

Cambodia SID 2.0 Narrative Cover Sheet

The HIV/AIDS Sustainability Index and Dashboard (SID) is a tool completed periodically by PEPFAR teams and partner stakeholders to sharpen the understanding of each country's sustainability landscape and to assist PEPFAR and others in making informed HIV/AIDS investment decisions. The tool is intended to be used by the host country government to help with prioritization of domestic investments in order to achieve long-term sustainable HIV programs. Based on responses to 90 questions, the SID assesses the current state of sustainability of national HIV/AIDS responses across 15 critical elements. Scores for these elements are displayed on a color-coded dashboard, together with contextual charts and information. As the SID is completed over time, it will allow stakeholders to track progress and gaps across these key components of sustainability.

Dark Green Score (8.50-10 points) (sustainable and requires no additional investment at this time)
Light Green Score (7.00-8.49 points) (approaching sustainability and requires little or no investment)
Yellow Score (3.50-6.99 points) (emerging sustainability and needs some investment)
Red Score (<3.50 points) (unsustainable and requires significant investment)

Country Overview:

Cambodia's national response to the HIV epidemic is widely considered a success story. Seventy-four percent of the estimated 73,550 people living with HIV (PLHIV) are receiving antiretroviral treatment (ART) as of October 2015. The national HIV program's goal is 90-90-90 by 2020 and virtual elimination based on an achievement of 95-95-95 and less than 300 new infections per year by 2025. These ambitious goals are taking place within an environment of decreasing external resources; the upcoming designation of Cambodia as a Lower Middle Income Country (LMIC); and shifting global priorities and approaches for achieving and sustaining HIV epidemic control. The juxtaposition of trying to achieve such ambitious goals while sustaining gains made to date requires all stakeholders to assess how their financial and programmatic contributions should evolve in order to improve a situation in which 60% of health expenditures are out-of-pocket and the Royal Government of Cambodia (RGC) currently finances just 16% of the national HIV response, including just 13.3% of the ARVs costs. Strong and progressive technical policies have made Cambodia the leader in the reduction of HIV prevalence it is today, yet this success is fragile as many of the key components of the national response and the systems that support them are still highly dependent on external resources.

The SID for Cambodia found that overall 12 out of the 15 elements were red or yellow, which indicates that is still significant work to be done before the response can be considered sustainable.

SID Process:

OGAC selected Cambodia to pilot the second version of the Sustainability Index and Dashboard (SID 2.0). On October 20, 2015, the Chargé of the US government, the Chairman of the National AIDS Authority, and the Country Director of UNAIDS co-convened a one-day meeting to complete the Sustainability Index and Dashboard (SID) and initiate a national dialogue on ensuring the sustainability of Cambodia's national HIV/AIDS response. Over 51 participants attended representing government, development

partners, implementing partners, civil society and technical experts and engaged in a participatory process to complete the Cambodia SID 2.0 tool. After an introductory address from UNAIDS, the USG and the NAA, participants broke into five subgroups organized around the SID elements to discuss and complete the SID questionnaire based on the data and information assembled. The responses from each group were put into the SID 2.0 excel tool and the dashboard generated color-coded scores for each of the fifteen elements. The full group then reconvened to review the completed tool, discuss the findings, and identify priorities. To continue this important dialogue, the Cambodia SID was presented to the Government-Donor Joint Technical Working Group on HIV/AIDS, which recommended the formation of a small task force to develop a plan to address the findings of the SID and maintain the dialogue on sustainability.

With significant success in achieving epidemic control in recent years, Cambodia is in a unique position to reach the 90-90-90 goals, but this will only be possible with a sustainable national HIV/AIDS response. Developing the SID dashboard through a participatory process, created a platform for collective analysis and development of a new strategic vision through which Cambodia will achieve this agenda.

Sustainability Strengths:

- **Planning and Coordination (8.83, dark green):** Planning and Coordination received a dark green. The government in Cambodia has historically and continues today to play a strong leadership role in the national HIV response. This leadership has resulted in the early adoption of best practices and global technical policies.

Sustainability Vulnerabilities:

- **Private Sector Engagement (1.81, red):** Though sixty percent of the population seeks outpatient health services from the private sector, there has been little engagement with the private sector in the HIV response.
- **Commodity Security and Supply Chain (2.67, red):** With eight-seven percent of all drugs and test kits being externally funded, there is a great concern for the future of the response. While the current supply chain system does get ARVs to health facilities with ART services, there are issues around the distribution of drugs and commodities. For instance, the number of ARVs provided clients are often less than the 3-month supply policy requiring patients to return frequently for their drugs. There are also instances whereby test kits are sent to health facilities close to expiry resulting in wastage. Condoms often expire in warehouses or facility stores and do not reach the VCCT, STI or ART clinics.
- **Domestic Resources Mobilization (3.33, red):** Currently, the national HIV program has not been successful at mobilizing additional domestic public resources to replace the dwindling external funding. There is a need to build an investment case and demonstrate efficiencies to the Ministry of Economy and Finance.

The nine yellow elements indicate that a number of health systems need strengthening to support HIV critical services and the cascade, including service delivery, human resources for health, quality management, and lab.

- **Laboratory (3.84, yellow):** The NHA 2014 and Global Fund 2015 data indicate that 98% of all laboratory expenditures are externally funded. There is also a serious concern regarding the inadequate numbers of competent personnel in laboratories and point of care to perform all the

necessary for viral load, microbiology, blood banking, and opportunistic infection. Regulations do not currently exist to monitor minimum quality of laboratories in the country.

- **Strategic Information (yellow)**: All three of the Strategic Information elements are yellow though these are critical areas to monitor for the elimination goal that Cambodia is trying to achieve. Though Cambodia is rich in data, much of the strategic information, including epidemiological data, service delivery data, and expenditure data are heavily reliant on donors and external technical support. Public access to information related to HIV is generally lacking, with the exception of published data and those disseminated with external support.
- **Civil Society Engagement (6.67, yellow)**: While civil society has been very much engaged in the response, funding for civil society comes solely from external sources and civil society organizations are not close to being self-sustaining.
- **Quality Management (3.86, yellow)**: The HIV quality management system has a number of weaknesses. There is no separate budget line item, nor is there a knowledge management platform or peer learning opportunities and the QM plan has not been updated in the last two years. Data are not being used to identify quality gaps and there is no documentation of results of quality improvement activities and quality management structures do not routinely review outcome data to identify priorities for improvement. Currently, there is no consumer engagement or feedback mechanism.

Additional Observations:

The government felt that HRH should have been red as with declines in incentives for health workers, there is tremendous concern about the future commitment of health workers.

Contact:

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Sustainability Analysis for Epidemic Control: Cambodia

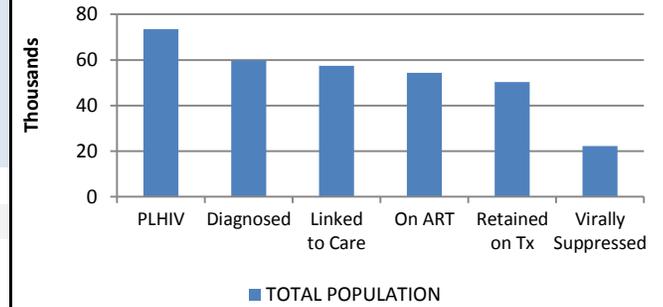
Epidemic Type: Concentrated
 Income Level: Low-income
 PEPFAR Categorization: Targeted Assistance
 PEPFAR COP 16 Planning Level: \$12 million

SUSTAINABILITY DOMAINS AND ELEMENTS

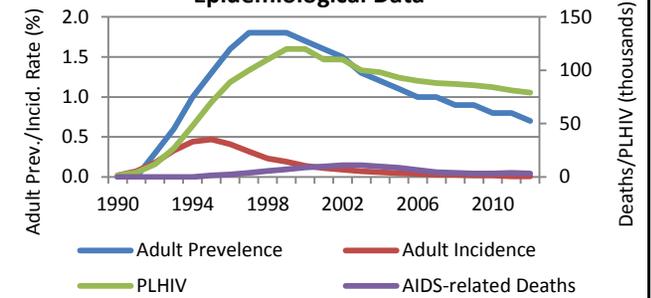
	2016	2017	2018	2019
Governance, Leadership, and Accountability				
1. Planning and Coordination	8.83			
2. Policies and Governance	7.95			
3. Civil Society Engagement	6.67			
4. Private Sector Engagement	1.81			
5. Public Access to Information	5.00			
National Health System and Service Delivery				
6. Service Delivery	4.44			
7. Human Resources for Health	4.83			
8. Commodity Security and Supply Chain	2.67			
9. Quality Management	3.86			
10. Laboratory	3.84			
Strategic Investments, Efficiency, and Sustainable Financing				
11. Domestic Resource Mobilization	3.33			
12. Technical and Allocative Efficiencies	8.45			
Strategic Information				
13. Epidemiological and Health Data	4.84			
14. Financial/Expenditure Data	4.58			
15. Performance Data	4.49			

CONTEXTUAL DATA

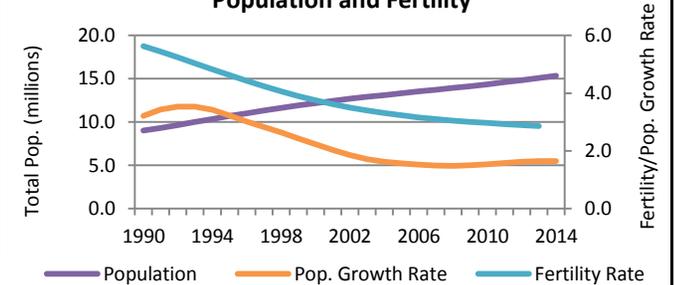
National Clinical Cascade



Epidemiological Data

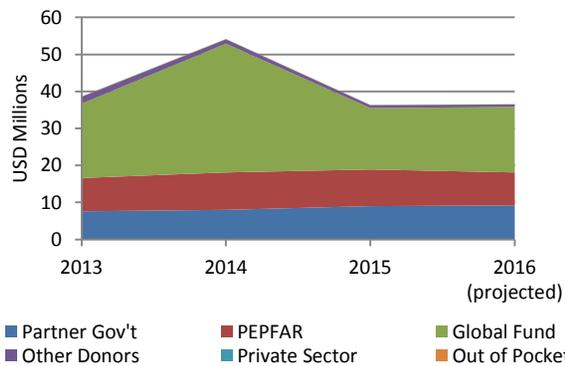


Population and Fertility

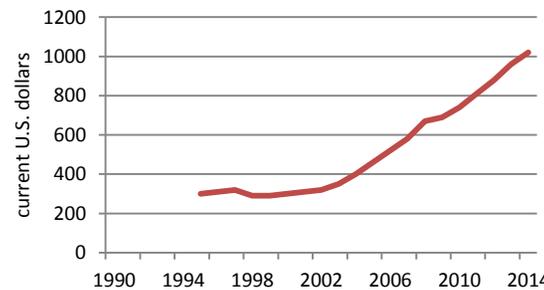


CONTEXTUAL DATA

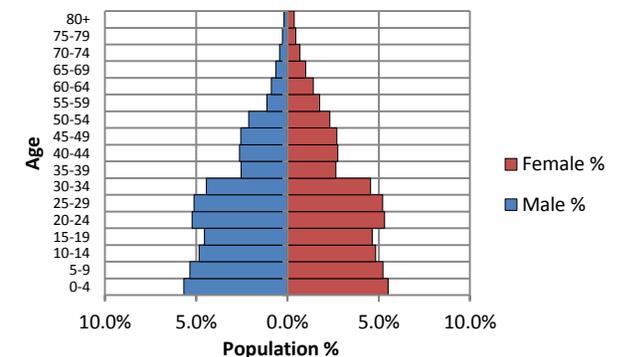
Financing the HIV Response



GNI Per Capita (Atlas Method)



Population Pyramid (2015)



Domain A. Governance, Leadership, and Accountability

What Success Looks Like: Host government upholds a transparent and accountable resolve to be responsible to its citizens and international stakeholders for achieving planned HIV/AIDS results, is a good steward of HIV/AIDS finances, widely disseminates program progress and results, provides accurate information and education on HIV/AIDS, and supports mechanisms for eliciting feedback. Relevant government entities take actions to create an enabling policy and legal environment, ensure good stewardship of HIV/AIDS resources, and provide technical and political leadership to coordinate an effective national HIV/AIDS response.

