# *Annual Expenditure Analysis- Data Input Instructions*

Please complete this Excel template and submit it according to the instructions below.

A manual has been provided to assist with this data request. Please review the template and manual now and cont
Activity Manager (AM)/Program Officer (PO)/Agreement/Contracting Officer's Technical Representative (A/COTR) w
questions.

To ensure uniqueness of file names, please use the following conventions when saving your completed templates:

*<OU>_<Agreement ID>_ EP_<Partner Name>_<Reporting Cycle>_<Seq>.xlsx*

Where:

*<OU>* = Two letter international Country code (e.g., VN for Vietnam, TZ for Tanzania, etc.) or Operating Unit (OU)

*<Agreement_ID>* = Mechanism Agreement number; the <Agreement ID> is available from the table on the **Resul**
page in PROMIS

*E* = E for an Expenditure Analysis Template

*P* = P for template to be attributed to Prime Partner

*<Partner_Name>* = Name of the organization associated with template results; enter Prime Partner name

*<Reporting Cycle>* = 'yyyy Expenditures' where yyyy is corresponding Fiscal Year (e.g., 2012 Expenditures)

*<Seq>* = should consist of two numeric digits as follows:

*1st Digit* = template number; 1 for 1st template, 2 for 2nd template (if more than one template of this type ne
and so on up to 9

*2nd Digit* = template update number; 1 for initial submission; 2 for the next update (if any), and so on up to 9
For example, Seq = '34' means the 4th submission of the 3rd template uploaded (3rd in the original sequence)

Note: if a given template fails to upload successfully, its name should be reused in a subsequent upload try aft
correction

*.xlsx* = must be saved as a .xlsx Excel file (not .xls)

Example expenditure analysis (E) template file name :

VN_9740_EP_Columbia University_2012 Expenditures_11.xlsx

Submit the completed template via the PROMIS web-based application and alert your AM/PO/A/COTR of each draft
submission. Respective USG Agency staff (USAID, CDC, DOD, Peace Corps, State) will receive the data from the PRO
application.

Complete the **Partner Info** page. Be sure to include your organization's contact information. Verify that your inputs
required information in your submission. Implementing organizations, defined as having a direct financial agreeme
USG Agency, are responsible for collating and submitting all sub-partner data.

For each row on the **Program Information- ...** and **Expenditures- ...** information entry tabs, use the drop downs to s
geographical area (sub-national unit, national or above-national) pertaining to each entry row and associated values
in the program area fields for that row of data following the guidance provided (see **manual**). Each row can have en
one or more of the listed program information columns. Enter results in the correct program information column fo
row. Each row with results MUST specify the sub-national unit in the row in which the results appear. Your trainer w
provide additional guidance on how to apply the categories listed on the form.

The Expenditure Analysis reporting period is 12 months (01 October to 30 September). This period is regardless of w
your organization receives PEPFAR funding.

Please make note of your general comments regarding this mechanism on the **Partner Info** tab. Please make note o
calculations and comments for the appropriate Program Area heading in the **Program Information - Comments** and
**Expenditures - Comments** tabs.

On each **Comments** tab, please explain the following using the comments fields:

- Explain methods for allocation that differ from the recommended methods in the Expenditure Analysis Manual
- Explain any expenditure values reported less than 10 USD

In general, more information is better.

Prior to submission, please confirm that each of the data quality issues identified on the **Data Quality Checks** tab ar
resolved.

All USG partners are entitled to report their achievements regardless of overlap with another partner. The informa
provide will help the USG team report more accurate aggregate data.

For the detailed definitions of program and expenditure categories, please refer to the manual provided on the PRC website.

To help with navigation on the different information entry tabs, notice the Quick Links bar on the left-hand column. any of the blue hyperlinks to quickly navigate to that entry sub-section. Additionally, on each information entry tab, hyperlinks to the respective comments field above each entry area. Click a hyperlink to quickly move to the proper cell to enter comments for the Program information area; each link reads "Add Comment". Clicking the correspond next to each comment field will return you to the previous Program Information or Expenditure column.

