

# United Nations Development Programme



Annual Work Plan 2022

<b>Project Title:</b>	Accelerated response to HIV through effective prevention, treatment, care and support interventions for Key Populations and surveillance in high-risk areas
<b>OPIII/Country Programme Outcome:</b>	By 2022, the people in Pakistan, especially the most vulnerable and marginalized, have increased knowledge of their rights and improved access to more accountable, transparent, and effective governance mechanisms and rule of law institutions.
<b>Country Programme Output:</b> <i>(Those linked to the project and extracted from the CPD)</i>	<p>SP 1.2.1 Capacities at national and sub-national levels strengthened to promote inclusive local economic development and deliver basic services<sup>4</sup> including HIV and related services</p> <p>Indicator: Number of people who have access to HIV and related services, disaggregated by sex and type of service:</p> <ul style="list-style-type: none"> <li>a) Behavioural change communication <ul style="list-style-type: none"> <li>a1) Number of males reached</li> <li>a2) Number of females reached</li> </ul> </li> <li>b) ARV treatment <ul style="list-style-type: none"> <li>b1) Number of males reached</li> <li>b2) Number of females reached</li> </ul> </li> </ul>
<b>Project Outputs:</b> <i>(Those that will result from the project and are taken from the Project Strategy)</i>	Capacities at national and sub-national levels strengthened to promote inclusive local economic development and deliver basic services <sup>4</sup> including HIV and related services
<b>Implementing Partner:</b>	<b>UNDP-Pakistan</b>
<b>Responsible Parties (RPs):</b>	<b>UNDP-Pakistan, NACP, PACPs, APLHIV, CMU, CBOs</b>

**Project Brief Description**


This Global Fund HIV grant will provide the amount of US\$ 47,104,249 million to Pakistan over two and a half years. It will contribute to the achievement of the overall, strategic goals of the Pakistan AIDS Strategy IV - PAS-IV on addressing low prevention and testing coverage among key populations by: scaling up community-based interventions, improving treatment access for all, and by challenging stigma and discrimination through training for health care workers and others, and to strengthen the national M&E system for improved cascade monitoring.

To reach these goals, UNDP Pakistan aims to support the relevant implementing partners in:

- increasing coverage of the prevention services for MSM by 39% (of Population Size Estimates - PSE) by 2023 from the 2019 baseline;
- increasing coverage of the prevention services for FSW (of PSE) by 44% by 2023 from the 2019 baseline;
- increasing coverage of the prevention services for TG (of PSE) by 56% by 2023 from the 2019 baseline;
- and increasing coverage of the treatment services for PLHIV by 35% (of the estimated PLHIV) by

<p>Programme Period: 2021-2023</p> <p>Atlas Project ID: 00135717</p> <p>Atlas Output ID(s): 00126882</p> <p>Start date: July 1<sup>st</sup>, 2021</p> <p>End Date: December 31<sup>st</sup>, 2023</p> <p>PAC Meeting Date: June 18, 2021</p> <p>Project Board Meeting Date:</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">2022 AWP budget:</td> <td style="text-align: right;">24,555,644</td> </tr> <tr> <td>Total resources required</td> <td style="text-align: right;">24,555,644</td> </tr> <tr> <td>Total allocated resources:</td> <td style="text-align: right;">24,555,644</td> </tr> <tr> <td>    • Regular</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>    • Other:</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>        ◦ Global Fund</td> <td style="text-align: right;">24,555,644</td> </tr> <tr> <td>Unfunded budget:</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>In-kind Contributions</td> <td style="text-align: right;">_____</td> </tr> </table>	2022 AWP budget:	24,555,644	Total resources required	24,555,644	Total allocated resources:	24,555,644	• Regular	_____	• Other:	_____	◦ Global Fund	24,555,644	Unfunded budget:	_____	In-kind Contributions	_____
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## Annual Work Plan 2022 (According to PF)

Project ID: 00135717 Project Title: Accelerated response to HIV through effective prevention, treatment, care and support interventions for Key Populations and surveillance in high-risk areas

EXPECTED OUTPUTS	PLANNED ACTIVITIES	Quarterly Timeframe				RESPONSIBLE PARTY	PLANNED BUDGET		
		Q1	Q2	Q3	Q4		Funding Source	Budget Description	Amount (USD)
<i>And baseline, associated indicators and annual targets</i>	<i>List activity results and associated actions</i>								
Output 10 <b>Program management</b> <b>(This is Module 1 in PF)</b>	<b>Activity 10.1.1 Coordination and management of national disease control programs</b>					UNDP	Global Fund	Technical Assistance fees and Meeting fees	28,381
	<b>10.1.1.a</b> Work with Parliamentarians - Recruitment of technical expert for development of training material for the rollout of capacity development plan.	-	X	-	X				
	<b>10.1.1.b</b> Engaging in the review and development of the plan- Transition/Capacity Development Plan								
	<b>10.1.1.c</b> Implementation of the activities in the Transition/Capacity Development Plan for PACPs and NACP					UNDP, CBO, NACP, PACPs	Global Fund	HR Cost, Office supply and rent DPC GMS	4,931,261 218,768 1,606,444
	<b>Activity 10.2.1 Grant management</b>								
	<b>10.2.1.a</b> Office cost, Furnitures	-	X	-	X				
<b>10.2.1.b</b> HR Salary									
Output 2 <b>PMTCT</b>	<b>Activity 2.1.1 Primary prevention of HIV infection among women of childbearing age</b>					UNDP	Global Fund	Training related fees and Technical Assistance fees	30,268
<b>Indicators 2.1:</b> PMTCT-2.1 Percentage of HIV-positive women who received ART during pregnancy and/or labor and delivery <b>Baseline 2.1:</b> 11.27% <b>Targets 2022, 2.1:</b> 936 /11870	<b>2.1.1.a</b> Review of PPTCT guidelines and development of operational guidance and simplified SOPs	-	X	-	X				
	<b>2.1.1.b</b> Two (2) Days Training for PPTCT Sites								

(7.89%)									
<b>Output 5 Treatment Care and Support (This is Module 3 in PF)</b>	<b>Activity 5.1.1 Counseling and psycho-social support</b>								
<b>Indicators 5.1:</b> HTS-5 Percentage of people newly diagnosed with HIV initiated on ART <b>Baseline 5.1:</b> 59.67% <b>Targets 2022, 5.1:</b> 3666/4074 (89.99%)	<b>5.1.1.a</b> Telephone costs - 24-hour hotline	-	X	-	X	APLHIV	Global Fund	Salary, Supervision visits fees, Food Packages and PA costs	625,080
	<b>5.1.1.b</b> Nutrition - Food packages								
	<b>5.1.1.c</b> Salary support for Staff supporting activities implementation								
	<b>5.1.1.d</b> Provincial coordinator APLHIV - visit services and conduct client satisfaction review								
	<b>Activity 5.2.1 Differentiated ART service delivery and HIV care</b>								
<b>Indicators 5.2:</b> TCS-1b Percentage of adults (15 and above) on ART among all adults living with HIV at the end of the reporting period <b>Baseline 5.2:</b> 11.86% <b>Targets 2022, 5.2:</b> 73,297 /504,642 (14.52%)	<b>5.2.1.a</b> Transport Fees for PLHIV to attend medical appointments					UNDP, NACP, PACPs, CBOs	Global Fund	Technical Assistance fees, Procurement costs,	8,113,043
	<b>5.2.1.b</b> Quarterly and annual Meetings								
	<b>5.2.1.c</b> Supervision to ART centers								
	<b>5.2.1.d</b> Analysis on the feasibility of the ART decentralization								
	<b>5.2.1.e</b> Develop Retention SOPs and Adherence Guidance to Address Loss to Follow Up								
	<b>5.2.1.f</b> Procurement of ART tests and commodities								

	<b>Activity 5.3.1 Prevention and management of co-infections and co-morbidities (Treatment, care and support)</b>								
<b>Indicators 5.3:</b> TCS-1c Percentage of children (under 15) on ART among all children living with HIV at the end of the reporting period <b>Baseline 5.3:</b> 30.59% <b>Targets 2022, 5.3:</b> 7049 / 15,142 (46.55%)	<b>5.3.1.a</b> Sentinel sites in Sindh (for HIV surveillance)	-	X	-	X	UNDP, Sindh AIDS Control Programme	Global Fund	Other external professional services, PSM Costs	984,991
	<b>5.3.1.b</b> Epidemiologic studies on mode of transmission and source of continued infections								
	<b>5.3.1.c</b> Procurement of OI and STI medicines								
<b>No Indicator in PF or Pro Doc</b>	<b>Activity 5.4.1 Treatment monitoring - Viral load</b>					UNDP	Global Fund	External Professional Services	304,589
	<b>5.4.1a</b> Viral Load testing	-	X	-	X				
Output 4 <b>Reducing human rights-related barriers to HIV/TB services</b>	<b>Activity 4.1.1 Community mobilization and advocacy</b>					UNDP	Global Fund	Meeting and Training cost	31,717
<b>Indicators 4.1: KP-6a</b> Percentage of eligible men who have sex with men who initiated oral antiretroviral PrEP during the reporting period <b>Baseline 4.1: (Not in PF)</b> <b>Targets 2022, 4.1:</b> 6000/ 929,058 (0.65%)	<b>4.1.1.a</b> Communication and Advocacy Strategy for HIV and Key Populations Consultative sessions on development of National Advocacy & Communications Strategy on S&D (3) days each 5 national and provincial multi-stakeholder consultative sessions with KPs, service providers and others	-	X	-	X				
	<b>Activity 4.2.1 HIV and HIV/TB-related legal services</b>	-	X	-	X	UNDP	Global Fund		80,974