1. Planning and Coordination: Host country develops, implements, and oversees a costed multiyear national strategy and serves as the preeminent architect and convener of a coordinated HIV/AIDS response in the country across all levels of government and key stakeholders, civil society and the private sector.	Data Source	Notes/Comments
<p>1.1 Content of National Strategy: Does the country have a multi-year, costed national strategy to respond to HIV?</p>	<p><input type="radio"/> A. There is no national strategy for HIV/AIDS</p> <p><input checked="" type="radio"/> B. There is a multiyear national strategy. Check all that apply:</p> <p><input checked="" type="checkbox"/> It is costed</p> <p><input checked="" type="checkbox"/> It is updated at least every five years</p> <p>Strategy includes all crucial response components for prevention and treatment (HIV testing, treatment and care [including children and <input checked="" type="checkbox"/> adolescents], PMTCT, transition from 'catchup' to sustainable VMMC if country performs VMMCs, scale-up of viral load, EID, and other key metrics)</p> <p><input checked="" type="checkbox"/> Strategy includes explicit plans and activities to address the needs of key populations.</p> <p><input checked="" type="checkbox"/> Strategy includes all crucial response components to mitigate the impact of HIV on vulnerable children</p>	<p>1.1 Score: 2.50</p> <p>Strategic Plan for HIV/AIDS and STI Prevention and Control In the Health Sector in Cambodia 2015-2020 Cambodia 3.0.</p>
<p>1.2 Participation in National Strategy Development: Who actively participates in development of the country's national HIV/AIDS strategy?</p>	<p><input type="radio"/> A. There is no national strategy for HIV/AIDS</p> <p><input checked="" type="radio"/> B. The national strategy is developed with participation from the following stakeholders (check all that apply):</p> <p><input checked="" type="checkbox"/> Its development was led by the host country government</p> <p><input checked="" type="checkbox"/> Civil society actively participated in the development of the strategy</p> <p><input type="checkbox"/> Private health sector providers, facilities, and training institutions, actively participated in the development of the strategy</p> <p><input type="checkbox"/> Businesses and the corporate sector actively participated in the development of the strategy including workplace development and corporate social responsibility (CSR)</p> <p><input checked="" type="checkbox"/> External agencies (i.e. donors, other multilateral orgs., etc.) supporting HIV services in-country participated in the development of the strategy</p>	<p>1.2 Score: 1.50</p> <p>Strategic Plan for HIV/AIDS and STI Prevention and Control In the Health Sector in Cambodia 2015-2020</p>

<p>1.3 Coordination of National HIV Implementation: To what extent does the host country government coordinate all HIV/AIDS implemented activities in the country, including those funded or implemented by CSOs, private sector, and donor implementing partners?</p>	<p>Check all that apply:</p> <p><input checked="" type="checkbox"/> There is an effective mechanism within the host country government for internally coordinating HIV/AIDS activities implemented by various government ministries, institutions, offices, etc.</p> <p><input checked="" type="checkbox"/> The host country government routinely tracks and maps HIV/AIDS activities of:</p> <p><input checked="" type="checkbox"/> civil society organizations</p> <p><input type="checkbox"/> private sector</p> <p><input checked="" type="checkbox"/> donors</p> <p><input checked="" type="checkbox"/> The host country government leads a mechanism or process (i.e. committee, working group, etc.) that routinely convenes key internal and external stakeholders and implementers of the national response for planning and coordination purposes.</p> <p><input checked="" type="checkbox"/> Joint operational plans are developed that include key activities of implementing organizations.</p> <p><input checked="" type="checkbox"/> Duplications and gaps among various government, CSO, private sector, and donor activities are systematically identified and addressed.</p>	<p>1.3 Score: 2.33</p>		<p>Check</p>
<p>1.4 Sub-national Unit Accountability: Is there a mechanism by which sub-national units are accountable to national HIV/AIDS goals or targets? (note: equal points for B and C)</p>	<p><input type="radio"/> A. There is no formal link between the national plan and sub-national service delivery.</p> <p><input checked="" type="radio"/> B. Sub-national units have performance targets that contribute to aggregate national goals or targets.</p> <p><input type="radio"/> C. The central government is responsible for service delivery at the sub-national level.</p>	<p>1.4 Score: 2.50</p>	<p>RMAA and B-IACM/PNTT minutes and dashboard.</p>	
<p>Planning and Coordination Score:</p>		<p>8.83</p>		

2. Policies and Governance: Host country develops, implements, and oversees a wide range of policies, laws, and regulations that will achieve coverage of high impact interventions, ensure social and legal protection and equity for those accessing HIV/AIDS services, eliminate stigma and discrimination, and sustain epidemic control within the national HIV/AIDS response.		Data Source	Notes/Comments
<p>2.1 WHO Guidelines for ART Initiation: Does current national HIV/AIDS technical practice follow current or recent WHO guidelines for initiation of ART?</p>	<p>For each category below, check <u>no more than one box</u> that reflects current national policy for ART initiation:</p> <p>A. Adults (>19 years)</p> <p><input checked="" type="checkbox"/> Test and START (current WHO Guideline)</p> <p><input type="checkbox"/> CD4 <500</p> <p>B. Pregnant and Breastfeeding Mothers</p> <p><input checked="" type="checkbox"/> Test and START/Option B+ (current WHO Guideline)</p> <p><input type="checkbox"/> Option B</p> <p>C. Adolescents (10-19 years)</p> <p><input checked="" type="checkbox"/> Test and START (current WHO Guideline)</p> <p><input type="checkbox"/> CD4<500</p> <p>D. Children (<10 years)</p> <p><input checked="" type="checkbox"/> Test and START (current WHO Guideline)</p> <p><input type="checkbox"/> CD4<500 or clinical eligibility</p>	<p>2.1 Score: 1.43</p>	<p>NCHADS SOPs for PMTCT, Adults and Children</p> <p>NCHADS has just adopted the Test and Start and is finalizing the SOP.</p>
<p>2.2 Enabling Policies and Legislation: Are there policies or legislation that govern HIV/AIDS service delivery or policies and legislation on health care which is inclusive of HIV service delivery?</p>	<p>Check all that apply:</p> <p><input checked="" type="checkbox"/> A national public health services act that includes the control of HIV</p> <p><input type="checkbox"/> A task-shifting policy that allows trained non-physician clinicians, midwives, and nurses to initiate and dispense ART</p> <p><input type="checkbox"/> A task-shifting policy that allows trained and supervised community health workers to dispense ART between regular clinical visits</p> <p><input type="checkbox"/> Policies that permit patients stable on ART to have reduced clinical visits (i.e. every 6-12 months)</p> <p><input type="checkbox"/> Policies that permit patients stable on ART to have reduced ARV pickups (i.e. every 3-6 months)</p>	<p>2.2 Score: 0.61</p>	<p>Law on the Prevention and Control of HIV/AIDS, Cambodia</p> <p>NCPI 2014</p>

	<input checked="" type="checkbox"/> Policies that permit streamlined ART initiation, such as same day initiation of ART for those who are ready <input checked="" type="checkbox"/> Legislation to ensure the well-being and protection of children, including those orphaned and made vulnerable by HIV/AIDS			
<p>2.3 Non-discrimination Protections: Does the country have non-discrimination laws or policies that specify protections (not specific to HIV) for specific populations? Are these fully implemented? (Full score possible without checking all boxes.)</p>	<p>Check all that apply:</p> <p>Adults living with HIV (women):</p> <input checked="" type="checkbox"/> Law/policy exists <input type="checkbox"/> Law/policy is fully implemented <p>Adults living with HIV (men):</p> <input checked="" type="checkbox"/> Law/policy exists <input type="checkbox"/> Law/policy is fully implemented <p>Children living with HIV:</p> <input checked="" type="checkbox"/> Law/policy exists <input type="checkbox"/> Law/policy is fully implemented <p>Gay men and other men who have sex with men (MSM):</p> <input type="checkbox"/> Law/policy exists <input type="checkbox"/> Law/policy is fully implemented <p>Migrants:</p> <input checked="" type="checkbox"/> Law/policy exists <input type="checkbox"/> Law/policy is fully implemented <p>People who inject drugs (PWID):</p> <input checked="" type="checkbox"/> Law/policy exists <input type="checkbox"/> Law/policy is fully implemented <p>People with disabilities:</p> <input checked="" type="checkbox"/> Law/policy exists <input type="checkbox"/> Law/policy is fully implemented	<p>2.3 Score: 0.71</p>	<p>Cambodia NCPI (2014).</p>	

	<p>Prisoners:</p> <p><input checked="" type="checkbox"/> Law/policy exists</p> <p><input type="checkbox"/> Law/policy is fully implemented</p> <p>Sex workers:</p> <p><input checked="" type="checkbox"/> Law/policy exists</p> <p><input type="checkbox"/> Law/policy is fully implemented</p> <p>Transgender people:</p> <p><input type="checkbox"/> Law/policy exists</p> <p><input type="checkbox"/> Law/policy is fully implemented</p> <p>Women and girls:</p> <p><input checked="" type="checkbox"/> Law/policy exists</p> <p><input type="checkbox"/> Law/policy is fully implemented</p>			
<p>2.4 Structural Obstacles: Does the country have laws and/or policies that present barriers to delivery of HIV prevention, testing and treatment services or the accessibility of these services? Are these laws/policies enforced? (Enforced means any instances of enforcement even if periodic)</p>	<p>Check all that apply:</p> <p>Criminalization of sexual orientation and gender identity:</p> <p><input type="checkbox"/> Law/policy exists</p> <p><input type="checkbox"/> Law/policy is enforced</p> <p>Criminalization of cross-dressing:</p> <p><input type="checkbox"/> Law/policy exists</p> <p><input type="checkbox"/> Law/policy is enforced</p> <p>Criminalization of drug use:</p> <p><input checked="" type="checkbox"/> Law/policy exists</p> <p><input type="checkbox"/> Law/policy is enforced</p> <p>Criminalization of sex work:</p> <p><input checked="" type="checkbox"/> Law/policy exists</p> <p><input type="checkbox"/> Law/policy is enforced</p>	<p>2.4 Score: 1.26</p>	<p>Cambodia NCPI (2014).</p>	

Ban or limits on needle and syringe programs for people who inject drugs (PWID):

Law/policy exists

Law/policy is enforced

Ban or limits on opioid substitution therapy for people who inject drugs (PWID):

Law/policy exists

Law/policy is enforced

Ban or limits on needle and syringe programs in prison settings:

Law/policy exists

Law/policy is enforced

Ban or limits on opioid substitution therapy in prison settings:

Law/policy exists

Law/policy is enforced

Ban or limits on the distribution of condoms in prison settings:

Law/policy exists

Law/policy is enforced

Ban or limits on accessing HIV and SRH services for adolescents and young people:

Law/policy exists

Law/policy is enforced

Criminalization of HIV non-disclosure, exposure or transmission:

Law/policy exists

Law/policy is enforced

Travel and/or residence restrictions:

Law/policy exists

Law/policy is enforced

	<p>Restrictions on employment for people living with HIV:</p> <p><input type="checkbox"/> Law/policy exists</p> <p><input type="checkbox"/> Law/policy is enforced</p>			
<p>2.5 Rights to Access Services: Recognizing the right to nondiscriminatory access to HIV services and support, does the government have efforts in place to educate and ensure the rights of PLHIV, key populations, and those who may access HIV services about these rights?</p>	<p>There are host country government efforts in place as follows (check all that apply):</p> <p><input checked="" type="checkbox"/> To educate PLHIV about their legal rights in terms of access to HIV services</p> <p><input checked="" type="checkbox"/> To educate key populations about their legal rights in terms of access to HIV services</p> <p><input checked="" type="checkbox"/> National law exists regarding health care privacy and confidentiality protections</p> <p><input type="checkbox"/> Government provides financial support to enable access to legal services if someone experiences discrimination, including redress where a violation is found</p>	<p>2.5 Score: 1.07</p>	<p>Strategic Plan for HIV/AIDS and STI Prevention and Control In the Health Sector in Cambodia 2015-2020</p> <p>Cambodia 3.0.</p> <p>IRIR Approach - Identify, Reach, Intensify and Retain</p> <p>Boosted IACM</p> <p>Boosted Link Response</p>	
<p>2.6 Audit: Does the host country government conduct a national HIV/AIDS program audit or audit of Ministries that work on HIV/AIDS on a regular basis (excluding audits of donor funding that are through government financial systems)?</p>	<p><input type="radio"/> A. No audit is conducted of the National HIV/AIDS Program or other relevant ministry.</p> <p><input type="radio"/> B. An audit is conducted of the National HIV/AIDS program or other relevant ministries every 4 years or more.</p> <p><input checked="" type="radio"/> C. An audit is conducted of the National HIV/AIDS program or other relevant ministries every 3 years or less.</p>	<p>2.6 Score: 1.43</p>	<p>Global Fund Audit. Only the 2010 audit is publically available.</p>	
<p>2.7 Audit Action: To what extent does the host country government respond to the findings of a HIV/AIDS audit or audit of Ministries that work on HIV/AIDS?</p>	<p><input type="radio"/> A. Host country government does not respond to audit findings, or no audit of the national HIV/AIDS program is conducted.</p> <p><input type="radio"/> B. The host country government does respond to audit findings by implementing changes as a result of the audit.</p> <p><input checked="" type="radio"/> C. The host country government does respond to audit findings by implementing changes which can be tracked by legislature or other bodies that hold government accountable.</p>	<p>2.7 Score: 1.43</p>	<p>Global Fund Audit, 2010 response.</p>	
Policies and Governance Score:		7.95		

3. Civil Society Engagement			
<p>3. Civil Society Engagement: Local civil Society is an active partner in the HIV/AIDS response through service delivery provision when appropriate, advocacy efforts as needed, and as a key stakeholder to inform the national HIV/AIDS response. There are mechanisms for civil society to review and provide feedback regarding public programs, services and fiscal management and civil society is able to hold government institutions accountable for the use of HIV/AIDS funds and for the results of their actions.</p>		Data Source	Notes/Comments
<p>3.1 Civil Society and Accountability for HIV/AIDS: Are there any laws or policies that restrict civil society from playing an oversight role in the HIV/AIDS response?</p>	<p><input type="radio"/> A. There exists a law or laws that restrict civil society from playing an oversight role in the HIV/AIDS response.</p> <p><input type="radio"/> B. There are no laws that restrict civil society playing a role in providing oversight of the HIV/AIDS response but in practice, it does not happen.</p> <p><input checked="" type="radio"/> C. There are no laws or policies that prevent civil society from providing an oversight of the HIV/AIDS response and civil society is very actively engaged in providing oversight.</p>	<p>3.1 Score: 1.67</p>	<p>NSPIV and NSPIII, and - NAA, Cambodia Progress Report, 2014 and 2013.</p>
<p>3.2 Government Channels and Opportunities for Civil Society Engagement: Does host country government have formal channels or opportunities for diverse civil society groups to engage and provide feedback on its HIV/AIDS policies, programs, and services (not including Global Fund CCM civil society engagement requirements)?</p>	<p>Check A, B, or C; if C checked, select appropriate disaggregates:</p> <p><input type="radio"/> A. There are no formal channels or opportunities.</p> <p><input type="radio"/> B. There are formal channels or opportunities, but civil society is called upon in an ad hoc manner to provide inputs and feedback.</p> <p><input checked="" type="radio"/> C. There are functional formal channels and opportunities for civil society engagement and feedback. Check all that apply:</p> <p><input checked="" type="checkbox"/> During strategic and annual planning</p> <p><input checked="" type="checkbox"/> In joint annual program reviews</p> <p><input checked="" type="checkbox"/> For policy development</p> <p><input checked="" type="checkbox"/> As members of technical working groups</p> <p><input checked="" type="checkbox"/> Involvement on government HIV/AIDS program evaluation teams</p> <p><input checked="" type="checkbox"/> Involvement in surveys/studies</p> <p><input checked="" type="checkbox"/> Collecting and reporting on client feedback</p>	<p>3.2 Score: 1.67</p>	<p>Official membership list of TWGs and WGs under NCHADS and at the Provincial level; Cambodia NCPI Report; GF Concept Note; Cambodia 3.0 Concept Framework.</p> <p>Additional points made by the group: SID focuses on structure only, other roles are: 1. Health insurance; 2. clients' role; 3. focus on youth and 4. human resources.</p>