*** NOTE: DO NOT ADD COLUMNS OR ROWS TO THE WORKSHEETS**

**DS-4213 President's Emergency Plan for AIDS Relief (PEPFAR) Program Expenditures**

*Please read Agency Disclosure Notice and Instructions prior to completing this form*

Public reporting burden for this collection of information is estimated to average 24 hours per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: Office of the US Global AIDS Coordinator (S/GAC) U.S. Department of State, SA-29, 2nd Floor, Washington, DC 20522-2920

OMB No. 1405-xxxx OMB approval expires xx/xx/xxxx
Burden-24 hours

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o User organization – this information is used to limit access to only those elements of PROMIS da
o User email address – this information is maintained to support user notifications such as a notic
change, a notice to review the site terms of use, etc.
o User roles & privileges – this information is used to further limit access to only those PROMIS fu
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identify data that may need to be corrected at a future date.
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o The PROMIS web pages visited.

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o The address of the web site visited immediately prior to visiting the PROMIS web site.
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• This site is maintained by the U.S. Government and is protected by various provisions of Title 18
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your web browser, these cookies are removed. PROMIS persistent cookies store information for a
identify returning PROMIS users.

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Partners may have access to such information from their health service provider Sub-Partners in-C
entry of only aggregated results by pre-defined health Indicator.
• PROMIS maintains no individual identifiers that may be linked to a specific individual or patient.
• The PROMIS web site maintains only aggregate statistical data. In addition to population counts
maintains sub-counts for certain Indicators by gender (i.e., male or female) and/or age group (e.g.
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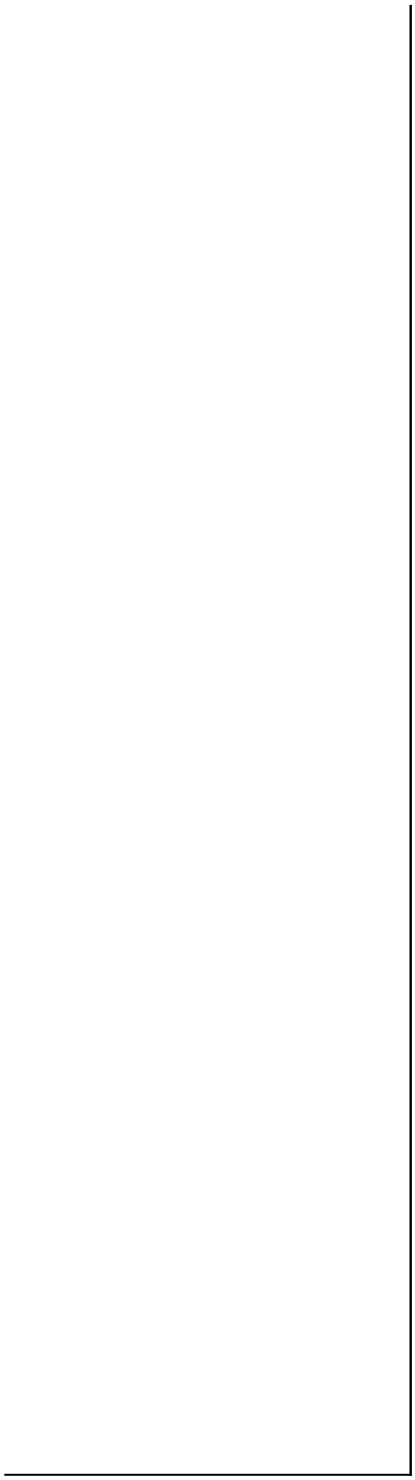

# Partner Information

## Annual Expenditure Analysis

| Partner Background (Complete the areas in light gray below) | |
|---|---|
| Partner Organization Name & Agreement ID: | <e.g., ABC Associates: Health Syst |
| | |
| Director/Chief of Party: | |
| Telephone: | |
| Cell: | |
| E-mail: | |
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| SI Focal Person (if applicable): | |
| Telephone: | |
| Cell: | |
| E-mail: | |
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| Financial Focal Person (if applicable): | |
| Telephone: | |
| Cell: | |
| E-mail: | |

| Reporting Information | |
|---|---|
| Submission Date: | |
| Name of Person Submitting Form: | |

