men at 4.8 percent. The HIV prevalence among young women and men was significantly lower than that of the adult population, at 4.8 percent for young women and 2.4 percent for young men. It is noteworthy that HIV prevalence among adults aged 15 to 49 years has been declining steadily over time from an all-time high of 15.5 percent in 1998 [5] to 6.7 percent in 2023.

The statistics further showed that in 2023, 95 percent of PLHIV knew their status, of which 91 percent were initiated on ART, resulting in 87 percent viral suppression rate. The coverage of pregnant women who received ARVs for PMTCT stood at 96 percent, while the coverage of Early Infant Diagnosis (EID) was 85 percent. Condom use at last high-risk sex among adults aged 15 to 49 was 62 percent. On the overall, the annual number of adults and children newly infected with HIV was 12,000, whereas 11,000 adults and children died from AIDS-related illnesses in 2023 [4].

2.2 Health and HIV Funding Landscape

Health spending information in Malawi is obtainable from the NHA, which is produced by the MoH. The last NHA report was produced in 2021 but covered expenditure for the FYs 2017/18 and 2018/19. This NHA was produced through the harmonised process with RM and NASA. Over the two financial years, the Total Health Expenditure (THE) in nominal terms rose from MWK502.7 billion (US\$693.5 million) in FY 2017/18 to MWK523.6 billion (US\$718.3 million) in FY 2018/19.[6]

The per capita health expenditure was found to be MWK8,638 (US\$39.5) in FY 2017/18 and MWK29,087 (US\$39.9) in FY 2018/19, which was the lowest in the Southern African Development Community (SADC) region, whose regional average per capita spending was US\$240.9 in 2019. According to the NHA Report, 2021, the per capita health expenditure was far below the World Health Organisation (WHO) recommended threshold of US\$86 for low-income countries like Malawi.[6]

In FY 2018/19, the main sources of funding for THE were the development partners (55 percent), the GoM (24 percent), and the private sector (21 percent), of which household OPE was 11.9 percent.

The NASA 2020 report showed that the total HIV expenditure from the main financing entities was MWK154 billion (US\$268 million) in FY 2015/16, MWK234

billion (US\$328 million) in FY 2016/17, MWK220 billion (US\$302 million) in FY 2017/18 and MWK256 billion (US\$352 million) in FY 2018/19. There were three main specific financing sources: the GoM, USG and the GFATM. The international community contributed about 80 percent of the total expenditure each year, with the GoM's contribution being about 20 percent overall, and it was mainly in terms of HRH. NASA did not include the private sector and household spending on HIV.[3]

HIV care and treatment accounted for the highest share of expenditure in each year, at 61.1 percent in FYs 2015/16 and 2016/17, 51.3 percent in FY 2017/18 and 61.5 percent in FY 2018/19. Programme enablers and systems strengthening accounted for the second-largest share of total expenditure at 24 percent in FY 2015/16, 20 percent in FY 2016/17, 24 percent in FY 2017/18 and 15 percent in FY 2018/19. HTC took the third-largest share of expenditure of 12.1 percent in FY 2018/19, followed by 9.2 percent in HIV prevention.[3]

3 METHODOLOGY

3.1 Objectives of the Assessment

The specific objectives were:

- a) To assess HIV and AIDS spending, with a specific focus on both public and development partner resources, as well as private entities, including both for-profit and not-for-profit organisations known to be involved in HIV and AIDS-related activities.
- b) To identify and measure the flow of HIV and AIDS resources by the funding entity, revenue, financial scheme, financing agent-purchaser, service provider, service delivery modality, function/intervention, cost components and beneficiary populations.
- c) To adapt NASA methodology, classification, and tools to fit the country's context.
- d) To strengthen national level capacity for systematic monitoring of HIV and AIDS financing flows using the NASA methodology, with a view to a yearly, fully institutionalised NASA.
- e) To prepare a report of expenditure trends that will contribute to the NSP, a mid-term review of strategic frameworks, mobilise additional resources, and inform future funding applications.

3.2 Scope of the Assessment

This report covered three financial years: 2019/20, 2020/21 and 2021/22. The analysis was national level, encompassing sources consisting of the GoM, bilateral, multilateral and international foundations. While the household, in terms of OOPE, was excluded, the private sector did not provide data on time to be included in this NASA report.

3.3 Overall Process

A fully integrated data collection process was adopted in the NASA data collection, where Malawi's Health Sector RM, NHA, and NASA were harmonised. The RM, NHA and NASA methodologies differ in their specific objectives. The methodologies serve to improve the understanding of the health sector's resources, which in turn can be used to strengthen aid coordination and channel resources towards the most cost-effective interventions as prioritised within the Essential Health Package (EHP) and to develop investment cases for resource mobilisation. Additionally, estimation techniques were used to estimate the shared MoH personnel costs and operational costs (refer to Section 3.7 - Assumptions and Estimation for further details).

3.4 NASA Methodology

NASA is based on standardised methods, definitions, and accounting rules of the globally available and internationally accepted system of national accounts, NHA, and national AIDS accounts. NASA follows the basic framework and templates of NHA but is not limited to health expenditure. It embraces other expenditures to track the multisectoral response to HIV and AIDS. The NASA approach to tracking resources is a comprehensive and

systematic methodology used to determine the flow of resources for the national HIV and AIDS response. Therefore, the classification of interventions used in NASA are broader, different and more disaggregated than the health accounts categories. The NASA methodology sought to provide answers to the following questions:

- i. Who paid for HIV and AIDS services in the FYs 2019/20 - 2021/22 and how much was paid?
- ii. What mechanisms were in place to provide resources to financing schemes?
- iii. What were the modalities through which populations accessed services, and how much went through them?
- iv. Who pooled funds and purchased HIV and AIDS services?
- v. Who were the providers of HIV and AIDS services?
- vi. What HIV and AIDS services were provided, and what was spent on them?
- vii. Who were the beneficiaries of HIV and AIDS spending?
- viii. What services were being provided, and what service delivery modalities were being used?

To answer these questions, NASA methodology reconstructed all the financial transactions related to the national response to HIV and AIDS. In the NASA framework, financial flows and expenditures were grouped into three dimensions: financing, provision of HIV and AIDS services, and use. Each of these dimensions was broken down to give a total of nine vectors or categories of expenditure. The three dimensions and nine vectors that constitute the NASA framework are:

A. Financing

- i. **Financing Entities (FE)** - economic units providing resources to the schemes (used by agents).
- ii. **Financing Revenues (REV)** - mechanisms used to provide resources to financing schemes (used by agents). They include transfers from government domestic revenue, transfers distributed by the government from development partners, social insurance contributions, compulsory prepayment (compulsory private insurance premiums), and voluntary prepayment (voluntary private insurance premiums).
- iii. **Financing Schemes (SCH)** - modalities that reflect the main types of financing arrangements through which people obtain health services. They include direct payments by households for services and goods through out-of-pocket payment schemes and third-party financing arrangements such as government schemes and compulsory contributory health care schemes, voluntary payment schemes, and external schemes.

- iv. **Financing Agents and Purchasers (FAP)** - economic units that operate the financing schemes. They collect revenue, pool financial resources, pay for service provision, and make programmatic decisions like allocation and purchase modalities.

B. Provision of HIV and AIDS Services

- i. **Service Providers** - entities that engage in the production, provision, and delivery of HIV and AIDS services.

- ii. **Production Factors** - inputs and resources (wages and salaries, ARVs, reagents, etc.) used to produce AIDS spending categories.

C. Use

- i. **AIDS Spending Categories** - HIV and AIDS-related interventions and activities. There are eight categories of spending, namely prevention, testing and counselling, care and treatment, social protection and economic support, social enablers, program enablers and health systems strengthening, development synergies, and HIV and AIDS-related research. NASA spending categories are also divided into a functional classification that includes health and non-health HIV and AIDS services.

- ii. **Beneficiaries** - segments of populations intended to benefit from specific activities, such as PLHIV, key populations, vulnerable and accessible populations, the general population, and specific targeted populations not classified elsewhere.

- iii. **Service Delivery Modality** - the modality of the service provided, such as health facilities and community-based delivery points.

3.5 Sampling and Data Collection

NASA used the sample already selected in the ongoing RM - NHA - NASA process at the time. Data was also collected from PEPFAR Panorama and GFATM ledger expenditure at the MoH and the World Vision. By the time of NASA analysis, data from the private sector had not been collected and hence excluded from this NASA report.

An Excel-based data collection template was used in the RM - NHA - NASA process. The tool captures budget and expenditure information, disaggregated by specific activities for each project implemented between FYs 2019/2020 and 2021/2022. The template included specific data elements for each activity to answer the key questions of the RM, NHA and NASA exercises. The data elements were broadly divided into six categories:

- i. Financiers and Implementers;
- ii. Programs, Projects, and Activities;
- iii. Health Sector Strategic Plan (HSSP) III Alignment;
- iv. Geography;

- v. In-Service Training Details; and
- vi. Currency and Budgeting.

Furthermore, each of these data elements was cross-walked to the corresponding classifications in NASA. The key elements captured in the data collection tool and the correspondence between exercises are outlined in Appendix A.

3.6 Data Processing and Analysis

The data collected from RM - NHA - NASA was verified and checked for errors before it was combined into a dataset. Data for NASA requirements were cross-walked from this dataset using a tool developed by the consultants for that purpose. The first operation in the cross-walk was to link all financing sources in the RM - NHA - NASA data collection tool into three NASA data elements, namely Financing Entity (FE), Revenue (REV), and Financing Scheme (SCH). This involved creating a sheet in which the said elements were linked and introducing formulas in the three NASA columns (FE, REV, and SCH) so that in every transaction or row, the FE, REV and SCH columns could read the financing source and automatically determine their respective values.

The second operation was linking primary implementing agents and, where applicable, sub-implementing agents in the RM - NHA - NASA to Financing Agents and Purchaser (FAP) and Providers of Services (PS) so that the columns of the two NASA elements would be generated automatically. During the rigorous cross-walk process, five NASA data elements were mapped as mentioned, and these are FE, REV, SCH, FAP and PS. The data elements that remained for manual mapping included AIDS Spending Category (ASC), Service Delivery Mode (SDM), Beneficiary Population (BP), and Production Factor (PF).

Once the data mapping or cross-walk was done, the data was entered into the Data Consolidation Tool (DCT) for further processing. The data from DCT files was imported into the Resource Tracking Tool (RTT). The RTT control board was used to indicate whether there were discrepancies that needed to be adjusted or fixed.

3.7 Assumptions and Estimations

The GoM's spending on HRH for HIV services was estimated using the spreadsheet developed by the CHAI. In collaboration with the MoH, CHAI carried out an in-depth analysis of the utilisation of HRH for HIV services at different levels of health facilities in the country. The study found that 60.8 percent of the time available for HRH was used to deliver HIV services in health facilities. This percentage was distributed to the various HIV services, including ART, PMTCT, HTC, laboratory monitoring, and Voluntary Medical Male Circumcision (VMMC). Personnel emolument data from the MoH was subjected to the HRH percentage of time used for the various HIV services to obtain estimates for personnel expenditure.

The expenditure on facility operations was not given explicitly, but the total expenditure on operations and maintenance from the MoH was about 33 percent of the personnel emolument. This percentage was applied to the estimated personnel expenditure for HIV to get the estimated expenditure on facility operations.

It should be pointed out that the government also spent earmarked funds for HIV through the NAC, which were included directly in the analysis.

The data on cash transfers provided by the Ministry of Gender, Community Development and Social Welfare (MoGCDSW) was not earmarked for HIV, although it benefitted HIV-affected households. The estimation used some assumptions derived from a study by UNICEF in 2007 titled, 'The Impact of Social Cash Transfers on Children Affected by HIV and AIDS: Evidence from Zambia, Malawi and South Africa'. The study estimated that 53 percent of the beneficiary households were affected by HIV and AIDS because one adult or more household members had died from AIDS-related illnesses. In addition, the study revealed that approximately 70 percent of the beneficiary households of the scheme were, in one way or another, HIV and AIDS affected. The 70 percent, which considered the full impact of HIV and AIDS, was used in the analysis.

The spending on care and treatment, PMTCT, and HTC were distributed to health facilities using the data on service utilisation from Health Management Information System (HMIS). The data showed that about 70 percent of visits were at dispensaries and health centres, while hospitals accounted for about 20 percent. The percentages were applied, where appropriate, to allocate spending across the two levels of facilities. However, the percentages were not weighted to account for higher costs at the hospital level.

3.8 Quality Control

As indicated, the data for the PEPFAR programme and GFATM were collected directly by the consultants and used in the analysis. Table 3.1 shows the response rate of the data collection.

Table 3.1: Response rate in data collection

| Financing Entities | | | | |
|--------------------------------|---------------------|------------------|-------------------|--|
| Type | Earmarked Responses | Actual Responses | Response Rate (%) | Remarks |
| International financing entity | 7 | 6 | 86 | The entity that did not respond was not a large contributor to HIV spending. Two entities that responded |

| | | | | |
|-----------------------------|----|---|----|--|
| | | | | had no HIV spending. |
| Central Government | 9 | 2 | 22 | The MoH and the MoGCDSW, which control the bulk of the HIV spending, responded. HRH and operation costs were estimated for MoH support to HIV. |
| Local Government | 10 | 4 | 40 | Expenditures provided were on general health services. The amount of earmarked HIV expenditure from own sources was very minimal. Consultants used work plans and expenditure reports to estimate expenditures on HIV activities for the Local Government. |
| Private sector corporations | 0 | 0 | 0 | No data was available from the NHA process responsible |

| | | | | |
|---|----|----|----|---|
| | | | | for data collection. The NHA 2021 report indicates that 6.6 percent of HIV spending was attributable to the private sector. Additional data collection was obtained from the Malawi Business Coalition for Health (MBCH). |
| Households | 0 | 0 | 0 | Not included |
| Financing Agents and Purchasers | | | | |
| Central Government FAP | 12 | 4 | 33 | These were MoH, MoGCDSW, Department of HIV and AIDS, and NAC. |
| Local Government FAP | 10 | 4 | 40 | Estimation made for own resources. |
| International FAP | 33 | 28 | 85 | All PEPFAR and GFATM included. |
| Local NGO FAP | 25 | 7 | 28 | |
| Service providers | | | | |
| Central government non-facility service providers | 15 | 5 | 33 | |

| | | | | |
|---|----|----|-----|--------------------------------|
| Local government non-facility service providers | 10 | 10 | 100 | Estimated indirectly. |
| Public all facilities | | | 100 | Estimated indirectly. |
| Private health facilities | | | 100 | Estimated indirectly. |
| International service providers | 25 | 21 | 84 | All PEPFAR and GFATM included. |
| Local NGO service providers | 25 | 17 | 68 | |

The data from these sources were edited and cleaned by a team of research assistants under the supervision of a local consultant. The data from PEPFAR and GFATM were based on actual reports that have undergone internal validation and quality checks. The data and associated analyses were subjected to validation by PEPFAR and GFATM offices.

3.9 Study Limitations

Four main limitations were encountered in the development of the NASA report. OOPE was not included due to resource and time constraints, although it was initially one of the objectives of the study.

Secondly, the data from the private sector firms was not included because there was no response. The estimation of NHA for the contribution of private firms to HIV spending was 6.6 percent in FY 2018/19.

Thirdly, data on HIV commodity distribution by the Central Medical Stores Trust (CMST) was not readily available to allow for disaggregation of expenditure on commodities by level of facilities. The service utilisation data was used instead.

Lastly, given the nature of expenditure data, it was not possible to disaggregate data to allow for sub-national (district) analysis. Despite the limitations, the report accurately represents the financing of HIV activities in the country during the period under consideration. The spending by the USG and GFATM were covered comprehensively. The estimated share of the MoH spending on personnel and operational costs of HIV service delivery may have been overestimated.

4 NASA RESULTS

4.1 HIV Spending by Financing Entities

Table 4.1 and Figure 4.1 show HIV spending in Malawi over an extended period, including the results for the previous NASA. The total HIV spending increased steadily over the period, except in FY2017/18, from MWK154 billion (US\$268 million) in FY2015/16 to MWK376 billion (US\$461 million) in FY2021/22. As shown in Figure 4.1, the primary sources of HIV spending are the GoM (central and district councils), the USG and the GFATM. The specific details of the contribution of these sources for the period of this NASA are shown in Table 4.2 below.

Table 4.1: Trend in total HIV spending in Malawi

| | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 | 2020/21 | 2021/22 |
|---------------------|---------|---------|---------|---------|---------|---------|---------|
| MWK billion | 154 | 234 | 220 | 256 | 275 | 350 | 376 |
| US\$ million | 268 | 328 | 302 | 352 | 373 | 434 | 461 |

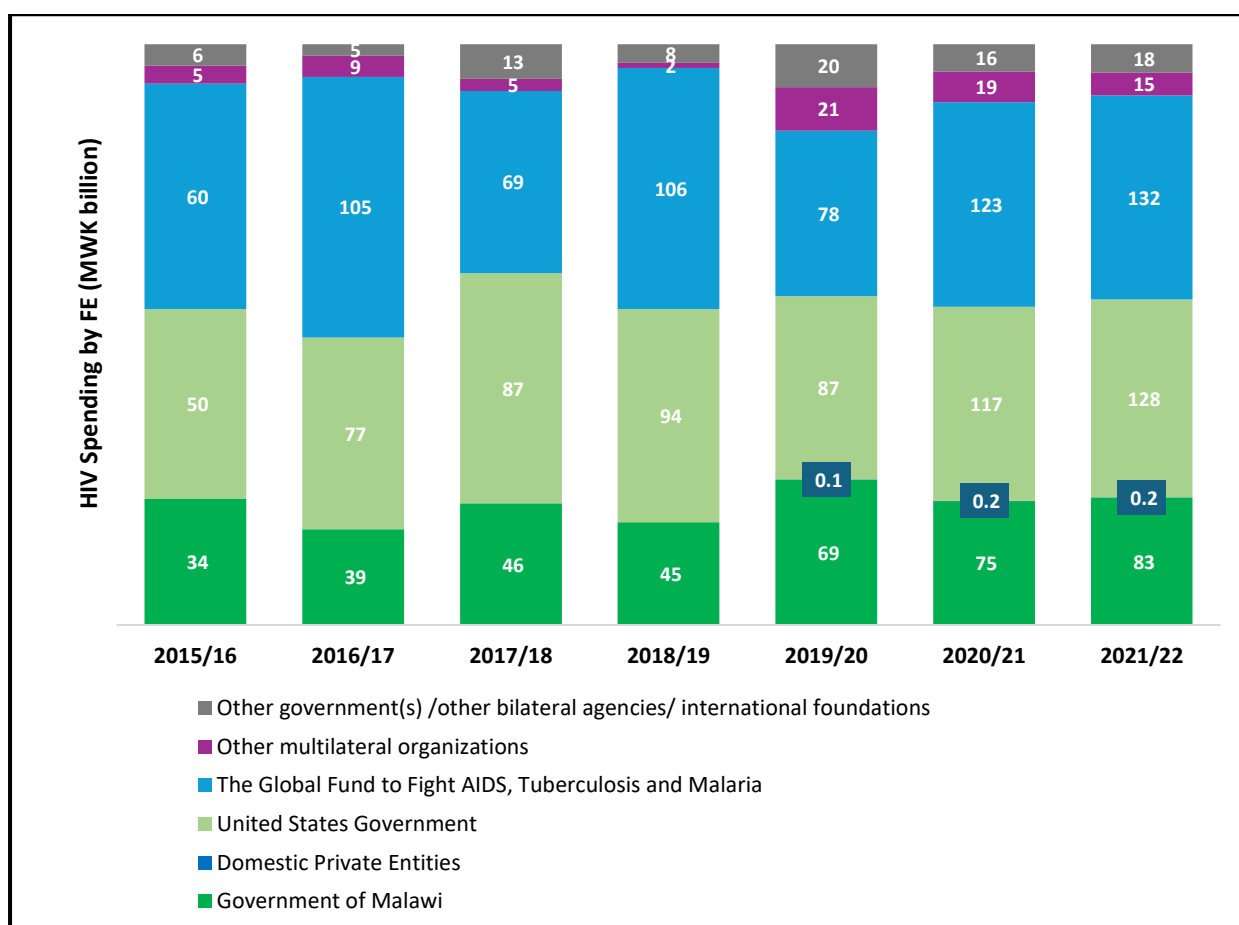


Figure 4.1: Graph showing Trend in total HIV spending by funding agency (MWK billions)

Table 4.2 shows that the USG and the GFATM were the main financing entities. The expenditure from USG funds amounted to MWK87 billion (US\$118 million, 31.6 percent) in FY 2019/20, increasing to MWK117 billion (US\$145 million, 33.4 percent) in FY 2020/21 and MWK128 billion (US\$157 million, 34.1 percent) in FY 2021/22. The expenditure from GFATM was the second highest in FY 2019/20, at MWK78 billion (US\$106 million, 29 percent). In subsequent years, the GFATM emerged as the primary financing entity, contributing a significant amount, totalling MWK123 billion (US\$149 million, 35 percent) in FY 2020/21 and MWK132 billion (US\$164 million, 35 percent) in FY 2021/22. The third largest contribution came from the GoM, mainly through spending on HRH and facility operations. The government's contribution accounted for MWK69 billion (US\$93 million, 25 percent) in FY 2019/20, MWK75 billion (US\$93 million, 21 percent) in FY 2020/21, and MWK83 billion (US\$101 million, 22 percent) in FY 2021/22. This information is also presented US\$ equivalent in Table 4.3.

Table 4.2: HIV spending by specific financing entity (MWK billion, %)

| Financing Entity | 2019/20 | 2020/21 | 2021/22 |
|--|----------------|----------------|----------------|
| Government of Malawi | 69 (25.0%) | 75 (21.3%) | 82 (21.9%) |
| Domestic Private Entities | 0.1 (0.04%) | 0.2 (0.1%) | 0.2 (0.1%) |
| United States Government | 87 (31.6%) | 117 (33.4%) | 128 (34.1%) |
| The Global Fund to Fight AIDS, Tuberculosis and Malaria | 78 (28.5%) | 123 (35.2%) | 132 (35.1%) |
| Other Multilateral organisations | 21 (7.5%) | 19 (5.3%) | 15 (4.0%) |
| Other government(s) /other bilateral agencies/ international foundations | 20 (7.4%) | 16 (4.7%) | 18 (4.8%) |
| Total | 275 | 350 | 376 |

Table 4.3: HIV spending by specific financing entity (US\$ million)

| Financing Entity | 2019/20 | 2020/21 | 2021/22 |
|--|----------------|----------------|----------------|
| Government of Malawi | 93 | 93 | 101 |
| Domestic Private Entities | 0.15 | 0.22 | 0.28 |
| United States Government | 118 | 145 | 157 |
| The Global Fund to Fight AIDS, Tuberculosis and Malaria | 106 | 153 | 162 |
| Other multilateral organisations | 28 | 23 | 18 |
| Other government(s) /other bilateral agencies/ international foundations | 28 | 20 | 22 |
| Total | 373 | 435 | 461 |

4.2 HIV Spending by Revenue

The classification of revenues of financing schemes tracks the collection mechanisms of a financing framework. Table 4.4 shows HIV expenditure by the different types of revenues in amount and percentage. The internal transfers and grants attributed to funding from the GoM accounted for 25 percent in FY 2019/20, 21.3 percent in FY 2020/21, and 21.9 percent in FY 2021/22. Direct financial transfers from foreign entities accounted for the highest proportion of HIV spending, at over 75 percent in each of the years. Direct foreign transfers from bilateral organisations, mainly based on funding from the USG, accounted for an average of about 36 percent each year. Direct multilateral financial transfers, mainly from the GFATM, contributed an average of 36 percent in FY 2019/20, increasing to 40.6 percent in FY 2020/21 and 39.1 percent in FY 2021/22. Other direct foreign transfers accounted for around two percent in each year while revenue from private domestic sources accounted for approximately 0.1 percent in each year.

Table 4.4: HIV spending by revenue (MWK billion, %)

| Revenue type | 2019/20 | 2020/21 | 2021/22 |
|--|--------------|--------------|--------------|
| Internal transfers and grants from government domestic revenue | 69 (25.0%) | 75 (21.3%) | 83 (21.9%) |
| Other revenues from corporations n.e.c. | 0.11 (0.04%) | 0.18 (0.05%) | 0.23 (0.06%) |
| Direct bilateral financial transfers | 100 (36.4%) | 127 (36.4%) | 138 (36.6%) |
| REV.07.01.02 Direct multilateral financial transfers | 99 (36.0%) | 142 (40.6%) | 147 (39.1%) |
| Other direct foreign transfers n.e.c. | 7 (2.5%) | 6 (1.7%) | 9 (2.3%) |
| Total | 275 | 350 | 376 |

4.3 HIV Spending by Financing Schemes

Government and not-for-profit organisation schemes were the main channels for financing HIV interventions in all the years under consideration. HIV spending pooled through government schemes accounted for the highest amount at MWK184 billion (US\$250 million, 66.7 percent) in FY 2019/20, MWK231 billion (US\$286 million, 66 percent) in FY 2020/21 and MWK243 billion (US\$298 million, 64.6 percent) in FY 2021/22. Spending for funds through not-for-profit organisation schemes was MWK79 billion (28.7 percent), MWK116 billion (33.2 percent) and MWK123 billion (32.7 percent) in FYs 2019/20, 2020/21 and 2021/22, respectively. The government schemes accounted for over 96 percent of funds from the GFATM. An important point is that even though the HIV and AIDS response is heavily dependent on external donors, over 60 percent of the funds go towards public schemes, which is essential for building sustainable systems for providing access to services.

Despite the above overall scenario, INGOs and foundations were the main schemes for resources from USG, accounting for 81.9 percent in FY 2019/20, 91.1 percent in FY 2020/21, and 85.1 percent in FY 2021/22. Table 4.5 gives a detailed analysis of spending by schemes, and Figure 4.2 illustrates the percentage contribution of various financing schemes.

Table 4.5: HIV spending by financing scheme (MWK million, %)

| Financing Entity and Scheme | 2019/20 | 2020/21 | 2021/22 |
|--|-------------------|--------------------|--------------------|
| FE: Government of Malawi | 69 (25.0%) | 75 (21.3%) | 83 (21.9%) |
| Central government schemes | 31 (11.2%) | 33 (9.4%) | 34 (9.0%) |
| Local government schemes | 38 (13.9%) | 42 (11.9%) | 49 (12.9%) |
| FE: Domestic Private Entities | 0.1 (0.04%) | 0.2 (0.1%) | 0.2 (0.1%) |
| For-profit enterprise schemes | 0.1 (0.04%) | 0.2 (0.1%) | 0.2 (0.1%) |
| FE: United States Government | 87 (31.6%) | 117 (33.4%) | 128 (34.1%) |
| Government schemes | 3.34 (1.2%) | 7.79 (2.2%) | 9.07 (2.4%) |
| Not-for-profit organisation schemes | 71 (25.9%) | 106 (30.4%) | 109 (29.0%) |
| Resident foreign agencies schemes | 12 (4.5%) | 3 (0.8%) | 10 (2.7%) |
| FE: The Global Fund to Fight AIDS, Tuberculosis and Malaria | 78 (28.5%) | 123 (35.2%) | 132 (35.1%) |
| Government schemes | 78 (28.2%) | 119 (34.1%) | 127 (33.8%) |
| Not-for-profit organisation schemes | 0.87 (0.3%) | 3.85 (1.1%) | 4.88 (1.3%) |
| FE: Multilateral organisations | 21 (7.5%) | 19 (5.3%) | 15 (4.0%) |
| Government schemes | 20 (7.4%) | 18 (5.3%) | 15 (3.9%) |
| Not-for-profit organisation schemes | 0.13 (0.0%) | 0.28 (0.1%) | 0.38 (0.1%) |
| FE: Other government(s) /other bilateral agencies/ international foundations | 20 (7.4%) | 16 (4.7%) | 18 (4.8%) |
| Government schemes | 13 (4.9%) | 11 (3.0%) | 10 (2.6%) |
| Not-for-profit organisation schemes | 6.89 (2.5%) | 5.80 (1.7%) | 8.58 (2.3%) |
| Total | 275 | 350 | 376 |

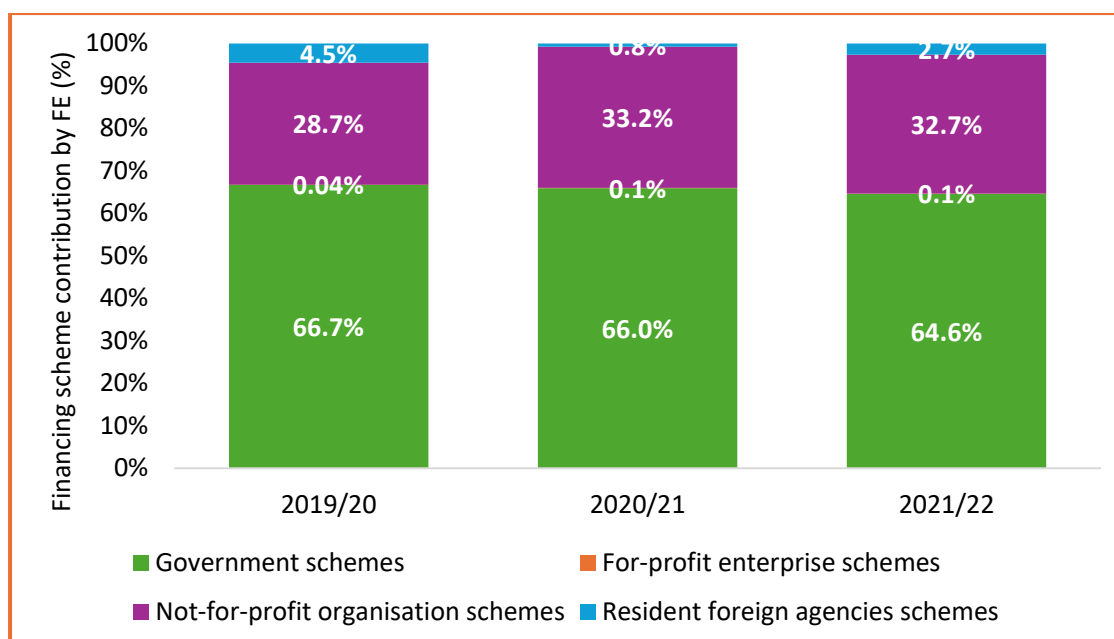


Figure 4.2: HIV spending by financing scheme

4.4 HIV Spending by Financing Agents and Purchasers

In each of the three years assessed, the largest portion of spending was mobilised or managed through public sector FAPs, accounting for 66.7 percent in FY 2019/20, 66 percent in FY 2020/21, and 64.6 percent in FY 2021/22. This was followed by international purchasing organisations at 31 percent, 27 percent and 28 percent across the three years respectively. The private sector purchasers, which included mainly domestic NGOs, although accounting for small amounts of spending, displayed increasing trends in the amount they pooled and allocated for HIV interventions. The detailed breakdown of the agents and purchasers is shown in Table 4.6 and Figure 4.3.

Table 4.6: HIV spending by financing entity and FAP (MWK millions, %)

| Financing Entity and FAP | 2019/20 | 2020/21 | 2021/22 |
|--|--------------------|--------------------|--------------------|
| FE: Government of Malawi | 69 (25.0%) | 75 (21.3%) | 83 (21.9%) |
| Ministry of Health | 29 (10.4%) | 31 (8.8%) | 32 (8.6%) |
| Ministry of Gender | 2.1 (0.8%) | 2.1 (0.6%) | 1.6 (0.4%) |
| District Health Departments | 38 (13.9%) | 42 (11.9%) | 49 (12.9%) |
| Parastatals | 0.1 (0.02%) | 0.1 (0.02%) | 0.1 (0.02%) |
| FE: Domestic Private Entities | 0.1 (0.04%) | 0.2 (0.1%) | 0.2 (0.1%) |
| Corporations other than providers of health services (nonparastatal) | 0.1 (0.04%) | 0.2 (0.1%) | 0.2 (0.1%) |
| FE: Government of the United States | 87 (31.6%) | 117 (33.4%) | 128 (34.1%) |
| Ministry of Health | - (0.0%) | 0.1 (0.0%) | 0.1 (0.0%) |
| Public financing agents not disaggregated | 3.1 (1.1%) | 7.3 (2.1%) | 8.5 (2.3%) |

| Financing Entity and FAP | 2019/20 | 2020/21 | 2021/22 |
|--|-------------------|--------------------|--------------------|
| Ministry of Defence | 0.2 (0.07%) | 0.4 (0.11%) | 0.5 (0.13%) |
| Domestic not-for-profit institutions (other than social insurance) | 5.0 (1.8%) | 22 (6.3%) | 24 (6.3%) |
| Country offices of bilateral agencies managing external resources and fulfilling financing agent roles | 12 (4.5%) | 2.6 (0.8%) | 10 (2.7%) |
| International not-for-profit organisations and foundations | 33 (12.0%) | 36 (10.3%) | 38 (10.1%) |
| Projects within Universities | 33 (12.0%) | 48 (13.8%) | 48 (12.6%) |
| FE: The Global Fund to Fight AIDS, Tuberculosis and Malaria | 78 (28.5%) | 123 (35.2%) | 132 (35.1%) |
| Ministry of Health | 78 (28.2%) | 119 (34.1%) | 127 (33.8%) |
| Domestic not-for-profit institutions (other than social insurance) | 0.9 (0.3%) | 3.8 (1.1%) | 4.9 (1.3%) |
| FE: Multilateral organisations | 21 (7.5%) | 19 (5.3%) | 10 (2.7%) |
| Ministry of Gender | 20 (7.4%) | 18 (5.3%) | 10 (2.6%) |
| Domestic not-for-profit institutions (other than social insurance) | 0.13 (0.05%) | 0.28 (0.08%) | 0.38 (0.10%) |
| FE: Other government(s) /other bilateral agencies/ international foundations | 20 (7.4%) | 16 (4.7%) | 23 (6.2%) |
| Ministry of Gender | 13 (4.9%) | 11 (3.0%) | 15 (3.9%) |
| Public financing agents not disaggregated | 0.05 (0.02%) | - (0.00%) | - (0.00%) |
| Domestic not-for-profit institutions (other than social insurance) | 0.00 (0.001%) | 0.01 (0.003%) | 0.01 (0.003%) |
| International not-for-profit organizations and foundations | 6.89 (2.5%) | 5.79 (1.7%) | 8.57 (2.3%) |
| Total | 275 | 350 | 376 |

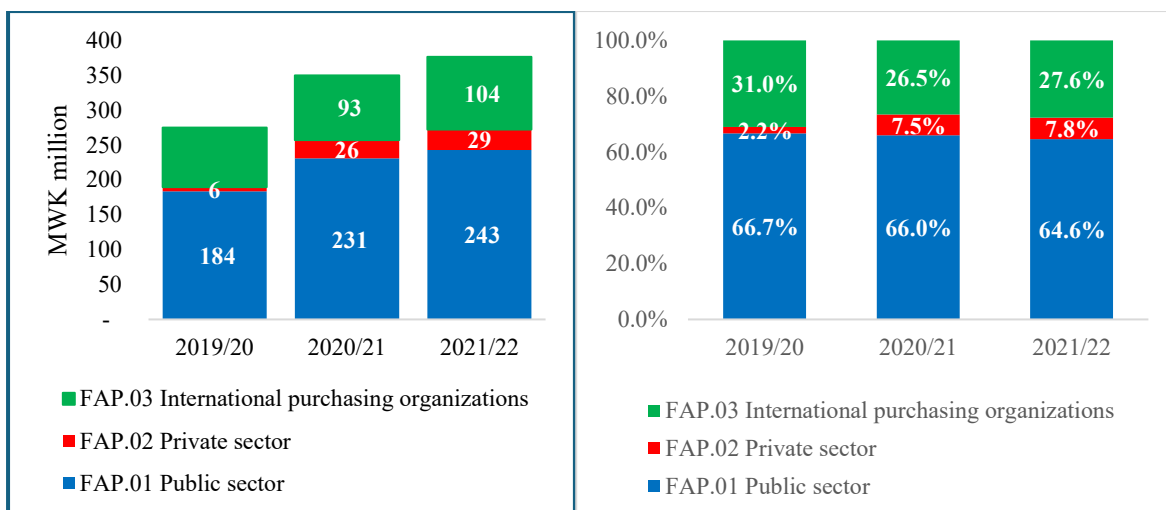


Figure 4.3: HIV spending by financing agents and purchasers (MWK billion, %)

4.5 HIV Spending by Providers of Services

Various providers, including the government and other public entities, international NGOs, universities and domestic private for-profit and not-for-profit organisations, undertake the delivery of HIV and AIDS services. Figure 4.4 summarises the distribution of expenditure by the broad categories of providers of HIV and AIDS services. The figure shows that government service providers play an important role in the use of funds for HIV and AIDS services, accounting for two-thirds of the expenditure over the years.

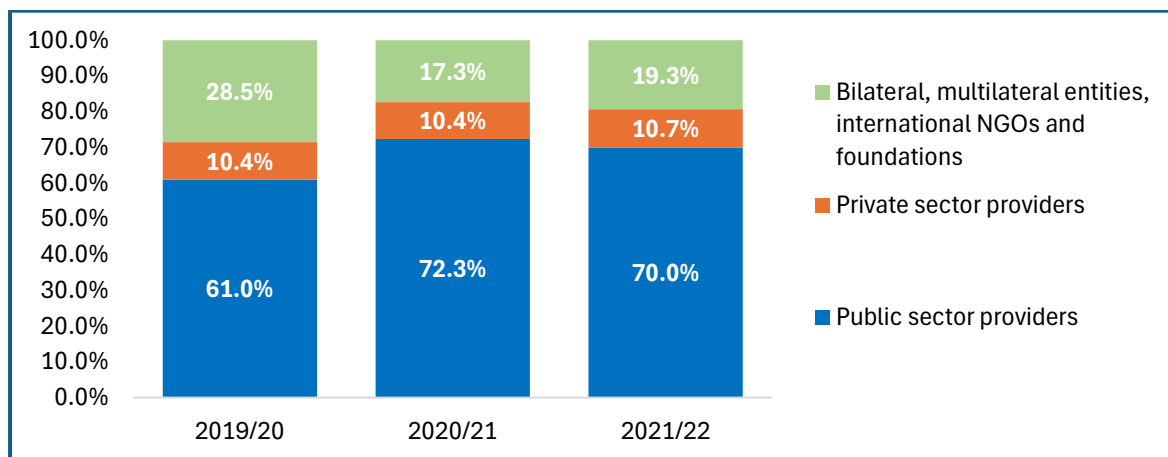


Figure 4.4: HIV spending broad categories of service providers (%)

Table 4.7 provides further details of the provider types. Public health facilities, including hospitals and ambulatory care (clinics, dispensaries, health centres), were the main providers of HIV services, accounting for 44 percent in FY 2019/20. This percentage increased significantly to 60.6 percent in FY 2020/21 and 61.5 percent in FY 2021/22. The second largest share of expenditure was incurred mainly through international NGOs and foundations, accounting for 28.5 percent of total HIV spending in FY 2019/20, 17.3 percent in FY 2020/21 and

19.3 percent in FY 2021/22. This was followed by the domestic private sector service providers consisting mainly of faith-based and Civil Society Organisations (CSOs), which spent about 10 percent of HIV funds in each year.

These results underscore the important role that the public sector providers play in the provision of HIV services. Programme data on service utilisation showed that over 97 percent of clients on ART received services in public health facilities.

Table 4.7: HIV spending by service providers (MWK million, %)

| Type of Service Provider | 2019/20 | 2020/21 | 2021/22 |
|--|--------------|--------------|--------------|
| Public health facilities | 120 (43.5%) | 212 (60.6%) | 232 (61.5%) |
| Blood banks (public) | 0.04 (0.02%) | 0.04 (0.01%) | 0.07 (0.02%) |
| Other Government entities | 48 (17.5%) | 41 (11.7%) | 32 (8.4%) |
| Non-profit non-faith-based private providers | 5.0 (1.8%) | 8.6 (2.5%) | 14 (3.6%) |
| Non-profit faith-based providers | 24 (8.6%) | 28 (7.9%) | 27 (7.1%) |
| Profit-making providers | 0.1 (0.04%) | 0.2 (0.1%) | 0.2 (0.1%) |
| Bilateral, multilateral entities, international NGOs and foundations | 78 (28.5%) | 60 (17.3%) | 72 (19.3%) |
| Total | 275 | 350 | 376 |

Figure 4.5 shows the distribution of service providers varied by AIDS spending categories. Spending on the provision of HIV care and treatment was dominated by public health facilities, as shown in Figures 4.5 through 4.7. A similar trend is apparent for HTC expenditures. In all the years of this NASA, the primary providers of HIV prevention interventions were international NGOs and foundations who also dominated programme enablers and systems-strengthening spending.

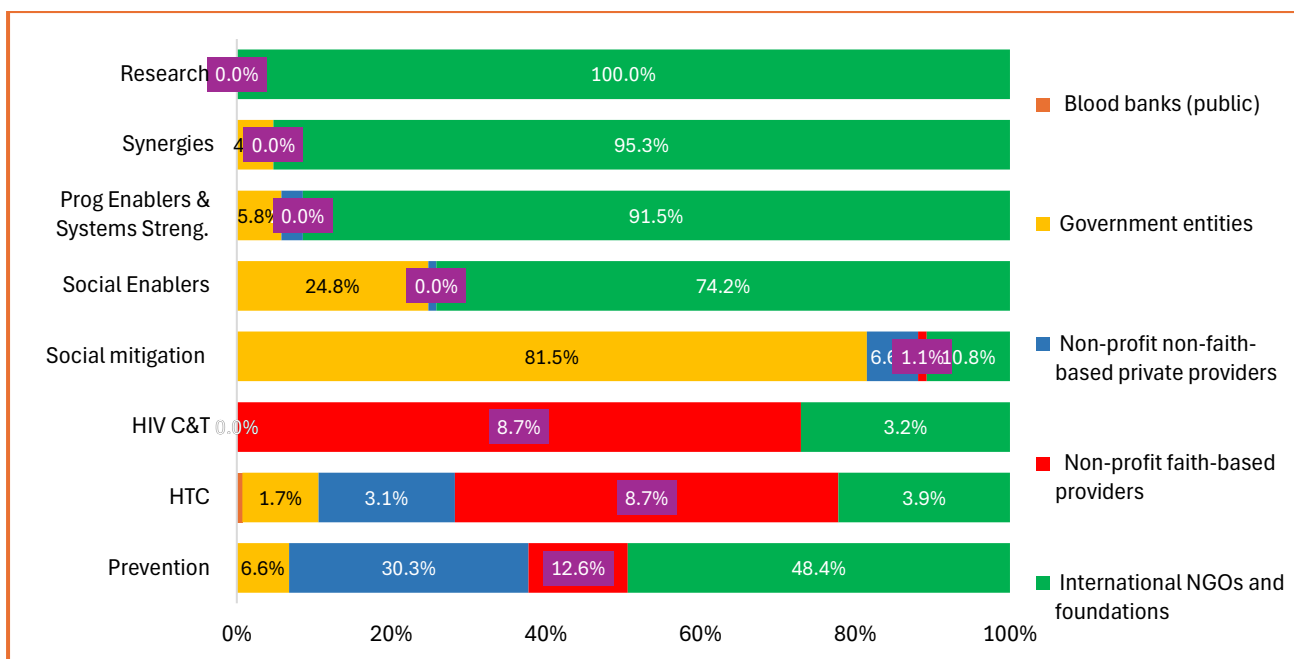


Figure 4.5: Service providers and ASC 2021/22

4.6 Expenditure by AIDS Spending Categories

AIDS spending categories define all HIV-related interventions and activities in the HIV and AIDS response. These categories include prevention, care and treatment, and other health and non-health services related to HIV and AIDS. This section presents the broader programme areas followed by a breakdown of each category into its interventions. Figure 4.6 and Table 4.8 present expenditure disaggregated by HIV programme areas.

HIV care and treatment continued to account for the largest share of expenditure, with MWK148 billion (US\$200 million, 53.7 percent), MWK198 billion (US\$245 million, 56.5 percent) and MWK210 billion (US\$258 million, 55.9 percent) in FYs 2019/20, 2020/21 and 2021/22, respectively. The analysis indicates a rising trend in nominal care and treatment expenditure over the three years, with a 34.1 percent increase in nominal terms between FYs 2019/20 and 2020/21, followed by a slight increase of 2.3 percent in FY 2021/22.

The programme enablers and systems strengthening, HTC, and social protection and economic support were the next largest interventions in terms of spending in the country. HTC displayed an increasing spending trend and surpassed programme enablers and systems strengthening, social protection, and economic support to become the second-largest intervention in both nominal and proportional terms in FY 2021/22. HTC accounted for MWK30 billion (US\$40 million, 10.8 percent) in FY 2019/20 and increased significantly in absolute amount to MWK40 billion (US\$52 million, 11.9 percent) in FY 2020/21 and MWK55 billion (US\$68 million, 14.7 percent) in FY 2021/22. The programme enablers and systems strengthening accounted for a significant spending of

12.4 percent of the total HIV spending in FY 2019/20, 12 percent in FY 2020/21, and 13.4 percent in FY 2021/22.

The spending on social protection and economic support, which was mainly a general transfer to poor and vulnerable households and not specifically targeting infected individuals or affected households, contributed significantly to supporting the households affected by HIV since 70 percent of it was allocated to HIV. The estimated spending and allocation for HIV-affected households showed a steady decline from MWK39 billion (US\$53 million, 14.3 percent) in FY 2019/20, to MWK37 billion (US\$46 million, 10.6 percent) in FY 2020/21 and MWK32 billion (US\$39 million, 8.4 percent) in FY 2021/22. Conversely, the spending on HIV prevention fluctuated, with a 31.5 percent increase between FYs 2019/20 and 2020/21, but then decreased by 10.4 percent in FY 2021/22.

The other interventions, such as social enablers, development synergies, and HIV-related research, were the smallest in terms of HIV spending, accounting for less than 1 percent of the total spending in all three years.