<p>3.3 Impact of Civil Society Engagement: Does civil society engagement substantively impact policy and budget decisions related to HIV/AIDS?</p>	<p><input type="radio"/> A. Civil society does not actively engage, or civil society engagement does not impact policy and budget decisions related to HIV/AIDS.</p> <p><input checked="" type="radio"/> B. Civil society's engagement impacts HIV/AIDS policy and budget decisions (check all that apply):</p> <p><input checked="" type="checkbox"/> In advocacy</p> <p><input checked="" type="checkbox"/> In programmatic decision making</p> <p><input checked="" type="checkbox"/> In technical decision making</p> <p><input checked="" type="checkbox"/> In service delivery</p> <p><input type="checkbox"/> In HIV/AIDS basket or national health financing decisions</p>	<p>3.3 Score: 1.33</p>	<p>NCPI; NAA (Dr. Phalla); Budget Cut Committee; Decision-making meeting at MOEF</p>	
<p>3.4 Domestic Funding of Civil Society: To what extent are HIV/AIDS related Civil Society Organizations funded domestically (either from government, private sector, or self generated funds)?</p> <p>(if exact or approximate overall percentage known, or the percentages from the various domestic sources, please note in Comments column)</p>	<p><input type="radio"/> A. No funding (0%) for HIV/AIDS related civil society organizations comes from domestic sources.</p> <p><input checked="" type="radio"/> B. Minimal funding (approx. 1-9%) for HIV/AIDS related civil society organizations comes from domestic sources.</p> <p><input type="radio"/> C. Some funding (approx. 10-49%) for HIV/AIDS related civil society organizations comes from domestic sources (not including Global Fund grants through government Principal Recipients).</p> <p><input type="radio"/> D. Most funding (approx. 50-89%) for HIV/AIDS related civil society organizations comes from domestic sources (not including Global Fund grants through government Principal Recipients).</p> <p><input type="radio"/> E. All or almost all funding (approx. 90%+) for HIV/AIDS related civil society organizations comes from domestic sources (not including Global Fund grants).</p>	<p>3.4 Score: 0.83</p>	<p>Policy on Income Generating Activity; One NGO hospital received \$5M from RGC (MOUs with NGO Hospitals).</p> <p>Civil society is funded through the HIV/AIDS Global Fund Grant 2015-2017 where NCHADS is the PR.</p>	<p>The points for this critical aspect of sustainability of civil society seems low.</p>
<p>3.5 Civil Society Enabling Environment: Is the legislative and regulatory framework conducive to Civil Society Organizations (CSOs) or not-for-profit organizations to engage in HIV service provision or health advocacy?</p>	<p><input type="radio"/> A. The legislative and regulatory framework is not conducive for engagement in HIV service provision or health advocacy</p> <p><input checked="" type="radio"/> B. The legislative and regulatory framework is conducive for engagement in HIV service delivery and health advocacy as follows (check all that apply):</p> <p><input type="checkbox"/> Significant tax deductions for business or individual contributions to not-for-profit CSOs</p> <p><input type="checkbox"/> Significant tax exemptions for not-for-profit CSOs</p> <p><input type="checkbox"/> Open competition among CSOs to provide government-funded services</p> <p><input checked="" type="checkbox"/> Freedom for CSOs to advocate for policy, legal and programmatic change</p> <p><input checked="" type="checkbox"/> There is a national public private partnership (PPP) technical working group or desk officer within the government (ministry of health, finance, or president's office) in which CSOs or non-profit organizations participate/engage.</p>	<p>3.5 Score: 1.17</p>	<p>No formal sources. For PPP, TCC under Min of Labor; In CCC, there is GF funding for private sector (Chevron in Shulke), KWCD got funds for the Mobitel Hotline. MOH invites private sector to engage in process of developing various technical delivery policies.</p>	
<p>Civil Society Engagement Score:</p>		<p>6.67</p>		

4. Private Sector Engagement			Data Source	Notes/Comments
<p>4. Private Sector Engagement: Global as well as local private sector (both private health care providers and private business) is an active partner in the HIV/AIDS response through service delivery provision when appropriate, advocacy efforts as needed, innovation, and as a key stakeholder to inform the national HIV/AIDS response. There are supportive policies and mechanisms for the private sector to engage and to review and provide feedback regarding public programs, services and fiscal management of the national HIV/AIDS response. The public uses the private sector for HIV service delivery at a similar level as other health care needs.</p>				
<p>4.1 Government Channels and Opportunities for Private Sector Engagement: Does host country government have formal channels and opportunities for diverse private sector entities to engage and provide feedback on its HIV/AIDS policies, programs, and services?</p>	<p><input type="radio"/> A. There are no formal channels or opportunities</p> <p><input type="radio"/> B. There are formal channels or opportunities, but private sector is called upon in an ad hoc manner to provide inputs and feedback</p> <p><input checked="" type="radio"/> C. There are functional formal channels and opportunities for private sector engagement and feedback. Check all that apply:</p> <p><input checked="" type="checkbox"/> Corporate contributions, private philanthropy and giving</p> <p><input type="checkbox"/> Joint (i.e. public-private) supervision and quality oversight of private facilities</p> <p><input type="checkbox"/> Collection of service delivery and client satisfaction data from private providers</p> <p><input checked="" type="checkbox"/> Tracking of private training institution HRH graduates and placements</p> <p><input type="checkbox"/> Contributing to develop innovative solutions, both technology and systems innovation</p> <p><input checked="" type="checkbox"/> For technical advisory on best practices and delivery solutions</p>	<p>4.1 Score: 0.83</p>	<p>New process for them to report services in HMIS. HIS website. Also licenses exist. Dept. of Drug and Food guidelines. This is for health in general and not specific to HIV/AIDS.</p>	

<p>4.2 Private Sector Partnership: Do private sector partnerships with government result in stronger policy and budget decisions for HIV/AIDS programs?</p>	<p>A. Private sector does not actively engage, or private sector engagement does not influence policy and budget decisions in HIV/AIDS.</p> <p><input checked="" type="radio"/> A. Private sector does not actively engage, or private sector engagement does not influence policy and budget decisions in HIV/AIDS.</p> <p>B. Private sector engagement influences HIV/AIDS policy and budget decisions in the following areas (check all that apply):</p> <ul style="list-style-type: none"> <input type="checkbox"/> In patient advocacy and human rights <input type="checkbox"/> In programmatic decision making <input type="checkbox"/> In technical decision making <input type="checkbox"/> In service delivery for both public and private providers <input type="checkbox"/> In HIV/AIDS basket or national health financing decisions <input type="checkbox"/> In advancing innovative sustainable financing models <input type="checkbox"/> In HRH development, placement, and retention strategies <input type="checkbox"/> In building capacity of private training institutions <input type="checkbox"/> In supply chain management of essential supplies and drugs 	<p>4.2 Score: 0.00</p>	<p>Prakas 194 and 086 of Ministry of Labor.</p>	
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<p>4.3 Legal Framework for Private Health Sector: Does the legislative and regulatory framework make provisions for the needs of the private health sector (including hospitals, networks, and insurers)?</p>	<p>The legislative and regulatory framework makes the following provisions (check all that apply):</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Systems are in place for service provision and/or research reporting by private sector facilities to the government. <input type="checkbox"/> Mechanisms exist to ensure that private providers receive, understand and adhere to national guidelines/protocols for ART. <input checked="" type="checkbox"/> Tax deductions for private health providers. <input type="checkbox"/> Tax deductions for private training institutions training health workers. <input type="checkbox"/> Open competition for private health providers to compete for government services. <input type="checkbox"/> General or HIV/AIDS-specific service agreement frameworks exist between local government authorities/municipalities and private providers at the sub-national unit (e.g. district) levels. <input type="checkbox"/> Freedom of private providers to advocate for policy, legal, and regulatory frameworks. <input type="checkbox"/> Standardized processes for developing public-private partnerships (PPP) and memorandums of understanding (MOUs) between public and private providers. 	<p>4.3 Score: 0.42</p>	<p>National Reports from Service Delivery, NCHADS; NACD Report.</p>	
<p>4.4 Legal Framework for Private Businesses: Does the legislative and regulatory framework make provisions for the needs of private businesses (local or multinational corporations)?</p>	<p>The legislative and regulatory framework makes the following provisions (check all that apply):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Tax deductions for health-related private businesses (i.e. pharmacists, supply chain, etc.). <input checked="" type="checkbox"/> Systematic and timely process for private company registration and/or testing of new health products; drugs, diagnostics kits, medical devices. <input type="checkbox"/> Standardized processes for developing public-private partnerships (PPP) and memorandums of understanding (MOUs) between local government and private business. <input type="checkbox"/> Corporate Social Responsibility (CSR) tax policies (compulsory or optional) contributing private corporate resources to the HIV/AIDS response. <input checked="" type="checkbox"/> Workplace policies support HIV-related services and/or benefits for employees. <input type="checkbox"/> Existing forums between business community and government to engage in dialogue to support HIV/AIDS and public health programs. 	<p>4.4 Score: 0.56</p>	<p>National Reports from Service Delivery, NCHADS; NACD Report.</p>	

<p>4.5 Private Health Sector Supply: Does the host country government enable private health service provision for lower and middle-income HIV patients?</p>	<p><input checked="" type="radio"/> A. There are no enablers for private health service provision for lower and middle-income HIV patients.</p> <p><input type="radio"/> B. The host country government enables private health service provision for lower and middle-income patients in the following ways (check all that apply):</p> <p><input type="checkbox"/> Private for-profit providers are eligible to procure HIV and/or ART commodities via public sector procurement channels and/or vertical programs.</p> <p><input type="checkbox"/> The private sector scope of practice for physicians, nurses and midwives serving low and middle-income patients currently includes HIV and/or ART service provision.</p>	<p>4.5 Score: 0.00</p>		
<p>4.6 Private Health Sector Demand: Is the percentage of people accessing HIV treatment services through the private sector similar to (or approaching) the percentage of those seeking other curative services through the private sector?</p>	<p><input checked="" type="radio"/> A. The percentage of people accessing HIV treatment services through the private sector is significantly lower than the percentage seeking other curative services through the private sector.</p> <p><input type="radio"/> B. The percentage of people accessing HIV treatment services through the private sector is similar to (or approaching) the percentage seeking other curative services through the private sector due to the following factors (check all that apply):</p> <p><input type="checkbox"/> HIV-related services/products are covered by national health insurance.</p> <p><input type="checkbox"/> HIV-related services/products are covered by private or other health insurance.</p> <p><input type="checkbox"/> Adequate risk pooling exists for HIV services.</p> <p><input type="checkbox"/> Models currently exist for cost-recovery for ART.</p> <p><input type="checkbox"/> HIV drugs are not subject to higher pharmaceutical mark-ups than other drugs in the market.</p>	<p>4.6 Score: 0.00</p>		
<p>Private Sector Engagement Score:</p>		<p>1.81</p>		

5. Public Access to Information: Host government widely disseminates timely and reliable information on the implementation of HIV/AIDS policies and programs, including goals, progress and challenges towards achieving HIV/AIDS targets, as well as fiscal information (public revenues, budgets, expenditures, large contract awards , etc.) related to HIV/AIDS. Program and audit reports are published publically. Efforts are made to ensure public has access to data through print distribution, websites, radio or other methods of disseminating information.			
		Source of Data	Notes/Comments
<p>5.1 Surveillance and Survey Transparency: Does the host country government ensure that HIV/AIDS surveillance and survey data, or at least a summary report of data, and analyses are made available to stakeholders and general public in a timely way?</p>	<p>A. The host country government does not make HIV/AIDS surveillance and survey summary reports available to stakeholders and the general public, or they are made available 3 or more years after the date of collection.</p> <p><input type="radio"/></p> <p>B. The host country government makes HIV/AIDS surveillance and survey summary reports available to stakeholders and the general public within 1-3 years.</p> <p><input type="radio"/></p> <p>C. The host country government makes HIV/AIDS surveillance and survey summary reports available to stakeholders and the general public within the same year.</p> <p><input checked="" type="radio"/></p>	<p>5.1 Score: 2.00</p>	<p>NCHADS website: 2014 ANC, MSM, IBBS surveys.</p>
<p>5.2 Expenditure Transparency: Does the host country government make annual HIV/AIDS expenditure data, or at a minimum at least a summary of it, available to stakeholders and the public in a timely way?</p>	<p>A. The host country government does not make HIV/AIDS expenditure summary reports available to stakeholders and the general public or they are made available 3 or more years after the date of expenditures.</p> <p><input type="radio"/></p> <p>B. The host country government makes HIV/AIDS expenditure summary reports available to stakeholders and the general public or website within 1-3 years after date of expenditures.</p> <p><input checked="" type="radio"/></p> <p>C. The host country government makes HIV/AIDS expenditure summary reports available to stakeholders and the general public within 1 year after expenditures.</p> <p><input type="radio"/></p>	<p>5.2 Score: 1.00</p>	<p>NAA, NASA done in 2013 but not yet available on their website. - MOH, NHA (hard copy only): disseminated to stakeholders not public.</p>
<p>5.3 Performance and Service Delivery Transparency: Does the host country government make annual HIV/AIDS program performance and service delivery data (or at a minimum of summary of it) available to stakeholders and the public in a timely way?</p>	<p>A. The host country government does not make HIV/AIDS program performance and service delivery summary reports available to stakeholders and the general public or they are made available 3 or more years after the date of programming.</p> <p><input type="radio"/></p> <p>B. The host country government makes HIV/AIDS program performance and service delivery summary reports available to stakeholders and the general public within 1-3 years after date of programming.</p> <p><input type="radio"/></p> <p>C. The host country government makes HIV/AIDS program performance and service delivery summary reports available to stakeholders and the general public within 1 year after date of programming .</p> <p><input checked="" type="radio"/></p>	<p>5.3 Score: 2.00</p>	<p>NCHADS website, 2014 2nd quarter report. 2015 quarterly reports delayed though so they just squeaked by.</p>