<p><b>Indicators 4.2: TB/HIV-3.1a</b> Percentage of people living with HIV newly initiated on ART who were screened for TB  <b>Baseline:</b> 12452/12452 (100%)  <b>Target 2022:</b> 13768/13768 (100%)</p>	<p><b>4.2.1.a</b> Legal Aid Support - Support to government and CBO run legal aid clinics and redressal mechanisms for future institutionalization and sustainability</p>						<p>Hire Professional external services</p>	
<p><b>Indicators 4.3: TB/HIV-7</b> Percentage of PLHIV on ART who initiated TB preventive therapy among those eligible during the reporting period  <b>Baseline:</b> Not given in PF  <b>Target 2022:</b> TBD</p>	<p><b>Activity 4.3.1. Sensitization of law-makers and law-enforcement agents</b></p>	-	X	-	UNDP	Global Fund	<p>Training, meeting fees and technical assistance fees</p>	91,330
<p><b>4.3.1a</b> Quarterly meeting of Inter Provincial Coordination Mechanism on HIV/AIDS (Including CBOs and KP communities)</p>								
<p><b>4.3.1b</b> Work with Parliamentarians - Consultation and agreement with PIPS &amp; IPU to collaboratively design (or contextualize existing material to Pakistan) and rollout advocacy and sensitization campaign (and include HIV S&amp;D)</p>								
<p><b>4.3.1c</b> Work with Parliamentarians - 03 Days Session - Capacity Building and Sensitization of National &amp; Provincial Parliamentarians on HIV Stigma &amp; Discrimination</p>								
<p><b>No Indicator given in PF against these activities. In AWP 2021, all these are mentioned in Indicators 4.1: KP-6a with same numbering</b></p>	<p><b>Activity 4.4.1 Stigma and discrimination reduction (HIV/TB)</b></p>	-	X	-	UNDP	Global Fund	<p>Technical Assistance and Meeting Fees</p>	211,446
<p><b>4.4.1.a</b> Advocacy and Communication materials for MSM: Engagement with community leaders, members for design and rollout out advocacy and communication materials for MSM/men's health</p>								
<p><b>4.4.2.b</b> Communication and Advocacy Strategy for HIV and Key Populations - Recruitment of technical expert for development of advocacy and communications strategy on HIV S&amp;D (including addressing various</p>								

	aspects such as PeP, PrEP and other prevention for KPs especially MSM)								
	<b>4.4.3.c</b> Developing Advocacy and communication materials on HIV, KPs, Stigma and Discrimination								
Output 3: <b>Differentiated HIV Testing Services (This is Module 5 in PF)</b> <b>Indicators 3.1: HTS-3a</b> Percentage of men who have sex with men that have received an HIV test during the reporting period and know their results <b>Baseline 3.1:</b> 2.57% <b>Targets 2022, 3.1:</b> 94,420 / 1,964,182 (4.83%)	<b>Activity 3.1.1 Self-Testing</b>								
	<b>3.1.1.a</b> Implement self-testing - instructions to be developed/ customized, translated and printed	-	X	-	X	UNDP	Global Fund	Printing of materials and procurement fees including storage and warehousing	52,083
	<b>3.1.1.b</b> RDT Procurement costs								
	<b>Activity 3.2.1 Facility-based Testing</b>								
<b>Indicators 3.2: HTS-3b</b> Percentage of transgender people that have received an HIV test during the reporting period and know their results <b>Baseline 3.2:</b> 14.72% <b>Targets 2022, 3.2:</b> 26,640 /129,854	<b>3.2.1a</b> Procurement of RDTs to diagnose HIV, co-infections, and co-morbidities for non-specified population groups	-	X	-	X	UNDP	Global Fund	Procurement of testing kits	64,678
	<b>3.2.1b</b> PSM costs for testing kits								

(20.52%)									
<b>Indicators 3.3: HTS-3c<sup>(M)</sup></b> Percentage of sex workers that have received an HIV test during the reporting period and know their results <b>Baseline 3.3:</b> 4337/203277 (2.13%) <b>Targets 2022, 3.3:</b> 23,520/432,672 (5.44%)	<b>3.3.1.a</b> Procurement of RDTs to diagnose HIV, co-infections, and co-morbidities for non-specified population groups					UNDP	Global Fund	Procurement of testing kits	-
	<b>3.3.1 b</b> PSM costs for testing kits								
	<b>Activity 3.3.1 Community-based Testing</b>								
<b>Indicators 3.3: KP-1a<sup>(M)</sup></b> Percentage of men who have sex with men reached with HIV prevention programs - defined package of services <b>Baseline 3.3:</b> 42641/922832 (4.62%) <b>Target 2022, 3.3</b> 119,400/1,964,182 (6.1%)	<b>3.3.1a</b> (KP-1a) Procurement of RDTs to diagnose HIV, co-infections, and co-morbidities for non-specified population groups	-	X	-	X	UNDP	Global Fund	Procurement of RDT for TG, MSM, MSW, FSW and populations in Prisons	249,858
	<b>3.3.1b</b> (KP-1a) PSM costs for testing kits								
<b>Indicators 3.3: KP-1b</b> Percentage of transgender people reached with HIV	<b>3.3.1a</b> (KP-1b) Develop simple step by step testing guidance for lay counsellors and translate								



prevention programs - defined package of services <b>Baseline 3.3:</b> 26.84% <b>Targets 2022, 3.3:</b> 33,300 / 129,854 (25.64%)	<b>3.3.1b</b> (KP-1b) Procurement of RDTs to diagnose HIV, co-infections, and co-morbidities								
<b>Indicators 3:3 KP-1c<sup>(m)</sup></b> Percentage of sex workers reached with HIV prevention programs - defined package of services <b>Baseline 3.3:</b> 3.89% <b>Targets 2022, 3.3:</b> 29,400/432,672 (6.79%)	<b>3.3.1a</b> (KP-1c) Develop simple step by step testing guidance for lay counsellors and translate								
	<b>3.3.1b</b> (KP-1c) Procurement of RDTs to diagnose HIV, co-infections, and co-morbidities								
Output 6 <b>Community systems strengthening</b>	<b>Activity 6.1.1 Community-based monitoring</b>								
Indicators 6.1: Baseline 6.1: Targets 2022, 6.1: <b>(Not defined in PF or Pro Doc)</b>	<b>6.1.1a</b> Development of Community Systems Strengthening, including community-based reporting - using participatory approach	-	-	-	-	UNDP	Global Fund	Technical Assistance Fees, Meeting Fees	40,304
	<b>6.1.1.b</b> Community Systems Strengthening - Focus Groups to pilot materials developed								
	<b>6.1.1.c</b> Community Systems Strengthening - Focus Groups to pilot materials developed								
Indicators 6.2: Baseline 6.2: Targets 2022, 6.2: <b>(Not defined in PF or Pro Doc)</b>	<b>Activity 6.2.1 Social mobilization, building community linkages and coordination</b>								
	<b>6.2.1a</b> Annual Meeting of CSO Partnership Forum on HIV S&D	-	-	-	-	UNDP	Global Fund	Meeting Fees and TV / Radio Spots	20,134
	<b>6.2.1.b</b> Community Systems Strengthening -Finalization of materials								
Output 7 <b>Health management information systems and M&amp;E</b>	<b>Activity 7.1.1 Analysis, evaluations, reviews, and transparency</b>	-	X	-	X	UNDP	Global Fund	Technical Assistance Fees, Meeting Fees	1,763,235

<b>Indicators 7.1: M&amp;E-2b</b> Timeliness of facility reporting: Percentage of submitted facility monthly reports (for the reporting period) that are received on time per the national guidelines <b>Baseline 7.1:</b> 95.56% <b>Targets 2022, 7.1:</b> 150 / 150 (100%)	7.1.1 a HMIS Strengthening workshops							and other external professional fees	
	7.1.1.b Integrated Biological and Behavioral Surveillance (IBBS)								
	7.1.1.c Consultation workshops for Development of National M&E Plan								
	7.1.1.d MESST Workshop								
	<b>Activity 7.2.1 Program and data quality</b>							Supervision and Other External Professional Fees	
<b>Indicators 7.2:M&amp;E-5</b> Percentage of facilities which record and submit data using the electronic information system  <b>Baseline 7.2:</b> 42.22% <b>Targets 2022, 7.2:</b> 150 / 150 (100%)  <b>(No Indicators for activities 7.3.1 and 7.4.1 in PF or Pro Doc)</b>	7.2.1a Programme Monitoring	-	X	-	X	UNDP	Global Fund	Supervision and Other External Professional Fees	55,449
	7.2.1.b Third party validations, component wise								
	<b>Activity Result 7.3.1 Routine reporting</b>								
	7.3.1.a Travel to ART centers for data validation	-	X	-	X	UNDP	Global Fund	Supervision fees	144,558
	7.3.1.b Travel to CBOs for M&E supervision								
	<b>Activity 7.4.1 Surveys</b>								
7.4.1.a MSM and Chem Sex - Recruitment of technical expert to conduct assessment of KP including drug use and sex amongst MSM (adapting the regional practice of Thailand) and analysis of existing safety and security risks (with a focus on data security) affecting MSM's access to HIV prevention and treatment services, identifying risk reduction measures (including digital protection measures) for immediate, mid and long term for MSM and their partners.	-	X	-	X	UNDP	Global Fund	Technical Assistance fees, Other External Professional Services	110,374	
7.4.1.b Legal and Policy Scan for Barriers to access to services for Key Populations									