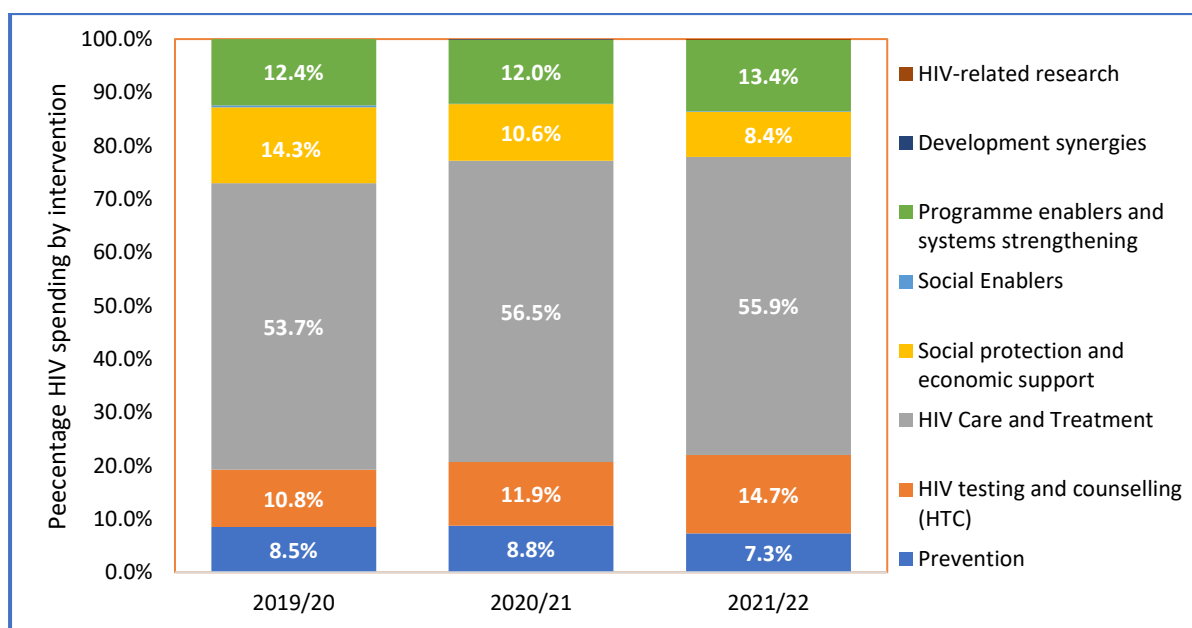


Figure 4.6: Percentage expenditure per HIV programme area (%)

Table 4.8: Expenditure by AIDS spending categories (MWK billion)

| HIV programme areas | 2019/20 | | 2020/21 | | 2021/22 | |
|-----------------------------------|-------------|--------------|-------------|--------------|-------------|--------------|
| | MWK billion | US\$ million | MWK billion | US\$ million | MWK billion | US\$ million |
| Prevention | 23 | 32 | 31 | 38 | 28 | 34 |
| HIV testing and counselling (HTC) | 30 | 40 | 42 | 52 | 55 | 68 |

| HIV programme areas | 2019/20 | | 2020/21 | | 2021/22 | |
|---|-------------|--------------|-------------|--------------|-------------|--------------|
| | MWK billion | US\$ million | MWK billion | US\$ million | MWK billion | US\$ million |
| HIV Care and Treatment | 148 | 200 | 198 | 245 | 210 | 258 |
| Social protection and economic support | 39 | 53 | 37 | 46 | 32 | 39 |
| Social Enablers (excluding the efforts for KPs above) | 0.99 | 1.35 | 0.18 | 0.22 | 0.56 | 0.68 |
| Programme enablers and systems strengthening | 34 | 46 | 42 | 52 | 50 | 62 |
| Development synergies | - | - | 0.50 | 0.62 | 0.45 | 0.55 |
| HIV-related research (paid by earmarked HIV funds) | - | - | - | - | 0.08 | 0 |
| Total | 275 | 373 | 350 | 435 | 376 | 461 |

As indicated, the primary financing entities for the HIV and AIDS response in Malawi during this NASA period were the GoM, USG through the PEPFAR Programme, and the GFATM. The GFATM was the leading financing entity for HIV care and treatment, contributing MWK62 billion (US\$84 million, 42.1 percent) in FY 2019/20 and increasing steeply in absolute amount to MWK91 billion (US\$113 million, 46.2 percent) in FY 2020/21 and decreasing slightly between FYs 2020/21 and 2021/22 to reach MWK90 billion (US\$111 million, 43 percent) in 2021/22. The GoM provided critical funding to HIV care and treatment through HRH and facility operation expenses, which were based on estimations explained in the assumptions section. This contribution was the second largest funding for the HIV care and treatment. The estimated GoM spending on HIV care and treatment was MWK52 billion (US\$70 million, 35 percent) in FY 2019/20, MWK56 billion (US\$70 million, 28.6 percent) in FY 2020/21 and MWK64 billion (US\$78 million, 30.4 percent) in FY 2021/22.

The spending on HIV care and treatment was also heavily funded by PEPFAR, although the USG did not fund ARVs. The contribution through PEPFAR was the second largest, at MWK31 billion (US\$42 million, 20.8 percent) in FY 2019/20, increasing steadily to MWK48 billion (US\$59 million, 24.2 percent) in FY 2020/21 and MWK54 billion (US\$67 million, 25.8 percent) in FY 2021/22.

In FY 2019/20, the GoM was the leading source of funding for HTC, accounting for 38.9 percent of the total spending, followed by the USG at 32.2 percent and GFATM at 28.9 percent. The GoM's contribution was mainly through estimated HRH emoluments. However, in FYs 2020/21 and 2021/22, GFATM was HTC's leading source of funds, contributing 55.3 percent in FY 2020/21 and 63.5 percent in FY 2021/22. The GoM and USG contributed, respectively, 30.2 percent and 14.5 percent in FY 2020/21 and 25.8 percent and 10.7 percent in FY 2021/22. These results underscore the vital role that GFATM played in directly funding HTC, providing over 50 percent of the total spending.

The USG was the main source of funds for HIV prevention activities, contributing MWK16 billion (US\$21 million, 66.4 percent) in FY 2019/20, MWK23 billion (US\$28 million, 74 percent) in FY 2020/21 and MWK23 billion (US\$28 million, 81.8 percent) in FY 2021/22. The spending from the GoM was minimal at about two percent in each year, but that of GFATM, though modest, declined steadily over the years from 30.6 percent in FY 2019/20 to 21.1 percent and 14.9 percent in FYs 2020/21 and 2021/22, respectively.

USG funded over 75 percent of the programme enablers and systems strengthening. The spending was almost exclusively on programme management costs of the various implementing partners. The contribution to programme enablers and systems strengthening by the GoM, USG, GFATM and other international entities was 8.5 percent, 81 percent, 1.4 percent and 9.1 percent, respectively. In FY 2020/21, the relative contribution to programme enablers and systems strengthening was 68 percent (GoM), 80.1 percent (USG), 5.1 percent (GFATM) and 8 percent (other international entities). In FY 2021/22, the contributions and entities to programme enablers and systems strengthening were at 3.9 percent (GoM), 77.8 percent (USG), 4.5 percent (GFATM) and 13.8 percent (other international entities).

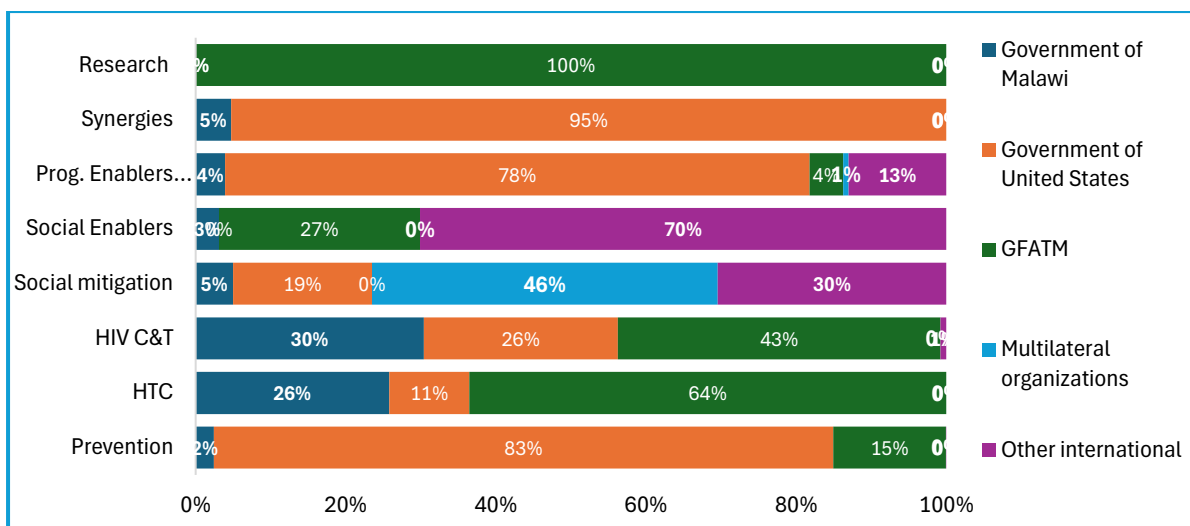


Figure 4.7: HIV spending by ASC and FE (%) 2021/22

4.6.1 Expenditure on HIV Prevention

The spending on HIV prevention increased from MWK23 billion (US\$28 million) in FY 2019/20 to MWK31 billion (US\$38 million) in FY 2020/21 and then decreased to MWK28 billion (US\$34 million) in FY 2021/22. However, the expenditure on the five pillars of prevention increased progressively in absolute terms from MWK20 billion (US\$27 million, 84.5 percent) in FY 2019/20 to MWK23 billion (US\$28 million, 73.9 percent) in FY 2020/21 and MWK25 billion (US\$31 million, 90.5 percent) in FY 2021/22, indicating a growing commitment to the more impactful prevention efforts.

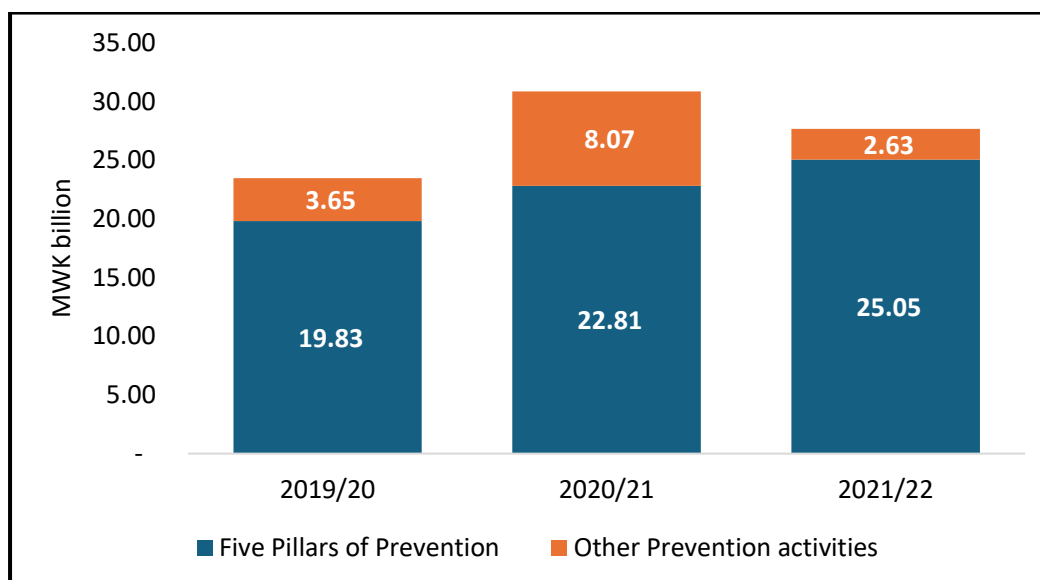


Figure 4.8: Trends in HIV spending by five pillars and other prevention

Broadly, the HIV prevention interventions considered the most impactful are classified as the five pillars of prevention. These significantly accounted for 84.5 percent of total prevention spending in FY 2019/20, declining to 73.9 percent in FY2020/21 and then increasing to 90.5 percent in FY 2021/22. All other

prevention activities represented 15.5 percent and 26.1 percent, then reduced to 9.5 percent of the total prevention spending. VMMC took the largest but declining share of expenditure in each of the years, reducing from 38.5 percent in FY 2019/20 to 34.5 percent in FY 2020/21 and 32.9 percent in FY 2021/22. Prevention for Adolescent Girls and Young Women (AGYW) and their male partners in settings with high HIV prevalence took the second largest amount. This increased the share of prevention expenditure, accounting for 11.5 percent in FY 2019/20, 29.7 percent in FY 2020/21 and 42.5 percent in FY 2021/22. The bulk of this expenditure went to Social Behaviour Change Communication (SBCC) as part of programmes for AGYW and their male partners.

Expenditure on condoms experienced a significant decline from MWK6.27 billion in FY 2019/20 to MWK1.15 billion in FY2021/22, marking an 83 percent decrease. This sharp decrease raises concerns about the accessibility and availability of condoms, which are vital for HIV prevention efforts. Other important prevention interventions included programmatic activities for vulnerable and accessible populations which accounted for 6.9 percent, 17.7 percent and 3.2 percent of the total prevention spending in FYs 2019/20, 2020/21, and 2021/22 respectively. This was followed by Pre-Exposure Prophylaxis (PrEP) targeted at AGYW and key populations accounting for 4.3 percent, 3.4 percent and 5.9 percent. Interventions for key populations accounted for 3.5 percent, 3.1 percent and 5.1 percent in FYs 2019/20, 2020/21 and 2021/22 respectively.

The analysis also shows that some subcategories of prevention activities saw significant changes in spending over the years. These fluctuating trends suggest that there were some gaps and imbalances in the funding and allocation of resources for HIV prevention activities. It would be interesting to explore the reasons behind these changes and their impact on the country's HIV prevention outcomes.

Table 4.9: Spending on HIV prevention activities (MWK billion, %)

| Prevention Intervention | 2019/20 | 2020/21 | 2021/22 |
|--|--------------------------|--------------------------|--------------------------|
| Five Pillars of Prevention | 19.83 (84.5%) | 22.81 (73.9%) | 25.05 (90.5%) |
| Prevention for adolescent girls and young women (AGYW) and their male partners | 2.71 (11.5%) | 9.16 (29.7%) | 11.76 (42.5%) |
| Services for key populations | 0.82 (3.5%) | 0.97 (3.1%) | 1.42 (5.1%) |
| Condoms (for HIV prevention) for the general population | 6.27 (26.7%) | 0.98 (3.2%) | 1.15 (4.2%) |
| Voluntary medical male circumcision (VMMC) for HIV prevention | 9.03 (38.5%) | 10.64 (34.5%) | 9.10 (32.9%) |
| Pre-Exposure Prophylaxis (PrEP) | 1.01 (4.3%) | 1.06 (3.4%) | 1.62 (5.9%) |
| Other Prevention activities | 3.65 (15.5%) | 8.07 (26.1%) | 2.63 (9.5%) |

| Prevention Intervention | 2019/20 | 2020/21 | 2021/22 |
|---|----------------|----------------|----------------|
| Prevention of vertical transmission of HIV infection (PMTCT) | 0.52 (2.2%) | 0.57 (1.8%) | 0.65 (2.3%) |
| Social and behavioural communication for change (SBCC) for populations other than key populations | 0.16 (0.7%) | 0.70 (2.3%) | 0.09 (0.3%) |
| Community mobilization for populations other than key populations | 0.87 (3.7%) | 1.02 (3.3%) | 0.37 (1.3%) |
| Programmatic activities for vulnerable and accessible populations | 1.61 (6.9%) | 5.46 (17.7%) | 0.88 (3.2%) |
| Prevention of HIV transmission aimed at people living with HIV and their partners | 0.17 (0.7%) | 0.27 (0.9%) | 0.33 (1.2%) |
| STI prevention and treatment programmes for populations other than key populations | 0.05 (0.2%) | - (0.0%) | 0.28 (1.0%) |
| Prevention activities not disaggregated | 0.26 (1.1%) | 0.05 (0.2%) | 0.02 (0.1%) |
| Total | 23 | 31 | 28 |

The sources of funds for prevention are shown against specific prevention interventions in Figure 4.9 for FY 2021/22. Although the contribution to prevention from GFATM declined over the period, the funding covered condom provision exclusively in the country. The funding from the GoM was almost non-existent even though it is shown that it exclusively funded PMTCT. The PMTCT spending was only the estimated spending on HRH and operations costs. The funding for most prevention interventions was from USG, as shown in the figure below.

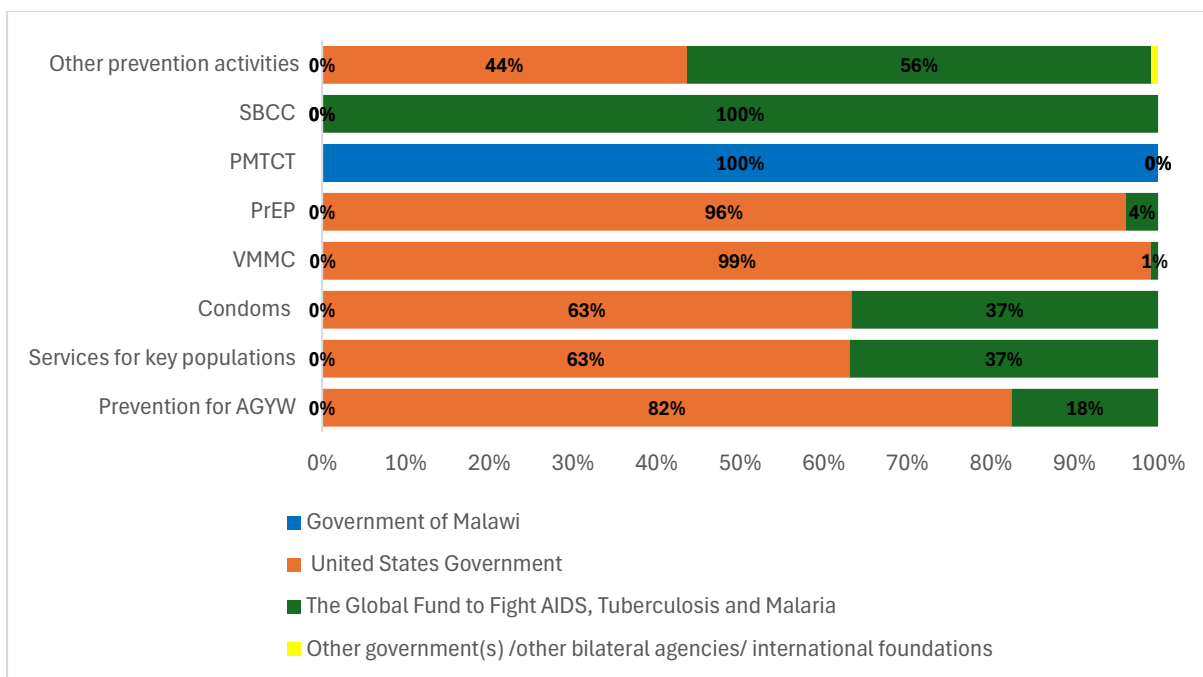


Figure 4.9: Prevention spending by FE 2021/22

4.6.2 Expenditure on HIV Testing and Counselling (HTC)

The funding for HTC was mainly from the USG and GFATM, with the GoM's estimated spending on personnel emoluments of health workers conducting the testing. The trend indicates a steady decline in USG funding to HTC over the specified period, from 32.2 percent in FY 2019/20 to 10.7 percent in FY 2021/22. As a result, the GFATM became the primary source of funding, almost doubling to 63.5 percent in FY 2021/22. Government's contribution was significant at 38.9 percent in FY 2019/20, 30.2 percent in FY 2020/21 and 25.8 percent in FY 2021/22. This funding is critical since it covers the human resources and facility operating costs for HTC services.

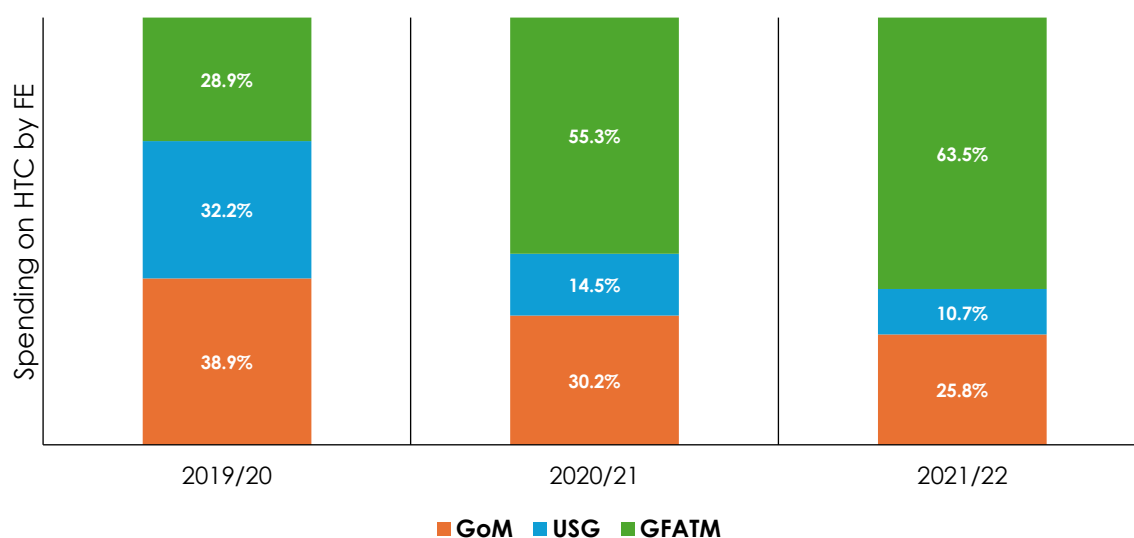


Figure 4.10: Expenditure on HTC by financing entities (%)

The testing and counselling activities not disaggregated were assumed to have been spent mainly on the general population and accounted for 68.6 percent of the total expenditure in FY 2019/20, 41.9 percent in FY 2020/21 and 33.2 percent in FY 2021/22. More disaggregated data showed that HIV testing for the general population took the second-largest share of spending in FY 2020/21, at 40.7 percent, and was the largest in FY 2021/22, at 51.1 percent. Other HTC interventions that accounted for a considerable share in FY 2021/22 focused on vulnerable and accessible populations at 4.9 percent, inmates at 4.7 percent, Men who have Sex with Men (MSM) at 2.4 percent and pregnant women as part of PMTCT programme at 2.5 percent of the HTC total spending.

Table 4.10: Spending on HTC by intervention (MWK billion, %)

| HTC Intervention | 2019/20 | 2020/21 | 2021/22 |
|--|---------------|---------------|----------------|
| HIV testing and counselling for sex workers | 0.14 (0.5%) | 0.15 (0.4%) | 0.16 (0.3%) |
| HIV testing and counselling for MSM | 1.54 (5.2%) | 0.01 (0.0%) | 1.35 (2.4%) |
| HIV testing and counselling for TG | 0.25 (0.8%) | 0.03 (0.1%) | 0.17 (0.3%) |
| HIV testing and counselling for inmates of correctional and pre-trial facilities | 1.75 (5.9%) | 2.40 (5.8%) | 2.61 (4.7%) |
| HIV testing and counselling for pregnant women (part of PMTCT programme) | 0.16 (0.5%) | 0.77 (1.8%) | 1.36 (2.5%) |
| Early Infant Diagnosis (EID) of HIV | 0% | 0% | 0.001 (0.001%) |
| HIV testing and counselling for vulnerable and accessible populations | 2.46 (8.3%) | 3.85 (9.2%) | 2.72 (4.9%) |
| Voluntary HIV testing and counselling for general population | 2.39 (8.1%) | 16.94 (40.7%) | 28.29 (51.1%) |
| Provider initiated testing and counselling (PITC) | 0.57 (1.9%) | 0.0% | 0.12 (0.2%) |
| HIV screening in blood banks | 0.04 (0.1%) | 0.04 (0.1%) | 0.07 (0.1%) |
| HIV testing and counselling activities not disaggregated | 20.35 (68.6%) | 17.48 (41.9%) | 18.47 (33.4%) |
| Total | 29.64 | 41.67 | 55.31 |

4.6.3 Expenditure on HIV Care and Treatment

The trends in HIV care and treatment expenditure, excluding Tuberculosis (TB) treatment, by financing entities are shown in Table 4.11, increasing from MWK148 billion (US\$201 million) in FY 2019/20 to MWK210 billion (US\$257 million) in FY 2021/22. As shown, GFATM was the main source of fund, with a contribution of over 42 percent in all years. It was followed by the GoM's

contribution, mainly in terms of estimated expenditure on health care workers' salaries providing care and treatment as well as facility operations. The USG made a significant direct contribution to care and treatment expenditure being above 20 percent each year. The consistent rise in financial support for care and treatment reflects partners' dedication to enhancing treatment accessibility, improving patient outcomes, and ultimately working towards ending AIDS as a public health threat by 2030.

Table 4.11: Expenditure on Care and Treatment interventions (MWK billion, %)

| Intervention | 2019/20 | 2020/21 | 2021/22 |
|--|----------------|----------------|----------------|
| Anti-retroviral therapy | 81 (54.7%) | 101 (50.9%) | 104 (49.2%) |
| Adherence and retention on ART | - (0.0%) | 0.43 (0.2%) | 0.69 (0.3%) |
| Specific ART-related laboratory monitoring | 13 (8.5%) | 15 (7.5%) | 15 (7.3%) |
| Co-infections and opportunistic infections: prevention and treatment | 9 (6.1%) | 11 (5.4%) | 11 (5.5%) |
| Psychological treatment and support service | 0.00 (0.0%) | 0.06 (0.0%) | 0.02 (0.0%) |
| Care and treatment services not disaggregated | 45 (30.7%) | 71 (35.9%) | 79 (37.7%) |
| Total | 148 | 198 | 210 |

Figure 4.11 below also shows the expenditure on care and treatment by Financing Entity in each of the years.

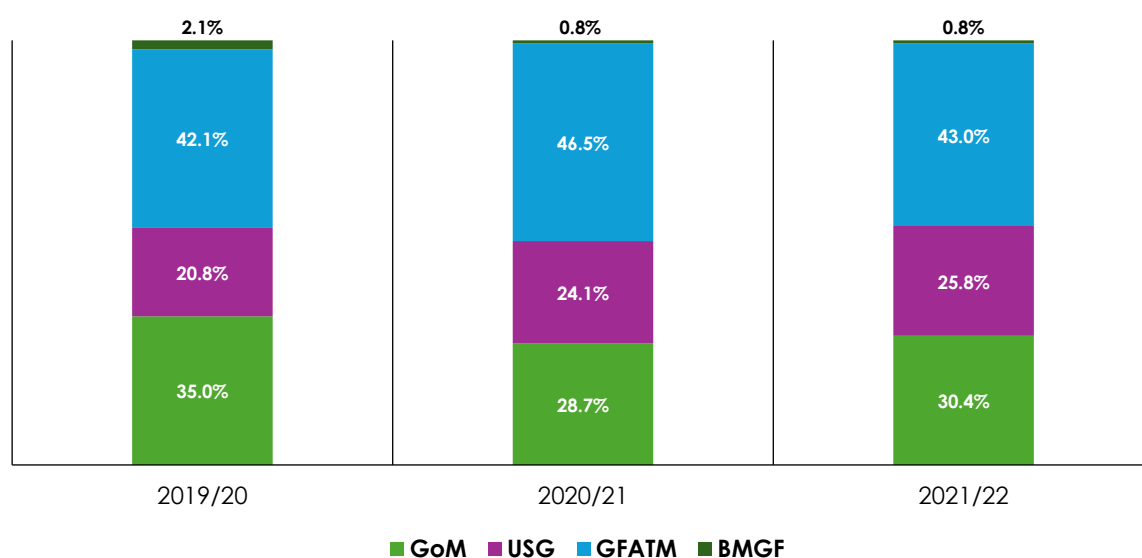


Figure 4.11: Expenditure on Care and Treatment by financing entities

Antiretroviral therapy (ART) accounted for the bulk of the care and treatment funding, comprising about 54.7 percent of total expenditure in FY 2019/20, 50.9 percent in FY 2020/21 and 49.2 percent in FY 2021/22. Irrespective of the declining percentage, the absolute amount spent increased consistently over the period, with a substantial increase in spending between FYs 2019/20 and 2020/21 and a modest increase between FYs 2020/21 and 2021/22. The specific ART-related laboratory monitoring accounted for over 7 percent each year, and the co-infections and opportunistic infections accounted for over 5 percent over the same period. Psychological support received minimal funding over the three years under assessment. There was significant spending under the category 'care and treatment services not disaggregated', mainly through funding from USG, due to the more aggregated label the PEPFAR Implementing Partners (IPs) apply to their care and treatment activities.

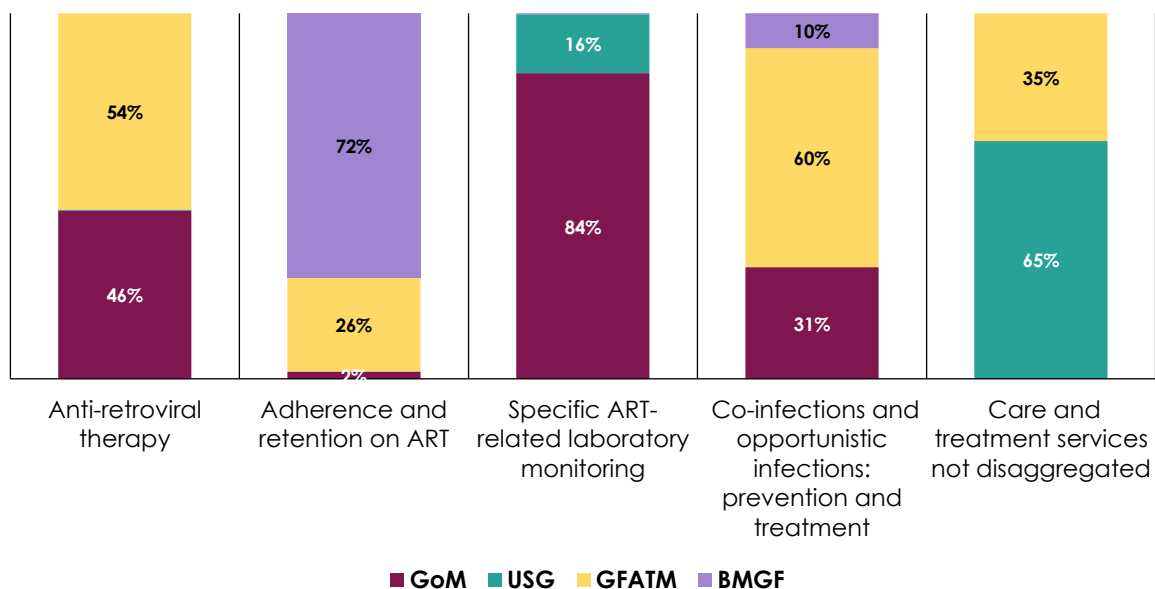


Figure 4.12: Spending on Care and Treatment interventions by FE 2021/22

4.6.4 Expenditure on Social Protection and Economic Support

Direct spending on social protection and economic support, which was earmarked for HIV, exclusively came from the USG. However, cash transfers that benefitted HIV-affected households were included in the analysis, significantly increasing the amount spent on social protection and economic support. As a result, social protection through monetary or in-kind benefits accounted for the largest percentage of the total spending at 91.6 percent in FY 2019/20, 83.8 percent in FY2020/21 and 81.5 percent in FY2021/22. The spending specifically targeting Orphan and Vulnerable Children (OVC) needs for education and health came second, accounting for 8 percent, 15.4 percent and 17.4 percent in FYs 2019/20, 2020/21 and 2021/22 respectively. It is concerning that the total spending has been steadily declining over the period.

Table 4.12: Expenditure on social protection by intervention (MWK billion, %)

| Intervention | 2019/20 | 2020/21 | 2021/22 |
|--|------------------|------------------|------------------|
| Social protection and economic support for OVC | 3.12 (8.0%) | 5.69 (15.4%) | 5.52 (17.4%) |
| Social protection through monetary or in-kind benefits | 35.95 (91.6%) | 31.04 (83.8%) | 25.77 (81.5%) |
| Social protection services and social services not disaggregated by type | 0.16 (0.4%) | 0.30 (0.8%) | 0.33 (1.1%) |
| Total | 39.23 | 37.03 | 31.62 |

Multilateral organisations, the World Bank and the European Union (EU), made substantial contributions to social protection and economic support through a cash transfer programme under the MoGCDSW. UNICEF provided technical support to the multilateral organisations accounting for 52.1 percent in FY 2019/20, 49.7 percent in FY 2020/21 and 46.1 percent in FY 2021/22. The contribution through the cash transfer programme by other governments/ bilateral organisations (Government of Germany and Government of Ireland) was the second largest at 34.2 percent, 28.5 percent, and 30.4 percent in FYs 2019/20, 2020/21 and 2021/22 respectively.

The expenditure from USG was the third largest, at 8.4 percent in FY 2019/20, 16.2 percent in FY 2020/21, and 18.5 percent in FY 2021/22. The amount of spending from this entity was almost the same in FYs 2020/21 and 2021/22, at about MWK18 billion (US\$22 million). The GoM's contribution through cash transfer stood at about 5 percent annually.

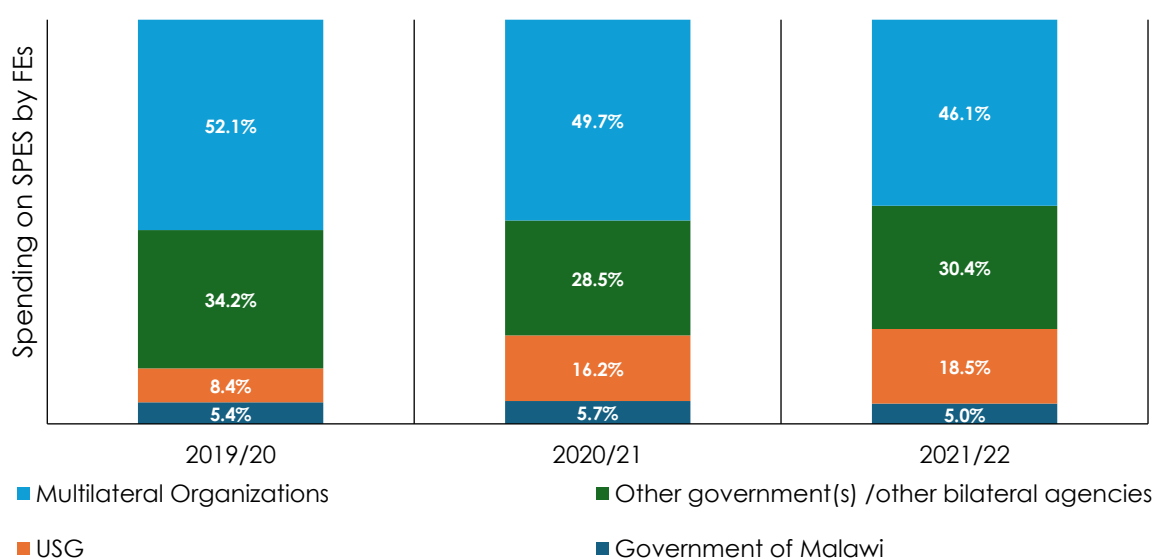


Figure 4.13: Spending on Social Protection & Economic Support by FE (%)

4.6.5 Expenditure on Programme Enablers and Systems Strengthening

The programme enablers and systems strengthening are supportive activities undertaken to optimise the provision of HIV services to the beneficiary populations. Programme administration and management costs, which took the largest amount of the expenditure, increased throughout the period. It accounted for 64.6 percent in FY 2019/20, 68.6 percent in FY 2020/21 and 59.8 percent in FY 2021/22. This was followed by strategic information, which increased spending from 17.4 percent to 20.2 percent and 21.5 percent of the expenditure in FYs 2019/20, 2020/21 and 2021/22 respectively. Other critical programme areas with significant expenditure included public systems strengthening at 9.1 percent and strategic planning, coordination and policy development at 7.2 percent in FY 2021/22.

The programme enablers and systems strengthening expenditure increased over the period, reaching 18 percent of the total HIV expenditure in FY 2021/22. The spending was primarily from funding by the USG, which contributed 77.8 percent of total spending in FY 2019/20, 80.1 percent in FY 2020/21, and 80 percent in FY 2021/22. Table 4.13 and Figure 4.14 show that this contribution from USG was spread over all the programme enablers and systems strengthening activities except community system strengthening, which was almost funded exclusively by the GFATM.

Table 4.13: Expenditure on Programme Enablers and Systems Strengthening (MWK billion, %)

| Programme Area | 2019/20 | 2020/21 | 2021/22 |
|---|---------------|---------------|---------------|
| Strategic planning, coordination and policy development | 2.89 (8.5%) | 1.53 (3.7%) | 3.60 (7.2%) |
| Programme administration and management costs (above service-delivery level) | 22.03 (64.6%) | 28.84 (68.6%) | 30.04 (59.8%) |
| Strategic information | 5.95 (17.4%) | 8.51 (20.2%) | 10.80 (21.5%) |
| Public systems strengthening | 2.47 (7.2%) | 1.62 (3.9%) | 4.57 (9.1%) |
| Community system strengthening | 0.10 (0.3%) | 0.63 (1.5%) | 0.39 (0.8%) |
| Human resources for health (above-site programmes) | 0.52 (1.5%) | 0.66 (1.6%) | 0.63 (1.3%) |
| Programme enablers and systems strengthening not disaggregated | 0.16 (0.5%) | 0.23 (0.6%) | 0.24 (0.5%) |
| Total | 34.13 | 42.03 | 50.27 |

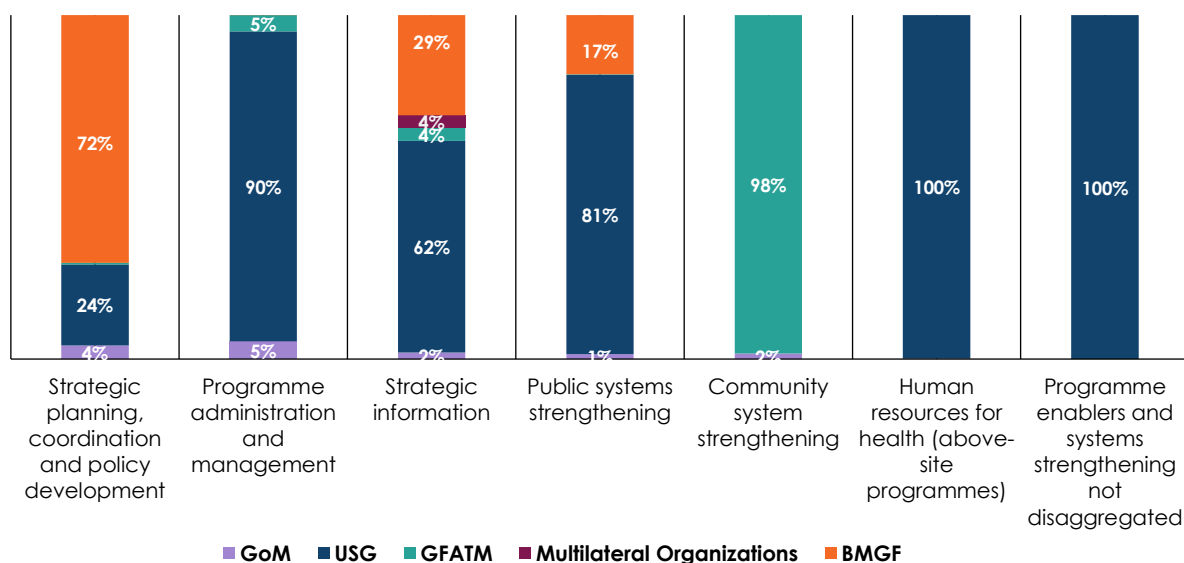


Figure 4.14: Spending on Programme Enablers and Systems Strengthening by intervention and FE (%) 2021/22

4.6.6 Spending on other ASCs/Interventions

The other HIV programme areas, such as social enablers, development synergies, and HIV-related research, were the smallest in terms of HIV spending, accounting for less than one percent of the total HIV spending in all three years.

4.7 HIV Expenditure by Service Delivery Modalities (SDM)

The service delivery modalities refer to the various ways in which HIV services are delivered to the population. Malawi has two main types of HIV service delivery modalities: facility-based and community-based. Facility-based services are provided by health facilities, mainly the hospital and ambulatory care services. On the other hand, community-based services are provided by local NGOs, including CBOs that operate outside the formal health system and offer HIV services in community settings, such as homes, workplaces, and hotspots.

In each of the three years under assessment, facility-based interventions accounted for the largest share of HIV spending, being 65 percent in FY 2021/22. The second modality was 'non-applicable', which refers to the services that did not have a specific delivery model, such as program enablers and systems strengthening, research, and development synergies. Community-based outreach, though declining over time, accounted for 13.1 percent in FY 2019/20 and down to 7 percent in FY 2021/22. Home and community-based not disaggregated accounted for significant spending and stood at 9.5 percent in FY 2021/22. It is noteworthy that self-testing is now taking ground, with its share of expenditure increasing steadily over the period, reaching almost 3.5 percent in FY 2021/22.

Table 4.14: HIV spending by service delivery modality (MWK billion, %)

| Delivery Modality | 2019/20 | 2020/21 | 2021/22 |
|--|-------------|-------------|-------------|
| Facility-based: Outpatient | 176 (63.9%) | 239 (68.3%) | 244 (64.9%) |
| Community-based: outreach | 36 (13.1%) | 31 (9.0%) | 26 (7.0%) |
| HIV self-testing | 3.1 (1.1%) | 7.0 (2.0%) | 13 (3.5%) |
| Home and community based not disaggregated | 13 (4.6%) | 19 (5.3%) | 36 (9.5%) |
| Non applicable (ASC which does not have a specific SDM) | 35 (12.8%) | 44 (12.6%) | 51 (13.6%) |
| Modalities not disaggregated | 12 (4.5%) | 10 (2.8%) | 6 (1.5%) |
| Total | 275 | 350 | 376 |

In all the years, HTC and care and treatment were provided mainly at all facilities, while HIV prevention was largely provided through community delivery modalities (over 65 percent).

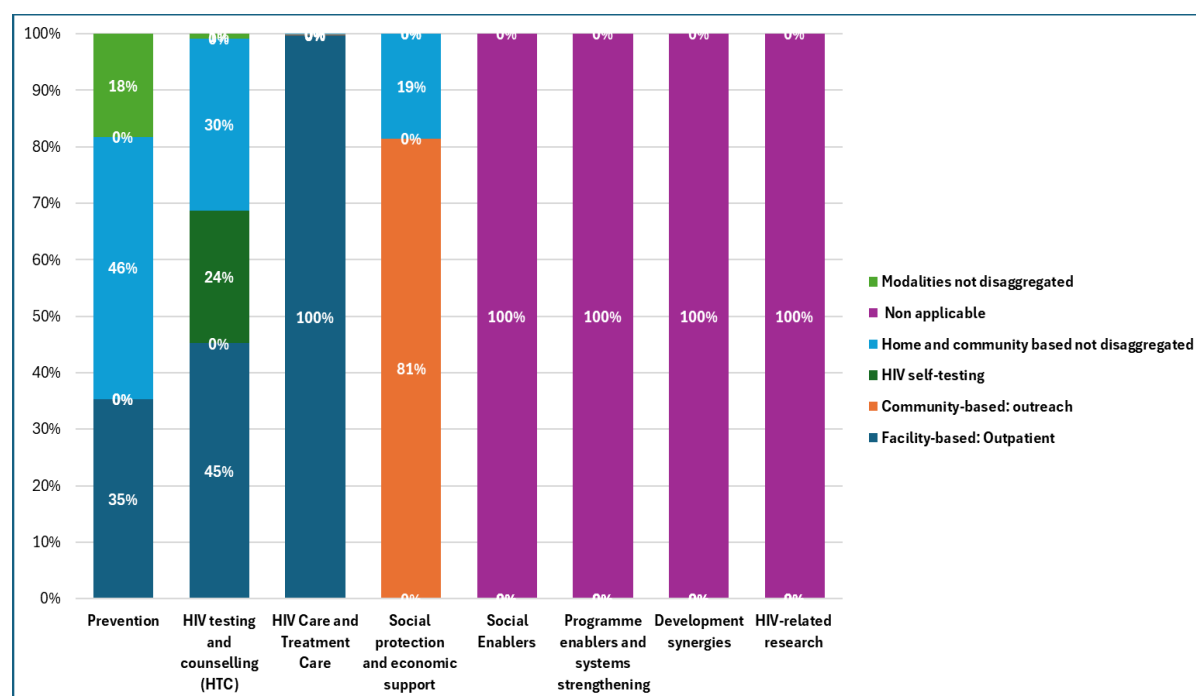


Figure 4.15: Percentage expenditure on ASC by SDM 2021/22

4.8 Beneficiaries of HIV Spending

Beneficiary populations are the various population groups targeted for various interventions funded by different financing entities. Table 4.15 and Figure 4.16 present the expenditure disaggregated by beneficiary populations. The main beneficiaries of HIV spending were PLHIV and accounted for 53.8 percent of the total HIV spending in FY 2019/20, increasing to 59.5 percent in FY 2020/21 and decreasing to 56.1 percent in FY 2021/22. The second-largest group of beneficiaries was vulnerable, accessible, and other target populations, which accounted for slightly above 16 percent in FYs 2019/20 and 2020/21 but declined to 12.8 percent in FY 2021/22.

The general population received the third-largest share of the total expenditure each year, followed by non-targeted populations, which constituted 13.7 percent of the total expenditure in FY 2021/22. When there was no explicit intention of directing the benefits to a specific population, the expenditure was labelled 'non-targeted interventions', such as expenditure on programme enablers. Key populations took the least share of the expenditure, being 2.1 percent in FY 2019/20, 1.3 percent in FY 2020/21 and 2 percent in FY 2021/22.