<p>5.4 Procurement Transparency: Does the host country government make government HIV/AIDS procurements public in a timely way?</p>	<p><input type="radio"/> A. Host country government does not make any HIV/AIDS procurements.</p> <p><input checked="" type="radio"/> B. Host country government makes HIV/AIDS procurements, but neither procurement tender nor award details are publicly available.</p> <p><input type="radio"/> C. Host country government makes HIV/AIDS procurements, and tender, but not award, details are publicly available.</p> <p><input type="radio"/> D. Host Country government makes HIV/AIDS procurements, and both tender and award details available.</p>	<p>5.4 Score: 0.00</p>		
<p>5.5 Institutionalized Education System: Is there a government agency that is explicitly responsible for educating the public about HIV?</p>	<p><input checked="" type="radio"/> A. There is no government institution that is responsible for this function and no other groups provide education.</p> <p><input type="radio"/> B. There is no government institution that is responsible for this function but at least one of the following provides education:</p> <p><input type="checkbox"/> Civil society</p> <p><input type="checkbox"/> Media</p> <p><input type="checkbox"/> Private sector</p> <p><input type="radio"/> C. There is a government institution that is responsible for, and is providing, scientifically accurate information on HIV/AIDS.</p>	<p>5.5 Score: 0.00</p>	<p>Ministry of Education and other multiple ministries are supposed to but it is not done effectively and there are many gaps.</p>	
<p>Public Access to Information Score: 5.00</p>				

THIS CONCLUDES THE SET OF QUESTIONS ON DOMAIN A

Domain B. National Health System and Service Delivery

What Success Looks Like: Host country institutions (inclusive of government, NGOs, civil society, and the private sector), the domestic workforce, and local health systems constitute the primary vehicles through which HIV/AIDS programs and services are managed and delivered. Optimally, national, sub-national and local governments have achieved high and appropriate coverage of a range of quality, life-saving prevention, treatment, and care services and interventions. There is a high demand for HIV/AIDS services, which are accessible and affordable to poor and vulnerable populations at risk of infection (i.e. key populations, discordant couples, exposed infants), are infected and/or are affected by the HIV/AIDS epidemic.

	Data Source	Notes/Comments
<p>6. Service Delivery: The host country government at national, sub-national and facility levels facilitates planning and management of, access to and linkages between facility- and community-based HIV services.</p>		
<p>6.1 Responsiveness of facility-based services to demand for HIV services: Do public facilities respond to and generate demand for HIV services to meet local needs? (Check all that apply.)</p>	<p>Public facilities are able to tailor services to accommodate demand (e.g., modify or add hours/days of operations; add/second additional staff during periods of high patient influx; customize scope of HIV services offered; adapt organization/model of service deliver to patient flow)</p> <p><input type="checkbox"/></p> <p>Public facilities are able to situate services in proximity to high-HIV burden locations or populations (e.g., mobile clinics)</p> <p><input checked="" type="checkbox"/></p> <p>There is evidence that public facilities in high burden areas and/or serving high-burden populations generate demand for HIV services</p> <p><input checked="" type="checkbox"/></p>	<p>6.1 Score: 0.74</p> <p>GF Concept Note, NCHADS guidance note, Conceptual Framework for Cambodia 3.0</p>
<p>6.2 Responsiveness of community-based HIV/AIDS services: Has the host country standardized the design and implementation of community-based HIV services?</p>	<p>The host country has standardized the following design and implementation components of community-based HIV services through (check all that apply):</p> <p><input checked="" type="checkbox"/> Formalized mechanisms of participation by communities, high-burden populations and/or civil society engagement in delivery or oversight of services</p> <p><input checked="" type="checkbox"/> National guidelines detailing how to operationalize HIV services in communities</p> <p><input type="checkbox"/> Providing official recognition to skilled human resources (e.g. community health</p> <p><input type="checkbox"/> Providing financial support for community-based services</p> <p><input checked="" type="checkbox"/> Providing supply chain support for community-based services</p> <p>Supporting linkages between facility- and community-based services through</p> <p><input checked="" type="checkbox"/> formalized bidirectional referral services (e.g., use of national reporting systems to refer and monitor referrals for completeness)</p>	<p>6.2 Score: 0.74</p> <p>NCHADS SOPs: COPCT, Active Case Management, GF Concept Note</p> <p>Community-based HIV/AIDS services are funded through the HIV/AIDS GF grant. NCHADS is the PR.</p>
<p>6.3 Domestic Financing of Service Delivery: To what extent do host country institutions (public, private, or voluntary sector) finance the delivery of HIV/AIDS services in high burden areas (i.e. excluding any external financial assistance from donors)?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. Host country institutions provide no (0%) financing for delivery of HIV/AIDS services in high burden areas</p> <p><input type="radio"/> B. Host country institutions provide minimal (approx. 1-9%) financing for delivery of HIV/AIDS services in high burden areas</p> <p><input checked="" type="radio"/> C. Host country institutions provide some (approx. 10-49%) financing for delivery of HIV/AIDS services in high burden areas</p> <p><input type="radio"/> D. Host country institutions provide most (approx. 50-89%) financing for delivery of HIV/AIDS services in high burden areas</p> <p><input type="radio"/> E. Host country institutions provide all or almost all (approx. 90%+) financing for delivery of HIV/AIDS services in high burden areas</p>	<p>6.3 Score: 0.83</p> <p>NASA 2012 and NHA 2014</p>

<p>6.4 Domestic Provision of Service Delivery: To what extent do host country institutions (public, private, or voluntary sector) deliver HIV/AIDS services in high burden areas without external technical assistance from donors?</p>	<p><input type="radio"/> A. HIV/AIDS services in high burden areas are primarily delivered by external agencies, organizations, or institutions.</p> <p><input type="radio"/> B. Host country institutions deliver HIV/AIDS services in high burden areas but with substantial external technical assistance.</p> <p><input checked="" type="radio"/> C. Host country institutions deliver HIV/AIDS services in high burden areas with some external technical assistance.</p> <p><input type="radio"/> D. Host country institutions deliver HIV/AIDS services in high burden areas with minimal or no external technical assistance.</p>	<p>6.4 Score: 0.74</p>	<p>NASA 2012, GF Concept Note</p>	
<p>6.5 Domestic Financing of Service Delivery for Key Populations: To what extent do host country institutions (public, private, or voluntary sector) finance the delivery of HIV/AIDS services to key populations in high burden areas (i.e. without external financial assistance from donors)?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. Host country institutions provide no or minimal (0%) financing for delivery of HIV/AIDS services to key populations in high burden areas.</p> <p><input type="radio"/> B. Host country institutions provide minimal (approx. 1-9%) financing for delivery of HIV/AIDS services to key populations in high burden areas.</p> <p><input checked="" type="radio"/> C. Host country institutions provide some (approx. 10-49%) financing for delivery of HIV/AIDS services to key populations in high burden areas.</p> <p><input type="radio"/> D. Host country institutions provide most (approx. 50-89%) financing for delivery of HIV/AIDS services to key populations in high burden areas.</p> <p><input type="radio"/> E. Host country institutions provide all or almost all (approx. 90%+) financing for delivery of HIV/AIDS services to key populations in high burden areas.</p>	<p>6.5 Score: 0.83</p>	<p>NASA 2012, GF Concept Note. UNAIDS progress report for 2014 says 11% is government funded. Some sources say 16%.</p>	
<p>6.6 Domestic Provision of Service Delivery for Key Populations: To what extent do host country institutions (public, private, or voluntary sector) deliver HIV/AIDS services to key populations in high burden areas without external technical assistance from donors?</p>	<p><input checked="" type="radio"/> A. HIV/AIDS services to key populations are primarily delivered by external agencies, organizations, or institutions.</p> <p><input type="radio"/> B. Host country institutions deliver HIV/AIDS services to key populations but with substantial external technical assistance.</p> <p><input type="radio"/> C. Host country institutions deliver HIV/AIDS services to key populations with some external technical assistance.</p> <p><input type="radio"/> D. Host country institutions deliver HIV/AIDS services to key populations with minimal or no external technical assistance.</p>	<p>6.6 Score: 0.00</p>	<p>NASA 2012, GF Concept Note</p>	
<p>6.7 National Service Delivery Capacity: Do national health authorities have the capacity to effectively plan and manage HIV services in high HIV burden areas?</p>	<p>The national MOH (check all that apply):</p> <p><input checked="" type="checkbox"/> Translates national policies/strategies into sub-national level HIV/AIDS strategic plan and response activities.</p> <p><input checked="" type="checkbox"/> Uses epidemiologic and program data to measure effectiveness of sub-national level programs in delivering needed HIV/AIDS services in right locations.</p> <p><input type="checkbox"/> Assesses current and future staffing needs based on HIV/AIDS program goals and</p> <p><input type="checkbox"/> Develops sub-national level budgets that allocate resources to high burden service delivery locations.</p> <p><input checked="" type="checkbox"/> Effectively engages with civil society in program planning and evaluation of services .</p> <p><input type="checkbox"/> Designs a staff performance management plan to assure that staff working at high burden sites maintain good clinical and technical skills, such as through training and/or mentorship.</p>	<p>6.7 Score: 0.56</p>	<p>Annual operational plan (provinces), HIV and Health Sector strategic plans, Country Dialogue, TWG network and provincial level, CCC</p>	

<p>6.8 Sub-national Service Delivery Capacity: Do sub-national health authorities (i.e., district, provincial) have the capacity to effectively plan and manage HIV services sufficiently to achieve sustainable epidemic control?</p>	<p>Sub-national health authorities (check all that apply):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Translate national policies/strategies into sub-national level HIV/AIDS strategic plan and response activities. <input type="checkbox"/> Use epidemiologic and program data to measure effectiveness of sub-national level programs in delivering needed HIV/AIDS services in right locations. <input type="checkbox"/> Assess current and future staffing needs based on HIV/AIDS program goals and budget realities for high burden locations. <input type="checkbox"/> Develop sub-national level budgets that allocate resources to high burden service delivery locations. <input type="checkbox"/> Effectively engage with civil society in program planning and evaluation of services. <input type="checkbox"/> Design a staff performance management plan to assure that staff working at high burden sites maintain good clinical and technical skills, such as through training and/or mentorship. 	<p>6.8 Score: 0.00</p>	<p>None apply.</p>	
Service Delivery Score		4.44		
<p>7. Human Resources for Health: HRH staffing decisions for those working on HIV/AIDS are based on use of HR data and are aligned with national plans. Host country has sufficient numbers and categories of competent health care workers and volunteers to provide quality HIV/AIDS prevention, care and treatment services in health facilities and in the community. Host country trains, deploys and compensates health workers providing HIV/AIDS services through local public and/or private resources and systems. Host country has a strategy or plan for transitioning staff funded by donors.</p>		Data Source	Notes/Comments	
<p>7.1 HRH Supply: To what extent is the health worker supply adequate to enable the volume and quality of HIV/AIDS services needed for sustained epidemic control at the facility and/or comm site level?</p>	<p>Check all that apply:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> The country's pre-service education institutions are producing an adequate supply and skills mix of health care providers <input type="checkbox"/> The country's health workers are adequately deployed to, or distributed within, facilities and communities with high HIV burden <input type="checkbox"/> The country has developed retention schemes that address health worker vacancy or attrition in high HIV burden areas <input type="checkbox"/> The country's pre-service education institutions are producing an adequate supply and appropriate skills mix of social service workers to deliver social services to vulnerable children 	<p>7.1 Score: 0.33</p>	<p>Human resources for health country profiles: Cambodia, WHO, 2014</p>	<p>The number of contract and floating staff in the public sector was estimated to be around 3700 in 2011</p>
<p>7.2 HRH transition: What is the status of transitioning PEPFAR and other donor supported HIV/AIDS health worker salaries to local financing/compensation?</p>	<ul style="list-style-type: none"> <input type="radio"/> A. There is no inventory or plan for transition of donor-supported health workers <input checked="" type="radio"/> B. There is an inventory of donor-supported health workers, but no official plan to transition these staff to local support <input type="radio"/> C. There is an inventory and plan for transition of donor-supported workers, but it has not yet been implemented <input type="radio"/> D. There is an inventory and plan for donor-supported workers to be transitioned, and staff are being transitioned according to this plan <input type="radio"/> E. No plan is necessary because all HIV/AIDS health worker salaries are already locally financed/compensated 	<p>7.2 Score: 0.33</p>	<p>Global Fund and MOH/NCHADS have lists but no plan as of yet.</p>	

