

National Aids Spending Assessment Report

*An Assessment of HIV and AIDS Financing Flows and Expenditure
April 2013 – March 2014*



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Fact Sheet on Belize HIV and AIDS Expenditure for the period 2012/13 and 2013/2014

	FY 2012/13	%	FY 2013/14	%
HIV and AIDS Spending by Financing Source				
Public Funds	1,658,213	29.2	1,717,069	32.0
Private Funds	414,837	7.3	120,903	2.3
International Funds	3,600,494	63.5	3,533,605	65.8
Grand Total	5,673,544	100.0	5,371,577	100.0
HIV and AIDS Spending by Financing Agents				
Public Funds	2,170,524	38.3	1,777,556	33.1
Private Funds	236,100	4.2	120,903	2.3
Bilateral Agencies	588,624	10.4	628,107	11.7
Multilateral Agencies	1,117,117	19.7	1,368,325	25.5
International non-profit making organizations and foundations	1,561,179	27.5	1,476,686	27.5
Grand Total	5,673,544	100.0	5,371,577	100.0
HIV and AIDS Spending by AIDS Spending Categories				
Prevention	1,529,015	26.9	1,674,103	31.2
Care and Treatment	1,104,944	19.5	992,642	18.5
Orphans and vulnerable children	43,891	0.8	124,568	2.3
Programme management and administration	1,889,972	33.3	1,528,950	28.5
Human resources	319,811	5.6	623,711	11.6
Social protection and social services (excluding OVC)	86,664	1.5	65,590	1.2
Enabling environment	439,628	7.7	289,012	5.4
HIV and AIDS-related research	259,619	4.6	73,001	1.4
Grand Total	5,673,544	100.0	5,371,577	100.0

	FY 2012/13	%	FY 2013/14	%
HIV and AIDS Spending by Provider of Services				
Government Organizations	2,537,367	44.7	1,874,671	34.9
Parastatal	300,218	5.3	365,828	6.8
Non-profit Providers	2,252,999	39.7	2,969,466	55.3
Profit Making Private Sectors Providers	408,360	7.2	120,903	2.3
Bilateral & Multilateral entities - in country offices	174,600	3.1	40,709	0.8
Grand Total	5,673,544	100.0	5,371,577	100.0
HIV and AIDS Spending by Beneficiary Population				
People living with HIV	413,782	7.3	527,210	9.8
Most at risk populations	768,164	13.5	1,254,330	23.4
Other Key Populations	199,958	3.5	356,358	6.6
Specific "accessible" Populations	713,361	12.6	362,026	6.7
General Population	2,896,494	51.1	2,112,376	39.3
Non-target Interventions	442,768	7.8	740,856	13.8
Specific Targeted population n.e.c	239,017	4.2	18,421	0.3
Grand Total	5,673,544	100.0	5,371,577	100.0
HIV and AIDS Spending by Production Factors				
Current Expenditures	5,300,350	93.4	5,320,544	99.0
Capital Expenditures	373,194	6.6	51,032	1.0
Grand Total	5,673,544	100.0	5,371,576	100.0

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National Aids Spending Assessment Report

FY 2013/14

1.0 Study Design and Methodology

1.1 Context for the Assessment

The National Aids Spending Assessment (NASA) for Belize was first conducted in 2010 to monitor and evaluate the flow of financial resources funding HIV/AIDS programs from its funding source to the beneficiary population covering the fiscal year 2008/09. This exercise not only served as the baseline assessment but ultimately used to measure the national commitment and action towards the 2001 UNGASS Declaration and the national strategic framework and action plan.

1.1.1 Objectives

The overall objective of this NASA activity is to strengthen national assessments of AIDS-related actual expenditure in Belize in support the National HIV/AIDS response. The specific objectives of the study include:

- To undertake an accurate assessment of what is actually expended on HIV/AIDS in Belize
- To collect data on public, private and international expenditure on HIV/AIDS in Belize for the fiscal year 2013/14
- To facilitate actions which strengthen capacities to effectively track expenditures on HIV/AIDS and synthesize this data into strategic information for decision-making.
- To improve the strategic coherence and value of support to implementing agencies for tracking HIV/AIDS resources

1.2 NASA Methodology

The NASA approach to resource tracking is a comprehensive and systematic methodology used to determine the flow of resources intended to combat HIV and AIDS. The financial resources are tracked from public, private and international funding sources that are based on actual expenditure.

The demand to track HIV/AIDS expenditure stems from the fact that decisions are made based on previous allocations for HIV/AIDS related activities to ascertain expenditure patterns. It is expected that the NASA will contribute to a better understanding of the efficiency and effectiveness for Belize's funding resource allocations.

The tracking mechanism provides a standardization approach to reporting key indicators for monitoring and evaluating targets that can be compared to countries worldwide.

In cases where there are missing data, the actual expenditure from the previous fiscal year was allocated to the appropriate utilization factor. For instance, USAID PASCA LMG is under a new management and expenditure from the previous reporting period had to be used as an estimate for its current expenditure.

1.2.1 NASA Preparatory Activities

This NASA report was conducted by a core national team made up of the NAC Director, UNAIDS PASCA LMG Country Rep and a consultant. A workshop was facilitated by the NAC Director to discuss the scope of the assignment, gaps from the previous NASA, training to refresh participating organizations and finally, the execution of the current NASA.