Table 4.15: HIV spending by beneficiary population (MWK million, %)

| Beneficiary Population | 2019/20 | 2020/21 | 2021/22 |
|--|----------------|----------------|----------------|
| Adult and young people (aged 15 and over) living with HIV | 82 (30%) | 104 (30%) | 108 (29%) |
| Children (aged under 15) living with HIV | 14 (5%) | 18 (5%) | 22 (6%) |
| People living with HIV not broken down by age or gender | 52 (19%) | 86 (25%) | 81 (22%) |
| Sex workers (SW) and their clients | 0.38 (0.1%) | 0.58 (0.2%) | 0.62 (0.2%) |
| Gay men and other men who have sex with men (MSM) | 1.63 (0.6%) | 0.31 (0.1%) | 1.68 (0.4%) |
| Transgender | 0.25 (0.1%) | 0.03 (0.0%) | 0.54 (0.1%) |
| Inmates of correctional facilities (prisoners) and other institutionalized persons | 1.75 (0.6%) | 2.40 (0.7%) | 2.74 (0.7%) |
| "Key populations" not broken down by type | 1.84 (0.7%) | 1.28 (0.4%) | 1.84 (0.5%) |
| Orphans and vulnerable children (OVC) | 19 (7.1%) | 20 (5.6%) | 17 (4.5%) |
| Pregnant and breastfeeding HIV-positive women (not on ART) and their children to be born (undetermined HIV status) and new borns | 0.52 (0.2%) | 0.57 (0.2%) | 0.65 (0.2%) |
| Adolescent girls and young women in countries with high HIV prevalence | 3.08 (1.1%) | 9.81 (2.8%) | 12.36 (3.3%) |
| Partners of people living with HIV (including sero-discordant couples) | 0.73 (0.3%) | 3.27 (0.9%) | 0.63 (0.2%) |
| Vulnerable, accessible and other target populations not broken down by type | 23 (8%) | 23 (7%) | 17 (5%) |
| General population | 40 (15%) | 38 (11%) | 58 (16%) |
| Non-targeted interventions | 35 (13%) | 43 (12%) | 51 (14%) |
| Total | 275 | 350 | 376 |

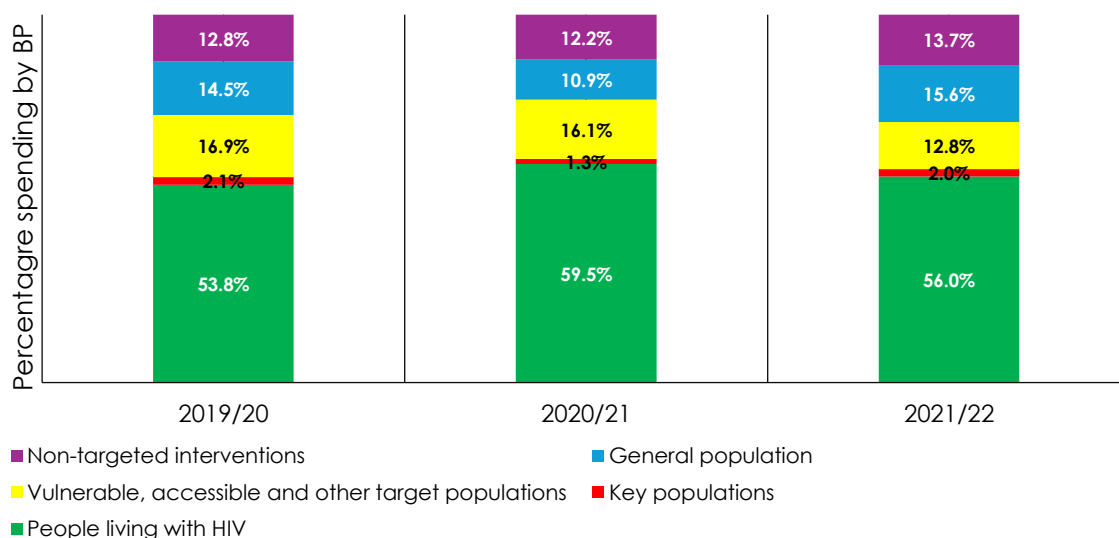


Figure 4.16: Percentage expenditure on beneficiary population (%)

4.9 HIV Spending by Factors of Production (FP)

Production factors are critical inputs required to deliver HIV services to beneficiaries and comprise capital and recurrent expenditure. Capital expenditure is the value of the investments in assets acquired and includes buildings, vehicles, IT equipment, laboratory, and other medical equipment. Recurrent expenditure are costs on goods and services consumed within a financial year needed to sustain the delivery of services. In NASA classification, recurrent expenditure includes salaries and wages, medicines, administrative and consulting services.

The recurrent and capital expenditure is presented in Table 4.16 in absolute financial terms and the annual percentage distribution. The analysis shows that the recurrent expenditure category accounted for the largest share of the spending for the production factors in the three years, with 98.9 percent in FY 2019/20, which decreased slightly to 98.6 percent in FY 2020/21 and decreased further to 97.3 percent in FY 2021/22. The major cost drivers for the HIV and AIDS response have been medical products and supplies mainly consisting of ARVs, laboratory reagents and materials, HIV test kits, diagnostics and non-medical supplies accounting for 27.9 percent of total expenditure in FY 2019/20, 34.8 percent in FY 2020/21 and 35.7 percent in FY 2021/22.

The largest component of medical supplies was ARVs, accounting for 15.4 percent of total expenditure in FY 2019/20, 16.7 percent in FY 2020/21 and 14.9 percent in FY 2021/22. The spending on ARVs fluctuated with a 26 percent increase in nominal terms observed in FY 2020/21, followed by a 6 percent decrease in FY 2021/22. Spending on laboratory reagents and materials highlighted an upward trend and accounted for 5.8 percent of total HIV spending in FY 2019/20, 8.6 percent in FY 2020/21 and 12.8 percent in FY 2021/22.

It is important to highlight that spending on condoms and test kits declined significantly over the three years, affecting the overall spending of their

corresponding interventions. For instance, the sharp decrease in condom spending by 72.8 percent from FY 2019/20 to FY 2021/22 contributed to the decline in prevention spending. Nevertheless, there was a substantial increase in spending on test kits by 202 percent between FY 2019/20 and FY 2020/21 and 80.4 percent between FYs 2020/21 and 2021/22 led to a marked rise in HTC expenditures.

Spending on personnel costs steadily increased by 12 percent in FY 2020/21 and further increased by 16 percent in FY 2021/22. As a result, personnel costs emerged as the second-largest cost driver of HIV spending in FY 2020/21 (30.1 percent) and FY 2021/22 (33.1 percent). However, it was the highest category in FY 2019/20 at 31.4 percent of the total HIV spending. The trend suggests that there should be funding priorities towards medical products and supplies as well as personnel-related expenses, which are critical for delivering HIV and AIDS services.

Operational and programme management costs, consisting of administrative and programme management, travel, rent and utilities, was the third largest component. It accounted for 14.3 percent of the total expenditure in FY 2019/20, 12 percent in FY 2020/21, and 11.9 percent in FY 2021/22.

Table 4.16: Expenditure on the HIV factors of production (MWK million, %)

| Factor of Production | 2019/20 | 2020/21 | 2021/22 |
|---|----------------|----------------|----------------|
| Personnel costs | 87 (31.4%) | 105 (30.1%) | 124 (33.1%) |
| Other operational and programme management current expenditures | 39 (14.2%) | 42 (12.0%) | 45 (11.9%) |
| Medical products and supplies | 77 (27.9%) | 122 (34.8%) | 134 (35.7%) |
| Contracted external services | 8 (2.9%) | 10 (2.8%) | 14 (3.6%) |
| Financial support for beneficiaries | 29 (10.7%) | 24 (6.8%) | 24 (6.4%) |
| Training- Training related per diems/transport/other costs | 9.20 (3.3%) | 10 (2.9%) | 5.03 (1.3%) |
| Logistics of events, including catering services | 0.18 (0.1%) | 0.23 (0.1%) | 0.36 (0.1%) |
| Indirect costs | 8.32 (3.0%) | 12 (3.5%) | 13 (3.6%) |
| Current direct and indirect expenditures not disaggregated | 15 (5.4%) | 20 (5.6%) | 13 (3.5%) |
| Building | 1.46 (0.5%) | 0.53 (0.2%) | 0.12 (0.0%) |
| Vehicles | 0.09 (0.0%) | 0.07 (0.0%) | 0.08 (0.0%) |
| Other capital investment | 1.41 (0.5%) | 4.34 (1.2%) | 2.31 (0.6%) |
| Total | 275 | 350 | 376 |

In FYs 2019/20 and 2020/21, personnel cost was attributed mainly to the GoM, followed by the USG. Specifically, the GoM accounted for 57.5 percent of the personnel spending in FY 2019/20, with the USG contributing 42.2 percent. In FY 2020/21, the trend remained the same with 50.7 percent attributed to the GoM, 48.7 percent attributed to the USG, and 0.7 percent attributed to the GFATM. However, in FY 2021/22, the USG became the leading source of funds for personnel expenditure, at 51 percent, followed by the GoM at 48.3 percent and the GFATM at 0.6 percent.

Other operational and programme management current expenditures were attributed to almost all the sources, with the GoM being the primary source, followed by BMGF and the USG. In FY 2021/22, the contributions were 45.9 percent from GoM, 17.4 percent from BMGF, 16.2 percent from USG, 10.6 percent from other international entities, 9.4 percent from GFATM and 0.5 percent from domestic private entities. Medical products and supplies were almost exclusively funded by GFATM, at 90.6 percent in FY 2019/20, 91.8 percent in FY 2020/21 and 92.2 percent in FY 2021/22.

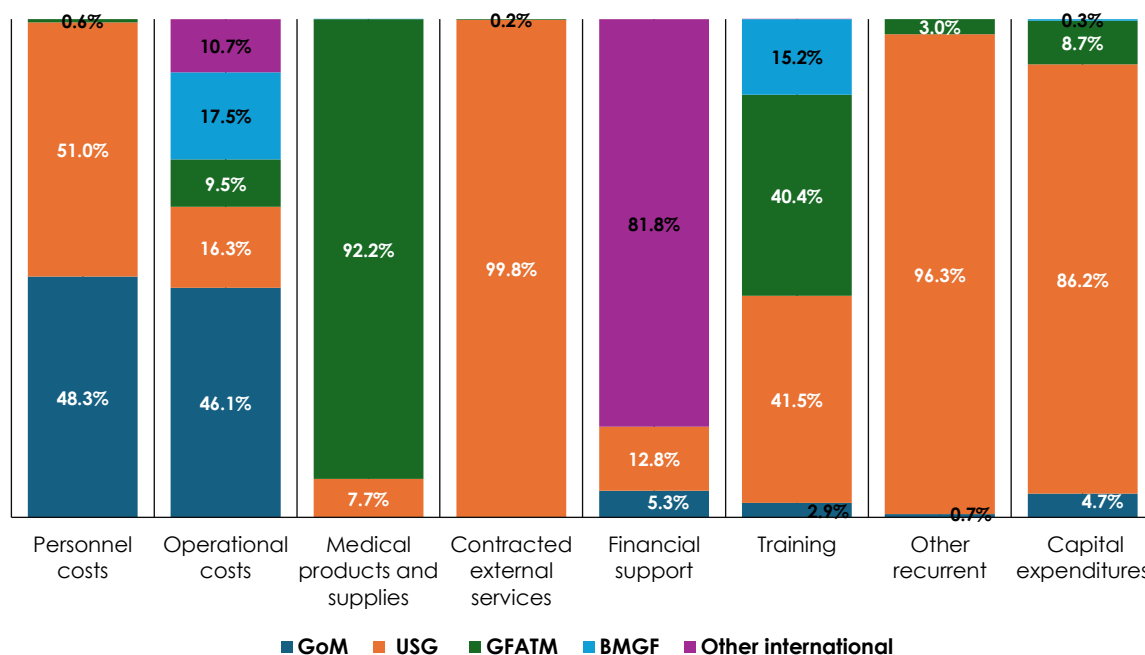


Figure 4.17: Spending on PF by financing entity (%) 2021/22

4.10 Comparison of Spending and Estimated NSP Costs

A comparison of the NASA expenditure results and the estimated cost of the NSP was carried out. The 2015-2020 NSP and 2023-2027 NSP costs were used for comparison across the three NASA years (Figure 4.18).

Figure 4.18 shows that NASA's actual total expenditure was more than the estimated cost of NSP in all the years, resulting in a possible 'surplus' overall. This notwithstanding, the HIV response is still underfunded. In the two outer years, the expenditure appears to have been almost double the estimated resource

need. However, the total cost of all interventions in the new strategic plan for 2023-2027 reduced by a third from the previous NSP estimates for FY2019/20. These variances were driven mostly by the care and treatment programme costs and spending, which could imply an underestimation of the resources needed to achieve the NSP treatment coverage targets or overestimation of HRH cost for government in NASA. The reduction in the estimated costs from the previous to the current NSP may have been due to a reduced unit price of key commodities, such as ARVs, HIV test kits and PrEP, that were adopted in the costing of the 2020-2025 NSP. Additionally, the unit costs applied in the costing may not have included all the above-site costs, which NASA would have captured in detail.

The discrepancy in the care and treatment estimated resources needed and the NASA actual expenditures suggest that the NSP's ART costing might have understated some expenses associated with programme implementation. This led to a lower estimated cost compared to the actual expenditure reported by NASA in FYs 2020/21 and 2021/22. Understanding this difference is crucial for accurate budgeting and planning, ensuring that all necessary expenses are accounted for in future financial frameworks, and that available funds are being used optimally. This will help align resource allocation with the actual needs and operational realities of the HIV and AIDS response initiatives.

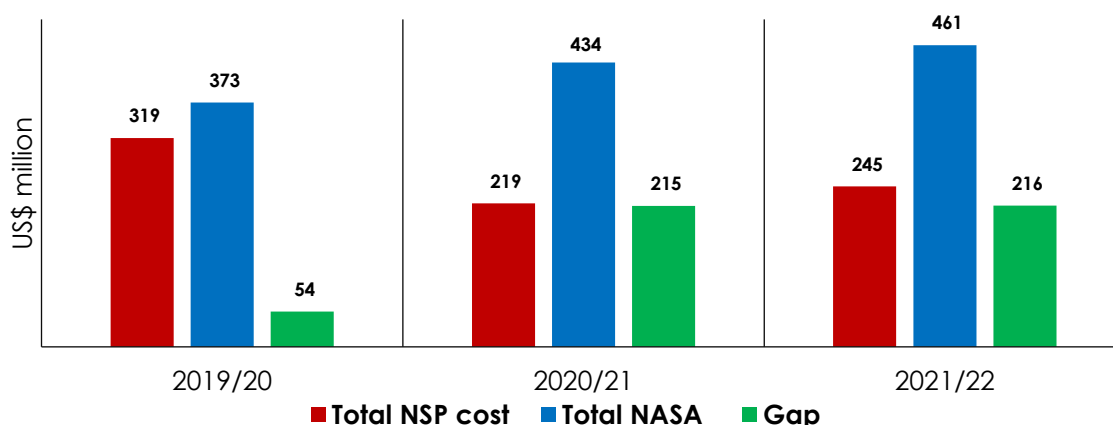


Figure 4.18: Total cost of NSPs and total NASA expenditure (US\$ million)

A comparison was also made without including personnel costs, which were thought to be the source of the difference, but NASA expenditure still exceeded NSP costs (Figure 4.19).

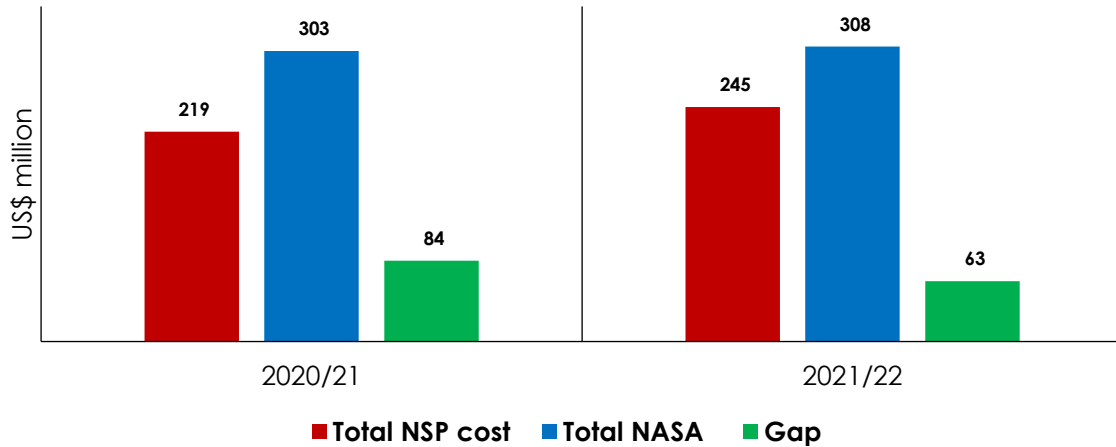


Figure 4.19: Total cost of NSPs and total NASA expenditure (without HRH)

Additionally, a comparative analysis was conducted between NASA and NSP costs for the primary areas of interventions, which account for the highest amounts of expenditure and costs. These were care and treatment, prevention, HTC and programme enablers and systems strengthening but, data issues (HTC components were not disaggregated) on the cost of HTC led to its exclusion. The 2015-2020 NSP cost of care and treatment was higher than NASA results, leading to a spending gap of US\$27 million in FY 2019/20. However, the current 2023-2027 NSP, care and treatment costs were substantially less than NASA actual expenditure. In FY2020/21, there appeared to be no funding gap for care and treatment, with 'excess' spending of US\$106 million against the NSP cost of US\$92 million. Similarly, in FY 2021/22, the NASA amount for care and treatment was US\$210 million, while the NSP cost was US\$96 million, resulting in possible 'excess' spending of US\$115 million.

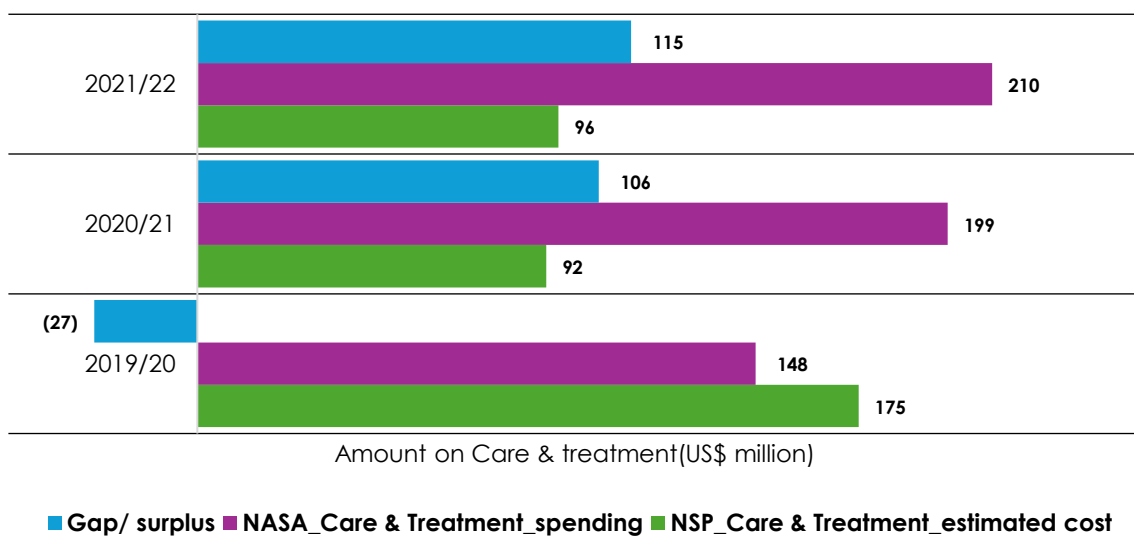


Figure 4.20: Comparison of NASA and NSP cost for Care and Treatment (US\$ million)

The analysis showed that over the three years, actual spending on prevention was less than the cost of prevention in the NSPs. It should be noted that in the last two years of the current NSP, the gap in prevention spending increased. Moreover, the available data on prevention commodities for FYs 2020/21 and 2021/22 were not disaggregated enough to allow for the cost of prevention commodities to be separated for actual HIV prevention and HTC. For this reason, what is labelled as prevention commodities was included in the NSP cost of prevention, implying that it was overstated. Therefore, the funding gap in reality was even more than what is reported by NASA. Furthermore, the comparison of NASA and NSP costs for HTC was not completed due to the same challenge. Conversely, the comparison of NASA and NSP costs on programme enablers and systems strengthening showed that NASA expenditure exceeded NSP costs in all the three years.

The expenditure on key populations was substantially lower than the NSP cost. While the NSP cost of services for key populations was US\$6.31 million in FY 2020/21 and US\$7.07 million in FY 2021/22, the NASA results showed spending of US\$1.11 million and US\$1.20 million in FYs 2020/21 and 2021/22, respectively. On the contrary, the expenditure on Health Products and Technologies (HPT) was significantly higher than the NSP cost. For instance, NASA's amount for HPT for FY 2021/22 was US\$77 million, while NSP's cost was US\$19 million, resulting in 'more spending' of US\$57 million. However, the annual expenditure of about US\$280 per person on ART treatment from the NASA analysis is plausible, suggesting that the unit cost used in 2023-2027 NSP may have been understated, or the public personnel contributions have been overestimated in the NASA.

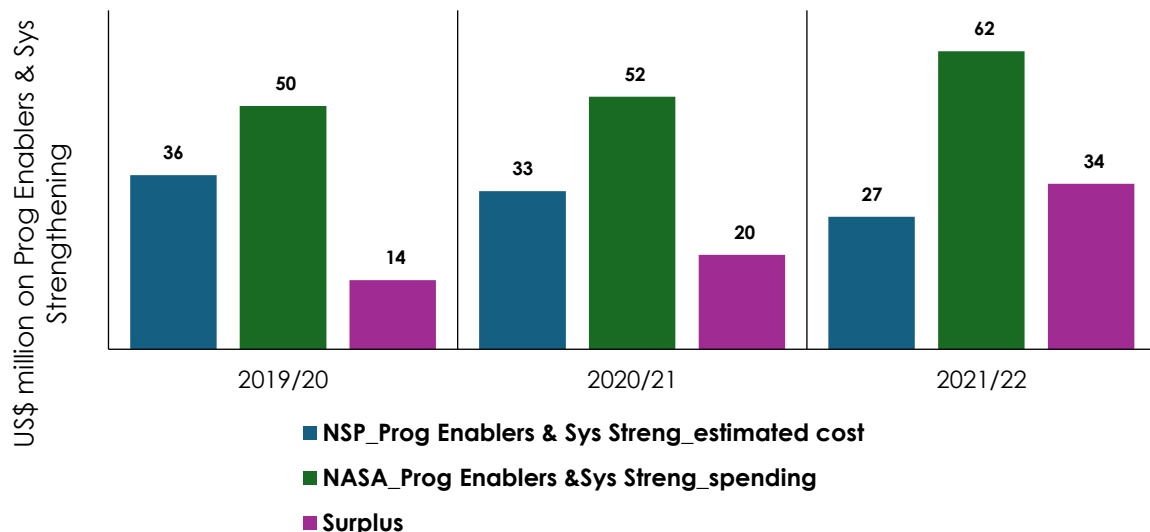


Figure 4.21: Comparison of NASA and NSP cost on Programme Enablers and Systems Strengthening

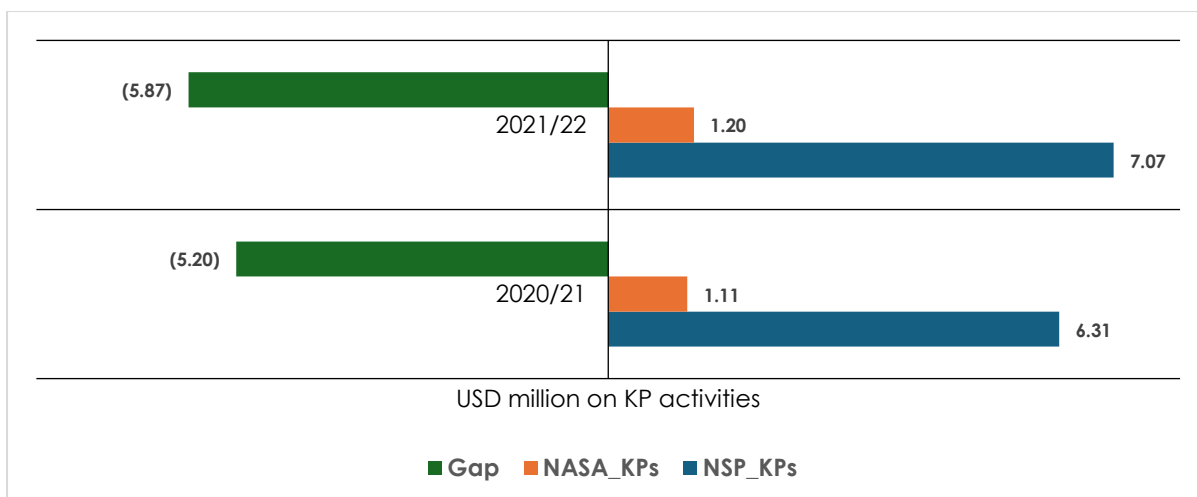


Figure 4.22: NSP cost of KP interventions and NASA results

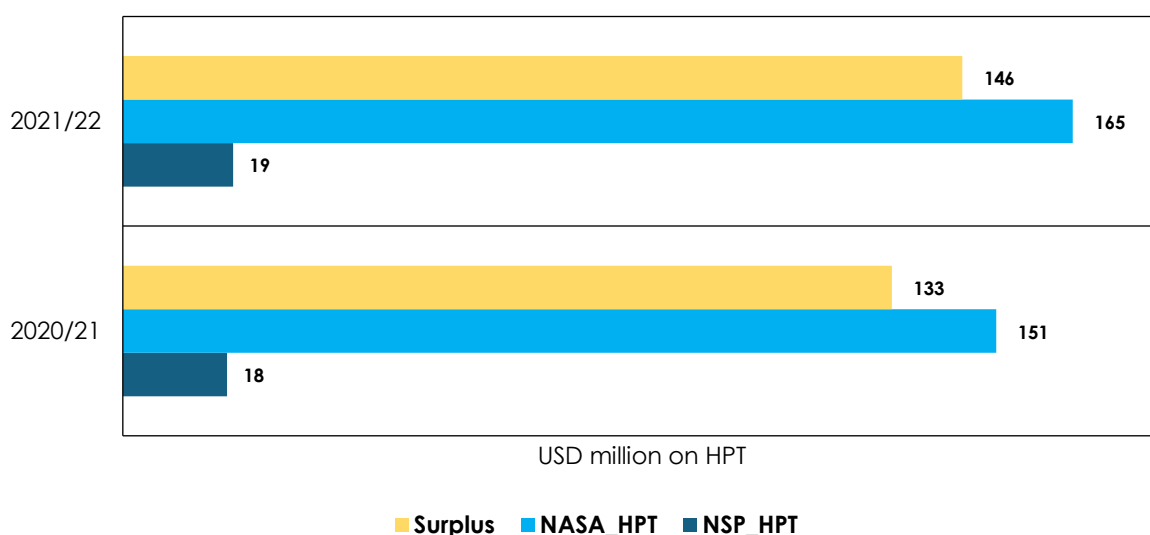


Figure 4.23: Comparison of NASA and NSP cost of HPT

4.11 Technical Efficiency

The spending on ART per person increased by 32.4 percent between FYs 2019/20 and 2020/21 and slightly increased by about 1 percent between FYs 2020/21 and 2021/22 in the local currency. The total spending per person on ART was MWK97,914 (US\$132) in 2019/20, MWK127,849 (US\$159) in FY 2020/21 and MWK129,118 (US\$158) in FY 2021/22. The spending per person on ART increased from MWK45,833 (US\$62) in FY 2019/20 to MWK66,330 (US\$82) in FY 2020/21 and declined between FYs 2020/21 and 2021/22 to MWK60,780 (US\$74). The per-patient expenditure on laboratory reagents and materials also increased moderately over the period. The per-person cost of training showed a decline over time, hence, a need to undertake further analysis to determine if this observation is an indication of improved efficiency or a general decrease in financial resources for training.

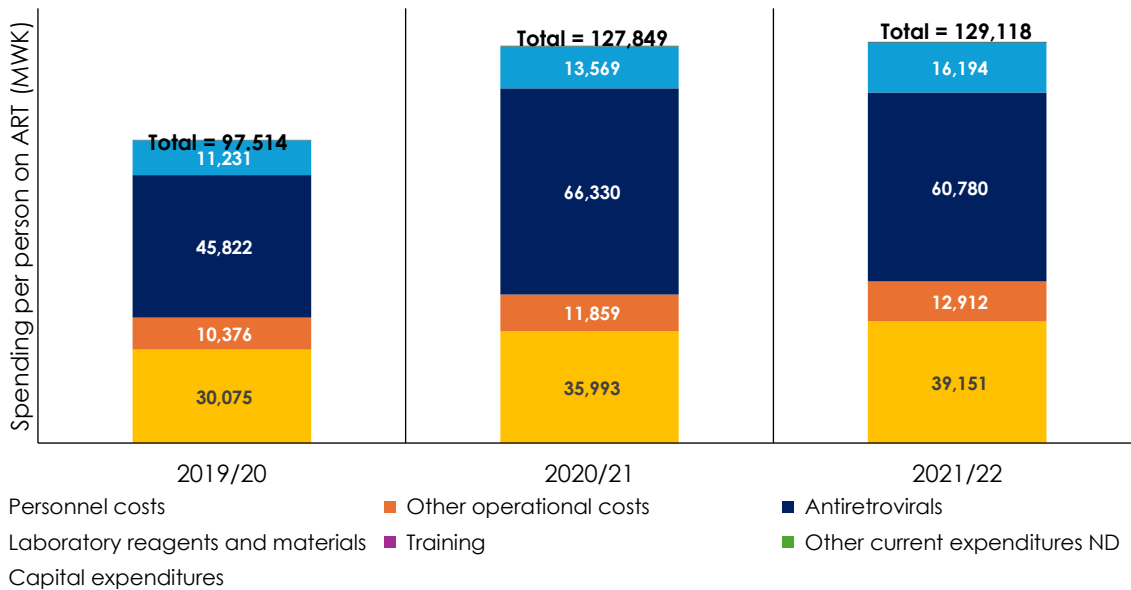


Figure 4.24: Annual spending per person on ART

The cost of HTC per person tested increased from MWK4,152 (US\$5.63) in FY 2019/20 to MWK7,277 (US\$9.03) and MWK9,793 (US\$11.99) in FY 2021/22. All the components of the cost per person tested increased steadily over time.

4.12 Impact

A simplified analysis was carried out to gauge the impact of increased spending on HIV incidence and prevalence. While the results may not be attributed to expenditure alone, it is plausible that spending has been the most important factor. Figures 4.25 and 4.26 show that increased spending has been associated with declining incidence and prevalence.

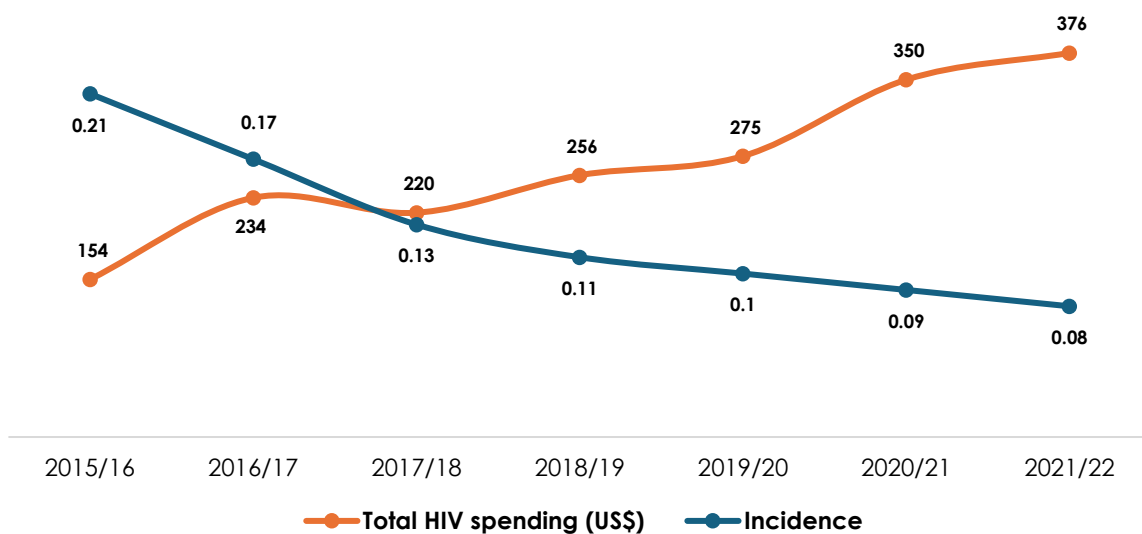


Figure 4.25: Trend in total HIV spending and HIV incidence

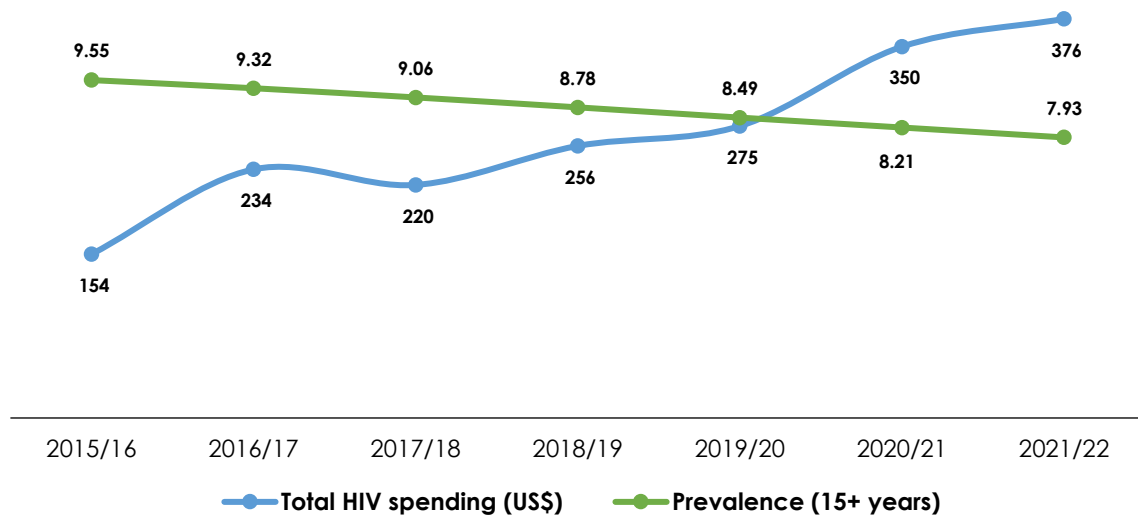


Figure 4.26: Trend in total HIV spending and HIV prevalence

4.13 Conclusion

The following conclusion can be drawn from the results:

- a) The funding for the HIV and AIDS response in the country is still increasing. Evidence from the results shows that donor funding towards the fight against HIV and AIDS has also increased generally in the last three years.
- b) There is a high risk of unsustainability of the HIV and AIDS response because the bulk of the funding comes from external sources. Over the last three years, the country has continued to rely heavily on international sources, particularly the GFATM, USG, and other bilateral and multi-lateral sources, for its HIV prevention and treatment programmes. Most of the programmes are almost entirely funded by international sources. Given the uncertain future financing landscape, domestically funded HIV programmes need to deliver effective prevention and treatment strategies that focus on key priority interventions.
- c) The contribution of the GoM is critical, but it is mainly through funding of HRH. The government makes a significant contribution to the national HIV and AIDS response through the provision of health personnel, facilities' operational costs and other recurrent expenses.
- d) Anti-retroviral drugs (ARVs) are essential for provision of care and treatment, but they are almost exclusively funded by one external source. Any challenge with the flow of funds from this source would expose the country to severe disruption of care and treatment services.
- e) Although the HIV and AIDS response is heavily dependent on external donors, almost half the funds go towards public schemes. This is important for building sustainable systems to provide access to services.

- f) The funding for prevention has lagged behind the estimated cost from NSP. Even then, expenditure on prevention accounted for about 8 percent in total spending in FYs 2019/20 and 2020/21 and decreasing to about 7 percent in FY 2021/22. This trend is against the global recommendation that at least 25 percent of the expenditure should go to HIV prevention. This decline in prevention funding raises concerns about the country's ability to effectively implement preventive measures, potentially hindering efforts to control the spread of HIV.
- g) The public sector providers play a role in the provision of HIV services as reflected in spending and programme data on service utilisation.
- h) The comparison of NASA results and NSP costing, specifically the current 2023-2027 NSP, showed a huge discrepancy with NASA spending way above the estimated costs of interventions. The discrepancy could have been the understated unit costs, resulting in lower costs than actual required resources. The understatement undermines resource mobilisation efforts.

4.14 Recommendations

1. Domestic financing through health insurance in the context of UHC is one way of improving HIV services' sustainability even though insurance is mostly limited to personal treatment services and not covering public prevention interventions. The 2023-2027 NSP has outlined various options that could be implemented to raise more resources domestically. There is a need for strong political commitment to aggressively pursue these options.
2. Increasing government allocation from own domestically generated revenue will greatly reduce the unsustainability problem. It is essential to mainstream HIV and AIDS-related activities into core budgets and functions in the long term. Additionally, the government should develop specific resource mobilisation strategies to ensure adequate funding for HIV and AIDS activities. This should not only consider short-term funding requirements but also ways to gradually increase the availability of resources over time to cope with rising HIV and AIDS-related needs. It is also essential to develop a strategy to create budgetary space to cover key HIV and AIDS-related costs over the next decade.
3. However, given fiscal space constraints and funding needs for other sectors, the government can only allocate limited funding. Therefore, finding cost-effective, sustainable financing options is imperative.
4. Public-Private-Partnerships (PPP) should be initiated and strengthened as an option for domestic HIV financing and strategic health purchasing.

5. There is a compelling and urgent need to prioritise and adequately fund prevention initiatives to sustain momentum in HIV and AIDS response efforts. The use of programmatic and epidemiological data should be strengthened to aid resource allocation for key HIV program interventions.
6. Continue building capacities of public entities which are the main financing agents and purchasers as well as service providers. However, for comprehensive domestic sustainability, the private sector also needs to be capacitated as it plays an important role in HIV prevention activities.
7. There is a need to prioritise domestic funding for antiretroviral drugs to ensure smooth service delivery, as HRH is generally available through GoM funding. Even with tight fiscal space, the resources from the government could be increased gradually over time as part of domestic financing sustainability.
8. There is a need to understand the sources of the differences between NSP costs of interventions and NASA results. This exercise is crucial for accurate budgeting and planning, ensuring that all necessary expenses are accounted for in future financial frameworks. This will help to align resource allocation with the actual needs and operational realities of the HIV and AIDS response initiatives. Where possible, the costing of NSP could be revised to align with actual resource needs, if the 2023-2027 NSP did not revise the unit costs.
9. Out-of -Pocket Expenditure (OOPE) by households was not included in the study but it is important to estimate it to assess the economic burden of HIV. This assessment recommends that a stand-alone study be conducted.
10. Improve the capacity of the MoH team to ensure regular collection of quality data using the harmonised approach.