| USG Approval (For internal purposes only) | |
|---|---|
| USG Agency: | |
| A/COTR Approval (Name/Date): | |
| SI Officer Approval (Name/Date): | |

| Comments (Provide general comments if needed) |
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| ems Renew (12035 <- 1234)> | |
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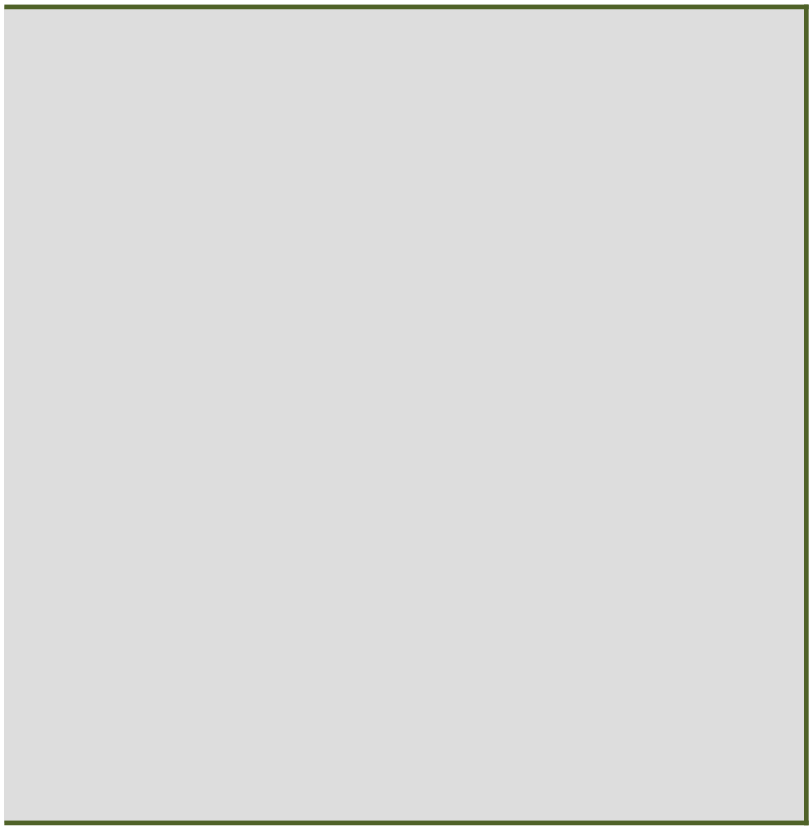

Add Comments

| Quick Worksheet Navigation Links |
|---|
| FBCTS |
| CBCTS |
| PMTCT |
| HTC |
| PEP |
| BS |
| OVC |
| SORP-GP |
| SORP-MARPs |
| SORP-IDU |
| SORP-CSW |
| SORP-MSM |
| SORP-PLHIV |
| VMMC |
| MMT |
| HSS |

| Information by Program Area (to be completed by Partner) | **FBCTS** - Facility-based Care, Treatment, and Sup | | |
|---|---|---|---|
| Location | Clinic Visit: Estimate the average number of times each patient-type received a clinic vi | | |
| Sub-National Unit | Adult Pre-ART patients (15+ years) | Pediatric Pre-ART patients (< 15 years) | Adult ART patients (15+ years) |
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| s over the year sit | Lab Tests: Estimate the average number of times over the year each patient-type received a lab test, including CD4 tests, biochemical panels, hematology tests, and viral load assessments | | | |
| Pediatric ART patients (<15 years) | Adult Pre-ART patients (15+ years) | Pediatric Pre-ART patients (< 15 years) | Adult ART patients (15+ years) | Pediatric ART patients (<15 years) |
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**FBCTS**

## Program Information - Comments

Please use the space below to provide comments that will aid in interpreting the data.