Data collection module were distributed to key HIV/AIDS national response entities. In addition, emails were dispatched sensitizing the need for national authorities to facilitate the data collection process.

1.3 Data collection

Initially it was agreed that the data collection period was slated for 2 weeks. Unfortunately, the exercise commenced late that inevitably ran into the Government of Belize's Smartstream system to be inaccessible due to the uploading of the new budget for the fiscal year 2014/15. Nevertheless, responses from other non-governmental organizations were slow and the submission time was extended to an additional two weeks. Follow up was done through emails, telephone calls and face to face meetings in order to assist in the completion of the required data.

Most of the sources of data were obtained from primary sources for 2013/14 fiscal year, secondary sources were widely used where primary sources were not available. In a couple cases costing techniques were used to estimate expenditures on HIV/AIDS data.

In addition, it should be noted the Ministry of Health and a few other stakeholders provided copies of their general ledger or excel spreadsheets rather than using the NASA Excel file. This resulted in the data being summarized and then captured in the NASA Excel file.

All information collected was verified utilizing the check and balance captured in the Excel file to ensure validity of the data from source, agents and providers and also avoiding double entry.

Further analyses comprised of data analysis and triangulation. It allowed to establish the:

- (i) Level and proportion of funding from different sources;
- (ii) Which providers were receiving funds and from what sources;
- (iii) Amount of funding allocated to services and functions related to HIV/AIDS.

2 Findings:

2.1 Total HIV/AIDS Spending

The total expenditure for HIV/AIDS for the fiscal year 2013/14 was BZ\$5,371,577 (see Table 1). This represented a decrease of 5.3% from the BZ\$5,673,544 paid out during 2012/13 fiscal year. The main source of funds came from international organizations accounting for 65.8% of the total expenditure while the remaining spending went between public (32.0%) and private (2.2%).

The data also revealed that total expenditure is equal to BZ\$15.36 per capita. The total expenditure on HIV/AIDS accounts for 0.2% of GDP, or 5.2% of the total Health Expenditure Budget for this review period.

Table 1: HIV/AIDS Spending

	FY 2012/13	FY 2013/14	Change %
Total HIV Expenditure (BZ\$)	5,673,544	5,371,577	-5.3
Total HIV Expenditure (US\$)	2,836,772	2,685,789	
- Per capita HIV Expenditure (BZ\$)	16.65	15.36	-7.7
- As % of Total Health Expenditure	6.0%	5.2%	-14.0
- As % of Gross Domestic Product	0.2%	0.2%	0.0

2.2 Expenditure by Funding Source

A breakdown of by Funding Source revealed that 48.0% came from direct bilateral contribution, specifically the Government of the United States and the Government of Germany. These entities main priority areas were prevention, human resources and programme management. Multilateral agencies and international non-profit organizations priority spending was on prevention, program management and enabling environment. Public sector spending was geared towards care and treatment and programme management. Private sector expenditure was on prevention by importing of condoms.

Table 2: Financing Source (BZ\$), FY 2012/13 and FY 2013/14

Financing Source	2012/13	%	2013/14	%
Total	5,673,544	92.8	5,371,577	100.0
Public Funds	1,664,690	29.3	1,717,069	33.1
Private Funds	236,100	4.2	120,903	2.3
Bilateral Agencies	1,371,072	24.2	1,711,514	11.7
Multilateral Agencies	1,430,173	25.2	1,330,150	25.5
International non-profit making organizations and foundations	563,149	9.9	491,941	27.5
International for profit organizations	408,360	7.2	0	0.0

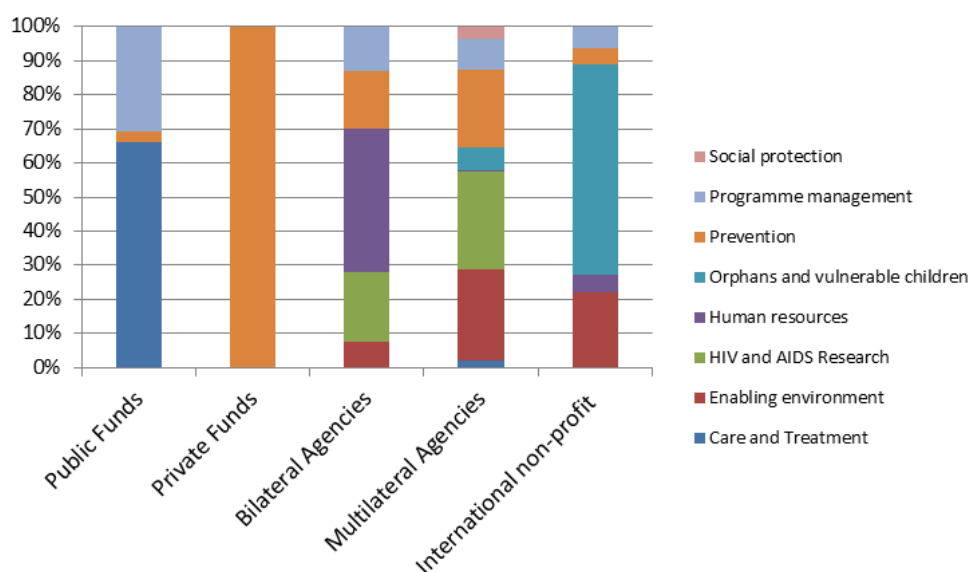


Figure 1: Spending by Financing Sources 2013/14

2.3 Expenditure by Funding Agents

Financing agents refer to entities that manage and use the funds for payment or purchase of health services, medical supplies and other HIV/AIDS related activities. The financing agents also decide the type of activity or product to fund or purchase. In Belize, the main financing agents include central government ministries, multilateral agencies managing external resources, and international not-for-profit organizations.