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Appendix A: Data Collection Elements In Harmonised Tool

| Type | Data Element | Definition of Data Element | Illustrative Example | Corresponding NASA/NHA Dimension |
|-------------------------------------|---|---|--|---|
| 1 Impleme. Financiers | Submitting Organization | Organization that submitted budgeting information | Action Aid | N/A |
| | Financing Source | The organization or entity financing the activity | Global Fund | Health providers (HP), health care financing schemes (HF), revenues of health care financing schemes (FS) |
| | Primary Implementing Agent | Primary organization or entity that is carrying out implementation | Action Aid | |
| | Sub-Implementing Agent | Additional organization or entity carrying out the activity as a sub-grantee of the Primary Implementing Agent, if applicable | Southern African AIDS Trust | |
| 2 Programs. Projects. Activities | Project Name | Specific project that is supported by the activity | TB/HIV Epidemic Control | N/A |
| | Activity | Free-form text to describe the specific activity within the intervention | Comprehensive programs for people in prisons | N/A |
| | Programmatic Function* | Programmatic area, function, or disease supported by the activity | HIV Including Viral Hepatitis and other STIs | Health care function (HC), disease classification, |
| | Programmatic Intervention Level 1* | General intervention supported by the activity, | Prevention | AIDS spending category (ASC) |

| Type | Data Element | Definition of Data Element | Illustrative Example | Corresponding NASA/NHA Dimension |
|--------------------------|---|---|---|----------------------------------|
| 3 HSSP II Alignment | | dependent on the programmatic function | | |
| | Programmatic Intervention Level 2* | Detailed intervention supported by the activity, dependent on the programmatic intervention level 1 | Behaviour Change Communication for HIV | |
| | EHP Intervention | Alignment to Malawi's Essential Health Package interventions | Community Health Promotion & Engagement | N/A |
| | Target Population*/ Beneficiary population | Subpopulation targeted for HIV, TB, and malaria interventions only | People in prisons and other closed settings | Beneficiary characteristics |
| | Service delivery modality | Where services are provided | Health centre, community | NASA service delivery modality |
| | HSSP II Objective* | Classification of activities according to the relevant Health Sector Strategic Plan II (HSSP II) objectives | Human Resources for Health | Factors of provision |
| HSSP II Sub-Area* | Classification of activities according to the relevant Health Sector Strategic Plan II (HSSP II) sub- | Health worker training – in-service | | |

| Type | Data Element | Definition of Data Element | Illustrative Example | Corresponding NASA/NHA Dimension | |
|------|-------------------------------|---|--|----------------------------------|-----|
| | | areas, dependent on the selection for HSSP II objective | | | |
| 4 | Geography District | Per centage of funding earmarked for specific district(s); if central level, can be specified as 100% central level | 50% Mwanza, 50% Thyolo | N/A | |
| 5 | In-Service Training Details** | Type of Training* | Modality of the training, i.e. on the job (i.e. taking place at a health facility), offsite, or virtual/online | Offsite | N/A |
| | | Health Worker Cadre Type* | The health worker cadre type targeted by the training, e.g. pharmacy, nursing, laboratory, etc. | Nursing | N/A |
| | | Health Worker Cadre* | The specific health worker cadre targeted by the training, dependent on the selection for health worker cadre type | Nurse Officer | N/A |
| | | # of Health Workers Targeted | Total number of health workers trained from July 2019 - June 2020. | 50 | N/A |

| Type | Data Element | Definition of Data Element | Illustrative Example | Corresponding NASA/NHA Dimension |
|-----------------------------|------------------------------------|--|-----------------------------------|----------------------------------|
| | Activity Frequency | Frequency of the trainings, i.e. annually, biannually, quarterly, monthly, or other | Quarterly | N/A |
| | Monthly Implementation Plan | Tentative implementation timeline for the training, disaggregated by month, from July 2019 – June 2020 | Implemented from March – May 2021 | N/A |
| 6 Currency and Budaefina | Currency | Currency of the submitting organization's budget | USD | Expenditure information |
| | Fiscal Year Start Month | Fiscal year start month of the submitting organization | July | |
| | Expenditures by Year | Expenditure amount per year for FY 2018/2019 | USD 100,000 annually | |
| | Budgets by Year | Budget amount per year for FY 2019/2020, FY 2020/2021, and FY 2021/2022 | USD 150,000 annually | N/A |

Appendix B: NASA Bivariate Matrices

1. FY2020

a) FE X ASC

| | FE.01.01.01 Central governme nt | FE.02 Domesti c Private Entitites | FE.03.01.30 Government of United States | FE.03.01.9 9 Other governme nt(s) /other bilateral agencies n.e.c. | FE.03.02.07 The Global Fund to Fight AIDS, Tuberculosis and Malaria | FE.03.0 2.08 UNAIDS Secreta riat | FE.03.02.17 United Nations Population Fund (UNFPA) | FE.03.02.99 Other Multilateral organiz ations n.e.c. | FE.03.03.0 6 Bill and Melinda Gates Foundatio n | Total |
|---|--|--|--|---|--|--|---|--|--|--------------|
| ASC.01.01.01 Prevention for adolescent girls and young women (AGYW) and their male partners in settings with high HIV prevalence | | | 3,278,083.27 | | 392,964.15 | | | | | 3,671,047.42 |
| ASC.01.01.02 Services for key populations | | | 1,107,615.25 | | | | | | | 1,107,615.25 |
| ASC.01.01.03 Condoms (for HIV prevention) for the general population (excluding | | | 1,117,067.92 | | 7,390,070.46 | | | | | 8,507,138.38 |

| | FE.01.01.01 Central governme nt | FE.02 Domesti c Private Entitites | FE.03.01.30 Government of United States | FE.03.01.9 9 Other governme nt(s) /other bilateral agencies n.e.c. | FE.03.02.07 The Global Fund to Fight AIDS, Tuberculosis and Malaria | FE.03.0 2.08 UNAIDS Secreta riat | FE.03.02.17 United Nations Population Fund (UNFPA) | FE.03.02.99 Other Multilateral organiz ations n.e.c. | FE.03.03.0 6 Bill and Melinda Gates Foundatio n | Total |
|--|--|--|--|---|--|--|---|--|--|---------------|
| KPs and AGYW above) | | | | | | | | | | |
| ASC.01.01.04 Voluntary medical male circumc sion (VMMC) for HIV prevention | 19,380.36 | | 11,686,385.1 8 | | 546,000.00 | | | | | 12,251,765.54 |
| ASC.01.01.05 Pre-Exposure Prophilaxis (PrEP) | | | 33,149.44 | | 1,331,295.89 | | | | | 1,364,445.33 |
| ASC.01.02.01 Prevention of vertical transmission of HIV infection (PMTCT) | 709,696.18 | | | | | | | | | 709,696.18 |
| ASC.01.02.02 Social and behavioural communicati on for change | | | 216,783.69 | | | | | | | 216,783.69 |

| | FE.01.01.01 Central governme nt | FE.02 Domesti c Private Entitites | FE.03.01.30 Government of United States | FE.03.01.9 9 Other governme nt(s) /other bilateral agencies n.e.c. | FE.03.02.07 The Global Fund to Fight AIDS, Tuberculosis and Malaria | FE.03.0 2.08 UNAIDS Secreta riat | FE.03.02.17 United Nations Population Fund (UNFPA) | FE.03.02.99 Other Multilateral organiz ations n.e.c. | FE.03.03.0 6 Bill and Melinda Gates Foundatio n | Total |
|---|--|--|--|---|--|--|---|--|--|--------------|
| (SBCC) for populations other than key populations | | | | | | | | | | |
| ASC.01.02.03 Community mobilization for populations other than key populations | | | 1,174,341.73 | | | | | | | 1,174,341.73 |
| ASC.01.02.04 Programmati c activities for vulnerable and accessible populations | 4,962.63 | | 2,183,492.66 | | | | | | | 2,188,455.29 |
| ASC.01.02.06 Prevention of HIV transmission aimed at people living with HIV and their partners | 77148.03 | 148,416. 40 | | 5,444.49 | | | | | | 231008.92 |

| | FE.01.01.01 Central governme nt | FE.02 Domesti c Private Entitites | FE.03.01.30 Government of United States | FE.03.01.9 9 Other governme nt(s) /other bilateral agencies n.e.c. | FE.03.02.07 The Global Fund to Fight AIDS, Tuberculosis and Malaria | FE.03.0 2.08 UNAIDS Secreta riat | FE.03.02.17 United Nations Population Fund (UNFPA) | FE.03.02.99 Other Multilateral organiz ations n.e.c. | FE.03.03.0 6 Bill and Melinda Gates Foundatio n | Total |
|--|--|--|--|---|--|--|---|--|--|------------|
| (including sero- discordant couples) | | | | | | | | | | |
| ASC.01.02.10 STI prevention and treatment programmes for populations other than key populations - only if funded from earmarked HIV budgets | | | | | 70,950.71 | | | | | 70,950.71 |
| ASC.01.02.98 Prevention activities not disaggregat ed | | | 355,442.85 | | | | | | | 355,442.85 |
| ASC.02.01 HIV testing and counselling for sex workers | | | 186,231.36 | | | | | | | 186,231.36 |

| | FE.01.01.01 Central governme nt | FE.02 Domesti c Private Entitites | FE.03.01.30 Government of United States | FE.03.01.9 9 Other governme nt(s) /other bilateral agencies n.e.c. | FE.03.02.07 The Global Fund to Fight AIDS, Tuberculosis and Malaria | FE.03.0 2.08 UNAIDS Secreta riat | FE.03.02.17 United Nations Population Fund (UNFPA) | FE.03.02.99 Other Multilateral organiz ations n.e.c. | FE.03.03.0 6 Bill and Melinda Gates Foundatio n | Total |
|--|--|--|--|---|--|--|---|--|--|--------------|
| ASC.02.02 HIV testing and counselling for MSM | | | | | 2,088,624.98 | | | | | 2,088,624.98 |
| ASC.02.03 HIV testing and counselling for TG | | | | | 338,691.53 | | | | | 338,691.53 |
| ASC.02.05 HIV testing and counselling for inmates of correctional and pre-trial facilities | | | | | 2,369,213.68 | | | | | 2,369,213.68 |
| ASC.02.06 HIV testing and counselling for pregnant women (part of PMTCT programme) | | | 216,322.33 | | | | | | | 216,322.33 |
| ASC.02.08 HIV testing and counselling for vulnerable and | | | 410,065.56 | | 2,924,250.90 | | | | | 3,334,316.45 |

| | FE.01.01.01 Central governme nt | FE.02 Domesti c Private Entitites | FE.03.01.30 Government of United States | FE.03.01.9 9 Other governme nt(s) /other bilateral agencies n.e.c. | FE.03.02.07 The Global Fund to Fight AIDS, Tuberculosis and Malaria | FE.03.0 2.08 UNAIDS Secreta riat | FE.03.02.17 United Nations Population Fund (UNFPA) | FE.03.02.99 Other Multilateral organiz ations n.e.c. | FE.03.03.0 6 Bill and Melinda Gates Foundatio n | Total |
|---|--|--|--|---|--|--|---|--|--|---------------|
| accessible populations | | | | | | | | | | |
| ASC.02.09 Voluntary HIV testing and counselling for general population | | | 119,091.92 | | 3,127,681.12 | | | | | 3,246,773.04 |
| ASC.02.10 Provider initiated testing and counselling (PITC) | | | | | 775,297.23 | | | | | 775,297.23 |
| ASC.02.11 HIV screening in blood banks | | | 58,940.18 | | | | | | | 58,940.18 |
| ASC.02.98 HIV testing and counselling activities not disaggregate d | 15,652,812 .76 | | 11,950,860.6 4 | | | | | | | 27,603,673.40 |
| ASC.03.01.01 ART for adults | 37,586,101 .06 | | 306,249.46 | | 45,829,429.86 | | | | | 83,721,780.38 |

| | FE.01.01.01 Central governme nt | FE.02 Domesti c Private Entitites | FE.03.01.30 Government of United States | FE.03.01.9 9 Other governme nt(s) /other bilateral agencies n.e.c. | FE.03.02.07 The Global Fund to Fight AIDS, Tuberculosis and Malaria | FE.03.0 2.08 UNAIDS Secreta riat | FE.03.02.17 United Nations Population Fund (UNFPA) | FE.03.02.99 Other Multilateral organiz ations n.e.c. | FE.03.03.0 6 Bill and Melinda Gates Foundatio n | Total |
|--|--|--|--|---|--|--|---|--|--|---------------|
| ASC.03.01.02 ART for paediatrics | 14,709,408 .43 | | 17,411.21 | | 2,412,075.26 | | | | | 17,138,894.89 |
| ASC.03.01.03 ART for PMTCT (for pregnant women not previously on treatment) | | | | | 8,791,977.37 | | | | | 8,791,977.37 |
| ASC.03.03 Specific ART- related laboratory monitoring | 14,003,514 .41 | | 3,001,875.68 | | | | | | | 17,005,390.08 |
| ASC.03.04.01 TB prevention, case finding, screening, disagnosis, treatment and adherence for PLHIV and KPs | | | | | 102,589.72 | | | | | 102,589.72 |

| | FE.01.01.01 Central governme nt | FE.02 Domesti c Private Entitites | FE.03.01.30 Government of United States | FE.03.01.9 9 Other governme nt(s) /other bilateral agencies n.e.c. | FE.03.02.07 The Global Fund to Fight AIDS, Tuberculosis and Malaria | FE.03.0 2.08 UNAIDS Secreta riat | FE.03.02.17 United Nations Population Fund (UNFPA) | FE.03.02.99 Other Multilateral organiz ations n.e.c. | FE.03.03.0 6 Bill and Melinda Gates Foundatio n | Total |
|--|--|--|--|---|--|--|---|--|--|---------------|
| ASC.03.04.02 Hepatitis prevention, screening, diagnosis, treatment and adherence for PLHIV and KPs | | | | | | | | | 4,173,108. 38 | 4,173,108.38 |
| ASC.03.04.98 Other OI prophylaxis and treatment not disaggregat ed by type (excluding TB and hepatitis) | 3,853,958. 10 | | | | 4,168,501.70 | | | | | 8,022,459.80 |
| ASC.03.05 Psychological treatment and support service | | | 5,078.56 | | | | | | | 5,078.56 |
| ASC.03.98 Care and treatment | 11,946.99 | | 38,416,393.1 0 | | 23,004,303.85 | | | | | 61,432,643.95 |

| | FE.01.01.01 Central governme nt | FE.02 Domesti c Private Entitites | FE.03.01.30 Government of United States | FE.03.01.9 9 Other governme nt(s) /other bilateral agencies n.e.c. | FE.03.02.07 The Global Fund to Fight AIDS, Tuberculosis and Malaria | FE.03.0 2.08 UNAIDS Secreta riat | FE.03.02.17 United Nations Population Fund (UNFPA) | FE.03.02.99 Other Multilateral organiz ations n.e.c. | FE.03.03.0 6 Bill and Melinda Gates Foundatio n | Total |
|---|--|--|--|---|--|--|---|--|--|---------------|
| services not disaggregat ed | | | | | | | | | | |
| ASC.04.01.01 OVC Basic needs (health, education, housing) | | | 2,896,614.75 | | | | | | | 2,896,614.75 |
| ASC.04.01.03 OVC Social Services (including financial benefits) | | | 981,731.30 | | | | | | | 981,731.30 |
| ASC.04.01.98 OVC Services not disaggregat ed by activity | | | 356,747.59 | | | | | | | 356,747.59 |
| ASC.04.02.01 Social protection through monetary or in-kind benefits | 2,849,041. 50 | | | 18,211,072 .90 | | | | 27,709,690.13 | | 48,769,804.53 |

| | FE.01.01.01 Central governme nt | FE.02 Domesti c Private Entitites | FE.03.01.30 Government of United States | FE.03.01.9 9 Other governme nt(s) /other bilateral agencies n.e.c. | FE.03.02.07 The Global Fund to Fight AIDS, Tuberculosis and Malaria | FE.03.0 2.08 UNAIDS Secreta riat | FE.03.02.17 United Nations Population Fund (UNFPA) | FE.03.02.99 Other Multilateral organiz ations n.e.c. | FE.03.03.0 6 Bill and Melinda Gates Foundatio n | Total |
|--|--|--|--|---|--|--|---|--|--|--------------|
| ASC.04.02.98 Social protection services and social services not disaggregate d by type | | | 214,711.36 | | | | | | | 214,711.36 |
| ASC.05.01 Advocacy | 16,155.26 | | | | | | | | 1,194,723. 00 | 1,210,878.26 |
| ASC.05.02.03 Monitoring and reforming laws, regulations and policies relating to HIV | | | 9,609.31 | | 111,829.60 | | | | | 121,438.91 |
| ASC.05.02.05 Reducing discrimination and violence against women in the context of HIV | | | | | 12,966.06 | | | | | 12,966.06 |

| | FE.01.01.01 Central government | FE.02 Domestic Private Entities | FE.03.01.30 Government of United States | FE.03.01.99 Other government(s) /other bilateral agencies n.e.c. | FE.03.02.07 The Global Fund to Fight AIDS, Tuberculosis and Malaria | FE.03.02.08 UNAIDS Secretariat | FE.03.02.17 United Nations Population Fund (UNFPA) | FE.03.02.99 Other Multilateral organizations n.e.c. | FE.03.03.06 Bill and Melinda Gates Foundation | Total |
|---|-----------------------------------|------------------------------------|--|---|--|-----------------------------------|---|--|--|---------------|
| ASC.05.02.98 Human rights programmes not disaggregated by type | 3,928.96 | | | | | | | | | 3,928.96 |
| ASC.06.01 Strategic planning, coordination and policy development | 177,408.68 | | 1,256,659.11 | | | | | 2,481,344.00 | | 3,915,411.79 |
| ASC.06.03 Programme administration and management costs (above service-delivery level) | 3,418,291.64 | | 25,808,880.00 | | 353,981.95 | | | 312,267.00 | | 29,893,420.60 |
| ASC.06.04.01 Monitoring and evaluation | 150,724.94 | | | | 62,996.80 | 177,429.21 | 362.99 | 770,572.84 | | 1,162,086.78 |
| ASC.06.04.03 Serological-surveillance | | | | | | | | 480,995.78 | | 480,995.78 |

| | FE.01.01.01 Central governme nt | FE.02 Domesti c Private Entitites | FE.03.01.30 Government of United States | FE.03.01.9 9 Other governme nt(s) /other bilateral agencies n.e.c. | FE.03.02.07 The Global Fund to Fight AIDS, Tuberculosis and Malaria | FE.03.0 2.08 UNAIDS Secreta riat | FE.03.02.17 United Nations Population Fund (UNFPA) | FE.03.02.99 Other Multilateral organiz ations n.e.c. | FE.03.03.0 6 Bill and Melinda Gates Foundatio n | Total |
|--|--|--|--|---|--|--|---|--|--|--------------|
| (serosurveilla nce) | | | | | | | | | | |
| ASC.06.04.04 Managemen t information systems | 76,356.31 | | | | 82,648.42 | | | | | 159,004.74 |
| ASC.06.04.06 Financial tracking and monitoring (National AIDS Spending Assessments - NASA) | 7,445.52 | | | | | | | | | 7,445.52 |
| ASC.06.04.98 Strategic information not disaggregat ed by type | | | 6,264,438.37 | | | | | | | 6,264,438.37 |
| ASC.06.05.01 Procurement and supply chain | | | 723,921.27 | | | | | | | 723,921.27 |
| ASC.06.05.02 Laboratory | | | 2,588,516.91 | | | | | | | 2,588,516.91 |

| | FE.01.01.01 Central governme nt | FE.02 Domesti c Private Entitites | FE.03.01.30 Government of United States | FE.03.01.9 9 Other governme nt(s) /other bilateral agencies n.e.c. | FE.03.02.07 The Global Fund to Fight AIDS, Tuberculosis and Malaria | FE.03.0 2.08 UNAIDS Secreta riat | FE.03.02.17 United Nations Population Fund (UNFPA) | FE.03.02.99 Other Multilateral organiz ations n.e.c. | FE.03.03.0 6 Bill and Melinda Gates Foundatio n | Total |
|--|--|--|--|---|--|--|---|--|--|------------|
| system strengthening | | | | | | | | | | |
| ASC.06.05.03 Institutional & organisational development (health, social, educational etc) | 43,884.44 | | | | | | | | | 43,884.44 |
| ASC.06.06.02 Community worker education, training and support | 291.69 | | | | 136,409.43 | | | | | 136,701.12 |
| ASC.06.07.01 Capacity building for health workers, excluding those at community level | 44,816.07 | | 656,185.95 | | | | | | | 701,002.01 |
| ASC.06.98 Programme | | | 220,858.07 | | | | | | | 220,858.07 |

| | FE.01.01.01 Central government | FE.02 Domestic Private Entities | FE.03.01.30 Government of United States | FE.03.01.99 Other government(s) /other bilateral agencies n.e.c. | FE.03.02.07 The Global Fund to Fight AIDS, Tuberculosis and Malaria | FE.03.02.08 UNAIDS Secretariat | FE.03.02.17 United Nations Population Fund (UNFPA) | FE.03.02.99 Other Multilateral organizations n.e.c. | FE.03.03.06 Bill and Melinda Gates Foundation | Total |
|--|-----------------------------------|------------------------------------|--|---|--|-----------------------------------|---|--|--|-----------------------|
| enablers and systems strengthening not disaggregated | | | | | | | | | | |
| Total | 93,417,273.97 | 148,416.40 | 117,819,756.00 | 18,216,517.39 | 106,424,750.69 | 177,429.21 | 362.99 | 27,709,690.13 | 9,413,011.00 | 373,327,207.78 |

b) FE x SCH

| | FE.01.01.01 Central government | FE.02 Domestic Private Entities | FE.03.01.30 Government of United States | FE.03.01.99 Other government(s) /other bilateral agencies n.e.c. | FE.03.02.07 The Global Fund to Fight AIDS, Tuberculosis and Malaria | FE.03.02.08 UNAIDS Secretariat | FE.03.02.17 United Nations Population Fund (UNFPA) | FE.03.02.99 Other Multilateral organizations n.e.c. | FE.03.03.06 Bill and Melinda Gates Foundation | Total |
|--|-----------------------------------|------------------------------------|--|---|--|-----------------------------------|---|--|--|----------------|
| SCH.01.01.01 Central government schemes | 41,686,406.06 | | 4,533,564.45 | 18,211,072.90 | 105,237,964.69 | | | 27,709,690.13 | 64,447.00 | 197,365,997.20 |

| | FE.01.01.01 Central government | FE.02 Domestic Private Entities | FE.03.01.30 Government of United States | FE.03.01.99 Other government(s) /other bilateral agencies n.e.c. | FE.03.02.07 The Global Fund to Fight AIDS, Tuberculosis and Malaria | FE.03.02.08 UNAIDS Secretariat | FE.03.02.17 United Nations Population Fund (UNFPA) | FE.03.02.99 Other Multilateral organizations n.e.c. | FE.03.03.06 Bill and Melinda Gates Foundation | Total |
|---|--------------------------------|---------------------------------|---|--|---|--------------------------------|--|---|---|-----------------------|
| SCH.01.01.02 State/regional/local government schemes | 51,730,867.91 | | | | | | | | | 51,730,867.91 |
| SCH.02.02.01 Not-for-profit organisation schemes (excluding SCH.02.02.02) | | | 94,005,414.54 | 5,444.49 | 1,186,786.00 | 177,429.21 | | 9,348,564.00 | | 104,723,638.24 |
| SCH.02.02.02 Resident foreign agencies schemes | | | 16,738,932.69 | | | | 362.99 | | | 16,739,295.69 |
| SCH.02.03.01 Enterprises (except health care providers) schemes | | 148,416.40 | 2,541,844.32 | | | | | | | 2,541,844.32 |
| Total | 93,417,273.97 | 148,416.40 | 117,819,756.00 | 18,216,517.39 | 106,424,750.69 | 177,429.21 | 362.99 | 27,709,690.13 | 9,413,011.00 | 373,327,207.78 |

c) FAP x PS

| | FAP.01.01.01 Central or federal authorities | FAP.01.01.03 Local/municipal authorities | FAP.01.04 Parastatal organizations | FAP.01.99 Other public financing agents n.e.c. | FAP.02.05 Not-for-profit institutions (other than social insurance) | FAP.02.06 Corporations other than providers of health services (nonparastatal) | FAP.03.01 Country offices of bilateral agencies managing external resources and fulfilling financing agent roles | FAP.03.02 Multilateral agencies managing external resources | FAP.03.03 International not-for-profit organizations and foundations | FAP.03.04 Projects within Universities | FAP.03.05 International for-profit organizations | Total |
|---|--|---|---------------------------------------|---|--|---|---|--|---|---|---|---------------|
| PS.01.01.01 Hospitals (public) | 54,420,279.25 | 23,962,259.29 | | 5,593.96 | 516,440.34 | | 5,503.28 | | 505,078.34 | 30,147.26 | 3,121.53 | 79,448,423.24 |
| PS.01.01.02 Ambulatory care (public) | 52,823,912.34 | 27,768,608.62 | | 14,554.21 | 1,343,661.34 | | 14,318.29 | | 863,710.98 | 78,436.37 | 8,121.53 | 82,915,323.68 |
| PS.01.01.05 Blood banks (public) | | | | | | | | | 58,940.18 | | | 58,940.18 |

| | FAP.01.01.01 Central or federal authorities | FAP.01.01.03 Local/municipal authorities | FAP.01.04 Parastatal organizations | FAP.01.99 Other public financing agents n.e.c. | FAP.02.05 Not-for-profit institutions (other than social insurance) | FAP.02.06 Corporations other than providers of health services (nonparastatal) | FAP.03.01 Country offices of bilateral agencies managing external resources and fulfilling financing agent roles | FAP.03.02 Multilateral agencies managing external resources | FAP.03.03 International not-for-profit organizations and foundations | FAP.03.04 Projects within Universities | FAP.03.05 International for-profit organizations | Total |
|---|--|---|---|---|--|---|---|--|---|---|---|--------------|
| PS.01.01.09.03 Higher education (public) | 20,725.88 | | | | | | | | | | | 20,725.88 |
| PS.01.01.13.01 National AIDS Coordinating Authority (NACs) | 3,895,141.50 | | | | | | | | | | | 3,895,141.50 |
| PS.01.01.13.02 Departments inside the Ministry of Health or equivalent | 8,097,431.72 | | | | | | | | | | | 8,097,431.72 |

| | FAP.01.01.01 Central or federal authorities | FAP.01.01.03 Local/municipal authorities | FAP.01.04 Parastatal organizations | FAP.01.99 Other public financing agents n.e.c. | FAP.02.05 Not-for-profit institutions (other than social insurance) | FAP.02.06 Corporations other than providers of health services (nonparastatal) | FAP.03.01 Country offices of bilateral agencies managing external resources and fulfilling financing agent roles | FAP.03.02 Multilateral agencies managing external resources | FAP.03.03 International not-for-profit organizations and foundations | FAP.03.04 Projects within Universities | FAP.03.05 International for-profit organizations | Total |
|---|--|---|---------------------------------------|---|--|---|---|--|---|---|---|---------------|
| PS.01.01.13.04 Departments inside the Ministry of Social Development or equivalent | 48,769,804.53 | | | | | | | | | | | 48,769,804.53 |
| PS.01.01.13.05 Departments inside the Ministry of Defence or equivalent | 275,704.77 | | | | | | | | | | | 275,704.77 |
| PS.01.02 Parastatal organizations | | | 77,148.03 | | | | | | | | | 77,148.03 |

| | FAP.01.0 1.01 Central or federal authorities | FAP.01.01. 03 Local/municipal authorities | FAP.01.0 4 Parastatal organizations | FAP.01. 99 Other public financing agents n.e.c. | FAP.02. 05 Not- for- profit institutions (other than social insurance) | FAP.02.06 Corporations other than providers of health services (nonparastatal) | FAP.03. 01 Country offices of bilateral agencies managing external resources and fulfilling financing agent roles | FAP.03. .02 Multilateral agencies managing external resources | FAP.03.0 3 International not-for- profit organizations and foundations | FAP.03. 04 Projects within Universities | FAP.03.0 5 International for- profit organizations | Total |
|---|---|--|--|--|---|---|--|--|---|--|---|-------------------|
| PS.01.99 Public sector providers n.e.c. | | | | 4,280,7 43.65 | | | | | | | | 4,280,74 3.65 |
| PS.02.01.01.1 4 Civil society organizations (private non- profit non- faith based) | | | | | 2,647,1 45.11 | | | | 4,140,86 9.50 | | | 6,788,01 4.61 |
| PS.02.01.02.0 1 Hospitals (private non- profit faith based) | 11,119,7 91.34 | | | 191.29 | 17,659. 91 | | 188.15 | | 11,351.6 6 | 1,030.90 | 106.74 | 11,150,3 19.99 |
| PS.02.01.02.0 2 Ambulatory care (private | 13,641,6 25.07 | | | 497.69 | 45,947. 10 | | 489.53 | | 29,534.4 5 | 2,682.17 | 277.72 | 13,721,0 53.72 |

| | FAP.01.0 1.01 Central or federal authorities | FAP.01.01. 03 Local/municipal authorities | FAP.01.0 4 Parastatal organizations | FAP.01. 99 Other public financing agents n.e.c. | FAP.02. 05 Not- for- profit institutions (other than social insurance) | FAP.02.06 Corporations other than providers of health services (nonparastatal) | FAP.03. 01 Country offices of bilateral agencies managing external resources and fulfilling financing agent roles | FAP.03. .02 Multilateral agencies managing external resources | FAP.03.0 3 International not-for- profit organizations and foundations | FAP.03. 04 Projects within Universities | FAP.03.0 5 International for- profit organizations | Total |
|--|---|--|--|---|--|--|---|---|---|---|---|-------------------|
| non-profit faith based) | | | | | | | | | | | | |
| PS.02.01.02.1 3 Civil society organizations (private non- profit faith based) | | | | | 2,428,0 89.45 | | | | 525,312. 15 | 4,231,91 1.26 | | 7,185,31 2.86 |
| PS.02.02 Profit-making private sector providers | | | | | | 148,416.4 0 | | | | | | 148,416. 40 |
| PS.03.01 Bilateral agencies | | | | | | | 16,673,6 87.60 | | | | | 16,673,6 87.60 |
| PS.03.02 Multilateral agencies | | | | | | | | 45,108. 84 | | | | 45,108.8 4 |

| | FAP.01.0 1.01 Central or federal authorities | FAP.01.01. 03 Local/municipal authorities | FAP.01.0 4 Parastatal organizations | FAP.01. 99 Other public financing agents n.e.c. | FAP.02. 05 Not- for- profit institutions (other than social insurance) | FAP.02.06 Corporations other than providers of health services (nonparastatal) | FAP.03. 01 Country offices of bilateral agencies managing external resources and fulfilling financing agent roles | FAP.03. .02 Multilateral agencies managing external resources | FAP.03.0 3 International not-for- profit organizations and foundations | FAP.03. 04 Projects within Universities | FAP.03.0 5 International for- profit organizations | Total |
|--|---|--|--|---|--|--|---|---|---|---|---|----------------------------|
| PS.03.03 International NGOs and foundations | | | | | | | | | 42,729,1 47.63 | 44,516,5 42.14 | 2,530,21 6.79 | 89,775,9 06.57 |
| Total | 193,064, 416.40 | 51,730,86 7.91 | 77,148.0 3 | 4,301,5 80.80 | 6,998,9 43.26 | 148,416.4 0 | 16,694,1 86.84 | 45,108 .84 | 48,863,9 44.89 | 48,860,7 50.09 | 2,541,84 4.32 | 373,327, 207.78 |

d) FE x PF

| | FE.01.01.01 Central government | FE.02 Domestic Private Entities | FE.03.01.30 Government of United States | FE.03.01.99 Other government(s) /other bilateral agencies n.e.c. | FE.03.02.07 The Global Fund to Fight AIDS, Tuberculosis and Malaria | FE.03.02.08 UNAIDS Secretariat | FE.03.02.17 United Nations Population Fund (UNFPA) | FE.03.02.99 Other Multilateral organizations n.e.c. | FE.03.03.06 Bill and Melinda Gates Foundation | Total |
|--|--------------------------------|---------------------------------|---|--|---|--------------------------------|--|---|---|---------------|
| PF.01.01.01 Direct service providers | 65,060,720.31 | | 15,077,022.09 | | 208,271.00 | | | | | 80,346,013.39 |
| PF.01.01.02 Program management personnel costs | 2,429,407.19 | | 24,454,378.03 | | 139,154.49 | | | | | 27,022,939.71 |
| PF.01.01.98 Personnel not disaggregated | | | 10,018,991.37 | | | | | | | 10,018,991.37 |
| PF.01.02.01 Office rental costs | 327,526.63 | | | | | | | | | 327,526.63 |
| PF.01.02.02 Office utilities costs (electricity, water, heating, etc.) | 58,562.79 | | | | | | | | | 58,562.79 |
| PF.01.02.03 Travel expenditure | 9,169.06 | | 6,391,262.70 | | 2,459,081.45 | | | | | 8,859,513.21 |
| PF.01.02.04 Administrative and programme | 659,679.56 | 148,416.40 | 2,378.66 | 5,444.49 | 3,246,649.68 | 177,429.21 | | 9,239,902.62 | | 13,479,900.63 |

| | FE.01.01.01 Central government | FE.02 Domestic Private Entities | FE.03.01.30 Government of United States | FE.03.01.99 Other government(s) /other bilateral agencies n.e.c. | FE.03.02.07 The Global Fund to Fight AIDS, Tuberculosis and Malaria | FE.03.02.08 UNAIDS Secretariat | FE.03.02.17 United Nations Population Fund (UNFPA) | FE.03.02.99 Other Multilateral organizations n.e.c. | FE.03.03.06 Bill and Melinda Gates Foundation | Total |
|--|-----------------------------------|------------------------------------|--|---|--|-----------------------------------|---|--|--|---------------|
| management costs | | | | | | | | | | |
| PF.01.02.98 Other current costs not disaggregated | 21,995,342.08 | | | 3,357,745.54 | | | 5,109,094.28 | | | 30,462,181.89 |
| PF.01.03.01 Pharmaceuticals | | | 285,778.84 | | 61,201,984.19 | | | | | 61,487,763.03 |
| PF.01.03.02 Medical supplies | | | 3,444,841.65 | | 7,054,980.69 | | | | | 10,499,822.34 |
| PF.01.03.03 Laboratory reagents and materials | | | 78,112.22 | | 21,401,278.94 | | | 173,108.38 | | 21,652,499.54 |
| PF.01.03.04 Non-medical supplies | 10,051.38 | | 5,787,188.01 | | 134,055.51 | | | | | 5,931,294.90 |
| PF.01.03.98 Medical products and supplies not disaggregated | 11,946.99 | | 20,880.48 | | 4,396,442.33 | | | | | 4,429,269.80 |
| PF.01.04 Contracted | 7,673.54 | | 10,653,819.30 | | 697.92 | | | | | 10,662,190.76 |

| | FE.01.01.01 Central government | FE.02 Domestic Private Entities | FE.03.01.30 Government of United States | FE.03.01.99 Other government(s) /other bilateral agencies n.e.c. | FE.03.02.07 The Global Fund to Fight AIDS, Tuberculosis and Malaria | FE.03.02.08 UNAIDS Secretariat | FE.03.02.17 United Nations Population Fund (UNFPA) | FE.03.02.99 Other Multilateral organizations n.e.c. | FE.03.03.06 Bill and Melinda Gates Foundation | Total |
|---|-----------------------------------|------------------------------------|--|---|--|-----------------------------------|---|--|--|---------------|
| external services | | | | | | | | | | |
| PF.01.07 Financial support for beneficiaries | 2,323,737.12 | | 31,973.81 | 14,853,327.36 | | | | 22,600,595.85 | | 39,809,634.15 |
| PF.01.08 Training- Training related per diems/transport /other costs | 60,751.91 | | 6,768,803.44 | | 5,657,930.09 | | 362.99 | | | 12,487,848.43 |
| PF.01.09 Logistics of events, including catering services | 50,530.08 | | | | 188,385.25 | | | | | 238,915.33 |
| PF.01.10 Indirect costs | | | 11,244,630.42 | | 36,945.15 | | | | | 11,281,575.57 |
| PF.01.98 Current direct and indirect expenditures not disaggregated | 271,652.43 | | 19,407,923.90 | | 171,839.04 | | | | | 19,851,415.37 |

| | FE.01.01.01 Central government | FE.02 Domestic Private Entities | FE.03.01.30 Government of United States | FE.03.01.99 Other government(s) /other bilateral agencies n.e.c. | FE.03.02.07 The Global Fund to Fight AIDS, Tuberculosis and Malaria | FE.03.02.08 UNAIDS Secretariat | FE.03.02.17 United Nations Population Fund (UNFPA) | FE.03.02.99 Other Multilateral organizations n.e.c. | FE.03.03.06 Bill and Melinda Gates Foundation | Total |
|--|-----------------------------------|------------------------------------|--|---|--|-----------------------------------|---|--|--|-----------------------|
| PF.01.99 Current direct and indirect expenditures n.e.c. | | | 405,318.68 | | | | | | | 405,318.68 |
| PF.02.01 Building | | | 1,980,907.73 | | | | | | | 1,980,907.73 |
| PF.02.02 Vehicles | 120,945.72 | | | | | | | | | 120,945.72 |
| PF.02.03 Other capital investment | 19,577.17 | | 1,765,544.67 | | 127,054.96 | | | | | 1,912,176.80 |
| PF.98 Production factors not disaggregated | | | | | | | | | | - |
| Total | 93,417,273.97 | 148,416.40 | 117,819,756.00 | 18,216,517.39 | 106,424,750.69 | 177,429.21 | 362.99 | 27,709,690.13 | 9,413,011.00 | 373,101,643.35 |

e) PS x ASC

| | PS.01.01 Governmental organizations | PS.01.02.99 Parastatal organizations n.e.c. | PS.01.99 Public sector providers n.e.c. | PS.02.01 Non-profit providers | PS.02.02 Profit- making private sector providers | PS.03.01 Bilateral agencies | PS.03.02 Multilateral agencies | PS.03.03 International NGOs and foundations | Total |
|--|--|--|--|--|---|--|---|--|--------------|
| ASC.01.01.01 Prevention for adolescent girls and young women (AGYW) and their male partners in settings with high HIV prevalence | | | | 1,984,356.29 | | | | 1,686,691.13 | 3,671,047.42 |
| ASC.01.01.02 Services for key populations | | | | | | | | 1,107,615.25 | 1,107,615.25 |
| ASC.01.01.03 Condoms (for HIV prevention) for the general population (excluding KPs and | 7,390,070.46 | | | | | 1,117,067.92 | | | 8,507,138.38 |

| | PS.01.01 Governmental organizations | PS.01.02.99 Parastatal organizations n.e.c. | PS.01.99 Public sector providers n.e.c. | PS.02.01 Non-profit providers | PS.02.02 Profit- making private sector providers | PS.03.01 Bilateral agencies | PS.03.02 Multilateral agencies | PS.03.03 International NGOs and foundations | Total |
|--|---|---|---|-------------------------------------|---|-----------------------------------|--------------------------------------|--|---------------|
| AGYW (above) | | | | | | | | | |
| ASC.01.01.04 Voluntary medical male circumcision (VMMC) for HIV prevention | 561,261.15 | | | 4,236,030.47 | | 147,078.43 | | 7,307,395.49 | 12,251,765.54 |
| ASC.01.01.05 Pre-Exposure Prophylaxis (PrEP) | 1,307,831.75 | | | | | 20,521.90 | | 36,091.68 | 1,364,445.33 |
| ASC.01.02.01 Prevention of vertical transmission of HIV infection (PMTCT) | 522,161.21 | | | 187,534.97 | | | | | 709,696.18 |
| ASC.01.02.02 Social and behavioural communication for change (SBCC) for populations | | | | 64,644.90 | | | | 152,138.80 | 216,783.69 |

| | PS.01.01 Governmental organizations | PS.01.02.99 Parastatal organizations n.e.c. | PS.01.99 Public sector providers n.e.c. | PS.02.01 Non-profit providers | PS.02.02 Profit- making private sector providers | PS.03.01 Bilateral agencies | PS.03.02 Multilateral agencies | PS.03.03 International NGOs and foundations | Total |
|--|--|--|--|--|---|--|---|--|--------------|
| other than key populations | | | | | | | | | |
| ASC.01.02.03 Community mobilization for populations other than key populations | | | | 400,215.66 | | | | 774,126.07 | 1,174,341.73 |
| ASC.01.02.04 Programmatic activities for vulnerable and accessible populations | 4,962.63 | | | | | | | 2,183,492.66 | 2,188,455.29 |
| ASC.01.02.06 Prevention of HIV transmission aimed at people living with HIV and their partners (including sero- | | 77,148.03 | | 5,444.49 | 148,416.40 | | | | 231,008.92 |

| | PS.01.01 Governmental organizations | PS.01.02.99 Parastatal organizations n.e.c. | PS.01.99 Public sector providers n.e.c. | PS.02.01 Non-profit providers | PS.02.02 Profit- making private sector providers | PS.03.01 Bilateral agencies | PS.03.02 Multilateral agencies | PS.03.03 International NGOs and foundations | Total |
|---|--|--|--|--|---|--|---|--|--------------|
| discordant couples) | | | | | | | | | |
| ASC.01.02.10 STI prevention and treatment programmes for populations other than key populations - only if funded from earmarked HIV budgets | 70,950.71 | | | | | | | | 70,950.71 |
| ASC.01.02.98 Prevention activities not disaggregated | | | 7,961.11 | 94,559.27 | | 10,836.92 | 7,969.70 | 234,115.86 | 355,442.85 |
| ASC.02.01 HIV testing and counselling for sex workers | | | | 104,289.56 | | | | 81,941.80 | 186,231.36 |

| | PS.01.01 Governmental organizations | PS.01.02.99 Parastatal organizations n.e.c. | PS.01.99 Public sector providers n.e.c. | PS.02.01 Non-profit providers | PS.02.02 Profit- making private sector providers | PS.03.01 Bilateral agencies | PS.03.02 Multilateral agencies | PS.03.03 International NGOs and foundations | Total |
|---|--|--|--|--|---|--|---|--|--------------|
| ASC.02.02 HIV testing and counselling for MSM | 2,087,073.93 | | | | | | | 1,551.05 | 2,088,624.98 |
| ASC.02.03 HIV testing and counselling for TG | 338,691.53 | | | | | | | | 338,691.53 |
| ASC.02.05 HIV testing and counselling for inmates of correctional and pre-trial facilities | 2,369,213.68 | | | | | | | | 2,369,213.68 |
| ASC.02.06 HIV testing and counselling for pregnant women (part of PMTCT programme) | | | 38,938.02 | | | 8,652.89 | | 168,731.42 | 216,322.33 |
| ASC.02.08 HIV testing and | 2,907,036.64 | | | 246,850.97 | | | | 180,428.84 | 3,334,316.45 |

| | PS.01.01 Governmental organizations | PS.01.02.99 Parastatal organizations n.e.c. | PS.01.99 Public sector providers n.e.c. | PS.02.01 Non-profit providers | PS.02.02 Profit- making private sector providers | PS.03.01 Bilateral agencies | PS.03.02 Multilateral agencies | PS.03.03 International NGOs and foundations | Total |
|---|--|--|--|--|---|--|---|--|---------------|
| counselling for vulnerable and accessible populations | | | | | | | | | |
| ASC.02.09 Voluntary HIV testing and counselling for general population | 3,127,681.12 | | | | | | | 119,091.92 | 3,246,773.04 |
| ASC.02.10 Provider initiated testing and counselling (PITC) | 775,297.23 | | | | | | | | 775,297.23 |
| ASC.02.11 HIV screening in blood banks | 58,940.18 | | | | | | | | 58,940.18 |
| ASC.02.98 HIV testing and counselling activities not disaggregated | 11,514,772.66 | | 1,067,553.64 | 5,812,685.84 | | 274,722.55 | 16,649.25 | 8,917,289.46 | 27,603,673.40 |

| | PS.01.01 Governmental organizations | PS.01.02.99 Parastatal organizations n.e.c. | PS.01.99 Public sector providers n.e.c. | PS.02.01 Non-profit providers | PS.02.02 Profit- making private sector providers | PS.03.01 Bilateral agencies | PS.03.02 Multilateral agencies | PS.03.03 International NGOs and foundations | Total |
|---|--|--|--|--|---|--|---|--|---------------|
| ASC.03.01.01 ART for adults | 72,259,903.27 | | | 11,461,877.11 | | | | | 83,721,780.38 |
| ASC.03.01.02 ART for paediatrics | 13,169,926.50 | | | 3,968,968.40 | | | | | 17,138,894.89 |
| ASC.03.01.03 ART for PMTCT (for pregnant women not previously on treatment) | 8,501,272.56 | | | 290,704.81 | | | | | 8,791,977.37 |
| ASC.03.03 Specific ART- related laboratory monitoring | 13,204,108.73 | | | 3,801,281.36 | | | | | 17,005,390.08 |
| ASC.03.04 Co-infections and opportunistic infections: prevention and treatment for PLHIV and KPs | 7,176,720.42 | | | 1,018,847.75 | | | | 4,102,589.72 | 12,298,157.90 |

| | PS.01.01 Governmental organizations | PS.01.02.99 Parastatal organizations n.e.c. | PS.01.99 Public sector providers n.e.c. | PS.02.01 Non-profit providers | PS.02.02 Profit- making private sector providers | PS.03.01 Bilateral agencies | PS.03.02 Multilateral agencies | PS.03.03 International NGOs and foundations | Total |
|--|---|---|---|-------------------------------------|---|-----------------------------------|--------------------------------------|--|---------------|
| ASC.03.05 Psychological treatment and support service | | | | | | | | 5,078.56 | 5,078.56 |
| ASC.03.98 Care and treatment services not disaggregated | 23,016,250.84 | | 2,801,075.04 | 2,125,751.82 | | 1,991,876.35 | | 31,497,689.89 | 61,432,643.95 |
| ASC.04.01.01 OVC Basic needs (health, education, housing) | | | | 1,571,976.08 | | | | 1,324,638.67 | 2,896,614.75 |
| ASC.04.01.03 OVC Social Services (including financial benefits) | | | | 561,098.85 | | | | 420,632.45 | 981,731.30 |
| ASC.04.01.98 OVC Services not disaggregated by activity | | | | 57,735.97 | | 15,113.17 | 20,126.91 | 263,771.54 | 356,747.59 |

| | PS.01.01 Governmental organizations | PS.01.02.99 Parastatal organizations n.e.c. | PS.01.99 Public sector providers n.e.c. | PS.02.01 Non-profit providers | PS.02.02 Profit- making private sector providers | PS.03.01 Bilateral agencies | PS.03.02 Multilateral agencies | PS.03.03 International NGOs and foundations | Total |
|--|--|--|--|--|---|--|---|--|---------------|
| ASC.04.02.01 Social protection through monetary or in-kind benefits | 48,769,804.53 | | | | | | | | 48,769,804.53 |
| ASC.04.02.98 Social protection services and social services not disaggregated by type | | | | 47,205.70 | | | | 167,505.66 | 214,711.36 |
| ASC.05.01 Advocacy | 16,155.26 | | | | | | | 1,194,723.00 | 1,210,878.26 |
| ASC.05.02.03 Monitoring and reforming laws, regulations and policies relating to HIV | 111,829.60 | | | | | 9,609.31 | | | 121,438.91 |
| ASC.05.02.05 Reducing discrimination | | | | 12,966.06 | | | | | 12,966.06 |

| | PS.01.01 Governmental organizations | PS.01.02.99 Parastatal organizations n.e.c. | PS.01.99 Public sector providers n.e.c. | PS.02.01 Non-profit providers | PS.02.02 Profit- making private sector providers | PS.03.01 Bilateral agencies | PS.03.02 Multilateral agencies | PS.03.03 International NGOs and foundations | Total |
|--|---|---|---|-------------------------------------|---|-----------------------------------|--------------------------------------|--|---------------|
| and violence against women in the context of HIV | | | | | | | | | |
| ASC.05.02.98 Human rights programmes not disaggregated by type | 3,928.96 | | | | | | | | 3,928.96 |
| ASC.06.01 Strategic planning, coordination and policy development | 258,146.30 | | 65,467.36 | 54,556.14 | | 481,642.84 | | 3,055,599.15 | 3,915,411.79 |
| ASC.06.03 Programme administration and management costs (above service- delivery level) | 3,418,291.64 | | | 358,536.77 | | 9,952,948.75 | | 16,163,643.44 | 29,893,420.60 |

| | PS.01.01 Governmental organizations | PS.01.02.99 Parastatal organizations n.e.c. | PS.01.99 Public sector providers n.e.c. | PS.02.01 Non-profit providers | PS.02.02 Profit- making private sector providers | PS.03.01 Bilateral agencies | PS.03.02 Multilateral agencies | PS.03.03 International NGOs and foundations | Total |
|--|--|--|--|--|---|--|---|--|----------------------------|
| ASC.06.04 Strategic information | 450,219.80 | | 299,748.48 | 373,513.77 | | 1,731,111.03 | 362.99 | 5,219,015.12 | 8,073,971.19 |
| ASC.06.05 Public Systems Strengthenin | 43,884.44 | | | | | 827,333.74 | | 2,485,104.45 | 3,356,322.63 |
| ASC.06.06 Community system strengthening | 291.69 | | | | | | | 136,409.43 | 136,701.12 |
| ASC.06.07 Human resources for health (above-site programmes) | 44,816.07 | | | | | | | 656,185.95 | 701,002.01 |
| ASC.06.98 Programme enablers and systems strengthening not disaggregated | | | | 3,068.16 | | 85,171.81 | | 132,618.10 | 220,858.07 |
| Total | 223,481,495. 51 | 77,148.03 | 4,280,743.65 | 38,844,701.1 8 | 148,416. 40 | 16,673,687.6 0 | 45,108.84 | 89,775,906.5 7 | 373,327,207. 78 |

f) ASC x PF

| | ASC.01 Prevention | ASC.02 HIV testing and counselling (HTC) | ASC.03 HIV Care and Treatment Care | ASC.04 Social protection and economic support (for PLHIV, their families, for KPs and for Orphans and Vulnerable Children) (where HIV ear-marked funds are used) | ASC.05 Social Enablers (excluding the efforts for KPs above) | ASC.06 Programme enablers and systems strengthening | Total |
|--|------------------------------|---|---|---|---|--|---------------|
| PF.01.01.01 Direct service providers | 2,827,678.77 | 15,381,376.40 | 62,059,710.21 | 33,169.92 | | 44,078.10 | 80,346,013.39 |
| PF.01.01.02 Program management personnel costs | 4,337,050.97 | 1,664,656.12 | 7,402,441.57 | 677,782.82 | | 12,941,008.23 | 27,022,939.71 |
| PF.01.01.98 Personnel not disaggregated | 2,102,681.11 | 1,280,040.31 | 3,617,249.26 | 55,978.04 | | 2,963,042.66 | 10,018,991.37 |
| PF.01.02.01 Office rental costs | | | | | | 327,526.63 | 327,526.63 |
| PF.01.02.02 Office utilities costs (electricity, water, heating, etc.) | | | | | | 58,562.79 | 58,562.79 |
| PF.01.02.03 Travel expenditure | 4,188,022.69 | 590,538.59 | 2,334,648.68 | 88,850.76 | 43.26 | 1,657,409.23 | 8,859,513.21 |
| PF.01.02.04 Administrative and programme management costs | 234,807.70 | 3,194,489.93 | 4,000,000.00 | | 1,198,651.96 | 4,851,951.03 | 13,254,336.20 |
| PF.01.02.98 Other current costs not disaggregated | 179,878.10 | 3,883,780.61 | 17,406,378.99 | 8,992,144.19 | | | 30,462,181.89 |

| | ASC.01 Prevention | ASC.02 HIV testing and counselling (HTC) | ASC.03 HIV Care and Treatment Care | ASC.04 Social protection and economic support (for PLHIV, their families, for KPs and for Orphans and Vulnerable Children) (where HIV ear-marked funds are used) | ASC.05 Social Enablers (excluding the efforts for KPs above) | ASC.06 Programme enablers and systems strengthening | Total |
|--|------------------------------|---|---|---|---|--|---------------|
| PF.01.03.01.01 Antiretrovirals | | | 57,319,261.33 | | | | 57,319,261.33 |
| PF.01.03.01.07 OI other than TB drugs | | | 4,168,501.70 | | | | 4,168,501.70 |
| PF.01.03.02.02 Condoms | 7,194,849.32 | | | | | | 7,194,849.32 |
| PF.01.03.02.98 Medical supplies not disaggregated | 2,041,515.08 | 445,060.49 | 723,017.11 | | | 95,380.33 | 3,304,973.02 |
| PF.01.03.03.01 HIV tests screening/diagnostics | | 7,430,205.06 | | | | | 7,430,205.06 |
| PF.01.03.03.02 VL tests | | | 74,843.13 | | | | 74,843.13 |
| PF.01.03.03.06 Diagnostic tests for hepatitis (including rapid testing) | | | 173,108.38 | | | | 173,108.38 |
| PF.01.03.03.98 Reagents and materials not disaggregated | | | 13,974,342.97 | | | | 13,974,342.97 |
| PF.01.03.04 Non- medical supplies | 876,420.26 | 466,243.48 | 1,944,151.34 | 186,063.82 | | 2,458,415.98 | 5,931,294.90 |
| PF.01.03.98 Medical products and | 20,880.48 | | 4,408,389.32 | | | | 4,429,269.80 |