**Return to Results Worksheet**
Program Information

# Site-level Expenditures by Program Area (to be completed by Partner)

Add Comments

| Total Expenditures: | | | |
|---|---|---|---|
| Site-Lvl Expenditures: | | **FBCTS** - Facility-based Care, Tre | |
| Area Totals | | | |
| Selected Subtotals | | 0 | 0 |
| Selected Totals | | | |
| Location | | Investment Expe | |
| Sub-National Unit | | Training (in-service) | Construction & renovation |
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| enditures (integer dollar amount) | | | | | | Recurr |
| Vehicles | Equipment and furniture | Other investment expenditures* | Personnel | Antiretroviral drugs (ARVs) | Non-ARV drugs and reagents | HIV Test Kits |
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| 0 | 0 | 0 | 0 | 0 | 0 | 0 |
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ent Expenditures (integer dollar amount)

| Condoms | Other supplies | Food Supplements | Building rental and Utilities | Travel / Transport | Other site recurrent expenditures* | Training (in-service) |
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| unity-based Care, Treatment, and Support | | | | | | |
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| Investment Expenditures (integer dollar amount) | | | | | | |
| Construction & renovation | Vehicles | Equipment and furniture | Other investment expenditures* | Personnel | Antiretroviral drugs (ARVs) | Non-ARV drugs and reagents |
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Recurrent Expenditures (integer dollar amount)

| HIV Test Kits | Condoms | Other supplies | Food Supplements | Building rental and Utilities | Travel / Transport | Other site recurrent expenditures* |
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Add Comments

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| | | | | **PMTCT** - Preventing Mother-to- | |
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| 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | | | | | |
| Record the amount spent to support activities in each beneficiary service category (Note: The sum of each row must equal the total reported expenditures for CBCTS by Sub-National Unit) | | | | Investment Expe | |
| Medical Care (not facility-based) | Economic Strengthening | Psychological, Social, and Spiritual Care | Nutrition and food security | Training (in-service) | Construction & renovation |
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| -Child Transmission | | | | | | |
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| 0 | 0 | 0 | 0 | 0 | 0 | 0 |
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| enditures (integer dollar amount) | | | | | | Recurr |
| Vehicles | Equipment and furniture | Other investment expenditures* | Personnel | Antiretroviral drugs (ARVs) | Non-ARV drugs and reagents | HIV Test Kits |
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| ent Expenditures (integer dollar amount) | | | | | | Estimate the p a spec |
| Condoms | Other supplies | Food Supplements | Building rental and Utilities | Travel / Transport | Other site recurrent expenditures* | HIV Testing for Pregnant Women |
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| ercentage of total program effort spent on each ctivity (should total to 100 per row; ify each as integer value from 0 to 100) | | | Record the amount spent for HIV test kits that were used to support women and infants | | Record the amount spent for ARVs that were used to support women and infants | |
| HIV Testing for Exposed Infants | Prevention and Care for Pregnant Women | Prevention and Care for Exposed Infants | Pregnant Women | Infants | Pregnant Women | Infants |
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Add Comments

| **VMMC** - Voluntary Medical Male Circumcision | | | | | | |
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| Investment Expenditures (integer dollar amount) | | | | | | |
| Training (in-service) | Construction & renovation | Vehicles | Equipment and furniture | Other investment expenditures* | Personnel | Antiretroviral drugs (ARVs) |
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Recurrent Expenditures (integer dollar amount)

| Non-ARV drugs and reagents | HIV Test Kits | Condoms | Other supplies | Food Supplements | Building rental and Utilities | Travel / Transport |
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Add Comments

| | **HTC** - HIV Testing and Counseling | | | | | |
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| | Investment Expenditures (integer dollar amount) | | | | | |
| Other site recurrent expenditures* | Training (in-service) | Construction & renovation | Vehicles | Equipment and furniture | Other investment expenditures* | Personnel |
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| Recurrent Expenditures (integer dollar amount) | | | | | | |
| Antiretroviral drugs (ARVs) | Non-ARV drugs and reagents | HIV Test Kits | Condoms | Other supplies | Food Supplements | Building rental and Utilities |
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| | | Record the total expenditures spent for each testing modality (sum across modalities must equal total expenditures for HTC for province) | | | | |
| Travel / Transport | Other site recurrent expenditures* | PITC: Provider-initiated testing and counseling | VCT: Voluntary counseling and testing | CBTC: Community-based testing and counseling | Training (in-service) | |
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| Investment Expenditures (integer dollar amount) | | | | | | |
| Construction & renovation | Vehicles | Equipment and furniture | Other investment expenditures* | Personnel | Antiretroviral drugs (ARVs) | Non-ARV drugs and reagents |
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Recurrent Expenditures (integer dollar amount)