At the 2nd digit level, the main financing agent in 2013/14 came from public funds that accounted for 32.0% of the total expenditure. The Ministry of Health spent at total of BZ\$1,411,069 by the end of this review period. The Ministry of Education and the Ministry of Social Development supported the national response to HIV/AIDS amounting to BZ\$366,487.

Table 3: Financing Agents (BZ\$), FY 2012/13 and FY 2013/14

Financing Agent	2012/13	%	2013/14	%
Total	5,673,544	100.0	5,371,577	100.0
Public Funds	1,664,690	29.3	1,717,069	32.0
Private Funds	236,100	4.2	120,903	2.3
Bilateral Agencies	1,371,072	24.2	1,711,514	31.9
Multilateral Agencies	1,430,173	25.2	1,330,150	24.8
International non-profit making organizations and foundations	563,149	9.9	491,941	9.2
International for profit organizations	408,360	7.2	0	0.0

Further review revealed that the bilateral agencies had a 31.9% share in the total HIV/AIDS expenditure. Multilateral agencies accounted for 24.8%, where the Global Fund was the chief contributor in this group representing over 12 percent of the total expenditure.

Table 3: Financing Source to Financing Agent (BZ\$), FY 2013/14

	Financing Source					
	Public Sector	Private Sector	Bilateral Agencies	Multilateral Agencies	International non-profit making organizations and foundations	Other international financing agents n.e.c
Financing Agent						
Public Sector	\$1,717,069	0	0	\$60,487	0	0
Private Sector	0	\$120,903	0	0	0	0
Bilateral Agencies	0	0	\$628,107	0	0	0
Multilateral Agencies	0	0	\$98,662	\$1,269,663	0	0
International non-profit making organizations and foundations	0	0	\$984,745	0	\$170,274	\$50,114
Other international financing agents n.e.c	0	0	0	0	0	\$271,553

2.4 Expenditure by Aids Spending Categories (ASC)

This section presents the activities on which funds were expended in Belize, by eight functional classification (Prevention, Care and Treatment, Programme management and Administration, Human Resources etc.), further disaggregated into specific activities/interventions.

Majority share of the total spending was dominated by three of the eight categories, namely Prevention, Programme Management and Care and Treatment. The study showed that 78.1% of the total spending were consumed by these three categories. Prevention edged up from 26.9% in 2012/13 to 31.2% in 2013/14. Programme Management and Administration plummeted by 19.1% from the previous fiscal year expenditure of BZ\$1,889,972. Furthermore, Care and Treatment also saw a reduction in spending of about BZ\$112,302 from the 2012/13 figure of BZ\$1,104,944.

Table 4: Expenditure by Functions, BZ\$

ASC	2012/13	2013/14	% Change
Total	\$ 5,673,544	\$ 5,371,577	-5.3%
Prevention	\$ 1,529,015	\$ 1,674,103	9.5%
Care and Treatment	\$ 1,104,944	\$ 992,642	-10.2%
Orphans and vulnerable children (OVC)	\$ 43,891	\$ 124,568	183.8%
Programme management and administration	\$ 1,889,972	\$ 1,528,950	-19.1%
Human resources	\$ 319,811	\$ 623,711	95.0%
Social protection and social services (excluding OVC)	\$ 86,664	\$ 65,590	-24.3%
Enabling environment	\$ 439,628	\$ 289,012	-34.3%
HIV and AIDS-related research (excluding operations)	\$ 259,619	\$ 73,001	-71.9%