| | ASC.01 Prevention | ASC.02 HIV testing and counselling (HTC) | ASC.03 HIV Care and Treatment Care | ASC.04 Social protection and economic support (for PLHIV, their families, for KPs and for Orphans and Vulnerable Children) (where HIV ear-marked funds are used) | ASC.05 Social Enablers (excluding the efforts for KPs above) | ASC.06 Programme enablers and systems strengthening | Total |
|---|------------------------------|---|---|---|---|--|---------------|
| supplies not disaggregated | | | | | | | |
| PF.01.04 Contracted external services | 1,961,416.92 | 692,403.73 | 2,358,716.66 | 387,965.35 | 9,609.31 | 5,252,078.80 | 10,662,190.76 |
| PF.01.07 Financial support for beneficiaries | 4,059.82 | | 2,986.68 | 39,802,587.65 | | | 39,809,634.15 |
| PF.01.08 Training- Training related per diems/transport/other costs | 1,842,944.05 | 1,533,318.18 | 7,158,751.85 | 446,169.90 | 8,105.11 | 1,498,559.35 | 12,487,848.43 |
| PF.01.09 Logistics of events, including catering services | 81,518.28 | | | | 114,945.19 | 42,451.86 | 238,915.33 |
| PF.01.10 Indirect costs | | | | | | 11,281,575.57 | 11,281,575.57 |
| PF.01.98 Current direct and indirect expenditures not disaggregated | 3,012,073.77 | 3,306,646.50 | 9,119,172.30 | 2,473,307.73 | 17,857.37 | 1,922,357.70 | 19,851,415.37 |
| PF.01.99 Current direct and indirect expenditures n.e.c. | 405,318.68 | | | | | | 405,318.68 |
| PF.02.01 Building | 49,869.16 | 99,170.01 | 1,460,692.31 | 11,838.44 | | 359,337.81 | 1,980,907.73 |

| | ASC.01 Prevention | ASC.02 HIV testing and counselling (HTC) | ASC.03 HIV Care and Treatment Care | ASC.04 Social protection and economic support (for PLHIV, their families, for KPs and for Orphans and Vulnerable Children) (where HIV ear-marked funds are used) | ASC.05 Social Enablers (excluding the efforts for KPs above) | ASC.06 Programme enablers and systems strengthening | Total |
|-----------------------------------|------------------------------|---|---|---|---|--|-----------------------|
| PF.02.02 Vehicles | | | | | | 120,945.72 | 120,945.72 |
| PF.02.03 Other capital investment | 487,706.17 | 250,154.80 | 687,559.31 | 63,750.90 | | 423,005.63 | 1,912,176.80 |
| Total | 31,848,691.30 | 40,218,084.20 | 200,393,923.14 | 53,219,609.53 | 1,349,212.20 | 46,297,687.42 | 373,327,207.78 |

g) BP x ASC

| | BP.01 People living with HIV (regardless of having a medical/clinical diagnosis of AIDS) | BP.02 Key populations | BP.03 Vulnerable, accessible and other target populations | BP.04 General population | BP.05 Non- targeted interventions | Total |
|---|---|----------------------------------|--|-------------------------------------|--|--------------|
| ASC.01.01.01 Prevention for adolescent girls and young women (AGYW) and their male partners in settings with high HIV prevalence | | | 3,671,047.42 | | | 3,671,047.42 |

| | BP.01 People living with HIV (regardless of having a medical/clinical diagnosis of AIDS) | BP.02 Key populations | BP.03 Vulnerable, accessible and other target populations | BP.04 General population | BP.05 Non-targeted interventions | Total |
|--|---|------------------------------|--|---------------------------------|---|---------------|
| ASC.01.01.02 Services for key populations | | 1,107,615.25 | | | | 1,107,615.25 |
| ASC.01.01.03 Condoms (for HIV prevention) for the general population (excluding KPs and AGYW above) | | | | 8,507,138.38 | | 8,507,138.38 |
| ASC.01.01.04 Voluntary medical male circumcision (VMMC) for HIV prevention | | | 2,301.80 | 12,249,463.74 | | 12,251,765.54 |
| ASC.01.01.05 Pre-Exposure Prophylaxis (PrEP) | | 1,355,195.04 | 9,250.29 | | | 1,364,445.33 |
| ASC.01.02.01 Prevention of vertical transmission of HIV | 314.51 | | 709,381.66 | | | 709,696.18 |

| | BP.01 People living with HIV (regardless of having a medical/clinical diagnosis of AIDS) | BP.02 Key populations | BP.03 Vulnerable, accessible and other target populations | BP.04 General population | BP.05 Non-targeted interventions | Total |
|--|---|------------------------------|--|---------------------------------|---|--------------|
| infection (PMTCT) | | | | | | |
| ASC.01.02.02 Social and behavioural communication for change (SBCC) for populations other than key populations | | | | 216,783.69 | | 216,783.69 |
| ASC.01.02.03 Community mobilization for populations other than key populations | | | | 1,174,341.73 | | 1,174,341.73 |
| ASC.01.02.04 Programmatic activities for vulnerable and accessible populations | | | 2,188,455.29 | | | 2,188,455.29 |

| | BP.01 People living with HIV (regardless of having a medical/clinical diagnosis of AIDS) | BP.02 Key populations | BP.03 Vulnerable, accessible and other target populations | BP.04 General population | BP.05 Non-targeted interventions | Total |
|--|---|------------------------------|--|---------------------------------|---|--------------|
| ASC.01.02.06 Prevention of HIV transmission aimed at people living with HIV and their partners (including sero-discordant couples) | 231,008.92 | | | | | 231,008.92 |
| ASC.01.02.10 STI prevention and treatment programmes for populations other than key populations - only if funded from earmarked HIV budgets | | | | 70,950.71 | | 70,950.71 |
| ASC.01.02.98 Prevention activities not disaggregated | | | | 355,442.85 | | 355,442.85 |

| | BP.01 People living with HIV (regardless of having a medical/clinical diagnosis of AIDS) | BP.02 Key populations | BP.03 Vulnerable, accessible and other target populations | BP.04 General population | BP.05 Non-targeted interventions | Total |
|--|---|------------------------------|--|---------------------------------|---|--------------|
| ASC.02.01 HIV testing and counselling for sex workers | | 186,231.36 | | | | 186,231.36 |
| ASC.02.02 HIV testing and counselling for MSM | | 2,088,624.98 | | | | 2,088,624.98 |
| ASC.02.03 HIV testing and counselling for TG | | 338,691.53 | | | | 338,691.53 |
| ASC.02.05 HIV testing and counselling for inmates of correctional and pre-trial facilities | | 2,369,213.68 | | | | 2,369,213.68 |
| ASC.02.06 HIV testing and counselling for pregnant women (part of PMTCT programme) | | | | 216,322.33 | | 216,322.33 |
| ASC.02.08 HIV testing and counselling for vulnerable and | | | 3,334,316.45 | | | 3,334,316.45 |

| | BP.01 People living with HIV (regardless of having a medical/clinical diagnosis of AIDS) | BP.02 Key populations | BP.03 Vulnerable, accessible and other target populations | BP.04 General population | BP.05 Non-targeted interventions | Total |
|--|---|------------------------------|--|---------------------------------|---|---------------|
| accessible populations | | | | | | |
| ASC.02.09 Voluntary HIV testing and counselling for general population | | | | 3,246,773.04 | | 3,246,773.04 |
| ASC.02.10 Provider initiated testing and counselling (PITC) | | | | 775,297.23 | | 775,297.23 |
| ASC.02.11 HIV screening in blood banks | | | 58,940.18 | | | 58,940.18 |
| ASC.02.98 HIV testing and counselling activities not disaggregated | | 479,435.32 | | 27,124,238.08 | | 27,603,673.40 |
| ASC.03.01.01 ART for adults | 83,721,780.38 | | | | | 83,721,780.38 |
| ASC.03.01.02 ART for paediatrics | 17,138,894.89 | | | | | 17,138,894.89 |

| | BP.01 People living with HIV (regardless of having a medical/clinical diagnosis of AIDS) | BP.02 Key populations | BP.03 Vulnerable, accessible and other target populations | BP.04 General population | BP.05 Non-targeted interventions | Total |
|---|---|------------------------------|--|---------------------------------|---|---------------|
| ASC.03.01.03 ART for PMTCT (for pregnant women not previously on treatment) | 8,791,977.37 | | | | | 8,791,977.37 |
| ASC.03.03 Specific ART-related laboratory monitoring | 17,005,390.08 | | | | | 17,005,390.08 |
| ASC.03.04 Co-infections and opportunistic infections: prevention and treatment for PLHIV and KPs | 12,298,157.90 | | | | | 12,298,157.90 |
| ASC.03.05 Psychological treatment and support service | 5,078.56 | | | | | 5,078.56 |
| ASC.03.98 Care and treatment services not | 61,432,643.95 | | | | | 61,432,643.95 |

| | BP.01 People living with HIV (regardless of having a medical/clinical diagnosis of AIDS) | BP.02 Key populations | BP.03 Vulnerable, accessible and other target populations | BP.04 General population | BP.05 Non-targeted interventions | Total |
|--|---|------------------------------|--|---------------------------------|---|---------------|
| disaggregated | | | | | | |
| ASC.04.01 Social protection and economic support for OVC | | | 4,235,093.64 | | | 4,235,093.64 |
| ASC.04.02 Other social protection and economic support (non-OVC) | 214,711.36 | | 48,769,804.53 | | | 48,984,515.89 |
| ASC.05.01 Advocacy | | | | | 1,210,878.26 | 1,210,878.26 |
| ASC.05.02 Human rights programmes | | | | | 138,333.93 | 138,333.93 |
| ASC.06.01 Strategic planning, coordination and policy development | | | | | 3,915,411.79 | 3,915,411.79 |
| ASC.06.03 Programme administration and | | | | | 29,893,420.60 | 29,893,420.60 |

| | BP.01 People living with HIV (regardless of having a medical/clinical diagnosis of AIDS) | BP.02 Key populations | BP.03 Vulnerable, accessible and other target populations | BP.04 General population | BP.05 Non-targeted interventions | Total |
|--|---|------------------------------|--|---------------------------------|---|-----------------------|
| management costs (above service-delivery level) | | | | | | |
| ASC.06.04 Strategic information | | | | | 8,073,971.19 | 8,073,971.19 |
| ASC.06.05 Public Systems Strengthening | | | | | 3,356,322.63 | 3,356,322.63 |
| ASC.06.06 Community system strengthening | | | | | 136,701.12 | 136,701.12 |
| ASC.06.07 Human resources for health (above-site programmes) | | | | | 701,002.01 | 701,002.01 |
| ASC.06.98 Programme enablers and systems strengthening not disaggregated | | | | | 220,858.07 | 220,858.07 |
| Total | 200,839,957.93 | 7,925,007.17 | 62,978,591.28 | 53,936,751.79 | 47,646,899.61 | 373,327,207.78 |

h) SDM x ASC

| | SDM.01.01 Facility-based: Outpatient | SDM.02.05 Community- based: outreach | SDM.02.07 HIV self-testing | SDM.02.98 Home and community based not disaggregated | SDM.03 Non applicable (ASC which does not have a specific SDM) | SDM.98 Modalities not disaggregated | Total |
|--|---|---|---------------------------------------|---|---|--|---------------|
| ASC.01.01.01 Prevention for adolescent girls and young women (AGYW) and their male partners in settings with high HIV prevalence | | | | 2,844,343.89 | | 826,703.53 | 3,671,047.42 |
| ASC.01.01.02 Services for key populations | | | | 426,434.38 | | 681,180.87 | 1,107,615.25 |
| ASC.01.01.03 Condoms (for HIV prevention) for the general population (excluding KPs and AGYW above) | | 16,715.12 | | | | 8,490,423.26 | 8,507,138.38 |
| ASC.01.01.04 Voluntary medical male circumcision (VMMC) for HIV prevention | 11,701,966.77 | | | | | 549,798.78 | 12,251,765.54 |

| | SDM.01.01 Facility-based: Outpatient | SDM.02.05 Community- based: outreach | SDM.02.07 HIV self-testing | SDM.02.98 Home and community based not disaggregated | SDM.03 Non applicable (ASC which does not have a specific SDM) | SDM.98 Modalities not disaggregated | Total |
|---|---|---|---------------------------------------|---|---|--|--------------|
| ASC.01.01.05 Pre-Exposure Prophilaxis (PrEP) | | | | 23,464.14 | | 1,340,981.19 | 1,364,445.33 |
| ASC.01.02.01 Prevention of vertical transmission of HIV infection (PMTCT) | 709,381.66 | | | | | 314.51 | 709,696.18 |
| ASC.01.02.02 Social and behavioural communicatio n for change (SBCC) for populations other than key populations | | | | 216,783.69 | | | 216,783.69 |
| ASC.01.02.03 Community mobilization for populations other than key populations | | | | 1,174,341.73 | | | 1,174,341.73 |
| ASC.01.02.04 Programmatic activities for vulnerable and accessible populations | | | | 2,183,492.66 | | 4,962.63 | 2,188,455.29 |

| | SDM.01.01 Facility-based: Outpatient | SDM.02.05 Community- based: outreach | SDM.02.07 HIV self-testing | SDM.02.98 Home and community based not disaggregated | SDM.03 Non applicable (ASC which does not have a specific SDM) | SDM.98 Modalities not disaggregated | Total |
|---|---|---|---------------------------------------|---|---|--|--------------|
| ASC.01.02.06 Prevention of HIV transmission aimed at people living with HIV and their partners (including sero- discordant couples) | | 77,148.03 | | | | 153,860.89 | 231,008.92 |
| ASC.01.02.10 STI prevention and treatment programmes for populations other than key populations - only if funded from earmarked HIV budgets | | | | | | 70,950.71 | 70,950.71 |
| ASC.01.02.98 Prevention activities not disaggregated | | | | | | 355,442.85 | 355,442.85 |
| ASC.02.01 HIV testing and counselling for sex workers | | | | 186,231.36 | | | 186,231.36 |

| | SDM.01.01 Facility-based: Outpatient | SDM.02.05 Community- based: outreach | SDM.02.07 HIV self-testing | SDM.02.98 Home and community based not disaggregated | SDM.03 Non applicable (ASC which does not have a specific SDM) | SDM.98 Modalities not disaggregated | Total |
|--|---|---|---------------------------------------|---|---|--|--------------|
| ASC.02.02 HIV testing and counselling for MSM | | | 2,088,624.98 | | | | 2,088,624.98 |
| ASC.02.03 HIV testing and counselling for TG | | | 338,691.53 | | | | 338,691.53 |
| ASC.02.05 HIV testing and counselling for inmates of correctional and pre-trial facilities | 1,199,715.24 | | | 1,169,498.44 | | | 2,369,213.68 |
| ASC.02.06 HIV testing and counselling for pregnant women (part of PMTCT programme) | 216,322.33 | | | | | | 216,322.33 |
| ASC.02.08 HIV testing and counselling for vulnerable and accessible populations | 1,736,754.81 | | 816,534.19 | 781,027.46 | | | 3,334,316.45 |
| ASC.02.09 Voluntary HIV testing and | 2,235,064.94 | | 923,827.59 | 87,880.51 | | | 3,246,773.04 |

| | SDM.01.01 Facility-based: Outpatient | SDM.02.05 Community- based: outreach | SDM.02.07 HIV self-testing | SDM.02.98 Home and community based not disaggregated | SDM.03 Non applicable (ASC which does not have a specific SDM) | SDM.98 Modalities not disaggregated | Total |
|--|---|---|---------------------------------------|---|---|--|---------------|
| counselling for general population | | | | | | | |
| ASC.02.10 Provider initiated testing and counselling (PITC) | 775,297.23 | | | | | | 775,297.23 |
| ASC.02.11 HIV screening in blood banks | 58,940.18 | | | | | | 58,940.18 |
| ASC.02.98 HIV testing and counselling activities not disaggregated | 23,689,109.94 | | | 3,436,842.08 | | 477,721.38 | 27,603,673.40 |
| ASC.03.01.01 ART for adults | 83,721,780.38 | | | | | | 83,721,780.38 |
| ASC.03.01.02 ART for paediatrics | 17,138,894.89 | | | | | | 17,138,894.89 |
| ASC.03.01.03 ART for PMTCT (for pregnant women not previously on treatment) | 8,791,977.37 | | | | | | 8,791,977.37 |
| ASC.03.03 Specific ART- related | 17,005,390.08 | | | | | | 17,005,390.08 |

| | SDM.01.01 Facility-based: Outpatient | SDM.02.05 Community- based: outreach | SDM.02.07 HIV self-testing | SDM.02.98 Home and community based not disaggregated | SDM.03 Non applicable (ASC which does not have a specific SDM) | SDM.98 Modalities not disaggregated | Total |
|--|---|---|---------------------------------------|---|---|--|---------------|
| laboratory monitoring | | | | | | | |
| ASC.03.04 Co-infections and opportunistic infections: prevention and treatment for PLHIV and KPs | 8,195,568.18 | | | 102,589.72 | | 4,000,000.00 | 12,298,157.90 |
| ASC.03.05 Psychological treatment and support service | | | | | | 5,078.56 | 5,078.56 |
| ASC.03.98 Care and treatment services not disaggregated | 61,432,643.95 | | | | | | 61,432,643.95 |
| ASC.04.01 Social protection and economic support for OVC | | | | 4,235,093.64 | | | 4,235,093.64 |
| ASC.04.02 Other social protection and economic support (non-OVC) | | 48,769,804.53 | | 214,711.36 | | | 48,984,515.89 |

| | SDM.01.01 Facility-based: Outpatient | SDM.02.05 Community- based: outreach | SDM.02.07 HIV self-testing | SDM.02.98 Home and community based not disaggregated | SDM.03 Non applicable (ASC which does not have a specific SDM) | SDM.98 Modalities not disaggregated | Total |
|--|---|---|---------------------------------------|---|---|--|---------------|
| ASC.05.01 Advocacy | | | | | 1,210,878.26 | | 1,210,878.26 |
| ASC.05.02 Human rights programmes | | | | | 138,333.93 | | 138,333.93 |
| ASC.06.01 Strategic planning, coordination and policy development | | | | | 3,915,411.79 | | 3,915,411.79 |
| ASC.06.03 Programme administration and management costs (above service- delivery level) | | | | | 29,893,420.60 | | 29,893,420.60 |
| ASC.06.04 Strategic information | | | | | 8,073,971.19 | | 8,073,971.19 |
| ASC.06.05 Public Systems Strengthenin | | | | | 3,356,322.63 | | 3,356,322.63 |
| ASC.06.06 Community system strengthening | | | | | 136,701.12 | | 136,701.12 |
| ASC.06.07 Human | | | | | 701,002.01 | | 701,002.01 |

| | SDM.01.01 Facility-based: Outpatient | SDM.02.05 Community- based: outreach | SDM.02.07 HIV self-testing | SDM.02.98 Home and community based not disaggregated | SDM.03 Non applicable (ASC which does not have a specific SDM) | SDM.98 Modalities not disaggregated | Total |
|--|---|---|---------------------------------------|---|---|--|-----------------------|
| resources for health (above-site programmes) | | | | | | | |
| ASC.06.98 Programme enablers and systems strengthening not disaggregated | | | | | 220,858.07 | | 220,858.07 |
| Total | 238,608,807.96 | 48,863,667.67 | 4,167,678.29 | 17,082,735.08 | 47,646,899.61 | 16,957,419.16 | 373,327,207.78 |

i) PS x PF

| | PS.01.01 Governmental organizations | PS.01.99 Public sector providers n.e.c. | PS.02.01 Non- profit providers | PS.02. 02 Profit- making private sector providers | PS.03.01 Bilateral agencies | PS.03.02 Multilateral agencies | PS.03.03 International NGOs and foundations | Total |
|--------------------------------------|--|--|---|--|--|---|--|---------------|
| PF.01.01.01 Direct service providers | 48,331,975.39 | 975,015.15 | 18,982,090.01 | | 579,464.29 | 5,581.36 | 11,471,887.20 | 80,346,013.39 |

| | PS.01.01 Governmental organizations | PS.01.99 Public sector providers n.e.c. | PS.02.01 Non- profit providers | PS.02. 02 Profit- making privat e sector provid ers | PS.03.01 Bilateral agencies | PS.03.02 Multilateral agencies | PS.03.03 International NGOs and foundations | Total |
|---|--|--|---|--|--|---|--|-------------------|
| PF.01.01.02 Program management personnel costs | 2,865,426.20 | 754,766.18 | 2,506,028.82 | | 4,337,248.94 | 9,372.70 | 16,550,096.87 | 27,022,939.7 1 |
| PF.01.01.98 Personnel not disaggregat ed | 291,588.13 | 376,553.63 | 1,104,871.42 | | 1,483,834.07 | 3,290.39 | 6,758,853.74 | 10,018,991.3 7 |
| PF.01.02.01 Office rental costs | 327,526.63 | | | | | | | 327,526.63 |
| PF.01.02.02 Office utilities costs (electricity, water, heating, etc.) | 58,562.79 | | | | | | | 58,562.79 |
| PF.01.02.03 Travel expenditure | 2,309,933.18 | 227,182.57 | 956,638.77 | | 850,757.61 | 3,387.06 | 4,511,614.02 | 8,859,513.21 |
| PF.01.02.04 Administrativ e and programme | 3,777,021.46 | 64,447.00 | 182,906.74 | 148,41 6.40 | 917.31 | | 9,229,043.68 | 13,479,900.6 3 |

| | PS.01.01 Governmental organizations | PS.01.99 Public sector providers n.e.c. | PS.02.01 Non- profit providers | PS.02. 02 Profit- makin g privat e sector provid ers | PS.03.01 Bilateral agencies | PS.03.02 Multilateral agencies | PS.03.03 International NGOs and foundations | Total |
|--|--|--|---|---|--|---|--|---------------|
| management costs | | | | | | | | |
| PF.01.02.98 Other current costs not disaggregat ed | 24,786,276.98 | | 5,675,904.91 | | | | | 30,462,181.89 |
| PF.01.03.01.01 Antiretrovirals | 55,424,012.47 | | 1,895,248.87 | | | | | 57,319,261.33 |
| PF.01.03.01.07 OI other than TB drugs | 4,168,501.70 | | | | | | | 4,168,501.70 |
| PF.01.03.02.02 Condoms | 7,054,980.69 | | | | 139,868.63 | | | 7,194,849.32 |
| PF.01.03.02.98 Medical supplies not disaggregat ed | 270,932.12 | 73,968.21 | 827,003.73 | | 155,612.64 | 2,454.09 | 1,975,002.22 | 3,304,973.02 |
| PF.01.03.03.01 HIV tests screening/dia gnostics | 7,426,935.97 | 286.17 | 485.60 | | 73.64 | 4.46 | 2,419.21 | 7,430,205.06 |
| PF.01.03.03.02 VL tests | 72,368.46 | | 2,474.67 | | | | | 74,843.13 |

| | PS.01.01 Governmental organizations | PS.01.99 Public sector providers n.e.c. | PS.02.01 Non- profit providers | PS.02. 02 Profit- makin g privat e sector provid ers | PS.03.01 Bilateral agencies | PS.03.02 Multilateral agencies | PS.03.03 International NGOs and foundations | Total |
|--|--|--|---|---|--|---|--|---------------|
| PF.01.03.03.06 Diagnostic tests for hepatitis (including rapid testing) | 173,108.38 | | | | | | | 173,108.38 |
| PF.01.03.03.98 Reagents and materials not disaggregate d | 13,974,342.97 | | | | | | | 13,974,342.97 |
| PF.01.03.04 Non-medical supplies | 124,872.63 | 209,052.81 | 605,990.37 | | 769,624.04 | 1,743.12 | 4,220,011.93 | 5,931,294.90 |
| PF.01.03.98 Medical products and supplies not disaggregate d | 4,408,389.32 | | 7,116.07 | | | | 13,764.41 | 4,429,269.80 |
| PF.01.04 Contracted external services | 367,875.80 | 261,521.44 | 1,139,089.24 | | 2,135,615.51 | 2,004.09 | 6,756,084.68 | 10,662,190.76 |

| | PS.01.01 Governmental organizations | PS.01.99 Public sector providers n.e.c. | PS.02.01 Non- profit providers | PS.02. 02 Profit- makin g privat e sector provid ers | PS.03.01 Bilateral agencies | PS.03.02 Multilateral agencies | PS.03.03 International NGOs and foundations | Total |
|--|--|--|---|---|--|---|--|-------------------|
| PF.01.07 Financial support for beneficiaries | 39,777,660.34 | 217.77 | 7,752.24 | | 969.59 | 1,085.02 | 21,949.20 | 39,809,634.1 5 |
| PF.01.08 Training- Training related per diems/transp ort/other costs | 5,482,384.19 | 280,311.95 | 1,024,026.76 | | 569,955.54 | 6,622.43 | 5,124,547.55 | 12,487,848.4 3 |
| PF.01.09 Logistics of events, including catering services | 238,915.33 | | | | | | | 238,915.33 |
| PF.01.10 Indirect costs | | | 156,210.32 | | 4,336,384.62 | | 6,788,980.63 | 11,281,575.5 7 |
| PF.01.98 Current direct and indirect expenditures not | 1,509,564.84 | 875,814.95 | 3,301,809.30 | | 834,554.86 | 6,034.90 | 13,323,636.50 | 19,851,415.3 7 |

| | PS.01.01 Governmental organizations | PS.01.99 Public sector providers n.e.c. | PS.02.01 Non- profit providers | PS.02. 02 Profit- makin g privat e sector provid ers | PS.03.01 Bilateral agencies | PS.03.02 Multilateral agencies | PS.03.03 International NGOs and foundations | Total |
|--|--|--|---|---|--|---|--|----------------------------|
| disaggregated | | | | | | | | |
| PF.01.99 Current direct and indirect expenditures n.e.c. | | | 107,115.46 | | 215,496.61 | | 82,706.60 | 405,318.68 |
| PF.02.01 Building | | 115,682.97 | 114,233.22 | | 94,306.11 | 801.14 | 1,655,884.28 | 1,980,907.73 |
| PF.02.02 Vehicles | 120,945.72 | | | | | | | 120,945.72 |
| PF.02.03 Other capital investment | 137,393.80 | 65,922.84 | 247,704.66 | | 169,003.59 | 2,728.08 | 1,289,423.82 | 1,912,176.80 |
| Total | 223,481,495.51 | 4,280,743.65 | 38,844,701.18 | 148,41 6.40 | 16,673,687.60 | 45,108.84 | 89,775,906.57 | 373,327,207. 78 |

2. FY2021
a) FE x ASC

| | FE.01.01.01 Central governme nt | FE.02 Domesti c Private Entitiites | FE.03.01 Governme nts providing bilateral ai d | FE.03.02.07 The Global Fund to Fight AIDS, Tuberculosis and Malaria | FE.03.02.0 8 UNAIDS Secretaria t | FE.03.02.1 7 United Nations Populatio n Fund (UNFPA) | FE.03.02.99 Other Multilateral organiza tions n.e.c. | FE.03.03.0 6 Bill and Melinda Gates Foundatio n | Total |
|--|--|--|---|--|---|---|--|--|-------------------|
| ASC.01.01.01 Prevention for adolescent girls and young women (AGYW) and their male partners in settings with high HIV prevalence | | | 9,793,443.3 4 | 1,581,240.19 | | | | | 11,374,683. 53 |
| ASC.01.01.02 Services for key populations | | | 1,198,891.1 6 | | | | | | 1,198,891.1 6 |
| ASC.01.01.03 Condoms (for HIV prevention) for the general population (excluding KPs and | 1,973.68 | | 619,266.08 | 600,717.92 | | | | | 1,221,957.6 9 |

| | FE.01.01.01 Central governme nt | FE.02 Domesti c Private Entitites | FE.03.01 Governme nts providing bilateral ai d | FE.03.02.07 The Global Fund to Fight AIDS, Tuberculosis and Malaria | FE.03.02.0 8 UNAIDS Secretaria t | FE.03.02.1 7 United Nations Populatio n Fund (UNFPA) | FE.03.02.99 Other Multilateral organiza tions n.e.c. | FE.03.03.0 6 Bill and Melinda Gates Foundatio n | Total |
|---|--|---|---|--|---|---|--|--|-------------------|
| AGYW (above) | | | | | | | | | |
| ASC.01.01.04 Voluntary medical male circumcision (VMMC) for HIV prevention | 15,751.53 | | 13,193,300. 23 | | | | | | 13,209,051. 76 |
| ASC.01.01.05 Pre-Exposure Prophilaxis (PrEP) | | | 1,216,937.1 6 | 94,416.86 | | | | | 1,311,354.0 2 |
| ASC.01.02.01 Prevention of vertical transmission of HIV infection (PMTCT) | 708,641.62 | | | | | | | | 708,641.62 |
| ASC.01.02.02 Social and behavioural communicat ion for change (SBCC) for populations | 2,775.36 | | 57,186.98 | | | | | 811,368.00 | 871,330.34 |

| | FE.01.01.01 Central governme nt | FE.02 Domesti c Private Entitites | FE.03.01 Governme nts providing bilateral ai d | FE.03.02.07 The Global Fund to Fight AIDS, Tuberculosis and Malaria | FE.03.02.0 8 UNAIDS Secretaria t | FE.03.02.1 7 United Nations Populatio n Fund (UNFPA) | FE.03.02.99 Other Multilateral organiza tions n.e.c. | FE.03.03.0 6 Bill and Melinda Gates Foundatio n | Total |
|--|--|---|---|--|---|---|--|--|------------------|
| other than key populations | | | | | | | | | |
| ASC.01.02.03 Community mobilization for populations other than key populations | | | 1,262,993.4 5 | | | | | | 1,262,993.4 5 |
| ASC.01.02.04 Programmati c activities for vulnerable and accessible populations | | | 964,090.88 | 5,807,556.00 | | | | | 6,771,646.8 8 |
| ASC.01.02.06 Prevention of HIV transmission aimed at people living with HIV and their partners (including sero- | 98,921.74 | 223,908. 94 | 14,417.01 | | | | | | 337,247.69 |

| | FE.01.01.01 Central governme nt | FE.02 Domesti c Private Entitites | FE.03.01 Governme nts providing bilateral ai d | FE.03.02.07 The Global Fund to Fight AIDS, Tuberculosis and Malaria | FE.03.02.0 8 UNAIDS Secretaria t | FE.03.02.1 7 United Nations Populatio n Fund (UNFPA) | FE.03.02.99 Other Multilateral organiza tions n.e.c. | FE.03.03.0 6 Bill and Melinda Gates Foundatio n | Total |
|--|--|---|---|--|---|---|--|--|--------------|
| discordant couples) | | | | | | | | | |
| ASC.01.02.98 Prevention activities not disaggregat ed | | | 60,701.72 | | | | | | 60,701.72 |
| ASC.02.01 HIV testing and counselling for sex workers | | | 189,014.26 | | | | | | 189,014.26 |
| ASC.02.02 HIV testing and counselling for MSM | | | | 6,241.26 | | | | | 6,241.26 |
| ASC.02.03 HIV testing and counselling for TG | | | 35,263.11 | | | | | | 35,263.11 |
| ASC.02.05 HIV testing and counselling for inmates | | | | 2,981,035.00 | | | | | 2,981,035.00 |

| | FE.01.01.01 Central governme nt | FE.02 Domesti c Private Entitites | FE.03.01 Governme nts providing bilateral ai d | FE.03.02.07 The Global Fund to Fight AIDS, Tuberculosis and Malaria | FE.03.02.0 8 UNAIDS Secretaria t | FE.03.02.1 7 United Nations Populatio n Fund (UNFPA) | FE.03.02.99 Other Multilateral organiza tions n.e.c. | FE.03.03.0 6 Bill and Melinda Gates Foundatio n | Total |
|---|--|---|---|--|---|---|--|--|---------------|
| of correctional and pre-trial facilities | | | | | | | | | |
| ASC.02.06 HIV testing and counselling for pregnant women (part of PMTCT programme) | | | 953,598.87 | | | | | | 953,598.87 |
| ASC.02.08 HIV testing and counselling for vulnerable and accessible populations | | | 203,882.26 | 4,575,581.27 | | | | | 4,779,463.53 |
| ASC.02.09 Voluntary HIV testing and counselling for general population | | | | 21,026,988.72 | | | | | 21,026,988.72 |
| ASC.02.11 HIV | | | 55,508.07 | | | | | | 55,508.07 |

| | FE.01.01.01 Central governme nt | FE.02 Domesti c Private Entitites | FE.03.01 Governme nts providing bilateral ai d | FE.03.02.07 The Global Fund to Fight AIDS, Tuberculosis and Malaria | FE.03.02.0 8 UNAIDS Secretaria t | FE.03.02.1 7 United Nations Populatio n Fund (UNFPA) | FE.03.02.99 Other Multilateral organiza tions n.e.c. | FE.03.03.0 6 Bill and Melinda Gates Foundatio n | Total |
|---|--|---|---|--|---|---|--|--|--------------------|
| screening in blood banks | | | | | | | | | |
| ASC.02.98 HIV testing and counselling activities not disaggregat ed | 15,636,483. 49 | | 6,057,645.4 3 | | | | | | 21,694,128. 92 |
| ASC.03.01.01 ART for adults | 37,554,917. 00 | | 475,246.43 | 65,408,226.9 6 | | | | | 103,438,390 .39 |
| ASC.03.01.02 ART for paediatrics | 14,694,396. 37 | | 20,739.50 | 3,442,538.26 | | | | | 18,157,674. 13 |
| ASC.03.01.03 ART for PMTCT (for pregnant women not previously on treatment) | | | | 3,423,323.16 | | | | | 3,423,323.1 6 |
| ASC.03.02 Adherence and retention on ART - support (including nutrition and transport) | 15,043.94 | | | 11,597.66 | | | | 507,536.20 | 534,177.80 |

| | FE.01.01.01 Central governme nt | FE.02 Domesti c Private Entitites | FE.03.01 Governme nts providing bilateral ai d | FE.03.02.07 The Global Fund to Fight AIDS, Tuberculosis and Malaria | FE.03.02.0 8 UNAIDS Secretaria t | FE.03.02.1 7 United Nations Populatio n Fund (UNFPA) | FE.03.02.99 Other Multilateral organiza tions n.e.c. | FE.03.03.0 6 Bill and Melinda Gates Foundatio n | Total |
|---|--|---|---|--|---|---|--|--|-------------------|
| and monitoring | | | | | | | | | |
| ASC.03.03 Specific ART- related laboratory monitoring | 13,988,905. 72 | | 4,319,693.9 4 | | | | | 44,977.00 | 18,353,576. 66 |
| ASC.03.04 Co- infections and opportunistic infections: prevention and treatment for PLHIV and KPs | 3,849,937.5 9 | | | 7,400,089.74 | | | | 2,026,500. 00 | 13,276,527. 33 |
| ASC.03.05 Psychologic al treatment and support service | | | 75,112.73 | | | | | | 75,112.73 |
| ASC.03.98 Care and treatment services not disaggregat ed | 6,972.62 | | 54,406,049. 39 | 33,804,022.9 6 | | | | | 88,217,044. 97 |

| | FE.01.01.01 Central governme nt | FE.02 Domesti c Private Entitites | FE.03.01 Governme nts providing bilateral ai d | FE.03.02.07 The Global Fund to Fight AIDS, Tuberculosis and Malaria | FE.03.02.0 8 UNAIDS Secretaria t | FE.03.02.1 7 United Nations Populatio n Fund (UNFPA) | FE.03.02.99 Other Multilateral organiza tions n.e.c. | FE.03.03.0 6 Bill and Melinda Gates Foundatio n | Total |
|---|--|---|---|--|---|---|--|--|-------------------|
| ASC.04.01.01 OVC Basic needs (health, education, housing) | | | 5,608,681.7 9 | | | | | | 5,608,681.7 9 |
| ASC.04.01.03 OVC Social Services (including financial benefits) | | | 976,128.64 | | | | | | 976,128.64 |
| ASC.04.01.98 OVC Services not disaggregat ed by activity | | | 480,366.32 | | | | | | 480,366.32 |
| ASC.04.02.01 Social protection through monetary or in-kind benefits | 2,606,752.7 3 | | 13,082,366. 67 | | | | 22,838,757.82 | | 38,527,877. 22 |
| ASC.04.02.98 Social protection services and social | | | 371,970.25 | | | | | | 371,970.25 |

| | FE.01.01.01 Central governme nt | FE.02 Domesti c Private Entitites | FE.03.01 Governme nts providing bilateral ai d | FE.03.02.07 The Global Fund to Fight AIDS, Tuberculosis and Malaria | FE.03.02.0 8 UNAIDS Secretaria t | FE.03.02.1 7 United Nations Populatio n Fund (UNFPA) | FE.03.02.99 Other Multilateral organiza tions n.e.c. | FE.03.03.0 6 Bill and Melinda Gates Foundatio n | Total |
|--|--|---|---|--|---|---|--|--|------------|
| services not disaggregat ed by type | | | | | | | | | |
| ASC.05.01 Advocacy | 10,038.50 | | | | | | | | 10,038.50 |
| ASC.05.02.03 Monitoring and reforming laws, regulations and policies relating to HIV | 12,463.48 | | 3,143.41 | 143,879.90 | | | | | 159,486.79 |
| ASC.05.02.04 Sensitization of law- makers and law enforcement agents | 2,956.06 | | | | | | | | 2,956.06 |
| ASC.05.02.05 Reducing discriminatio n and violence against women in the context of HIV | | | | 52,173.87 | | | | | 52,173.87 |

| | FE.01.01.01 Central governme nt | FE.02 Domesti c Private Entitites | FE.03.01 Governme nts providing bilateral ai d | FE.03.02.07 The Global Fund to Fight AIDS, Tuberculosis and Malaria | FE.03.02.0 8 UNAIDS Secretaria t | FE.03.02.1 7 United Nations Populatio n Fund (UNFPA) | FE.03.02.99 Other Multilateral organiza tions n.e.c. | FE.03.03.0 6 Bill and Melinda Gates Foundatio n | Total |
|--|--|---|---|--|---|---|--|--|-------------------|
| ASC.06.01 Strategic planning, coordination and policy developmen t | 279,232.39 | | 755,199.76 | | | | | 870,890.00 | 1,905,322.1 5 |
| ASC.06.02 Building meaningful engagemen t for representati on in key governance, policy reform and developmen t processes | 23,047.42 | | | | | | | | 23,047.42 |
| ASC.06.03 Programme administratio n and managemen t costs (above service- delivery level) | 2,462,709.1 9 | | 31,744,148. 00 | 1,424,380.53 | | | | 162,231.00 | 35,793,468. 72 |

| | FE.01.01.01 Central governme nt | FE.02 Domesti c Private Entitites | FE.03.01 Governme nts providing bilateral ai d | FE.03.02.07 The Global Fund to Fight AIDS, Tuberculosis and Malaria | FE.03.02.0 8 UNAIDS Secretaria t | FE.03.02.1 7 United Nations Populatio n Fund (UNFPA) | FE.03.02.99 Other Multilateral organiza tions n.e.c. | FE.03.03.0 6 Bill and Melinda Gates Foundatio n | Total |
|--|--|---|---|--|---|---|--|--|-------------------|
| ASC.06.04 Strategic information | 193,186.39 | | 6,714,565.3 6 | 601,711.39 | 352,565.25 | 349.00 | | 2,701,666. 00 | 10,564,043. 40 |
| ASC.06.05 Public Systems Strengthenin | 69,081.79 | | 1,886,000.3 1 | | | | | 60,000.00 | 2,015,082.0 9 |
| ASC.06.06 Community system strengthenin g | 138,839.03 | | | 643,713.05 | | | | | 782,552.08 |
| ASC.06.07 Human resources for health (above-site programmes) | 375,335.07 | | 447,071.32 | | | | | | 822,406.39 |
| ASC.06.98 Programme enablers and systems strengthenin g not disagregate d | | | 264,588.82 | | | | | | 264,588.82 |

| | FE.01.01.01 Central governme nt | FE.02 Domesti c Private Entitites | FE.03.01 Governme nts providing bilateral ai d | FE.03.02.07 The Global Fund to Fight AIDS, Tuberculosis and Malaria | FE.03.02.0 8 UNAIDS Secretaria t | FE.03.02.1 7 United Nations Populatio n Fund (UNFPA) | FE.03.02.99 Other Multilateral organiza tions n.e.c. | FE.03.03.0 6 Bill and Melinda Gates Foundatio n | Total |
|--|--|---|---|--|---|---|--|--|----------------------------|
| ASC.07.01 Formative education to build-up an HIV workforce and other trainings not related to any specific activity (e.g. pre-service) using HIV earmarked resources | 14,004.72 | | | | | | | | 14,004.72 |
| ASC.07.02 Reducing gender based violence | | | 605,193.01 | | | | | | 605,193.01 |
| Total | 92,762,367 .42 | 223,908. 94 | 158,112,405 .68 | 153,029,434. 69 | 352,565.25 | 349.00 | 22,838,757.82 | 7,185,168. 20 | 434,504,957 .00 |

b) FE x SCH

| | FE.01.01.01 Central government | FE.02 Domestic Private Entities | FE.03.01.30 Government of United States | FE.03.01.99 Other government(s) /other bilateral agencies n.e.c. | FE.03.02.07 The Global Fund to Fight AIDS, Tuberculosis and Malaria | FE.03.02.08 UNAIDS Secretariat | FE.03.02.17 United Nations Population Fund (UNFPA) | FE.03.02.99 Other Multilateral organizations n.e.c. | FE.03.03.06 Bill and Melinda Gates Foundation | Total |
|---|--------------------------------|---------------------------------|---|--|---|--------------------------------|--|---|---|----------------|
| SCH.01.01.01 Central government schemes | 40,876,336.86 | | 9,662,337.73 | 13,082,366.67 | 148,253,951.46 | | | 22,838,757.82 | | 234,614,828.80 |
| SCH.01.01.02 State/regional /local government schemes | 51,886,030.56 | | 9,851.59 | | | | | | | 51,895,882.15 |
| SCH.02.02.01 Not-for-profit organisation schemes (excluding SCH.02.02.02) | | | 132,062,775.17 | 14,417.01 | 4,775,483.23 | 352,565.25 | | | 7,185,168.20 | 144,390,408.86 |
| SCH.02.02.02 Resident foreign agencies schemes | | | 3,280,657.51 | | | | 349.00 | | | 3,281,006.51 |
| SCH.02.03.01 Enterprises (except health care) | | 223,908.93 | | | | | | | | |

| | | | | | | | | | | |
|-----------------------|---------------------------|------------------------|----------------------------|---------------------------|----------------------------|------------------------|---------------|----------------------|--------------------------|----------------------------|
| providers) schemes | | | | | | | | | | |
| Total | 92,663,44 5.68 | 223,908 .93 | 145,015,62 2.00 | 13,096,783 .68 | 153,029,43 4.69 | 352,565 .25 | 349.00 | 22,838,757.82 | 7,185,16 8.20 | 434,504,95 7.00 |

c) FAP x PS

| | FAP.01.01 .01 Central or federal authorities | FAP.01.01. 03 Local/municipal authorities | FAP.01.0 4 Parastatal organizations | FAP.01.9 9 Other public financing agents n.e.c. | FAP.02.0 5 Not- for-profit institutions (other than social insurance) | FAP.02.06 Corporations other than providers of health services (nonparastatal) | FAP.03.0 1 Country offices of bilateral agencies managing external resources and fulfilling financing agent roles | FAP.03. 02 Multilateral agencies managing external resources | FAP.03.0 3 International not- for-profit organizations and foundations | FAP.03.0 4 Projects within Universities | Total |
|--|--|--|--|--|---|--|---|--|---|---|--------------------|
| PS.01.01.01 Hospitals (public) | 70,667,39 4.20 | 24,034,132. 19 | | 7,747,87 2.34 | 21,608,2 88.38 | | 1,333,90 0.54 | | 18,353,0 76.44 | 8,791,16 8.02 | 152,535,8 32.11 |
| PS.01.01.02 Ambulatory care (public) | 79,297,26 9.67 | 27,851,898. 37 | | 28,791.2 4 | 2,234,75 1.54 | | 4,956.80 | | 1,350,21 8.78 | 151,373. 67 | 110,919,2 60.07 |
| PS.01.01.05 Blood banks (public) | 55,508.07 | | | | | | | | | | 55,508.07 |

| | FAP.01.01 .01 Central or federal authorities | FAP.01.01. 03 Local/municipal authorities | FAP.01.04 Parastatal organizations | FAP.01.99 Other public financing agents n.e.c. | FAP.02.05 Not- for-profit institutions (other than social insurance) | FAP.02.06 Corporations other than providers of health services (nonparastatal) | FAP.03.01 Country offices of bilateral agencies managing external resources and fulfilling financing agent roles | FAP.03.02 Multilateral agencies managing external resources | FAP.03.03 International not- for-profit organizations and foundations | FAP.03.04 Projects within Universities | Total |
|--|--|--|--|---|--|--|---|--|---|---|---------------|
| PS.01.01.09 Schools and training facilities (public) | | | 105,392.38 | | | | | | | | 105,392.38 |
| PS.01.01.13 Government entities (public) | 49,278,028.11 | 9,851.59 | | | | | | | | | 49,287,879.70 |
| PS.01.02 Parastatal organizations | | | 98,921.74 | | | | | | | | 98,921.74 |
| PS.01.99 Public sector providers n.e.c. | | | | 1,221,452.96 | | | | | | | 1,221,452.96 |
| PS.02.01.01.14 Civil society organizations (| | | | | 2,167,950.68 | | | | 6,914,400.42 | 1,582,847.66 | 10,665,198.76 |