<p>7.3 Domestic funding for HRH: What proportion of health worker (doctors, nurses, midwives, and CHW) salaries are supported with domestic public or private resources (i.e. excluding donor resources)?</p>	<p><input type="radio"/> A. Host country institutions provide no (0%) health worker salaries</p> <p><input type="radio"/> B. Host country institutions provide minimal (approx. 1-9%) health worker salaries</p> <p><input type="radio"/> C. Host country institutions provide some (approx. 10-49%) health worker salaries</p> <p><input checked="" type="radio"/> D. Host country institutions provide most (approx. 50-89%) health worker salaries</p> <p><input type="radio"/> E. Host country institutions provide all or almost all (approx. 90%+) health worker salaries</p>	<p>7.3 Score: 2.50</p>	<p>Global fund HIV/AIDS concept note.</p>	<p>Global fund does pay for 400 contracted staff and provides incentives.</p>
<p>7.4 Pre-service: Do current pre-service education curricula for health workers providing HIV/AIDS services include HIV content that has been updated in last three years?</p>	<p><input checked="" type="radio"/> A. Pre-service education institutions do not have HIV content, or HIV content used by pre-service education institutions is out of date (not updated within 3 years)</p> <p><input type="radio"/> B. Pre-service institutions have updated HIV/AIDS content within the last three years (check all that apply):</p> <p><input type="checkbox"/> Updated content reflects national standards of practice for cadres offering HIV/AIDS-related services</p> <p><input type="checkbox"/> Institutions maintain process for continuously updating content, including HIV/AIDS content</p> <p><input type="checkbox"/> Updated curricula contain training related to stigma & discrimination of PLWHA</p> <p><input type="checkbox"/> Institutions track student employment after graduation to inform planning</p>	<p>7.4 Score: 0.00</p>	<p>NCHADS</p>	
<p>7.5 In-service Training: To what extent does the host country government (through public, private, and/or voluntary sectors) plan and implement HIV/AIDS in-service training necessary to equip health workers for sustained epidemic control?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p>Check all that apply among A, B, C, D:</p> <p><input checked="" type="checkbox"/> A. The host country government provides the following support for in-service training in the country (check ONE):</p> <p><input type="checkbox"/> Host country government implements no (0%) HIV/AIDS related in-service training</p> <p><input type="checkbox"/> Host country government implements minimal (approx. 1-9%) HIV/AIDS related in-service training</p> <p><input type="checkbox"/> Host country government implements some (approx. 10-49%) HIV/AIDS in-service training</p> <p><input type="checkbox"/> Host country government implements most (approx. 50-89%) HIV/AIDS in-service training</p> <p><input checked="" type="checkbox"/> Host country government implements all or almost all (approx. 90%+) HIV/AIDS in-service training</p> <p><input checked="" type="checkbox"/> B. The host country government has a national plan for institutionalizing (establishing capacity within local institutions to deliver) donor-supported in-service training in HIV/AIDS</p> <p><input type="checkbox"/> C. The host country government requires continuing professional development, a form of in-service training, for re-licensure for key clinicians</p> <p><input type="checkbox"/> D. The host country government maintains a database to track training for HIV/AIDS, and allocates training based on need (e.g. focusing on high burden areas)</p>	<p>7.5 Score: 0.67</p>	<p>NCHADS</p>	

<p>7.6 HR Data Collection and Use: Does the country systematically collect health workforce data, such as through a Human Resource Information Systems (HRIS), for HIV/AIDS services and/or health workforce planning and management?</p>	<p><input type="radio"/> A. There is no HRIS in country and data on the health workforce is not collected systematically for planning and management</p> <p><input type="radio"/> B. There is no HRIS in country, but some data is collected for planning and management</p> <p><input type="checkbox"/> Registration and re-licensure data for key professionals is collected and used for planning and management</p> <p><input type="checkbox"/> MOH health worker employee data (number, cadre, and location of employment) is collected and used</p> <p><input type="checkbox"/> Routine assessments are conducted regarding health worker staffing at health facility and/or community sites</p> <p><input checked="" type="radio"/> C. There is an HRIS (an interoperable system that captures at least regulatory and deployment data on health workers) in country:</p> <p><input checked="" type="checkbox"/> The HRIS is primarily financed and managed by host country institutions</p> <p><input type="checkbox"/> There is a national strategy or approach to interoperability for HRIS</p> <p><input checked="" type="checkbox"/> The government produces HR data from the system at least annually</p> <p><input type="checkbox"/> Host country institutions use HR data from the system for planning and management (e.g. health worker deployment)</p>	<p>7.6 Score: 1.00</p>	<p>MOH HRH Annual Report</p>	
<p>Human Resources for Health Score</p>		<p>4.83</p>		
<p>8. Commodity Security and Supply Chain: The National HIV/AIDS response ensures a secure, reliable and adequate supply and distribution of quality products, including drugs, lab and medical supplies, health items, and equipment required for effective and efficient HIV/AIDS prevention, diagnosis and treatment. Host country efficiently manages product selection, forecasting and supply planning, procurement, warehousing and inventory management, transportation, dispensing and waste management reducing costs while maintaining quality.</p>				
		<p>Data Source</p>	<p>Notes/Comments</p>	
<p>8.1 ARV Domestic Financing: What is the estimated percentage of ARV procurement funded by domestic sources? (Domestic sources includes public sector and private sector but excludes donor and out-of-pocket funds)</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. This information is not known.</p> <p><input type="radio"/> B. No (0%) funding from domestic sources</p> <p><input checked="" type="radio"/> C. Minimal (approx. 1-9%) funding from domestic sources</p> <p><input type="radio"/> D. Some (approx. 10-49%) funded from domestic sources</p> <p><input type="radio"/> E. Most (approx. 50 – 89%) funded from domestic sources</p> <p><input type="radio"/> F. All or almost all (approx. 90%+) funded from domestic sources</p>	<p>8.1 Score: 0.21</p>	<p>NCHADS, NAA and Global Fund HIV Grant agreement</p>	<p>Government is paying for \$1M, \$1.2M, and \$1.5M over the next 3 years. Global Fund has budgeted that the total amount needed for ARVs for two years (2016-17) is \$14/\$15M and of that the government will fund \$2.2M of that total. For 2016, that will be 13.3% for 2015 and 16% for 2016.</p>
<p>8.2 Test Kit Domestic Financing: What is the estimated percentage of HIV Rapid Test Kit procurement funded by domestic sources? (Domestic sources includes public sector and private sector but excludes donor and out-of-pocket funds)</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. This information is not known</p> <p><input checked="" type="radio"/> B. No (0%) funding from domestic sources</p> <p><input type="radio"/> C. Minimal (approx. 1-9%) funding from domestic sources</p> <p><input type="radio"/> D. Some (approx. 10-49%) funded from domestic sources</p> <p><input type="radio"/> E. Most (approx. 50-89%) funded from domestic sources</p> <p><input type="radio"/> F. All or almost all (approx. 90%+) funded from domestic sources</p>	<p>8.2 Score: 0.00</p>	<p>Global Fund Concept Note and HIV grant agreement, 2015</p>	<p>Global Fund pays for all test kits.</p>

<p>8.3 Condom Domestic Financing: What is the estimated percentage of condom procurement funded by domestic (not donor) sources? <i>Note:</i> The denominator should be the supply of free or subsidized condoms provided to public or private sector health facilities or community based programs.</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. This information is not known</p> <p><input type="radio"/> B. No (0%) funding from domestic sources</p> <p><input checked="" type="radio"/> C. Minimal (approx. 1-9%) funding from domestic sources</p> <p><input type="radio"/> D. Some (approx. 10-49%) funded from domestic sources</p> <p><input type="radio"/> E. Most (approx. 50-89%) funded from domestic sources</p> <p><input type="radio"/> F. All or almost all (approx. 90%+) funded from domestic sources</p>	<p>8.3 Score: 0.21</p>	<p>National Condom Core Group, 2015.</p>	
<p>8.4 Supply Chain Plan: Does the country have an agreed-upon national supply chain plan that guides investments in the supply chain?</p>	<p><input type="radio"/> A. There is no plan or thoroughly annually reviewed supply chain standard operating procedure (SOP).</p> <p><input checked="" type="radio"/> B. There is a plan/SOP that includes the following components (check all that apply):</p> <p><input checked="" type="checkbox"/> Human resources</p> <p><input checked="" type="checkbox"/> Training</p> <p><input checked="" type="checkbox"/> Warehousing</p> <p><input checked="" type="checkbox"/> Distribution</p> <p><input type="checkbox"/> Reverse Logistics</p> <p><input type="checkbox"/> Waste management</p> <p><input type="checkbox"/> Information system</p> <p><input type="checkbox"/> Procurement</p> <p><input type="checkbox"/> Forecasting</p> <p><input type="checkbox"/> Supply planning and supervision</p> <p><input type="checkbox"/> Site supervision</p>	<p>8.4 Score: 0.81</p>	<p>Pharmaceutical Sector strategic Plan, 2013-2018.</p>	<p>There is only a brief mention of these components and very broad plans.</p>
<p>8.5 Supply Chain Plan Financing: What is the estimated percentage of financing for the supply chain plan that is provided by domestic sources (i.e. excluding donor funds)?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. This information is not available.</p> <p><input type="radio"/> B. No (0%) funding from domestic sources.</p> <p><input checked="" type="radio"/> C. Minimal (approx. 1-9%) funding from domestic sources.</p> <p><input type="radio"/> D. Some (approx. 10-49%) funding from domestic sources.</p> <p><input type="radio"/> E. Most (approx. 50-89%) funding from domestic sources.</p> <p><input type="radio"/> F. All or almost all (approx. 90%+) funding from domestic sources.</p>	<p>8.5 Score: 0.21</p>	<p>For HIV, NCHADS, NAA Progress report, and Global Fund Concept Note.</p>	

<p>8.6 Stock: Does the host country government manage processes and systems that ensure appropriate ARV stock levels?</p>	<p>Check all that apply:</p> <p><input type="checkbox"/> The group making re-supply decisions for ARVs, have timely visibility into the ARV stock on hand at facilities</p> <p><input checked="" type="checkbox"/> Facilities are stocked with ARVs according to plan (above the minimum and below the maximum stock level) 90% of the time</p> <p><input checked="" type="checkbox"/> MOH or other host government personnel make re-supply decisions with minimal external assistance:</p> <p><input type="checkbox"/> Decision makers are not seconded or implementing partner staff</p> <p><input checked="" type="checkbox"/> Supply chain data are maintained within the Ministry of Health and not solely stored by donor-funded projects</p> <p><input checked="" type="checkbox"/> Team that conducts analysis of facility data is at least 50% host government</p>	<p>8.6 Score: 1.23</p>	<p>NCHADS Report (unspecified).</p>	<p>SIMS visits have found that clients have to return frequently (<2 months) to get their ARVs do the insufficient amount of ARVs.</p>
<p>8.7 Assessment: Was an overall score of above 80% achieved on the SCMS National Supply Chain Assessment or top quartile for an equivalent assessment conducted within the last three years?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input checked="" type="radio"/> A. A comprehensive assessment has not been done</p> <p><input type="radio"/> B. A comprehensive assessment has been done but the score was lower than 80% (for NSCA) or in the bottom three quartiles for the global average of other equivalent assessments</p> <p><input type="radio"/> C. A comprehensive assessment has been done and the score was higher than 80% (for NSCA) or in the top quartile for the assessment</p>	<p>8.7 Score: 0.00</p>		
<p>Commodity Security and Supply Chain Score:</p>		<p>2.67</p>		
<p>9. Quality Management: Host country has institutionalized quality management systems, plans, workforce capacities and other key inputs to ensure that modern quality improvement methodologies are applied to managing and providing HIV/AIDS services</p>			<p>Data Source</p>	<p>Notes/Comments</p>
<p>9.1 Existence of a Quality Management (QM) System: Does the host country government support appropriate QM structures to support continuous quality improvement (QI) at national, sub-national and site levels?</p>	<p><input type="radio"/> A. The host country government does not have structures or resources to support site-level continuous quality improvement</p> <p><input checked="" type="radio"/> B. The host country government:</p> <p style="padding-left: 20px;">Has structures with dedicated focal points or leaders (e.g., committee, focal person, working groups, teams) at the national level, sub-national level and in a majority of sites where HIV/AIDS care and services are offered that are supporting site-level continuous quality improvement</p> <p><input type="checkbox"/> Has a budget line item for the QM program</p> <p><input type="checkbox"/> Supports a knowledge management platform (e.g., web site) and/or peer learning opportunities available to site QI participants to gain insights from other sites and interventions</p>	<p>9.1 Score: 0.67</p>	<p>HIV Health Sector Plan, SOPs: CQI</p>	

<p>9.2 Quality Management/Quality Improvement (QM/QI) Plan: Is there a current (updated within the last 2 years) QM/QI plan? (The plan may be HIV program-specific or include HIV program-specific elements in a national health sector QM/QI plan.)</p>	<p><input type="radio"/> A. There is no HIV/AIDS-related QM/QI strategy</p> <p><input checked="" type="radio"/> B. There is a QM/QI strategy that includes HIV/AIDS, but it is not current (updated within the last 2 years)</p> <p><input type="radio"/> C. There is a current QM/QI strategy that includes HIV/AIDS program specific elements</p> <p><input type="radio"/> D. There is a current HIV/AIDS program specific QM/QI strategy</p>	<p>9.2 Score: 0.67</p>	<p>SOPs: CQI, GF Concept Note, HIV and Health Sector Strategic Plan.</p>	
<p>9.3 Performance Data Collection and Use for Improvement: Are HIV program performance measurement data systematically collected and analyzed to identify areas of patient care and services that can be improved through national decision making, policy, or priority setting?</p>	<p><input type="radio"/> A. HIV program performance measurement data are not used to identify areas of patient care and services that can be improved through national decision making, policy, or priority setting.</p> <p><input checked="" type="radio"/> B. HIV program performance measurement data are used to identify areas of patient care and services that can be improved through national decision making, policy, or priority setting (check all that apply):</p> <p><input checked="" type="checkbox"/> The national quality structure has a clinical data collection system from which local performance measurement data on prioritized measures are being collected, aggregated nationally, and analyzed for local and national improvement</p> <p><input type="checkbox"/> There is a system for sharing data at the national, SNU, and local level, with evidence that data is used to identify quality gaps and initiate QI activities</p> <p><input type="checkbox"/> There is documentation of results of QI activities and demonstration of national HIV program improvement</p>	<p>9.3 Score: 0.67</p>	<p>SOPs: CQI RMAA monthly meeting minutes and B-IACM dashboard GF Concept Note, HIV and Health Sector Strategic Plan.</p>	
<p>9.4 Health worker capacity for QM/QI: Does the host country government ensure that the health workforce has capacities to apply modern quality improvement methods to HIV/AIDS care and services?</p>	<p><input type="radio"/> A. There is no training or recognition offered to build health workforce competency in QI.</p> <p><input checked="" type="radio"/> B. There is health workforce competency-building in QI, including:</p> <p><input type="checkbox"/> Pre-service institutions incorporate modern quality improvement methods in curricula</p> <p><input checked="" type="checkbox"/> National in-service training (IST) curricula integrate quality improvement training for members of the health workforce (including managers) who provide or support HIV/AIDS services</p>	<p>9.4 Score: 1.00</p>	<p>NCHADS/NIPH Training Program</p>	