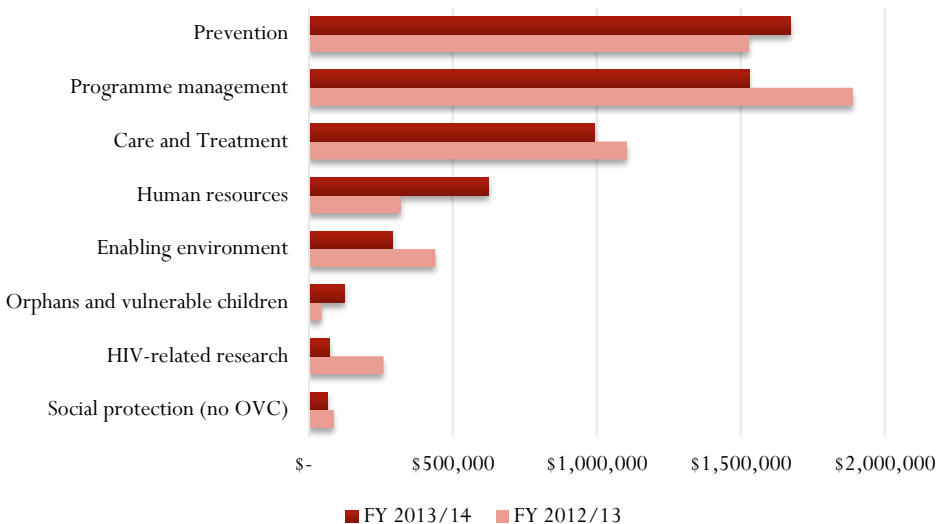


Figure 2: Aids Spending Categories

A breakdown by financing for HIV/AIDS programs revealed that Belize relied mostly on external resources where it accounted for 65.8% of total spending in FY2013/14 (see Table 5). Prevention and Human Resources were heavily funded by international organizations whereby USAID contributed 28.9% of the total expenditure. Care and Treatment is relied mostly by domestic sources where approximately 18.0% of the spending came from Government of Belize. Another area where public spending is focused on is that of Programme Management and Administration, of which it accrued 12.8% of the total expenditure.

Table 5: Expenditure by Sources and Functions, 2013

ASC	Public Sources	Private Sources	International Sources	Total
Total	32.0%	2.3%	65.8%	100.0%
Prevention	1.4%	2.3%	27.5%	31.2%
Care and Treatment	17.8%	0.0%	0.7%	18.5%
Orphans and vulnerable children (OVC)	0.0%	0.0%	2.3%	2.3%
Programme management and administration	12.8%	0.0%	15.7%	28.5%
Human resources	0.0%	0.0%	11.6%	11.6%
Social protection and social services (excluding OVC)	0.0%	0.0%	1.2%	1.2%
Enabling environment	0.0%	0.0%	5.4%	5.4%
HIV and AIDS-related research (excluding operations research)	0.0%	0.0%	1.4%	1.4%

2.4.1 Expenditure by Aids Spending Codes: Prevention

Overall, the cost of financing prevention activities increase from BZ\$1,529,015 in 2012/13 to BZ\$1,674,103 in 2013/14. The majority of the Prevention expenditure was spent on *communication for social and behavior change*. This accounted for two/fifths of the Prevention expenditures, namely *health-related communication for social and behavioural change* and *VCT as part of programmes for vulnerable and accessible*

populations. Other interventions targeted during this review period were those related to *risk-reduction for vulnerable and accessible populations* (see Table 6). This group represented 30.4% of the total Prevention outlays.

Table 6: Aids Spending Expenditure – Prevention, 2013/14

ASC Code	ASC Sub-Function	Expenditure	%
	Total	\$ 1,477,587.00	100.0
ASC.01.01.01	Health-related communication for social and behavioural change	340,950.00	23.1
ASC.01.01.02	VCT as part of programmes for vulnerable and accessible populations	251,466.00	17.0
ASC.01.02	STI prevention and treatment as part of programmes for vulnerable and accessible populations	247,041.00	16.7
ASC.01.04.01	Non-health-related communication for social and behavioural change	152,467.00	10.3
ASC.01.04.02	Behaviour change communication (BCC) as part of programmes for vulnerable and accessible populations	108,600.00	7.3
ASC.01.04.03	Prevention – youth out-of-school	68,630.00	4.6
ASC.01.04.04	Condom social marketing	47,903.00	3.2
ASC.01.04.98	Behaviour change communication (BCC) as part of programmes for MSM	36,000.00	2.4
ASC.01.04.99	Condom social marketing and male and female condom provision as part of programmes for vulnerable and accessible populations	35,110.00	2.4
ASC.01.05	Community mobilization	31,783.00	2.2
ASC.01.06	Programmatic interventions for vulnerable and accessible population not disaggregated by type	31,421.00	2.1
ASC.01.08.01	VCT as part of programmes for sex workers and their clients	25,630.00	1.7
ASC.01.08.02	Prevention activities not disaggregated by intervention	23,386.00	1.6
ASC.01.08.04	VCT as part of programmes for MSM	22,254.00	1.5
ASC.01.09.01	Other programmatic interventions for vulnerable and accessible populations not elsewhere classified (n.e.c.)	22,039.00	1.5
ASC.01.09.02	Behaviour change communication (BCC) as part of programmes for sex workers and their clients	21,000.00	1.4
ASC.01.09.04	Condom social marketing and male and female condom provision as part of programmes for sex workers and their clients	5,676.00	0.4
ASC.01.12	Condom social marketing and male and female condom provision as part of programmes for MSM	3,563.00	0.2
ASC.01.98	Prevention – youth in school	2,668.00	0.2

Sources of funding for prevention came mostly from international organizations, representing 27.5% of the total HIV/AIDS expenditure.

Beneficiary population spending for Prevention focused mainly on *People living with HIV not disaggregated by age or gender*, *“Most at risk populations” not disaggregated by type*, and *female sex workers and their clients*,

Production factor expenditure went on *wages, services not disaggregated by type, publisher-, motion picture-, broadcasting and programming services and administrative services*.

2.4.2 Expenditure by Aids Spending Codes: Care and Treatment

Total expenditure for the Care and Treatment decreased by 10.2% from BZ\$1.1 million in 2012/13 to BZ\$0.99 million in 2013/14. *Care and treatment services not disaggregated by intervention* and *Specific HIV-related laboratory monitoring* constituted the bulk of spending, accounting for 96.3% of the total spending for Care and Treatment.

