

# United Nations Development Programme



## Annual Work Plan 2024

<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>OPIV/Country Outcome:</b>	<p><b>Programme</b></p> <p>Outcome 4. Gender equality and women's empowerment: By 2027, more women and girls at greatest risk of being left behind are able to benefit from and contribute to an environment in which they are empowered to exercise their fundamental rights, agency and decision-making power over all aspects, towards lives free from all forms of discrimination, violence and harmful practices.</p>
<b>Country Programme Output:</b> <i>(Those linked to the project and extracted from the CPD)</i>	Output 4.2. Vulnerable and marginalized women, girls, and transgender persons actively contribute to resilient and empowered communities and are able to operate in safe spaces and harassment free environments, protected from gender-based violence, violence against women and other harmful practices, and have equitable access to services and information.
<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>NACP, PACPs, APLHIV, CMU, CBOs, UN AIDS, WHO, UNODC CCM, Ministry of Health, UNAIDS, UNICEF</b>

### Project Brief Description

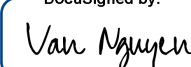
This Global Fund HIV grant will provide the amount of US\$ 47,104,249 million to Pakistan over two and a half years. It will contribute to the achievement of the overall, strategic goals of the Pakistan AIDS Strategy IV - PAS-IV on addressing low prevention and testing coverage among key populations 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 2019 baseline

<p>Programme Period: Jul 2021-Jun 2024</p> <p>Quantum Project ID: 00126882 00137343) Global Fund)</p> <p>Start date: July 1<sup>st</sup>, 2021 End Date: June 30<sup>th</sup>, 2024</p> <p>PAC Meeting Date: June 18, 2021</p>	<table> <tr> <td>2024 AWP budget:</td> <td style="text-align: right;">9,033,161</td> </tr> <tr> <td>Total resources required</td> <td style="text-align: right;">9,033,161</td> </tr> <tr> <td>Total allocated resources:</td> <td style="text-align: right;">_____</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>    ○ Donor</td> <td style="text-align: right;">9,033,161</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>	2024 AWP budget:	9,033,161	Total resources required	9,033,161	Total allocated resources:	_____	• Regular	_____	• Other:	_____	○ Donor	9,033,161	Unfunded budget:	_____	In-kind Contributions	_____
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20-Dec-2023

## Annual Work Plan 2024

Project ID: 00126882 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	11,670
	<b>10.1.1.a</b> Implementation of the activities in the Transition/Capacity Development Plan for PACPs and NACP	-	X	-	-				
	<b>10.1.1.b</b> 02 Days Quarterly ART center Review meeting								
	<b>10.1.1.c</b> PMU retreat								
	<b>Activity 10.2.1 Grant management</b>					UNDP, CBOs, NACP, PACPs, UNODC, WHO, UN AIDS	Global Fund	HR Cost, Office supply and rent	2,888,186
<b>10.2.1.a</b> HR Salaries (All positions for CBOs, UNDP, UNAIDS, ACPs, APLHIV)									
<b>10.2.1.b</b> Bank charges and EOBI									
<b>10.2.1.c</b> Office related cost									
<b>10.2.1.d</b> Office Rent, Electricity and other Utilities, Stationery and Supplies, Postage and Courier, Internet, Printing and Photocopying	X	X	-	-					
<b>10.2.1.e</b> Generator Running Costs, Drop in Center Supplies, Asset Insurance, Medical Waste Management, Garbage Removal, Drinking Water									

	<p><b>10.2.1.f</b> Advertising and publishing (EOI, staff hiring) - Office</p> <p><b>10.2.1.g</b> Furniture, fixture, laptops and other equipment's for UNDP PMU</p> <p><b>10.2.1.h</b> Communication Allowance for PMU staff</p> <p><b>10.2.1.i</b> Procurement of Non-health equipment's for SRs</p> <p><b>10.2.1.j</b> Procurement of IT equipment's for SRs</p> <p><b>10.2.1.k</b> Procurement of furniture for SRs</p> <p><b>10.2.1.l</b> Recruitment Cost</p> <p><b>10.2.1.m</b> SR Audits</p> <p><b>10.2.1.n</b> Mandatory Security Training (SSAFE)</p> <p><b>10.2.1.o</b> HR staff cost for UNAIDS</p> <p><b>10.2.1.p</b> Spot Check – Financial</p> <p><b>10.2.1.q</b> 2.0% Asset Insurance</p> <p><b>10.2.1.r</b> CMU Warehouse cost</p> <p><b>10.2.1.s</b> GMS (7%)</p> <p><b>10.2.1.t</b> Participation of ACPs, Partners, PR staff in international seminars, meetings, workshops</p> <p>Assessment of ART centers</p> <p><b>10.2.1.u</b> SR overhead</p> <p><b>10.2.1.v</b> Monitoring &amp; Evaluation activity (UNAIDS)</p> <p><b>10.2.1.w</b> Operating Expenses and Direct cost, HQ CA cost, WHO PSA cost</p>								
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Output 2 <b>PMTCT</b> <b>(Mention Atlas Activity ID)</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	0
<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> 417/3701 (11.27%) <b>Targets 2023, 2.1:</b> 1142/12,814 (8.91%)	<b>No activity planned in 2024</b>	-	-	-	-				
Output 5 <b>Treatment Care and Support</b> <b>(This is Module 3 in PF)</b> <b>(Mention Atlas Activity ID)</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> 1969/3300 59.67% <b>Targets 2023, 5.1:</b> 3122/3468 (90.02%)	<b>5.1.1.a</b> Nutrition - Food packages <b>5.1.1.b</b> Digitalization & Upgradation of Helpline <b>5.1.1.c</b> Salary support for Staff supporting activities implementation <b>5.1.1.d</b> Communication allowance for Provincial Coordinators	X	X	-	- X	UNDP, APLHIV	Global Fund	Salary, Supervision visits fees, Food Packages and PA costs	563,338
	<b>Activity 5.2.1 Differentiated ART service delivery and HIV care</b>	X	X	-	- X	UNDP, NACP,	Global Fund	Technical Assistance	

<p><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</p> <p><b>Baseline 5.2:</b> 21,063/177,550 11.86%</p> <p><b>Targets 2023, 5.2:</b> 89,938/568,682 (15.81%)</p>	<p><b>5.2.1.a</b> Transport Fees for PLHIV to attend medical appointments @ Sindh and Punjab</p> <p><b>5.2.1.b</b> Salary of Project Managers and HIV coordinator PPTCT</p> <p><b>5.2.1.c</b> Salary of ART centers staff</p> <p><b>5.2.1.d</b> 02 Days Quarterly ART center Review meetings</p> <p><b>5.2.1.e</b> Quarterly supervision ART centers</p> <p><b>5.2.1.f</b> Annual Coordination meeting of Provincial Program with Family Planning, MNCH Program &amp; Population Welfare departments - BACP - meetings held in Quetta</p> <p><b>5.2.1.g</b> Software, Minor repair and maintenance cost for non-health equipment to (ACPs)</p> <p><b>5.2.1.h</b> Fuel cost, telephone allowance and medical files for ART (ACPs)</p> <p><b>5.2.1.i</b> Procurement of ARVS, health equipment's, laboratory reagents, consumables</p> <p><b>5.2.1.j</b> Maintenance and service contracts</p>					PACPs, CBOs		fees, Procurement costs,	
	<p><b>5.2.1.k</b> PSM Costs</p> <p><b>5.2.1.l</b> Construction of warehouse at BACP</p> <p><b>5.2.1.m</b> Lost to Follow up by APLHIV</p>								

	<p><b>5.2.1.n</b> Repair &amp; Renovation of ART Center at Naseerabad</p> <p><b>5.2.1.o</b> Capacity Building of Core team on OST</p> <p><b>5.2.1.p</b> Technical Working Group Meeting</p> <p><b>5.2.1.q</b> Community System Strengthening (Awareness &amp; Advocacy)</p> <p><b>5.2.1.r</b> Procurement of IT equipment's for ACPs and Desktops for ART centers, generators for ACPs</p> <p><b>5.2.1.s</b> Generator Support to PACP</p> <p><b>5.2.1.t</b> Nutritional Support for PLHIV:  a. RMT-70  b. RMT-100</p> <p><b>5.2.1.u</b> Vaccination Support for PLHIV:  a. Influenza  b. Pneumonia</p> <p><b>5.2.1.v</b> Installation of Solar Panels at ART centers</p> <p><b>5.2.1.w</b> Barcode Scanner for ART Centers</p> <p><b>5.2.1.x</b> AC inverter 1.5 Ton for VCCT Centers</p> <p><b>5.2.1.y</b> Plasma Extraction Cards</p> <p><b>5.2.1.z</b> Emergency Medical Support - vouchers for pharmacies to provide medicines</p>								
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	<b>5.2.1.z1</b> Vehicle rental for Monitoring -PACP and SACP <b>5.2.1.z2</b> Female Physician for Ratodero								
<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> 1,883/6,155 30.59% <b>Targets 2023, 5.3:</b> 7,907/16,234 (48.7%)	<b>Activity 5.3.1 Prevention and management of co-infections and co-morbidities (Treatment, care and support)</b>								
	<b>5.3.1.a</b> Sentinel sites in Sindh (for HIV surveillance) <b>5.3.1.b</b> Procurement of OI and STI medicines <b>5.3.1.c</b> PSM Cost	-	X	-	X	UNDP, SACP, WHO UNODC	Global Fund	Other external professional services, PSM Costs	164,479
<b>No Indicator in PF or Pro Doc</b>	<b>Activity 5.4.1 Treatment monitoring - Viral load</b>								
	<b>5.4.1.a</b> Viral Load testing	-	X	-	X	UNDP	Global Fund	External Professional Services	45,118
Output 4 <b>Reducing human rights-related barriers to HIV/TB services</b>	<b>Activity 4.1.1 Community mobilization and advocacy</b>		X	-	X				

<p><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> PrEP launched in 2022 in Sindh &amp; Punjab <b>Targets 2023, 4.1:</b> 8,000/947,700 (0.84%)</p>	<p>No Activity Planned in 2024</p>	-							
<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 2023:</b>15884/15884 (100%)</p>	<p><b>Activity 4.2.1 HIV and HIV/TB-related legal services</b>  <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>	-	X	-	X	UNDP	Global Fund	Hire Professional external services	30,289
<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: Not given in PF</b> <b>Target 2023: TBD</b></p>	<p><b>Activity 4.3.1. Sensitization of lawmakers and law-enforcement agents</b>  <b>4.3.1.a</b> Quarterly meeting of Inter Provincial Coordination Mechanism on HIV/AIDS (Including CBOs and KP communities)  <b>4.3.2.b.</b> Work with Parliamentarians - Establishment of Caucus or Parliamentary Alliance for debate and actions on mainstreaming HIV stigma and discrimination in prevention &amp; response</p>	-	X	-	X	UNDP	Global Fund	Training, meeting fees and technical assistance fees	10,725

<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>								
	<p><b>4.4.1.a</b> Community Sensitization by Key Populations - Rollout of community level trainings in pilot districts led by Master Trainers – 2 national and 4 in each province (x5)</p>								
	<p><b>4.4.1.b</b> Design and dissemination of awareness raising/IEC material in line with regional and international best practices adapted to local context to reduce S&amp;D (including digital means)</p>								
	<p><b>4.4.1.c</b> Capacity Building for Media &amp; Youth to Address Stigma &amp; Discrimination against KPs - Roll out</p>	-	X	-	X	UNDP	Global Fund	Technical Assistance and Meeting Fees	0
	<p><b>4.4.1.d</b> Technical assistance to Pakistan Medical Council/National institute of Health for National Health Alliance</p>								
	<p><b>4.4.1.e</b> Roll out of Advocacy and communication materials for MSM</p>								
	<p><b>4.4.1.f</b> HIV Stigma Index - Meetings on Contextualization &amp; Adaptation of National HIV Stigma &amp; Discrimination Index (Steering committee meeting, Validation meeting, Advocacy activity)</p>					APLHIV			
<p><b>4.4.1.g</b> 3-day training for HIV stigma index interviewers</p>									
<p><b>Output3: Differentiated HIV</b></p>	<p><b>Activity 3.1.1 Self-Testing</b></p>	-	X	-	X		Global Fund	Printing of materials	

<p><b>Testing Services (This is Module 5 in PF)</b></p> <p><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</p> <p><b>Baseline 3.1:</b> 23,695/922,832 (2.57%)</p> <p><b>Targets 2023, 3.1:</b> 120,240 /2003,592 (6%)</p>	<p><b>3.1.1.a</b> Procurement of RDTs to diagnose HIV, co-infections, and co-morbidities for Men who have sex with men, Transgenders and sex workers and their clients</p> <p><b>3.1.1.b</b> PSM Cost for MSM, Transgender people and Sex workers</p> <p><b>3.1.1.c</b> TA WHO on HTS, HIVST</p>					<p>UNDP</p> <p>WHO</p>		<p>and procurement fees including storage and warehousing</p>	<p>28,122</p>
<p><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</p> <p><b>Baseline 3.2:</b> 8965/ 60924 (14.72%)</p> <p><b>Targets 2023, 3.2:</b> 30000 /132516 (22.64%)</p>	<p><b>Activity 3.2.1 Facility-based Testing</b></p> <p><b>3.2.1.a</b> Procurement of RDTs to diagnose HIV, co-infections, and co-morbidities for non-specified population groups</p> <p><b>3.2.1.b</b> PSM costs for non-specified populations groups</p>	-	X	-	X	<p>UNDP</p>	<p>Global Fund</p>	<p>Procurement of testing kits</p>	<p>39,222</p>

<p><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</p> <p><b>Baseline 3.3:</b> 4337/203277 (2.13%)</p> <p><b>Targets 2023, 3.3:</b> 30840/441366 (6.99%)</p>									
<p><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</p> <p><b>Baseline 3.3:</b> 42641/922832 (4.62%)</p> <p><b>Target 2023, 3.3</b> 150300/2003592 (7.50 %)</p>	<p><b>Activity 3.3.1 Community-based Testing</b></p> <p><b>3.3.1.a</b> (KP-1a) Procurement of RDTs to diagnose HIV, co-infections, and co-morbidities for 1-Men who have sex with men, 2-Sex workers and their clients, 3-Transgender people 4- People in prisons and other closed settings</p> <p><b>3.3.1.b</b> PSM cost for MSM, Transgender people and Sex workers and People in prisons and other closed settings</p>	-	X	-	X	UNDP	Global Fund	Procurement of RDT for TG, MSM, MSW, FSW and populations in Prisons	149,111



<p><b>Indicators 3.3: KP-1b</b> Percentage of transgender people reached with HIV prevention programs - defined package of services <b>Baseline 3.3:</b> 16351/60924 (26.84%) <b>Targets 2023, 3.3:</b> 37500 /132516 (28.30%)</p>	<p><b>Same as above</b></p>								
<p><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> 7908/203277 (3.89%) <b>Targets 2023, 3.3:</b> 38550/441366 (8.74%)</p> <p>MoH is the responsible for this indicator as per PF.</p>	<p><b>Same as above</b></p>								
<p>Output 6 <b>Community systems strengthening</b></p>	<p><b>Activity 6.1.1 Community-based monitoring</b></p>								44,354
<p>Indicators 6.1: Baseline 6.1: Targets 2022, 6.1: <b>(Not defined in PF or Pro Doc)</b></p> <p>Indicators 6.2:</p>		-	-	-	-	CBOs	Global Fund	Meeting Fees	

Baseline 6.2: Targets 2023, 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>6.2.1.a</b> Annual Meeting of CSO Partnership Forum on HIV S&D	-	-	-	-	UNDP	Global Fund	Meeting Fees and TV / Radio Spots	39,158
	<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>								
<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: 43/45</b> 95.56% <b>Targets 2023, 7.1:</b> 150 /150 (100%)	<b>7.1.1.a</b> HMIS Strengthening workshops								
	<b>7.1.1.b</b> HMIS Strengthening - Capacity Building Workshops (one in each province)								
	<b>7.1.1.c</b> Training on HMIS	-	X	-	X	UNDP	Global Fund	Technical Assistance Fees, Meeting Fees and other external professional fees	0
	<b>7.1.1.d</b> HMIS Strengthening – Consultation								
	<b>7.1.1.e</b> Integrated Biological and Behavioral Surveillance (IBBS)								
	<b>7.1.1.f</b> National Programme review 2023								
	<b>Activity 7.2.1 Program and data quality</b>								
<b>Indicators 7.2:M&amp;E-5</b> Percentage of facilities which record and submit	<b>7.2.1.a</b> Programme Monitoring	-	X	-	X	UNDP	Global Fund	Supervision and Other External Professional Fees	54,370
	<b>7.2.1.b</b> Third party validations, component wise								

<p>data using the electronic information system</p> <p><b>Baseline 7.2:</b> 19/45 42.22%</p> <p><b>Targets 2023, 7.2:</b> 150/150 (100%)</p>	<p><b>7.2.1.c</b> Development of a project management dashboard/MIS to build an integrated platform across all functions for UNDP, including M&amp;E, programme, PSM, finance and governance – starting with M&amp;E, in order to improve project oversight and project management</p>								
<p><b>(No Indicators for activities 7.3.1 and 7.4.1 in PF or Pro Doc)</b></p>	<p><b>Activity Result 7.3.1 Routine reporting</b></p>								
	<p><b>7.3.1.a</b> Travel to ART centers for data validation (Sindh, Punjab, Balochistan and KP)</p>					UNDP NACP			61,811
	<p><b>7.3.2.b</b> Travel to CBOs for M&amp;E (SR Punjab and SR Sindh)</p>								
	<p><b>7.3.2.c</b> ART MIS domain Hosting</p>								
	<p><b>Activity 7.4.1 Surveys</b></p>								
<p><b>7.4.1.a</b> HIV Stigma Index - Update of National HIV S&amp;D Index in 2023</p>	-	X	-	X		Global Fund	Supervision fees		
<p><b>7.4.1.b</b> HIV drug resistance survey</p>									
<p><b>7.4.1.c</b> Optimization of existing service delivery models</p>					WHO			34,500	
<p><b>7.4.1.d</b> HIV Stigma Index - Roll out pilot analysis (experts to conduct research) Enumerators, data entry, technical experts</p>									
<p><b>7.4.1.e</b> HIV Stigma Index Other costs</p>									
<p>Output 1: <b>Prevention</b> <b>(This is Module 8 in PF)</b></p>	<p><b>Activity 1.1.1. Behavioral Change Interventions</b></p>		X		X				

<p><b>(Indicators numbers in PF are different from Pro Doc)</b></p> <p><b>Indicators 1.1: HIV I-13</b> Percentage of people living with HIV</p> <p><b>Baseline 1.1:</b> 188226/217867375 (0.09%)</p> <p><b>Targets 2023, 1.1:</b> 292458 /239542501 (0.12%)</p>	<p><b>1.1.1.a</b> Salary costs for CBOs staff</p> <p><b>1.1.1.b</b> Minor repair to drop in centers</p> <p><b>1.1.1.c</b> Accounting Software cost for CBOs</p> <p><b>1.1.1.d</b> Maintenance costs of non-health equipment</p> <p><b>1.1.1.e</b> Office Rent, Electricity and other Utilities, Stationery and Supplies, Postage and Courier, Internet, Printing and Photocopying</p> <p><b>1.1.1.f</b> Generator Running Costs, Drop in Center Supplies, Medical Waste Management, Garbage Removal, Drinking Water</p> <p><b>1.1.1.g</b> Airtime, Fuel for Vehicle, Fuel for Motorcycles</p> <p><b>1.1.1.h</b> EOBI</p> <p><b>1.1.1.i</b> Quarterly Review meetings (in Sindh and Punjab)</p> <p><b>1.1.1.j</b> Development of Comprehensive Training Package - once in 2021, Q3 and HIV prevalence in Migrant workers</p> <p><b>1.1.1.k</b> Geographic extension by CBOs - Outreach workers</p> <p><b>1.1.1.l</b> Geographic extension by CBOs – EOBI</p> <p><b>1.1.1.m</b> Geographic extension by CBOs - Fuel and other expenses</p> <p><b>1.1.1.n</b> CBOs Capacity Building Firm from Region</p>	-				UNDP CBOs	Global Fund	Includes Salary cost, Training & Meeting fees, and procurement of motorcycles and other equipment + payment for office costs	2,078,243
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<p><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</p>	<p style="text-align: center;"><b>Impact Indicator</b></p>								
<p><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</p>									
<p><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</p>									
<p>Output 1: <b>Prevention</b>  <b>Indicators 1.2: HIV O-11</b>  Percentage of people living with HIV who know their HIV status at the end of the reporting period.  <b>Baseline</b> <b>1.2:</b> 39529/188226 21%  <b>Targets 2023, 1.2:</b> 146229/292458 / (50%)</p>	<p><b>Activity 1.2.1 Community Empowerment</b></p> <p><b>1.2.1.a</b> Procurement of Motorcycles</p> <p><b>1.2.1.b</b> Digital outreach - Website development, hosting, updating, management</p> <p><b>1.2.1c</b> Mobile Van for CBOs</p>	-	X	-	X	UNDP	Global Fund	Engage external Professional Services to develop tools Purchase 136 motorcycles Digital Outreach is basically scheduled for 2023	10,066