| | FAP.01.01 .01 Central or federal authorities | FAP.01.01. 03 Local/municipal authorities | FAP.01.04 Parastatal organizations | FAP.01.9 9 Other public financing agents n.e.c. | FAP.02.0 5 Not- for-profit institutions (other than social insurance) | FAP.02.06 Corporations other than providers of health services (nonparastatal) | FAP.03.0 1 Country offices of bilateral agencies managing external resources and fulfilling financing agent roles | FAP.03. 02 Multilateral agencies managing external resources | FAP.03.0 3 International not- for-profit organizations and foundations | FAP.03.0 4 Projects within Universities | Total |
|--|--|--|--|--|---|--|---|--|---|---|---------------|
| private non-profit non-faith based) | | | | | | | | | | | |
| PS.02.01.02.01 Hospitals (private non-profit faith based) | 11,633,234.64 | | | 406.40 | 882,755.24 | | 69.97 | | 19,058.91 | 2,136.70 | 12,537,661.87 |
| PS.02.01.02.02 Ambulatory care (private non-profit faith based) | 14,578,385.75 | | | 1,093.03 | 84,840.40 | | 188.18 | | 51,259.88 | 5,746.77 | 14,721,514.01 |
| PS.02.01.02.13 Civil society organizations (private non-profit faith based) | | | | | 777,006.16 | | | | 1,054,152.08 | 5,293,820.42 | 7,124,978.65 |

| | FAP.01.01 .01 Central or federal authorities | FAP.01.01. 03 Local/municipal authorities | FAP.01.04 Parastatal organizations | FAP.01.99 Other public financing agents n.e.c. | FAP.02.05 Not- for-profit institutions (other than social insurance) | FAP.02.06 Corporations other than providers of health services (nonparastatal) | FAP.03.01 Country offices of bilateral agencies managing external resources and fulfilling financing agent roles | FAP.03.02 Multilateral agencies managing external resources | FAP.03.03 International not- for-profit organizations and foundations | FAP.03.04 Projects within Universities | Total |
|---|--|--|--|---|--|--|---|--|---|---|-----------------------|
| PS.02.02 Profit-making private sector providers | | | | | | 223,908.94 | | | | | 223,908.94 |
| PS.03.01 Bilateral agencies | | | | | | | 792,515.96 | | | | 792,515.96 |
| PS.03.02 Multilateral agencies | | | | | | | | 349.00 | | | 349.00 |
| PS.03.03 International NGOs and foundations | | | | | | | 1,149,026.07 | 26,627,873.97 | 46,437,682.74 | | 74,214,582.77 |
| Total | 225,509,820.45 | 51,895,882.15 | 204,314.12 | 8,999,615.97 | 27,755,592.40 | 223,908.94 | 3,280,657.51 | 349.00 | 54,370,040.48 | 62,264,775.97 | 434,504,957.00 |

d) PS x ASC

| | PS.01.01 Governmental organizations | PS.01.02 Parastatal organizations | PS.01.99 Public sector providers n.e.c. | PS.02.01 Non-profit providers | PS.02.02 Profit- making private sector providers | PS.03.01 Bilateral agencies | PS.03.02 Multilateral agencies | PS.03.03 International NGOs and foundations | Total |
|--|---|---|---|-------------------------------------|---|-----------------------------------|--------------------------------------|--|---------------|
| ASC.01.01.01 Prevention for adolescent girls and young women (AGYW) and their male partners in settings with high HIV prevalence | | | | 3,446,052.48 | | | | 7,928,631.04 | 11,374,683.53 |
| ASC.01.01.02 Services for key populations | | | | 1,198,891.16 | | | | | 1,198,891.16 |
| ASC.01.01.03 Condoms (for HIV prevention) for the general population (excluding KPs and | 602,691.60 | | | | | | | 619,266.08 | 1,221,957.69 |

| | PS.01.01 Government al organization s | PS.01.02 Parastatal organizatio ns | PS.01.99 Public sector providers n.e.c. | PS.02.01 Non-profit providers | PS.02.02 Profit- making private sector provider s | PS.03.01 Bilateral agencies | PS.03.02 Multilateral agencies | PS.03.03 Internationa l NGOs and foundations | Total |
|---|--|---|--|--|--|--|---|---|---------------|
| AGYW above) | | | | | | | | | |
| ASC.01.01.04 Voluntary medical male circumcision (VMMC) for HIV prevention | 11,507.84 | | | 5,298,064.10 | | 53,997.57 | | 7,845,482.25 | 13,209,051.76 |
| ASC.01.01.05 Pre-Exposure Prophilaxis (PrEP) | | | | 394,408.68 | | | | 916,945.33 | 1,311,354.02 |
| ASC.01.02.01 Prevention of vertical transmission of HIV infection (PMTCT) | 515,439.71 | | | 193,201.92 | | | | | 708,641.62 |
| ASC.01.02.02 Social and behavioural communicati on for change (SBCC) for | 3,202.11 | | | 37,937.48 | | | | 830,190.75 | 871,330.34 |

| | PS.01.01 Governmental organizations | PS.01.02 Parastatal organizations | PS.01.99 Public sector providers n.e.c. | PS.02.01 Non-profit providers | PS.02.02 Profit- making private sector providers | PS.03.01 Bilateral agencies | PS.03.02 Multilateral agencies | PS.03.03 International NGOs and foundations | Total |
|--|--|--|--|--|---|--|---|--|--------------|
| populations other than key populations | | | | | | | | | |
| ASC.01.02.03 Community mobilization for populations other than key populations | 9,424.84 | | | 837,861.98 | | | | 415,706.63 | 1,262,993.45 |
| ASC.01.02.04 Programmatic activities for vulnerable and accessible populations | 5,807,556.00 | | | | | | | 964,090.88 | 6,771,646.88 |
| ASC.01.02.06 Prevention of HIV transmission aimed at people living with HIV and their partners (including sero- | | 98,921.74 | | 14,417.01 | 223,908.94 | | | | 337,247.69 |

| | PS.01.01 Governmental organizations | PS.01.02 Parastatal organizations | PS.01.99 Public sector providers n.e.c. | PS.02.01 Non-profit providers | PS.02.02 Profit- making private sector providers | PS.03.01 Bilateral agencies | PS.03.02 Multilateral agencies | PS.03.03 International NGOs and foundations | Total |
|--|--|--|--|--|---|--|---|--|--------------|
| discordant couples) | | | | | | | | | |
| ASC.01.02.98 Prevention activities not disaggregated | | | | 60,701.72 | | | | | 60,701.72 |
| ASC.02.01 HIV testing and counselling for sex workers | | | | 189,014.26 | | | | | 189,014.26 |
| ASC.02.02 HIV testing and counselling for MSM | | | | | | | | 6,241.26 | 6,241.26 |
| ASC.02.03 HIV testing and counselling for TG | | | | 35,263.11 | | | | | 35,263.11 |
| ASC.02.05 HIV testing and counselling for inmates of | 2,981,035.00 | | | | | | | | 2,981,035.00 |

| | PS.01.01 Governmental organizations | PS.01.02 Parastatal organizations | PS.01.99 Public sector providers n.e.c. | PS.02.01 Non-profit providers | PS.02.02 Profit- making private sector providers | PS.03.01 Bilateral agencies | PS.03.02 Multilateral agencies | PS.03.03 International NGOs and foundations | Total |
|---|--|--|--|--|---|--|---|--|---------------|
| correctional and pre-trial facilities | | | | | | | | | |
| ASC.02.06 HIV testing and counselling for pregnant women (part of PMTCT programme) | | | | | | | | 953,598.87 | 953,598.87 |
| ASC.02.08 HIV testing and counselling for vulnerable and accessible populations | 4,506,313.18 | | | 196,722.30 | | | | 76,428.04 | 4,779,463.53 |
| ASC.02.09 Voluntary HIV testing and counselling for general population | 21,026,988.72 | | | | | | | | 21,026,988.72 |
| ASC.02.11 HIV screening | 55,508.07 | | | | | | | | 55,508.07 |

| | PS.01.01 Government al organization s | PS.01.02 Parastatal organizatio ns | PS.01.99 Public sector providers n.e.c. | PS.02.01 Non-profit providers | PS.02.02 Profit- making private sector provider s | PS.03.01 Bilateral agencies | PS.03.02 Multilateral agencies | PS.03.03 Internationa l NGOs and foundations | Total |
|---|--|---|--|--|--|--|---|---|--------------------|
| in blood banks | | | | | | | | | |
| ASC.02.98 HIV testing and counselling activities not disaggregat ed | 11,373,399.72 | | 1,221,452.96 | 6,138,153.93 | | | | 2,961,122.31 | 21,694,128.9 2 |
| ASC.03.01.01 ART for adults | 90,791,700.05 | | | 12,646,690.3 5 | | | | | 103,438,390. 39 |
| ASC.03.01.02 ART for paediatrics | 14,024,845.42 | | | 4,132,828.71 | | | | | 18,157,674.1 3 |
| ASC.03.01.03 ART for PMTCT (for pregnant women not previously on treatment) | 3,298,113.16 | | | 125,210.00 | | | | | 3,423,323.16 |
| ASC.03.02 Adherence and retention on ART - support (including nutrition and | 514,639.94 | | | 19,537.86 | | | | | 534,177.80 |

| | PS.01.01 Governmental organizations | PS.01.02 Parastatal organizations | PS.01.99 Public sector providers n.e.c. | PS.02.01 Non-profit providers | PS.02.02 Profit- making private sector providers | PS.03.01 Bilateral agencies | PS.03.02 Multilateral agencies | PS.03.03 International NGOs and foundations | Total |
|---|--|--|--|--|---|--|---|--|---------------|
| transport) and monitoring | | | | | | | | | |
| ASC.03.03 Specific ART-related laboratory monitoring | 14,380,043.21 | | | 3,973,533.45 | | | | | 18,353,576.66 |
| ASC.03.04 Co-infections and opportunistic infections: prevention and treatment for PLHIV and KPs | 11,814,083.32 | | | 1,049,635.39 | | | | 412,808.62 | 13,276,527.33 |
| ASC.03.05 Psychological treatment and support service | | | | | | | | 75,112.73 | 75,112.73 |
| ASC.03.98 Care and treatment services not disaggregated | 88,217,044.97 | | | | | | | | 88,217,044.97 |

| | PS.01.01 Governmental organizations | PS.01.02 Parastatal organizations | PS.01.99 Public sector providers n.e.c. | PS.02.01 Non-profit providers | PS.02.02 Profit- making private sector providers | PS.03.01 Bilateral agencies | PS.03.02 Multilateral agencies | PS.03.03 International NGOs and foundations | Total |
|---|---|---|---|-------------------------------------|---|-----------------------------------|--------------------------------------|--|---------------|
| ASC.04.01.01 OVC Basic needs (health, education, housing) | | | | 2,519,657.92 | | | | 3,089,023.87 | 5,608,681.79 |
| ASC.04.01.03 OVC Social Services (including financial benefits) | | | | 469,087.15 | | | | 507,041.49 | 976,128.64 |
| ASC.04.01.98 OVC Services not disaggregated by activity | | | | 120,691.23 | | | | 359,675.10 | 480,366.32 |
| ASC.04.02.01 Social protection through monetary or in-kind benefits | 38,527,877.22 | | | | | | | | 38,527,877.22 |
| ASC.04.02.98 Social protection services and social | | | | 55,739.44 | | | | 316,230.80 | 371,970.25 |

| | PS.01.01 Governmental organizations | PS.01.02 Parastatal organizations | PS.01.99 Public sector providers n.e.c. | PS.02.01 Non-profit providers | PS.02.02 Profit- making private sector providers | PS.03.01 Bilateral agencies | PS.03.02 Multilateral agencies | PS.03.03 International NGOs and foundations | Total |
|--|--|--|--|--|---|--|---|--|--------------|
| services not disaggregated by type | | | | | | | | | |
| ASC.05.01 Advocacy | 10,038.50 | | | | | | | | 10,038.50 |
| ASC.05.02.03 Monitoring and reforming laws, regulations and policies relating to HIV | 156,343.38 | | | | | | | 3,143.41 | 159,486.79 |
| ASC.05.02.04 Sensitization of law-makers and law enforcement agents | 2,956.06 | | | | | | | | 2,956.06 |
| ASC.05.02.05 Reducing discrimination and violence against women in the context of HIV | | | | 52,173.87 | | | | | 52,173.87 |

| | PS.01.01 Governmental organizations | PS.01.02 Parastatal organizations | PS.01.99 Public sector providers n.e.c. | PS.02.01 Non-profit providers | PS.02.02 Profit- making private sector providers | PS.03.01 Bilateral agencies | PS.03.02 Multilateral agencies | PS.03.03 International NGOs and foundations | Total |
|---|--|--|--|--|---|--|---|--|---------------|
| ASC.06.01 Strategic planning, coordination and policy development | 279,232.39 | | | 90,329.67 | | | | 1,535,760.09 | 1,905,322.15 |
| ASC.06.02 Building meaningful engagement for representation in key governance, policy reform and development processes | 23,047.42 | | | | | | | | 23,047.42 |
| ASC.06.03 Programme administration and management costs (above service- delivery level) | 2,462,709.19 | | | 1,400,982.88 | | | | 31,929,776.66 | 35,793,468.72 |

| | PS.01.01 Governmental organizations | PS.01.02 Parastatal organizations | PS.01.99 Public sector providers n.e.c. | PS.02.01 Non-profit providers | PS.02.02 Profit- making private sector providers | PS.03.01 Bilateral agencies | PS.03.02 Multilateral agencies | PS.03.03 International NGOs and foundations | Total |
|--|--|--|--|--|---|--|---|--|---------------|
| ASC.06.04 Strategic information | 742,628.82 | | | 352,565.25 | | 656,284.81 | 349.00 | 8,812,215.51 | 10,564,043.40 |
| ASC.06.05 Public Systems Strengthenin | 129,067.02 | | | | | 67,182.52 | | 1,818,832.55 | 2,015,082.09 |
| ASC.06.06 Community system strengthening | 233,657.03 | | | | | | | 548,895.05 | 782,552.08 |
| ASC.06.07 Human resources for health (above-site programmes) | 375,335.07 | | | | | | | 447,071.32 | 822,406.39 |
| ASC.06.98 Programme enablers and systems strengthening not disaggregated | 13,438.64 | | | | | 15,051.07 | | 236,099.12 | 264,588.82 |
| ASC.07.01 Formative education to build-up an HIV | 14,004.72 | | | | | | | | 14,004.72 |

| | PS.01.01 Governmental organizations | PS.01.02 Parastatal organizations | PS.01.99 Public sector providers n.e.c. | PS.02.01 Non-profit providers | PS.02.02 Profit- making private sector providers | PS.03.01 Bilateral agencies | PS.03.02 Multilateral agencies | PS.03.03 International NGOs and foundations | Total |
|---|---|---|---|-------------------------------------|---|-----------------------------------|--------------------------------------|--|-----------------------|
| workforce and other trainings not related to any specific activity (e.g. pre-service) using HIV earmarked resources | | | | | | | | | |
| ASC.07.02 Reducing gender based violence | | | | | | | | 605,193.01 | 605,193.01 |
| Total | 312,903,872.33 | 98,921.74 | 1,221,452.96 | 45,049,353.31 | 223,908.94 | 792,515.96 | 349.00 | 74,214,582.77 | 434,504,957.00 |

e) FE x PF

| | FE.01.01.01 Central government | FE.02 Domes- tic Private Entitites | FE.03.01.30 Governm- ent of United States | FE.03.01.99 Other governme- nt(s) /other bilateral agencies n.e.c. | FE.03.02.07 The Global Fund to Fight AIDS, Tuberculosi- s and Malaria | FE.03.02 .08 UNAIDS Secreta- riat | FE.03.0 2.17 United Nations Populat- ion Fund (UNFPA) | FE.03.02.99 Other Multilateral organ- izations n.e.c. | FE.03.03. 06 Bill and Melinda Gates Foundati- on | Total |
|---|-----------------------------------|--|---|---|---|---|--|--|--|---------------|
| PF.01.01.01 Direct service providers | 64,992,847.90 | | 22,596,013.98 | | 313,931.04 | | | | | 87,902,792.92 |
| PF.01.01.02 Program management personnel costs | 1,315,575.30 | | 27,414,845.60 | | 559,940.84 | | | | | 29,290,361.74 |
| PF.01.01.98 Personnel not disaggregated | | | 13,702,104.10 | | | | | | | 13,702,104.10 |
| PF.01.02.01 Office rental costs | 196,837.58 | | | | | | | | | 196,837.58 |
| PF.01.02.02 Office utilities costs (electricity, water, heating, etc.) | 59,799.06 | | | | | | | | | 59,799.06 |
| PF.01.02.03 Travel expenditure | 355,619.29 | | 6,047,572.14 | | 1,147,922.71 | | | | 157,977.00 | 7,709,091.14 |
| PF.01.02.04 Administrative and | 622,889.49 | 223,908.94 | 838.70 | 14,417.01 | 6,194,829.21 | 352,565.25 | | | 6,184,441.00 | 13,593,889.60 |

| | FE.01.01.01 Central government | FE.02 Domestic Private Entities | FE.03.01.30 Government of United States | FE.03.01.99 Other government(s) /other bilateral agencies n.e.c. | FE.03.02.07 The Global Fund to Fight AIDS, Tuberculosis and Malaria | FE.03.02 .08 UNAIDS Secretariat | FE.03.02.17 United Nations Population Fund (UNFPA) | FE.03.02.99 Other Multilateral organizations n.e.c. | FE.03.03.06 Bill and Melinda Gates Foundation | Total |
|--|-----------------------------------|--|--|--|---|--|---|---|--|---------------|
| programme management costs | | | | | | | | | | |
| PF.01.02.98 Other current costs not disaggregated | 22,070,840.05 | | | 3,127,620.81 | | | | 5,460,095.72 | | 30,658,556.58 |
| PF.01.03.01.01 Antiretrovirals | 1,698.85 | | 293,426.47 | | 72,274,088.38 | | | | | 72,569,213.70 |
| PF.01.03.01.07 OI other than TB drugs | | | | | 6,987,281.12 | | | | | 6,987,281.12 |
| PF.01.03.02.02 Condoms | | | | | 5,807,556.00 | | | | | 5,807,556.00 |
| PF.01.03.02.98 Medical supplies not disaggregated | | | 3,991,893.69 | | | | | | | 3,991,893.69 |
| PF.01.03.03.01 HIV tests screening/diagnostics | | | 996.65 | | 22,438,709.14 | | | | | 22,439,705.79 |
| PF.01.03.03.02 VL tests | | | 232,129.73 | | | | | | | 232,129.73 |

| | FE.01.01.01 Central government | FE.02 Domestic Private Entities | FE.03.01.30 Government of United States | FE.03.01.99 Other government(s) /other bilateral agencies n.e.c. | FE.03.02.07 The Global Fund to Fight AIDS, Tuberculosis and Malaria | FE.03.02.08 UNAIDS Secretariat | FE.03.02.17 United Nations Population Fund (UNFPA) | FE.03.02.99 Other Multilateral organizations n.e.c. | FE.03.03.06 Bill and Melinda Gates Foundation | Total |
|---|-----------------------------------|------------------------------------|--|---|--|-----------------------------------|---|--|--|---------------|
| PF.01.03.03.98 Reagents and materials not disaggregated | | | | | 14,612,329.50 | | | | | 14,612,329.50 |
| PF.01.03.04 Non-medical supplies | 211,237.02 | | 7,668,696.55 | | 539,423.15 | | | | | 8,419,356.72 |
| PF.01.03.98 Medical products and supplies not disaggregated | 23,711.87 | | 7,367.70 | | 16,329,240.18 | | | | | 16,360,319.75 |
| PF.01.04 Contracted external services | 30,272.36 | | 11,975,291.24 | | 2,808.33 | | | | | 12,008,371.93 |
| PF.01.07 Financial support for beneficiaries | 1,983,552.49 | | 76,775.82 | 9,954,745.86 | | | 17,378,662.10 | | | 29,393,736.27 |
| PF.01.08 Training- Training related per diems/transport /other costs | 306,392.11 | | 9,485,883.51 | | 1,848,405.41 | | 349.00 | | 842,750.20 | 12,483,780.22 |

| | FE.01.01.01 Central government | FE.02 Domes tic Private Entitites | FE.03.01.30 Governm ent of United States | FE.03.01.99 Other governme nt(s) /other bilateral agencies n.e.c. | FE.03.02.07 The Global Fund to Fight AIDS, Tuberculosi s and Malaria | FE.03.02 .08 UNAIDS Secreta riat | FE.03.0 2.17 United Nations Populat ion Fund (UNFPA) | FE.03.02.99 Other Multilateral organ izations n.e.c. | FE.03.03. 06 Bill and Melinda Gates Foundati on | Total |
|--|-----------------------------------|---|--|--|--|--|---|---|---|----------------------------|
| PF.01.09 Logistics of events, including catering services | 82,501.70 | | | | 197,263.44 | | | | | 279,765.14 |
| PF.01.10 Indirect costs | | | 15,080,107 .61 | | 148,662.80 | | | | | 15,228,770 .41 |
| PF.01.98 Current direct and indirect expenditures not disaggregated | 347,883.2 3 | | 23,411,842 .80 | | 691,459.48 | | | | | 24,451,185 .51 |
| PF.02.01 Building | | | 659,263.29 | | | | | | | 659,263.29 |
| PF.02.02 Vehicles | 80,813.82 | | | | | | | | | 80,813.82 |
| PF.02.03 Other capital investment | 79,895.29 | | 2,370,572. 43 | | 2,935,583.9 6 | | | | | 5,386,051. 68 |
| Total | 92,762,36 7.42 | 223,908 .94 | 145,015,62 2.00 | 13,096,783 .68 | 153,029,434 .69 | 352,565 .25 | 349.00 | 22,838,757.82 | 7,185,16 8.20 | 434,504,95 7.00 |

f) ASC x PF

| | ASC.01 Prevention | ASC.02 HIV testing and counselling (HTC) | ASC.03 HIV Care and Treatment Care | ASC.04 Social protection and economic support (for PLHIV, their families, for KPs and for Orphans and Vulnerable Children) (where HIV ear-marked funds are used) | ASC.05 Social Enablers (excludin g the efforts for KPs above) | ASC.06 Programme enablers and systems strengthenin g | ASC.07 Developme nt synergies | Total |
|--|------------------------------|---|---|---|--|---|--|---------------|
| PF.01.01.01 Direct service providers | 5,454,770.40 | 14,184,937.33 | 68,143,707.97 | 112,359.48 | | 2,341.87 | 4,675.87 | 87,902,792.92 |
| PF.01.01.02 Program management personnel costs | 4,602,296.57 | 767,667.15 | 9,879,081.06 | 1,112,198.18 | | 12,885,853.05 | 43,265.73 | 29,290,361.74 |
| PF.01.01.98 Personnel not disaggregated | 3,263,786.36 | 797,822.71 | 6,258,961.22 | 165,796.32 | | 3,191,183.59 | 24,553.90 | 13,702,104.10 |
| PF.01.02.01 Office rental costs | | | | | | 196,837.58 | | 196,837.58 |
| PF.01.02.02 Office utilities costs (electricity, water, heating, etc.) | | | | | | 59,799.06 | | 59,799.06 |
| PF.01.02.03 Travel expenditure | 1,876,061.64 | 276,775.73 | 2,736,270.45 | 271,864.52 | 174.09 | 2,527,009.55 | 20,935.16 | 7,709,091.14 |
| PF.01.02.04 Administrative and programme management costs | 1,150,651.44 | 5,761,696.72 | 2,385,788.96 | | 12,463.48 | 4,283,289.01 | | 13,593,889.60 |

| | | | | | | | | |
|---|--------------|---------------|---------------|---------------|-----------|--------------|------------|---------------|
| PF.01.02.98 Other current costs not disaggregated | 179,690.45 | 3,879,728.99 | 17,388,220.37 | 9,210,916.77 | | | | 30,658,556.58 |
| PF.01.03.01.01 Antiretrovirals | 5,154.92 | | 72,564,058.78 | | | | | 72,569,213.70 |
| PF.01.03.01.07 OI other than TB drugs | | | 6,987,281.12 | | | | | 6,987,281.12 |
| PF.01.03.02.02 Condoms | 5,807,556.00 | | | | | | | 5,807,556.00 |
| PF.01.03.02.98 Medical supplies not disaggregated | 2,139,267.00 | 774,689.87 | 1,077,936.82 | | | | | 3,991,893.69 |
| PF.01.03.03.01 HIV tests screening/diagnostics | | 22,439,705.79 | | | | | | 22,439,705.79 |
| PF.01.03.03.02 VL tests | | | 232,129.73 | | | | | 232,129.73 |
| PF.01.03.03.98 Reagents and materials not disaggregated | | | 14,612,329.50 | | | | | 14,612,329.50 |
| PF.01.03.04 Non-medical supplies | 930,934.07 | 251,234.05 | 3,422,682.73 | 273,689.02 | | 3,528,379.11 | 12,437.74 | 8,419,356.72 |
| PF.01.03.98 Medical products and supplies not disaggregated | 7,367.70 | | 16,352,952.05 | | | | | 16,360,319.75 |
| PF.01.04 Contracted external services | 3,601,144.18 | 213,235.94 | 3,379,958.79 | 355,945.89 | 3,143.41 | 4,396,254.96 | 58,688.75 | 12,008,371.93 |
| PF.01.07 Financial support for beneficiaries | 1,432.51 | | 1,076.38 | 29,391,227.38 | | | | 29,393,736.27 |
| PF.01.08 Training- Training related per | 4,100,411.53 | 420,544.44 | 4,265,379.40 | 844,378.42 | 32,613.97 | 2,545,185.01 | 275,267.46 | 12,483,780.22 |

| | | | | | | | | |
|---|----------------------|----------------------|-----------------------|----------------------|-------------------|----------------------|-------------------|-----------------------|
| diems/transport/other costs | | | | | | | | |
| PF.01.09 Logistics of events, including catering services | 37,730.92 | | | | 153,918.40 | 88,115.82 | | 279,765.14 |
| PF.01.10 Indirect costs | | | | | | 15,228,770.41 | | 15,228,770.41 |
| PF.01.98 Current direct and indirect expenditures not disaggregated | 4,690,039.89 | 1,867,224.60 | 11,243,752.60 | 4,054,839.46 | 22,341.87 | 2,400,439.55 | 172,547.54 | 24,451,185.51 |
| PF.02.01 Building | 17,596.38 | 31,255.32 | 526,415.74 | 6,076.03 | | 77,919.82 | | 659,263.29 |
| PF.02.02 Vehicles | | | | | | 80,813.82 | | 80,813.82 |
| PF.02.03 Other capital investment | 462,607.89 | 54,723.10 | 4,017,843.49 | 165,732.76 | | 678,318.86 | 6,825.58 | 5,386,051.68 |
| Total | 38,328,499.85 | 51,721,241.74 | 245,475,827.17 | 45,965,024.22 | 224,655.22 | 52,170,511.07 | 619,197.73 | 434,504,957.00 |

g) BP x ASC

| | BP.01 People living with HIV (regardless of having a medical/clinical diagnosis of AIDS) | BP.02 Key populations | BP.03 Vulnerable, accessible and other target populations | BP.04 General population | BP.05 Non-targeted interventions | Total |
|--|---|------------------------------|--|---------------------------------|---|---------------|
| ASC.01.01.01 Prevention for adolescent girls and young women | | | 11,374,683.53 | | | 11,374,683.53 |

| | BP.01 People living with HIV (regardless of having a medical/clinical diagnosis of AIDS) | BP.02 Key populations | BP.03 Vulnerable, accessible and other target populations | BP.04 General population | BP.05 Non-targeted interventions | Total |
|---|---|------------------------------|--|---------------------------------|---|---------------|
| (AGYW) and their male partners in settings with high HIV prevalence | | | | | | |
| ASC.01.01.02 Services for key populations | | 1,198,891.16 | | | | 1,198,891.16 |
| ASC.01.01.03 Condoms (for HIV prevention) for the general population (excluding KPs and AGYW above) | | | | 1,221,957.69 | | 1,221,957.69 |
| ASC.01.01.04 Voluntary medical male circumcision (VMMC) for HIV prevention | | | 598,397.66 | 12,610,654.10 | | 13,209,051.76 |
| ASC.01.01.05 Pre-Exposure Prophylaxis (PrEP) | | 1,076,088.49 | 235,265.52 | | | 1,311,354.02 |
| ASC.01.02.01 Prevention of vertical transmission of HIV infection (PMTCT) | | | 708,641.62 | | | 708,641.62 |
| ASC.01.02.02 Social and behavioural communication for change (SBCC) for | | | 2,775.36 | 868,554.98 | | 871,330.34 |

| | BP.01 People living with HIV (regardless of having a medical/clinical diagnosis of AIDS) | BP.02 Key populations | BP.03 Vulnerable, accessible and other target populations | BP.04 General population | BP.05 Non-targeted interventions | Total |
|---|---|------------------------------|--|---------------------------------|---|--------------|
| populations other than key populations | | | | | | |
| ASC.01.02.03 Community mobilization for populations other than key populations | | | | 1,262,993.45 | | 1,262,993.45 |
| ASC.01.02.04 Programmatic activities for vulnerable and accessible populations | | | 6,771,646.88 | | | 6,771,646.88 |
| ASC.01.02.06 Prevention of HIV transmission aimed at people living with HIV and their partners (including sero-discordant couples) | 337,247.68 | | | | | 337,247.68 |
| ASC.01.02.98 Prevention activities not disaggregated | | | | 60,701.72 | | 60,701.72 |
| ASC.02.01 HIV testing and counselling for sex workers | | 189,014.26 | | | | 189,014.26 |

| | BP.01 People living with HIV (regardless of having a medical/clinical diagnosis of AIDS) | BP.02 Key populations | BP.03 Vulnerable, accessible and other target populations | BP.04 General population | BP.05 Non-targeted interventions | Total |
|--|---|------------------------------|--|---------------------------------|---|---------------|
| ASC.02.02 HIV testing and counselling for MSM | | 6,241.26 | | | | 6,241.26 |
| ASC.02.03 HIV testing and counselling for TG | | 35,263.11 | | | | 35,263.11 |
| ASC.02.05 HIV testing and counselling for inmates of correctional and pre-trial facilities | | 2,981,035.00 | | | | 2,981,035.00 |
| ASC.02.06 HIV testing and counselling for pregnant women (part of PMTCT programme) | | | | 953,598.87 | | 953,598.87 |
| ASC.02.08 HIV testing and counselling for vulnerable and accessible populations | | | 4,779,463.53 | | | 4,779,463.53 |
| ASC.02.09 Voluntary HIV testing and counselling for general population | 12,292,273.00 | | | 8,734,715.72 | | 21,026,988.72 |
| ASC.02.11 HIV screening in blood banks | | | 55,508.07 | | | 55,508.07 |

| | BP.01 People living with HIV (regardless of having a medical/clinical diagnosis of AIDS) | BP.02 Key populations | BP.03 Vulnerable, accessible and other target populations | BP.04 General population | BP.05 Non-targeted interventions | Total |
|---|---|------------------------------|--|---------------------------------|---|----------------|
| ASC.02.98 HIV testing and counselling activities not disaggregated | | 229,756.19 | | 21,464,372.73 | | 21,694,128.92 |
| ASC.03.01.01 ART for adults | 103,438,390.39 | | | | | 103,438,390.39 |
| ASC.03.01.02 ART for paediatrics | 18,157,674.13 | | | | | 18,157,674.13 |
| ASC.03.01.03 ART for PMTCT (for pregnant women not previously on treatment) | 3,423,323.16 | | | | | 3,423,323.16 |
| ASC.03.02 Adherence and retention on ART - support (including nutrition and transport) and monitoring | 534,177.80 | | | | | 534,177.80 |
| ASC.03.03 Specific ART-related laboratory monitoring | 18,353,576.66 | | | | | 18,353,576.66 |
| ASC.03.04 Co-infections and opportunistic infections: prevention and treatment for PLHIV and KPs | 13,276,527.33 | | | | | 13,276,527.33 |
| ASC.03.05 Psychological | 75,112.73 | | | | | 75,112.73 |

| | BP.01 People living with HIV (regardless of having a medical/clinical diagnosis of AIDS) | BP.02 Key populations | BP.03 Vulnerable, accessible and other target populations | BP.04 General population | BP.05 Non-targeted interventions | Total |
|---|---|------------------------------|--|---------------------------------|---|---------------|
| treatment and support service | | | | | | |
| ASC.03.98 Care and treatment services not disaggregated | 88,217,044.97 | | | | | 88,217,044.97 |
| ASC.04.01.01 OVC Basic needs (health, education, housing) | | | 5,608,681.79 | | | 5,608,681.79 |
| ASC.04.01.03 OVC Social Services (including financial benefits) | | | 976,128.64 | | | 976,128.64 |
| ASC.04.01.98 OVC Services not disaggregated by activity | | | 480,366.32 | | | 480,366.32 |
| ASC.04.02.01 Social protection through monetary or in-kind benefits | | | 38,527,877.22 | | | 38,527,877.22 |
| ASC.04.02.98 Social protection services and social services not disaggregated by type | 371,970.25 | | | | | 371,970.25 |
| ASC.05.01 Advocacy | | | | | 10,038.50 | 10,038.50 |

| | BP.01 People living with HIV (regardless of having a medical/clinical diagnosis of AIDS) | BP.02 Key populations | BP.03 Vulnerable, accessible and other target populations | BP.04 General population | BP.05 Non-targeted interventions | Total |
|--|---|------------------------------|--|---------------------------------|---|--------------|
| ASC.05.02.03 Monitoring and reforming laws, regulations and policies relating to HIV | | | | | 159,486.79 | 159,486.79 |
| ASC.05.02.04 Sensitization of law-makers and law enforcement agents | | | | | 2,956.06 | 2,956.06 |
| ASC.05.02.05 Reducing discrimination and violence against women in the context of HIV | | | | | 52,173.87 | 52,173.87 |
| ASC.06.01 Strategic planning, coordination and policy development | | | | | 1,905,322.15 | 1,905,322.15 |
| ASC.06.02 Building meaningful engagement for representation in key governance, policy reform and development processes | | | | | 23,047.42 | 23,047.42 |

| | BP.01 People living with HIV (regardless of having a medical/clinical diagnosis of AIDS) | BP.02 Key populations | BP.03 Vulnerable, accessible and other target populations | BP.04 General population | BP.05 Non-targeted interventions | Total |
|--|---|------------------------------|--|---------------------------------|---|---------------|
| ASC.06.03 Programme administration and management costs (above service-delivery level) | | | | | 35,793,468.72 | 35,793,468.72 |
| ASC.06.04 Strategic information | | | | | 10,564,043.40 | 10,564,043.40 |
| ASC.06.05 Public Systems Strengthenin | | | | | 2,015,082.09 | 2,015,082.09 |
| ASC.06.06 Community system strengthening | | | | | 782,552.08 | 782,552.08 |
| ASC.06.07 Human resources for health (above-site programmes) | | | | | 822,406.39 | 822,406.39 |
| ASC.06.98 Programme enablers and systems strengthening not disaggregated | | | | | 264,588.82 | 264,588.82 |
| ASC.07.01 Formative education to build-up an HIV workforce and other trainings not related to any specific activity (e.g. pre-service) using HIV earmarked resources | | | | | 14,004.72 | 14,004.72 |

| | BP.01 People living with HIV (regardless of having a medical/clinical diagnosis of AIDS) | BP.02 Key populations | BP.03 Vulnerable, accessible and other target populations | BP.04 General population | BP.05 Non-targeted interventions | Total |
|--|---|------------------------------|--|---------------------------------|---|-----------------------|
| ASC.07.02 Reducing gender based violence | | | | | 605,193.01 | 605,193.01 |
| Total | 258,477,318.11 | 5,716,289.47 | 70,119,436.15 | 47,177,549.25 | 53,014,364.02 | 434,504,957.00 |

h) SDM x ASC

| | SDM.01.01 Facility-based: Outpatient | SDM.01.02 Facility-based: Inpatient | SDM.02.05 Community-based: outreach | SDM.02.07 HIV self-testing | SDM.02.98 Home and community based not disaggregated | SDM.03 Non applicable (ASC which does not have a specific SDM) | SDM.98 Modalities not disaggregated | Total |
|--|---|--|--|-----------------------------------|---|---|--|---------------|
| ASC.01.01.01 Prevention for adolescent girls and young women (AGYW) and their male partners in settings with high HIV prevalence | | | | | 8,651,078.83 | 1,877,951.67 | 845,653.02 | 11,374,683.53 |
| ASC.01.01.02 Services for key populations | | | | | 870,096.42 | | 328,794.75 | 1,198,891.16 |

| | SDM.01.01 Facility- based: Outpatient | SDM.01.02 Facility- based: Inpatient | SDM.02.05 Community- based: outreach | SDM.02.07 HIV self- testing | SDM.02.98 Home and community based not disaggregat ed | SDM.03 Non applicable (ASC which does not have a specific SDM) | SDM.98 Modalities not disaggregat ed | Total |
|--|--|---|---|--|--|---|---|---------------|
| ASC.01.01.03 Condoms (for HIV prevention) for the general population (excluding KPs and AGYW above) | | | | | | | 1,221,957.69 | 1,221,957.69 |
| ASC.01.01.04 Voluntary medical male circumcision (VMMC) for HIV prevention | 13,208,865.56 | | | | | | 186.20 | 13,209,051.76 |
| ASC.01.01.05 Pre-Exposure Prophylaxis (PrEP) | | | | | 94,416.86 | | 1,216,937.16 | 1,311,354.02 |
| ASC.01.02.01 Prevention of vertical transmission of HIV infection (PMTCT) | 708,641.62 | | | | | | | 708,641.62 |
| ASC.01.02.02 Social and behavioural communicatio n for change (SBCC) for | | | | | 57,186.98 | | 814,143.36 | 871,330.34 |

| | SDM.01.01 Facility- based: Outpatient | SDM.01.02 Facility- based: Inpatient | SDM.02.05 Community- based: outreach | SDM.02.07 HIV self- testing | SDM.02.98 Home and community based not disaggregat ed | SDM.03 Non applicable (ASC which does not have a specific SDM) | SDM.98 Modalities not disaggregat ed | Total |
|--|--|---|---|--|--|---|---|--------------|
| populations other than key populations | | | | | | | | |
| ASC.01.02.03 Community mobilization for populations other than key populations | | | | | 1,262,993.45 | | | 1,262,993.45 |
| ASC.01.02.04 Programmatic activities for vulnerable and accessible populations | | | | | 964,090.88 | | 5,807,556.00 | 6,771,646.88 |
| ASC.01.02.06 Prevention of HIV transmission aimed at people living with HIV and their partners (including sero- discordant couples) | | | 98,921.74 | | | | 238,325.94 | 337,247.69 |
| ASC.01.02.98 Prevention activities not disaggregated | | | | | | | 60,701.72 | 60,701.72 |

| | SDM.01.01 Facility- based: Outpatient | SDM.01.02 Facility- based: Inpatient | SDM.02.05 Community- based: outreach | SDM.02.07 HIV self- testing | SDM.02.98 Home and community based not disaggregat ed | SDM.03 Non applicable (ASC which does not have a specific SDM) | SDM.98 Modalities not disaggregat ed | Total |
|--|--|---|---|--|--|---|---|--------------|
| ASC.02.01 HIV testing and counselling for sex workers | 39,994.97 | | | | 149,019.29 | | | 189,014.26 |
| ASC.02.02 HIV testing and counselling for MSM | | | | 6,241.26 | | | | 6,241.26 |
| ASC.02.03 HIV testing and counselling for TG | | | | | 35,263.11 | | | 35,263.11 |
| ASC.02.05 HIV testing and counselling for inmates of correctional and pre-trial facilities | 2,981,035.00 | | | | | | | 2,981,035.00 |
| ASC.02.06 HIV testing and counselling for pregnant women (part of PMTCT programme) | 953,598.87 | | | | | | | 953,598.87 |
| ASC.02.08 HIV testing and counselling for vulnerable and | 25,983.13 | | | 2,977,982.14 | 1,775,498.25 | | | 4,779,463.53 |

| | SDM.01.01 Facility- based: Outpatient | SDM.01.02 Facility- based: Inpatient | SDM.02.05 Community- based: outreach | SDM.02.07 HIV self- testing | SDM.02.98 Home and community based not disaggregat ed | SDM.03 Non applicable (ASC which does not have a specific SDM) | SDM.98 Modalities not disaggregat ed | Total |
|--|--|---|---|--|--|---|---|--------------------|
| accessible populations | | | | | | | | |
| ASC.02.09 Voluntary HIV testing and counselling for general population | 15,265,292.00 | | | 5,761,696.7 2 | | | | 21,026,988.72 |
| ASC.02.11 HIV screening in blood banks | 55,508.07 | | | | | | | 55,508.07 |
| ASC.02.98 HIV testing and counselling activities not disaggregated | 18,803,342.24 | | | | 1,441,205.90 | | 1,449,580.79 | 21,694,128.92 |
| ASC.03.01.01 ART for adults | 103,438,390.3 9 | | | | | | | 103,438,390.3 9 |
| ASC.03.01.02 ART for paediatrics | 18,157,674.13 | | | | | | | 18,157,674.13 |
| ASC.03.01.03 ART for PMTCT (for pregnant women not previously on treatment) | 3,423,323.16 | | | | | | | 3,423,323.16 |

| | SDM.01.01 Facility- based: Outpatient | SDM.01.02 Facility- based: Inpatient | SDM.02.05 Community- based: outreach | SDM.02.07 HIV self- testing | SDM.02.98 Home and community based not disaggregate d | SDM.03 Non applicable (ASC which does not have a specific SDM) | SDM.98 Modalities not disaggregate d | Total |
|---|--|---|---|--|--|---|---|---------------|
| ASC.03.02 Adherence and retention on ART - support (including nutrition and transport) and monitoring | 26,641.60 | 199,403.90 | 308,132.30 | | | | | 534,177.80 |
| ASC.03.03 Specific ART- related laboratory monitoring | 18,353,576.66 | | | | | | | 18,353,576.66 |
| ASC.03.04 Co- infections and opportunistic infections: prevention and treatment for PLHIV and KPs | 12,863,718.71 | | | | 412,808.62 | | | 13,276,527.33 |
| ASC.03.05 Psychological treatment and support service | | | | | | | 75,112.73 | 75,112.73 |
| ASC.03.98 Care and treatment services not disaggregated | 88,217,044.97 | | | | | | | 88,217,044.97 |

| | SDM.01.01 Facility- based: Outpatient | SDM.01.02 Facility- based: Inpatient | SDM.02.05 Community- based: outreach | SDM.02.07 HIV self- testing | SDM.02.98 Home and community based not disaggregate d | SDM.03 Non applicable (ASC which does not have a specific SDM) | SDM.98 Modalities not disaggregate d | Total |
|--|--|---|---|--|--|---|---|---------------|
| ASC.04.01.01 OVC Basic needs (health, education, housing) | | | | | 5,608,681.79 | | | 5,608,681.79 |
| ASC.04.01.03 OVC Social Services (including financial benefits) | | | | | 976,128.64 | | | 976,128.64 |
| ASC.04.01.98 OVC Services not disaggregated by activity | | | | | 480,366.32 | | | 480,366.32 |
| ASC.04.02.01 Social protection through monetary or in- kind benefits | | | 38,527,877.2 2 | | | | | 38,527,877.22 |
| ASC.04.02.98 Social protection services and social services not disaggregated by type | | | | | 371,970.25 | | | 371,970.25 |

| | SDM.01.01 Facility- based: Outpatient | SDM.01.02 Facility- based: Inpatient | SDM.02.05 Community- based: outreach | SDM.02.07 HIV self- testing | SDM.02.98 Home and community based not disaggregat ed | SDM.03 Non applicable (ASC which does not have a specific SDM) | SDM.98 Modalities not disaggregat ed | Total |
|---|--|---|---|--|--|---|---|--------------|
| ASC.05.01 Advocacy | | | | | | 10,038.50 | | 10,038.50 |
| ASC.05.02.03 Monitoring and reforming laws, regulations and policies relating to HIV | | | | | | 159,486.79 | | 159,486.79 |
| ASC.05.02.04 Sensitization of law-makers and law enforcement agents | | | | | | 2,956.06 | | 2,956.06 |
| ASC.05.02.05 Reducing discrimination and violence against women in the context of HIV | | | | | | 52,173.87 | | 52,173.87 |
| ASC.06.01 Strategic planning, coordination and policy development | | | | | | 1,905,322.15 | | 1,905,322.15 |
| ASC.06.02 Building meaningful | | | | | | 23,047.42 | | 23,047.42 |

| | SDM.01.01 Facility- based: Outpatient | SDM.01.02 Facility- based: Inpatient | SDM.02.05 Community- based: outreach | SDM.02.07 HIV self- testing | SDM.02.98 Home and community based not disaggregat ed | SDM.03 Non applicable (ASC which does not have a specific SDM) | SDM.98 Modalities not disaggregat ed | Total |
|--|--|---|---|--|--|---|---|---------------|
| engagement for representation in key governance, policy reform and development processes | | | | | | | | |
| ASC.06.03 Programme administration and management costs (above service-delivery level) | | | | | | 35,793,468.72 | | 35,793,468.72 |
| ASC.06.04 Strategic information | | | | | | 10,564,043.40 | | 10,564,043.40 |
| ASC.06.05 Public Systems Strengthenin | | | | | | 2,015,082.09 | | 2,015,082.09 |
| ASC.06.06 Community system strengthening | | | | | | 782,552.08 | | 782,552.08 |
| ASC.06.07 Human resources for | | | | | | 822,406.39 | | 822,406.39 |

| | SDM.01.01 Facility- based: Outpatient | SDM.01.02 Facility- based: Inpatient | SDM.02.05 Community- based: outreach | SDM.02.07 HIV self- testing | SDM.02.98 Home and community based not disaggregate d | SDM.03 Non applicable (ASC which does not have a specific SDM) | SDM.98 Modalities not disaggregate d | Total |
|---|--|---|---|--|--|---|---|-----------------------|
| health (above-site programmes) | | | | | | | | |
| ASC.06.98 Programme enablers and systems strengthening not disaggregated | | | | | | 264,588.82 | | 264,588.82 |
| ASC.07.01 Formative education to build-up an HIV workforce and other trainings not related to any specific activity (e.g. pre-service) using HIV earmarked resources | | | | | | 14,004.72 | | 14,004.72 |
| ASC.07.02 Reducing gender based violence | | | | | | 605,193.01 | | 605,193.01 |
| Total | 296,522,631.09 | 199,403.90 | 38,934,931.26 | 8,745,920.12 | 23,150,805.59 | 54,892,315.69 | 12,058,949.35 | 434,504,957.00 |

i) PS x PF

| | PS.01.01 Governmental organizations | PS.01.02 Parastatal organizations | PS.01.99 Public sector providers n.e.c. | PS.02.01 Non-profit providers | PS.02.02 Profit- making private sector providers | PS.03.01 Bilateral agencies | PS.03.02 Multilateral agencies | PS.03.03 International NGOs and foundations | Total |
|---|---|---|---|-------------------------------------|---|-----------------------------------|--------------------------------------|--|-------------------|
| PF.01.01.01 Direct service providers | 63,013,619. 79 | | 346,133.11 | 20,240,249.0 1 | | 14,361.85 | | 4,288,429.16 | 87,902,792. 92 |
| PF.01.01.02 Program management personnel costs | 11,430,379. 23 | | 110,471.43 | 2,673,423.18 | | 261,231.24 | | 14,814,856.6 6 | 29,290,361. 74 |
| PF.01.01.98 Personnel not disaggregated | 6,299,164.8 6 | | 125,559.57 | 1,618,124.67 | | 66,176.84 | | 5,593,078.15 | 13,702,104. 10 |
| PF.01.02 Other operational and programme management current expenditures | 36,760,095. 26 | 98,921.74 | 30,350.66 | 7,159,972.18 | 223,908. 94 | 52,900.51 | | 7,892,024.68 | 52,218,173. 97 |
| PF.01.03.01.01 Antiretrovirals | 69,909,986. 96 | | | 2,654,071.82 | | | | 5,154.92 | 72,569,213. 70 |
| PF.01.03.01.07 OI other than TB drugs | 6,987,281.1 2 | | | | | | | | 6,987,281.1 2 |
| PF.01.03.02.02 Condoms | 5,807,556.0 0 | | | | | | | | 5,807,556.0 0 |

| | PS.01.01 Governmental organizations | PS.01.02 Parastatal organizations | PS.01.99 Public sector providers n.e.c. | PS.02.01 Non-profit providers | PS.02.02 Profit- making private sector providers | PS.03.01 Bilateral agencies | PS.03.02 Multilateral agencies | PS.03.03 International NGOs and foundations | Total |
|--|---|---|---|-------------------------------------|---|-----------------------------------|--------------------------------------|--|---------------|
| PF.01.03.02.98 Medical supplies not disaggregated | 1,067,050.08 | | 147,760.14 | 1,089,251.27 | | 8,364.65 | | 1,679,467.55 | 3,991,893.69 |
| PF.01.03.03.01 HIV tests screening/diagnostics | 22,438,709.14 | | 200.96 | 308.50 | | | | 487.18 | 22,439,705.79 |
| PF.01.03.03.02 VL tests | 223,639.45 | | | 8,490.28 | | | | | 232,129.73 |
| PF.01.03.03.98 Reagents and materials not disaggregated | 14,612,329.50 | | | | | | | | 14,612,329.50 |
| PF.01.03.04 Non- medical supplies | 3,704,278.74 | | 33,914.83 | 510,249.17 | | 137,465.98 | | 4,033,448.00 | 8,419,356.72 |
| PF.01.03.98 Medical products and supplies not disaggregated | 16,352,394.79 | | | 5,499.93 | | | | 2,425.03 | 16,360,319.75 |
| PF.01.04 Contracted external services | 3,462,276.46 | | 31,088.53 | 1,731,421.39 | | 83,685.88 | | 6,699,899.67 | 12,008,371.93 |
| PF.01.07 Financial support for beneficiaries | 29,318,047.51 | | | 33,719.97 | | | | 41,968.79 | 29,393,736.27 |

| | PS.01.01 Governmen tal organizatio ns | PS.01.02 Parastatal organizati ons | PS.01.99 Public sector providers n.e.c. | PS.02.01 Non-profit providers | PS.02.02 Profit- making private sector provider s | PS.03.01 Bilateral agencies | PS.03.02 Multilateral agencies | PS.03.03 Internationa l NGOs and foundations | Total |
|--|--|---|--|--|--|--|---|---|----------------------------|
| PF.01.08 Training- Training related per diems/transport/o ther costs | 5,231,302.8 6 | | 66,881.25 | 1,690,641.13 | | 83,016.27 | 349.00 | 5,411,589.71 | 12,483,780. 22 |
| PF.01.09 Logistics of events, including catering services | 279,765.14 | | | | | | | | 279,765.14 |
| PF.01.10 Indirect costs | | | | 665,539.13 | | | | 14,563,231.2 8 | 15,228,770. 41 |
| PF.01.98 Current direct and indirect expenditures not disaggregated | 11,568,022. 16 | | 313,666.68 | 4,682,430.34 | | 59,128.92 | | 7,827,937.41 | 24,451,185. 51 |
| PF.02.01 Building | 530,334.74 | | 6,077.97 | 17,951.08 | | 4,461.23 | | 100,438.26 | 659,263.29 |
| PF.02.02 Vehicles | 80,813.82 | | | | | | | | 80,813.82 |
| PF.02.03 Other capital investment | 3,826,824.7 3 | | 9,347.82 | 268,010.26 | | 21,722.58 | | 1,260,146.30 | 5,386,051.6 8 |
| Total | 312,903,872 .33 | 98,921.74 | 1,221,452.9 6 | 45,049,353. 31 | 223,908. 94 | 792,515.96 | 349.00 | 74,214,582. 77 | 434,504,957 .00 |