Table 7: Aids Spending Expenditure – Care and Treatment BZ\$

Code	Sub-Function	Expenditure	%
Total		\$ 992,642.00	100.0
ASC.02.01.05	Specific HIV-related laboratory monitoring	290,215.00	29.2
ASC.02.01.07	Psychological treatment and support services	33,110.00	3.3
ASC.02.01.98	Outpatient care services not disaggregated by intervention	3,430.00	0.3
ASC.02.98	Care and treatment services not disaggregated by intervention	665,887.00	67.1

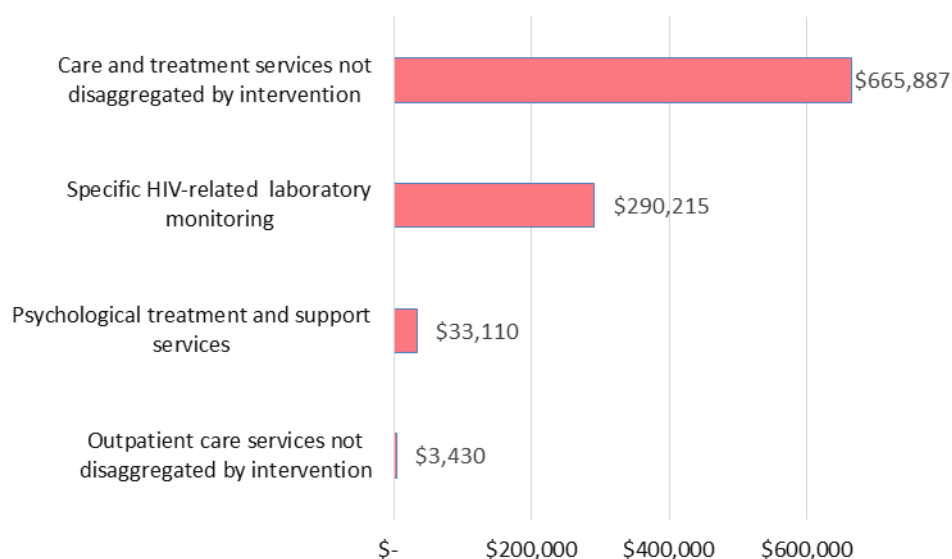


Figure 3: Care and Treatment BZ\$, FY 2013/14

The majority of Beneficiary population spending for Care and Treatment went on *general population not disaggregated by age or gender*. This represented 92.4% of the total Care and Treatment expenditure.

Medical and surgical supplies and *Reagents and materials* attributed to 77.6% of the production factor expenditure. Another component that took a share of the total Care and Treatment expenditure was *Services not disaggregated by type* (18.8%).

2.4.3 Expenditure by Aids Spending Codes: Orphans and Vulnerable Children

During this reporting period, total spending on orphans and vulnerable children was primarily funded by a non-profit faith based organization, Hand in Hand Ministries. This entity has expended approximately three-fifths of its

expenditure on orphans and vulnerable children by providing basic health care, community support and other services.

Table 8: Aids Spending Expenditure – Care and Treatment BZ\$

Code	Sub-Function	Expenditure	%
	Total	\$ 124,568.00	100.0
ASC.03.02	OVC Basic health care	19,000.00	15.3
ASC.03.03	OVC Family/home support	16,568.00	13.3
ASC.03.04	OVC Community support	8,700.00	7.0
ASC.03.99	OVC services n.e.c.	80,300.00	64.5

2.4.4 Expenditure by Aids Spending Codes: Programme management and administration

Total expenditure for Programme Management and Administration decreased by BZ\$361,022 from the previous reporting period. Nevertheless, it accounted for 28.5% of the total HIV/AIDS spending. The largest share as with past years went on *planning, coordination and programme management* (see Table 9).

Table 9: Aids Spending Expenditure – Programme management and administration

Code	Sub-Function	Expenditure	%
	Total	\$ 1,528,950.00	100.0
ASC.04.01	Planning, coordination and programme management	1,047,132.00	68.5
ASC.04.02	Administration and transaction costs associated with managing and disbursing funds	71,104.00	4.7
ASC.04.03	Monitoring and evaluation	153,563.00	10.0
ASC.04.10.02	Construction of new health centres	129,914.00	8.5
ASC.04.10.98	Upgrading and construction of infrastructure not disaggregated by intervention	56,633.00	3.7
ASC.04.99	Programme management and administration n.e.c	70,604.00	4.6

Beneficiary population expenditure for Programme Management and Administrative went mainly on non-targeted population, general population and youth. Spending on these categories totaled BZ\$534,530, BZ\$345,487 and BZ\$129,400, respectively.

The Production factor consistently covered wages and transportation costs. These two items represented 67.9% of the total Programme Management and Administration expenditure.

2.4.5 Expenditure by Aids Spending Codes: Human Resources

Analysis of expenditure for Human Resources and it showed that spending almost doubled from the previous review period. During this review period, 92.1% of the total Human Resources outlays were

funded by the Government of the United States. Investment was geared towards *formative education to build-up an HIV workforce, monetary incentives for other staff for programme management and administration* and it also covered *training*.