<p><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 2023:</b> 25625/51249 (50%)</p>	<p><b>Activity 1.3.1 Condoms and Lubricants</b></p>									
	<p><b>1.3.1.a</b> Procurement of condoms and lubricants for KP groups (MSM, Sex workers and their clients, Transgender people)</p> <p><b>1.3.1.b</b> (PSM costs for (MSM, Sex workers and their clients, Transgender people)</p>	-	X	-	X	UNDP	Global Fund	In-country available stock covers all year long and therefore no procurement will be necessary in 2021	740,517	
<p><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)</p>										
<p><b>Indicators 1.4: HIV O-4.1b<sup>(M)</sup></b> Percentage of transgender people reporting using a condom in their last anal sex with a non-regular male partner <b>Baseline:</b> 27.70% <b>Target:</b> TBD (IBBS)</p>	<p><b>Activity 1.4.1 Opioid substitution therapy and other medically assisted drug dependence treatment</b></p>									
	<p><b>1.4.1 a</b> OST - 02 days workshops to review draft SOPs and Guidelines on OAT</p>	-	X	-	X	UNODC	Global Fund	Professional cost for development of Guideline, Procurement cost for OST drugs, Storage and distribution costs + Meeting/Training costs	105,991	
	<p><b>1.4.1.b</b> OST - 02 days Training on M&amp;E guidelines and tools</p> <p><b>1.4.1.c</b> OST for People who inject drugs and their partners</p>					UNDP				

	<p><b>1.4.1.d</b> PSM costs for People who inject drugs and their partners</p> <p><b>1.4.1.e</b> Quarterly meetings of Technical Committee for OST</p> <p><b>1.4.1.f</b> OST - Development of SOPs/Guidelines for implementation of OST at facility Level</p> <p><b>1.4.1.g</b> 2 Trainings on SOPs for OAT for 3 days</p> <p><b>1.4.1. h</b> Meetings with Pharma firms and DRAP</p> <p><b>1.4.1.j</b> Identification of OST sites/Construction of clinics/HR cost for clinics/ procurement of equipment and medicines for clinics</p> <p><b>1.4.1.k</b> Dissemination of IEC Material through electronic, print and social media, talk shows on TV and Radio</p> <p><b>1.4.1.l</b> Monitoring &amp; Evaluation by UNODC</p> <p><b>1.4.1.m</b> Program Coordination and Support</p> <p><b>1.4.1.n</b> Operating Expenses</p> <p><b>1.4.1.o</b> UNODC PSC @ 7 %</p>					<p>UNODC</p> <p>WHO</p> <p>UNODC</p>			
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<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>								
	<b>1.5.1.a</b> PrEP baseline testing <b>1.5.1.b</b> Project Manager cost (SRs)	-	x	-	X	UNDP All SRs	Global Fund	Technical Assistance fees and Professional costs	42,678
<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>								
	<b>1.6.1.a</b> Medical Doctors providing medical care twice a week at a CBO	x	x	x	X	UNDP/ CBOs	Global Fund	Technical Assistance fees and Professional costs	145,983
	<b>Activity: 1.7.1 Prevention and management of co-infections and co-morbidities (Prevention)</b>	-	X	-	X				



	<b>1.7.1.a</b> Prevalence of HIV in migrant workers' study <b>1.7.1.b</b> Training for STI					UNDP, WHO	Global Fund	Technical Assistance fees and Professional costs	0
Output 8 <b>Health products management systems (This is Module 9 in PF)</b>	<b>Activity 8.1.1 Policy, strategy, governance</b>								
<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 2023, 8.1:</b> 100%	<b>8.1.1.a</b> PSM Support - Provincial Workshops for validation and capacity building	-	X	-	X	UNDP	Global Fund	Technical Assistance Fees, Meeting Fees	6,802
<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 2023:</b> 100	<b>Activity 8.2.1 Storage and distribution capacity</b>								
	<b>8.2.1.a</b> Procurement of Generator 5KVA for provincial warehouse	-	X	-	X	UNDP	Global Fund	Procurement costs	0
	<b>8.2.1.b</b> Cold chain vehicle for health products transportation								
Output 9 <b>Integrated service delivery and quality improvement (No Module in PF)</b>	<b>Activity Result 9.1.1 Quality Care</b>								
	<b>9.1.1.a</b> TA for Chem Sex - Assessment and develop Guidelines on MSM and Chem Sex	-	-	-	-	Mainline	Global Fund	Technical Assistance fees and Training fees	0
	<b>9.1.1.b</b> Training of CBOs on Guidelines of Chem Sex								

TOTAL									9,033,161

## II. Monitoring Plan 2024 *(Include all monitoring and evaluation activities/events)*

**Project ID: \_ : 00126882** **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 2024	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
UNSDCF OUTCOME INVOLVING UNDP No. 4. Gender equality and women's empowerment: By 2027, more women and girls at greatest risk of being left behind are able to benefit from and contribute to an environment in which they are empowered to exercise their fundamental rights, agency and decision-making power over all aspects, towards lives free from all forms of discrimination, violence and harmful practices.	Strategic Plan/SDG 5.1.1. Percentage of achievement of legal frameworks in place to promote, enforce and monitor gender equality and non-discrimination on the basis of sex in the areas of: (a) Public life (b) Violence against women (c) Employment and economic benefits (d) Marriage and family	Baseline (2018): (a) 50% (b) 75% (c) 10% (d) 54.6%	Target (2027): (a): 60% (b): 85% (c): 20% (d): 65%	Mid evaluation, survey, field observation, interviews	Annually	Project Coordinator, M&E Specialist	0	
Output 4.2. Vulnerable and marginalized women, girls, and	CPD/IRRF Output Indicator- Indicator 4.2.1 (IRRF 1.4.1). Number of people who have access to HIV and related services:	BCM: women:24,259; men:42,641	BCM: women:50,700 men:100,200	UNSDCF report NACP & PACP MIS	Quarterly	M&E Specialist, Project	Covered through AWP	Linked to program indicators below

Expected Results (Outcomes & Outputs)	Indicators	Baseline	Targets 2024	Data Collection Plan				
				Source/Method of Collection	Schedule/Frequency	Responsible Staff	Resources (\$)	Risks and Assumptions
transgender persons actively contribute to resilient and empowered communities, and are able to operate in safe spaces and harassment free environments, protected from gender-based violence, violence against women and other harmful practices, and have equitable access to services and information	(a) Behavioural change communication (BCM) Number of women reached Number of men reached (b) Antiretroviral treatment (ART) Number of women reached Number of men reached	ART: women reached: 8,321; men reached: 14,625	ART: women reached: 20,000 men reached: 36,195			Coordinator	activities above	
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	417/3701 (11.27%)	571/6407 (8.91%)	NACP, PACP 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% & 17.8 % 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 as Pakistan currently has 11 PPTCT centres, although not all are functional, and not all are reporting through the MIS. Given the small budget on PMTCT (guidance and one training), the ambitious target is also

Expected Results (Outcomes & Outputs)	Indicators	Baseline	Targets 2024	Data Collection Plan				Risks and Assumptions
				Source/Method of Collection	Schedule/Frequency	Responsible Staff	Resources (\$)	
								unrealistic, which has also been discussed with the Global Fund. UNDP will plan to extend ARV availability and coverage for PMTCT centres.
5. Treatment, care and support	5.1 HTS-5 Percentage of people newly diagnosed with HIV initiated on ART	1969/3300(59.67%)	1561/1734 (90.02%)	NACP, PACP Program Data System and Nai Zindagi	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

Expected Results (Outcomes & Outputs)	Indicators	Baseline	Targets 2024	Data Collection Plan				
				Source/Method of Collection	Schedule/Frequency	Responsible Staff	Resources (\$)	Risks and Assumptions
	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	21,063/177,550(11.86%)	51,907/284,341 (18.26%)	NACP, PACP program Data System	Monthly	M&E Specialist	Refer to AWP above	<p>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</p> <p>The target (numerator) for each Year was calculated by assuming:                      Baseline PLHIV on ART reached at December 2019                      Positive cases (%) tested at ART centres                      From key population programmes assume numbers testing positive = testing target x prevalence rate for each KP.                      The targets each Year were also adjusted for dropout rate of (Attrition rate of 25% &amp; 15% for 1st year &amp; following year respectively). (Numerator assumptions can be found on the following document: "treatment FR Final 21 July targets"; and denominator estimates on the PAS IV page 62) Targets are for GF allocation only. Target for Jan-June 2024 grant extension is based on a 10% increase in numerator target for July-Dec 2023 (as per previous PF increments).</p>

Expected Results (Outcomes & Outputs)	Indicators	Baseline	Targets 2024	Data Collection Plan				Risks and Assumptions
				Source/Method of Collection	Schedule/Frequency	Responsible Staff	Resources (\$)	
	5.3 TCS-1c Percentage of children (under 15) on ART among all children living with HIV at the end of the reporting period	1,883/6,155(30.59%)	4,288/8,117 (52.83%)	NACP, PACP 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). Target for Jan-June 2024 grant extension is based on a 5.59% increase in numerator target for July-Dec 2023 (as per previous PF increments).
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	N/A – PrEP launched in 2022 in Sindh & Punjab	4,000/473,849 (0.84%)	NACP, PACP & SR Programme data (MIS)	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].  Eligibility for starting PrEP is defined on the national guidelines for PrEP. Eligibility include: 1. Confirmed HIV-negative status and 2. No signs and symptoms of acute HIV

Expected Results (Outcomes & Outputs)	Indicators	Baseline	Targets 2024	Data Collection Plan				Risks and Assumptions
				Source/Method of Collection	Schedule/Frequency	Responsible Staff	Resources (\$)	
								infection and 3. Determined to be at substantial risk for HIV. These criteria are aligned with GF guidelines.  Activity of rolling out PrEP is fairly new and could potentially not reach the target. Good monitoring of the implementation will be necessary and ensuring availability of PrEP to eligible MSMs.
	4.2 TB/HIV-3.1a Percentage of people living with HIV newly initiated on ART who were screened for TB	12452/12452(100.00) %	7,942/7,942 (100%)	NACP, PACP 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	-	10%	NACP-PACP Program Data System			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 NFM <sub>3</sub> For the TB/HIV-7



Expected Results (Outcomes & Outputs)	Indicators	Baseline	Targets 2024	Data Collection Plan				Risks and Assumptions
				Source/Method of Collection	Schedule/Frequency	Responsible Staff	Resources (\$)	
								indicator, the national HIV programme is currently in the process of finalizing its national policy for initiating PLHIV on TPT target setting, with tracking measures such as development of HIV-TPT policy/ SOPs, eligibility criteria for PLHIV to be put on TPT and roll-out modalities. The targets for 2021 and 2022 are 0% as the TPT program is expected to rollout and be implemented in 2023. . Additional targets for this indicator will be set based on the implementation of the Preventive therapy program by the TB program, which is currently still in process.
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	23,695/922,832(2.57%)	80,160/1,001,796 (8.00%)	NACP-PACP 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  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% of those whos have been tested in Jan-Dec 2022 and 20% of those in the Jan-Dec 2023. (Numerator assumptions can be found in the following document: "treatment FR Final 21 July targets"; and denominator estimates on the PAS IV page 62)

Expected Results (Outcomes & Outputs)	Indicators	Baseline	Targets 2024	Data Collection Plan				
				Source/Method of Collection	Schedule/Frequency	Responsible Staff	Resources (\$)	Risks and Assumptions
	3.2 HTS-3b Percentage of transgender people that have received an HIV test during the reporting period and know their results	8965/60924(14.72%)	20,000/66,258 (30.19%)	NACP-PACP 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	4337/203277(2.13%)	20,560/220,683 (9.32%)	NACP-PACP 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		100,200/1,001,796 (10%)	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

Expected Results (Outcomes & Outputs)	Indicators	Baseline	Targets 2024	Data Collection Plan				
				Source/Method of Collection	Schedule/Frequency	Responsible Staff	Resources (\$)	Risks and Assumptions
		42641/922832(4.62%)						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	16351/60924(26.84%)	25,000/66,258 (37.73%)	NACP, PACP 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	7908/203277(3.89%)	25,700/220,683 (11.65%)	NACP, PACP 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	TBD (Module name mentioned in PF (No indicators and baseline							

Expected Results (Outcomes & Outputs)	Indicators	Baseline	Targets 2024	Data Collection Plan				
				Source/Method of Collection	Schedule/Frequency	Responsible Staff	Resources (\$)	Risks and Assumptions
System Strengthening	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	43/45 (95.56%)	131/75 131 (100%)	NACP, PACP Program Data System	Monthly	M&E Specialist	Refer to AWP above	<p>c Target assumption: The target includes 78 ART centres (as of September 2023 ) Sindh, KPK and Baluchistan, ICT are directly reporting via the National MIS. ART facilities in Punjab submitting manual reports to the National Programme. The target also includes the 53 CBO service sites. The goal is to ensure that all SRs/SSRs are using the electronic system to report.</p> <p>Indicator definition:  Numerator: Number of monthly reports that were received on time per national guidelines for the reporting period. Only complete reports with complete information will be considered.  Denominator: Number of monthly reports submitted from health facilities for the reporting period. Note that this will also be extended to cover the CBOs, as per the discussions with the Global Fund, (53 CBOs service sites)  Data Source: ART MIS and CBO MIS.  Entity responsible for data collection and reporting: NACP</p> <p>Progress for this indicator will include provision of breakdown data and info on the performance of CBOs and ART sites, District</p>

Expected Results (Outcomes & Outputs)	Indicators	Baseline	Targets 2024	Data Collection Plan				Risks and Assumptions
				Source/Method of Collection	Schedule/Frequency	Responsible Staff	Resources (\$)	
								and Province wise during each PU/PUDR. The deadlines are by the 15th of the month for ART sites, and by the 5th of the month for CBOs. Discussion with NACP and PACPs will refine the strategy and set a timeline prior to contract signature.
	7.2 M&E-5 Percentage of facilities which record and submit data using the electronic information system	19/45 (42.22%)	131/131 (100%)	NACP, PACP Program Data System	Monthly	M&E Specialist	Refer to AWP above	<p>Target assumption: The target includes 78 ART centres (as of September 2023) Sindh, KPK and Baluchistan, ICT are directly reporting via the National MIS. ART facilities in Punjab submitting manual reports to the National Programme. The target also includes the 53 CBO service sites.</p> <p>The PR will work towards ensuring that all of the sites feed into the national MIS system. However, until this is in place, the PR will include the reports that were submitted electronically, but note that these were not into the national system.</p> <p>Indicator definition:  Numerator: Number of health facilities which record and submit data using the electronic information system. Note that this will include CBOs as agreed with the GF.  Denominator: Total number of ART sites (78) and CBOs (53 service sites)</p>

Expected Results (Outcomes & Outputs)	Indicators	Baseline	Targets 2024	Data Collection Plan				
				Source/Method of Collection	Schedule/Frequency	Responsible Staff	Resources (\$)	Risks and Assumptions
								Entity responsible for data collection and reporting: NACP 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	188226/217867375 (0.09%)	292,458/ 239,542,501 (0.12%)	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>

Expected Results (Outcomes & Outputs)	Indicators	Baseline	Targets 2024	Data Collection Plan				Risks and Assumptions
				Source/Method of Collection	Schedule/Frequency	Responsible Staff	Resources (\$)	
	1.2 HIV O-11 Percentage of people living with HIV who know their HIV status at the end of the reporting period	39529/188226 (21%)	146,229 / 292,458  (50%)	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	5221/22947 (22.75%)	25,625/51,249 (50%)	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</p>

Expected Results (Outcomes & Outputs)	Indicators	Baseline	Targets 2024	Data Collection Plan				
				Source/Method of Collection	Schedule/Frequency	Responsible Staff	Resources (\$)	Risks and Assumptions
								<p>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:                      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.                      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>
	1.2 HIV I-ga <sup>M0</sup> Percentage of men who have sex with men who are living with HIV	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</p>



Expected Results (Outcomes & Outputs)	Indicators	Baseline	Targets 2024	Data Collection Plan				
				Source/Method of Collection	Schedule/Frequency	Responsible Staff	Resources (\$)	Risks and Assumptions
								<p>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 based on projections from the AEM once it is finalized and disseminated.</p>
	1.3 HIV I-9b <sup>MM</sup> Percentage of transgender people who are living with HIV	7.10%	TBD	IBBS		M&E Specialist	Refer to AWP above	Target assumptions: No interim targets have been set. Indicator is not included in the PAS IV. The targets will set up based on projections from the AEM once it is finalized and disseminated.

Expected Results (Outcomes & Outputs)	Indicators	Baseline	Targets 2024	Data Collection Plan				
				Source/Method of Collection	Schedule/Frequency	Responsible Staff	Resources (\$)	Risks and Assumptions
								<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 6 CBOs servicing TG population will report on this indicator through the MIS monthly. Their coverage is spread through 6 cities: Lahore, Rawalpindi, Multan, Larkana, Karachi, and Faisalabad."</p>
	1.4 HIV I-10 <sup>MM</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 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>

Expected Results (Outcomes & Outputs)	Indicators	Baseline	Targets 2024	Data Collection Plan				
				Source/Method of Collection	Schedule/Frequency	Responsible Staff	Resources (\$)	Risks and Assumptions
								<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>MM</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 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 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.</p>

Expected Results (Outcomes & Outputs)	Indicators	Baseline	Targets 2024	Data Collection Plan				
				Source/Method of Collection	Schedule/Frequency	Responsible Staff	Resources (\$)	Risks and Assumptions
								<p>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>
	1.4 HIV O-4.1b <sup>00</sup> Percentage of transgender people reporting using a condom in their last anal sex with a non-regular male partner	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 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>

Expected Results (Outcomes & Outputs)	Indicators	Baseline	Targets 2024	Data Collection Plan				
				Source/Method of Collection	Schedule/Frequency	Responsible Staff	Resources (\$)	Risks and Assumptions
								<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> <p>Entity responsible for data collection and reporting: NACP"</p>
	1.5 HIV O-5 <sup>th</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 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>

Expected Results (Outcomes & Outputs)	Indicators	Baseline	Targets 2024	Data Collection Plan				Risks and Assumptions
				Source/Method of Collection	Schedule/Frequency	Responsible Staff	Resources (\$)	
								Expected number of condoms to be distributed per person: 50/month  Entity responsible for data collection and reporting: NACP
	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%)	34,118/66,667 (51.18%)	NACP, PACP -MIS		M&E Specialist	Refer to AWP above	Target assumptions: No interim targets have been set. The targets will set up based on projections from the AEM 2020 once it is finalized and disseminated.  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 the preceding reporting period (Jan-June 2019).  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.

Expected Results (Outcomes & Outputs)	Indicators	Baseline	Targets 2024	Data Collection Plan				
				Source/Method of Collection	Schedule/Frequency	Responsible Staff	Resources (\$)	Risks and Assumptions
								Data source: NACP-MIS.  Entity responsible for data collection and reporting: NACP"
8. Health Products Management System	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) PWC/McKinsey. In 2022, the PR will ensure that data systems exist that will be used to collect this data on a routine basis. Data is currently being collected through M&E checklists used during monitoring visits.
	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/McKinsey. 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. Data is currently being collected through M&E checklists used during monitoring visits.