| HIV Test Kits | Condoms | Other supplies | Food Supplements | Building rental and Utilities | Travel / Transport | Other site recurrent expenditures* |
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Add Comments

| **BS** - Blood Safety | | | | | | |
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| 0 | 0 | 0 | 0 | 0 | 0 | 0 |
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| Investment Expenditures (integer dollar amount) | | | | | | |
| Training (in-service) | Construction & renovation | Vehicles | Equipment and furniture | Other investment expenditures* | Personnel | Antiretroviral drugs (ARVs) |
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Recurrent Expenditures (integer dollar amount)

| Non-ARV drugs and reagents | HIV Test Kits | Condoms | Other supplies | Food Supplements | Building rental and Utilities | Travel / Transport |
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Add Comments

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| | Investment Expenditures (integer dollar amount) | | | | | |
| Other site recurrent expenditures* | Training (in-service) | Construction & renovation | Vehicles | Equipment and furniture | Other investment expenditures* | Personnel |

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| Recurrent Expenditures (integer dollar amount) | | | | | | |
| Antiretroviral drugs (ARVs) | Non-ARV drugs and reagents | HIV Test Kits | Condoms | Other supplies | Food Supplements | Building rental and Utilities |
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| | | Estimate the percentage of program effort spent on lab activities for each of the following (should total to 100%): | | | | | | | Record amou support services |
| Travel / Transport | Other site recurrent expenditures* | ART Lab Services | TB Diagnostics | EID | QA/QI | | | | ART Lab Services |
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| nt spent on non-ARV drugs and reagents used to for ART, TB diagnosis and early infant HIV diagnosis (EID) | | | Record amount spent on supplies used specifically to support services for ART, TB diagnosis and early infant HIV diagnosis (EID) | | | |
| TB Diagnostics | EID | QA/QI | ART Lab Services | TB Diagnostics | EID | QA/QI |
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Add Comments

| **IC** - Infection Control | | | | | | |
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| Investment Expenditures (integer dollar amount) | | | | | | |
| Training (in-service) | Construction & renovation | Vehicles | Equipment and furniture | Other investment expenditures* | Personnel | Antiretroviral drugs (ARVs) |
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Recurrent Expenditures (integer dollar amount)

| Non-ARV drugs and reagents | HIV Test Kits | Condoms | Other supplies | Food Supplements | Building rental and Utilities | Travel / Transport |
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Add Comments

| | **OVC** - Orphans and Vulnerable Children | | | | | |
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| 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | | | | | |
| | Investment Expenditures (integer dollar amount) | | | | | |
| Other site recurrent expenditures* | Training (in-service) | Construction & renovation | Vehicles | Equipment and furniture | Other investment expenditures* | Personnel |

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| Recurrent Expenditures (integer dollar amount) | | | | | | |
| Antiretroviral drugs (ARVs) | Non-ARV drugs and reagents | HIV Test Kits | Condoms | Other supplies | Food Supplements | Building rental and Utilities |
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| | | Estimate the amount spent to support activities in each service category: (Note: The sum of each row must equal to the total reported expenditures for OVC by province) | | | | | | |
| Travel / Transport | Other site recurrent expenditures* | Medical Care (not facility-based) | Educational Support | Economic Strengthening | Psychological, Social, and Spiritual Care | Nutrition and food security | | |
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Add Comments

| **SORP-GP** - Sexual and Other Risk Prevention, General Population | | | | | | |
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| 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | | | | | | |
| Investment Expenditures (integer dollar amount) | | | | | | |
| Training (in-service) | Construction & renovation | Vehicles | Equipment and furniture | Other investment expenditures* | Personnel | Antiretroviral drugs (ARVs) |
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Recurrent Expenditures (integer dollar amount)

| Non-ARV drugs and reagents | HIV Test Kits | Condoms | Other supplies | Food Supplements | Building rental and Utilities | Travel / Transport |
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Add Comments