Output 1: <b>Prevention</b> <b>(This is Module 8 in PF)</b>	<b>Activity 1.1.1. Behavioral Change Interventions</b>								
<b>(Indicators numbers in PF are different from Pro Doc)</b> <b>Indicators 1.1: HIV I-13</b> Percentage of people living with HIV <b>Baseline 1.1:</b> 0.09% <b>Targets 2022, 1.1:</b> 259892 /233928224 (0.11%)	<b>1.1.1.a</b> Development of Training package								
	<b>1.1.1.b</b> Meetings								
	<b>1.1.1.c</b> Trainings								
	<b>1.1.1.d</b> Technical Assistance								
	<b>1.1.1.e</b> Procurement of goods								
<b>Indicators 1.2: HIV I-9a<sup>(M)</sup></b> Percentage of men who have sex with men who are living with HIV <b>Baseline:</b> 3.50% <b>Target:</b> TBD	<b>Impact Indicator</b>	-	X		X	UNDP CBOs	Global Fund	Includes Salary cost, Training & Meeting fees, and procurement of motorcycles and other equipment + payment for office costs	3,794,622
<b>Indicators 1.3: HIV I-9b<sup>(M)</sup></b> Percentage of transgender people who are living with HIV <b>Baseline:</b> 7.10% <b>Target:</b> TBD	<b>Impact Indicator</b>								
<b>Indicators 1.4: HIV I-10<sup>(M)</sup></b> Percentage of sex workers who are living with HIV <b>Baseline:</b> 2.20% <b>Target:</b> TBD	<b>Impact Indicator</b>								
Output 1: <b>Prevention</b> <b>Indicators 1.2: HIV O-11</b> Percentage of people	<b>Activity 1.2.1 Community Empowerment</b> <b>1.2.1.a</b> Digital outreach - Website development, hosting, updating, management	-	X	-	X	UNDP	Global Fund	Engage external Professional	162,719

living with HIV who know their HIV status at the end of the reporting period. <b>Baseline 1.2:</b> 21% <b>Targets 2022, 1.2:</b> 96160 / 259,892 (37%)	<b>1.2.1b</b> Procurement of Motorcycles								Services to develop tools Purchase 136 motorcycles Digital Outreach is basically scheduled for 2022	
	<b>1.2.1.c</b> Digital outreach - Recruitment of communications firm to design and rollout digital campaign for improve outreach to MSM									
<b>Indicators 1.3: HIV O-12</b> Percentage of people living with HIV and on ART who are virologically suppressed <b>Baseline:</b> 5221/22947 (22.75%) <b>Target:</b> 16777/41942 (40%)	<b>Activity 1.3.1 Condoms and Lubricants</b>									
	1.3.1a Procurement of condoms and lubricants for KP groups	-	-	-	-	UNDP	Global Fund	In-country available stock covers all year long and therefore no procurement will be necessary in 2021	133,622	
<b>Indicators 1.3: HIV O-4a<sup>(M)</sup></b> Percentage of men reporting the use of a condom the last time they had anal sex with a non-regular partner <b>Baseline:</b> 13.20% <b>Target:</b> TBD (IBBS)	<b>Activity 1.3.1 Condoms and Lubricants</b>									
	1.3.1a Procurement of condoms and lubricants for KP groups									
<b>Indicators 1.4: HIV O-4.1b<sup>(M)</sup></b> Percentage of transgender people reporting using a condom in their last anal	<b>Activity 1.4.1 Opioid substitution therapy and other medically assisted drug dependence treatment</b>									
	<b>1.4.1a</b> Development of SOPs/Guidelines for implementation of OST at facility Level	-	X	-	X	UNDP	Global Fund	Professional cost for development of Guideline, Procurement cost for OST	253,846	
	<b>1.4.1.b</b> OST Coordination Meetings - working to bring together PACPs, NACP and other relevant stakeholders									

sex with a non-regular male partner <b>Baseline:</b> 27.70% <b>Target:</b> TBD	<b>1.4.1.c</b> PSM costs for People who inject drugs and their partners							drugs, Storage and distribution costs + Meeting/Training costs	
	<b>1.4.1d</b> Three (3) days Initial Training for one site personnel								
	<b>1.4.1e</b> Two (2) days Refresher training for one site personnel								
<b>Indicators 1.5: HIV O-5<sup>(M)</sup></b> Percentage of sex workers reporting the use of a condom with their most recent client <b>Baseline:</b> 38% <b>Target:</b> TBD	<b>Activity 1.5.1 Pre-Exposure Prophylaxis (PrEP)</b>							Technical Assistance fees and Professional costs	60,000
	<b>1.5.1a</b> Implement PrEP - instructions to be developed/ customized, translated and printed	-	x	-	X	UNDP	Global Fund		
	<b>1.5.1b</b> PrEP baseline testing								
<b>Indicators 1.6: HIV O-21</b> Percentage of people living with HIV not on ART at the end of the reporting period among people living with HIV who were either on ART at the end of the last reporting period or newly initiated on ART during the reporting period <b>Baseline:</b> 10672/18612 (57.34%) <b>Target:</b> TBD	<b>Activity 1.6.1 Sexual and reproductive health services, including STIs</b>							Technical Assistance fees and Professional costs	245,620
	1.6.1.a Medical Doctors providing medical care twice a week at a CBO	-	-	-	-	UNDP	Global Fund		
Output 8 <b>Health products management systems (This is Module 9 in PF)</b>	<b>Activity 8.1.1 Policy, strategy, governance</b>	-	X	-	X	UNDP	Global Fund	Technical Assistance Fees, Meeting Fees	66,366

<b>Indicators 8.1: PSM-3</b> Percentage of health facilities providing diagnostic services with tracer items available on the day of the visit or day of reporting <b>Baseline 8.1:</b> 100% <b>Targets 2022, 8.1:</b> 100%	<b>8.1.1a</b> Travel to provinces by PSM consultants for review								
	<b>8.1.1b</b> Provincial Workshops for validation and capacity building								
	<b>8.1.1c</b> PSM review by consultants								
<b>Indicators 8.2: PSM-4</b> Percentage of health facilities with tracer medicines for the three diseases available on the day of the visit or day of reporting <b>Baseline:</b> 99% <b>Target:</b> 100	<b>Activity 8.2.1 Storage and distribution capacity</b>								
	<b>8.2.1a</b> Procurement of equipment for provincial warehouse	-	X	-	X	UNDP	Global Fund	Procurement costs	24,886
	<b>8.2.1b</b> Program Reports, Stock reports and LMIS								
Output 9 <b>Integrated service delivery and quality improvement</b> <b>(No Module in PF)</b>	<b>Activity Result 9.1.1 Quality Care</b>								
	<b>9.1.1a</b> TA for Chem Sex - Assessment and develop Guidelines on MSM and Chem Sex	-	-	-	-	Mainline	Global Fund	Technical Assistance fees and Training fees	54,998
	<b>9.1.1b</b> Training of CBOs on Guidelines of Chem Sex								
<b>TOTAL</b>									<b>24,555,644</b>

## II. Monitoring Plan 2022 (Include all monitoring and evaluation activities/events)

**Project ID:** 00135717 **Project Title:** Accelerated response to HIV through effective prevention, treatment, care and support interventions for Key Populations and surveillance in high risk areas

Expected Results (Outcomes & Outputs)	Indicators	Baseline	Targets	Data Collection Plan				
				Source/Method of Collection	Schedule/Frequency	Responsible Staff	Resources (\$)	Risks and Assumptions
Obtained from the CPAP and project Results Frameworks)	Obtained from the CPAP and project Results Frameworks)	At the project start date	At the project end date	Specific publication, evaluation, survey, field observation, interviews, etc	Monthly, quarterly, annually, etc	Staff member responsible for collecting and reporting data	Estimated cost of collecting and reporting data	Any risks or assumptions concerning data collection
CPAP Outcome: Outcome 9: Increased effectiveness and accountability of governance mechanisms. <sup>3</sup>	UNSDF indicator 9.2 Access to justice services disaggregated by sex and population group	Baseline 9.2 (2022): Scale: 1. Not adequately	Target 9.1 (2022): Scale 4 largely					
CPAP Output:	CPD 9.2.2 Extent to which victim's grievances reported cases are addressed by relevant competent authorities or other officially recognized dispute resolution mechanisms, disaggregated by sex	Scale: 1. Not adequately	Scale: 4. Largely.	UNSDF report	Quarterly	M&E Specialist	97,272 USD	Linked to the WPTM displayed in GF grant through activity work with parliamentarians and other elected officials
	CPD 9.2.1 Extent to which victims, especially women, have access to justice	Scale: 1. Not adequately	Scale: 4. Largely.	UNSDF report	Quarterly	M&E Specialist	97,272 USD	Linked to the WPTM displayed in GF grant through activity work with parliamentarians and other elected officials
1 Program Management	There are no indicators against this module in PF							
2 PMTCT	2.1 PMTCT-2.1 Percentage of HIV-positive women who received ART during pregnancy and/or labour and delivery	11.27%	936/11870 (7.89%)	NACP Program data System	Monthly	M&E Specialist	Refer to AWP above	Indicator definition: Numerator: Number of HIV positive pregnant women who delivered and received ART during the reporting period. It is 14.5%, 15.7% & 17.9% for each (Year) 2021, 2022 & 2023 Denominator: Estimated number of HIV positive pregnant women who delivered during the reporting period. (Spectrum)