**III. Recruitment Plan 2024**

(Include all the recruitments envisaged by the project in AWP Jan to June 2024- including national and international staff positions that are vacant or newly created)

**Project ID: \_00126882 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 Supervisor to/	Duty Station	Contract Start Date	Contract End Date
1	National Programme Associate	National	NPS A6	10,621	UNDP	NPSA	National Programme Specialist	ICT	01-Jan-2024	30-June-2024
2	National Programme Associate	National	NPS A6	10,621	UNDP	NPSA	National Programme Specialist	ICT	01-Jan-2024	30-June-2024
3	Deputy Progam Coordinator	National	NPS A12	42,973	UNDP	NPSA	Project Coordinator	ICT	01-Jan-2024	30-June-2024
4	Project Finance & Admin Officer	National	NPS A9	19,330	UNDP	NPSA	Finance Specialist	Quetta	01-Jan-2024	30-June-2024



5	Project Finance & Admin Officer	National	NPS A9	19,330	UNDP	NPSA	Finance Specialist	Lahore	01-Jan-2024	30-June-2024
6	Finance Assistant	National	NPS A5	8,747	UNDP	NPSA	Finance Specialist	ICT	01-Jan-2024	30-June-2024
7	Driver	National	NPS A2	5,378	UNDP	NPSA	Admin Asst.	ICT	01-Jan-2024	30-June-2024
8	Procurement Officer	National	NPS A9	19,330	UNDP	NPSA	PSM Specialist	ICT	01-Jan-2024	30-June-2024

**IV. Procurement Plan 2024***(Include all local and international procurements valued at or above \$ 2,500 envisaged in AWP 2023 – including goods, assets, services and works)***Project ID : \_\_00126882** **Project Title:** Accelerated response to HIV through effective prevention, treatment, care and support interventions for Key Populations and surveillance in high risk areas

#	Description	Type (good, service, works)	Estimated Budget (\$)	Responsible party (UNDP / IP/PM U etc)	Invitation Type (EFP, RFA, ITB, 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
1	<i>Anti-Retro Viral Medicines ARVs</i>	Medicines	USD 619,268	UNDP	LTA secondary bidding through HIST and UNICEF	Dec 2023	Dec 2023	NA/ it is LTA	NA/ it is LTA	Dec 2023	March 2024	PSM Specialist
	<i>Medicines to treat Sexually transmitted infections (STIs)</i>	Medicines	USD 125,845	UNDP	LTA secondary bidding through HIST and UNICEF	Dec 2023	Dec 2023	NA/ it is LTA	NA/ it is LTA	Dec 2023	March 2024	PSM Specialist
2	<i>Opioid substitutes therapy -OST</i>	Medicines	USD 308,107.52	UNDP	Not determined yet	Not determined yet	Not determined yet	Not determined yet	Not determined yet	Not determined yet	Not determined yet	PSM Specialist

3	<i>HIV Equipment (VL testing Cost)</i>	Med Eq	USD 17,560	UNDP	Local LTA	On going Contract will expire on Dec 2023	Contract extension Till June 2024	Contract extension Till June 2024	Contract extension Till June 2024	Contract extension Till June 2024	June 2024	PSM Specialist
4	<i>Condoms</i>	Commod	USD 315,567	UNDP	UNFPA	Dec 2023	Dec 2023	NA/ it is LTA	NA/ it is LTA	Dec 2023	March 2024 -	PSM Specialist
5	<i>Lubricants</i>	Commod	USD 297,724	UNDP	UNFPA	Dec 2023	Dec 2023	NA/ it is LTA	NA/ it is LTA	Dec 2023	March 2024 -	PSM Specialist
6	<i>HIV Rapid Diagnostic Test kits</i>	HIV Rapid test kits	USD 192,760	UNDP	GPU	Dec 2023	Dec 2023	NA/ it is LTA	NA/ it is LTA	Dec 2023	June 2024	PSM Specialist
7	<i>Reagents for VL &amp; EID</i>	Lab Reag	USD 30,362	UNDP	GPU	Dec 2023	Dec 2023	NA/ it is LTA	NA/ it is LTA	Dec 2023	June 2024	PSM Specialist
8	<i>Reagents &amp; Consumables</i>	Lab Reag	USD 162,634	UNDP	GPU	Dec 2023	Dec 2023	NA/ it is LTA	NA/ it is LTA	Dec 2023	June 2024	PSM Specialist
8	<i>Solar for ART centers</i>	Construct ion	USD 341,440	UNDP	RFP	Jan20 24	jan 2024	Jan 2024	15-Feb -2024	15-Feb -2024	June 2024	PSM Specialist
9	<i>Renovation of ART centers</i>	Construct ion	USD	UNDP	RFQ	Jan20 24	Jan 2024	Jan 2024	15-Feb -2024	15-Feb -2024	June 2024	PSM Specialist
10	<i>Renovation of OAMT centers</i>	Construct ion	USD 137,556	UNDP	RFQ	Jan20 24	Jan 2024	Jan 2024	15-Feb -2024	15-Feb -2024	June 2024	PSM Specialist

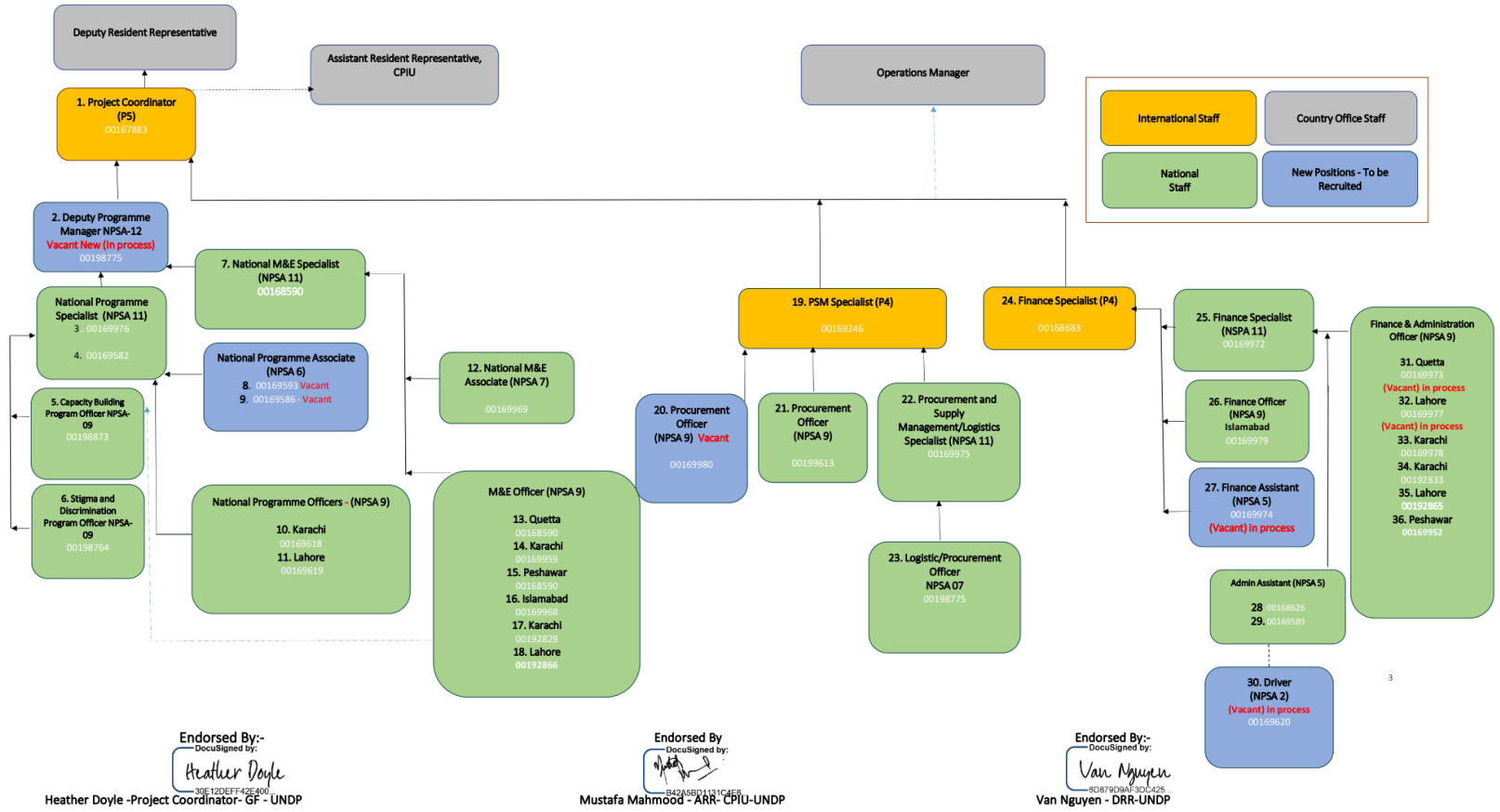
11	<i>Clinic equipment to OMAT centers</i>	Office equip	USD 465	UNDP	RFQ	Jan20 24	jan 2024	Jan 2024	15-Feb -2024	15-Feb -2024	June 2024 -	PSM Specia list
12	<i>Office equipment to OAMT centers</i>	Office equip	USD 12,898	UNDP	RFQ	Jan20 24	15-Feb 2023	Jan 2024	15-Feb -2024	15-Feb -2024	June 2024 -	PSM Specia list
	<i>Migrant study</i>	Consultan cy	USD 68,240	UNDP	RFP	Spill over activit y from 2023	Spill over activity from 2023	NA	NA	Feb 2024	Feb 2024 -	PSM Specia list
	<i>IBBS study</i>	Consultan cy	USD 808,036	UNDP	RFP	Spill over activit y from 2023	Spill over activity from 2023	NA	NA	Feb 2024	Feb 2024	PSM Specia list
	<i>Consultants for IBBS study</i>	Consultan cy	USD 313,299	UNDP	RFP	Spill over activit y from 2023	Spill over activity from 2023	NA	NA	Feb 2024	Feb 2024	PSM Specia list

## **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 2024

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 2024 & Reporting 2023		
Timeline / Target Date	Activity	Primary Responsibility
<b>Annual Work Plans 2024</b>		
Latest by November 03, 2023	Programme Team uploads draft AWP 2024 in ORPS for review and clearance of Heads of Communication, Gender Specialist, Innovation Team, MSU, Procurement, HR, FRMU	ARRs
Latest by November 10, 2023	Draft AWP 2024 are cleared by Heads of MSU, Communication, Innovation, Gender Specialist, Procurement, HR, FRMU in ORPS	MSU
November 10 - December 04, 2023	Project schedule Project Steering Committees to:	ARRs & Project Managers (NOTE: No draft AWP will be tabled for review to the project steering committee if it is not cleared by UNDP CO)
	<ul style="list-style-type: none"> <li>a) Review of project contribution to results and draft financial delivery 2023 including               <ul style="list-style-type: none"> <li>i. progress on Project Quality Assessment 2023,</li> <li>ii. Project Risk Mitigation status and risk escalation recommendations,</li> <li>iii. Presentation of any changes in the approved project document for approval to the Board,</li> <li>iv. Status of Audits, Spot Checks and Evaluation Recommendations, whichever is applicable</li> </ul> </li> <li>b) Review and endorsement of AWP 2024</li> </ul>	
Latest by December 08, 2023	ARRs submit Steering Committee approval, ORPS endorsements and final draft AWP 2024 to RR/DRR final review and signature	ARRs
Latest by December 18, 2023	Once RR/DRR signs AWP 2024, annual budgets, HR/Procurement Plans and Annual Targets 2024 are uploaded in Corporate Systems including Quantum	Programme/Projects
<b>CO Business Compact Reporting 2023 and Planning 2024</b>		
October 20 2023	2023 Business Compact Results & 2024 Business Compact Targets	All Programme, MSU, Operations Units, Innovation, Gender Specialist & Communication Team Lead
<b>Integrated Work Plan 2024 in Quantum+</b>		
November 10, 2023	First draft IWP Priorities with Enabling Actions shared with MSU	Programme/Innovation/Gender Specialist/Communication teams/Operations
November 20, 2023	Final Draft IWP 2024 shared with DRR/OM	MSU
<b>Result Oriented Analysis Report (ROAR) 2023</b>		
November 06, 2023	IRRF/CPD indicator results 2023 reporting and share with MSU	Programme Units/Projects
November 13, 2023	First draft ROAR shared with MSU	Programme/Innovation/Gender Specialist/Communication teams/Projects/Operations (for IWP2023 Reporting)
November 17, 2023	MSU shares feedback with Teams	MSU
November 27, 2023	Final draft ROAR shared with MSU	Programme/Innovation/Gender Specialist/Communication teams/Projects
December 08, 2023	Final draft ROAR shared with DRR/OM	MSU
TBD	BRH is alerted for ROAR final Review and approval	Senior Management
TBD	<b>ROAR locked in Corporate System</b>	HQ
<b>Transparency Dashboard 2023</b>		
September 29, 2023	All Project Data is entered in Quantum with GREEN Transparency Dashboard	MSU in coordination with Programme/Projects
October 31, 2023	Update Project Data including Results 2023 in Quantum - GREEN Transparency Dashboard	MSU in coordination with Programme/Projects
<b>Project Quality Assessment (PQA) 2023</b>		
November 06, 2023	100% PQAs reviewed & approved in Corporate System	Programme teams/MSU/DRR
<b>Annual Progress Report 2023</b>		
January 05, 2024	Submit project final draft of Annual Progress Reports 2023 to MSU	Programme Units/Projects
January 15, 2024	Finalisation of Annual Progress Reports 2023	MSU/



## 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 1: OFFLINE PROJECT RISK REGISTER TEMPLATE

<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>Project Number:</b> <u>00135717</u> <b>Output ID:</b> <u>00126882</u>	<b>Date:</b> 01-Nov-23
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#	Event	Cause	Impact(s)	Risk Category and Sub-category <i>(including Risk Appetite)</i>	Impact, Likelihood & Risk Level <i>(see Annex 3 Risk Matrix)</i>	Risk Valid From/To	Risk Owner <i>(individual accountable for managing the risk)</i>	Risk Treatment and Treatment Owner
1	If government Covid-19 restrictions are imposed, then these could disrupt project activities conducted at regular Key Population (male sex workers/ female sex workers/ transgender populations) hotspots and drop-in centers where prevention services are delivered by Community Based	If there is a lack of CBO SR Standard Operating Procedures (SOPs) for Covid-19 control and containment, then this can affect service delivery by CBOs. This risk is expected to remain throughout project implementation [Source: Project Document Pakistan HIV	Lack of Covid-19 SOPs on control and containment may deter CBO SRs from carrying out HIV testing services at Key Population hotspots and drop-in centers, resulting in underperformance of target indicators under Module 1: Prevention	<b>3. OPERATIONAL (3.7. Occupational safety, health and well-being) - UNDP Risk Appetite: EXPLORATORY TO OPEN</b>	Likelihood: <b>3 - Moderately likely</b>  Impact: <b>2 - Minor</b>  Risk level: <b>LOW (equates to a risk appetite of MINIMAL)</b>	From: 01-Jan-23  To: 31-Dec-24	Heather Doyle, Project Coordinator	<b>Risk Treatment 1.1:</b>  Programme Management Unit (PMU) has provided COVID-19 SOPs to CBO SRs for implementation in the field. Monitoring visits by M&E and program teams will work to ensure COVID-19 SOPs are being complied CBO SRs.  <b>Risk Treatment Owner:</b> Dr. Nashmia Mahmood/ Dr. Umar Riaz, Programme Specialists.

	Organizations. Sub Recipients (CBO SRs) (Jul 21 to Dec 21) [Source: Project Document Pakistan HIV Global Fund Grant Jul 21 to Dec 23 - Annex 1 Risk Register issue 16].	Global Fund Grant Jul 21 to Dec 23 - Annex 1 Risk Register issue 16]						
2	If project assets provided to Sub-Recipients (SRs) are adequately safeguarded, then this can result in mismanagement or loss of assets needed for project delivery, and affect project delivery. (Jul 21 to Dec 22) [Source: Project Document Pakistan HIV Global Fund Grant Jul 21 to Dec 23 - Annex 1 Risk Register issue 12].	If inadequate asset management systems are practiced by SRs, then this can lead to loss/mismanagement of assets. This risk is expected to remain throughout project implementation [Source: Jun 21 CBO SR Capacity Assessments].	Inadequate SR asset management systems may lead to mismanagement or loss of assets (equipment, health commodities etc) needed to effectively implement project activities under Module 1: Prevention and Module 2: Treatment Care and Support.	<b>3. OPERATIONAL (3.8. Capacities of the partners) - UNDP Risk Appetite: EXPLORATORY TO OPEN</b>	Likelihood: <b>3 - Moderately likely</b>  Impact: <b>3 - Intermediate</b>  Risk level: <b>MODERATE (equates to a risk appetite of EXPLORATORY )</b>	From: 01-Jan-23  To: 31-Dec-24	<i>Heather Doyle, Project Coordinator</i>	<b>Risk Treatment 2.1:</b> PMU will manage SR assets according to the POPP: assets > \$5,000 are capitalized and recorded in the Atlas Assets Module, assets < \$5,000 (furniture, IT equipment, communication, and other equipment) are tracked in Excel; Transfer of Custody and Conditional Transfer of Title forms are used by the PMU when assets are distributed to SRs and also recorded in the SR's asset list; in addition, physical verification of the SR assets is also conducted periodically and annually by PMU staff.  <b>Risk Treatment Owner:</b>

								Rasulbek Takhirov, Finance Specialist; Osama Hussian, PSM Specialist
3	If there is duplication of interventions by multiple donors for funding HIV programmes or gaps in interventions, then there is a risk that these may not be identified. (Jul 21 to Dec 21) [Source: Project Document Pakistan HIV Global Fund Grant Jul 21 to Dec 23 - Annex 1 Risk Register issue 8]	If the Country Coordinating Mechanism (CCM) does not have the capacity to provide complete information on all donors/ interventions to UNDP at during project implementation, then this may result in inefficient use of funds or program activity gaps. [Source: Project Document Pakistan HIV Global Fund Grant Jul 21 to Dec 23 - Annex 1 Risk Register issue 8].	Inadequate information on HIV funding and interventions may lead to inefficient use of funds on duplicate interventions, or gaps in interventions not being identified or effectively funded under Module 1: Prevention and Module 2: Treatment Care and Support.	<b>3. OPERATIONAL (3.8. Capacities of the partners) - UNDP Risk Appetite: EXPLORATORY TO OPEN</b>	Likelihood: <b>2 - Low likelihood</b>  Impact: <b>2 - Minor</b>  Risk level: <b>LOW (equates to a risk appetite of MINIMAL)</b>	From: 01-Jan-23  To: 31-Dec-24	<i>Heather Doyle, Project Coordinator</i>	<b>Risk Treatment 3.1:</b>  PMU will address access to information on national HIV interventions through strategic engagement: a. participating in quarterly Country Coordinating Mechanism (CCM) meetings; b. Working with UN partners through the quarterly UNAIDS Unified Budget, Results and Accountability Framework (UBRAF) coordination meeting and programme planning meetings; c. Regular meetings with other UN organizations (UNAIDS, WHO, UNODC, etc) and other Global Fund Principal Recipients such as Nai Zindagi  <b>Risk Treatment Owner:</b> Dr Umar/ Dr. Nashmia, Programme Specialists
4	If the capacity of the National AIDS Control	If the political situation in Pakistan	Lack of continuous senior leadership at both	<b>3. OPERATIONAL (3.2. Leadership and management)</b>	Likelihood: <b>4 - Highly likely</b>	From: 01-Jan-23	<i>Heather Doyle, Project</i>	<b>Risk Treatment 4.1:</b>

	<p>Programme (NACP) to coordinate with Provincial AIDS Control Programmes (PACPs) is ineffective/non-conducive, then this could lead to delays in project activities. (Jul 21 to Dec 22) [Source: Project Document Pakistan HIV Global Fund Grant Jul 21 to Dec 23 - Annex 1 Risk Register issue 9]</p>	<p>changes, then this can result in numerous changes in key partners (National Coordinator of the CMU, Deputy National Coordinator of NACP, and heads of PACPs). Moreover, historically weak relationships between NACP and PACPs can also affect effective coordination capacity. The risk is expected to materialize at the start of project implementation [Source: Project Document Pakistan HIV Global Fund</p>	<p>NACP and PACP levels, as well as ineffective oversight and coordination by NACP with PACPs could delay project activities for one to three months under Module 2: Treatment Care and Support, Module 7: Health Management Information Systems, and Module 10: Programme Management</p>	<p><b>- UNDP Risk Appetite: EXPLORATORY TO OPEN</b></p>	<p>Impact: <b>3 - Intermediate</b></p> <p>Risk level: <b>MODERATE (equates to a risk appetite of EXPLORATORY )</b></p>	<p>To: 31-Dec-24</p>	<p><i>Coordinator</i></p>	<p>PMU will facilitate effective coordination with ACPs through a. Quarterly Inter-Provincial Coordination Mechanism (IPCM) meetings on programme results/ achievements and bottlenecks, critical areas of programme, governance and finance/procurement; b. Active involvement with PACPs on all interventions in the provinces; c. Supporting NACP plans to revive the Technical Working Group on HIV/AIDS.</p> <p><b>Risk Treatment Owner:</b> Dr Umar/ Dr. Nashmia, Programme Specialists</p>
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		Grant Jul 21 to Dec 23 - Annex 1 Risk Register issue 9]						
5	If the Punjab's AIDS Control Programme (PACP)'s MIS is not integrated with the National AIDS Control Programme (NACP) Health Management Information System (HMIS), then this can cause delays in data reporting. (Jul 21 to Jun 23) [Source: Project Document Pakistan HIV Global Fund Grant Jul 21 to Dec 23 - Annex 1 Risk Register issue 10]	If PACP's MIS is not integrated with the National MIS, then this can result in delays in data receipt and reporting. The risk is expected to materialize from the start of project implementation [Source: Project Document Pakistan HIV Global Fund Grant Jul 21 to Dec 23 - Annex 1 Risk Register issue 10; PMU Control Self-Assessment Dec 21]	Lack of integration of the PACP HMIS with the national HMIS, could delay timeliness and quality of routine quarterly and semi-annual national indicator reporting under Module 7: Health Management Information Systems for one to three weeks from the quarterly reporting deadline	<b>3. OPERATIONAL (3.4. Reporting and communication) - UNDP Risk Appetite: EXPLORATORY TO OPEN</b>	Likelihood: <b>4 - Highly likely</b>  Impact: <b>3 - Intermediate</b>  Risk level: <b>MODERATE (equates to a risk appetite of EXPLORATORY )</b>	From: 01-Jan-23  To: 31-Dec-24	<i>Heather Doyle, Project Coordinator</i>	<b>Risk Treatment 5.1:</b>  PMU will facilitate integration of Punjab HMIS data with NACP HMIS in collaboration with NACP/CMU: a. Routine data on output indicators will be aligned to national standards, verified and provided by PACP to the NACP National M&E Unit for data entry into the national MIS; b. Continuous advocacy with Punjab ACP on integration with the national HMIS.  <b>Risk Treatment Owner:</b> Mehr Bajwa, M&E Specialist
6	If Sub-Recipient (SR) CBOs have limited	If CBO SR programme and M&E	Weak CBO SR capacity may affect accuracy	<b>3. OPERATIONAL (3.8. Capacities of the partners) -</b>	Likelihood: <b>4 - Highly likely</b>	From: 01-Jan-23	<i>Heather Doyle, Project</i>	<b>Risk Treatment 6.1:</b>