3. FY2022
a) FE x ASC

| | FE.01.01.01 Central governme nt | FE.02 Domest ic Private Entitiies | FE.03.01.30 Governme nt of United States | FE.03.01.99 Other governme nt(s) /other bilateral agencies n.e.c. | FE.03.02.07 The Global Fund to Fight AIDS, Tuberculos is and Malaria | FE.03.02 .08 UNAIDS Secreta riat | FE.03.02 .17 United Nations Populati on Fund (UNFPA) | FE.03.02.99 Other Multilateral organi zations n.e.c. | FE.03.03.0 6 Bill and Melinda Gates Foundatio n | Total |
|--|--|---|--|--|--|--|--|--|--|-------------------|
| ASC.01.01.0 1 Prevention for adolescent girls and young women (AGYW) and their male partners in settings with high HIV prevalence | | | 11,876,437 .52 | | 2,524,880. 56 | | | | | 14,401,318 .08 |
| ASC.01.01.0 2 Services for key populations | | | 1,100,035. 65 | | 643,845.86 | | | | | 1,743,881. 51 |
| ASC.01.01.0 3 Condoms (for HIV prevention) for the | 117.59 | | 891,362.68 | | 516,898.10 | | | | | 1,408,378. 37 |

| | FE.01.01.01 Central government | FE.02 Domestic Private Entities | FE.03.01.30 Government of United States | FE.03.01.99 Other government(s) /other bilateral agencies n.e.c. | FE.03.02.07 The Global Fund to Fight AIDS, Tuberculosis and Malaria | FE.03.02 .08 UNAIDS Secretariat | FE.03.02 .17 United Nations Population Fund (UNFPA) | FE.03.02.99 Other Multilateral organizations n.e.c. | FE.03.03.0 6 Bill and Melinda Gates Foundation | Total |
|--|-----------------------------------|--|--|---|---|--|---|---|--|-------------------|
| general population (excluding KPs and AGYW above) | | | | | | | | | | |
| ASC.01.01.0 4 Voluntary medical male circumcision (VMMC) for HIV prevention | 17,541.78 | | 11,034,232 .37 | | 97,980.95 | | | | | 11,149,755 .10 |
| ASC.01.01.0 5 Pre- Exposure Prophylaxis (PrEP) | | | 1,909,504. 20 | | 76,722.24 | | | | | 1,986,226. 44 |
| ASC.01.02.0 1 Prevention of vertical transmission of HIV infection (PMTCT) | 792,083.49 | | | | | | | | | 792,083.49 |

| | FE.01.01.01 Central governme nt | FE.02 Domest ic Private Entitiies | FE.03.01.30 Governme nt of United States | FE.03.01.99 Other governme nt(s) /other bilateral agencies n.e.c. | FE.03.02.07 The Global Fund to Fight AIDS, Tuberculos is and Malaria | FE.03.02 .08 UNAIDS Secreta riat | FE.03.02 .17 United Nations Populati on Fund (UNFPA) | FE.03.02.99 Other Multilateral organi zations n.e.c. | FE.03.03.0 6 Bill and Melinda Gates Foundatio n | Total |
|---|--|---|--|--|--|--|--|--|--|------------------|
| ASC.01.02.0 2 Social and behavioura l communic ation for change (SBCC) for populations other than key populations | | | | | 110,773.60 | | | | | 110,773.60 |
| ASC.01.02.0 3 Community mobilization for populations other than key populations | | | 456,448.78 | | | | | | | 456,448.78 |
| ASC.01.02.0 4 Programma tic activities for vulnerable | | | 355,036.29 | | 724,941.00 | | | | | 1,079,977. 29 |

| | FE.01.01.01 Central government | FE.02 Domestic Private Entities | FE.03.01.30 Government of United States | FE.03.01.99 Other government(s) /other bilateral agencies n.e.c. | FE.03.02.07 The Global Fund to Fight AIDS, Tuberculosis and Malaria | FE.03.02 .08 UNAIDS Secretariat | FE.03.02 .17 United Nations Population Fund (UNFPA) | FE.03.02.99 Other Multilateral organizations n.e.c. | FE.03.03.0 6 Bill and Melinda Gates Foundation | Total |
|--|-----------------------------------|--|--|---|---|--|---|--|--|------------|
| and accessible populations | | | | | | | | | | |
| ASC.01.02.0 6 Prevention of HIV transmission aimed at people living with HIV and their partners (including sero- discordant couples) | 112,979.4 2 | 276,891 .92 | | 15,549.46 | | | | | | 405,420.80 |
| ASC.01.02.1 0 STI prevention and treatment programmes for populations other than key | | | | | 343,676.76 | | | | | 343,676.76 |

| | FE.01.01.01 Central governme nt | FE.02 Domest ic Private Entitiites | FE.03.01.30 Governme nt of United States | FE.03.01.99 Other governme nt(s) /other bilateral agencies n.e.c. | FE.03.02.07 The Global Fund to Fight AIDS, Tuberculos is and Malaria | FE.03.02 .08 UNAIDS Secreta riat | FE.03.02 .17 United Nations Populati on Fund (UNFPA) | FE.03.02.99 Other Multilateral organi zations n.e.c. | FE.03.03.0 6 Bill and Melinda Gates Foundatio n | Total |
|---|--|--|--|--|--|--|--|--|--|------------------|
| populations - only if funded from earmarked HIV budgets | | | | | | | | | | |
| ASC.01.02.9 8 Prevention activities not disaggrega ted | | | 27,432.51 | | | | | | | 27,432.51 |
| ASC.02.01 HIV testing and counselling for sex workers | | | 150,823.22 | | 47,420.18 | | | | | 198,243.40 |
| ASC.02.02 HIV testing and counselling for MSM | | | | | 1,650,567. 85 | | | | | 1,650,567. 85 |
| ASC.02.03 HIV testing and | | | 49,359.39 | | 153,792.00 | | | | | 203,151.39 |

| | FE.01.01.01 Central government | FE.02 Domestic Private Entities | FE.03.01.30 Government of United States | FE.03.01.99 Other government(s) /other bilateral agencies n.e.c. | FE.03.02.07 The Global Fund to Fight AIDS, Tuberculosis and Malaria | FE.03.02 .08 UNAIDS Secretariat | FE.03.02 .17 United Nations Population Fund (UNFPA) | FE.03.02.99 Other Multilateral organizations n.e.c. | FE.03.03.0 6 Bill and Melinda Gates Foundation | Total |
|--|-----------------------------------|--|--|---|---|--|---|--|--|------------------|
| counselling for TG | | | | | | | | | | |
| ASC.02.05 HIV testing and counselling for inmates of correctional and pre- trial facilities | | | | | 3,199,023. 45 | | | | | 3,199,023. 45 |
| ASC.02.06 HIV testing and counselling for pregnant women (part of PMTCT programme) | | | 1,661,469. 75 | | | | | | | 1,661,469. 75 |
| ASC.02.07 Early infant (and paediatric?) | 685.94 | | | | | | | | | 685.94 |

| | FE.01.01.01 Central governme nt | FE.02 Domest ic Private Entitites | FE.03.01.30 Governme nt of United States | FE.03.01.99 Other governme nt(s) /other bilateral agencies n.e.c. | FE.03.02.07 The Global Fund to Fight AIDS, Tuberculos is and Malaria | FE.03.02 .08 UNAIDS Secreta riat | FE.03.02 .17 United Nations Populati on Fund (UNFPA) | FE.03.02.99 Other Multilateral organi zations n.e.c. | FE.03.03.0 6 Bill and Melinda Gates Foundatio n | Total |
|---|--|---|--|--|--|--|--|--|--|-------------------|
| ?) diagnosis (EID) of HIV | | | | | | | | | | |
| ASC.02.08 HIV testing and counselling for vulnerable and accessible populations | | | 127,064.47 | | 3,204,693. 72 | | | | | 3,331,758. 19 |
| ASC.02.09 Voluntary HIV testing and counselling for general population | 2,817.25 | | | | 34,647,390 .04 | | | | | 34,650,207 .29 |
| ASC.02.10 Provider initiated testing and counselling (PITC) | | | | | 146,460.27 | | | | | 146,460.27 |
| ASC.02.11 HIV screening | | | 85,679.34 | | | | | | | 85,679.34 |

| | FE.01.01.01 Central government | FE.02 Domestic Private Entities | FE.03.01.30 Government of United States | FE.03.01.99 Other government(s) /other bilateral agencies n.e.c. | FE.03.02.07 The Global Fund to Fight AIDS, Tuberculosis and Malaria | FE.03.02 .08 UNAIDS Secretariat | FE.03.02 .17 United Nations Population Fund (UNFPA) | FE.03.02.99 Other Multilateral organizations n.e.c. | FE.03.03.0 6 Bill and Melinda Gates Foundation | Total |
|--|-----------------------------------|--|--|---|---|--|---|---|--|--------------------|
| in blood banks | | | | | | | | | | |
| ASC.02.98 HIV testing and counselling activities not disaggregated | 17,474,312 .88 | | 5,144,830. 83 | | | | | | | 22,619,143 .72 |
| ASC.03.01.0 1 ART for adults | 41,961,535 .71 | | 300,587.54 | | 64,677,594 .01 | | | | | 106,939,71 7.25 |
| ASC.03.01.0 2 ART for paediatrics | 16,421,208 .96 | | 13,714.17 | | 3,404,083. 90 | | | | | 19,839,007 .02 |
| ASC.03.02 Adherence and retention on ART - support (including nutrition and transport) and monitoring | 16,922.13 | | | | 215,982.04 | | | | 608,839.6 0 | 841,743.77 |

| | FE.01.01.01 Central government | FE.02 Domestic Private Entities | FE.03.01.30 Government of United States | FE.03.01.99 Other government(s) /other bilateral agencies n.e.c. | FE.03.02.07 The Global Fund to Fight AIDS, Tuberculosis and Malaria | FE.03.02 .08 UNAIDS Secretariat | FE.03.02 .17 United Nations Population Fund (UNFPA) | FE.03.02.99 Other Multilateral organizations n.e.c. | FE.03.03.0 6 Bill and Melinda Gates Foundation | Total |
|---|-----------------------------------|--|--|---|---|--|---|--|--|-------|
| ASC.03.03 Specific ART-related laboratory monitoring | 15,633,087 .55 | | 3,010,358. 29 | | | | | 57,706.22 | 18,701,152 .06 | |
| ASC.03.04 Co- infections and opportunistic infections: prevention and treatment for PLHIV and KPs | 4,302,438. 85 | | | | 8,437,447. 27 | | | 1,344,696. 00 | 14,084,582 .12 | |
| ASC.03.05 Psychological treatment and support service | | | 23,275.34 | | | | | | 23,275.34 | |
| ASC.03.98 Care and treatment services not | 10,544.71 | | 63,206,225 .67 | | 34,000,738 .01 | | | | 97,217,508 .38 | |

| | FE.01.01.01 Central government | FE.02 Domestic Private Entities | FE.03.01.30 Government of United States | FE.03.01.99 Other government(s) /other bilateral agencies n.e.c. | FE.03.02.07 The Global Fund to Fight AIDS, Tuberculosis and Malaria | FE.03.02 .08 UNAIDS Secretariat | FE.03.02 .17 United Nations Population Fund (UNFPA) | FE.03.02.99 Other Multilateral organizations n.e.c. | FE.03.03.06 Bill and Melinda Gates Foundation | Total |
|--|-----------------------------------|------------------------------------|--|---|--|---------------------------------------|---|--|--|---------------|
| disaggregated | | | | | | | | | | |
| ASC.04.01.01 OVC Basic needs (health, education, housing) | | | 5,026,261.67 | | | | | | | 5,026,261.67 |
| ASC.04.01.03 OVC Social Services (including financial benefits) | | | 868,680.33 | | | | | | | 868,680.33 |
| ASC.04.01.98 OVC Services not disaggregated by activity | | | 863,363.29 | | | | | | | 863,363.29 |
| ASC.04.02.01 Social protection through monetary or in-kind benefits | 1,929,201.37 | | | 11,792,187.65 | | | 17,839,679.30 | | | 31,561,068.33 |

| | FE.01.01.01 Central governme nt | FE.02 Domest ic Private Entitites | FE.03.01.30 Governme nt of United States | FE.03.01.99 Other governme nt(s) /other bilateral agencies n.e.c. | FE.03.02.07 The Global Fund to Fight AIDS, Tuberculos is and Malaria | FE.03.02 .08 UNAIDS Secreta riat | FE.03.02 .17 United Nations Populati on Fund (UNFPA) | FE.03.02.99 Other Multilateral organi zations n.e.c. | FE.03.03.0 6 Bill and Melinda Gates Foundatio n | Total |
|---|--|---|--|--|--|--|--|--|--|------------|
| ASC.04.02.9 8 Social protection services and social services not disaggrega ted by type | 244.98 | | 410,043.71 | | | | | | | 410,288.69 |
| ASC.05.01 Advocacy | | | | | 12,223.06 | | | | 479,685.0 0 | 491,908.06 |
| ASC.05.02.0 1 Stigma and discriminati on reduction | | | | | 21,006.15 | | | | | 21,006.15 |
| ASC.05.02.0 3 Monitoring and reforming laws, regulations and policies relating to HIV | 18,858.11 | | | | 143,116.73 | | | | | 161,974.84 |

| | FE.01.01.01 Central governme nt | FE.02 Domest ic Private Entitiies | FE.03.01.30 Governme nt of United States | FE.03.01.99 Other governme nt(s) /other bilateral agencies n.e.c. | FE.03.02.07 The Global Fund to Fight AIDS, Tuberculos is and Malaria | FE.03.02 .08 UNAIDS Secreta riat | FE.03.02 .17 United Nations Populati on Fund (UNFPA) | FE.03.02.99 Other Multilateral organi zations n.e.c. | FE.03.03.0 6 Bill and Melinda Gates Foundatio n | Total |
|---|--|---|--|--|--|--|--|--|--|-------------------|
| ASC.05.02.0 4 Sensitization of law- makers and law enforceme nt agents | 2,419.59 | | | | | | | | | 2,419.59 |
| ASC.05.02.0 5 Reducing discriminati on and violence against women in the context of HIV | | | | | 7,003.58 | | | | | 7,003.58 |
| ASC.06.01 Strategic planning, coordinatio n and policy developme nt | 176,156.78 | | 1,037,166. 55 | | 19,580.64 | | | | 3,176,059. 00 | 4,408,962. 97 |
| ASC.06.03 Programme administrati | 1,899,616. 68 | | 33,137,541 .00 | | 1,747,113. 32 | | | | 10,000.00 | 36,794,271 .00 |

| | FE.01.01.01 Central governme nt | FE.02 Domest ic Private Entitiites | FE.03.01.30 Governme nt of United States | FE.03.01.99 Other governme nt(s) /other bilateral agencies n.e.c. | FE.03.02.07 The Global Fund to Fight AIDS, Tuberculos is and Malaria | FE.03.02 .08 UNAIDS Secreta riat | FE.03.02 .17 United Nations Populati on Fund (UNFPA) | FE.03.02.99 Other Multilateral organi zations n.e.c. | FE.03.03.0 6 Bill and Melinda Gates Foundatio n | Total |
|---|--|--|--|--|--|--|--|--|--|-------------------|
| on and managem ent costs (above service- delivery level) | | | | | | | | | | |
| ASC.06.04 Strategic information | 255,901.04 | | 8,138,004. 94 | | 506,395.14 | 468,723. 58 | 135.19 | | 3,856,993. 38 | 13,226,153 .26 |
| ASC.06.05 Public Systems Strengtheni n | 80,756.14 | | 4,545,131. 19 | | 10,148.01 | | | | 961,924.0 0 | 5,597,959. 33 |
| ASC.06.06 Community system strengtheni ng | 7,778.93 | | | | 475,054.67 | | | | | 482,833.60 |
| ASC.06.07 Human resources for health (above-site programm es) | 752.08 | | 772,176.07 | | | | | | | 772,928.16 |

| | FE.01.01.01 Central governme nt | FE.02 Domest ic Private Entitiies | FE.03.01.30 Governme nt of United States | FE.03.01.99 Other governme nt(s) /other bilateral agencies n.e.c. | FE.03.02.07 The Global Fund to Fight AIDS, Tuberculos is and Malaria | FE.03.02 .08 UNAIDS Secreta riat | FE.03.02 .17 United Nations Populati on Fund (UNFPA) | FE.03.02.99 Other Multilateral organi zations n.e.c. | FE.03.03.0 6 Bill and Melinda Gates Foundatio n | Total |
|---|--|---|--|--|--|--|--|--|--|------------|
| ASC.06.98 Programme enablers and systems strengtheni ng not disagregat ed | | | 294,104.37 | | | | | | | 294,104.37 |
| ASC.07.01 Formative education to build-up an HIV workforce and other trainings not related to any specific activity (e.g. pre- service) using HIV earmarked resources | 25,957.90 | | | | | | | | | 25,957.90 |
| ASC.07.02 Reducing | | | 520,985.88 | | | | | | | 520,985.88 |

| | FE.01.01.01 Central government | FE.02 Domestic Private Entities | FE.03.01.30 Government of United States | FE.03.01.99 Other government(s) /other bilateral agencies n.e.c. | FE.03.02.07 The Global Fund to Fight AIDS, Tuberculosis and Malaria | FE.03.02 .08 UNAIDS Secretariat | FE.03.02 .17 United Nations Population Fund (UNFPA) | FE.03.02.99 Other Multilateral organizations n.e.c. | FE.03.03.0 6 Bill and Melinda Gates Foundation | Total |
|---|-----------------------------------|--|--|---|---|--|---|---|--|-----------------------|
| gender based violence | | | | | | | | | | |
| ASC.08.04 Socio-behavioural research | | | | | 97,449.34 | | | | | 97,449.34 |
| Total | 101,143,919.85 | 27,6891.92 | 157,037,337.00 | 11,807,737.11 | 161,864,002.45 | 468,723.58 | 135.19 | 17,839,679.30 | 10,495,903.20 | 460,934,329.60 |

b) FE x SCH

| | FE.01.01.01 Central government | FE.02 Domestic Private Entities | FE.03.01.30 Government of United States | FE.03.01.99 Other government(s) /other bilateral agencies n.e.c. | FE.03.02.07 The Global Fund to Fight AIDS, Tuberculosis and Malaria | FE.03.02 .08 UNAIDS Secretariat | FE.03.02 .17 United Nations Population Fund (UNFPA) | FE.03.02.99 Other Multilateral organizations n.e.c. | FE.03.03.0 6 Bill and Melinda Gates Foundation | Total |
|--|-----------------------------------|--|--|---|---|--|---|---|--|----------------|
| SCH.01.01.01 Central government schemes | 41,564,815.35 | | 732,198.54 | 11,792,187.65 | 155,884,062.14 | | | 17,839,679.30 | | 227,699,963.56 |

| | | | | | | | | | | |
|--|----------------------------|------------------------|----------------------------|---------------------------|----------------------------|------------------------|---------------|----------------------|---------------------------|----------------------------|
| SCH.01.01.02 State/regional /local government schemes | 59,579,104 .50 | | 168,064.70 | | | | | | | 59,747,169 .20 |
| SCH.02.02.01 Not-for-profit organisation schemes (excluding SCH.02.02.02) | | | 143,886,78 6.14 | 15,549.46 | 5,979,940. 31 | 468,723 .58 | | | 10,495,90 3.20 | 160,846,90 2.69 |
| SCH.02.02.02 Resident foreign agencies schemes | | | 12,250,287 .62 | | | | 135.19 | | | 12,250,422 .81 |
| SCH.02.03 For- profit enterprise schemes | | 276,891 .92 | | | | | | | | 276,891.92 |
| Total | 101,143,91 9.85 | 27,6891 .92 | 157,037,33 7.00 | 11,807,737 .11 | 161,864,00 2.45 | 468,723 .58 | 135.19 | 17,839,679.30 | 10,495,90 3.20 | 460,934,32 9.60 |

c) FAP x PS

| | FAP.01.01.01 Central or federal authorities | FAP.01.01.03 Local/municipal authorities | FAP.01.04 Parastatal organizations | FAP.01.99 Other public financing agents n.e.c. | FAP.02.05 Not-for-profit institutions (other than social insurance) | FAP.02.06 Corporations other than providers of health services (nonparastatal) | FAP.03.01 Country offices of bilateral agencies managing external resources and fulfilling financing agent roles | FAP.03.02 Multilateral agencies managing external resources | FAP.03.03 International not-for-profit organizations and foundations | FAP.03.04 Projects within Universities | Total |
|---|--|---|---------------------------------------|---|--|---|---|--|---|---|----------------|
| PS.01.01.01 Hospitals (public) | 73,803,016.39 | 59,579,104.50 | | 8,994,824.79 | 24,777,617.96 | | 1,548,580.20 | | 21,211,364.34 | 1,387,607.35 | 191,302,115.53 |
| PS.01.01.02 Ambulatory care (public) | 89,484,869.01 | | | 14,424.62 | 1,494,849.69 | | 2,483.39 | | 1,166,224.08 | 100,308.06 | 92,263,158.86 |
| PS.01.01.05 Blood banks (public) | 85,679.34 | | | | | | | | | | 85,679.34 |
| PS.01.01.09 Schools and training facilities (public) | | | 199,910.23 | | | | | | | | 199,910.23 |
| PS.01.01.13 Government | 37,329,130.06 | 168,064.70 | | | | | | | | | 37,497,194.76 |

| | FAP.01.01.01 Central or federal authorities | FAP.01.01.03 Local/municipal authorities | FAP.01.04 Parastatal organizations | FAP.01.99 Other public financing agents n.e.c. | FAP.02.05 Not-for-profit institutions (other than social insurance) | FAP.02.06 Corporations other than providers of health services (nonparastatal) | FAP.03.01 Country offices of bilateral agencies managing external resources and fulfilling financing agent roles | FAP.03.02 Multilateral agencies managing external resources | FAP.03.03 International not-for-profit organizations and foundations | FAP.03.04 Projects within Universities | Total |
|---|---|--|------------------------------------|--|---|--|--|---|--|--|---------------|
| entities (public) | | | | | | | | | | | |
| PS.01.02 Parastatal organizations | | | 112,979.42 | | | | | | | | 112,979.42 |
| PS.01.99 Public sector providers n.e.c. | | | | 1,002,764.67 | | | | | | | 1,002,764.67 |
| PS.02.01.01.14 Civil society organizations (private non-profit non-faith based) | | | | | 1,724,849.06 | | | 11,636.073.19 | 3,180,664.75 | | 16,541.587.00 |
| PS.02.01.02.01 Hospitals (private non-profit) | 25,664,737.68 | | | 176.78 | 741,781.15 | | 30.43 | 13,547.53 | 1,229.30 | | 26,421.502.88 |

| | FAP.01.01.01 Central or federal authorities | FAP.01.01.03 Local/municipal authorities | FAP.01.04 Parastatal organizations | FAP.01.99 Other public financing agents n.e.c. | FAP.02.05 Not-for-profit institutions (other than social insurance) | FAP.02.06 Corporations other than providers of health services (nonparastatal) | FAP.03.01 Country offices of bilateral agencies managing external resources and fulfilling financing agent roles | FAP.03.02 Multilateral agencies managing external resources | FAP.03.03 International not-for-profit organizations and foundations | FAP.03.04 Projects within Universities | Total |
|---|---|--|------------------------------------|--|---|--|--|---|--|--|--------------|
| faith based) | | | | | | | | | | | |
| PS.02.01.02.02 Ambulatory care (private non-profit faith based) | 1,332,531.07 | | | 413.23 | 42,823.63 | | 71.14 | | 31,668.22 | 2,873.57 | 1,410,380.86 |
| PS.02.01.02.13 Civil society organizations (private non-profit faith based) | | | | | 710,723.12 | | | | 1,070,338.61 | 3,274,246.91 | 5,055,308.64 |
| PS.02.02 Profit-making private | | | | | | 276,891.92 | | | | | 276,891.92 |

| | FAP.01.01.01 Central or federal authorities | FAP.01.01.03 Local/municipal authorities | FAP.01.04 Parastatal organizations | FAP.01.99 Other public financing agents n.e.c. | FAP.02.05 Not-for-profit institutions (other than social insurance) | FAP.02.06 Corporations other than providers of health services (nonparastatal) | FAP.03.01 Country offices of bilateral agencies managing external resources and fulfilling financing agent roles | FAP.03.02 Multilateral agencies managing external resources | FAP.03.03 International not-for-profit organizations and foundations | FAP.03.04 Projects within Universities | Total |
|--|--|---|---------------------------------------|---|--|---|---|--|---|---|-----------------------|
| sector providers | | | | | | | | | | | |
| PS.03.01 Bilateral agencies | | | | | | | 8,493,628.04 | | | | 8,493,628.04 |
| PS.03.02 Multilateral agencies | | | | | | | | 135.19 | | | 135.19 |
| PS.03.03 International NGOs and foundations | | | | | | | 2,205,494.42 | 24,444,625.17 | 53,620,972.67 | | 80,271,092.25 |
| Total | 227,699,963.56 | 59,747,169.20 | 312,889.65 | 10,012,604.09 | 29,492,644.62 | 276,891.92 | 12,250,287.62 | 135.19 | 59,573,841.14 | 61,567,902.61 | 460,934,329.60 |

d) PS x ASC

| | PS.01.01 Governmental organizations | PS.01.02 Parastatal organizations | PS.01.99 Public sector providers n.e.c. | PS.02.01 Non- profit providers | PS.02. 02 Profit- making private sector providers | PS.03.01 Bilateral agencies | PS.03.02 Multilateral agencies | PS.03.03 International NGOs and foundations | Total |
|---|--|--|--|---|--|--|---|--|---------------|
| ASC.01.0 1.01 Prevention for adolescent girls and young women (AGYW) and their male partners in settings with high HIV prevalence | | | | 4,457,649.87 | | | | 9,943,668.22 | 14,401,318.08 |
| ASC.01.0 1.02 Services for key populations | 587,111.65 | | | 1,100,035.65 | | | | 56,734.21 | 1,743,881.51 |

| | PS.01.01 Governmental organizations | PS.01.02 Parastatal organiz ations | PS.01.99 Public sector providers n.e.c. | PS.02.01 Non- profit providers | PS.02. 02 Profit- makin g privat e sector provid ers | PS.03.01 Bilateral agencies | PS.03.02 Multilateral agencies | PS.03.03 International NGOs and foundations | Total |
|--|--|---|--|---|---|--|---|--|---------------|
| ASC.01.0 1.03 Condoms (for HIV preventio n) for the general populatio n (excludin g KPs and AGYW above) | 517,015.69 | | | | | | | 891,362.68 | 1,408,378.37 |
| ASC.01.0 1.04 Voluntary medical male circumcis ion (VMMC) for HIV preventio n | 111,003.94 | | | 7,827,974.44 | | 1,187,892.34 | | 2,022,884.39 | 11,149,755.10 |

| | PS.01.01 Governmental organizations | PS.01.02 Parastatal organiz ations | PS.01.99 Public sector providers n.e.c. | PS.02.01 Non- profit providers | PS.02. 02 Profit- makin g privat e sector provid ers | PS.03.01 Bilateral agencies | PS.03.02 Multilateral agencies | PS.03.03 International NGOs and foundations | Total |
|---|--|---|--|---|---|--|---|--|--------------|
| ASC.01.0 1.05 Pre- Exposure Prophilaxi s (PrEP) | 11,213.80 | | | 482,940.42 | | | | 1,492,072.22 | 1,986,226.44 |
| ASC.01.0 2.01 Preventio n of vertical transmissi on of HIV infection (PMTCT) | 586,356.52 | | | 205,726.97 | | | | | 792,083.49 |
| ASC.01.0 2.02 Social and behaviour al communi cation for change (SBCC) for populatio | | | | | | | | 110,773.60 | 110,773.60 |

| | PS.01.01 Governmental organizations | PS.01.02 Parastatal organizations | PS.01.99 Public sector providers n.e.c. | PS.02.01 Non- profit providers | PS.02. 02 Profit- making private sector providers | PS.03.01 Bilateral agencies | PS.03.02 Multilateral agencies | PS.03.03 International NGOs and foundations | Total |
|---|--|--|--|---|--|--|---|--|--------------|
| ns other than key populations | | | | | | | | | |
| ASC.01.02.03 Community mobilization for populations other than key populations | 6,876.33 | | | 274,223.60 | | | | 175,348.85 | 456,448.78 |
| ASC.01.02.04 Programmatic activities for vulnerable and accessible | 724,941.00 | | | | | | | 355,036.29 | 1,079,977.29 |

| | PS.01.01 Governmental organizations | PS.01.02 Parastatal organiz ations | PS.01.99 Public sector providers n.e.c. | PS.02.01 Non- profit providers | PS.02. 02 Profit- makin g privat e sector provid ers | PS.03.01 Bilateral agencies | PS.03.02 Multilateral agencies | PS.03.03 International NGOs and foundations | Total |
|--|--|---|--|---|---|--|---|--|--------------|
| populations | | | | | | | | | |
| ASC.01.0 2.06 Prevention of HIV transmission aimed at people living with HIV and their partners (including sero- discordant couples) | | 112,979. 42 | | 15,549.46 | 276,89 1.92 | | | | 405,420.80 |
| ASC.01.0 2.10 STI prevention and treatment program | 343,676.76 | | | | | | | | 343,676.76 |

| | PS.01.01 Governmental organizations | PS.01.02 Parastatal organiz ations | PS.01.99 Public sector providers n.e.c. | PS.02.01 Non- profit providers | PS.02. 02 Profit- makin g privat e sector provid ers | PS.03.01 Bilateral agencies | PS.03.02 Multilateral agencies | PS.03.03 International NGOs and foundations | Total |
|--|--|---|--|---|---|--|---|--|--------------|
| mes for populations other than key populations - only if funded from earmarked HIV budgets | | | | | | | | | |
| ASC.01.02.98 Prevention activities not disaggregated | | | | 27,432.51 | | | | | 27,432.51 |
| ASC.02.01 HIV testing and counselling for sex workers | 47,420.18 | | | 150,823.22 | | | | | 198,243.40 |

| | PS.01.01 Governmental organizations | PS.01.02 Parastatal organiza tions | PS.01.99 Public sector providers n.e.c. | PS.02.01 Non- profit providers | PS.02. 02 Profit- makin g privat e sector provid ers | PS.03.01 Bilateral agencies | PS.03.02 Multilateral agencies | PS.03.03 International NGOs and foundations | Total |
|---|--|---|--|---|---|--|---|--|--------------|
| ASC.02.0 2 HIV testing and counseli ng for MSM | 1,504,000.00 | | | | | | | 146,567.85 | 1,650,567.85 |
| ASC.02.0 3 HIV testing and counseli ng for TG | 153,792.00 | | | 49,359.39 | | | | | 203,151.39 |
| ASC.02.0 5 HIV testing and counseli ng for inmates of correctio nal and pre-trial facilities | 3,199,023.45 | | | | | | | | 3,199,023.45 |

| | PS.01.01 Governmental organizations | PS.01.02 Parastatal organiza tions | PS.01.99 Public sector providers n.e.c. | PS.02.01 Non- profit providers | PS.02. 02 Profit- makin g privat e sector provid ers | PS.03.01 Bilateral agencies | PS.03.02 Multilateral agencies | PS.03.03 International NGOs and foundations | Total |
|--|--|---|--|---|---|--|---|--|--------------|
| ASC.02.0 6 HIV testing and counsell ing for pregnant women (part of PMTCT program me) | | | | 1,661,469.75 | | | | | 1,661,469.75 |
| ASC.02.0 7 Early infant (and paediatr ic??) diagnosis (EID) of HIV | 685.94 | | | | | | | | 685.94 |
| ASC.02.0 8 HIV testing and counsell i | 3,265,471.30 | | | 26,742.34 | | | | 39,544.55 | 3,331,758.19 |

| | PS.01.01 Governmental organizations | PS.01.02 Parastatal organiz ations | PS.01.99 Public sector providers n.e.c. | PS.02.01 Non- profit providers | PS.02. 02 Profit- makin g privat e sector provid ers | PS.03.01 Bilateral agencies | PS.03.02 Multilateral agencies | PS.03.03 International NGOs and foundations | Total |
|---|--|---|--|---|---|--|---|--|---------------|
| ng for vulnerabl e and accessibl e populatio ns | | | | | | | | | |
| ASC.02.0 9 Voluntary HIV testing and counsell ing for general populatio n | 34,650,207.29 | | | | | | | | 34,650,207.29 |
| ASC.02.1 0 Provider initiated testing and counsell ing (PITC) | 146,460.27 | | | | | | | | 146,460.27 |

| | PS.01.01 Governmental organizations | PS.01.02 Parastatal organizations | PS.01.99 Public sector providers n.e.c. | PS.02.01 Non- profit providers | PS.02. 02 Profit- making private sector providers | PS.03.01 Bilateral agencies | PS.03.02 Multilateral agencies | PS.03.03 International NGOs and foundations | Total |
|--|--|--|--|---|--|--|---|--|----------------|
| ASC.02.1 1 HIV screening in blood banks | 85,679.34 | | | | | | | | 85,679.34 |
| ASC.02.9 8 HIV testing and counselling activities not disaggregated | 13,096,046.83 | | 1,002,764.67 | 6,078,813.03 | | | | 2,441,519.18 | 22,619,143.72 |
| ASC.03.0 1.01 ART for adults | 94,229,752.60 | | | 12,709,964.65 | | | | | 106,939,717.25 |
| ASC.03.0 1.02 ART for paediatrics | 15,477,961.49 | | | 4,361,045.53 | | | | | 19,839,007.02 |
| ASC.03.0 2 Adheren | 818,301.52 | | | 23,442.25 | | | | | 841,743.77 |

| | PS.01.01 Governmental organizations | PS.01.02 Parastatal organiza- tions | PS.01.99 Public sector providers n.e.c. | PS.02.01 Non- profit providers | PS.02. 02 Profit- makin g privat e sector provid ers | PS.03.01 Bilateral agencies | PS.03.02 Multilateral agencies | PS.03.03 International NGOs and foundations | Total |
|--|--|--|--|---|---|--|---|--|---------------|
| ce and retention on ART - support (including nutrition and transport) and monitoring | | | | | | | | | |
| ASC.03.03 Specific ART-related laboratory monitoring | 14,554,564.32 | | | 4,146,587.74 | | | | | 18,701,152.06 |
| ASC.03.04 Co-infections and opportunistic | 12,495,892.84 | | | 1,117,682.00 | | | | 471,007.27 | 14,084,582.12 |

| | PS.01.01 Governmental organizations | PS.01.02 Parastatal organiz ations | PS.01.99 Public sector providers n.e.c. | PS.02.01 Non- profit providers | PS.02. 02 Profit- makin g privat e sector provid ers | PS.03.01 Bilateral agencies | PS.03.02 Multilateral agencies | PS.03.03 International NGOs and foundations | Total |
|---|--|---|--|---|---|--|---|--|---------------|
| infections : preventio n and treatmen t for PLHIV and KPs | | | | | | | | | |
| ASC.03.0 5 Psycholo gical treatmen t and support service | | | | | | | | 23,275.34 | 23,275.34 |
| ASC.03.9 8 Care and treatmen t services not disaggre gated | 89,424,041.41 | | | | | | | 7,793,466.98 | 97,217,508.38 |
| ASC.04.0 1.01 OVC | | | | 2,258,010.08 | | | | 2,768,251.59 | 5,026,261.67 |

| | PS.01.01 Governmental organizations | PS.01.02 Parastatal organiz ations | PS.01.99 Public sector providers n.e.c. | PS.02.01 Non- profit providers | PS.02. 02 Profit- makin g privat e sector provid ers | PS.03.01 Bilateral agencies | PS.03.02 Multilateral agencies | PS.03.03 International NGOs and foundations | Total |
|--|--|---|--|---|---|--|---|--|---------------|
| Basic needs (health, education, housing) | | | | | | | | | |
| ASC.04.0 1.03 OVC Social Services (including financial benefits) | | | | 417,451.93 | | | | 451,228.41 | 868,680.33 |
| ASC.04.0 1.98 OVC Services not disaggregated by activity | | | | 266,586.28 | | 82,614.70 | | 514,162.31 | 863,363.29 |
| ASC.04.0 2.01 Social protection through | 31,561,068.33 | | | | | | | | 31,561,068.33 |

| | PS.01.01 Governmental organizations | PS.01.02 Parastat al organiz ations | PS.01.99 Public sector providers n.e.c. | PS.02.01 Non- profit providers | PS.02. 02 Profit- makin g privat e sector provid ers | PS.03.01 Bilateral agencies | PS.03.02 Multilateral agencies | PS.03.03 International NGOs and foundations | Total |
|---|--|--|--|---|---|--|---|--|--------------|
| monetary or in-kind benefits | | | | | | | | | |
| ASC.04.0 2.98 Social protectio n services and social services not disaggre gated by type | 244.98 | | | 61,444.72 | | | | 348,598.99 | 410,288.69 |
| ASC.05.0 1 Advocac y | 5,277.58 | | | | | | | 486,630.48 | 491,908.06 |
| ASC.05.0 2.01 Stigma and discrimin ation reduction | | | | | | | | 21,006.15 | 21,006.15 |

| | PS.01.01 Governmental organizations | PS.01.02 Parastatal organiz ations | PS.01.99 Public sector providers n.e.c. | PS.02.01 Non- profit providers | PS.02. 02 Profit- makin g privat e sector provid ers | PS.03.01 Bilateral agencies | PS.03.02 Multilateral agencies | PS.03.03 International NGOs and foundations | Total |
|---|--|---|--|---|---|--|---|--|--------------|
| ASC.05.0 2.03 Monitorin g and reforming laws, regulatio ns and policies relating to HIV | 161,974.84 | | | | | | | | 161,974.84 |
| ASC.05.0 2.04 Sensitizat ion of law- makers and law enforcem ent agents | 2,419.59 | | | | | | | | 2,419.59 |
| ASC.05.0 2.05 Reducing discrimin ation and | | | | 7,003.58 | | | | | 7,003.58 |

| | PS.01.01 Governmental organizations | PS.01.02 Parastatal organiza tions | PS.01.99 Public sector providers n.e.c. | PS.02.01 Non- profit providers | PS.02. 02 Profit- makin g privat e sector provid ers | PS.03.01 Bilateral agencies | PS.03.02 Multilateral agencies | PS.03.03 International NGOs and foundations | Total |
|---|--|---|--|---|---|--|---|--|---------------|
| violence against women in the context of HIV | | | | | | | | | |
| ASC.06.0 1 Strategic planning, coordina tion and policy develop ment | 176,156.78 | | | 29,855.61 | | 180,098.91 | | 4,022,851.67 | 4,408,962.97 |
| ASC.06.0 3 Program administr ation and manage ment costs (above service- | 1,899,616.68 | | | 953,888.80 | | 5,754,172.21 | | 28,186,593.31 | 36,794,271.00 |

| | PS.01.01 Governmental organizations | PS.01.02 Parastatal organiza tions | PS.01.99 Public sector providers n.e.c. | PS.02.01 Non- profit providers | PS.02. 02 Profit- makin g privat e sector provid ers | PS.03.01 Bilateral agencies | PS.03.02 Multilateral agencies | PS.03.03 International NGOs and foundations | Total |
|--|--|---|--|---|---|--|---|--|---------------|
| delivery level) | | | | | | | | | |
| ASC.06.0 4 Strategic informati on | 921,860.74 | | | 717,075.57 | | 818,785.26 | 135.19 | 10,768,296.51 | 13,226,153.26 |
| ASC.06.0 5 Public Systems Strengthe nin | 271,373.88 | | | | | 470,064.62 | | 4,856,520.83 | 5,597,959.33 |
| ASC.06.0 6 Communi ty system strengthe ning | 283,858.88 | | | | | | | 198,974.72 | 482,833.60 |
| ASC.06.0 7 Human resources for health (above- site program mes) | 752.08 | | | | | | | 772,176.07 | 772,928.16 |