								Risk is not reaching target since ART centers are limited and not available at PPTCT Center and other hospitals. UNDP will plan of extending ARV availability and coverage.
5.Treatment, care and support	5.1 HTS-5 Percentage of people newly diagnosed with HIV initiated on ART	59.67%	3666/4074 (89.99%)	NACP Program Data System	Monthly	M&E Specialist	Refer to AWP above	Target assumptions: The rationale behind setting the targets is that fewer new clients are anticipated in testing and the positivity rate among clients who come for repeat testing is considerably low as compared to those who have not been exposed to the program. The proportion of PWID accessing HTC for the first time among total clients tested has been kept at 20% for year 1, 15% for year 2 and 10% for year 3 based on the current programmatic trends. As per the explanation of the indicator guidance provided by GF (Column R) and as per current practice, all the clients linked to care in the reporting period will be reported in the numerator and all the clients diagnosed positive during the reporting period will be reported as denominator. A separate breakup will be provided as to how many of the clients in numerator were diagnosed within the same reporting period and how many of them were already identified



	5.2 TCS-1b Percentage of adults (15 and above) on ART among all adults living with HIV at the end of the reporting period	11.86%	73297/504642 (14.52%)	NACP program Data System	Monthly	M&E Specialist	Refer to AWP above	Indicator definition: Numerator: Number of adults (15 and above) on ART at the end of the reporting period Denominator: Estimated number of adults (15 and above) living with HIV
	5.3 TCS-1c Percentage of children (under 15) on ART among all children living with HIV at the end of the reporting period	30.59%	7049/15142 (46.55%)	NACP Program Data System	Monthly	M&E Specialist	Refer to AWP below	Target Assumptions: The target (numerator) for each Year was calculated by assuming: Baseline PLHIV on ART reached at December 2019. Positive children (%) from EID (Early Infant Diagnosis) % of HIV testing at ART centres. (Numerator assumptions can be found on the following document: "treatment FR Final 21 July targets"; and denominator estimates on the PAS IV page 62)
4 Reducing human rights-related barriers to HIV/TB services	4.1 KP-6a Percentage of eligible men who have sex with men who initiated oral antiretroviral PrEP during the reporting period	Not set	6000/929058 (0.65%)	NACP Funding request	Monthly	M&E Specialist	Refer to AWP above	Target assumption: Target for this indicator is based on the fixed figure proposed in Funding Request document. to be covered in 3 years (14,250). As indicated in the Programmatic GAP table, the denominator target has been estimated as follow: Prevalence [source IBBS], PSE revised 2020 Formula= PSE-[prevalence/100xPSE]. Activity of rolling out PrEP is fairly new and could potentially not reach

								the target. Good monitoring of the implementation will be necessary
	4.2 TB/HIV-3.1a Percentage of people living with HIV newly initiated on ART who were screened for TB	100.00%	13768/13768 (100%)	NACP Program Data System	Monthly	M&E Specialist	Refer to AWP above	Target assumption: Denominator: The Linkage rate to treatment has been applied on the sum of testing yield of key population and non-key population to obtain the denominator for the respective years. Numerator: 100% of the denominator for the respective years. Target agreed with the recommendation that there is no need for referral, and ART centers should offer TB screening for ART patients. Targets are for GF allocation only
	4.3 TB/HIV-7 Percentage of PLHIV ON ART who initiated TB preventive therapy among those eligible during the reporting period	0	Target to be decided				Refer to AWP above	The Preventive treatment of TB among HIV patients is being initiated under the TB program. This will be further scaled up within the grant period. The PR will develop the targets in collaboration with NACP and NTP for implementation within NFM3. Targets for this indicator will be set by June 2022 based on the implementation of the Preventive therapy program by the TB program.
3.Differentiated HIV Testing Services	3.1 HTS-3a Percentage of men who have sex with men that have received an HIV test during the reporting period and know their results	2.57%	94920/1964182 (4.83%)	NACP-Program Data System	Monthly	M&E Specialist	Refer to AWP above	Indicator definition: Numerator: Number of MSM who have been tested for HIV during the reporting period and who know their results Denominator: Estimated number of MSM in the targeted areas

	3.2 HTS-3b Percentage of transgender people that have received an HIV test during the reporting period and know their results	14.72%	26640/129854 (20.5%)	NACP-Program Data System	Monthly	M&E Specialist	Refer to AWP above	Target Assumptions: HIV testing targets have been set as 80% for the year (Jan-Dec) 2021-23. Repeat testing has been set at the rate of 15% in Jan-Dec 2022 and 20% in the Jan-Dec 2023. (Numerator assumptions can be found on the following document: "treatment FR Final 21 July targets"; and denominator estimates on the PAS IV page 62) The target KP may receive multiple tests during the reporting period. Targets are for GF allocation only. To facilitate monitoring and oversight of Global Fund-supported programs, UNDP will include in the comments the disaggregation of results by province and SR.
	3.3. HTS-3c Percentage of sex workers that have received an HIV test during the reporting period and know their results	2.13%	23520/432672 (5.435%)	NACP-Program Data System	Monthly	M&E Specialist	Refer to AWP above	Indicator definition: Numerator: Number of FSW who have been tested for HIV during the reporting period and who know their results Denominator: Estimated number of FSW in the targeted areas
	3.3. KP-1a Percentage of men who have sex with men reached with HIV prevention programs – defined package of services	4.62%	119400 / 1964182 (6.11%)	NACP Program data System	Monthly	M&E Specialist	Refer to AWP above	Indicator definition: Numerator: Number of MSM who have received a defined package of HIV prevention services. To ensure that the individual receiving multiple services during the reporting period will be reported as one in six months and also in the year, new clients are

								reported using biometrics, allowing the CBO to identify a repeat client. Denominator: Estimated number of MSM in the targeted area
	3.3. KP-1b Percentage of transgender people reached with HIV prevention programs – defined package of services	26.84%	33,300/ 129854 (25.64%)	NACP Program data System	Monthly	M&E Specialist	Refer to AWP above	Indicator definition: Numerator: Number of TG who have received a defined package of HIV prevention services. To ensure that the individual receiving multiple services during the reporting period will be reported as one in six months and also in the year, new clients are reported using biometrics, allowing the CBO to identify a repeat client Denominator: Estimated number of TG in the targeted area
	3:3 KP-1c <sup>(M)</sup> Percentage of sex workers reached with HIV prevention programs - defined package of services	3.89%	29,400/432,672 (6.79%)	NACP Program data System	Monthly	M&E Specialist	Refer to AWP above	Indicator definition: Numerator: Number of FSW have received a defined package of HIV prevention services . To ensure that the individual receiving multiple services during the reporting period will be reported as one in six months and also in the year, new clients are reported using biometrics, allowing the CBO to identify a repeat client Denominator: Estimated number of FSW in the targeted area
6 RSSH_Community System Strengthening	TBD (Module name mentioned in PF (No indicators and baseline mentioned in Performance Framework)							
7 Health management information systems and M&E	7.1 M&E-2b Timeliness of facility reporting: Percentage of submitted facility monthly reports (for the reporting period) that are received on time per the national guidelines	95.56%	150 /150 (100%)	NACP Program Data System	Monthly	M&E Specialist	Refer to AWP above	Target assumption: The baseline data includes 45 ART facilities that have been reporting data to the National Programme of which 19 facilities in Sindh, KPK and Baluchistan are directly reporting via the National MIS. ART facilities in Punjab and Federal Capital are submitting manual reports to the National Programme. There are currently 49 ART sites in the country.  The target also includes the CBOs that are reporting - 16 in Year 1, and 26 in subsequent years. They report using

								<p>either the electronic system or paper-based, or a combination of both. The goal is to ensure that all SRs/SSRs are using the electronic system to report. Some provinces and health facilities could submit their report with a delay, impacting fulfillment of the indicator</p>
	7.2 M&E-5 Percentage of facilities which record and submit data using the electronic information system	42.22%	150 /150 (100%)	NACP Program Data System	Monthly	M&E Specialist	Refer to AWP above	Punjab AIDS Control Programme uses its own Electronic Information system and generally sends its report on paper format to NACP. Risk of delay and inconsistency.
1.Prevention	1.1 HIV I-13 Percentage of people living with HIV	0.09%	259,892 / 233,928,224 (0.11%)	Modelling Spectrum	M&E Specialist	M&E Specialist	Refer to AWP Below	<p>Target assumptions are from Spectrum estimations. The increasing trend is aligned to current data and Spectrum estimates. This is a combination of realistic and high impact scenario. The other PR, Nai Zindagi, will also contribute to the achievement of this indicator.</p> <p>Baseline: The baseline is from Spectrum estimation. The numerator has been derived from Spectrum v 5.86 and the denominator is the total country population as per the 2019-Pakistan Census.</p> <p>Indicator definition:  Numerator: Number of people living with HIV.  Denominator: Total population.</p>

	1.2 HIV O-11 Percentage of people living with HIV who know their HIV status at the end of the reporting period	21%	96,160 / 259,892  (37%)	NACP MIS	Monthly	M & E Specialist	Refer to AWP above	<p>Target Assumptions: Treatment targets have been selected from the National Strategic Plan. All denominators are derived from Spectrum vs 5.86 (2020).</p> <p>Baseline: The denominator (183,705) is the estimated number of people living with HIV derived from Spectrum projection. The numerator (39,529) is the number of PLHIV who know their HIV status and are registered with the ART centres (December 2019) from national MIS.</p> <p>Indicator definition: Numerator: Number of people living with HIV who know their HIV status. Denominator: Estimated number of people living with HIV.</p>
	1.3 HIV O-12 Percentage of people living with HIV and on ART who are virologically suppressed	22.75%	16,777 / 41,942 (40%)	NACP MIS	Monthly	M&E Specialist	Refer to AWP above	<p>Target Assumptions: VL suppression targets have been incrementally increased from baseline 22% to 50% in three years. The sample for viral load test will be collected directly from ART Centers during the grant in addition to sample collection via the current mechanism of engaging labs operated by AKU. Results will also be directly uploaded into the HIV MIS.</p> <p>Targets are for GF allocation only and to estimate the numerator target, the NACP has taken 30 %, 40% &amp; 50 % of denominator.</p> <p>Indicators Definition:</p>