	<p>capacity to report timely, complete, and accurate data, then this can delay/affect indicator data reporting accordingly. may(Jul 21 to Dec 23) [Source: Project Document Pakistan HIV Global Fund Grant Jul 21 to Dec 23 - Annex 1 Risk Register issue 11]</p>	<p>systems are weak due to high turn-over and lack of trained staff to collect, record and report complete/ accurate data, then this can affect the timeliness and completeness of indicator reporting. The risk is expected to materialize from the start of project implementation [Source: CBO SR Capacity Assessments Jun 21; PMU Control Self-Assessment Dec 21].</p>	<p>and completeness of indicator data collection, recording and reporting for effective analysis and decision making for Module 1: Prevention, with delays of one to three weeks from the quarterly reporting deadline</p>	<p><b>UNDP Risk Appetite: EXPLORATORY TO OPEN</b></p>	<p>Impact: <b>3 - Intermediate</b>  Risk level: <b>MODERATE (equates to a risk appetite of EXPLORATORY )</b></p>	<p>To: 31-Dec-24</p>	<p><i>Coordinator</i></p>	<p>PMU will mitigate the risk of timeliness and completeness of indicator reporting by building the capacity of CBO SRs systems: a. Development and implementation of M&amp;E Manual for CBOs on data collection, recording, verification and reporting; b. Ensure use of standardized tools for data collection, along with minimum supporting documents; c. Regular verification of data by PMU provincial M&amp;E staff using on-site documentation and the national Health Management Information System (HMIS); d. Monitoring and supportive supervisory visits on a monthly basis to monitor each CBO SRs' performance; e. Issuance of quarterly performance letters to CBOs to provide feedback on SR performance during the reporting period.; f. Implementation of SR Quarterly Reporting Tracker for ensuring timeliness and completeness of SR reports.</p> <p><b>Risk Treatment Owner:</b></p>
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								Mehr Bajwa, M&E Specialist
7	If there is a lack of political engagement/will on stigma and discrimination issues against Key Populations (male sex workers/ female sex workers/ transgender populations), then this may affect the effectiveness/ delivery of project activities on sensitization of law makers and law enforcement officials on stigma and discrimination. (Jul 21 to Dec 23) [Source: Project Document Pakistan HIV Global Fund Grant Jul 21 to Dec 23 - Annex 1 Risk Register issue 13]	If there is a lack of political will by law makers and enforcement officials to engage on stigma and discrimination (S&D)issues faced by Key Populations due to socio-cultural reasons, then this can affect implementation of project activities related to sensitization of law makers and law enforcement officials on S&D, throughout project implementation [Source: Project Document Pakistan HIV Global Fund	Lack of political will, may hamper project interventions on sensitization of law makers and law enforcement officials on stigma and discrimination of Key populations under Module 3: Reducing Human Rights Barriers to HIV Related Services, resulting in victims not having access to safe referral pathways for support services	<b>8. SAFETY AND SECURITY (8.2. Political instability) - UNDP Risk Appetite: CAUTIOUS</b>	Likelihood: <b>3 - Moderately likely</b>  Impact: <b>3 - Intermediate</b>  Risk level: <b>MODERATE (equates to a risk appetite of EXPLORATORY )</b>	From: 01-Jan-23  To: 31-Dec-24	<i>Heather Doyle, Project Coordinator</i>	<b>Risk Treatment 7.1:</b>  PMU will continue to ensure political engagement through a. Training and sensitization of parliamentary members, religious leaders and media personnel; b. Developing a concept and plan for ensuring access to justice for key populations (legal desks) with UNDP CO, UNAIDS and other partners working with human rights structures in the country.  <b>Risk Treatment Owner:</b> Dr Umar/ Dr. Nashmia, Programme Specialists

		Grant Jul 21 to Dec 23 - Annex 1 Risk Register issue 13].						
8	If the security situation does not remain stable (mainly in Khyber Pakhtunkhwa and Balochistan, but possibly also in Sindh and Punjab provinces, then this may cause disruptions in the supply and distribution of health commodities to SRs. (Jul 21 to Dec 23) [Source: Project Document Pakistan HIV Global Fund Grant Jul 21 to Dec 23 - Annex 1 Risk Register issue 14]	If the overall security situation in the country is affected by political unrest, strikes, and other issues, then this can affect achievement of project activities throughout project implementation [Source: Project Document Pakistan HIV Global Fund Grant Jul 21 to Dec 23 - Annex 1 Risk Register issue 14]	Security issues may cause disruptions to supply and distribution of health commodities by two to three weeks or longer, from the occurrence of the security incident under: Module 1: Prevention and Module 2: Treatment Care and Support.	<b>8. SAFETY AND SECURITY (8.3. Terrorism) - UNDP Risk Appetite: CAUTIOUS</b>	Likelihood: <b>3 - Moderately likely</b>  Impact: <b>3 - Intermediate</b>  Risk level: <b>MODERATE (equates to a risk appetite of EXPLORATORY )</b>	From: 01-Jan-23  To: 31-Dec-24	Heather Doyle, Project Coordinator	<b>Risk Treatment 8.1:</b> PMU will mitigate the risk of supply and distribution disruptions through forecasting and quantification on adequacy of buffer stocks at the central and provincial levels and ensuring adequate training / capacity of SR partners on commodity management and forecasting.  <b>Risk Treatment Owner:</b> Osama Hussian, PSM Specialist
9	If there is an insufficient number of CBOs available	If there is stigma and discrimination against Key	Lack of CBOs in Pakistan with adequate capacity and expertise may	<b>3. OPERATIONAL (3.8. Capacities of the partners) - UNDP Risk</b>	Likelihood: <b>4 - Highly likely</b>  Impact:	From: 01-Jan-23  To: 30-Jun-24	Heather Doyle, Project Coordinator	Risk Treatment 9.1: PMU will address the issue of expansion of CBO SRs for Prevention services

	<p>in Pakistan with adequate capacity to implement the HIV prevention program, then the targeted number of CBO SRs envisioned in the Project Document, may not be achievable by 2023. (Jul 21 to Dec 23) [Source: Project Document Pakistan HIV Global Fund Grant Jul 21 to Dec 23 - Annex 1 Risk Register issue 15]</p>	<p>Populations to formalize their activities into organizations that can access funding and capacity building initiatives, then this will create a non-enabling environment for expanding the number of SR CBOs as planned, throughout project implementation [Source: Project Document Pakistan HIV Global Fund Grant Jul 21 to Dec 23 - Annex 1 Risk Register issue 15; PMU Control Self-Assessment Dec 21]</p>	<p>result in: a. underperformance of indicator targets under Module 1: Prevention and Module 2: Treatment Care &amp; Support; and b. low project financial absorption and delivery</p>	<p><b>Appetite:</b> <b>EXPLORATORY TO OPEN</b></p>	<p><b>3 - Intermediate</b>  Risk level: <b>MODERATE (equates to a risk appetite of EXPLORATORY )</b></p>		<p>through a competitive procurement process which has been completed in Q4 2022; along with capacity building of existing CBO SRs to expand and accelerate their programmes, which has also been conducted throughout 2022 and 2023.</p> <p>On PSM, supply chain for CBOs has been improved by introducing Informed Push approach to dispatch HPs based on the target, consumption and stock on hand with additional one month buffer. Training was also conducted for all CBOs (new and old). Also to improve the long lead time for dispatch of health commodities (HPs), PSM coordinated with WFP and allocated warehouse space in Sindh provinces, which will support the province within very short lead time of HPs dispatch. (2 days) Risk Treatment Owner: Mehr Bajwa, M&amp;E Specialist; Dr Umar/ Dr. Nashmia, Programme Specialists, Rasulbek Takhirov, Finance</p>
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								Specialist; Osama Hussian, PSM Specialist
10	<p>If key Populations (male sex workers/ female sex workers/ transgender populations) are exposed to harassment due to their sexual orientation, then this may prevent them from accessing HIV prevention services provided by the project. (Jul 21 to Dec 23) [Source: Project Document Pakistan HIV Global Fund Grant Jul 21 to Dec 23 - Annex 1 Risk Register issue 17]</p>	<p>If Antiretroviral Treatment (ART Centers) do not accommodate the needs and realities of Key Populations due to socio-cultural stigma and discrimination, and actively discourage and refuse treatment to Key Populations, then there is a risk that key populations do not access prevention services, and this can affect project activities and achievements. The risk is expected to materialize from the start of project implementatio</p>	<p>Stigma and discrimination may prevent Key populations from proactively accessing services under Module 2: Treatment Care &amp; Support, resulting in underperformance of indicator targets and low financial absorption and delivery.</p>	<p><b>1. SOCIAL AND ENVIRONMENTAL (1.1. Human rights) - UNDP Risk Appetite: CAUTIOUS</b></p>	<p>Likelihood: <b>4 - Highly likely</b></p> <p>Impact: <b>3 - Intermediate</b></p> <p>Risk level: <b>MODERATE (equates to a risk appetite of EXPLORATORY )</b></p>	<p>From: 01-Jan-23</p> <p>To: 31-Dec-24</p>	<p><i>Heather Doyle, Project Coordinator</i></p>	<p><b>Risk Treatment 10.1:</b> PMU will address stigma and discrimination through the following initiatives: a. Inclusion of issues on stigma and discrimination in training modules for ART center health workers and CBO staff; b. Design of a digital health strategy and procurement; c. Conceptualizing a strategy for a national campaign on stigma and discrimination; d. Training provided to SRs on Protection against Sexual Exploitation and Abuse; e. Launch of legal and gender desks in all four provinces.</p> <p><b>Risk Treatment Owner:</b> Dr Umar/ Dr. Nashmia, Programme Specialists</p>

		n [Source: Project Document Pakistan HIV Global Fund Grant Jul 21 to Dec 23 - Annex 1 Risk Register issue 17; PMU Control Self-Assessment Dec 21]...						
11	If natural disasters such as storms/floods/earthquakes occur, then this may disrupt project activities mainly in Sindh and Balochistan provinces (Jul 21 to Dec 23) [Source: Project Document Pakistan HIV Global Fund Grant Jul 21 to Dec 23 - Annex 1 Risk Register issue 1]	If floods arise during monsoon season (risk expected to materialize annually during June till September), then this can cause damage to roads, bridges and other transportation infrastructure, and can also cause power outages; which can affect project activities. [Source:	Damage to transportation infrastructure may delay supply and distribution of health commodities to SRs and power outages may disrupt data entry into the Health MIS under Module 1: Prevention and Module 2: Treatment Care and Support, for one to three weeks, or longer from the occurrence of the natural disaster	<b>8. SAFETY AND SECURITY (8.6. Natural hazards) - UNDP Risk Appetite: CAUTIOUS</b>	Likelihood: <b>5 - Expected</b>  Impact: <b>2 - Minor</b>  Risk level: <b>MODERATE (equates to a risk appetite of EXPLORATORY )</b>	From: 01-Jan-23  To: 31-Dec-24	<i>Heather Doyle, Project Coordinator</i>	<b>Risk Treatment 11.1:</b> PMU will mitigate the risk of supply and distribution disruptions through forecasting and quantification to ensure adequacy of buffer stocks at the central and provincial levels during monsoon season; and provision of solar panels/generators for back-up power supply.  <b>Risk Treatment Owner:</b> Osama Hussian, PSM Specialist

		Project Document Pakistan HIV Global Fund Grant Jul 21 to Dec 23 – Annex 1 Risk Register issue 1]						
12	If National and Provincial AIDS Control Programmes (PACPs) programmatic and financial reporting is delayed or incomplete, then there is a risk of underperformance of indicator targets, along with low financial absorption rate and delivery. (Jul 21 to Dec 23) [Source: Project Document Pakistan HIV Global Fund Grant Jul 21 to Dec 23 - Annex	If PACP/NACP operations and financial systems are weak, with high turn-over of staff (especially for the M&E function), then this can delay payments to SRs and delivery of project activities. Risk expected to materialize from the start of project implementation [Source: Project Document Pakistan HIV Global Fund Grant Jul 21 to	Weak PACPs operations and financial systems will impact Module 2: Treatment Care and Support, Module 7: Health Management Information System and M&E, and Module 10: Programme Management: a. delays in reporting of one to three weeks from reporting deadlines and poor quality of programmatic and financial quarterly reporting for analysis and decision making; b. underperformance of indicator	<b>3. OPERATIONAL (3.8. Capacities of the partners) - UNDP Risk Appetite: EXPLORATORY TO OPEN</b>	Likelihood: <b>4 - Highly likely</b>  Impact: <b>3 - Intermediate</b>  Risk level: <b>MODERATE (equates to a risk appetite of EXPLORATORY )</b>	From: 01-Jan-23  To: 31-Dec-24	<i>Heather Doyle, Project Coordinator</i>	<b>Risk Treatment 12.1:</b>  PMU will address weak PACP capacity through continuous interaction in the implementation of the grant: a. Implementation support to ensure adherence to the approved grant activities and achievements of the planned targets; b. Verification of financial and programme reports by Finance & M&E Officers for timeliness, accuracy and completeness; c. Ensuring timely disbursements/payments to SRs; d. Support in capacity development in all implementation areas (finance, M&E, PSM) which has been conducted in 2022-23; e. Routine meetings (program coordination meetings, review meetings, forecasting

	1 Risk Registers issue 2]	Dec 23 - Annex 1 Risk Registers issue 2; PMU Control Self-Assessment Dec 21].	targets; and c. low financial absorption and delivery					meetings, ad hoc meetings), f. Field missions (spot checks, M&E visits, inventory spot checks),g. Reprogramming funds committed for ACP finance managers dedicated to GF project.  <b>Risk Treatment Owner:</b> Mehr Bajwa, M&E Specialist; Dr Umar/ Dr. Nashmia, Programme Specialists, Rasulbek Takhirov, Finance Specialist; Osama Hussian, PSM Specialist
13	If SRs fail to adequately deliver project activities or face delays and/or quality issues in regular quarterly reporting, then this can cause delays in program delivery. (Jul 21 to Dec 23) [Source: Project Document Pakistan HIV Global Fund Grant Jul 21 to Dec 23 - Annex	If CBOs, Antiretroviral Treatment (ART) Centres and Provincial AIDS Control Programmes (PACPs) have weak management & operations/ financial systems, along with lack of staff with adequate expertise, then this can impact	Weak SR capacity will impact Module 1: Prevention, Module 2: Treatment Care and Support; and Module 10: Programme Management: a. delays in reporting of one to three weeks from reporting deadlines and poor quality of programmatic and financial reporting for analysis and decision making;	<b>3. OPERATIONAL (3.8. Capacities of the partners) - UNDP Risk Appetite: EXPLORATORY TO OPEN</b>	Likelihood: <b>4 - Highly likely</b>  Impact: <b>3 - Intermediate</b>  Risk level: <b>MODERATE (equates to a risk appetite of EXPLORATORY )</b>	From: 01-Jan-23  To: 31-Dec-24	<i>Heather Doyle, Project Coordinator</i>	<b>Risk Treatment 14.1:</b>  PMU will address weak CBO SR capacity through continuous interaction in the implementation of the grant: a. Implementation support to ensure adherence to the approved grant activities and achievements of the planned targets; b. Verifying financial and programme reports for timeliness, accuracy and completeness; c. Ensuring timely disbursements/payments to SRs; d. Support in capacity development in all implementation areas

	1 Risk Register issue 4]	program implementation. The risk is expected to materialize from the start of project implementation [Source: CBO SRs Capacity Assessments Jun 2021; PMU Control Self-Assessment Dec 21.	b. underperformance of indicator targets; and c. low financial absorption and delivery					(finance, M&E, PSM), which has been conducted in 2022-23; e. Routine meetings (program coordination meetings, review meetings, forecasting meetings, ad hoc meetings), f. Field missions (spot checks, M&E visits, inventory spot checks).  <b>Risk Treatment Owner:</b> Mehr Bajwa, M&E Specialist; Dr Umar/ Dr. Nashmia, Programme Specialists, Rasulbek Takhirov, Finance Specialist; Osama Hussian, PSM Specialist
14	If government SRs fail to distinguish Global Funds from other sources of funding in their financial systems, then this could lead to problems in programmatic and financial management (Jul 21 to Dec 21) [Source: Project	If government SRs do not have a dedicated bank account to manage Grant funds at the start of project implementation, then this could result in issues in programmatic and financial management, as well as	Lack of a dedicated bank account may affect Module 10: Programme Management: a. delays in financial reporting of one to three weeks from reporting deadlines; and b. discrepancies between programmatic results and expenditure reporting which	<b>4. ORGANIZATIONAL (4.8. Internal control) - UNDP Risk Appetite: EXPLORATORY TO OPEN</b>	Likelihood: <b>2 - Low likelihood</b>  Impact: <b>3 - Intermediate</b>  Risk level: <b>MODERATE (equates to a risk appetite of EXPLORATORY)</b>	From: 01-Jan-23  To: 31-Dec-24	<i>Heather Doyle, Project Coordinator</i>	<b>Risk Treatment 15.1:</b>  PMU will mitigate risks of financial reporting through; a. Ensuring dedicated bank account for every SR; b. Pre-approval process for unplanned expenditure; c. Detailed verification of mandatory minimum supporting documents and close monitoring of expenditure Chart of Accounts in line with budgets.



	Document Pakistan HIV Global Fund Grant Jul 21 to Dec 23 - Annex 1 Risk Register issue 5]	reporting. [Source: Project Document Pakistan HIV Global Fund Grant Jul 21 to Dec 23 - Annex 1 Risk Register issue 5].	cannot be justified.					<b>Risk Treatment Owner:</b> Rasulbek Takhirov, Finance Specialist
15	If the Government fails to provide a commitment on national funding to complement the Grant interventions, then this can lead to ineffective and inefficient use of grant funds, for areas where government funding would have supplemented the grant activities. (Jul 21 to Dec 21) [Source: Project Document Pakistan HIV Global Fund	If detailed mapping of national funding and investments for HIV interventions are not provided by the Government at the start of project implementation, then this can result in effective and inefficient use of grant funds. [Source: Project Document Pakistan HIV Global Fund Grant Jul 21 to	Lack of a detailed mapping and commitment on national funding for HIV interventions may lead to ineffective and inefficient use of Grant Funds in areas where government funding would have supplemented Global Fund interventions	<b>7. STRATEGIC (7.5. Government commitment) - UNDP Risk Appetite: OPEN TO SEEKING</b>	Likelihood: <b>3 - Moderately likely</b>  Impact: <b>2 - Minor</b>  Risk level: <b>LOW (equates to a risk appetite of MINIMAL)</b>	From: 01-Jan-23  To: 31-Dec-24	<i>Heather Doyle, Project Coordinator</i>	<b>Risk Treatment 16.1:</b> PMU will manage effective use of Grant funds through strategic engagement: a. Participating in quarterly Country Coordinating Mechanism (CCM) meetings; b. Working with UN partners through the quarterly UNAIDS Unified Budget, Results and Accountability Framework (UBRAF) coordination meeting and programme planning meetings; c. Regular meetings with other UN organizations (UNAIDS, WHO, UNODC etc) and other Global Fund Principal Recipients such as Nai Zindagi  <b>Risk Treatment Owner:</b> Dr Umar/ Dr. Nashmia, Programme Specialists

	Grant Jul 21 to Dec 23 - Annex 1 Risk Register issue 6]	Dec 23 - Annex 1 Risk Register issue 6]...						
16	If the Common Management Unit for AIDS, TB and Malaria (CMU) under the Ministry of National Health Services Regulations and Coordination (MoNHSRC), not have the ability to effectively plan and implement the project activities with Provincial AIDS Control Programmes (PACPs), then this could lead to delays in project activities. (Jul 21 to Dec 21) [Source: Project Document Pakistan HIV Global Fund Grant Jul 21 to Dec 23 - Annex	If there is a lack of continuous senior leadership at both NACP and PACP levels, as well as ineffective oversight and coordination by NACP with PACPs, then this could delay project activities for one to three months under Module 2: Treatment Care and Support, Module 7: Health Management Information Systems, and Module 10: Programme Management	Lack of continuous senior leadership and weak management systems at both NACP and PACPs may lead to delays in project activities of one to three months and low financial absorption and delivery in Module 2: Treatment Care and Support	<b>3. OPERATIONAL (3.2. Leadership and management) - UNDP Risk Appetite: EXPLORATORY TO OPEN</b>	<p><i>Likelihood:</i> <b>4 - Highly likely</b></p> <p><i>Impact:</i> <b>3 - Intermediate</b></p> <p><i>Risk level:</i> <b>MODERATE (equates to a risk appetite of EXPLORATORY )</b></p>	<p><i>From:</i> 01-Jan-23</p> <p><i>To:</i> 31-Dec-24</p>	Heather Doyle, Project Coordinator	<p><b>Risk Treatment 17.1:</b></p> <p>PMU will provide effective coordination with PACPs through a. the quarterly Inter-Provincial Coordination Mechanism (IPCM) meetings on programme results/ achievements and bottlenecks, critical areas of programme, governance, and finance/procurement; b. active involvement with PACPs on all activities in the provinces; c. supporting NACP plans to revive the Technical Working Group on HIV/AIDS</p> <p><b>Risk Treatment Owner:</b> Dr Umar/ Dr. Nashmia, Programme Specialists</p>