| | PS.01.01 Governmental organizations | PS.01.02 Parastatal organiza tions | PS.01.99 Public sector providers n.e.c. | PS.02.01 Non- profit providers | PS.02. 02 Profit- makin g privat e sector provid ers | PS.03.01 Bilateral agencies | PS.03.02 Multilateral agencies | PS.03.03 International NGOs and foundations | Total |
|---|--|---|--|---|---|--|---|--|--------------|
| ASC.06.9 8 Program me enablers and systems strengthe ning not disagreg ated | | | | | | | | 294,104.37 | 294,104.37 |
| ASC.07.0 1 Formativ e educatio n to build-up an HIV workforc e and other trainings not related to any | 25,957.90 | | | | | | | | 25,957.90 |

| | PS.01.01 Governmental organizations | PS.01.02 Parastatal organizations | PS.01.99 Public sector providers n.e.c. | PS.02.01 Non- profit providers | PS.02. 02 Profit- making private sector providers | PS.03.01 Bilateral agencies | PS.03.02 Multilateral agencies | PS.03.03 International NGOs and foundations | Total |
|--|---|---|--|--------------------------------------|---|-----------------------------------|--------------------------------------|--|-----------------------|
| specific activity (e.g. pre-service) using HIV earmarked resources | | | | | | | | | |
| ASC.07.02 Reducing gender based violence | | | | | | | | 520,985.88 | 520,985.88 |
| ASC.08.04 Socio-behavioural research | | | | | | | | 97,449.34 | 97,449.34 |
| Total | 321,348,058.73 | 112,979.42 | 1,002,764.67 | 49,428,779.38 | 276,891.92 | 8,493,628.04 | 135.19 | 80,271,092.25 | 460,934,329.60 |

e) FE x PF

| | FE.01.01.01 Central government | FE.02 Domestic Private Entities | FE.03.01.30 Government of United States | FE.03.01.99 Other government (s) /other bilateral agencies n.e.c. | FE.03.02.07 The Global Fund to Fight AIDS, Tuberculosis and Malaria | FE.03.02.08 UNAIDS Secretariat | FE.03.02.17 United Nations Population Fund (UNFPA) | FE.03.02.99 Other Multilateral organizations n.e.c. | FE.03.03.06 Bill and Melinda Gates Foundation | Total |
|--|--------------------------------|---------------------------------|---|---|---|--------------------------------|--|---|---|----------------|
| PF.01.01.01 Direct service providers | 72,631,762.78 | | 28,679,504.60 | | 344,579.27 | | | | | 101,655,846.65 |
| PF.01.01.02 Program management personnel costs | 1,070,654.49 | | 33,073,811.38 | | 632,561.21 | | | | | 34,777,027.08 |
| PF.01.01.98 Personnel not disaggregated | | | 16,023,393.06 | | | | | | | 16,023,393.06 |
| PF.01.02.01 Office rental costs | 84,178.92 | | | | | | | | | 84,178.92 |
| PF.01.02.02 Office utilities costs (electricit | 57,503.34 | | | | | | | | | 57,503.34 |

| | FE.01.01.01 Central government | FE.02 Domestic Private Entities | FE.03.01.30 Government of United States | FE.03.01.99 Other government (s) /other bilateral agencies n.e.c. | FE.03.02.07 The Global Fund to Fight AIDS, Tuberculosis and Malaria | FE.03.02.08 UNAIDS Secretariat | FE.03.02.17 United Nations Population Fund (UNFPA) | FE.03.02.99 Other Multilateral organizations n.e.c. | FE.03.03.06 Bill and Melinda Gates Foundation | Total |
|---|--------------------------------|---------------------------------|---|---|---|--------------------------------|--|---|---|---------------|
| y, water, heating, etc.) | | | | | | | | | | |
| PF.01.02.03 Travel expenditure | 3,477.42 | | 8,874,986.25 | | 2,899,117.48 | | | 57,706.22 | | 11,835,287.36 |
| PF.01.02.04 Administrative and programme management costs | 744,995.01 | 27,6891.92 | | 15,549.46 | 2,258,732.45 | 468,723.58 | | 9,484,467.18 | | 13,249,359.60 |
| PF.01.02.98 Other current costs not disaggregated | 24,315,390.10 | | | 2,120,467.47 | | | 3,207,925.52 | | | 29,643,783.10 |
| PF.01.03.01.01 Antiretrovirals | 686.42 | | 470,397.46 | | 68,081,677.90 | | | | | 68,552,761.77 |
| PF.01.03.01.07 OI | | | | | 7,966,440.00 | | | | | 7,966,440.00 |

| | FE.01.01.01 Central government | FE.02 Domestic Private Entities | FE.03.01.30 Government of United States | FE.03.01.99 Other government (s) /other bilateral agencies n.e.c. | FE.03.02.07 The Global Fund to Fight AIDS, Tuberculosis and Malaria | FE.03.02.08 UNAIDS Secretariat | FE.03.02.17 United Nations Population Fund (UNFPA) | FE.03.02.99 Other Multilateral organizations n.e.c. | FE.03.03.06 Bill and Melinda Gates Foundation | Total |
|---|--------------------------------|---------------------------------|---|---|---|--------------------------------|--|---|---|---------------|
| other than TB drugs | | | | | | | | | | |
| PF.01.03.02.02 Condoms | | | 469,599.30 | | 1,487,644.41 | | | | | 1,957,243.71 |
| PF.01.03.02.98 Medical supplies not disaggregated | | | 3,765,129.19 | | | | | | | 3,765,129.19 |
| PF.01.03.03.01 HIV tests screening /diagnostics | 1,298.38 | | | | 40,476,059.49 | | | | | 40,477,357.87 |
| PF.01.03.03.02 VL tests | | | 275,451.84 | | | | | | | 275,451.84 |
| PF.01.03.03.98 Reagents and materials not | | | 256,517.73 | | 17,903,461.00 | | | | | 18,159,978.73 |

| | FE.01.01.01 Central government | FE.02 Domestic Private Entities | FE.03.01.30 Government of United States | FE.03.01.99 Other government (s) /other bilateral agencies n.e.c. | FE.03.02.07 The Global Fund to Fight AIDS, Tuberculosis and Malaria | FE.03.02.08 UNAIDS Secretariat | FE.03.02.17 United Nations Population Fund (UNFPA) | FE.03.02.99 Other Multilateral organizations n.e.c. | FE.03.03.06 Bill and Melinda Gates Foundation | Total |
|---|--------------------------------|---------------------------------|---|---|---|--------------------------------|--|---|---|---------------|
| disaggregated | | | | | | | | | | |
| PF.01.03.04 Non-medical supplies | 89,451.39 | | 7,424,956.13 | | 429,805.44 | | | | 8,000.00 | 7,952,212.96 |
| PF.01.03.98 Medical products and supplies not disaggregated | 10,544.71 | | 466.59 | | 15,592,038.72 | | | | | 15,603,050.02 |
| PF.01.04 Contracted external services | 7,286.29 | | 16,782,241.62 | | 26,940.16 | | | | | 16,816,468.06 |
| PF.01.07 Financial support for beneficiaries | 1,582,292.99 | | 3,812,154.89 | 9,671,720.18 | | | | 14,631,753.78 | | 29,697,921.84 |
| PF.01.08 Training-Training | 179,537.26 | | 2,561,522.18 | | 2,489,940.81 | | 135.19 | | 935,729.80 | 6,166,865.24 |

| | FE.01.01.01 Central government | FE.02 Domestic Private Entities | FE.03.01.30 Government of United States | FE.03.01.99 Other government (s) /other bilateral agencies n.e.c. | FE.03.02.07 The Global Fund to Fight AIDS, Tuberculosis and Malaria | FE.03.02.08 UNAIDS Secretariat | FE.03.02.17 United Nations Population Fund (UNFPA) | FE.03.02.99 Other Multilateral organizations n.e.c. | FE.03.03.06 Bill and Melinda Gates Foundation | Total |
|---|--------------------------------|---------------------------------|---|---|---|--------------------------------|--|---|---|---------------|
| related per diems/transport/other costs | | | | | | | | | | |
| PF.01.09 Logistics of events, including catering services | 22,591.82 | | | | 414,971.60 | | | | | 437,563.42 |
| PF.01.10 Indirect costs | | | 16,311,629.76 | | 165,008.72 | | | | | 16,476,638.48 |
| PF.01.98 Current direct and indirect expenditures not disaggregated | 197,063.40 | | 6,196,827.34 | | 426,876.24 | | | | | 6,820,766.98 |
| PF.02.01 Building | | | 131,883.90 | | | | | 10,000.00 | | 141,883.90 |
| PF.02.02 Vehicles | 100,992.13 | | | | | | | | | 100,992.13 |

| | FE.01.01.01 Central government | FE.02 Domestic Private Entities | FE.03.01.30 Government of United States | FE.03.01.99 Other government (s) /other bilateral agencies n.e.c. | FE.03.02.07 The Global Fund to Fight AIDS, Tuberculosis and Malaria | FE.03.02.08 UNAIDS Secretariat | FE.03.02.17 United Nations Population Fund (UNFPA) | FE.03.02.99 Other Multilateral organizations n.e.c. | FE.03.03.06 Bill and Melinda Gates Foundation | Total |
|---|-----------------------------------|------------------------------------|--|--|--|-----------------------------------|---|--|--|-----------------------|
| PF.02.03 Other capital investment | 44,213.01 | | 2,511,627.03 | | 268,147.55 | | | | | 2,823,987.59 |
| PF.98 Production factors not disaggregated | | | 9,415,236.76 | | | | | | | 9,415,236.76 |
| Total | 101,143,919.85 | 27,6891.92 | 157,037,337.00 | 11,807,737.11 | 161,864,002.45 | 468,723.58 | 135.19 | 17,839,679.30 | 10,495,903.20 | 460,934,329.60 |

f) ASC x PF

| | ASC.01 Prevention | ASC.02 HIV testing and counsellin g (HTC) | ASC.03 HIV Care and Treatment Care | ASC.04 Social protection and economic support (for PLHIV, their families, for KPs and for Orphans and Vulnerable Children) (where HIV ear-marked funds are used) | ASC.05 Social Enablers (excludin g the efforts for KPs above) | ASC.06 Programme enablers and systems strengthenin g | ASC.07 Developme nt synergies | ASC.08 HIV- related research (paid by earmarke d HIV funds) | Total |
|---|------------------------------|--|---|---|--|---|--|--|--------------------|
| PF.01.01.01 Direct service providers | 5,974,083.5 1 | 15,825,90 4.83 | 79,752,837. 49 | 90,154.77 | | | 12,866.05 | | 101,655,846. 65 |
| PF.01.01.02 Program manageme nt personnel costs | 4,911,307.9 1 | 950,806.3 3 | 12,094,242. 06 | 1,956,256.39 | | 14,801,400.5 7 | 63,013.82 | | 34,777,027.0 8 |
| PF.01.01.98 Personnel no t disaggregat ed | 3,560,516.8 5 | 935,872.9 8 | 7,820,987.5 4 | 237,501.91 | | 3,438,392.58 | 30,121.20 | | 16,023,393.0 6 |
| PF.01.02.01 Office rental costs | | | | | | 84,178.92 | | | 84,178.92 |
| PF.01.02.02 Office utilities costs (electricity, water, | | | | | | 57,503.34 | | | 57,503.34 |

| | ASC.01 Prevention | ASC.02 HIV testing and counsellin g (HTC) | ASC.03 HIV Care and Treatment Care | ASC.04 Social protection and economic support (for PLHIV, their families, for KPs and for Orphans and Vulnerable Children) (where HIV ear-marked funds are used) | ASC.05 Social Enablers (excludin g the efforts for KPs above) | ASC.06 Programme enablers and systems strengthenin g | ASC.07 Developme nt synergies | ASC.08 HIV- related research (paid by earmarke d HIV funds) | Total |
|--|------------------------------|--|---|---|--|---|--|--|-------------------|
| heating, etc.) | | | | | | | | | |
| PF.01.02.03 Travel expenditure | 3,404,371.7 8 | 772,939.8 5 | 4,122,381.8 9 | 239,483.10 | 4,626.66 | 3,176,235.97 | 17,798.76 | 97,449.34 | 11,835,287.3 6 |
| PF.01.02.04 Administrativ e and programme managemen t costs | 405,567.79 | 1,659,261. 15 | 1,510,584.6 4 | 244.98 | 479,685.0 0 | 9,194,016.04 | | | 12,859,488.2 5 |
| PF.01.02.98 Other current costs not disaggregat ed | 200,810.31 | 4,335,731. 77 | 19,431,939. 64 | 5,675,301.38 | | | | | 29,643,783.1 0 |
| PF.01.03.01.0 1 Antiretroviral s | 321,426.31 | | 68,231,335. 47 | | | | | | 68,552,761.7 7 |
| PF.01.03.01.0 7 OI other than TB drugs | | | 7,966,440.0 0 | | | | | | 7,966,440.00 |

| | ASC.01 Prevention | ASC.02 HIV testing and counsellin g (HTC) | ASC.03 HIV Care and Treatment Care | ASC.04 Social protection and economic support (for PLHIV, their families, for KPs and for Orphans and Vulnerable Children) (where HIV ear-marked funds are used) | ASC.05 Social Enablers (excludin g the efforts for KPs above) | ASC.06 Programme enablers and systems strengthenin g | ASC.07 Developme nt synergies | ASC.08 HIV- related research (paid by earmarke d HIV funds) | Total |
|--|----------------------|--|---|--|--|---|--|--|---------------|
| PF.01.03.02.0 2 Condoms | 1,957,243.71 | | | | | | | | 1,957,243.71 |
| PF.01.03.02.9 8 Medical supplies not disaggregat ed | 1,762,423.55 | 312,197.31 | 1,690,508.33 | | | | | | 3,765,129.19 |
| PF.01.03.03.0 1 HIV tests screening/di agnostics | | 40,477,357.87 | | | | | | | 40,477,357.87 |
| PF.01.03.03.0 2 VL tests | | | 275,451.84 | | | | | | 275,451.84 |
| PF.01.03.03.9 8 Reagents and materials not disaggregat ed | | | 17,903,461.00 | | | 256,517.73 | | | 18,159,978.73 |
| PF.01.03.04 Non- medical supplies | 982,812.56 | 416,547.50 | 3,393,564.27 | 292,947.22 | | 2,850,332.52 | 16,008.90 | | 7,952,212.96 |

| | ASC.01 Prevention | ASC.02 HIV testing and counselin g (HTC) | ASC.03 HIV Care and Treatment Care | ASC.04 Social protection and economic support (for PLHIV, their families, for KPs and for Orphans and Vulnerable Children) (where HIV ear-marked funds are used) | ASC.05 Social Enablers (excludin g the efforts for KPs above) | ASC.06 Programme enablers and systems strengthenin g | ASC.07 Developme nt synergies | ASC.08 HIV- related research (paid by earmarke d HIV funds) | Total |
|--|------------------------------|---|---|---|--|---|--|--|-------------------|
| PF.01.03.98 Medical products and supplies not disaggregat ed | | | 15,602,583. 43 | | | | 466.59 | | 15,603,050.0 2 |
| PF.01.04 Contracted external services | 3,474,038.9 8 | 723,755.1 4 | 6,695,899.6 9 | 518,386.56 | | 5,341,432.49 | 62,955.20 | | 16,816,468.0 6 |
| PF.01.07 Financial support for beneficiaries | 2,064,187.3 5 | | 175,205.14 | 27,458,529.35 | | | | | 29,697,921.8 4 |
| PF.01.08 Training- Training related per diems/trans port/other costs | 1,724,096.2 9 | 360,379.1 3 | 2,320,079.9 4 | 209,399.70 | 21,006.15 | 1,407,069.03 | 124,835.00 | | 6,166,865.24 |
| PF.01.09 Logistics of events, | 266,577.29 | | | | 148,394.3 1 | 22,591.82 | | | 437,563.42 |

| | ASC.01 Prevention | ASC.02 HIV testing and counsellin g (HTC) | ASC.03 HIV Care and Treatment Care | ASC.04 Social protection and economic support (for PLHIV, their families, for KPs and for Orphans and Vulnerable Children) (where HIV ear-marked funds are used) | ASC.05 Social Enablers (excludin g the efforts for KPs above) | ASC.06 Programme enablers and systems strengthenin g | ASC.07 Developme nt synergies | ASC.08 HIV- related research (paid by earmarke d HIV funds) | Total |
|---|------------------------------|--|---|---|--|---|--|--|---------------|
| including catering services | | | | | | | | | |
| PF.01.10 Indirect costs | | | | | | 16,476,638.48 | | | 16,476,638.48 |
| PF.01.98 Current direct and indirect expenditures not disaggregated | 1,277,718.99 | 455,753.13 | 2,824,285.66 | 1,099,994.73 | 30,600.11 | 948,075.86 | 184,338.50 | | 6,820,766.98 |
| PF.02.01 Building | | | 131,883.90 | | | 10,000.00 | | | 141,883.90 |
| PF.02.02 Vehicles | | | | | | 100,992.13 | | | 100,992.13 |
| PF.02.03 Other capital investment | 148,787.58 | 44,029.81 | 1,481,013.47 | 45,341.50 | | 1,102,232.02 | 2,583.20 | | 2,823,987.59 |
| PF.98 Production factors not | 1,469,401.98 | 475,853.77 | 4,222,300.56 | 906,120.72 | | 2,309,603.19 | 31,956.55 | | 9,415,236.76 |

| | ASC.01 Prevention | ASC.02 HIV testing and counsellin g (HTC) | ASC.03 HIV Care and Treatment Care | ASC.04 Social protection and economic support (for PLHIV, their families, for KPs and for Orphans and Vulnerable Children) (where HIV ear-marked funds are used) | ASC.05 Social Enablers (excludin g the efforts for KPs above) | ASC.06 Programme enablers and systems strengthenin g | ASC.07 Developme nt synergies | ASC.08 HIV- related research (paid by earmarke d HIV funds) | Total |
|-------------------|---------------------------|--|---|--|--|---|--|--|----------------------------|
| disaggregat ed | | | | | | | | | |
| Total | 33,905,372. 74 | 67,746,39 0.58 | 257,646,985 .94 | 38,729,662.30 | 684,312.2 3 | 61,577,212.6 9 | 546,943.78 | 97,449.34 | 460,934,329. 60 |

g) ASC x BP

| | ASC.01 Prevention | ASC.02 HIV testing and counsellin g (HTC) | ASC.03 HIV Care and Treatment Care | ASC.04 Social protection and economic support (for PLHIV, their families, for KPs and for Orphans and Vulnerable Children) (where HIV ear-marked funds are used) | ASC.05 Social Enablers (excluding the efforts for KPs above) | ASC.06 Programme enablers and systems strengthenin g | ASC.07 Developme nt synergies | ASC.08 HIV- related research (paid by earmarked HIV funds) | Total |
|-----------------------|----------------------|--|---|--|--|---|-------------------------------------|---|------------|
| BP.01.01. 01 Adult | | | 653,192.62 | | | | | | 653,192.62 |

| | ASC.01 Prevention | ASC.02 HIV testing and counseling (HTC) | ASC.03 HIV Care and Treatment Care | ASC.04 Social protection and economic support (for PLHIV, their families, for KPs and for Orphans and Vulnerable Children) (where HIV ear-marked funds are used) | ASC.05 Social Enablers (excluding the efforts for KPs above) | ASC.06 Programme enablers and systems strengthening | ASC.07 Development synergies | ASC.08 HIV- related research (paid by earmarked HIV funds) | Total |
|--|----------------------|---|---|--|--|---|------------------------------------|---|----------------|
| and young men (aged 15 and over) living with HIV | | | | | | | | | |
| BP.01.01.02 Adult and young women (aged 15 over) living with HIV | | | 4,506,682.30 | | | | | | 4,506,682.30 |
| BP.01.01.98 Adult and young people (aged | | | 126,606,324.37 | 244.98 | | | | | 126,606,569.35 |

| | ASC.01 Prevention | ASC.02 HIV testing and counselin g (HTC) | ASC.03 HIV Care and Treatment Care | ASC.04 Social protection and economic support (for PLHIV, their families, for KPs and for Orphans and Vulnerable Children) (where HIV ear-marked funds are used) | ASC.05 Social Enablers (excluding the efforts for KPs above) | ASC.06 Programme enablers and systems strengthenin g | ASC.07 Developme nt synergies | ASC.08 HIV- related research (paid by earmarked HIV funds) | Total |
|---|------------------------------|---|---|---|---|---|--|---|-------------------|
| 15 over) living with HIV not broken down by gender | | | | | | | | | |
| BP.01.02. 98 Children (aged under 15) living with HIV not broken down by gender | | | 27,180,458.0 8 | | | | | | 27,180,458.0 8 |
| BP.01.98 People living with HIV not | 405,420.80 | | 98,700,328.5 7 | 410,043.71 | | | | | 99,125,921.7 4 |

| | ASC.01 Prevention | ASC.02 HIV testing and counseling (HTC) | ASC.03 HIV Care and Treatment Care | ASC.04 Social protection and economic support (for PLHIV, their families, for KPs and for Orphans and Vulnerable Children) (where HIV ear-marked funds are used) | ASC.05 Social Enablers (excluding the efforts for KPs above) | ASC.06 Programme enablers and systems strengthening | ASC.07 Development synergies | ASC.08 HIV- related research (paid by earmarked HIV funds) | Total |
|--|------------------------------|--|---|---|---|--|---|---|--------------|
| broken down by age or gender | | | | | | | | | |
| BP.02.02. 01 Female sex workers and their clients | 147,764.76 | | | | | | | | 147,764.76 |
| BP.02.02. 98 Sex workers, not broken down by gender, and their clients | 407,772.90 | 198,243.40 | | | | | | | 606,016.30 |
| BP.02.03 Gay men | 401,351.97 | 1,650,567.85 | | | | | | | 2,051,919.82 |

| | ASC.01 Prevention | ASC.02 HIV testing and counseling (HTC) | ASC.03 HIV Care and Treatment Care | ASC.04 Social protection and economic support (for PLHIV, their families, for KPs and for Orphans and Vulnerable Children) (where HIV ear-marked funds are used) | ASC.05 Social Enablers (excluding the efforts for KPs above) | ASC.06 Programme enablers and systems strengthening | ASC.07 Development synergies | ASC.08 HIV- related research (paid by earmarked HIV funds) | Total |
|---|------------------------------|--|---|---|---|--|---|---|--------------|
| and other men who have sex with men (MSM) | | | | | | | | | |
| BP.02.04 Transgender | 459,950.16 | 203,151.39 | | | | | | | 663,101.55 |
| BP.02.05 Inmates of correctional facilities (prisoners) and other institutionalized persons | 154,101.65 | 3,199,023.45 | | | | | | | 3,353,125.10 |

| | ASC.01 Prevention | ASC.02 HIV testing and counseling (HTC) | ASC.03 HIV Care and Treatment Care | ASC.04 Social protection and economic support (for PLHIV, their families, for KPs and for Orphans and Vulnerable Children) (where HIV ear-marked funds are used) | ASC.05 Social Enablers (excluding the efforts for KPs above) | ASC.06 Programme enablers and systems strengthening | ASC.07 Development synergies | ASC.08 HIV- related research (paid by earmarked HIV funds) | Total |
|--|------------------------------|--|---|---|---|--|---|---|---------------|
| BP.02.98 "Key populations" not broken down by type | 1,894,074.89 | 362,941.31 | | | | | | | 2,257,016.20 |
| BP.03.01 Orphans and vulnerable children (OVC) | | | | 20,913,444.44 | | | | | 20,913,444.44 |
| BP.03.02 Pregnant and breastfeeding HIV- positive women (not on | 792,083.49 | 685.94 | | | | | | | 792,769.43 |

| | ASC.01 Prevention | ASC.02 HIV testing and counseling (HTC) | ASC.03 HIV Care and Treatment Care | ASC.04 Social protection and economic support (for PLHIV, their families, for KPs and for Orphans and Vulnerable Children) (where HIV ear-marked funds are used) | ASC.05 Social Enablers (excluding the efforts for KPs above) | ASC.06 Programme enablers and systems strengthening | ASC.07 Development synergies | ASC.08 HIV- related research (paid by earmarked HIV funds) | Total |
|---|------------------------------|--|---|---|---|--|---|---|---------------|
| ART) and their children to be born (undetermined HIV status) and new borns | | | | | | | | | |
| BP.03.03 Adolescent girls and young women in countries with high HIV prevalence | 14,666,409.71 | 471,643.74 | | | | | | | 15,138,053.45 |

| | ASC.01 Prevention | ASC.02 HIV testing and counseling (HTC) | ASC.03 HIV Care and Treatment Care | ASC.04 Social protection and economic support (for PLHIV, their families, for KPs and for Orphans and Vulnerable Children) (where HIV ear-marked funds are used) | ASC.05 Social Enablers (excluding the efforts for KPs above) | ASC.06 Programme enablers and systems strengthening | ASC.07 Development synergies | ASC.08 HIV- related research (paid by earmarked HIV funds) | Total |
|---|------------------------------|--|---|---|---|--|---|---|---------------|
| BP.03.13 Partners of people living with HIV (including sero- discordant couples) | | 773,655.95 | | | | | | | 773,655.95 |
| BP.03.14 Recipients of blood or blood products | | 85,679.34 | | | | | | | 85,679.34 |
| BP.03.21 Military | 565,159.24 | | | | | | | | 565,159.24 |
| BP.03.98 Vulnerable, accessible | 1,079,977.29 | 2,086,458.50 | | 17,405,929.18 | | | | | 20,572,364.97 |

| | ASC.01 Prevention | ASC.02 HIV testing and counseling (HTC) | ASC.03 HIV Care and Treatment Care | ASC.04 Social protection and economic support (for PLHIV, their families, for KPs and for Orphans and Vulnerable Children) (where HIV ear-marked funds are used) | ASC.05 Social Enablers (excluding the efforts for KPs above) | ASC.06 Programme enablers and systems strengthening | ASC.07 Development synergies | ASC.08 HIV- related research (paid by earmarked HIV funds) | Total |
|---|------------------------------|--|---|---|---|--|---|---|-------------------|
| le and other target populations not broken down by type | | | | | | | | | |
| BP.04.01. 01 Male adult population | 10,852,802. 00 | 153,492.08 | | | | | | | 11,006,294.0 7 |
| BP.04.01. 02 Female adult population | | 1,661,469.7 5 | | | | | | | 1,661,469.75 |
| BP.04.01. 98 General adult | 518,296.69 | 84,410.39 | | | | | | | 602,707.08 |

| | ASC.01 Prevention | ASC.02 HIV testing and counseling (HTC) | ASC.03 HIV Care and Treatment Care | ASC.04 Social protection and economic support (for PLHIV, their families, for KPs and for Orphans and Vulnerable Children) (where HIV ear-marked funds are used) | ASC.05 Social Enablers (excluding the efforts for KPs above) | ASC.06 Programme enablers and systems strengthening | ASC.07 Development synergies | ASC.08 HIV- related research (paid by earmarked HIV funds) | Total |
|---|------------------------------|--|---|---|---|--|---|---|--------------|
| population (aged older than 24) not broken down by gender | | | | | | | | | |
| BP.04.02. 98 Children (aged under 15) not broken down by gender | | 252,675.02 | | | | | | | 252,675.02 |
| BP.04.03. 01 Young men | 115,522.73 | 18,946.87 | | | | | | | 134,469.60 |

| | ASC.01 Prevention | ASC.02 HIV testing and counseling (HTC) | ASC.03 HIV Care and Treatment Care | ASC.04 Social protection and economic support (for PLHIV, their families, for KPs and for Orphans and Vulnerable Children) (where HIV ear-marked funds are used) | ASC.05 Social Enablers (excluding the efforts for KPs above) | ASC.06 Programme enablers and systems strengthening | ASC.07 Development synergies | ASC.08 HIV- related research (paid by earmarked HIV funds) | Total |
|--|------------------------------|--|---|---|---|--|---|---|---------------|
| BP.04.03. 98 Youth (aged 15 to 24) not broken down by gender | 59,182.48 | | | | | | | | 59,182.48 |
| BP.04.98 General population not broken down by age or gender. | 1,385,501.99 | 56,543,345.61 | | | | | | | 57,928,847.60 |
| BP.05 Non- targeted interventions | | | | | 684,312.23 | 61,577,212.69 | 546,943.78 | 97,449.34 | 62,905,918.04 |

| | ASC.01 Prevention | ASC.02 HIV testing and counseling (HTC) | ASC.03 HIV Care and Treatment Care | ASC.04 Social protection and economic support (for PLHIV, their families, for KPs and for Orphans and Vulnerable Children) (where HIV ear-marked funds are used) | ASC.05 Social Enablers (excluding the efforts for KPs above) | ASC.06 Programme enablers and systems strengthening | ASC.07 Development synergies | ASC.08 HIV- related research (paid by earmarked HIV funds) | Total |
|--------------|----------------------|---|---|--|--|---|------------------------------------|---|-----------------------|
| Total | 33,905,372.74 | 67,746,390.58 | 257,646,985.94 | 38,729,662.30 | 684,312.23 | 61,577,212.69 | 546,943.78 | 97,449.34 | 460,544,458.26 |

h) SDM x ASC

| | SDM.01.01 Facility-based: Outpatient | SDM.02.05 Community- based: outreach | SDM.02.07 HIV self-testing | SDM.02.98 Home and community based not disaggregated | SDM.03 Non applicable (ASC which does not have a specific SDM) | SDM.98 Modalities not disaggregated | Total |
|--|--|---|-------------------------------|---|--|---|---------------|
| ASC.01.01.01 Prevention for adolescent girls and young women (AGYW) and their male partners in settings with high HIV prevalence | | | | 13,655,559.52 | | 745,758.56 | 14,401,318.08 |

| | SDM.01.01 Facility-based: Outpatient | SDM.02.05 Community- based: outreach | SDM.02.07 HIV self-testing | SDM.02.98 Home and community based not disaggregated | SDM.03 Non applicable (ASC which does not have a specific SDM) | SDM.98 Modalities not disaggregated | Total |
|--|---|---|---------------------------------------|---|---|--|---------------|
| ASC.01.01.02 Services for key populations | | | | 956,068.71 | | 787,812.81 | 1,743,881.51 |
| ASC.01.01.03 Condoms (for HIV prevention) for the general population (excluding KPs and AGYW above) | | 9,619.13 | | | | 1,398,759.24 | 1,408,378.37 |
| ASC.01.01.04 Voluntary medical male circumcision (VMMC) for HIV prevention | 11,051,627.17 | | | | | 98,127.94 | 11,149,755.10 |
| ASC.01.01.05 Pre-Exposure Prophylaxis (PrEP) | | | | 65,508.44 | | 1,920,718.00 | 1,986,226.44 |
| ASC.01.02.01 Prevention of vertical transmission of HIV infection (PMTCT) | 791,931.60 | | | | | 151.89 | 792,083.49 |
| ASC.01.02.02 Social and behavioural communication | | | | 110,773.60 | | | 110,773.60 |

| | SDM.01.01 Facility-based: Outpatient | SDM.02.05 Community- based: outreach | SDM.02.07 HIV self-testing | SDM.02.98 Home and community based not disaggregated | SDM.03 Non applicable (ASC which does not have a specific SDM) | SDM.98 Modalities not disaggregated | Total |
|--|---|---|---------------------------------------|---|---|--|--------------|
| for change (SBCC) for populations other than key populations | | | | | | | |
| ASC.01.02.03 Community mobilization for populations other than key populations | | | | 456,448.78 | | | 456,448.78 |
| ASC.01.02.04 Programmatic activities for vulnerable and accessible populations | | | | 303,771.85 | | 776,205.43 | 1,079,977.29 |
| ASC.01.02.06 Prevention of HIV transmission aimed at people living with HIV and their partners (including sero- discordant couples) | | 112,979.42 | | | | 292,441.38 | 405,420.80 |

| | SDM.01.01 Facility-based: Outpatient | SDM.02.05 Community- based: outreach | SDM.02.07 HIV self-testing | SDM.02.98 Home and community based not disaggregated | SDM.03 Non applicable (ASC which does not have a specific SDM) | SDM.98 Modalities not disaggregated | Total |
|---|---|---|---------------------------------------|---|---|--|--------------|
| ASC.01.02.10 STI prevention and treatment programmes for populations other than key populations - only if funded from earmarked HIV budgets | | | | | | 343,676.76 | 343,676.76 |
| ASC.01.02.98 Prevention activities not disaggregated | | | | | | 27,432.51 | 27,432.51 |
| ASC.02.01 HIV testing and counselling for sex workers | 63,077.91 | | | 135,165.50 | | | 198,243.40 |
| ASC.02.02 HIV testing and counselling for MSM | | | 1,650,567.85 | | | | 1,650,567.85 |
| ASC.02.03 HIV testing and counselling for TG | | | 153,792.00 | 49,359.39 | | | 203,151.39 |
| ASC.02.05 HIV testing and counselling for inmates of | 3,173,582.18 | | | 25,441.27 | | | 3,199,023.45 |

| | SDM.01.01 Facility-based: Outpatient | SDM.02.05 Community- based: outreach | SDM.02.07 HIV self-testing | SDM.02.98 Home and community based not disaggregated | SDM.03 Non applicable (ASC which does not have a specific SDM) | SDM.98 Modalities not disaggregated | Total |
|--|---|---|---------------------------------------|---|---|--|---------------|
| correctional and pre-trial facilities | | | | | | | |
| ASC.02.06 HIV testing and counselling for pregnant women (part of PMTCT programme) | 1,589,418.07 | | | 72,051.68 | | | 1,661,469.75 |
| ASC.02.07 Early infant (and paediatric??) diagnosis (EID) of HIV | | | | | | 685.94 | 685.94 |
| ASC.02.08 HIV testing and counselling for vulnerable and accessible populations | 2,095,282.91 | | 392,000.00 | 844,475.28 | | | 3,331,758.19 |
| ASC.02.09 Voluntary HIV testing and counselling for general population | 3,209,765.20 | | 13,730,713.97 | 17,709,728.11 | | | 34,650,207.29 |
| ASC.02.10 Provider initiated testing | 146,460.27 | | | | | | 146,460.27 |

| | SDM.01.01 Facility-based: Outpatient | SDM.02.05 Community- based: outreach | SDM.02.07 HIV self-testing | SDM.02.98 Home and community based not disaggregated | SDM.03 Non applicable (ASC which does not have a specific SDM) | SDM.98 Modalities not disaggregated | Total |
|---|---|---|---------------------------------------|---|---|--|----------------|
| and counselling (PITC) | | | | | | | |
| ASC.02.11 HIV screening in blood banks | 85,679.34 | | | | | | 85,679.34 |
| ASC.02.98 HIV testing and counselling activities not disaggregated | 20,258,842.94 | | | 1,767,733.14 | | 592,567.64 | 22,619,143.72 |
| ASC.03.01.01 ART for adults | 106,939,717.25 | | | | | | 106,939,717.25 |
| ASC.03.01.02 ART for paediatrics | 19,839,007.02 | | | | | | 19,839,007.02 |
| ASC.03.02 Adherence and retention on ART - support (including nutrition and transport) and monitoring | 476,803.17 | 364,940.60 | | | | | 841,743.77 |
| ASC.03.03 Specific ART- related laboratory monitoring | 18,701,152.06 | | | | | | 18,701,152.06 |

| | SDM.01.01 Facility-based: Outpatient | SDM.02.05 Community- based: outreach | SDM.02.07 HIV self-testing | SDM.02.98 Home and community based not disaggregated | SDM.03 Non applicable (ASC which does not have a specific SDM) | SDM.98 Modalities not disaggregated | Total |
|--|---|---|---------------------------------------|---|---|--|---------------|
| ASC.03.04 Co-infections and opportunistic infections: prevention and treatment for PLHIV and KPs | 13,613,574.85 | | | 471,007.27 | | | 14,084,582.12 |
| ASC.03.05 Psychological treatment and support service | | | | | | 23,275.34 | 23,275.34 |
| ASC.03.98 Care and treatment services not disaggregated | 97,217,508.38 | | | | | | 97,217,508.38 |
| ASC.04.01.01 OVC Basic needs (health, education, housing) | | | | 5,026,261.67 | | | 5,026,261.67 |
| ASC.04.01.03 OVC Social Services (including financial benefits) | | | | 868,680.33 | | | 868,680.33 |
| ASC.04.01.98 OVC Services not disaggregated by activity | | | | 863,363.29 | | | 863,363.29 |

| | SDM.01.01 Facility-based: Outpatient | SDM.02.05 Community- based: outreach | SDM.02.07 HIV self-testing | SDM.02.98 Home and community based not disaggregated | SDM.03 Non applicable (ASC which does not have a specific SDM) | SDM.98 Modalities not disaggregated | Total |
|--|---|---|---------------------------------------|---|---|--|---------------|
| ASC.04.02.01 Social protection through monetary or in- kind benefits | | 31,561,068.33 | | | | | 31,561,068.33 |
| ASC.04.02.98 Social protection services and social services not disaggregated by type | | | | 410,288.69 | | | 410,288.69 |
| ASC.05.01 Advocacy | | | | | 491,908.06 | | 491,908.06 |
| ASC.05.02.01 Stigma and discrimination reduction | | | | | 21,006.15 | | 21,006.15 |
| ASC.05.02.03 Monitoring and reforming laws, regulations and policies relating to HIV | | | | | 161,974.84 | | 161,974.84 |
| ASC.05.02.04 Sensitization of law-makers and law | | | | | 2,419.59 | | 2,419.59 |

| | SDM.01.01 Facility-based: Outpatient | SDM.02.05 Community- based: outreach | SDM.02.07 HIV self-testing | SDM.02.98 Home and community based not disaggregated | SDM.03 Non applicable (ASC which does not have a specific SDM) | SDM.98 Modalities not disaggregated | Total |
|---|---|---|---------------------------------------|---|---|--|---------------|
| enforcement agents | | | | | | | |
| ASC.05.02.05 Reducing discrimination and violence against women in the context of HIV | | | | | 7,003.58 | | 7,003.58 |
| ASC.06.01 Strategic planning, coordination and policy development | | | | | 4,408,962.97 | | 4,408,962.97 |
| ASC.06.03 Programme administration and management costs (above service-delivery level) | | | | | 36,794,271.00 | | 36,794,271.00 |
| ASC.06.04 Strategic information | | | | | 13,226,153.26 | | 13,226,153.26 |
| ASC.06.05 Public Systems Strengthenin | | | | | 5,597,959.33 | | 5,597,959.33 |

| | SDM.01.01 Facility-based: Outpatient | SDM.02.05 Community- based: outreach | SDM.02.07 HIV self-testing | SDM.02.98 Home and community based not disaggregated | SDM.03 Non applicable (ASC which does not have a specific SDM) | SDM.98 Modalities not disaggregated | Total |
|--|---|---|---------------------------------------|---|---|--|--------------|
| ASC.06.06 Community system strengthening | | | | | 482,833.60 | | 482,833.60 |
| ASC.06.07 Human resources for health (above- site programmes) | | | | | 772,928.16 | | 772,928.16 |
| ASC.06.98 Programme enablers and systems strengthening not disaggregated | | | | | 294,104.37 | | 294,104.37 |
| ASC.07.01 Formative education to build-up an HIV workforce and other trainings not related to any specific activity (e.g. pre-service) using HIV earmarked resources | | | | | 25,957.90 | | 25,957.90 |

| | SDM.01.01 Facility-based: Outpatient | SDM.02.05 Community- based: outreach | SDM.02.07 HIV self-testing | SDM.02.98 Home and community based not disaggregated | SDM.03 Non applicable (ASC which does not have a specific SDM) | SDM.98 Modalities not disaggregated | Total |
|---|---|---|---------------------------------------|---|---|--|-----------------------|
| ASC.07.02 Reducing gender based violence | | | | | 520,985.88 | | 520,985.88 |
| ASC.08.04 Socio- behavioural research | | | | | 97,449.34 | | 97,449.34 |
| Total | 299,253,430.32 | 32,048,607.48 | 15,927,073.82 | 43,791,686.50 | 62,905,918.04 | 7,007,613.44 | 460,934,329.60 |

i) PS x PF

| | PS.01.01 Governmental organizations | PS.01.02 Parastatal organizations | PS.01.99 Public sector providers n.e.c. | PS.02.01 Non-profit providers | PS.02.02 Profit- making private sector providers | PS.03.01 Bilateral agencies | PS.03.02 Multilateral agencies | PS.03.03 International NGOs and foundations | Total |
|---|--|--|--|--|---|--|---|--|----------------|
| PF.01.01.01 Direct service providers | 72,518,405.94 | | 329,585.81 | 23,102,676.45 | | 344,519.07 | | 5,360,659.38 | 101,655,846.65 |
| PF.01.01.02 Program management personnel costs | 12,074,740.75 | | 128,011.21 | 3,957,431.39 | | 2,112,142.64 | | 16,504,701.10 | 34,777,027.08 |
| PF.01.01.98 Personnel not disaggregated | 6,985,425.85 | | 141,602.44 | 2,402,842.35 | | 691,847.39 | | 5,801,675.02 | 16,023,393.06 |

| | PS.01.01 Governmental organizations | PS.01.02 Parastatal organizations | PS.01.99 Public sector providers n.e.c. | PS.02.01 Non-profit providers | PS.02.02 Profit- making private sector providers | PS.03.01 Bilateral agencies | PS.03.02 Multilateral agencies | PS.03.03 International NGOs and foundations | Total |
|--|--|--|--|--|---|--|---|--|---------------|
| PF.01.02.01 Office rental costs | 84,178.92 | | | | | | | | 84,178.92 |
| PF.01.02.02 Office utilities costs (electricity, water, heating, etc.) | 57,503.34 | | | | | | | | 57,503.34 |
| PF.01.02.03 Travel expenditure | 4,045,700.80 | | 60,194.73 | 1,731,365.21 | | 418,473.50 | | 5,579,553.13 | 11,835,287.36 |
| PF.01.02.04 Administrative and programme management costs | 3,796,539.13 | 112,979.42 | | 488,126.14 | 276,891.92 | | | 8,574,822.99 | 13,249,359.60 |
| PF.01.02.98 Other current costs not disaggregated | 23,417,281.89 | | | 6,226,501.21 | | | | | 29,643,783.10 |
| PF.01.03.01.01 Antiretrovirals | 66,331,118.18 | | | 1,900,217.29 | | | | 321,426.31 | 68,552,761.77 |
| PF.01.03.01.07 OI other than TB drugs | 7,966,440.00 | | | | | | | | 7,966,440.00 |
| PF.01.03.02.02 Condoms | 1,487,644.41 | | | | | | | 469,599.30 | 1,957,243.71 |
| PF.01.03.02.98 Medical supplies not disaggregated | 1,530,931.98 | | 53,870.67 | 1,366,760.01 | | 186,351.41 | | 627,215.11 | 3,765,129.19 |

| | PS.01.01 Governmental organizations | PS.01.02 Parastatal organizations | PS.01.99 Public sector providers n.e.c. | PS.02.01 Non-profit providers | PS.02.02 Profit- making private sector providers | PS.03.01 Bilateral agencies | PS.03.02 Multilateral agencies | PS.03.03 International NGOs and foundations | Total |
|--|--|--|--|--|---|--|---|--|---------------|
| PF.01.03.03.01 HIV tests screening/diagnostics | 40,477,357.87 | | | | | | | | 40,477,357.87 |
| PF.01.03.03.02 VL tests | 267,780.61 | | | 7,671.23 | | | | | 275,451.84 |
| PF.01.03.03.98 Reagents and materials not disaggregated | 17,916,489.70 | | | | | 14,591.94 | | 228,897.08 | 18,159,978.73 |
| PF.01.03.04 Non-medical supplies | 3,222,566.09 | | 52,905.16 | 683,374.01 | | 384,032.98 | | 3,609,334.72 | 7,952,212.96 |
| PF.01.03.98 Medical products and supplies not disaggregated | 15,602,583.43 | | | | | | | 466.59 | 15,603,050.02 |
| PF.01.04 Contracted external services | 6,055,300.13 | | 94,421.08 | 2,323,601.73 | | 977,255.95 | | 7,365,889.17 | 16,816,468.06 |
| PF.01.07 Financial support for beneficiaries | 26,039,889.21 | | | 1,445,392.01 | | 1,642.04 | | 2,210,998.57 | 29,697,921.84 |
| PF.01.08 Training-Training related per diems/transport/other costs | 3,062,608.47 | | 12,255.29 | 629,879.15 | | 72,364.06 | 135.19 | 2,389,623.09 | 6,166,865.24 |
| PF.01.09 Logistics of events, | 437,563.42 | | | | | | | | 437,563.42 |

| | PS.01.01 Government al organization s | PS.01.02 Parastatal organizatio ns | PS.01.99 Public sector providers n.e.c. | PS.02.01 Non-profit providers | PS.02.02 Profit- making private sector provider s | PS.03.01 Bilateral agencies | PS.03.02 Multilater al agencies | PS.03.03 International NGOs and foundations | Total |
|---|--|---|--|--|--|--|--|--|-----------------------|
| including catering services | | | | | | | | | |
| PF.01.10 Indirect costs | | | | 469,542.41 | | 2,832,434.87 | | 13,174,661.20 | 16,476,638.48 |
| PF.01.98 Current direct and indirect expenditures not disaggregated | 2,755,614.83 | | 68,855.58 | 1,434,793.39 | | 67,252.39 | | 2,494,250.79 | 6,820,766.98 |
| PF.02.01 Building | 115,622.32 | | | | | | | 26,261.58 | 141,883.90 |
| PF.02.02 Vehicles | 100,992.13 | | | | | | | | 100,992.13 |
| PF.02.03 Other capital investment | 1,194,320.65 | | 1,951.93 | 125,772.01 | | 107,907.23 | | 1,394,035.77 | 2,823,987.59 |
| PF.98 Production factors not disaggregated | 3,803,458.68 | | 59,110.77 | 1,132,833.39 | | 282,812.56 | | 4,137,021.36 | 9,415,236.76 |
| Total | 321,348,058.73 | 112,979.42 | 1,002,764.67 | 49,428,779.38 | 276,891.92 | 8,493,628.04 | 135.19 | 80,271,092.25 | 460,934,329.60 |