Table 10: Aids Spending Expenditure – Human Resources

Code	Sub-Function	Expenditure	%
Total		\$ 623,711.00	100.0
ASC.05.01.02.01	Monetary incentives for nurses for prevention	71,215.00	11.4
ASC.05.01.03.03	Monetary incentives for other staff for programme management and administration	189,392.00	30.4
ASC.05.02	Formative education to build-up an HIV workforce	247,643.00	39.7
ASC.05.03	Training	112,461.00	18.0
ASC.05.98	Human resources not disaggregated by type	3,000.00	0.5

Expenditure for Human Resources targeted the Beneficiary population pertaining to *health care workers* and *“Most at risk populations” not disaggregated by type*. These accounted for 28.6% and 23.1% of the human resources spending.

Similarly for prevention, *Wages* dominated spending on the production factor related to Human Resources. This was followed by *Logistics of events, including catering services*. When combined both accounted for 78.7% of the Human Resources expenditure.

2.4.7 Expenditure by Aids Spending Codes: Social Protection and Social Services

Social protection spending was concentrated solely on social protection through monetary benefits (see Table 10).

Table 10: Aids Spending Expenditure – Social Protection

Code	Sub-Function	Expenditure	%
	Total	\$ 65,590.00	100.0
ASC.06.01	Social protection through monetary benefits	65,590.00	100.0

Spending for the Beneficiary population and Production factors was spent on *Children (under 15 years) living with HIV not disaggregated by gender* and *social contributions*, respectively.

2.4.8 Expenditure by Aids Spending Codes: Enabling Environment

At the end of the 2013/14 fiscal year saw a significant reduction in spending when compared to the same period of 2012/13. Based on information captured, it would appear that funding for *Advocacy* and *AIDS-*

specific institutional development declined by 34.3% over the last reporting period. New areas have received funding, namely *programmes to reduce gender based violence* and *enabling environment n.e.c.* that accounted for 19.0% of the total enabling environment expenditure.

Table 8: Aids Spending Expenditure – Enabling Environment

Code	Sub-Function	Expenditure	%
	Total	\$ 289,013.00	100.0
ASC.07.01	Advocacy	92,563.00	32.0
ASC.07.02.03	Capacity building in human rights	21,000.00	7.3
ASC.07.03	AIDS-specific institutional development	19,145.00	6.6
ASC.07.05	Programmes to reduce Gender Based Violence	54,819.00	19.0
ASC.07.99	Enabling environment n.e.c.	101,486.00	35.1

The majority of the beneficiary population spending went on *Non-targeted interventions*. While the production factor expenditure went on People living with HIV (regardless of having a medical/clinical diagnosis of AIDS).

2.4.9 Expenditure by Aids Spending Codes: HIV Related Research

Expenditure on HIV related research has been spent exclusively on *HIV and AIDS-related research activities n.e.c.* that summed up to BZ\$40,709.

Table 9: Aids Spending Expenditure

Code	Sub-Function	Expenditure	%
	Total	\$ 40,709.00	100.0
ASC.08.99	HIV and AIDS-related research activities n.e.c.	40,709.00	100.0

Expenditure for beneficiary population and production factors targeted young females for research purposes.

2.5 Expenditure by Beneficiary Population

The analysis of the Beneficiary Population (BP) aims at estimating resources specifically allocated to a population as part of the service delivery process of a programmatic intervention (UNAIDS, 2009).

During this period, the results indicate that the *General Population* (39.3%) accounted for the largest share of spending to beneficiary populations. This was followed by “*Most at risk populations*” not disaggregated by type constituting 23.4% of the total spending. Both these beneficiary population were spent extensively on care and treatment and prevention.

When the beneficiary population was categorized by ASC expenditure, it revealed that general population not disaggregated by age or gender remained as the highest percentage share of expenditure. Furthermore, the non-targeted interventions was second in spending using this format. Other areas of spending that needs mentioning are female sex workers and their clients, health care workers and men who have sex with men.

Table 10: Aids Spending Expenditure by Beneficiary Population

Code	Sub-Function	Expenditure	%
Total		\$ 5,371,577	100.0
	People living with HIV	527,210	9.8
BP.01.01.98	Adult and young people (15 years and over) living with HIV not disaggregated by	58,210	1.1
BP.01.02.98	Children (under 15 years) living with HIV not disaggregated by gender	65,590	1.2
BP.01.98	People living with HIV not disaggregated by age or gender	403,410	7.5
	Most At-risk Populations	1,254,330	23.4
BP.02.01	Injecting drug users (IDU) and their sexual partners	11,081	0.2
BP.02.02.01	Female sex workers and their clients	331,863	6.2
BP.02.02.98	Sex workers, not disaggregated by gender, and their clients	3,510	0.1
BP.02.03	Men who have sex with men (MSM)	336,371	6.3
BP.02.98	"Most at risk populations" not disaggregated by type	571,505	10.6
	Other Key Populations	356,357	6.6
BP.03.01	Orphans and vulnerable children (OVC)	123,300	2.3
BP.03.04	Internally displaced populations (because of an emergency)	3,450	0.1
BP.03.05	Migrants/mobile populations	4,000	0.1
BP.03.06	Indigenous groups	68,411	1.3
BP.03.10	Children and youth gang members	6,900	0.1
BP.03.11	Children and youth out of school	107,925	2.0
BP.03.98	Other key populations not disaggregated by type	42,371	0.8
	Specific "accessible" Populations	362,026	6.7
BP.04.01	People attending STI clinics	75,613	1.4
BP.04.03	Junior high/high school students	54,728	1.0
BP.04.04	University students	32,013	0.6
BP.04.05	Health care workers	199,672	3.7
	General Population	2,112,376	39.3
BP.05.01.01	Male adult population	61,471	1.1
BP.05.01.02	Female adult population	112,042	2.1
BP.05.01.98	General adult population (older than 24 years) not disaggregated by gender	114,682	2.1
BP.05.03.02	Young females	58,709	1.1
BP.05.03.98	Youth (age 15 to 24 years) not disaggregated by gender	257,425	4.8
BP.05.98	General population not disaggregated by age or gender.	1,508,047	28.1
	Non-target Interventions	759,278	14.1
BP.06	Non-targeted interventions	740,857	13.8
BP.99	Specific targeted populations not elsewhere classified (n.e.c.)	18,421	0.3