	1 Risk Register issue 7]							
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17	<p>If the Common Management Unit for AIDS, TB and Malaria (CMU) under the Ministry of National Health Services Regulations and Coordination (MoNHSRC), National AIDS Control Programme (NACP) and Provincial AIDS Control Programmes (PACPs) do not have the ability to effectively forecast, store, manage, and distribute health commodities to ART Centres and CBO SRs, then this can delay delivery to SRs and affect program implementation and results. (Jul 21 to Dec 23) [Source: PMU Control Self-</p>	<p>If national and provincial ACPs lack capacity for dedicated logistics staff at CMU warehouse and PACPs (KP and Balochistan) to manage supply and distribution to SRs and health facilities; ART Centres lack trained paramedics to manage health products; PACPs lack warehousing and distribution facilities (no fully equipped warehouses at Provincial level); and lack of well equipped vehicles to transport health</p>	<p>Lack of logistic capacity at the CMU warehouse may result in long lead times to distribute health commodities to provincial levels; and lack of logistician pharmacist (PACP Khyber Pakhtunkhwa and Balochistan) to forecast, requisition and store health commodities could result in poor stock management at provincial warehouses and ART Centres with risk of: (i) stock out; (ii) over stock; and/or (iii) poor quality assurance (expired or damaged items) of health commodities affecting buffer stock of four months; affecting treatment services</p>	<p><b>3. OPERATIONAL (3.8. Capacities of the partners) - UNDP Risk Appetite: EXPLORATORY TO OPEN</b></p>	<p><i>Likelihood:</i> <b>3 - Moderately likely</b></p> <p><i>Impact:</i> <b>3 - Intermediate</b></p> <p><i>Risk level:</i> <b>MODERATE (equates to a risk appetite of EXPLORATORY )</b></p>	<p><i>From:</i> 01-Jan-23 <i>To:</i> 30-Jun-24</p>	<p><i>Heather Doyle, Project Coordinator</i></p> <p><b>Risk Treatment 18.1:</b> By introducing Informed push approach; PMU will manage forecasting/quantification, storage and distribution risks through a. PSM review of forecasting/ quantification and amending all requisitions from SRs before supply and distribution taking into account patient enrollment, Loss to Follow-Up and stock on hand;</p> <p>b. PSM will manage direct distribution from CMU warehouse to part of ART Centres and CBO SRs. Other commodities will be stored and dispatched from WFP warehouses in different provinces, starting with Sindh.;</p> <p>c. After the signed contract with CMU on warehousing and distribution expired (due to CMU's unsatisfactory performance), the decision was made to include in TORs in NACP's SR agreement, which require NACP to provide support and oversight to CMU warehousing and</p>
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	Assessment Dec 21]	products throughout the supply chain (Balochistan & KP have no warehouses), then there is a risk of long lead times for delivery of commodities to SRs, which can affect project activities and results. The risk is expected to materialize from the start of project implementation.	for patients under Module 2: Treatment Care and Support				<p>dispatching processes for future grant implementation. The agreement is pending sign off by NACP). TORs set out reporting requirement, KPIs for all areas (<i>receiving, storing, distributing and waste management</i>), <i>monthly follow up and report on items at risk of expiry.</i>);</p> <p>d. Proposal to Global Fund for re-programmed funds to cover Pharmacist and Logistics posts at CMU warehouse and PACPs (TORs developed by PMU);</p> <p>e. proposal to Global Fund for re-programmed funds to cover renovation of warehouses at provincial levels to enable PMU to adequately manage four-month buffer stock;</p> <p>f. SOP and tools on forecasting &amp; quantification and identification/ disposal of damaged and expired items developed and virtual training provided to SRs;</p> <p>g. Committee on HIV Forecasting &amp; Quantification set-up and chaired by UNDP;</p>
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								<p>h. SR risk management - including special conditions to SR Agreements for compliance with WHO practice guidelines (where applicable) and key performance indicators, supported by tools, SOPs, and continuous training and capacity building activities on inventory and quality assurances.</p> <p><b>Risk Treatment Owner:</b> Osama Hussain, PSM Specialist</p>
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18	<p>If there is a lack of UNDP lead on OST implementation, then this may delay the Opioid Substitution Therapy (OST) implementation/roll-out, including development of SOPs on programme, M&amp;E, procurement, supply and distribution of OST medicines in line with stringent regulatory requirements of controlled drugs/narcotics under the Drug Regulatory Authority of Pakistan (DRAP), Ministry of National Health Services Regulations and Coordination (MoNHSRC)</p>	<p>If there is a lack of UNDP lead on OST implementation, then this may delay the implementation accordingly. UNAIDS has historically taken the lead in OST policy development, but lacks the mandate and comparative advantage that UNDP has to roll-out and implement programme activities including procurement, supply and distribution of OST medicines (obtaining special approval for procurement of controlled drugs; and development of SOPs</p>	<p>Lack of UNDP lead on OST implementation/roll-out may result in: (i) delays for more than six months in obtaining special approval for procurement of controlled drugs from DRAP; and (ii) reputation risk to UNDP with regard to procurement of controlled drugs and possible leakages of controlled drugs within the supply and distribution chain if proper storage and distribution controls are not in place at warehouses and health facilities, under Module 1: Prevention</p>	<p><b>3. OPERATIONAL (3.5. Partners' engagement) - UNDP Risk Appetite: EXPLORATORY TO OPEN</b></p>	<p><i>Likelihood:</i> <b>3 - Moderately likely</b></p> <p><i>Impact:</i> <b>3 - Intermediate</b></p> <p><i>Risk level:</i> <b>MODERATE (equates to a risk appetite of EXPLORATORY )</b></p>	<p><i>From:</i> 01-Jan-23 <i>To:</i> 31-Dec-24</p>	<p>Heather Doyle, Project Coordinator</p>	<p><b>Risk Treatment 19.1:</b> PMU will manage risk of OST implementation/roll-out through: a. direct engagement with DRAP and ANF through the National AIDS Control Programme (NACP); where procurement, supply, and distribution of OST medicines will be implemented by NACP in compliance with DRAP and ANF requirements; b. initiating the special approval to procure OST medicines with DRAP; c. contracting WHO and UNODC as sub-recipients of the grant (WHO - advocacy and SOP development) and (UNODC - training and M&amp;E); and d. implementation/roll-out to be pilot tested at selected sites approved by Ministry of National Health Services Regulations and Coordination <b>Risk Treatment Owner:</b> Dr Umar/ Dr. Nashmia, Programme Specialists; Osama Hussian, PSM Specialist</p>
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	and the Anti Narcotics Force (ANF), Ministry of Narcotics (Jan 22 to Dec 23) [Source: PMU self assessment Dec 22]	based on ANF monitoring and certification requirements on the storage and distribution of controlled drugs at warehouse and Health Facilities). The risk is expected to materialize from the start of project activities						
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19	If there is a lack of support from Provincial AIDS Control Programmes (PACPs), then community-based delivery of Pre-exposure Prophylaxis (PrEP) may be limited. (Jan 22 to Dec 23) [Source: PMU self-assessment Dec 22]	If PACPs do not agree for Community Based Organization (CBO) SRs (who are not licensed by Provincial Health Commissions to store and dispense PrEP medication), then community-based delivery of PrEP will be affected. The risk is expected to materialize from the launch of PrEP activities in mid 2022.	Lack of support from PACPs on community-based delivery of PrEP may lead to: (i) intended beneficiaries not seeking PrEP services at ART Centres due to stigma and discrimination; (ii) possible overstock of PrEP medication at the central warehouse, with potential for expiry due to limited uptake by patients; resulting in low delivery and underperformance of indicators under Module 2: Prevention	<b>3. OPERATIONAL (3.5. Partners' engagement) - UNDP Risk Appetite: EXPLORATORY TO OPEN</b>	Likelihood: <b>3 - Moderately likely</b>  Impact: <b>3 - Intermediate</b>  Risk level: <b>MODERATE (equates to a risk appetite of EXPLORATORY )</b>	From: 01-Jan-23  To: 30-Jun-24	Heather Doyle, Project Coordinator	<b>Risk Treatment 20.1:</b> PMU will manage risk of implementation of community based delivery of PrEP through: a. agreement with PACPs on an appropriate CBO Delivery Model (assessment of Delivery Model to be done based on pilot sites: (i) hiring of doctors to be based at the CBOs to dispense PrEP medications (doctors have been hired for MSM and TG CBOs pilots in Punjab and Sindh); and (ii) evaluate pilot project done by Nai Zindagi (other Global Fund Principal Recipient) based on MOU with Punjab PACP; b. development of SOPs and training for CBOs and ART centres on demand generation, M&E tools, quantification & forecasting of medicines, inclusion of issues on stigma and discrimination in training modules for ART centre health workers; and c. managing overstock at the provincial level through PMU review of forecasting & quantification from the PACPs, and managing stock levels of PrEP medication at
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								<p>the central warehouse through staggered delivery from vendors.</p> <p><b>Risk Treatment Owner:</b> Dr Umar/ Dr. Nashmia, Programme Specialists</p>
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20	<p>If there is a lack of national guidelines to inform an implementation strategy for HIV self-testing, then community based delivery of HIV self-testing may be delayed. (Jun 22 to Dec 23) [Source: PMU self-assessment Dec 22]</p>	<p>If there is a lack of national guidelines on HIV self-testing, then this may delay the development and roll-out of Standard Operating Procedures (SOPs) and training to CBO SRs for HIV self-testing. The risk is expected to materialize from the procurement of HIV self-testing kits in mid-2022.</p>	<p>Lack of SOPs and training for HIV self-testing may result in: (i) delays of more than six months in the roll-out of HIV self-testing; and (ii) possible overstock of HIV self-test kits with potential for expiry; resulting in low delivery and underperformance of indicators under Module 5: Differentiated HIV Testing Services</p>	<p><b>3. OPERATIONAL (3.5. Partners' engagement) - UNDP Risk Appetite: EXPLORATORY TO OPEN</b></p>	<p><i>Likelihood:</i> <b>3 - Moderately likely</b></p> <p><i>Impact:</i> <b>3 - Intermediate</b></p> <p><i>Risk level:</i> <b>MODERATE (equates to a risk appetite of EXPLORATORY )</b></p>	<p><i>From:</i> 01-Jan-23 <i>To:</i> 31-Dec-23</p>	<p><i>Heather Doyle, Project Coordinator</i></p>	<p><b>Risk Treatment 21.1:</b> PMU will manage community based delivery of HIV self-testing through: a. development of SOPs and training for CBOs based on guidelines shared by WHO (in the absence of national guidelines) - demand generation, M&amp;E tools, quantification &amp; forecasting of medicines; b. agreement with PACPs on an appropriate CBO Delivery Model (assessment of Delivery Model to be done based on pilot sites: hiring of doctors to be based at the CBOs to dispense PrEP medications (doctors have been hired for MSM and TG CBOs pilots in Punjab and Sindh); and c. managing overstock at the provincial level through PMU review of forecasting &amp; quantification from the PACPs, and managing stock levels of PrEP medication at the central warehouse through staggered delivery from vendors. d. Conducting training sessions on HIV self-testing with WHO, which have been completed in 2023.</p>
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								<b>Risk Treatment Owner:</b> <i>Dr Umar/ Dr. Nashmia, Programme Specialists</i>
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21	<p>If Key Population Community Based Organization (CBOs) Sub Recipients (SRs) negatively view management decisions affecting project implementation, then this can cause complexities and sensitivities around each Key Population, and may expose UNDP to criticism. (Jan 22 to Dec 23) [Source: PMU self assessment Dec 22]</p>	<p>If there is a lack of effective communication with Key Population CBO SRs on UNDP management decisions affecting their project activities and funding, then this can expose UNDP to reputation risk and criticism. The risk is expected to materialize from the start of project implementation.</p>	<p>UNDP may be exposed to reputation risk if negative views of CBO SRs gain protracted widespread coverage locally and/or internationally in media outlets, affecting delivery of prevention services under Module 1: Prevention</p>	<p><b>1. SOCIAL AND ENVIRONMENTAL (1.12. Stakeholder engagement) - UNDP Risk Appetite: CAUTIOUS</b></p>	<p><i>Likelihood:</i> <b>2 - Low likelihood</b></p> <p><i>Impact:</i> <b>3 - Intermediate</b></p> <p><i>Risk level:</i> <b>MODERATE (equates to a risk appetite of EXPLORATORY)</b></p>	<p><i>From:</i> 01-Jan-23 <i>To:</i> 31-Dec-24</p>	<p><i>Heather Doyle, Project Coordinator</i></p>	<p><b>Risk Treatment 22.1:</b> PMU will manage reputation risk by: a. anticipating and developing effective communication to manage potential sensitivities and risk around UNDP's management decisions affecting with Key Population CBO SRs; and b. developing an advocacy and communication strategy based on a consultative process with all stakeholders for a national campaign to address stigma and discrimination (including adapting/ contextualizing terminology around Key Populations such as use of terminology of High Risk Men/ Women, instead of terminology of Men Having Sex with Men/Female Sex Workers) which could be used to address negative media coverage (if any) on UNDP's project activities with Key Populations; c. Having regular SR review meetings with CBOs to discuss their progress on quarterly results, and discuss any issues impeding their performance; d. inclusion of SR comments</p>
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								<p>section in quarterly SR performance/management letters for CBOs to add their feedback.</p> <p><b>Risk Treatment Owner:</b> Dr Umar/ Dr. Nashmia, Programme Specialists</p>
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22	<p>If there is a lack of procurement planning by all teams, then delivery of planned activities and budget in the 2023 Annual Work Plan may not be achieved or delayed (Jan 23 to Dec 23) [Source: PMU self-assessment Dec 22]</p>	<p>If the 2023 Annual Work Plan is not supported by a detailed Procurement Plan to identify the nature of procurement activities required to formulate a procurement strategy with sufficient lead time for sourcing, selection, award &amp; contracting, management of contracts (including storage, management and distribution, where applicable), then there is a risk that implementation of project activities may be affected. The risk is</p>	<p>Lack of procurement planning will: (i) delay the procurement process which should be completed within the first six months of 2023 to ensure efficient and effective delivery of goods &amp; services by the end of the grant in Dec 23; and (ii) delay payment to vendors for up to six months, especially where lengthy government approvals and other supporting documentation are required for payment processing; resulting in low financial absorption and delivery under Module 1: Prevention and Module 2: Treatment Care</p>	<p><b>2. FINANCIAL (2.5. Delivery) - UNDP Risk Appetite: MINIMAL TO CAUTIOUS</b></p>	<p><b>Likelihood: 3 - Moderately likely</b></p> <p><b>Impact: 3 - Intermediate</b></p> <p><b>Risk level: MODERATE (equates to a risk appetite of EXPLORATORY )</b></p>	<p><b>From: 01-Jan-23</b></p> <p><b>To: 31-Dec-23</b></p>	<p><i>Heather Doyle, Project Coordinator</i></p>	<p><b>Risk Treatment 23.1:</b> PMU will manage procurement risk by: a. developing a procurement plan based on planned activities and budget from the 2023 Annual Work Plan; b. formulating a procurement strategy to ensure procurement is done in a timely manner and at reasonable cost to meet project objectives; and c. requesting for an additional buyer under re-programming funds, to support the PSM buyer on delivery of project objectives.</p> <p><b>Risk Treatment Owner:</b> Dr Umar/ Dr. Nashmia, Programme Specialists; Rasulbek Takhirov, Finance Specialist; Osama Hussian, PSM Specialist</p>
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		expected to materialize in Q1 2023.	and Support. Additionally, best value for money will not be achieved if procurement has to be done on an emergency/ last minute basis					
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23	<p>If there are gaps in mechanisms at both the ART Centres and Community Based Organizations (CBOs) to diagnose, refer, and retain clients on ART treatment, then this may prevent comprehensive management of the disease and increase Loss to Follow-Up (LTFU) patients (Jan 22 to Dec 23) [Source: PMU self-assessment Dec 22]</p>	<p>(i) If there are limited linkages of HIV positive clients by CBOs with ART Centres, then then this may prevent comprehensive management of the disease and increase Loss to Follow-Up (LTFU) patients. Limited linkages of HIV positive clients to treatment centres is mainly due to low socioeconomic status of clients, where clients incur high transportation costs for long distances to either reach their key</p>	<p>Lack of comprehensive management of the disease may result in: (i) CBOs only able to link around 50 percent of their HIV positive clients to ART Centres; and (ii) increased LTFU patients under Module 1: Prevention and Module 2: Treatment Care &amp; Support</p>	<p><b>3. OPERATIONAL (3.8. Capacities of the partners) - UNDP Risk Appetite: EXPLORATORY TO OPEN</b></p>	<p><i>Likelihood:</i> <b>3 - Moderately likely</b></p> <p><i>Impact:</i> <b>3 - Intermediate</b></p> <p><i>Risk level:</i> <b>MODERATE (equates to a risk appetite of EXPLORATORY )</b></p>	<p><i>From:</i> 01-Jan-23 <i>To:</i> 31-Dec-24</p>	<p>Heather Doyle, Project Coordinator</p>	<p><b>Risk Treatment 24.1:</b> The PMU will address comprehensive management of HIV positive clients by: a. providing financial incentives to clients identified as HIV positive for baseline testing costs and transportation costs for three visits (SOP for CBOs developed); b. conducting assessments on Loss to Follow-Up to identify issues and recommendations for implementation; c. additional strategies/activities for addressing loss to follow-up in the new grant.</p> <p><b>Risk Treatment Owner:</b> Dr Umar/ Dr. Nashmia, Programme Specialists</p>
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		population-specific CBO or ART Centres, and who may also incur cost of baseline testing at ART Centres before ART treatment can be initiated); and (ii) follow-up of registered patients on ART treatment by both CBOs and ART Centers to prevent Loss to Follow-Up (LTFU) due to lack of mechanisms at both the ART Centres and CBOs to track, monitor and follow-up on patients' compliance with ART treatment protocols.						
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## United Nations Development Programme



### NOTE TO FILE

**Extension of the Project Document - Project Number: 00135717**  
**Accelerated response to HIV through effective prevention, treatment, care and support interventions for Key Populations and surveillance in high risk areas**

UNDP was contracted by the Global Fund to support the HIV grant implementation in Pakistan from July 2021 until December 2023 for the amount of **US\$ 47,104,249 million**. The Global Fund's funding is contributing to the achievement of the overall, strategic goals of the Pakistan AIDS Strategy IV - PAS-IV on reaching low prevention and testing coverage among key populations by:

- scaling up community-based interventions;
- scaling up the treatment access and initiation by phased introduction of treatment for all;
- challenging stigma and discrimination through training for health care workers to strengthen the national M&E system for improved cascade monitoring.

As the Principal Recipient (PR) for the Global Fund HIV grant, UNDP Pakistan is legally responsible for its programme management, financial accountability, procurement of goods and services, and Monitoring and Evaluation. To ensure successful implementation of the grant, a Project Management Unit (PMU) was established by UNDP Pakistan under the leadership of the Senior Management of the Country Office and with the support of regional and global Health Implementation Support Team (HIST) within UNDP structure.

The new funding request for Global Fund support to HIV in Pakistan for the grant cycle 2024-2026 was submitted by the country but has not yet been approved by the Technical Review Panel. As a result of the delay due to the non-approval, the Global Fund has asked UNDP to extend the current grant to 30 June 2024.

The Crisis Prevention and Inclusion unit (CPRU) will develop the new Project Document for the Global Fund support HIV grant for the grant cycle 2024-2026 after approval of funding request by Global Fund. In the meanwhile, as the current project document for the Global Fund to support the HIV grant is expiring on 31st December 2023, CPIU seeks permission to extend the existing Project Document for six months from 1st January 2024 to 30<sup>th</sup> June 2024 for closure and utilization of resources committed in grant cycle 2021-2023.

This request for extension of the current Project Number: 00135717 for six months from 1st January 2024 to 30<sup>th</sup> June 2024 is based on the discussion with the Senior Fund Portfolio Manager, Global Fund (email dated 28 August 2023 attached).