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| | | | | | **SORP-MARPs** - |
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| 0 | 0 | 0 | 0 | 0 | |
| | 0 | | | | |
| | Estimate the amount spent to support SORP-GP activities in each service category (Note: The sum of of each row must equal to the total reported expenditures for SORP-GP by province) | | | | |
| Other site recurrent expenditures* | Mass Media | Individual and/or Small Group-level Interventions | Prevention Interventions not classified as mass media, individual or small group | Training (in-service) | |
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| Most-at-Risk Populations | | | | | | |
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| Investment Expenditures (integer dollar amount) | | | | | | |
| Construction & renovation | Vehicles | Equipment and furniture | Other investment expenditures* | Personnel | Antiretroviral drugs (ARVs) | Non-ARV drugs and reagents |
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Recurrent Expenditures (integer dollar amount)

| HIV Test Kits | Condoms | Other supplies | Food Supplements | Building rental and Utilities | Travel / Transport | Other site recurrent expenditures* |
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## SI and Surveillance Expenditures (to be completed by Partner)

Add Comments

| Total Expenditures: | | | |
|---|---|---|---|
| SI/Surv Expenditures: | | | |
| | Selected Subtotals | 0 | 0 |
| | Selected Totals | | 0 |

| Quick Worksheet Navigation Links |
|---|
| SI |
| Surveillance |

| Location | **SI** - Strategic Information | |
|---|---|---|
| | Above Site Level (select Sub-National Unit, National for Lo | |
| Sub-National Unit | Personnel | Consultants (External) |
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| 0 | 0 | | | | | | |
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| ) | | | | | | | |
| SI expenditures<br>l or Above National as appropriate<br>cation) | | Indicate percentage (0 to 100) of SI expendit | | | | | |
| Transport/ Travel | Other General/ Administrative | FBCTS | CBCTS | PMTCT | VMMC | HTC | PEP |
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Add Comment

| ures used to support services (each row should total to 100) | | | | | | | Surveillance<br>0<br>Abo<br>(select Sub-Natio |
|---|---|---|---|---|---|---|---|
| BS | LAB | IC | OVC | SORP-GP | SORP-MARPs | HSS | Personnel |
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ve Site-Level Surveillance expenditures
nal Unit, National or Above National as appropriate for Location)

| Consultants (External) | Transport/ Travel | Other General/ Administrative |
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| Health System Strengthening (HSS) Expenditures (to be completed by Partner) |
|---|
| Total Expenditures: |
| HSS Expenditures: |
| Selected Subtotals |
| Selected Totals |
| Location |
| Sub-National Unit |

Add Comments

| **HSS** - Health System Strengther | |
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| 0 | 0 |
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| Above Site-Level heal (select Sub-National Unit, Nation | |
| Personnel | Consultants (External) |

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| lth system strengthening expenditures<br>al or Above National as appropriate for Location) | | | | For each Sub-Natio<br>( | | | |
| | | | | Human Resources (HR) | | | |
| Transport/ Travel | Construction and Renovation | Other General/ Administrative | | Pre-service Training | Training of Trainers | Curriculum Development | HR Management and Retention |
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nal Unit, record the total expenditures used to support services in each functional area:
Note: The sum of this table must equal the total spent to support HSS)

| Governance | | Finance | Systems Development | | | Institutional and Develo |
|---|---|---|---|---|---|---|
| Technical-area Specific Guidelines, Tools and Policy | General Policy and Other Governance | | Supply Chain Systems | Health Information Systems | Laboratory Strengthening | Civil Society and Non-Governmental Organizations |
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| | Indicate the percentage (0 t o100) of total HSS expenditures used to support ea | | | | | | |
| d Organizational pment | | | | | | | |
| Government Institutions | FBCTS | CBCTS | PMTCT | VMMC | HTC | PEP | BS |
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ch of the following program areas (each row should total to 100)

| Lab | IC | OVC | SORP- GP | SORP-MARPs | SI |
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## Program Management Expenditures (to be completed by Partner)