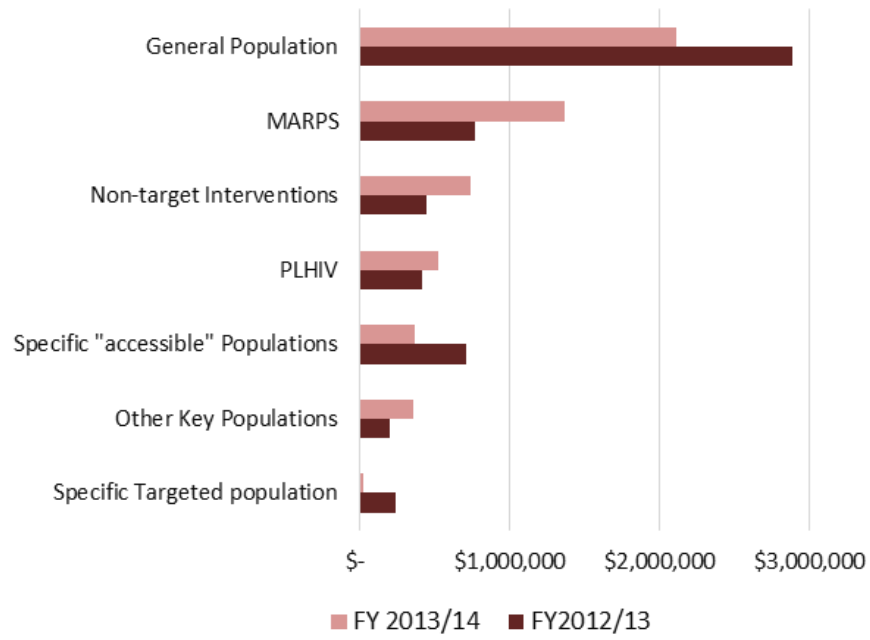


Figure 4: Beneficiary Population BZ\$

2.6 Expenditure by Production Factors

Expenditure by Production Factors revealed that *Wages* accounted for 27.2% of the total HIV/AIDS expenditure at the end 2013/14 fiscal year. This represented an increase of about 24.7% from 2012/13 reporting period. *Medical and Surgical supplies* accounted for the second highest spending in this category. This was followed by *Services not disaggregated by type*.

Table 11: Aids Spending Expenditure by Production Factors

Code	Sub-Function	Expenditure	%
Total		5,371,577	100.0
PF.01.01	Labour Income	1,659,130	30.9
PF.01.01.01	Wages	1,461,411	27.2
PF.01.01.02	Social contributions	117,170	2.2
PF.01.01.03	Non-wage labour income	42,679	0.8
PF.01.01.98	Labour income not disaggregated by type	37,870	0.7
PF.01.02	Supplies and Services	1,430,402	26.6
PF.01.02.01.02	Other drugs and pharmaceuticals (excluding antiretrovirals)	19,000	0.4
PF.01.02.01.03	Medical and surgical supplies	503,119	9.4
PF.01.02.01.04	Condoms	183,780	3.4
PF.01.02.01.05	Reagents and materials	291,734	5.4
PF.01.02.01.06	Food and nutrients	259,463	4.8
PF.01.02.01.07	Uniforms and school materials	48,600	0.9
PF.01.02.01.98	Material supplies not disaggregated by type	41,145	0.8
PF.01.02.01.99	Other material supplies n.e.c.	83,561	1.6
PF.01.02.02	Services	2,115,806	39.4
PF.01.02.02.01	Administrative services	146,888	2.7
PF.01.02.02.02	Maintenance and repair services	24,741	0.5
PF.01.02.02.03	Publisher-, motion picture-, broadcasting and programming services	176,501	3.3
PF.01.02.02.04	Consulting services	359,238	6.7
PF.01.02.02.05	Transportation and travel services	272,511	5.1
PF.01.02.02.06	Housing services	66,943	1.2
PF.01.02.02.07	Logistics of events, including catering services	388,421	7.2
PF.01.02.02.98	Services not disaggregated by type	484,496	9.0
PF.01.02.02.99	Services n.e.c.	196,067	3.7
PF.01.99	Current expenditures not elsewhere classified (n.e.c.)	115,207	2.1
PF.01.99	Current expenditures n.e.c.	115,207	2.1
PF.02.02	Capital Expenditures	51,032	1.0
PF.02.02.01	Vehicles	400	0.0
PF.02.02.02	Information technology (hardware and software)	2,500	0.0
PF.02.02.98	Buildings not disaggregated by type	44,591	0.8
PF.02.02.99	Buildings n.e.c.	3,541	0.1

3.0 Assumptions, Estimations and Limitations

3.1 Assumptions and Estimations

- Where there is reference to the USD, the following rates of exchange were used for translation of BZ to USD: (US \$1.00 = BZ\$2.00)
- USAID PASCA LMG expenditure was estimate be that of FY 2012/13 amounting to BZ\$336,083.

