



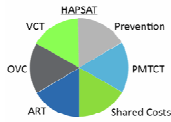
USAID
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HIV/AIDS PROGRAM SUSTAINABILITY ANALYSIS TOOL: DONOR QUESTIONNAIRE

April 2010

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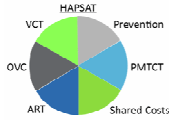


HIV/AIDS Program Sustainability Analysis Tool Data Collection Donor Questionnaire

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

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

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



HIV/AIDS Program Sustainability Analysis Tool Data Collection Donor Questionnaire

Data Collector Name _____ **Phone** _____ **Email** _____
Date _____

As a donor organization providing funds to HIV/AIDS programs, we ask that you provide the following information regarding your allocated budgets and disbursements for HIV/AIDS-related activities in the years 2006-2008. This will aid in our efforts to analyze the total cost of, and resources required to sustain or scale-up national HIV/AIDS programs and services and identify possible shortfalls threatening achievement of program goals. Please provide thorough and accurate information to the best of your ability.

PART A. IDENTIFICATION INFORMATION

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

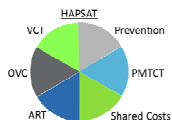
Do you have a recent annual report or other documentation on your HIV/AIDS related operations?
 If so, please give it to the data collector or email an electronic copy to: data_submit@hapsat.net

PART B: HIV/AIDS FUNDS RECEIVED FROM DONOR ORGANIZATIONS

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

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

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

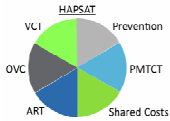


HIV/AIDS Program Sustainability Analysis Tool Data Collection Donor Questionnaire

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

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

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



HIV/AIDS Program Sustainability Analysis Tool Data Collection Donor Questionnaire

PART D: INFORMATION ON ORGANIZATIONS SUPPORTED

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

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

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

END OF SURVEY – THANK YOU FOR YOUR PARTICIPATION!