								<p>Numerator: Number of people living with HIV on ART for at least 12 months and with at least one routine VL test result who have virological suppression (&lt;1000 copies/mL) during the reporting period.</p> <p>Denominator: Number of people living with HIV on ART for at least 12 months with at least one routine VL result in a medical or lab record during the reporting period.</p>
	<p>1.2 HIV I-9a<sup>M</sup> Percentage of men who have sex with men who are living with HIV</p>	3.50%	TBD	IBBS		M&E Specialist	Refer to AWP above	<p>Target assumptions: No interim targets have been set. Indicator is not included in the PAS IV</p> <p>Baseline: The baseline is from 2016-2017 IBBS and the size estimate for 2017 was 832213</p> <p>Indicator definition:                      Numerator: Number of MSM who test positive for HIV                      Denominator: Number of MSM tested for HIV</p> <p>Data Source: IBBS Round VI has been scheduled for 2022. Data will be collected from HIV tests conducted among participants in biobehavioral surveys.</p> <p>Entity responsible for data collection and reporting: NACP</p> <p>Indicator will be reported by 5 CBOs working specifically with MSM through the MIS monthly. Those are community-led organization delivering services in 4 cities: Karachi, Multan, Sargodha and Lahore.</p> <p>The targets will set up by December 2021 based on projections from the</p>

								AEM once it is finalised and disseminated. "
	1.3 HIV 1-9b <sup>(M)</sup> Percentage of transgender people who are living with HIV	7.10%	TBD	IBBS		M&E Specialist	Refer to AWP above	<p>Target assumptions: No interim targets have been set. Indicator is not included in the PAS IV. The targets will set up by December 2021 based on projections from the AEM once it is finalised and disseminated.</p> <p>Baseline: The baseline is from 2016-2017 IBBS. The size estimate for 2017 is 52425.</p> <p>Indicator definition:                      Numerator: Number of transgender people who test positive for HIV                      Denominator: Number of transgender people tested for HIV</p> <p>Data Source: IBBS Round VI has been scheduled for 2022. Data will be collected from HIV tests conducted among participants in biobehavioral surveys.</p> <p>Entity responsible for data collection and reporting: NACP</p> <p>6 CBOs servicing TG population will report on this indicator through the MIS monthly. Their coverage is spread through 6 cities: Lahore,</p>



								Rawalpindi, Multan, Larkana, Karachi, and Faisalabad."
	1.4 HIV I-10 <sup>(M)</sup> Percentage of sex workers who are living with HIV	2.20%	TBD	IBBS		M&E Specialist	Refer to AWP above	<p>"Target assumptions: No interim targets have been set. Indicator is not included in the PAS IV. The targets will set up by December 2021 based on projections from the AEM once it is finalized and disseminated.</p> <p>Baseline: The baseline is from 2016-2017 IBBS. The size estimate for 2017 was 173447.</p> <p>Indicator definition:  Numerator: Number of sex workers who test positive for HIV.  Denominator: Number of sex workers tested for HIV.</p> <p>Data Source: IBBS Round VI has been scheduled for 2022. Data will be collected from HIV tests conducted among participants in biobehavioral surveys.</p> <p>Entity responsible for data collection and reporting: NACP</p> <p>Sex workers are receiving testing services through CBOs in 4 cities: Lahore, Karachi, Larkana and Bawalpur. Reports also being posted through the MIS on monthly basis."</p>
	1.3 HIV O-4a <sup>(M)</sup> Percentage of men reporting the use of a condom the last time they had anal sex with a non regular partner	13.20%	TBD	IBBS		M&E Specialist	Refer to AWP above	<p>Target assumptions: No interim targets have been set. The targets will set up by December 2021 based on projections from the AEM 2020 once it is finalized and disseminated.</p> <p>Baseline: The Baseline is based on IBBS Round V.</p> <p>Indicator definition:</p>

								<p>Numerator: Number of MSM who report that a condom was used the last time they had anal sex with a non-regular partner in the last six months. Denominator: Number of MSM who report having had anal sex with a male partner in the last six months.</p> <p>Data source: IBBS Round VI has been scheduled for 2022.</p> <p>Entity responsible for data collection and reporting: NACP"</p>
	<p>1.4 HIV O-4.1b<sup>MO</sup> Percentage of transgender people reporting using a condom in their last anal sex with a non-regular male partner</p>	27.70%	TBD	IBBS		M&E Specialist	Refer to AWP above	<p>Target assumptions: No interim targets have been set. The targets will set up by December 2021 based on projections from the AEM 2020 once it is finalized and disseminated.</p> <p>Baseline: The Baseline is based on IBBS Round V.</p> <p>Indicator definition: Numerator: Number of transgender people who reported using a condom at last sexual intercourse or anal sex in the last six months. Denominator: Number of transgender people surveyed who reported having sexual intercourse or anal sex in the last six months.</p> <p>Data source: IBBS Round VI has been scheduled for 2022.</p> <p>Expected number of condoms to be distributed per person: 50/month</p>

								Entity responsible for data collection and reporting: NACP"
	1.5 HIV O-5 <sup>(M)</sup> Percentage of sex workers reporting the use of a condom with their most recent client	38%	TBD	IBBS		M&E Specialist	Refer to AWP above	<p>Target assumptions: No interim targets have been set. The targets will set up by December 2021 based on projections from the AEM 2020 once it is finalized and disseminated.</p> <p>Baseline: The Baseline is based on IBBS Round V.</p> <p>Indicator definition:  Numerator: Number of sex workers who reported using a condom with their last paying client.  Denominator: Number of sex workers who reported having commercial sex in the last 12 months.</p> <p>Data source: IBBS Round VI has been scheduled for 2022. Expected number of condoms to be distributed per person: 50/month</p> <p>Expected number of condoms to be distributed per person: 50/month</p> <p>Entity responsible for data collection and reporting: NACP</p>
	1.6 HIV O-21 Percentage of people living with HIV not on ART at the end of the reporting period among people living with HIV who were either on ART at the end of the last reporting period or newly initiated on ART during the reporting period	10672/18612(57.34%)	TBD	NACP -MIS		M&E Specialist	Refer to AWP above	<p>Target assumptions: No interim targets have been set. The targets will set up by December 2021 based on projections from the AEM 2020 once it is finalized and disseminated.</p> <p>Baseline: The baseline for this indicator is the people recorded as LTFU during the last reporting period (July- Dec 2019) among the total PLHIV who were actively on ART in</p>

								<p>the preceding reporting period (Jan-June 2019).</p> <p>Indicator definition:                      Numerator: Number of PLHIV reported on ART at the end of the last reporting period plus number of PLHIV newly initiated on ART during the current reporting period, that were not on treatment at the end of the current reporting period (including those who died, stopped treatment, and been lost-to-follow-up (LTFU)).                      Denominator: Number of people reported on ART at the end of the last reporting period plus new on ART during the current reporting period.</p> <p>Data source: NACP-MIS.</p> <p>Entity responsible for data collection and reporting: NACP"</p>	
8.Health Management System	Products	8.1 PSM-3 Percentage of health facilities providing diagnostic services with tracer items available on the day of the visit or day of reporting	100%	100%	On-site availability assessment	Monthly	M&E Specialist	Refer to AWP below	Target assumption: Data for this indicator will be collected as pilot activity through on-site data availability survey (OSA) by PWC in 2021 and 2022. In 2022, the PR will ensure that data systems exist that will be used to collect this data on a routine basis
		8.2 PSM-4 Percentage of health facilities with tracer medicines for the three diseases available on the day of the visit or day of reporting	99%	100%	On-site availability assessment	Monthly	M&E Specialist	Refer to AWP below	Target assumption: Data for this indicator will be collected through on-site data availability survey (OSA) by PWC in 2021 and 2022. These targeted sites are essentially the 49 ART Centers. In 2022, the PR will ensure that data systems exist that will be used to collect this data on a routine basis. Hence from 2023 the report will be collected from routine LMIS. The trace items will be related to HIV only.