The note to file includes the supporting documents mentioned as below;

1. The Revised Performance Framework: **Annex 'A'**.
2. Multi Year Budget submitted to GF including the extended period till 30 June 2024: **Annex 'B'**.
3. Donor agreement (email)

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Performance Framework - Coverage Indicators - Section D

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Coverage Indicator Number	Module Name	Population	Standard Indicator	Custom Indicator	Baseline #N Baseline #D	Baseline %	Baseline Year	Baseline Source	Required Disaggregation	Include in GF results	Responsible PR	Country / Scope of targets	Cumulation type	1-Jan-2024 to 30-June-2024			Comments
														Target #N Target #D	Target %	Mark if target is TBD	
1	Prevention	Men who have sex with men	KP-1a <sup>MSM</sup> Percentage of men who have sex with men reached with HIV prevention programs - defined package of services		42,641	4.62%	2019	NACP Program Data	Age	Yes	United Nations Development Programme	Pakistan	Non cumulative – other	100,200	10.00%		Key Population: MSM Baseline Data: Programmatic baseline data (NACP-2019) 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
					Geographic Subnational, less than 100% national program target							1,001,796					
2	Prevention	Transgender people	KP-1b <sup>MSM</sup> Percentage of transgender people reached with HIV prevention programs - defined package of services		16,351	26.84%	2019	NACP Program Data	Age	Yes	United Nations Development Programme	Pakistan	Non cumulative – other	25,000	37.73%		Key Population: TG Baseline Data: Programmatic baseline data (NACP-2019) 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
					Geographic Subnational, less than 100% national program target							66,258					
3	Prevention	Sex workers and their clients	KP-1c <sup>MSM</sup> Percentage of sex workers reached with HIV prevention programs - defined package of services		7,908	3.89%	2019	NACP Program Data	Gender, Age	Yes	Ministry of National Health Services, Regulations and Coordination of Pakistan	Pakistan	Non cumulative – other	25,700	11.65%		Key Population: FSW Baseline Data: Programmatic baseline data (NACP-2019) 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
					Geographic Subnational, less than 100% national program target							220,683					
4	Differentiated HIV Testing Services	Men who have sex with men	HTS-3a <sup>MSM</sup> Percentage of men who have sex with men that have received an HIV test during the reporting period and know their results		23,695	2.57%	2019	NACP Program Data	Age, HIV test status	Yes	United Nations Development Programme	Pakistan	Non cumulative – other	80,160	8.00%		Key Population: MSM Baseline Data: Programmatic baseline data (NACP-2019) Indicator definition: Numerator: Number of MSM who have been tested for HIV during the reporting period and who know their results
					Geographic Subnational, less than 100% national program target							1,001,796					
5	Differentiated HIV Testing Services	Transgender people	HTS-3b <sup>MSM</sup> Percentage of transgender people that have received an HIV test during the reporting period and know their results		8,965	14.72%	2019	NACP Program Data	Age, HIV test status	Yes	United Nations Development Programme	Pakistan	Non cumulative – other	20,000	30.19%		Key Population: TG Baseline Data: Programmatic baseline data (NACP-2019) Target Assumptions: Key Population: FSW Baseline Data: Programmatic baseline data (NACP-2019) Indicator definition: Numerator: Number of FSW who have been tested for HIV during the reporting period and who know their results
					Geographic Subnational, less than 100% national program target							66,258					
6	Differentiated HIV Testing Services	Sex workers and their clients	HTS-3c <sup>MSM</sup> Percentage of sex workers that have received an HIV test during the reporting period and know their results		4,337	2.13%	2019	NACP Program Data	Age, Gender, HIV test status	Yes	United Nations Development Programme	Pakistan	Non cumulative – other	20,560	9.32%		Key Population: FSW Baseline Data: Programmatic baseline data (NACP-2019) Indicator definition: Numerator: Number of FSW who have been tested for HIV during the reporting period and who know their results
					Geographic Subnational, less than 100% national program target							220,683					
7	Differentiated HIV Testing Services	Non-specified populations groups	HTS-5 Percentage of people newly diagnosed with HIV initiated on ART		1,969	59.67%	2019	NZ Program Data and NACP MIS	Gender, Target / Risk population group	Yes	United Nations Development Programme	Pakistan	Non cumulative	1,561	90.02%		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 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 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
					Geographic National, 100% of national program target							1,734					
8	Treatment, care and support	Adults living with HIV (15 and above)	TCS-1b <sup>MSM</sup> Percentage of adults (15 and above) on ART among all adults living with HIV at the end of the reporting period		21,063	11.86%	2019	NACP Program Data	Gender, Gender   Age, Duration of treatment, Target / Risk	Yes	United Nations Development Programme	Pakistan	Non cumulative – other	51,907	18.26%		Baseline: The baseline value of numerator was derived from ART clinic monthly reports from 45 centres across Pakistan and current trend until December 2019, while the baseline of Adults (15 and above) with HIV.
					Geographic National, 100% of national program target							284,341					
9	Treatment, care and support	Children living with HIV (under 15)	TCS-1c <sup>MSM</sup> Percentage of children (under 15) on ART among all children living with HIV at the end of the reporting period		1,883	30.59%	2019	NACP Program Data	Gender, Duration of treatment	Yes	United Nations Development Programme	Pakistan	Non cumulative – other	4,288	52.83%		Target Assumptions: The target (numerator) for each Year was calculated by assuming: Baseline: PLHIV on ART reached at December 2019.
					Geographic National, 100% of national program target							8,117					
11	PMTCT	Not applicable	PMTCT-2.1 Percentage of HIV-positive women who received ART during pregnancy and/or labour and delivery		417	11.27%	2019	NACP - Program Data	NA	Yes	United Nations Development Programme	Pakistan	Non cumulative - special	571	8.91%		Indicator definition: Numerator: Number of HIV positive pregnant women who delivered and received ART during the reporting period. It is 14.5%, 15.7% & 17.98 % for each (Year) 2021, 2022 & 2023 Denominator: Estimated number of HIV positive pregnant women who delivered during the reporting period. (Spectrum)
					Geographic Subnational, less than 100% national program target							6,407					
12	TB/HIV	Not applicable	TB/HIV-3.1a Percentage of people living with HIV newly initiated on ART who were screened for TB		12,452	100.00%	2019	NACP-Program Data	Gender, Age	Yes	United Nations Development Programme	Pakistan	Non cumulative	7,942	100.00%		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 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
					Geographic Subnational, less than 100% national program target							7,942					
13	Prevention	Men who have sex with men	KP-6a Percentage of eligible men who have sex with men who initiated oral antiretroviral PrEP during the reporting				2020	NACP Funding Request		Yes	United Nations Development Programme	Pakistan	Non cumulative	4,000	0.84%		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 Target distribution: revised 2020 Formula= PSE-[prevalence/100xPSE].
					Geographic Subnational, 100% of national program target							473,850					
14	RSSH: Health management information systems and M&E	Not applicable	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		43	95.56%	2019	NACP-Program Data	Type of report	No	United Nations Development Programme	Pakistan	Non cumulative	75	100.00%		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 on 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 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.
					Geographic Subnational, less than 100% national program target							75					
15	RSSH: Health management information systems and M&E	Not applicable	M&E-5 Percentage of facilities which record and submit data using the electronic information system		19	42.22%	2019	NACP-Program Data		No	United Nations Development Programme	Pakistan	Non cumulative – other	75	100.00%		The baseline data includes 45 ART facilities that have been reporting data to the National Programme. Sindh, KPK and Baluchistan are directly reporting via the National MIS. ART T and/or using their own electronic systems. There are currently 49 ART sites in the country and 16 CBOs in the grant, with expansion to 16 CBOs planned from 2022. The PR will work towards ensuring that all of the sites feed into the national MIS system. However, until this is in place, the PR will include the reports that were submitted electronically. Indicator definition:
					Geographic Subnational, less than 100% national program target							75					
16	RSSH: Health products management	Not applicable	PSM-3 Percentage of health facilities providing diagnostic services with tracer items available on the day of the visit or			100.00%		On-site availability assessment	No	United Nations Development Programme	Pakistan	Non cumulative – other		100.00%		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 the 49 ART	
					Geographic Subnational, 100% of national program target												
17	RSSH: Health products management	Not applicable	PSM-4 Percentage of health facilities with tracer medicines for the three diseases available on the day of the visit or day of			99.00%		On-site availability assessment	No	United Nations Development Programme	Pakistan	Non cumulative – other		100.00%		Target assumption: Data for this indicator will be collected through on-site data availability survey (OSA) by PWC in 2021 and 2022. This targeted sites are essentially the 49 ART a routine basis. Hence from 2023 the report will be collected from routine IMIS. The trace items will be related to HIV only.	
					Geographic Subnational, 100% of national program target												
18	TB/HIV	Not applicable	TB/HIV-7 Percentage of PLHIV on ART who initiated TB preventive therapy among those eligible during the reporting period					Age, Gender, TPT regimen	Yes	United Nations Development Programme	Pakistan	Non cumulative		10.00%		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 target will be set by June 2022 based on the implementation of the Preventive therapy program by the TB program. For the TB/HIV-7 indicator, the national HIV programme is currently in the process of finalizing its national policy for initiating PLHIV on TPT target setting, with tracking measures	
					Geographic Subnational, 100% of national program target												

<b>Country</b>	Pakistan
<b>Grant Name</b>	PAK-H-UNDP
<b>Implementation Period</b>	01-Jul-2021 - 31-Dec-2023
<b>Principal Recipient</b>	United Nations Development Programme

<b>Reporting Periods</b>	<b>Start Date</b>	01-Jul-2021	01-Jan-2022	01-Jul-2022	01-Jan-2023	01-Jul-2023
	<b>End Date</b>	31-Dec-2021	30-Jun-2022	31-Dec-2022	30-Jun-2023	31-Dec-2023
	<b>PU includes DR?</b>	Yes	No	Yes	No	No

**Program Goals, Impact Indicators and targets**

1	To address low prevention and testing programme coverage among key populations by scaling up community-based interventions
2	To address barriers to treatment access and initiation by phased introduction of treatment for all, devolving treatment maintenance services and stigma and discrimination training for health care workers
3	To strengthen the national M&E system to improve cascade monitoring
4	To address the need for treatment initiation support for PWID in the absence of an OST programme

	<b>Impact Indicator</b>	<b>Country</b>	<b>Baseline Value</b>	<b>Baseline Year and Source</b>	<b>Required Dissagregation</b>	<b>Responsible PR</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>
1	HIV I-9a <sup>(M)</sup> Percentage of men who have sex with men who are living with HIV	Pakistan	N: D: P: 3.50%	2017 IBBS (2016-17)	Age	United Nations Development Programme	N: D: P: %  Due Date:	N: D: P: %  Due Date:	N: D: P: %  TBD  Due Date: 30-Jun-2024
	<b>Comments</b>								
	Target assumptions: No interim targets have been set. Indicator is not included in the PAS IV Baseline: The baseline is from 2016-2017 IBBS and the size estimate for 2017 was 832213 Indicator definition: Numerator: Number of MSM who test positive for HIV Denominator: Number of MSM tested for HIV Data Source: IBBS Round VI was initially scheduled for 2022 but will commence in Q1 of 2023 with preliminary results expected by Q1 of 2024. Data will be collected from HIV tests conducted among participants in biobehavioural surveys. Entity responsible for data collection and reporting: NACP The targets will set up by mid- 2023 based on projections from the AEM once it is finalised and disseminated.								
2	HIV I-9b <sup>(M)</sup> Percentage of transgender people who are living with HIV	Pakistan	N: D: P: 7.10%	2017 IBBS (2016-17)	Age	United Nations Development Programme	N: D: P: %  Due Date:	N: D: P: %  Due Date:	N: D: P: %  TBD  Due Date: 30-Jun-2024
	<b>Comments</b>								
	Target assumptions: No interim targets have been set. Indicator is not included in the PAS IV. The targets will set up by mid June 2023 based on projections from the AEM once it is finalised and disseminated. Baseline: The baseline is from 2016-2017 IBBS. The size estimate for 2017 is 52425. Indicator definition: Numerator: Number of transgender people who test positive for HIV Denominator: Number of transgender people tested for HIV Data Source: IBBS Round VI was initially scheduled for 2022 but will commence in Q1 of 2023 with preliminary results expected by Q1 of 2024. Data will be collected from HIV tests conducted among participants in biobehavioural surveys. Entity responsible for data collection and reporting: NACP								
3	HIV I-10 <sup>(M)</sup> Percentage of sex workers who are living with HIV	Pakistan	N: D: P: 2.20%	2017 IBBS (2016-17)	Gender, Age	United Nations Development Programme	N: D: P: %  Due Date:	N: D: P: %  Due Date:	N: D: P: %  TBD  Due Date: 30-Jun-2024
	<b>Comments</b>								
	Target assumptions: No interim targets have been set. Indicator is not included in the PAS IV. The targets will set up by mid-June 2023 based on projections from the AEM once it is finalised and disseminated. Baseline: The baseline is from 2016-2017 IBBS. The size estimate for 2017 was 173447. Indicator definition: Numerator: Number of sex workers who test positive for HIV. Denominator: Number of sex workers tested for HIV. Data Source: IBBS Round VI was initially scheduled for 2022 but will commence in Q1 of 2023 with preliminary results expected by Q1 of 2024. Data will be collected from HIV tests conducted among participants in biobehavioural surveys. Entity responsible for data collection and reporting: NACP								



4	HIV I-11 <sup>(M)</sup> Percentage of people who inject drugs who are living with HIV	Pakistan	N: D: P: 38.40%	2017 IBBS (2016-17)	Gender, Age		N: D: P: %	N: D: P: %	N: D: P: %
							Due Date:	Due Date:	Due Date: 30-Jun-2024
<b>Comments</b>									
Target assumptions: No interim targets have been set. Indicator is not included in the PAS IV. The targets will set up by mid June 2023 based on projections from the AEM once it is finalised and disseminated. Baseline: The baseline is from 2016-2017 IBBS. The size estimate for 2017 is 113422. Indicator definition: Numerator: Number of people who inject drugs who test positive for HIV Denominator: Number of people who inject drugs tested for HIV. Data source: IBBS Round VI was initially scheduled for 2022 but will commence in Q1 of 2023 with preliminary results expected by Q1 of 2024. Data will be collected from HIV tests conducted among participants in biobehavioural surveys. Entity responsible for data collection and reporting: NACP Activities related to that indicator are being conducted through Nai Zindagi. Some of the testing kits are to be procured by UNDP Pakistan and handed over to Nai Zindagi. They have their own set of network for reaching out to PWID and offer services to that group. Report are also due through the MIS monthly.									
5	HIV I-13 Percentage of people living with HIV	Pakistan	N: 188226.0000 D: 217867375 P: 0.09%	2019 Spectrum Modelling	Gender   Age, Gender, Age	United Nations Development Programme	N: 230570.0000 D: 228445531 P: 0.10%	N: 259892.0000 D: 233928224 P: 0.11%	N: 292458.0000 D: 239542501 P: 0.12%
							Due Date: 30-Jun-2022	Due Date: 30-Jun-2023	Due Date:
<b>Comments</b>									
Target assumptions: targets 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. 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. Indicator definition: Numerator: Number of people living with HIV. Denominator: Total population. Data source: For the numerator, the data source will be Spectrum; and for the denominator, national demographic data. Entity responsible for data collection and reporting NACP									

### Program Objectives, Outcome Indicators and targets

1	To increase coverage of the prevention services for MSM by 39% (of PSE) by 2023 from the 2019 baseline
2	To increase coverage of the prevention services for FSW (of PSE) by 44% by 2023 from the 2019 baseline
3	To increase coverage of the prevention services for TG (of PSE) by 56% by 2023 from the 2019 baseline
4	To increase coverage of the prevention services for PWIDs (of PSE) 56% by 2023 from the 2019 baseline
5	To increase coverage of the treatment services for PLHIV by 35% (of the estimated PLHIV) by 2023 from the 2019 baseline

	Outcome Indicator	Country	Baseline Value	Baseline Year and Source	Required Dissagregation	Responsible PR	2021	2022	2023
1	HIV O-11 <sup>(M)</sup> Percentage of people living with HIV who know their HIV status at the end of the reporting period	Pakistan	N: 39529.0000 D: 188226 P: 21.00%	2019 NACP-MIS	Gender	United Nations Development Programme	N: 55337.0000 D: 230570 P: 24.00%	N: 96160.0000 D: 259892 P: 37.00%	N: 146229.0000 D: 292458 P: 50.00%
							Due Date: 30-Jun-2022	Due Date: 30-Jun-2023	Due Date: 30-Jun-2024
<b>Comments</b>									
Target Assumptions: Treatment targets have been selected from the National Strategic Plan. All denominators are derived from Spectrum vs 5.86 (2020). 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. Indicator definition: Numerator: Number of people living with HIV who know their HIV status. Denominator: Estimated number of people living with HIV. Data Source: National MIS Entity responsible for data collection and reporting: NACP									
2	HIV O-12 Percentage of people living with HIV and on ART who are virologically suppressed	Pakistan	N: 5221.0000 D: 22947 P: 22.75%	2019 NACP-MIS	Gender	United Nations Development Programme	N: 10460.0000 D: 34865 P: 30.00%	N: 16777.0000 D: 41942 P: 40.00%	N: 25625.0000 D: 51249 P: 50.00%
							Due Date: 30-Jun-2022	Due Date: 30-Jun-2023	Due Date: 30-Jun-2024
<b>Comments</b>									



2	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. Targets are for GF allocation only and to estimate the numerator target, the NACP has taken 30 %, 40% & 50 % of denominator. Indicators Definition: 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 (<1000 copies/mL) during the reporting period. 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. Data Source: NACP MIS Entity responsible for data collection and reporting: NACP Data for this indicator will come from 49 ART centers in Pakistan and viral load test are to be conducted third party entity. STrategy has been reviewed to scale up the Viral load tests from 2021 to 2023, This would allow more people on ART know how their treatment is going and globally if the protocols are effective as per the guidelines.									
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	Pakistan	N: D: P: 13.20%	2017 IBBS-V	Age	United Nations Development Programme	N: D: P: %	N: D: P: %	N: D: P: %	TBD
<b>Comments</b>										
Target assumptions: No interim targets have been set. Indicator is not included in the PAS IV Baseline: The baseline is from 2016-2017 IBBS and the size estimate for 2017 was 832213 Indicator definition: Numerator: Number of MSM who test positive for HIV Denominator: Number of MSM tested for HIV Data Source: IBBS Round VI was initially scheduled for 2022 but will commence in Q1 of 2023 with preliminary results expected by Q1 of 2024. Data will be collected from HIV tests conducted among participants in biobehavioural surveys. Entity responsible for data collection and reporting: NACP The targets will set up by mid- 2023 based on projections from the AEM once it is finalised and disseminated.										
4	HIV O-4.1b <sup>(M)</sup> Percentage of transgender people reporting using a condom in their last anal sex with a non-regular male partner	Pakistan	N: D: P: 27.70%	2017 IBBS-V	Age	United Nations Development Programme	N: D: P: %	N: D: P: %	N: D: P: %	TBD
<b>Comments</b>										
Target assumptions: No interim targets have been set. Indicator is not included in the PAS IV. The targets will set up by mid June 2023 based on projections from the AEM once it is finalised and disseminated. Baseline: The baseline is from 2016-2017 IBBS. The size estimate for 2017 is 52425. Indicator definition: Numerator: Number of transgender people who test positive for HIV Denominator: Number of transgender people tested for HIV Data Source: IBBS Round VI was initially scheduled for 2022 but will commence in Q1 of 2023 with preliminary results expected by Q1 of 2024. Data will be collected from HIV tests conducted among participants in biobehavioural surveys. Entity responsible for data collection and reporting: NACP										
5	HIV O-5 <sup>(M)</sup> Percentage of sex workers reporting the use of a condom with their most recent client	Pakistan	N: D: P: 38.00%	2017 IBBS-V	Gender,Age	United Nations Development Programme	N: D: P: %	N: D: P: %	N: D: P: %	TBD
<b>Comments</b>										
Target assumptions: No interim targets have been set. Indicator is not included in the PAS IV. The targets will set up by mid-June 2023 based on projections from the AEM once it is finalised and disseminated. Baseline: The baseline is from 2016-2017 IBBS. The size estimate for 2017 was 173447. Indicator definition: Numerator: Number of sex workers who test positive for HIV. Denominator: Number of sex workers tested for HIV. Data Source: IBBS Round VI was initially scheduled for 2022 but will commence in Q1 of 2023 with preliminary results expected by Q1 of 2024. Data will be collected from HIV tests conducted among participants in biobehavioural surveys. Entity responsible for data collection and reporting: NACP										
6	HIV O-6 <sup>(M)</sup> Percentage of people who inject drugs reporting the use of sterile injecting equipment the last time they injected	Pakistan	N: D: P: 38.80%	2017 IBBS-V	Gender,Age		N: D: P: %	N: D: P: %	N: D: P: %	TBD
<b>Comments</b>										
Target assumptions: No interim targets have been set. Indicator is not included in the PAS IV. The targets will set up by mid June 2023 based on projections from the AEM once it is finalised and disseminated. Baseline: The baseline is from 2016-2017 IBBS. The size estimate for 2017 is 113422. Indicator definition: Numerator: Number of people who inject drugs who test positive for HIV Denominator: Number of people who inject drugs tested for HIV. Data source: IBBS Round VI was initially scheduled for 2022 but will commence in Q1 of 2023 with preliminary results expected by Q1 of 2024. Data will be collected from HIV tests conducted among participants in biobehavioural surveys. Entity responsible for data collection and reporting: NACP Activities related to that indicator are being conducted through Nai Zindagi. Some of the testing kits are to be procured by UNDP Pakistan and handed over to Nai Zindagi. They have their own set of network for reaching out to PWID and offer services to that group. Report are also due through the MIS monthly.										
7	HIV O-9 Percentage of people who inject drugs reporting condom use at last sex	Pakistan	N: D: P: 15.80%	2017 IBBS-V	Gender,Age		N: D: P: %	N: D: P: %	N: D: P: %	TBD

7	<b>Comments</b>												
	Target assumptions: No interim targets have been set. Indicator is not included in the PAS IV. The targets will set up by mid June 2023 based on projections from the AEM once it is finalised and disseminated. Baseline: The baseline is from 2016-2017 IBBS. The size estimate for 2017 is 113422. Indicator definition: Numerator: Number of people who inject drugs who test positive for HIV Denominator: Number of people who inject drugs tested for HIV. Data source: IBBS Round VI was initially scheduled for 2022 but will commence in Q1 of 2023 with preliminary results expected by Q1 of 2024. Data will be collected from HIV tests conducted among participants in biobehavioural surveys. Entity responsible for data collection and reporting: NACP Activities related to that indicator are being conducted through Nai Zindagi. Some of the testing kits are to be procured by UNDP Pakistan and handed over to Nai Zindagi. They have their own set of network for reaching out to PWID and offer services to that group. Report are also due through the MIS monthly.												
8	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	Pakistan	N: 10672.0000 D: 18612 P: 57.34%	2019  NACP-MIS	Age,Treatment outcome,Gender	United Nations Development Programme	N: D: P: %	N: 31300.4945 D: 59524 P: 52.58%	N: 34117.5390 D: 66667 P: 51.18%	TBD	Due Date: 30-Jun-2022	Due Date: 30-Jun-2023	Due Date: 30-Jun-2024
	<b>Comments</b>												
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 finalised and disseminated. Up to 31 Dec 2022, the LTFU time period refers to 180days or more since the last missed appointment. As per the recent NACP developed LFTU strategy (2022), the time of LTFU has been reduced from 180 to 90 days for year-1 (2023) as Pakistan progresses towards adaptation of the most recent WHO guidelines of 28 days or more since the last missed appointment. For 2023, the time period for a PLHIV to be considered LTFU is 90 days or more since the last missed appointment. PLHIV receiving multi-month dispensing are not considered as LTFU if their appointment period is exceeding the LTFU time period. Targets for 2023 and 2024 are projected based on 2022 results and the 90 day LTFU definition. 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 the preceding reporting period (Jan-June 2019). 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. Data source: NACP-MIS. Entity responsible for data collection and reporting: NACP													