<p>9.5 Existence of QI Implementation: Does the host country government QM system use proven systematic approaches for QI?</p>	<p>The national-level QM structure:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Provides oversight to ensure continuous quality improvement in HIV/AIDS care and services <input type="checkbox"/> Regularly convenes meetings that includes health services consumers <input checked="" type="checkbox"/> Routinely reviews national, sub-national and clinical outcome data to identify and prioritize areas for improvement <p>Sub-national QM structures:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Provide coordination and support to ensure continuous quality improvement in HIV/AIDS care and services <input type="checkbox"/> Regularly convene meetings that includes health services consumers <input type="checkbox"/> Routinely review national, sub-national and clinical outcome data to identify and prioritize areas for improvement <p>Site-level QM structures:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Undertake continuous quality improvement in HIV/AIDS care and services to identify and prioritize areas for improvement 	<p>9.5 Score: 0.86</p>			
Quality Management Score:		3.86			
<p>10. Laboratory: The host country ensures adequate funds, policies, and regulations to ensure laboratory capacity (workforce, equipment, reagents, quality) matches the services required for PLHIV.</p>		Data Source	Notes/Comments		
<p>10.1 Strategic Plan: Does the host country have a national laboratory strategic plan?</p>	<ul style="list-style-type: none"> <input type="radio"/> A. There is no national laboratory strategic plan <input type="radio"/> B. National laboratory strategic plan is under development <input type="radio"/> C. National laboratory strategic plan has been developed, but not approved <input checked="" type="radio"/> D. National laboratory strategic plan has been developed and approved <input type="radio"/> E. National laboratory plan has been developed, approved, and costed 	<p>10.1 Score: 1.25</p>	<p>MOH, National Laboratory Plan</p>		
<p>10.2 Regulations to Monitor Quality of Laboratories and Point of Care Testing (POCT) Sites: To what extent does the host country have regulations in place to monitor the quality of its laboratories and POCT sites? (if exact or approximate percentage known, please note in Comments column)</p>	<ul style="list-style-type: none"> <input checked="" type="radio"/> A. Regulations do not exist to monitor minimum quality of laboratories in the country. <input type="radio"/> B. Regulations exist, but are not implemented (0% of laboratories and POCT sites regulated). <input type="radio"/> C. Regulations exist, but are minimally implemented (approx. 1-9% of laboratories and POCT sites regulated). <input type="radio"/> D. Regulations exist, but are partially implemented (approx. 10-49% of laboratories and POCT sites regulated). <input type="radio"/> E. Regulations exist and are mostly implemented (approx. 50-89% of laboratories and POCT sites regulated). <input type="radio"/> F. Regulations exist and are fully or almost fully implemented (approx. 90%+ of laboratories and POCT sites regulated). 	<p>10.2 Score: 0.00</p>	<p>NCHADS</p>		

<p>10.3 Capacity of Laboratory Workforce: Does the host country have an adequate number of qualified laboratory personnel (human resources [HR]) in the public sector, to sustain key functions to meet the needs of PLHIV for diagnosis, monitoring treatment and viral load suppression?</p>	<p><input type="radio"/> A. There are not adequate qualified laboratory personnel to achieve sustained epidemic control</p> <p><input checked="" type="radio"/> B. There are adequate qualified laboratory personnel to perform the following key functions:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> HIV diagnosis in laboratories and point-of-care settings <input checked="" type="checkbox"/> TB diagnosis in laboratories and point-of-care settings <input checked="" type="checkbox"/> CD4 testing in laboratories and point-of-care settings <input type="checkbox"/> Viral load testing in laboratories and point-of-care settings <input checked="" type="checkbox"/> Early Infant Diagnosis in laboratories <input checked="" type="checkbox"/> Malaria infections in laboratories and point-of-care settings <input type="checkbox"/> Microbiology in laboratories and point-of-care settings <input type="checkbox"/> Blood banking in laboratories and point-of-care settings <input type="checkbox"/> Opportunistic infections including Cryptococcal antigen in laboratories and point-of-care settings 	<p>10.3 Score: 0.93</p>	<p>NCHADS</p>	
<p>10.4 Viral Load Infrastructure: Does the host country have sufficient infrastructure to test for viral load to reach sustained epidemic control?</p>	<p><input checked="" type="radio"/> A. There is not sufficient infrastructure to test for viral load.</p> <p><input type="radio"/> B. There is sufficient infrastructure to test for viral load, including:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Sufficient viral load instruments and reagents <input type="checkbox"/> Appropriate maintenance agreements for instruments <input type="checkbox"/> Adequate specimen transport system and timely return of results 	<p>10.4 Score: 0.00</p>		
<p>10.5 Domestic Funds for Laboratories: To what extent are laboratory services financed by domestic public or private resources (i.e. excluding external donor funding)?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. No (0%) laboratory services are financed by domestic resources.</p> <p><input type="radio"/> B. Minimal (approx. 1-9%) laboratory services are financed by domestic resources.</p> <p><input checked="" type="radio"/> C. Some (approx. 10-49%) laboratory services are financed by domestic resources.</p> <p><input type="radio"/> D. Most (approx. 50-89%) laboratory services are financed by domestic resources.</p> <p><input type="radio"/> E. All or almost all (approx. 90%+) laboratory services are financed by domestic resources.</p>	<p>10.5 Score: 1.67</p>	<p>Expert knowledge in the group. Could not find a source.</p>	
Laboratory Score:		3.84		

THIS CONCLUDES THE SET OF QUESTIONS ON DOMAIN B

Domain C. Strategic Investments, Efficiency, and Sustainable Financing

What Success Looks Like: Host country government is aware of the financial resources required to effectively and efficiently meet its national HIV/AIDS prevention, care and treatment targets. HCG actively seeks, solicits and or generates the necessary financial resources, ensures sufficient resource commitments, and uses data to strategically allocate funding and maximize investments.

	Data Source	Notes/Comments
<p>11. Domestic Resource Mobilization: The partner country budgets for its HIV/AIDS response and makes adequate resource commitments and expenditures to achieve national HIV/AIDS goals for epidemic control in line with its financial ability.</p>		
<p>11.1 Domestic Budget: To what extent does the national budget explicitly account for the national HIV/AIDS response?</p>	<p> <input type="radio"/> A. There is no explicit funding for HIV/AIDS in the national budget. <input checked="" type="radio"/> B. There is explicit HIV/AIDS funding within the national budget. <input checked="" type="checkbox"/> The HIV/AIDS budget is program-based across ministries <input checked="" type="checkbox"/> The budget includes or references indicators of progress toward national HIV/AIDS strategy goals <input type="checkbox"/> The budget includes specific HIV/AIDS service delivery targets <input type="checkbox"/> National budget reflects all sources of funding for HIV, including from external donors </p>	<p>11.1 Score: 1.67</p> <p>National Budget, National Development Plan (with indicators), NAA National Strategy for Comprehensive Response, National Strategic Plan for Health</p>
<p>11.2 Annual Targets: Did the most recent budget as executed achieve stated annual HIV/AIDS goals? (if exact or approximate percentage known, please note in Comments column)</p>	<p> <input checked="" type="radio"/> A. There are no HIV/AIDS goals/targets articulated in the national budget <input type="radio"/> B. There are annual HIV/AIDS goals/targets articulated in the most recent national budget, but none (0%) were attained. <input type="radio"/> C. There are annual HIV/AIDS goals/targets articulated in the most recent national budget, but very few (approx. 1-9%) were attained. <input type="radio"/> D. There are annual HIV/AIDS goals/targets articulated in the most recent national budget, and some (approx. 10-49%) were reached. <input type="radio"/> E. There are annual HIV/AIDS goals/targets articulated in the most recent national budget, and most (approx. 50-89%) were reached. <input type="radio"/> F. There are annual HIV/AIDS goals/targets articulated in the most recent national budget, and all or almost all (approx. 90%+) were reached. </p>	<p>11.2 Score: 0.00</p> <p>National Budget</p>

<p>11.3 Budget Execution: For the previous three years, what was the average execution rate for budgeted domestic HIV/AIDS resources (i.e. excluding any donor funds) at both the national and subnational level?</p> <p>(If subnational data does not exist or is not available, answer the question for the national level. Note level covered in the comments column)</p>	<p><input checked="" type="radio"/> A. Information is not available</p> <p><input type="radio"/> B. There is no national HIV/AIDS budget, or the execution rate was 0%.</p> <p><input type="radio"/> C. 1-9%</p> <p><input type="radio"/> D. 10-49%</p> <p><input type="radio"/> E. 50-89%</p> <p><input type="radio"/> F. 90% or greater</p>	<p>11.3 Score: 0.00</p>	<p>No budget for HIV/AIDS that cuts across all ministries and levels</p>	
<p>11.4 PLACEHOLDER for future indicator measuring country's financial ability to pay for its HIV response (will not be included in SID for COP 16)</p>				
<p>11.5 Domestic Spending: What percent of the annual national HIV response is financed with domestic public and domestic private sector HIV funding (excluding out-of-pocket and donor resources)?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. None (0%) is financed with domestic funding.</p> <p><input type="radio"/> B. Very little (approx. 1-9%) is financed with domestic funding.</p> <p><input checked="" type="radio"/> C. Some (approx. 10-49%) is financed with domestic funding.</p> <p><input type="radio"/> D. Most (approx. 50-89%) is financed with domestic funding.</p> <p><input type="radio"/> E. All or almost all (approx. 90%+) is financed with domestic funding.</p>	<p>11.6 Score: 1.67</p>	<p>NASA IV (2012), pg 10</p>	
<p>Domestic Resource Mobilization Score:</p>		<p>3.33</p>		

12. Technical and Allocative Efficiencies: The host country analyzes and uses relevant HIV/AIDS epidemiological, health, health workforce, and economic data to inform HIV/AIDS investment decisions. For maximizing impact, data are used to choose which high impact program services and interventions are to be implemented, where resources should be allocated, and what populations demonstrate the highest need and should be targeted (i.e. the right thing at the right place and at the right time). Unit costs are tracked and steps are taken to improve HIV/AIDS outcomes within the available resource envelope (or achieves comparable outcomes with fewer resources).			
		Data Source	Notes/Comments
<p>12.1 Resource Allocation Process: Does the partner country government utilize a recognized data-driven model to inform the allocation of domestic (i.e. non-donor) public HIV resources?</p> <p>(note: full score achieved by selecting one checkbox)</p>	<p><input type="radio"/> A. The host country government does not use one of the mechanisms listed below to inform the allocation of their resources.</p> <p><input checked="" type="radio"/> B. The host country government does use the following mechanisms to inform the allocation of their resources (check all that apply):</p> <p><input type="checkbox"/> Optima</p> <p><input checked="" type="checkbox"/> Spectrum (including EPP and Goals)</p> <p><input checked="" type="checkbox"/> AIDS Epidemic Model (AEM)</p> <p><input type="checkbox"/> Modes of Transmission (MOT) Model</p> <p><input type="checkbox"/> Other recognized process or model (specify in notes column)</p>	<p>12.1 Score: 1.43</p>	<p>Spectrum PPT, The Long Run Costs and Financing of HIV/AIDS in Cambodia, H.E. Dr. Mean Chhevun</p>
<p>12.2 High Impact Interventions: What percentage of site-level point of service HIV domestic public sector resources (excluding any donor funds) are being allocated to the following set of interventions: provision of ART, VMMC, PMTCT, HTC, condoms, and targeted prevention for key and priority populations?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. Information not available</p> <p><input type="radio"/> B. No (0%) site-level, point-of-service domestic HIV resources are allocated to the listed set of interventions.</p> <p><input type="radio"/> C. Minimal (approx. 1-9%) of site-level, point-of-service domestic HIV resources are allocated to the listed set of interventions.</p> <p><input checked="" type="radio"/> D. Some (approx. 10-49%) of site-level, point-of-service domestic HIV resources are allocated to the listed set of interventions.</p> <p><input type="radio"/> E. Most (approx. 50-89%) of site-level, point-of-service domestic HIV resources are allocated to the listed set of interventions.</p> <p><input type="radio"/> F. All or almost all (approx. 90%+) of site-level, point-of-service domestic HIV resources are allocated to the listed set of interventions.</p>	<p>12.2 Score: 0.71</p>	<p>NASA IV, 2012.</p> <p>According to NASA, government spending for HIV was 55% on administration and policy level work: salaries (45%) and policy level work (10%). That means that 45% was spend on services.</p>