Add Comments

| Total Expenditures: | | | | | |
|---|---|---|---|---|---|
| PM Expenditures: | | | | | |
| Selected Subtotals | | | | 0 | 0 | 0 |
| Selected Totals | | | | 0 | | |
| Location | | | | Above Site-Level Program Management exp (select Sub-National Unit, National or Above Nation for Location) | | |
| Sub-National Unit | | | | Personnel | Consultants (External) | Transport/ Travel |
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| enditures al as appropriate | Indicate percentage (0 to 100) of program management expen | | | | | | |
| Other General/ Administrative | FBCTS | CBCTS | PMTCT | VMMC | HTC | PEP | BS |
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ditures used to support services (each row should total to 100)

| LAB | IC | OVC | SORP-GP | SORP-MARPs | SI | HSS |
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**FBCTS**

**CBCTS**

**PMTCT**

**VMMC**

**HTC**

**PEP**

**BS**

**LAB**

**IC**

**OVC**

**SORP-GP**

**SORP-MARPs**

**PM**

**SI**

**Surveillance**

**HSS**

## Expenditures - Comments

Please use the space below to provide comments that will aid in interpreting the data.

**Return to Expenditures Worksheet**
Site-Level

**Return to Expenditures Worksheet**
Site-Level

**Return to Expenditures Worksheet**
Site-Level

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**Return to Expenditures Worksheet**

Site-Level

**Return to Expenditures Worksheet**

PM

**Return to Expenditures Worksheet**

SI

**Return to Expenditures Worksheet**

Surveillance

**Return to Expenditures Worksheet**

HSS

# Site-level Expenditure Data Quality Checks

| Data Quality Check Navigation Links |
| --- |
| Expenditure - Site-Level |
| Expenditure - PM |
| Expenditure - SI |
| Expenditure - HSS |

| **Expenditures - Site-Level** Cell Row Sums : | X:AL = AN:AS |
| --- | --- |
| Location | CBCTS expenditures equal disaggregated expenditures? |
| Sub-National Unit | |
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If 'No!' appears anywhere in the table belov
please correct the corresponding Sub-National Unit row expenditure entries c

| BA = BQ:BR | BC = BO:BP | BK:BN = 100 | CJ:CX = CZ:DB |
|---|---|---|---|
| PMTCT recurrent ARV expenditures equal disaggregated ARV expenditures for women & infants? | PMTCT recurrent HIV Test Kit expenditures equal disaggregated HIV Test Kit expenditures for women & infants? | Distribution of PMTCT activities equals 100? | HTC expenditures equal disaggregated expenditures? |
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v,
on the Expenditures - Site-Level tab

| EQ = FD:FG | ET = FH:FK | EZ:FC = 100 | GC:GQ = GS:GX |
|---|---|---|---|
| LAB recurrent Non-ARV expenditures equal disaggregated Non-ARV expenditures? | LAB recurrent Other Supplies expenditures equal disaggregated Other Supplies expenditures? | Distribution of LAB activities equals 100? | OVC expenditures equal disaggregated expenditures? |
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## PM Expenditure Data Quality Checks

If 'No!' appears anywhere in the table below,
please correct the corresponding Sub-National Unit row
percentage entries on the Expenditures - PM tab

| GZ:HN = HP:HT | **Expenditures - PM** Cell Row Sums : | L:AE = 100 |
|---|---|---|
| SORP GP expenditures equal disaggregated expenditures? | Location<br>Sub-National Unit | Distribution of PM expenditures by Program Area equals 100? |
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## SI Expenditure Data Quality Checks

If 'No!' appears anywhere in the table below, please correct the corresponding Sub-National Unit row percentage entries on the Expenditures - SI tab

| **Expenditures - SI** Cell Row Sums : | L:AC = 100 |
|---|---|
| Location | Distribution of SI expenditures by Program Area equals 100? |
| Sub-National Unit | |

## HSS Expenditure Data Quality C

If 'No!' appears any
please correct the corresponding Sub-
Expendit

| **Expenditures - HSS** Cell Row Sums : |
|---|
| Location |
| Sub-National Unit |

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## Checks

where in the table below,
National Unit row percentage entries on the
ures - HSS tab

| H:L = N:Y | Z:AR = 100 |
|---|---|
| Distribution of HSS expenditures equals total of HSS expenditures? | Distribution of HSS expenditures by Program Area equals 100? |
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