**III. Recruitment Plan 2022 (HR can verify the posts and date of contracts)**

(Include all the recruitments envisaged by the project in AWP 2022 - including national and international staff positions that are vacant or newly created)

**Project ID: 00135717** **Project Title:** Accelerated response to HIV through effective prevention, treatment, care and support interventions for Key Populations and surveillance in high risk areas

#	Post Title	National / International	Level of Post	Proforma Cost per year (US\$)	Responsible party (UNDP/EAD/IP/PMU etc)	Contract Modality (TA/FTA/SC/NIMU/Govt)	Reporting to/ Supervisor	Duty Station	Contract Start Date	Contract End Date
1.	Project Finance Administrative Officer	Nat.	NPSA 9	15,987.10	UNDP	NPSA	National Finance Specialist	Punjab	Jan 1 <sup>st</sup> , 2022	December 31 <sup>st</sup> , 2022
2..	Project Finance Administrative Officer	Nat.	NPSA 9	15,987.10	UNDP	NPSA	National Finance Specialist	Sindh	Jan 1 <sup>st</sup> , 2022	December 31 <sup>st</sup> , 2022
3.	Project Finance Administrative Officer	Nat.	NPSA 9	15,987.10	UNDP	NPSA	National Finance Specialist	KPK	Jan 1 <sup>st</sup> , 2022	December 31 <sup>st</sup> , 2022
4..	National M&E Specialist	Nat.	NPSA 11	27,835.86	UNDP	NPSA	PM	Islamabad	Jan 1 <sup>st</sup> , 2022	December 31 <sup>st</sup> , 2022
5.	Admin Assistant	Nat.	NPSA 5	18,520.63	UNDP	NPSA	PM	Islamabad	Jan 1 <sup>st</sup> , 2022	December 31 <sup>st</sup> , 2022
6.	Finance Assistant	Nat.	NPSA 5	18,520.63	UNDP	NPSA	PM	Islamabad	Jan 1 <sup>st</sup> , 2022	December 31 <sup>st</sup> , 2022
7.	Driver	Nat.	NPSA 2	3,308.84	UNDP	NPSA	Admin Assistant	Islamabad	Jan 1 <sup>st</sup> , 2022	December 31 <sup>st</sup> , 2022



**IV. Procurement Plan 2022**

(Include all local and international procurements valued at or above \$ 2,500 envisaged in AWP 2022 – including goods, assets, services and works)

**Project ID: 00135717** **Project Title:** Accelerated response to HIV through effective prevention, treatment, care and support interventions for Key Populations and surveillance in high risk areas

Action ID#	Description	Type (good, service, works)	Estimated Budget (\$)	Responsible party (UNDP/ IP/ etc.)	Invitation Type (EFP, RFA, ITB, LTA, etc)	Announcement Target Date	Evaluation Target Date	Committee Review (CAP, RACP, etc)	Committee Review Target Date	Contract Start Date	Contract End Date	Responsible project staff
10.2.1.a	Office Tables	Goods	9,746.83	UNDP	RFQ	February 2022	17-March-22	N/A	N/A	20-March-22	20-April-22	PSM Specialist
10.2.1.a	Executive Chairs	Goods	2,499.19	UNDP	RFQ	February 2022	17-March-22	N/A	N/A	20-March-22	20-April-22	PSM Specialist
10.2.1.a	Visitors Chairs	Goods	3,498.86	UNDP	RFQ	February 2022	17-March-22	N/A	N/A	20-March-22	20-April-22	PSM Specialist
10.2.1.a	Wooden Cupboard	Goods	5,998.05	UNDP	RFQ	February 2022	17-March-22	N/A	N/A	20-March-22	20-April-22	PSM Specialist
8.2.1a	Air Conditioner	Goods	3,498.86	UNDP	RFQ	February 2022	17-March-22	N/A	N/A	20-March-22	20-April-22	PSM Specialist
8.2.1a	Refrigerator	Goods	7,872.44	UNDP	RFQ	February 2022	17-March-22	N/A	N/A	20-March-22	20-April-22	PSM Specialist
8.2.1a	Water Dispenser	Goods	3,123.98	UNDP	RFQ	February 2022	17-March-22	N/A	N/A	20-March-22	20-April-22	PSM Specialist
8.2.1a	Generator 3.2 KVA	Goods	9,371.95	UNDP	RFQ	February 2022	17-March-22	N/A	N/A	20-March-22	20-April-22	PSM Specialist

1.1.1e	Couch (Drop In Center)	Goods	3,123.98	UNDP	RFQ	February 2022	17-March-22	N/A	N/A	20-March-22	20-April-22	PSM Specialist
1.1.1e	Examination Stool	Goods	312.40	UNDP	RFQ	February 2022	17-March-22	N/A	N/A	20-March-22	20-April-22	PSM Specialist
1.1.1e	Examination Couch	Goods	624.80	UNDP	RFQ	February 2022	17-March-22	N/A	N/A	20-March-22	20-April-22	PSM Specialist
1.1.1e	Examination Screen	Goods	3,123.98	UNDP	RFQ	February 2022	17-March-22	N/A	N/A	20-March-22	20-April-22	PSM Specialist
1.1.1e	Lockable Cupboard	Goods	1,593.23	UNDP	RFQ	February 2022	17-March-22	N/A	N/A	20-March-22	20-April-22	PSM Specialist
1.1.1e	Printer	Goods	9,371.95	UNDP	RFQ	March 2022	14-April-2022	21-April-22	28-April-22	5-May-22	26-May-22	PSM Specialist
1.1.1e	Desktop Computer	Goods	12,495.94	UNDP	RFQ	March 2022	14-April-2022	21-April-22	28-April-22	5-May-22	26-May-22	PSM Specialist
1.1.1e	UPS for Desktops	Goods	1,499.51	UNDP	RFQ	March 2022	14-April-2022	21-April-22	28-April-22	5-May-22	26-May-22	PSM Specialist
1.1.1e	Laptop	Goods	46,859.77	UNDP	RFQ	March 2022	14-April-2022	21-April-22	28-April-22	5-May-22	26-May-22	PSM Specialist
1.1.1e	Biometric Machine	Goods	6,247.97	UNDP	RFQ	March 2022	14-April-2022	21-April-22	28-April-22	5-May-22	26-May-22	PSM Specialist
1.1.2b	Motorcycles	Goods	43,735.79	UNDP	RFQ	March 2022	14-April-2022	21-April-22	28-April-22	5-May-22	26-May-22	PSM Specialist
1.1.2c	Digital outreach - Recruitment of communications firm to design and rollout digital campaign for	Services	23,490.97	UNDP	RFP	February 2022	17-March-22	N/A	N/A	20-March-22	20-April-22	PSM Specialist



	improved outreach to MSM											
1.1.1a	Digital outreach - Website development, hosting, updating, management	Services	21141.87	UNDP	RFP	February 2022	17-March-22	N/A	N/A	20-March-22	20-April-22	PSM Specialist
8.1.1a	PSM Support - Travel to provinces by PSM consultants for review	Services	4,579.76	UNDP	RFP	March 2022	14-April-2022	N/A	N/A	5-May-22	26-May-22	PSM Specialist
8.1.1b	PSM Support - Provincial Workshops for validation and capacity building	Services	5,510.71	UNDP	RFP	March 2022	14-April-2022	N/A	N/A	5-May-22	26-May-22	PSM Specialist
1.1.3a	Procurement of condoms & lubricants for Men who have sex with men	Health Items	54,343.02	UNDP	RFQ	April 2022	10-April-22	N/A	N/A	19-May-22	19-May-22	PSM Specialist
1.1.3a	Procurement of condoms & lubricants for Sex workers and their clients	Health Items	17,430.78	UNDP	RFQ	April 2022	10-April-22	N/A	N/A	19-May-22	19-May-22	PSM Specialist
1.1.3a	Procurement of condoms & lubricants for Transgender people	Health Items	30,760.20	UNDP	RFQ	April 2022	10-April-22	N/A	N/A	19-May-22	19-May-22	PSM Specialist
3.1.3a	Procurement of RDTs to diagnose HIV, co-infections, and co-morbidities for Men who have sex with men	Health Items	119,383.75	UNDP	RFQ	April 2022	10-April-22	N/A	N/A	19-May-22	19-May-22	PSM Specialist
3.1.3a	Procurement of RDTs to diagnose HIV, co-infections, and co-morbidities for Men who have sex with men	Health Items	25,763.67	UNDP	RFQ	April 2022	10-April-22	N/A	N/A	19-May-22	19-May-22	PSM Specialist
3.1.3a	Procurement of RDTs to diagnose HIV, co-infections, and co-morbidities for Sex	Health Items	30,509.46	UNDP	RFQ	April 2022	10-April-22	N/A	N/A	19-May-22	19-May-22	PSM Specialist

	workers and their clients											
3.1.3a	Procurement of RDTs to diagnose HIV, co-infections, and co-morbidities for Sex workers and their clients	Health Items	1,034.65	UNDP	RFQ	April 2022	10-April-22	N/A	N/A	19-May-22	19-May-22	PSM Specialist
3.1.4b	Procurement of RDTs to diagnose HIV, co-infections, and co-morbidities for Transgender people	Health Items	32,717.55	UNDP	RFQ	April 2022	10-April-22	N/A	N/A	19-May-22	19-May-22	PSM Specialist
3.1.4b	Procurement of RDTs to diagnose HIV, co-infections, and co-morbidities for Transgender people	Health Items	9,341.26	UNDP	RFQ	April 2022	10-April-22	N/A	N/A	19-May-22	19-May-22	PSM Specialist
5.2.1.f	Procurement of RDTs to diagnose HIV, co-infections, and co-morbidities for People in prisons and other closed settings	Health Items	9,012.60	UNDP	RFQ	April 2022	10-April-22	N/A	N/A	19-May-22	19-May-22	PSM Specialist
3.1.3a	Procurement of RDTs to diagnose HIV, co-infections, and co-morbidities for Non-specified population groups	Health Items	50,403.82	UNDP	RFQ	April 2022	10-April-22	21-April-22	28-April-22	19-May-22	19-May-22	PSM Specialist
5.2.1.f	Procurement of Antiretroviral medicines		3,700,572.28	UNDP	RFQ	April 2022	10-April-22	21-April-22	28-April-22	19-May-22	19-May-22	PSM Specialist
5.2.1.f	Procurement of CD4 machines and accessories	Health Items	187,550.00	UNDP	RFQ	April 2022	10-April-22	21-April-22	28-April-22	19-May-22	19-May-22	PSM Specialist