3.2 Limitations

- One instance of a service provider failure to complete the response to NASA. Only two of the three Financing Source and Financing Agent was captured in the study.
- Only private profit making corporation in the study was concentrated on the importation of condoms.
- There is still some newness and unfamiliarity with the methodology and the NASA classifications and definitions.
- Some stakeholders either failed to use the MS Excel data collection tool to submit the requested data leading to inefficiencies in the process.
- The time line for the implementation of the NASA was too short since this year the collection period was near Easter and a couple stakeholders had key personnel on vacation during this time.

4.0 Recommendations

- The usefulness of any information for decision making purposes is based on its timely production. Thus for policy and decision makers to make appropriate use of the NASA findings, it ideally should be undertaken regularly (quarterly). This is possible if NASA reporting is committed within the Monitoring and Evaluation (M&E) framework. Reporting of NASA information can be integrated with the existing mechanism within the M&E framework. However, these processes require standardization of the expenditure information reporting from all the various organizations.

Reference

Statistical Institute of Belize, Economic and Demographic Statistics

Ministry of Finance- Government Budget Estimates FY 2013/14

NASA FY 2008/09 - Belize

NASA 2009 UNAIDS: National AIDS Spending Assessment (NASA): Classification taxonomy and Definitions

ANNEX:

Financing Source BZ\$ FY 2013/14

Code	Sub-Function	Expenditure	%
Total		\$ 5,371,577.00	100.0
FS.01.01.01	Central government revenue	1,717,069.00	32.0
FS.02.01	Profit Making Institutions	120,903.00	2.3
FS.03.01.08	Government of Germany	238,156.00	4.4
FS.03.01.22	Government of United States	1,473,358.00	27.4
FS.03.02.07	The Global Fund to Fight AIDS, Tuberculosis and Malaria	1,034,542.00	19.3
FS.03.02.09	United Nations Children's Fund (UNICEF)	40,709.00	0.8
FS.03.02.17	United Nations Population Fund (UNFPA)	254,899.00	4.7
FS.03.03.23	PSI (Population Services International)	24,700.00	0.5
FS.03.03.34	International Planned Parenthood Federation	145,574.00	2.7
FS.03.03.99	Other International not-for-profit organizations and foundation	321,667.00	6.0

Financing Agent BZ\$ FY 2013/14

Code	Sub-Function	Expenditure	%
Total		\$ 5,371,577	100.0
FA.01.01.01.01	Ministry of Health (or equivalent sector entity)	1,411,069	26.3
FA.01.01.01.02	Ministry of Education (or equivalent sector entity)	60,487	1.1
FA.01.01.02.03	Ministry of Social Development (or equivalent state sector entity)	306,000	5.7
FA.02.06	Private non-parastatal organizations and corporations	120,903	2.3
FA.03.01.22	Government of United States	628,107	11.7
FA.03.02.07	UNAIDS Secretariat	98,662	1.8
FA.03.02.08	United Nations Children's Fund (UNICEF)	40,709	0.8
FA.03.02.10	United Nations Development Programme (UNDP)	694,223	12.9
FA.03.02.16	United Nations Population Fund (UNFPA)	254,899	4.7
FA.03.02.20	REDCA+	279,832	5.2
FA.03.03.23	PSI (Population Services International)	942,163	17.5
FA.03.03.34	International Planned Parenthood Federation	262,970	4.9
FA.03.03.99	Other International not-for-profit organizations n.e.c.	271,553	5.1

Provider BZ\$ FY 2013/14

Code	Sub-Function	Expenditure	%
Total		\$ 5,371,577	100.0
PS.01.01.14.01	National AIDS commission (NACs)	306,000	5.7
PS.01.01.14.02	Departments inside the Ministry of Health or equivalent (including. NAPs/N/	1,045,241	19.5
PS.01.01.14.03	Departments inside the Ministry of Education or equivalent	60,487	1.1
PS.01.01.14.04	Departments inside the Ministry of Social Development or equivalent	449,943	8.4
PS.01.01.14.05	Departments inside the Ministry of Defence or equivalent	13,000	0.2
PS.01.02.05	Laboratory and imaging facilities (Parastatal)	365,828	6.8
PS.02.01.01.02	Ambulatory care (Non-profit non faith-based)	847,916	15.8
PS.02.01.01.04	Mental health and substance abuse facilities (Non-profit non faith-based)	3,449	0.1
PS.02.01.01.15	Civil society organizations (Non-profit non faith-based)	1,917,576	35.7
PS.02.01.02.14	Civil society organizations (Non-profit faith-based)	200,525	3.7
PS.03.02	Multilateral agencies	40,709	0.8
PS.99	Providers n.e.c.	120,903	2.3