<p>12.3 Geographic Allocation: Of central government HIV-specific resources (excluding any donor funds) allocated to geographic subunits in the most recent year available, what percentage is being allocated in the highest burden geographic areas (i.e. districts that cumulatively account for 80% of PLHIV)?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. Information not available.</p> <p><input type="radio"/> B. No resources (0%) are targeting the highest burden geographic areas.</p> <p><input type="radio"/> C. Minimal resources (approx. 1-9%) are targeting the highest burden geographic areas.</p> <p><input type="radio"/> D. Some resources (approx. 10-49%) are targeting the highest burden geographic areas.</p> <p><input checked="" type="radio"/> E. Most resources (approx. 50-89%) are targeting the highest burden geographic areas.</p> <p><input type="radio"/> F. All or almost all resources (approx. 90%+) are targeting the highest burden geographic areas.</p>	<p>12.3 Score: 1.07</p>	<p>National Health Strategic Plan for HIV, 2015-2020.</p>	<p>Government spending most of its resources on 14 of the 33 high burden Operational Districts.</p>
<p>12.4 Data-Driven Reprogramming: Do host country government policies/systems allow for reprogramming domestic investments based on new or updated program data during the government funding cycle?</p>	<p><input type="radio"/> A. There is no system for funding cycle reprogramming</p> <p><input type="radio"/> B. There is a policy/system that allows for funding cycle reprogramming, but it is seldom used.</p> <p><input type="radio"/> C. There is a system that allows for funding cycle reprogramming and reprogramming is done as per the policy but not based on data</p> <p><input checked="" type="radio"/> D. There is a policy/system that allows for funding cycle reprogramming and reprogramming is done as per the policy and is based on data</p>	<p>Q3 Score: 1.43</p>	<p>Law on Financial System, MOEF.</p>	<p>While there is a law, reprogramming may not be in practice.</p>
<p>12.5 Unit Costs: Does the host country government use recent expenditure data or cost analysis (i.e. data from within the last three years) to estimate unit costs of HIV/AIDS services for budgeting or planning purposes?</p> <p>(note: full score can be achieved without checking all disaggregate boxes).</p>	<p><input type="radio"/> A. The host country government does not use recent expenditure data or cost analysis to estimate unit costs</p> <p><input checked="" type="radio"/> B. The host country government uses recent expenditure data or cost analysis to estimate unit costs for (check all that apply):</p> <p><input checked="" type="checkbox"/> HIV Testing</p> <p><input checked="" type="checkbox"/> Care and Support</p> <p><input checked="" type="checkbox"/> ART</p> <p><input checked="" type="checkbox"/> PMTCT</p> <p><input type="checkbox"/> VMMC</p> <p><input type="checkbox"/> OVC Service Package</p> <p><input checked="" type="checkbox"/> Key population Interventions</p>	<p>12.5 Score: 1.43</p>	<p>A cost-Analysis of Cambodia's Strategic HIV/AIDS Plan</p>	

<p>12.6 Improving Efficiency: Has the partner country achieved any of the following efficiency improvements through actions taken within the last three years?</p>	<p>Check all that apply:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Improved operations or interventions based on the findings of cost-effectiveness or efficiency studies <input checked="" type="checkbox"/> Reduced overhead costs by streamlining management <input checked="" type="checkbox"/> Lowered unit costs by reducing fragmentation, i.e. pooled procurement, resource pooling, etc. <input checked="" type="checkbox"/> Improved procurement competition <input type="checkbox"/> Integrated HIV/AIDS into national or subnational insurance schemes (private or public -- need not be within last three years) <input type="checkbox"/> Integrated HIV into primary care services with linkages to specialist care (need not be within last three years) <input type="checkbox"/> Integrated TB and HIV services, including ART initiation in TB treatment settings and TB screening and treatment in HIV care settings (need not be within last three years) <input checked="" type="checkbox"/> Integrated HIV and MCH services, including ART initiated and maintained in eligible pregnant and postpartum women and in infants at maternal and child health care settings (need not be within last three years) <input checked="" type="checkbox"/> Developed and implemented other new and more efficient models of HIV service delivery (specify in comments) 	<p>12.6 Score: 0.95</p>	<p>National Strategy; Boosted IACM, HEF Benefits Package</p>	<p>Developed new community-based models that are more efficient and less costly. Stable patients no longer need to participate in monthly meetings and do not need to be visited by a community worker (unless they miss an appointment). Group meetings are now held at the health facility when patients come in for their ARVs.</p>
<p>12.7 ARV Benchmark prices: How do the costs of ARVs (most common first line regimen) purchased in the previous year by the partner government using domestic resources compare to international benchmark prices for that year?</p> <p>(Use the "factory cost" of purchased commodities, excluding transport costs, distribution costs, etc.)</p>	<ul style="list-style-type: none"> <input type="radio"/> A. Partner government did not pay for any ARVs using domestic resources in the previous year. <input type="radio"/> B. Average price paid for ARVs by the partner government in the previous year was more than 50% greater than the international benchmark price for that regimen. <input type="radio"/> C. Average price paid for ARVs by the partner government in the previous year was 10-50% greater than the international benchmark price for that regimen. <input type="radio"/> D. Average price paid for ARVs by the partner government in the previous year was 1-10% greater than the international benchmark price for that regimen. <input checked="" type="radio"/> E. Average price paid for ARVs by the partner government in the previous year was below or equal to the international benchmark price for that regimen. 	<p>12.7 Score: 1.43</p>	<p>Ministry of Health, Voluntary Pooled Purchasing: All ARVs are purchased through UNICEF at what is assumed the global price.</p>	
<p>Technical and Allocative Efficiencies Score:</p>		<p>8.45</p>		

THIS CONCLUDES THE SET OF QUESTIONS ON DOMAIN C

Domain D: Strategic Information

What Success Looks Like: Using local and national systems, the host country government collects, analyzes and makes available timely, comprehensive, and quality HIV/AIDS data (including epidemiological, economic/financial, and performance data) that can be used to inform policy, program and funding decisions.

			Data Source	Notes/Comments
<p>13. Epidemiological and Health data: Host Country Government routinely collects, analyzes and makes available data on the HIV/AIDS epidemic and its effects on health outcomes. HIV/AIDS epidemiological and health data include size estimates of key populations, PLHIV, HIV incidence, HIV prevalence, viral load and AIDS-related mortality rates.</p>				
<p>13.1 Who Leads General Population Surveys & Surveillance: To what extent does the host country government lead and manage planning and implementation of the HIV/AIDS portfolio of general population epidemiological surveys and/or surveillance activities (population-based household surveys, case reporting/clinical surveillance, drug resistance surveillance, etc.)?</p>	<ul style="list-style-type: none"> <input type="radio"/> A. No HIV/AIDS general population surveys or surveillance activities have been conducted within the past 5 years <input type="radio"/> B. Surveys & surveillance activities are primarily planned and implemented by external agencies, organizations or institutions <input checked="" type="radio"/> C. Surveys & surveillance activities are planned and implemented by the host country government/other domestic institution, with substantial technical assistance from external agencies <input type="radio"/> D. Surveys & surveillance activities are planned and implemented by the host country government/other domestic institution, with some technical assistance from external agencies <input type="radio"/> E. Surveys & surveillance activities are planned and implemented by the host country government/other domestic institution, with minimal or no technical assistance from external agencies 	<p>13.1 Score: 0.48</p>	<p>ANC Survey, 2014; CDHS 2014.</p>	<p>The CDHS had substantial TA from donors; The ANC Survey was conducted with technical support from Flagship.</p>
<p>13.2 Who Leads Key Population Surveys & Surveillance: To what extent does the host country government lead & manage planning and implementation of the HIV/AIDS portfolio of key population epidemiological surveys and/or behavioral surveillance activities (IBBS, size estimation studies, etc.)?</p>	<ul style="list-style-type: none"> <input type="radio"/> A. No HIV/AIDS key population surveys or surveillance activities have been conducted within the past 5 years <input type="radio"/> B. Surveys & surveillance activities are primarily planned and implemented by external agencies, organizations or institutions <input checked="" type="radio"/> C. Surveys & surveillance activities are planned and implemented by the host country government/other domestic institution, with substantial technical assistance from external agencies <input type="radio"/> D. Surveys & surveillance activities are planned and implemented by the host country government/other domestic institution, with some technical assistance from external agencies <input type="radio"/> E. Surveys & surveillance activities are planned and implemented by the host country government/other domestic institution, without minimal or no technical assistance from external agencies 	<p>13.2 Score: 0.48</p>	<p>Size estimations; IBBS for MSM, TG and PWID.</p>	
<p>13.3 Who Finances General Population Surveys & Surveillance: To what extent does the host country government fund the HIV/AIDS portfolio of general population epidemiological surveys and/or surveillance activities (e.g., protocol development, printing of paper-based tools, salaries and transportation for data collection, etc.)? (if exact or approximate percentage known, please note in Comments column)</p>	<ul style="list-style-type: none"> <input type="radio"/> A. No HIV/AIDS general population surveys or surveillance activities have been conducted within the past 5 years <input type="radio"/> B. No financing (0%) is provided by the host country government <input checked="" type="radio"/> C. Minimal financing (approx. 1-9%) is provided by the host country government <input type="radio"/> D. Some financing (approx. 10-49%) is provided by the host country government <input type="radio"/> E. Most financing (approx. 50-89%) is provided by the host country government <input type="radio"/> F. All or almost all financing (90%+) is provided by the host country government 	<p>13.3 Score: 0.42</p>	<p>ANC Survey, 2014; CDHS 2014;</p>	

<p>13.4 Who Finances Key Populations Surveys & Surveillance: To what extent does the host country government fund the HIV/AIDS portfolio of key population epidemiological surveys and/or behavioral surveillance activities (e.g., protocol development, printing of paper-based tools, salaries and transportation for data collection, etc.)?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. No HIV/AIDS key population surveys or surveillance activities have been conducted within the past 5 years</p> <p><input type="radio"/> B. No financing (0%) is provided by the host country government</p> <p><input checked="" type="radio"/> C. Minimal financing (approx. 1-9%) is provided by the host country government</p> <p><input type="radio"/> D. Some financing (approx. 10-49%) is provided by the host country government</p> <p><input type="radio"/> E. Most financing (approx. 50-89%) is provided by the host country government</p> <p><input type="radio"/> F. All or almost all financing (approx. 90%+) is provided by the host country government</p>	<p>13.4 Score: 0.42</p>	<p>Size estimations; IBBS for MSM, TG and PWID.</p>	
<p>13.5 Comprehensiveness of Prevalence and Incidence Data: To what extent does the host country government collect HIV prevalence and incidence data according to relevant disaggregations, populations and geographic units? (Note: Full score possible without selecting all disaggregates.)</p>	<p>Check ALL boxes that apply below:</p> <p><input checked="" type="checkbox"/> A. The host country government collects at least every 5 years HIV prevalence data disaggregated by:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Age <input type="checkbox"/> Sex <input checked="" type="checkbox"/> Key populations (FSW, PWID, MSM/transgender) <input type="checkbox"/> Priority populations (e.g., military, prisoners, young women & girls, etc.) <input type="checkbox"/> Sub-national units <p><input type="checkbox"/> B. The host country government collects at least every 5 years HIV incidence disaggregated by:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Age <input type="checkbox"/> Sex <input type="checkbox"/> Key populations (FSW, PWID, MSM/transgender) <input type="checkbox"/> Priority populations (e.g., military, prisoners, young women & girls, etc.) <input type="checkbox"/> Sub-national units 	<p>13.5 Score: 0.24</p>	<p>Age only for ANC surveillance</p>	

<p>13.6 Comprehensiveness of Viral Load Data: To what extent does the host country government collect/report viral load data according to relevant disaggregations and across all PLHIV?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. The host country government does not collect/report viral load data or does not conduct viral load monitoring</p> <p><input checked="" type="radio"/> B. The host country government collects/reports viral load data (answer both subsections below):</p> <p>According to the following disaggregates (check ALL that apply):</p> <p><input checked="" type="checkbox"/> Age</p> <p><input checked="" type="checkbox"/> Sex</p> <p><input type="checkbox"/> Key populations (FSW, PWID, MSM/transgender)</p> <p><input type="checkbox"/> Priority populations (e.g., military, prisoners, young women & girls, etc.)</p> <p>For what proportion of PLHIV (select ONE of the following):</p> <p><input type="checkbox"/> Less than 25%</p> <p><input type="checkbox"/> 25-50%</p> <p><input checked="" type="checkbox"/> 50-75%</p> <p><input type="checkbox"/> More than 75%</p>	<p>13.6 Score: 0.60</p>	<p>NCHADS and GARPR</p>	
<p>13.7 Comprehensiveness of Key and Priority Populations Data: To what extent does the host country government conduct IBBS and/or size estimation studies for key and priority populations? (Note: Full score possible without selecting all disaggregates.)</p>	<p><input type="radio"/> A. The host country government does not conduct IBBS or size estimation studies for key populations (FSW, PWID, MSM) or priority populations (Military, etc.).</p> <p><input checked="" type="radio"/> B. The host country government conducts (answer both subsections below):</p> <p>IBBS for (check ALL that apply):</p> <p><input checked="" type="checkbox"/> Female sex workers (FSW)</p> <p><input checked="" type="checkbox"/> Men who have sex with men (MSM)/transgender</p> <p><input checked="" type="checkbox"/> People who inject drugs (PWID)</p> <p><input type="checkbox"/> Priority populations (e.g., military, prisoners, young women & girls, etc.)</p> <p>Size estimation studies for (check ALL that apply):</p> <p><input type="checkbox"/> Female sex workers (FSW)</p> <p><input checked="" type="checkbox"/> Men who have sex with men (MSM)/transgender</p> <p><input checked="" type="checkbox"/> People who inject drugs (PWID)</p> <p><input type="checkbox"/> Priority populations (e.g., military, prisoners, young women & girls, etc.)</p>	<p>13.7 Score: 0.79</p>	<p>IBBS - MSM, TG, PWID, Ews; Size estimation study for MSM and for PWID.</p>	
<p>13.8 Timeliness of Epi and Surveillance Data: To what extent is a timeline for the collection of epidemiologic and surveillance data outlined in a national HIV/AIDS surveillance and survey strategy (or a national surveillance and survey strategy with specifics for HIV)?</p>	<p><input type="radio"/> A. There is no national HIV surveillance and surveys strategy, or a national surveillance and surveys strategy exists but does not include specifics for HIV surveillance and surveys</p> <p><input type="radio"/> B. A national HIV surveillance and surveys strategy exists (or a national surveillance and surveys strategy exists and includes specifics for HIV), but the strategy does not outline a timeline for data collection for all relevant population groups</p> <p><input checked="" type="radio"/> C. A national HIV surveillance and surveys strategy exists (or a national surveillance and surveys strategy exists and includes specifics for HIV), and outlines a timeline for data collection for all relevant population groups</p>	<p>13.8 Score: 0.95</p>	<p>National Health Sector Strategic Plan for HIV</p>	