5.2.1.f	Procurement of other health equipment	Health Items	31,800.00	UNDP	RFQ	April 2022	10-April-22	N/A	N/A	19-May-22	19-May-22	PSM Specialist
5.2.1.f	Procurement of laboratory reagents	Health Items	641,179.00	UNDP	RFQ	April 2022	10-April-22	21-April-22	28-April-22	19-May-22	19-May-22	PSM Specialist
5.2.1.f	Procurement of consumables	Consumables	8,938.00	UNDP	RFQ	April 2022	10-April-22	N/A	N/A	19-May-22	19-May-22	PSM Specialist
5.3.1c	Procurement of OI and STI medicines	Health Items	144,102.00	UNDP	RFQ	April 2022	10-April-22	N/A	N/A	19-May-22	19-May-22	PSM Specialist
5.2.1.f	Procurement of PPE & consumables	Health Items	74,323.20	UNDP	RFQ	April 2022	10-April-22	21-April-22	28-April-22	19-May-22	19-May-22	PSM Specialist
5.4.1a	Procurement of Viral Load testing cost	Health Items	20,000	UNDP	RFQ	April 2022	15-April-22	N/A	N/A	19-May-22	19-May-22	PSM Specialist

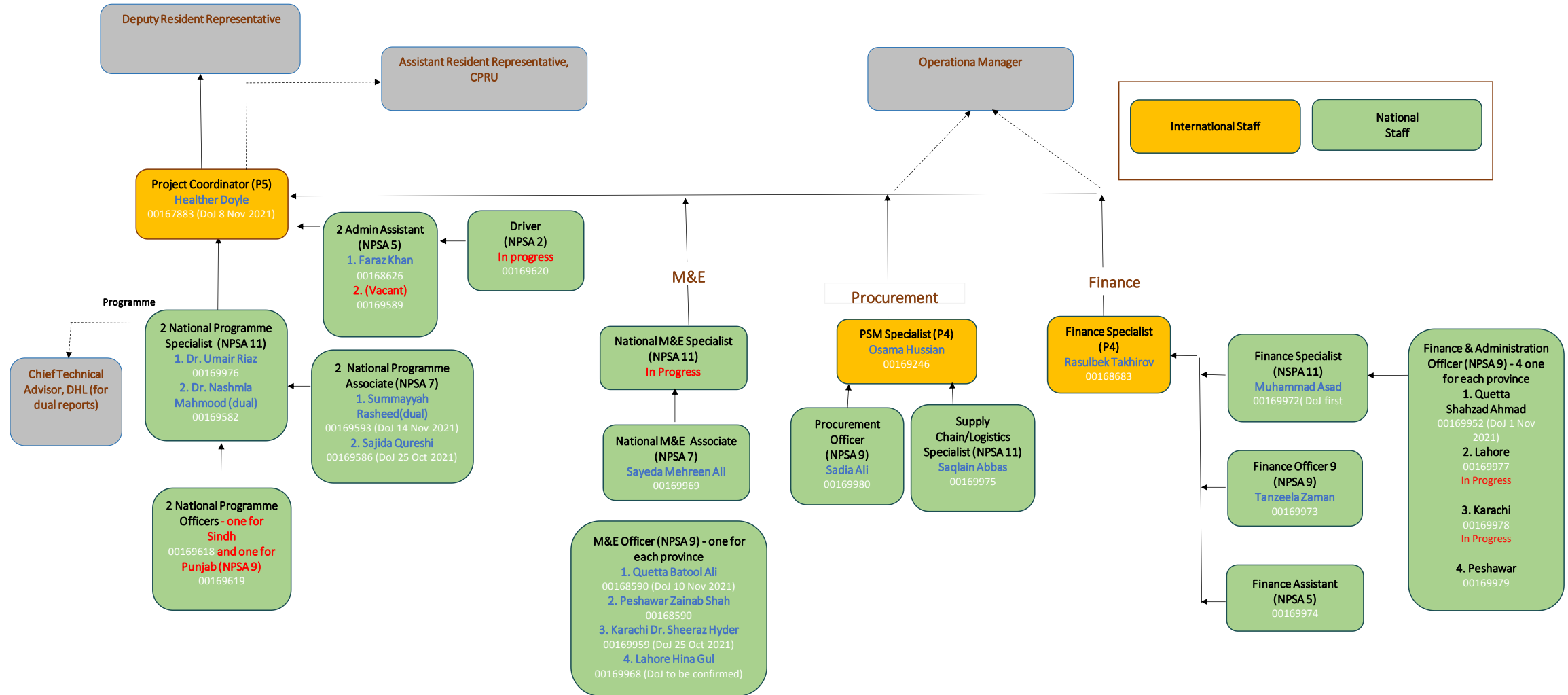
**Note:** Procurement of health products will be initiated after forecast quantification based on latest treatment and prevention data. The forecast quantification and supply review are proposed in March 2022 and initiation of procurement process in April 2022. The dates mentioned here are tentative , may be reviewed later.

### V. Management Arrangements

Explain the roles and responsibilities of the parties involved in managing the project.

Please refer to the [Project Document – Deliverable Description](#) to complete this component of the template.

Use the diagram below for the composition of the Project Board.





*Suggested sub-headings in this component may include:*

- *results of capacity assessment of implementing partner*
- *UNDP Support Services (if any)*
- *collaborative arrangements with related projects (if any)*
- *prior obligations and prerequisites*
- *a brief description/summary of the inputs to be provided by all partners*
- *audit arrangements*
- *agreement on intellectual property rights and use of logo on the project's deliverables*

## VI. Planning, Monitoring and Reporting 2022

The project will follow the following planning, monitoring and reporting cycle during the year. **As necessary, add the target dates monitoring visits, spot checks, evaluations and other missions by donors or other stakeholders.**

Planning 2022 & Reporting 2021		
Timeline / Target Date	Activity	Primary Responsibility
<b>Annual Progress Reports 2021</b>		
January 17, 2022	Submit project final draft of Annual Progress Reports 2021 to MSU	Programme Units/Projects/ Global fund team
January 31, 2022	Finalization of Annual Progress Reports 2021	MSU/Senior management/ Global fund team
January 01, 2022	Preparation of HACT Audit for FY2021	MSU/Programme Unit/Glocal fund team
January 14, 2022	Finalization of HACT Audit 2021 Plan	MSU+Global Fund
Project Monitoring Visits		Project Manager+ Associates+ M&E
Project Evaluation		MSU/Third party/M&E
Project Steering Committee meeting		Project Managers Glocal Fund + Auditors
Quarter Progress Reports	Q1: Monday, April 11, 2022 Q2: Monday, July 11, 2022 Q3: Monday, October 10, 2022	Programme Unit/project Managers/M&E
Donor Progress Reports		Programme Unit/project Manager+M&E
Preparation of AWP 2023		MSU/ Programme Unit/project Manager+M&E
Compilation of Result Oriented Analysis Reports 2022	Mini-ROAR: August 2022 Final ROAR: November 2022	MSU/ Programme Unit/project Manager+ M&E

## VII. Legal Context

This document together with the CPAP signed by the Government and UNDP which is incorporated by reference, constitute together the instrument envisaged and defined in the [Supplemental Provisions](#) to the Project attached hereto and forming an integral part hereof, as “the Project Document”

### **Alternative A [where the Implementing Partner is a government agency (NIM) or an NGO/IGO]**

Consistent with the above Supplemental Provisions, the responsibility for the safety and security of the Implementing Partner and its personnel and property, and of UNDP’s property in the Implementing Partner’s custody, rests with the Implementing Partner. To this end, the Implementing Partner shall:

- a) put in place an appropriate security plan and maintain the security plan, taking into account the security situation in the country where the project is being carried out;
- b) assume all risks and liabilities related to the Implementing Partner’s security, and the full implementation of the security plan.

UNDP reserves the right to verify whether such a plan is in place, and to suggest modifications to the plan when necessary. Failure to maintain and implement an appropriate security plan as required hereunder shall be deemed a breach of the Implementing Partner’s obligations under this Project Document [and the Project Cooperation Agreement between UNDP and the Implementing Partner]<sup>1</sup>.

The Implementing Partner agrees to undertake all reasonable efforts to ensure that none of the UNDP funds received pursuant to the Project Document are used to provide support to individuals or entities associated with terrorism and that the recipients of any amounts provided by UNDP hereunder do not appear on the list maintained by the Security Council Committee established pursuant to resolution 1267 (1999). The list can be accessed via [http://www.un.org/sc/committees/1267/aq\\_sanctions\\_list.shtml](http://www.un.org/sc/committees/1267/aq_sanctions_list.shtml). This provision must be included in all sub-contracts or sub-agreements entered into under/further to this Project Document.

### **Alternative B [where the Implementing Partner is UNDP (DIM), the UN, a fund/programme of the UN, or a UN agency]**

[UNDP] [Name of UN Agency] as the Implementing Partner shall comply with the policies, procedures and practices of the United Nations safety and security management system.

[UNDP] [Name of UN Agency] agrees to undertake all reasonable efforts to ensure that none of the [project funds]<sup>2</sup> [UNDP funds received pursuant to the Project Document]<sup>3</sup> are used to provide support to individuals or entities associated with terrorism and that the recipients of any amounts provided by UNDP hereunder do not appear on the list maintained by the Security Council Committee established pursuant to resolution 1267 (1999). The list can be accessed via [http://www.un.org/sc/committees/1267/aq\\_sanctions\\_list.shtml](http://www.un.org/sc/committees/1267/aq_sanctions_list.shtml). This provision must be included in all sub-contracts or sub-agreements entered into under this Project Document.