Coverage indicators and targets										01-Jul-2021 31-Dec-2021	01-Jan-2022 30-Jun-2022	01-Jul-2022 31-Dec-2022	01-Jan-2023 30-Jun-2023	01-Jul-2023 31-Dec-2023
CI Number	Population	Coverage Indicator	Country and Scope of Targets	Baseline Value	Baseline Year and Source	Required Dissagregation	Include in GF Results	Responsible PR	Cumulation Type					
<b>RSSH: Health products management systems</b>														
15		PSM-3 Percentage of health facilities providing diagnostic services with tracer items available on the day of the visit or day of reporting	Country: Pakistan;  Coverage: Geographic Subnational, 100% of national program target	N: D: P: 100.00%	On-site availability assessment		No	United Nations Development Programme	Non cumulative – other	N: D: P: 100.00%	N: D: P: 100.00%	N: D: P: 100.00%	N: D: P: 100.00%	N: D: P: 100.00%
	<b>Comments</b>													
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. The total number of health facilities (denominator) will be finalized between UNDP and the CT based on the planned/ expected supervision visits and/or the number of health facilities that report into LMIS for 2023. In 2021 and 2022, the data will reported in line with the agreed reporting in the OSA. Hence from 2023, the report will be collected from routine LMIS. The trace items will be related to HIV only. UNDP will liaise with NACP to select the tracer items. Indicator definition: Numerator: Number of health facilities providing diagnostic services with tracer items available on the day of the visit or day of reporting (for reported LMIS data) Denominator: Number of health facilities visited, or reported in LMIS. This indicator will target sites which are essentially working in testing. Currently there are 16 CBOs and it is expected that by 2022, UNDP scale that number to 26 CBOs. Data Source: OSA, LMIS (in 2023) Entity responsible for data collection and reporting: PWC, UNDP														
16		PSM-4 Percentage of health facilities with tracer medicines for the three diseases available on the day of the visit or day of reporting	Country: Pakistan;  Coverage: Geographic Subnational, 100% of national program target	N: D: P: 99.00%	On-site availability assessment		No	United Nations Development Programme	Non cumulative – other	N: D: P: 100.00%	N: D: P: 100.00%	N: D: P: 100.00%	N: D: P: %	N: D: P: 100.00%
	<b>Comments</b>													
Target assumption: Data for this indicator will be collected through on-site data availability survey (OSA) by PWC in 2021 and 2022. This 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. UNDP will liaise with NACP to ensure that the drugs are appropriate and listed in the regimen that are being used by the ART Site. Indicator definition: Numerator: Number of health facilities with tracer health products available on the day of the visit or day of reporting (for reported LMIS data) Denominator: Number of health facilities visited, or reported in LMIS Data Source: OSA, LMIS in 2023 Entity responsible for data collection and reporting: PWC, UNDP The total number of health facilities (denominator) will be finalized between UNDP and the CT based on the planned/ expected supervision visits and/or the number of health facilities that report into LMIS.														
<b>Prevention</b>														
1	Men who have sex with men	KP-1a <sup>(M)</sup> Percentage of men who have sex with men reached with HIV prevention programs - defined package of services	Country: Pakistan;  Coverage: Geographic Subnational, less than 100% national program target	N: 42641 D: 922832 P: 4.62%	2019 NACP Program Data	Age	Yes	United Nations Development Programme	Non cumulative – other	N: 26550 D: 962533 P: 2.76%	N: 39800 D: 982091 P: 4.05%	N: 79600 D: 982091 P: 8.11%	N: 50100 D: 1001796 P: 5.00%	N: 100200 D: 1001796 P: 10.00%
	<b>Comments</b>													

1	<p>Key Population: MSM Baseline Data: Programmatic baseline data (NACP-2019) 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 Grant implementation Based on IBBS-2016, city prioritization for KPs was done on the basis of PSE and HIV prevalence. CBOs have been selected to implement the MSM specific component of the grant providing the defined prevention services package in some of the 21 priority sites that have been spread through 4 provinces. Current CBO count covering MSM, FSW and TG equals 16 unit and will scale up to 26 in 2022. Based on the assessment to be conducted and on the reporting from July to December 2021, UNDP will determine best approach to identify and then engage with additional CBOs. Currently there are 5 MSM CBOs working in 4 cities: Multan, Sarghoda, Lahore, Karachi. The expansion of CBOs is currently under discussion. Defined prevention services package for MSM includes the following: • Behavioural change communication messages • Distribution of condoms and/or lube • Distribution of IEC material • Use of Drop-In Centre (DIC) facility • Psycho social support and counselling • VCCT with pre &amp; post counselling • STI diagnosis and/or treatment • Career counselling and family counselling • Partner/ client and spouse testing • Referral to medical, social or other services • PrEP • Information on stigma and discrimination and/or referral on human rights issues MSM Targets have been incrementally increased from the baseline targets. Repeat clients reached with defined prevention services package have been set at 40%, 50% and 60% of the targets for the respective implementation periods for the grant years 1, 2 and 3 (based on community consultations and community repeat service uptake trends). (Numerator assumptions can be found in the following document: "treatment FR Final 21 July targets"; and denominator estimates on the PAS IV page 62) As per the NACP guidance, Comprehensive Package of services offered to MSM refers at the minimum to condoms distribution or STI screening and/or treatment. Other services can also be considered and beneficiaries counted as reached- Discussions are to be held with NACP to extend definition of people reached to include those receiving PrEP and those tested for HIV. The target KP may receive multiple services during the reporting period but this will not be included in the achievements. However, the number of repeat clients will be reported in the comments, disaggregated by the type of KP. Note also that PrEP information will be collected and reported in the comments, disaggregated by KP. During PU/DR, the PR will report on the number of clients that were reached each month and ensure that data systems are improved to enable reporting on the number consistently reached each month by 2023. Current network of MSM is covered through 5 CBOs present in 4 different cities: Karachi, Multan, Sarghoda, and Lahore. UNDP will assess extending to additional CBO by 2022. Targets are for GF allocation only. To facilitate monitoring and oversight of Global Fund-supported programs. Data source: Program records for the numerator (MIS) and population size estimates for the denominator. It is expected that data system is used for monitoring data at the national level when additional funds are mobilised from other funding sources. Entity responsible for data collection and reporting: UNDP responsible for reporting using NACP managed national MIS data systems</p>														
12	Men who have sex with men	KP-6a Percentage of eligible men who have sex with men who initiated oral antiretroviral PrEP during the reporting period	Country: Pakistan; Coverage: Geographic Subnational, 100% of national program target	N: D: P: %	NACP-Program Data	Yes	United Nations Development Programme	Non cumulative	N: 250 D: 455278 P: 0.05%	N: 3000 D: 464529 P: 0.65%	N: 3000 D: 464529 P: 0.65%	N: 4000 D: 473850 P: 0.84%	N: 4000 D: 473850 P: 0.84%		
12	<p><b>Comments</b></p> <p>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]. Target distribution: - 2021: 200 MSM and 50 MSW; - 2022: 4050 MSM and 1950 MSW - 2023: 6000 MSM and 2000 MSW. The target takes into consideration, the number of ART centers (49) and referral from CBOs serving the community of MSM. Report is meant to be posted through the MIS, although the indicator is not yet included in the MIS and needs to be developed and incorporated. Until that time, the information will be provided directly from CBOs. Eligibility for starting PrEP is defined on the national guidelines for PrEP. Eligibility include: 1. Confirmed HIV-negative status and 2. No signs and symptoms of acute HIV infection and 3. Determined to be at substantial risk for HIV. These criteria are aligned with GF guidelines. Indicator definition: Numerator: Number of eligible men who have sex with men who initiated oral PrEP during the reporting period Denominator: Number of eligible men who have sex with men who were newly offered PrEP during the reporting period Data Source: NACP and SR programme data (MIS) Entity responsible for data collection and reporting: UNDP responsible for reporting using NACP managed national MIS data systems</p>														
2	Transgender people	KP-1b <sup>(M)</sup> Percentage of transgender people reached with HIV prevention programs - defined package of services	Country: Pakistan; Coverage: Geographic Subnational, less than 100% national program target	N: 16351 D: 60924 P: 26.84%	2019 NACP Program Data	Age	Yes	United Nations Development Programme	Non cumulative – other	N: 9650 D: 63605 P: 15.17%	N: 11100 D: 64927 P: 17.10%	N: 22200 D: 64927 P: 34.19%	N: 12500 D: 66258 P: 18.87%	N: 25000 D: 66258 P: 37.73%	
2	<p><b>Comments</b></p> <p>Key Population: TG Baseline Data: Programmatic baseline data (NACP-2019) 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 Grant implementation Based on IBBS-2016, city prioritization for KPs was done on the basis of PSE and HIV prevalence. In PAS IV 2021-2025, 21 high burden cities have been identified for work with the TG specific component of the grant providing the defined prevention services. The HIV prevention programme has been scaled up both in terms of targets and geographical scale-up. Defined prevention services package for TGs include: • Behavioural change communication messages • Distribution of condoms and/or lube • Distribution of IEC material • Use of Drop-In Centre (DIC) facility • Psycho social support and counselling • VCCT with pre &amp; post counselling • STI diagnosis and/or treatment • Career counselling and family counselling • Partner/ client and spouse testing • Referral to medical, social or other services • PrEP • Information on stigma and discrimination and/or referral on human rights issues To have been 'reached' TGs must have been reached with condoms and/or lube, or STI diagnosis and/or treatment. (Discussions to include PREP and HIV testing is underway with the NACP) Target Assumptions: • TG Targets have been incrementally increased from the baseline targets. Repeat clients reached with defined prevention services package have been set at 40%, 50% and 60% of the targets for the respective implementation periods for the grant years 1, 2 and 3 (based on community consultations and community repeat service uptake trends). (Numerator assumptions can be found on the following document: "treatment FR Final 21 July targets"; and denominator estimates on the PAS IV page 62) As per the NACP guidance, Comprehensive Package of services offered to TG refers at the minimum to condoms distribution or STI screening and/or Treatment. Other services can also be considered and beneficiaries counted as reached- Discussions are to be held with NACP to extend definition of people reached to include those receiving PrEP and those testing. The target KP may receive multiple services during the reporting period but this will not be included in the achievements. However, the number of repeat clients will be reported in the comments, disaggregated by the type of KP. Note also that PrEP information will be collected and reported in the comments, disaggregated by KP. During PU/DR, the PR will report on the number of clients that were reached each month and ensure that data systems are improved to enable reporting on the number consistently reached each month by 2023. 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. Currently, there are 5 TG CBOs offering services in 5 cities: Faisalabad, Lahore, Rawalpindi, Karachi, Larkana. The expansion of CBOs is currently under discussion. Data source: Numerator: Program records for the numerator (MIS) and population size estimates for the denominator. It is expected that data system is used for monitoring data at the national level when additional funds are mobilised from other funding sources. Entity responsible for data collection and reporting: UNDP responsible for reporting using NACP managed national MIS data systems</p>														
3	Sex workers and their clients	KP-1c <sup>(M)</sup> Percentage of sex workers reached with HIV prevention programs - defined package of services	Country: Pakistan; Coverage: Geographic Subnational, less than 100% national program target	N: 7908 D: 203277 P: 3.89%	2019 NACP Program Data	Gender, Age	Yes	United Nations Development Programme	Non cumulative – other	N: 5750 D: 212017 P: 2.71%	N: 9800 D: 216336 P: 4.53%	N: 19600 D: 216336 P: 9.06%	N: 12850 D: 220683 P: 5.82%	N: 25700 D: 220683 P: 11.65%	
	<p><b>Comments</b></p>														





3 Key Population: FSW Baseline Data: Programmatic baseline data (NACP-2019) 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 Grant implementation Based on IBBS-2016, city prioritization for KPs was done on the basis of PSE and HIV prevalence. in PAS IV 2021-2025, 11 high burden cities have been identified for the FSW specific component of the grant providing the defined prevention services. The HIV prevention programme has been scaled up both in terms of targets and geographical scale-up. Defined prevention services package for FSW include: • Behavioural change communication messages • Distribution of condoms and/or lube • Distribution of IEC material • Use of Drop-In Centre (DIC) facility • Psycho social support and counselling • VCCT with pre & post counselling • STI diagnosis and/or treatment • Career counselling and family counselling • Partner/ client and spouse testing • Referral to medical, social or other services • PrEP • Information on stigma and discrimination and/or referral on human rights issues To have been 'reached' FSW must have been reached with condoms and/or lube, or STI diagnosis and/or treatment. Target Assumptions: • FSW Targets have been incrementally increased from the baseline targets. Repeat clients reached with defined prevention services package have been set at 40%, 50% and 60% of the targets for the respective implementation periods for the grant years 1, 2 and 3 (based on community consultations and community repeat service uptake trends).(Numerator assumptions can be found in the following document: "treatment FR Final 21 July targets"; and denominator estimates on the PAS IV page 62) Considering the baseline of 3.89% in 2019, the proposed 60% is unrealistic. Therefore targets have been kept at progressive rate of doubling from Y2 to Y3. This will be reviewed during the grant implemetation, in 2022, after the new CBOs have been identified and are providing services. As per the NACP guidance, Comprehensive Package of services offered to FSW refers at the minimum to condoms distribution or STI screening and/or Treatment. Other services can also be considered and beneficiaries counted as reached - Discussions are to be held with NACP to extend definition of people reached to include those receiving PrEP, HIV testing The target KP may receive multiple services during the reporting period but this will not be included in the achievements. However, the number of repeat clients will be reported in the comments, disaggregated by the type of KP.Note also that PrEP information will be collected and reported in the comments, disaggregated by KP as well as breakdown of services offered to them as part of the outreach strategy. During PU/DR, the PR will report on the number of clients that were reached each month and ensure that data systems are improved to enable reporting on the number consistently reached each month by 2023. Currently 6 FSW CBOs have interventions in 4 Cities Lahore, Bahawalpur, Karachi and Larkana. The expansion strategy for CBOs is under discussion. 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. Data source: Numerator: Program records for the numerator (MIS) and population size estimates for the denominator. Entity responsible for data collection and reporting: UNDP responsible for reporting using NACP managed national MIS data systems

**RSSH: Health management information systems and M&E**

13	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	Country: Pakistan; Coverage: Geographic Subnational, less than 100% national program target	N: 43 D: 45 P: 95.56%	2019 NACP-Program Data	Type of report	Yes	United Nations Development Programme	Non cumulative	N: 65 D: 65 P: 100.00%	N: 75 D: 75 P: 100.00%	N: 75 D: 75 P: 100.00%	N: 75 D: 75 P: 100.00%	N: 75 D: 75 P: 100.00%
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**Comments**  
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 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. Indicator definition: Numerator: Number of monthly reports that were received on time per national guidelines for the reporting period. Only complete reports with complete information will be considered. Denominator: Number of monthly reports submitted from health facilities for the reporting period. Note that this will also be extended to cover the CBOs, as per the discussions with the Global Fund, the 16 CBOs currently under the grant will be expanded by an additional 10 by 2022. Data Source: ART MIS and CBO MIS. Entity responsible for data collection and reporting: NACP Progress for this indicator will include provision of breakdown data and info on the performance of CBOs and ART sites, District and Province wise during each PU/PUDR. The deadlines are by the 15th of the month for ART sites, and by the 5th of the month for CBOs. Discussion with NACP and PACPs will refine the strategy and set a timeline prior to contract signature.

14	M&E-5 Percentage of facilities which record and submit data using the electronic information system	Country: Pakistan; Coverage: Geographic Subnational, less than 100% national program target	N: 19 D: 45 P: 42.22%	2019 On-site availability assessment		No	United Nations Development Programme	Non cumulative – other	N: 65 D: 65 P: 100.00%	N: 75 D: 75 P: 100.00%	N: 75 D: 75 P: 100.00%	N: 75 D: 75 P: 100.00%	N: 75 D: 75 P: 100.00%
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**Comments**  
The baseline data includes 45 ART facilities that have been reporting data to the National Programme. 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 and/or using their own electronic systems. There are currently 49 ART sites in the country and 16 CBOs in the grant, with expansion to 26 CBOs planned from 2022. The PR will work towards ensuring that all of the sites feed into the national MIS system. However, until this is in place, the PR will include the reports that were submitted electronically, but note that these were not into the national system. Indicator definition: Numerator: Number of health facilities which record and submit data using the electronic information system. Note that this will include CBOs as agreed with the GF. Denominator: Total number of ART sites (49) and CBOs (16, up to 26)

**Differentiated HIV Testing Services**

4	Men who have sex with men	HTS-3a <sup>(M)</sup> Percentage of men who have sex with men that have received an HIV test during the reporting period and know their results	Country: Pakistan; Coverage: Geographic Subnational, less than 100% national program target	N: 23695 D: 922832 P: 2.57%	2019 NACP Program Data	Age,HIV test status	Yes	United Nations Development Programme	Non cumulative – other	N: 21240 D: 962533 P: 2.21%	N: 31640 D: 982091 P: 3.22%	N: 63280 D: 982091 P: 6.44%	N: 40080 D: 1001796 P: 4.00%	N: 80160 D: 1001796 P: 8.00%
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**Comments**  
Key Population: MSM Baseline Data: Programmatic baseline data (NACP-2019) 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 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% of those whos have been tested in Jan-Dec 2022 and 20% of those in the Jan-Dec 2023. (Numerator assumptions can be found in the following document: "treatment FR Final 21 July targets"; and denominator estimates on the PAS IV page 62) Self-Testing strategy is meant to be covered initially through Pilot activity in 2021 and early 2022. Activity rollout is planned to be undertaken in Q2 2022. No retesting is expected but those tested positive will enter the cascade of Test 1, 2 and 3. The Goal is to perform counseling and give Test Kit to interested client. The test is designed to be conducted in private and the positive cases will report their result to CBO and they will be enrolled on the 3-test package to either confirm or invalidate the original result. Once confirmed, the client is transferred to ART center for further diagnosis: CD4 counts and other tests. The number of clients receiving self-test will be reported in the comments of the PU/DR. 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 CBO. Consideration for this indicator is looking at CBOs serving MSM - currently 5 CBOs covering 4 cities: Karachi, Multant, Sargodha, and Lahore. CBO expansion is under discussion. Data source: Program records for the numerator and population size estimates for the denominator. It is expected that data system is used for monitoring data at the national level when additional funds are mobilised from other funding sources. Entity responsible for data collection and reporting: UNDP responsible for reporting using NACP managed national MIS data systems UNDP will support efforts to streamline the MIS and single tools for reporting at facility and provincial level.