<p>13.9 Quality of Surveillance and Survey Data: To what extent does the host country government define and implement policies, procedures and governance structures that assure quality of HIV/AIDS surveillance and survey data?</p>	<p><input type="radio"/> A. No governance structures, procedures or policies designed to assure surveys & surveillance data quality exist/could be documented.</p> <p><input checked="" type="radio"/> B. The following structures, procedures or policies exist to assure quality of surveys & surveillance data (check all that apply):</p> <p><input checked="" type="checkbox"/> A national surveillance unit or other entity is responsible for assuring the quality of surveys & surveillance data</p> <p><input type="checkbox"/> A national, approved surveys & surveillance strategy is in place, which outlines standards, policies and procedures for data quality assurance</p> <p><input type="checkbox"/> Standard national procedures & protocols exist for reviewing surveys & surveillance data for quality and sharing feedback with appropriate staff responsible for data collection</p> <p><input checked="" type="checkbox"/> An in-country internal review board (IRB) exists and reviews reviews all protocols.</p>	<p>13.9 Score: 0.48</p>	<p>NCHADS website; NIPH IRB.</p>	
Epidemiological and Health Data Score:		4.84		
<p>14. Financial/Expenditure data: Government collects, tracks and analyzes and makes available financial data related to HIV/AIDS, including the financing and spending on HIV/AIDS expenditures from all financing sources, costing, and economic evaluation, efficiency and market demand analyses for cost-effectiveness.</p>	Data Source	Notes/Comments		
<p>14.1 Who Leads Collection of Expenditure Data: To what extent does the host country government lead & manage a national expenditure tracking system to collect HIV/AIDS expenditure data?</p>	<p><input type="radio"/> A. No tracking of public HIV/AIDS expenditures has occurred within the past 5 years</p> <p><input type="radio"/> B. Collection of public HIV/AIDS expenditure data occurs using a standard tool (i.e. NASA, NHA), but planning and implementation is primarily led by external agencies, organizations, or institutions</p> <p><input checked="" type="radio"/> C. Collection of public HIV/AIDS expenditure data occurs using a standard tool (i.e. NASA, NHA) and planning and implementation is led by the host country government, with substantial external technical assistance</p> <p><input type="radio"/> D. Collection of public HIV/AIDS expenditure data occurs using a standard tool (i.e. NASA, NHA) and planning and implementation is led by the host country government, with some external technical assistance</p> <p><input type="radio"/> E. Collection of public HIV/AIDS expenditure data occurs using a standard tool (i.e. NASA, NHA), and planning and implementation is led by the host country government, with minimal or no external technical assistance</p>	<p>14.1 Score: 0.83</p>	<p>NASA IV, 2012. NHA 2014.</p>	
<p>14.2 Who Finances Collection of Expenditure Data: To what extent does the host country government finance the collection of HIV/AIDS expenditure data (e.g., printing of paper-based tools, salaries and transportation for data collection, etc.)? (if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. No HIV/AIDS expenditure tracking has occurred within the past 5 years</p> <p><input type="radio"/> B. No financing (0%) is provided by the host country government</p> <p><input checked="" type="radio"/> C. Minimal financing (approx. 1-9%) is provided by the host country government</p> <p><input type="radio"/> D. Some financing (approx. 10-49%) is provided by the host country government</p> <p><input type="radio"/> E. Most financing (approx. 50-89%) is provided by the host country government</p> <p><input type="radio"/> F. All or almost all financing (90%+) is provided by the host country government</p>	<p>14.2 Score: 0.83</p>	<p>NAA, UNAIDS, and WHO budgets</p>	

<p>14.3 Comprehensiveness of Expenditure Data: To what extent does the host country government collect HIV/AIDS public sector expenditures according to funding source, expenditure type, program and geographic area?</p>	<p><input type="radio"/> A. No HIV/AIDS expenditure tracking has occurred within the past 5 years</p> <p><input checked="" type="radio"/> B. HIV/AIDS expenditure data are collected (check all that apply):</p> <p><input checked="" type="checkbox"/> By source of financing, such as domestic public, domestic private, out-of-pocket, Global Fund, PEPFAR, others</p> <p><input checked="" type="checkbox"/> By expenditures per program area, such as prevention, care, treatment, health systems strengthening</p> <p><input checked="" type="checkbox"/> By type of expenditure, such as training, overhead, vehicles, supplies, commodities/reagents, personnel</p> <p><input type="checkbox"/> Sub-nationally</p>	<p>14.3 Score: 1.25</p>	<p>NASA IV, 2012. NHA 2014.</p>	
<p>14.4 Timeliness of Expenditure Data: To what extent are expenditure data collected in a timely way to inform program planning and budgeting decisions?</p>	<p><input type="radio"/> A. No HIV/AIDS expenditure data are collected</p> <p><input checked="" type="radio"/> B. HIV/AIDS expenditure data are collected irregularly, and more than 3 years ago</p> <p><input type="radio"/> C. HIV/AIDS expenditure data were collected at least once in the past 3 years</p> <p><input type="radio"/> D. HIV/AIDS expenditure data are collected annually but represent more than one year of expenditures</p> <p><input type="radio"/> E. HIV/AIDS expenditure data are collected annually and represent only one year of expenditures</p>	<p>14.4 Score: 0.42</p>	<p>NASA was last done in 2012</p>	<p>NASA for 2015 was not done.</p>
<p>14.5 Economic Studies: Does the host country government conduct health economic studies or analyses for HIV/AIDS?</p>	<p><input type="radio"/> A. The host country government does not conduct health economic studies or analyses for HIV/AIDS</p> <p><input checked="" type="radio"/> B. The host country government conducts (check all that apply):</p> <p><input checked="" type="checkbox"/> Costing</p> <p><input checked="" type="checkbox"/> Economic evaluation (e.g., cost-effectiveness analysis and cost-benefit analysis)</p> <p><input checked="" type="checkbox"/> Efficiency analysis (e.g., efficiency of service delivery by public and private sector, resource allocation)</p> <p><input type="checkbox"/> Market demand analysis</p>	<p>14.5 Score: 1.25</p>	<p>NCHADS, NIPH, Analysis for 2031.</p>	
Financial/Expenditure Data Score:		4.58		
<p>15. Performance data: Government routinely collects, analyzes and makes available HIV/AIDS service delivery data. Service delivery data are analyzed to track program performance, i.e. coverage of key interventions, results against targets, and the continuum of care and treatment cascade, including linkage to care, adherence and retention.</p>			Data Source	Notes/Comments
<p>15.1 Who Leads Collection of Service Delivery Data: To what extent is the routine collection of HIV/AIDS service delivery data institutionalized in an information system and managed and operated by the host country government?</p>	<p><input type="radio"/> A. No system exists for routine collection of HIV/AIDS service delivery data</p> <p><input type="radio"/> B. Multiple unharmonized or parallel information systems exist that are managed and operated separately by various government entities, local institutions and/or external agencies/institutions</p> <p><input type="radio"/> C. One information system, or a harmonized set of complementary information systems, exists and is primarily managed and operated by an external agency/institution</p> <p><input type="radio"/> D. One information system, or a harmonized set of complementary information systems, exists and is managed and operated by the host country government with technical assistance from external agency/institution</p> <p><input type="radio"/> E. One information system, or a harmonized set of complementary information systems, exists and is managed and operated by the host country government</p>	<p>15.1 Score: 0.33</p>	<p>NCHADS databases, DHIS, and a host of other domestic organization databases.</p>	

<p>15.2 Who Finances Collection of Service Delivery Data: To what extent does the host country government finance the routine collection of HIV/AIDS service delivery data (e.g., salaries of data clerks/M&E staff, printing & distribution of paper-based tools, electronic reporting system maintenance, data quality supervision, etc.)?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. No routine collection of HIV/AIDS service delivery data exists</p> <p><input type="radio"/> B. No financing (0%) is provided by the host country government</p> <p><input checked="" type="radio"/> C. Minimal financing (approx. 1-9%) is provided by the host country government</p> <p><input type="radio"/> D. Some financing (approx. 10-49%) is provided by the host country government</p> <p><input type="radio"/> E. Most financing (approx. 50-89%) is provided by the host country government</p> <p><input type="radio"/> F. All or almost all financing (90%+) is provided by the host country government</p>	<p>15.2 Score: 0.83</p>	<p>NASA 2012.</p>	
<p>15.3 Comprehensiveness of Service Delivery Data: To what extent does the host country government collect HIV/AIDS service delivery data by population, program and geographic area? (Note: Full score possible without selecting all disaggregates.)</p>	<p>Check ALL boxes that apply below:</p> <p><input checked="" type="checkbox"/> A. The host country government routinely collects & reports service delivery data for:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> HIV Testing <input checked="" type="checkbox"/> PMTCT <input checked="" type="checkbox"/> Adult Care and Support <input checked="" type="checkbox"/> Adult Treatment <input checked="" type="checkbox"/> Pediatric Care and Support <input type="checkbox"/> Orphans and Vulnerable Children <input type="checkbox"/> Voluntary Medical Male Circumcision <input checked="" type="checkbox"/> HIV Prevention <input checked="" type="checkbox"/> AIDS-related mortality <p><input checked="" type="checkbox"/> B. Service delivery data are being collected:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> By key population (FSW, PWID, MSM/transgender) <input type="checkbox"/> By priority population (e.g., military, prisoners, young women & girls, etc.) <input checked="" type="checkbox"/> By age & sex <input checked="" type="checkbox"/> From all facility sites (public, private, faith-based, etc.) <input checked="" type="checkbox"/> From all community sites (public, private, faith-based, etc.) 	<p>15.3 Score: 1.22</p>	<p>NCHADS database and progress report, 2014.</p>	
<p>15.4 Timeliness of Service Delivery Data: To what extent are HIV/AIDS service delivery data collected in a timely way to inform analysis of program performance?</p>	<p><input type="radio"/> A. The host country government does not routinely collect/report HIV/AIDS service delivery data</p> <p><input type="radio"/> B. The host country government collects & reports service delivery data annually</p> <p><input type="radio"/> C. The host country government collects & reports service delivery data semi-annually</p> <p><input checked="" type="radio"/> D. The host country government collects & reports service delivery data at least quarterly</p>	<p>15.4 Score: 1.33</p>	<p>NCHADS website; quarterly reports.</p>	

<p>15.5 Analysis of Service Delivery Data: To what extent does the host country government routinely analyze service delivery data to measure program performance (i.e., continuum of care cascade, coverage, retention, AIDS-related mortality rates)?</p>	<p><input type="radio"/> A. The host country government does not routinely analyze service delivery data to measure program performance</p> <p><input checked="" type="radio"/> B. Service delivery data are being analyzed to measure program performance in the following ways (check all that apply):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Continuum of care cascade for each identified priority population (e.g., military, prisoners, young women & girls, etc.), including HIV testing, linkage to care, treatment, adherence and retention <input type="checkbox"/> Continuum of care cascade for each relevant key population (FSW, PWID, MSM/transgender), including HIV testing, linkage to care, treatment, adherence and retention <input checked="" type="checkbox"/> Results against targets <input checked="" type="checkbox"/> Coverage of key treatment & prevention services (ART, PMTCT, VMMC, etc.) <input type="checkbox"/> Site-specific yield for HIV testing (HTC and PMTCT) <input checked="" type="checkbox"/> AIDS-related mortality rates <input type="checkbox"/> Variations in performance by sub-national unit <input type="checkbox"/> Creation of maps to facilitate geographic analysis 	<p>15.5 Score: 0.50</p>	<p>NCHADS annual report; NCHADS website; GAPPR; Active Case Management dashboard.</p>	
<p>15.6 Quality of Service Delivery Data: To what extent does the host country government define and implement policies, procedures and governance structures that assure quality of HIV/AIDS service delivery data?</p>	<p><input type="radio"/> A. No governance structures, procedures or policies designed to assure service delivery data quality exist/could be documented.</p> <p><input checked="" type="radio"/> B. The following structures, procedures or policies exist to assure quality of service delivery data (check all that apply):</p> <ul style="list-style-type: none"> <input type="checkbox"/> A national, approved data quality strategy is in place, which outlines standards, policies and procedures for HIV/AIDS data quality assurance <input type="checkbox"/> A national protocol exists for routine (at least annual) Data Quality Audits/Assessments of key HIV program indicators, which are led and implemented by the host country government <input type="checkbox"/> Standard national procedures & protocols exist for routine data quality checks at the point of data entry <input type="checkbox"/> Data quality reports are published and shared with relevant ministries/government entities & partner organizations <input checked="" type="checkbox"/> The host country government leads routine (at least annual) data review meetings at national & subnational levels to review data quality issues and outline improvement plans 	<p>15.6 Score: 0.27</p>	<p>RMAA monthly meetings; Annual program review meeting, NCHADS</p>	
<p>Performance Data Score:</p>		<p>4.49</p>		

THIS CONCLUDES THE SET OF QUESTIONS ON DOMAIN D