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<sup>1</sup> Use bracketed text only when IP is an NGO/IGO

<sup>2</sup> To be used where UNDP is the Implementing Partner

<sup>3</sup> To be used where the UN, a UN fund/programme or a specialized agency is the Implementing Partner.



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## ANNEXES

- Annex 1: Risk log matrix (An assessment of risks that may affect the project implementation and achievement of results)
- Annex 2: Letter of Service signed between UNDP and the Implementing Partner where UNDP Country Office will provide Implementation Support Services to a NIM project
- Annex 3: Results of capacity assessments of Implementing Partner (including HACT Micro Assessment)
- Annex 4: Cost sharing agreements signed with donors/government (if any)
- Annex 5: Project cooperation agreement signed with NGOs (if any)
- Annex 6: Agreements between the Implementing Partner and Responsible Parties (Government entities, NGOs, etc)
- Annex 7: Terms of Reference for key project personnel listed in HR plan should be developed and attached

**OFFLINE RISK LOG**(see [Deliverable Description](#) for the Risk Log regarding its purpose and use)

Project Title: Accelerated response to HIV through effective prevention, treatment, care and support interventions for Key Populations and surveillance in high-risk areas					Award ID: 00135717		Date: 18/11/2021		
#	Description	Date Identified	Type	Impact & Probability	Countermeasures / Mngt response	Owner	Submitted, updated by	Last Update	Status
1	Floods and Hurricanes and other disaster are common in Pakistan and may affect the project at different levels (impacting access and creating chaos and loss) Warehouse can also be hit and Community agents unable to perform their duty	6 May 2021	Environmental	P = 1 I = 2	One of UNDP's key focus is to ensure stock provision of test and treatments kits cover enough buffer stock to address situations when and if Third-Party provider could not access some regions. Also, the networking of ART facilities will help one support another in case of an unforeseen stockout situation.	UNDP, CMU, NACP, PACPs	Submitted by CPRU and Updated by Global Fund Team	6 May 2021	No change, same
2	PACPs usually have weak operation systems in place and controls over budget		Financial	P = 3 I = 3	UNDP will put in place SOP Manual for the SR and train all finance focal points at SR level to ensure proper measures are taken.	UNDP,	Submitted by CPRU and Updated by Global	6 May 2021	No change, same

	spending vs programmatic activities.				UNDP will also ensure all entities receiving funds from the grant have put in place all the requirements to safeguard against expenses rejection. UNDP Finance staff will support all SR in each province and attend some activities to help coaching exercise		<i>Fund Team</i>		
3	Procurement of goods and services from the MOH entities		Financial	P= 2 I = 3	SR SOP manual will limit procurement level authorization to SR. When structure is not in place, UNDP will ensure purchase is conducted under its procurement system and delivered to SR (particularly for CBOs)	UNDP	<i>Submitted by CPRU and Updated by Global Fund Team</i>	<i>6 May 2021</i>	<i>No change, same</i>
4	Activities implementation and financial reporting		Other-X	P= 4 I=3	UNDP aims to discuss implementation with NACP and PACPs through induction Workshop and on quarterly basis. Specific tools for planning activities and reporting expenditures will be	UNDP, NACP, PACPs, CBOs	<i>Submitted by CPRU and Updated by Global Fund Team</i>	<i>6 May 2021</i>	<i>No change, same</i>

					shared with implementers after agreement signature.				
5	Since the government SRs manage other source of funding apart from Global Fund allocation, there are risks that some needed activities might be funded with resources from non-dedicated programs.		Organizational	P=4 I=3	The SR Manual will address such risk and ensure SRs are aware of the risk and avoid such practice. Further on this, UNDP will require all SRs to open a new dedicated bank account with no relationship with other accounts. Bank statements and reconciliations will be part of the standard process.	NACP, PACPs	Submitted by CPRU and  Updated by Global Fund Team	6 May 2021	No change, same
6	Clear detailed mapping of the multiple funding's on the HIV grant have not been shared at country level yet.		Strategic	P= 2 I= 3	UNDP will ask for ongoing commitment to the government to advocate for increased national funding for to complement GF resources and provide the details for the local investments. Same request will be done for CBOs receiving other sources of funding.	GF, CCM	Submitted by CPRU and  Updated by Global Fund Team	6 May 2021	No change, same
7	Planning and Implementation with		Regulatory	P=4 I=3	UNDP has a long history of capacity building and	UNDP, MoNHSRC		6 May 2021	No change, same

	Government partners from the MoNHSRC can put project at risk for many reasons related to weak procedures and control from the central body of the MoNHSRC to the Provincial entities.				developing strategies to steer the project when the implementing partner need support. UNDP will help develop procedures (through SOP) where there is a need for such manual or where it is missing. Also, trainings and coaching and mentoring sessions through inception workshops and joint supervision. Visits will provide additional capacity to SRs.. Whenever specific staff are hired under the project. UNDP aims to train them to better organize expected work.				
8	Interactions with other donors supporting HIV programme in Pakistan can develop risk of duplication of activities		Strategic	P=3 I= 2	UNDP is engaging with local and international partners based on mapping of all interventions. UNDP relates to Other donors to share information about their funding and determine gaps.	UNDP, CCM	<i>Submitted by CPRU and Updated by Global Fund Team</i>	<i>6 May 2021</i>	<i>No change, same</i>

					CCM is called upon to play a major role in making available all information from all donors. Also, prior to submission the CCM shared with Global Fund all co-funding with all partners involved. UNDP aim to keep strategic level meeting with other donors involved to ensure gap is identified and supported without duplication				
9	Programmatic capacity of the National program is considered adequate although NACP usually struggle to manage relationships with other Province entities. This situation creates a risk in terms of coordination, since all		Strategic	P=1 I=2	UNDP mitigates against this risk by developing inception meetings, help National SR lead interactions with provincial entities and UNDP would use its leverage to facilitate when an issue arises. issues CCM is also considered to play role in facilitating oversight control of NACP over PACPs..	UNDP, NACP, PACPs, CCM	Submitted by CPRU and  Updated by Global Fund Team	6 May 2021	No change, same

	provinces should report to NACP.								
10	Punjab Reporting system is separate from the MIS that NACP supports and through which all other provinces report. That risk might impact data collection and quality assurance.		Organizational	P=3 I=3	UNDP will support the NACP in strengthening supervisory tools for reporting data. UNDP will also discuss with Punjab AIDS Control Program to develop an access tool from their electronic system to the MIS.	UNDP, NACP, Punjab AIDS Control Programme	Submitted by CPRU and  Updated by Global Fund Team	6 May 2021	No change, same
11	Indicator report from SR with completeness and timeliness is a major risk to this project.		Organizational	P= 3 I= 4	UNDP ensures that Strict deadline for reporting is part of the Performance Framework and agreement arrangements signed with all partners under the HIV grant	NACP, PACPs, CBOs	Submitted by CPRU and  Updated by Global Fund Team	6 May 2021	No change, same
12	Risk of Assets going missing at SR level		Operational	P= 3 I=3	UNDP will address the issue by putting in place a standardized inventory record where all assets will be registered and updated bi-monthly with name of staff	UNDP, all SRs	Submitted by CPRU and  Updated by Global Fund Team	6 May 2021	No change, same

					responsible or handling the asset.				
13	Lack of Political engagement to support Key Population and fight against discrimination and Stigma.		Political	P=2 I= 3	The risk is being addressed in the workplan tracking measure of this HIV grant and UNDP will strongly support the work with the parliamentarians and other elected officials to mitigate this risk.	UNDP	Submitted by CPRU and Updated by Global Fund Team	6 May 2021	No change, same
14	Security issues impacting activities implementation due to unrest or high insecurity level.		Security	P=2 I=3	UNDP already has its Business Continuity Plan rolling. In this particular situation there will be a contingency plan specific to some sensitive aspect of the grant to ensure buffer stock at district and at provincial levels + prepare focal point to act when situation is triggered.	UNDP, NACP, PACPs, CMU	Submitted by CPRU and Updated by Global Fund Team	6 May 2021	No change, same
15	Expanding the network of Key Population CBOs starting 2022 is a major risk considering the non-enabling environment.		Strategic	P=3 I=4	UNDP will engage with existing CBOs and assess KP groups for potential organization that exist but was not funded or hidden. Considering the challenge of high targets set by Global	UNDP	Submitted by CPRU and Updated by Global Fund Team	6 May 2021	No change, same



					Fund for many indicators, it is a must for UNDP to expand the network of KPs and hire additional CBOs while building capacity of those who are already under the grant.				
16	Uncontrolled COVID_19 pandemic is a risk for activity rollout and main social gathering especially for KP groups.		Other-X	P= 3 I=3	The project has ensured resources are available for PPE procurement. Also, GF has made clear the additional resources can be obtained if needed. UNDP will ensure primary care staff are equipped with PPE and can perform their task with minimal COVID-19 risk.	UNDP	Submitted by CPRU and  Updated by Global Fund Team	6 May 2021	No change, same
17	Harassment targeting KP groups because of their sexual orientation. This risk adds up cultural and religious stigma and discrimination that this project aims to fight.		Security	P=3 I=2	Sets of interventions aim to strengthen CBOs working with communities of KPs and optimize number of CBOs offering support and care to KP groups. Also, Legal and work with parliamentarians will ultimately offer more ground to tackle	UNDP	Submitted by CPRU and  Updated by Global Fund Team	6 May 2021	No change, same

					harassment, stigma and discriminations.				
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