5	Transgender people	HTS-3b <sup>(M)</sup> Percentage of transgender people that have received an HIV test during the reporting period and know their results	Country: Pakistan; Coverage: Geographic Subnational, less than 100% national program target	N: 8965 D: 60924 P: 14.72%	2019 NACP Program Data	Age,HIV test status	Yes	United Nations Development Programme	Non cumulative – other	N: 7720 D: 63605 P: 12.14%	N: 8880 D: 64927 P: 13.68%	N: 17760 D: 64927 P: 27.35%	N: 10000 D: 66258 P: 15.09%	N: 20000 D: 66258 P: 30.19%
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**Comments**

5	Key Population: TG Baseline Data: Programmatic baseline data (NACP-2019) 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. Data source: Program records for the numerator and population size estimates for the denominator. Entity responsible for data collection and reporting: UNDP responsible for reporting using NACP managed national MIS data systems Self-Testing strategy is meant to be covered initially through Pilot activity in 2021 and early 2022. Activity rollout is planned for Q2 2022. No retesting is expected but those tested positive will enter the cascade of Test 1, 2 and 3. The Goal is to perform counseling and give Test Kit to interested client. The test is designed to be conducted in private and the positive cases will report their result to CBO and they will be enrolled on the 3-test package to either confirm or invalidate the original result. Once confirmed, the client is transferred to ART center for further diagnosis: CD4 counts and other tests. The number of clients receiving self-test will be reported in the comments of the PU/DR. Data will be generated from the 5 TG CBOs in 5 cities: Lahore, Larkana, Karachi, Faisalabad. The CBO expansion is currently under discussion. UNDP will support efforts to streamline the MIS and single tools for reporting at facility and provincial level.										N: 4600 D: 212017 P: 2.17%	N: 7840 D: 216336 P: 3.62%	N: 15680 D: 216336 P: 7.25%	N: 10280 D: 220683 P: 4.66%	N: 20560 D: 220683 P: 9.32%
6	Sex workers and their clients	HTS-3c <sup>(M)</sup> Percentage of sex workers that have received an HIV test during the reporting period and know their results	Country: Pakistan;  Coverage: Geographic Subnational, less than 100% national program target	N: 4337 D: 203277 P: 2.13%	2019 NACP Program Data	Age,Gender,HIV test status	Yes	United Nations Development Programme	Non cumulative – other	N: 4600 D: 212017 P: 2.17%	N: 7840 D: 216336 P: 3.62%	N: 15680 D: 216336 P: 7.25%	N: 10280 D: 220683 P: 4.66%	N: 20560 D: 220683 P: 9.32%	
6	<b>Comments</b> Key Population: FSW Baseline Data: Programmatic baseline data (NACP-2019) 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 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. Data source: Numerator: Program records for the numerator and population size estimates for the denominator. Entity responsible for data collection and reporting: UNDP responsible for reporting using NACP managed national MIS data systems Self-Testing strategy is meant to be covered initially through Pilot activity in 2021 and early 2022. Activity rollout is planned for Q2 2022. No retesting is expected but those tested positive will enter the cascade of Test 1, 2 and 3. The Goal is to perform counseling and give Test Kit to interested client. The test is designed to be conducted in private and the positive cases will report their result to CBO and they will be enrolled on the 3-test package to either confirm or invalidate the original result. Once confirmed, the client is transferred to ART center for further diagnosis: CD4 counts and other tests. The number of clients receiving self-test will be reported in the comments of the PU/DR. UNDP will support efforts to streamline the MIS and single tools for reporting at facility and provincial level. Data will be generated from 6 FSW CBOs in 4 cities : Karachi, Lahore, Larkana and Bhawalpur. CBO expansion is currently under discussion.														
7	Non-specified population groups	HTS-5 Percentage of people newly diagnosed with HIV initiated on ART	Country: Pakistan;  Coverage: Geographic National, 100% of national program target	N: 1969 D: 3300 P: 59.67%	2019 NZ Program Data and NACP MIS	Gender,Target / Risk population group	Yes	United Nations Development Programme	Non cumulative	N: 2106 D: 2340 P: 90.00%	N: 1833 D: 2037 P: 89.99%	N: 1833 D: 2037 P: 89.99%	N: 1567 D: 1734 P: 90.37%	N: 1561 D: 1734 P: 90.02%	
7	<b>Comments</b> 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. Indicator definition: Numerator: Number of people newly diagnosed with HIV and started ART during the reporting period Denominator: Number of people newly diagnosed with HIV during the reporting period Data source: NZ-Program Data and NACP MIS (both prevention and treatment MIS) Entity responsible for data collection and reporting: NACP/ UNDP and NZ. Indicator data will come from 49 ART centers, data from prevention sites and sentinel sites repoted to NACP and prisons where testing is being piloted.														
<b>TB/HIV</b>															
11		TB/HIV-3.1a Percentage of people living with HIV newly initiated on ART who were screened for TB	Country: Pakistan;  Coverage: Geographic Subnational, less than 100% national program target	N: 12452 D: 12452 P: 100.00%	2019 NACP Funding Request	Gender,Age	Yes	United Nations Development Programme	Non cumulative	N: 5610 D: 5610 P: 100.00%	N: 6884 D: 6884 P: 100.00%	N: 6884 D: 6884 P: 100.00%	N: 7942 D: 7942 P: 100.00%	N: 7942 D: 7942 P: 100.00%	
11	<b>Comments</b> 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 Baseline: All those newly initiated on ARVs for the year 2019 Jan to December as per reported in the programme data. Indicator definition: Numerator: Number of PLHIV newly initiated on ART who were screened for TB during the reporting period. Verbal screening. Denominator: Number of PLHIV who newly initiated ART during the reporting Data Source: ART registers Entity responsible for data collection and reporting: NACP														
17		TB/HIV-7 Percentage of PLHIV on ART who initiated TB preventive therapy among those eligible during the reporting period	Country: Pakistan;  Coverage: Geographic Subnational, 100% of national program target	N: D: P: %		Age,Gender,TPT regimen	No	United Nations Development Programme	Non cumulative	N: D: P: %  TBD	N: D: P: %  TBD	N: D: P: %	N: D: P: 5.00%	N: D: P: 10.00%	
17	<b>Comments</b> 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. For the TB/HIV-7 indicator, the national HIV programme is currently in the process of finalizing its national policy for initiating PLHIV on TPT target setting, with tracking measures such as development of HIV-TPT policy/ SOPs, eligibility criteria for PLHIV to be put on TPT and roll-out modalities. The targets for 2021 and 2022 are 0% as the TPT program is expected to rollout and be implemented in 2023.														
<b>Treatment, care and support</b>															
8	Adults living with HIV (15 and above)	TCS-1b <sup>(M)</sup> Percentage of adults (15 and above) on ART among all adults living with HIV at the end of the reporting period	Country: Pakistan;  Coverage: Geographic National, 100% of national program target	N: 21063 D: 177550 P: 11.86%	2019 NACP Program Data	Gender,Gender   Age,Duration of treatment,Target / Risk population group	Yes	United Nations Development Programme	Non cumulative – other	N: 31658 D: 223583 P: 14.16%	N: 34985 D: 252321 P: 13.87%	N: 38312 D: 252321 P: 15.18%	N: 42750 D: 284341 P: 15.03%	N: 47188 D: 284341 P: 16.60%	



8	<b>Comments</b>														
	Baseline: The baseline value of numerator was derived from ART clinic monthly reports from 45 centres across Pakistan and current trend until December 2019, while the baseline value of denominator was derived from estimation software (Spectrum), which is the total number of Adults (15 and above) with HIV. 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 Target Assumptions are based on NACP document: The target (numerator) for each Year was calculated by assuming: Baseline PLHIV on ART reached at December 2019 Positive cases (%) tested at ART centres From key population programmes assume numbers testing positive = testing target x prevalence rate for each KP. The targets each Year were also adjusted for dropout rate of (Attrition rate of 25% & 15% for 1st year & following year respectively). (Numerator assumptions can be found on the following document: "treatment FR Final 21 July targets"; and denominator estimates on the PAS IV page 62) Targets are for GF allocation only. Data source: Programme records. NACP MIS Entity responsible for data collection and reporting: NACP Data will be generated through 49 ART centers in all 4 provinces. A further discussion is planned on offering decentralized ART services - further discussion is to be held with the AIDS control programs (currently there is different understanding and support for this initiative). The goal would be for ART to come closer to populations and reduce the number of LTFU related to distance and lack of transport resources. Discussion and implementation will continue over the course of the grant cycle.														
9	Children living with HIV (under 15)	TCS-1c <sup>(M)</sup> Percentage of children (under 15) on ART among all children living with HIV at the end of the reporting period	Country: Pakistan; Coverage: Geographic National, 100% of national program target	N: 1883 D: 6155 P: 30.59%	2019 NACP Program Data	Gender,Duration of treatment	Yes	United Nations Development Programme	Non cumulative – other	N: 3208 D: 6987 P: 45.91%	N: 3419 D: 7571 P: 45.16%	N: 3630 D: 7571 P: 47.95%	N: 3846 D: 8117 P: 47.38%	N: 4061 D: 8117 P: 50.03%	
	<b>Comments</b>														
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) Baseline: The baseline value of numerator was derived from ART clinic monthly reports from 45 centres across Pakistan and current trend until December 2019, while the baseline value of denominator was derived from estimation software (Spectrum), which is the total number of children (under 15) with HIV. Indicator definition: Numerator: Number of children (under 15) on ART at the end of the reporting period Denominator: Number of children (under 15) on ART at the end of the reporting period. Data source: Programme records. NACP MIS Entity responsible for data collection and reporting: NACP Data will be generated through 49 ART centers in all 4 provinces. A further discussion is planned on offering decentralized ART services - further discussion is to be held with the AIDS control programs (currently there is different understanding and support for this initiative). The goal would be for ART to come closer to populations and reduce the number of LTFU related to distance and lack of transport resources. Discussion will continue and implementation will continue over the course of the grant cycle.															
<b>PMTCT</b>															
10		PMTCT-2.1 Percentage of HIV-positive women who received ART during pregnancy and/or labour and delivery	Country: Pakistan; Coverage: Geographic Subnational, less than 100% national program target	N: 417 D: 3701 P: 11.27%	2019 NACP-Program Data		No	United Nations Development Programme	Non cumulative - special	N: 390 D: 5381 P: 7.25%	N: 468 D: 5935 P: 7.89%	N: 468 D: 5935 P: 7.89%	N: 571 D: 6407 P: 8.91%	N: 571 D: 6407 P: 8.91%	
	<b>Comments</b>														
Indicator definition: Numerator: Number of HIV positive pregnant women who delivered and received ART during the reporting period. It is 14.5%, 15.7% & 17.8 % for each (Year) 2021, 2022 & 2023 Denominator: Estimated number of HIV positive pregnant women who delivered during the reporting period. (Spectrum) Data Source: Program records for the numerator (MIS) and modelling-based estimates (Spectrum) for the denominator. Entity responsible for data collection and reporting: NACP. The PMTCT data will be collected from the 11 PPTCT sites in the country, via the NACP. The PPTCT centers manage antenatal care, safe childbirth practices, counseling, treatment and spouse / partner testing and care. Pakistan currently has 11 PPTCT which report through the MIS., although not all are functional. After the pregnancy, the women are referred/transferred to ART centers for follow up and ongoing treatment.															

Workplan Tracking Measures									
Population	Intervention	Key Activity	Milestones	Criteria for Completion	Country	01-Jul-2021 31-Dec-2021	01-Jan-2022 30-Jun-2022	01-Jul-2022 31-Dec-2022	01-Jan-2023 30-Jun-2023
<b>Prevention</b>									
Men who have sex with men	Addressing stigma, discrimination and violence	Work with Parliamentarians	Development of TOR, finalization of TOR and hiring of consultants/firm; Development of capacity building materials for Parliamentarians; Establishment of an Parliamentary Caucus on issues of Key Populations, HIV, Stigma and Discrimination	0= not started, 1= started, TOR finalized, consultant firm hired 2= advanced= Capacity Building materials developed 3=completed= Parliamentarians Caucus established	Pakistan	X			
<b>Comments</b>									
The work with Parliamentarians is meant to assist in the creation of an enabling environment on issues related to Key Populations, HIV and stigma and discrimination. The intervention will start with development of training materials, selection of Parliamentarians for capacity building, engaging in capacity building and the establishment of a Parliamentary Caucus. The Caucus will meet at least two times a year, if not more, to debate issues related to HIV and Key Populations. The criteria for completion for July to December 2021 should be as follows: 0= not started 1= started, TOR finalized, consultant firm hired 2= advanced= Capacity Building materials developed 3=completed= Parliamentarians Caucus established									
People who inject drugs and their partners	Opioid substitution therapy and other medically assisted drug dependence treatment	Support the roll out of OST	Engage in quarterly coordination meetings on OST - NACP, PACP, SACP, technical partners, NZT to support the developpe of clincial guidelines and SOPs	0= not started, 1= started = Draft SOPs shared with stakeholders 2= advanced=Meeting to finalize SOPs and clincial guidelines 3=completed= SOPS vaildated and pilot sites agreed	Pakistan	X			





People who inject drugs and their partners	Opioid substitution therapy and other medically assisted drug dependence treatment	Support the roll out of OST	Engage in quarterly coordination meetings on OST - NACP, PACP, SACP, technical partners, NZT; agreement on pilot sites - one in Sindh and one in Punjab and finalisation of SOPS	0= not started, 1= started = pilot sites identified 2= advanced= methadone procured and staff trained 3=completed= Agreements completed and sites ready to implement	Pakistan		X		
			Implementation of the OST program in the pilot sites	0= not started, 1= started, Methadone distributed to site patients 2= advanced, ART provided to methadone patients who test HIV positive 3=completed. All selected sites implementing OST services at full capacity including ART	Pakistan			X	

**Comments**

UNDP will work to support NZT, NACP and PACPs to implement the OST program in pilot sites - one in Sindh and one in Punjab. The OST Implementation plan has been developed by NZ with support from GF. The feasibility study will be undertaken by UNAIDS, UNODC and partners and completed by October 2021. The quarterly meetings will be used for coordination, to develop, SOPS, clinical guidelines, selection of sites, monitoring implementation and ensuring the inclusion of ART where necessary.

**RSSH: Health management information systems and M&E**

Surveys	Support undertaking an IBBS and PSE	Data collection phase: Engage in data collection, analysis and report writing	0= not started, 1= started= field staff recruited and trained, data collection started 2= advanced= data collection completed and analysis started 3=completed. Data analysis completed and report drafted	Pakistan			X	
		Draft report produced with findings and shared with technical partners for review and inputs	0= not started, 1= started=draft report shared with partners 2= advanced= Report finalized 3=completed. Report and disseminated to partners	Pakistan				X
		Preparatory phase: Engage with NACP, PACPs and technical partners on IBBS - planning, budgeting. Set up Technical Steering Committee; Finalize TOR, advertise, recruit consultant(s), firm	0= not started, 1= started=TOR completed 2= Advanced= Technical Steering committee set up 3=Completed. TOR completed and consultants recruited, technical steering committee in place	Pakistan	X			
		Preparatory phase: Finalize the research protocol and data collection tools, apply for ethical clearance and hire field staff to conduct research, training of field staff	0= not started, 1= Started=research protocol and data collection tools drafted 2= Advanced= research protocol and data collection tools reviewed by steering committee and partners. 3=Completed= research protocol and data collection tools finalized, and approved by ethical committee	Pakistan		X		

**Comments**

Preparations for the IBBS and PSE will be undertaken in 2021, with data collection, analysis and report writing planned in 2022. The final report will be expected by the end of 2022.







Item	Quantity	Unit	Description	Material	Notes
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Account	Account Type	Account Name	Account ID	Account Status	Account Created	Account Modified	Account Deleted	Account Expiry	Account Balance	Account Credit	Account Debit	Account Total	Account Category	Account Sub-Category	Account Description	Account Location	Account Contact	Account Phone	Account Email	Account Website	Account Logo	Account Icon	Account Avatar	Account Cover	Account Banner	Account Background	Account Wallpaper	Account Theme	Account Color	Account Font	Account Size	Account Weight	Account Style	Account Variant	Account Family	Account Script	Account Direction	Account Orientation	Account Language	Account Locale	Account Region	Account Country	Account City	Account State	Account Zip	Account Postal	Account Postal2	Account Postal3	Account Postal4	Account Postal5	Account Postal6	Account Postal7	Account Postal8	Account Postal9	Account Postal10	Account Postal11	Account Postal12	Account Postal13	Account Postal14	Account Postal15	Account Postal16	Account Postal17	Account Postal18	Account Postal19	Account Postal20	Account Postal21	Account Postal22	Account Postal23	Account Postal24	Account Postal25	Account Postal26	Account Postal27	Account Postal28	Account Postal29	Account Postal30	Account Postal31	Account Postal32	Account Postal33	Account Postal34	Account Postal35	Account Postal36	Account Postal37	Account Postal38	Account Postal39	Account Postal40	Account Postal41	Account Postal42	Account Postal43	Account Postal44	Account Postal45	Account Postal46	Account Postal47	Account Postal48	Account Postal49	Account Postal50	Account Postal51	Account Postal52	Account Postal53	Account Postal54	Account Postal55	Account Postal56	Account Postal57	Account Postal58	Account Postal59	Account Postal60	Account Postal61	Account Postal62	Account Postal63	Account Postal64	Account Postal65	Account Postal66	Account Postal67	Account Postal68	Account Postal69	Account Postal70	Account Postal71	Account Postal72	Account Postal73	Account Postal74	Account Postal75	Account Postal76	Account Postal77	Account Postal78	Account Postal79	Account Postal80	Account Postal81	Account Postal82	Account Postal83	Account Postal84	Account Postal85	Account Postal86	Account Postal87	Account Postal88	Account Postal89	Account Postal90	Account Postal91	Account Postal92	Account Postal93	Account Postal94	Account Postal95	Account Postal96	Account Postal97	Account Postal98	Account Postal99	Account Postal100
Account 1	Account Type 1	Account Name 1	Account ID 1	Account Status 1	Account Created 1	Account Modified 1	Account Deleted 1	Account Expiry 1	Account Balance 1	Account Credit 1	Account Debit 1	Account Total 1	Account Category 1	Account Sub-Category 1	Account Description 1	Account Location 1	Account Contact 1	Account Phone 1	Account Email 1	Account Website 1	Account Logo 1	Account Icon 1	Account Avatar 1	Account Cover 1	Account Banner 1	Account Background 1	Account Wallpaper 1	Account Theme 1	Account Color 1	Account Font 1	Account Size 1	Account Weight 1	Account Style 1	Account Variant 1	Account Family 1	Account Script 1	Account Direction 1	Account Orientation 1	Account Language 1	Account Locale 1	Account Region 1	Account Country 1	Account City 1	Account State 1	Account Zip 1	Account Postal 1	Account Postal2 1	Account Postal3 1	Account Postal4 1	Account Postal5 1	Account Postal6 1	Account Postal7 1	Account Postal8 1	Account Postal9 1	Account Postal10 1	Account Postal11 1	Account Postal12 1	Account Postal13 1	Account Postal14 1	Account Postal15 1	Account Postal16 1	Account Postal17 1	Account Postal18 1	Account Postal19 1	Account Postal20 1	Account Postal21 1	Account Postal22 1	Account Postal23 1	Account Postal24 1	Account Postal25 1	Account Postal26 1	Account Postal27 1	Account Postal28 1	Account Postal29 1	Account Postal30 1	Account Postal31 1	Account Postal32 1	Account Postal33 1	Account Postal34 1	Account Postal35 1	Account Postal36 1	Account Postal37 1	Account Postal38 1	Account Postal39 1	Account Postal40 1	Account Postal41 1	Account Postal42 1	Account Postal43 1	Account Postal44 1	Account Postal45 1	Account Postal46 1	Account Postal47 1	Account Postal48 1	Account Postal49 1	Account Postal50 1	Account Postal51 1	Account Postal52 1	Account Postal53 1	Account Postal54 1	Account Postal55 1	Account Postal56 1	Account Postal57 1	Account Postal58 1	Account Postal59 1	Account Postal60 1	Account Postal61 1	Account Postal62 1	Account Postal63 1	Account Postal64 1	Account Postal65 1	Account Postal66 1	Account Postal67 1	Account Postal68 1	Account Postal69 1	Account Postal70 1	Account Postal71 1	Account Postal72 1	Account Postal73 1	Account Postal74 1	Account Postal75 1	Account Postal76 1	Account Postal77 1	Account Postal78 1	Account Postal79 1	Account Postal80 1	Account Postal81 1	Account Postal82 1	Account Postal83 1	Account Postal84 1	Account Postal85 1	Account Postal86 1	Account Postal87 1	Account Postal88 1	Account Postal89 1	Account Postal90 1	Account Postal91 1	Account Postal92 1	Account Postal93 1	Account Postal94 1	Account Postal95 1	Account Postal96 1	Account Postal97 1	Account Postal98 1	Account Postal99 1	Account Postal100 1
Account 2	Account Type 2	Account Name 2	Account ID 2	Account Status 2	Account Created 2	Account Modified 2	Account Deleted 2	Account Expiry 2	Account Balance 2	Account Credit 2	Account Debit 2	Account Total 2	Account Category 2	Account Sub-Category 2	Account Description 2	Account Location 2	Account Contact 2	Account Phone 2	Account Email 2	Account Website 2	Account Logo 2	Account Icon 2	Account Avatar 2	Account Cover 2	Account Banner 2	Account Background 2	Account Wallpaper 2	Account Theme 2	Account Color 2	Account Font 2	Account Size 2	Account Weight 2	Account Style 2	Account Variant 2	Account Family 2	Account Script 2	Account Direction 2	Account Orientation 2	Account Language 2	Account Locale 2	Account Region 2	Account Country 2	Account City 2	Account State 2	Account Zip 2	Account Postal 2	Account Postal2 2	Account Postal3 2	Account Postal4 2	Account Postal5 2	Account Postal6 2	Account Postal7 2	Account Postal8 2	Account Postal9 2	Account Postal10 2	Account Postal11 2	Account Postal12 2	Account Postal13 2	Account Postal14 2	Account Postal15 2	Account Postal16 2	Account Postal17 2	Account Postal18 2	Account Postal19 2	Account Postal20 2	Account Postal21 2	Account Postal22 2	Account Postal23 2	Account Postal24 2	Account Postal25 2	Account Postal26 2	Account Postal27 2	Account Postal28 2	Account Postal29 2	Account Postal30 2	Account Postal31 2	Account Postal32 2	Account Postal33 2	Account Postal34 2	Account Postal35 2	Account Postal36 2	Account Postal37 2	Account Postal38 2	Account Postal39 2	Account Postal40 2	Account Postal41 2	Account Postal42 2	Account Postal43 2	Account Postal44 2	Account Postal45 2	Account Postal46 2	Account Postal47 2	Account Postal48 2	Account Postal49 2	Account Postal50 2	Account Postal51 2	Account Postal52 2	Account Postal53 2	Account Postal54 2	Account Postal55 2	Account Postal56 2	Account Postal57 2	Account Postal58 2	Account Postal59 2	Account Postal60 2	Account Postal61 2	Account Postal62 2	Account Postal63 2	Account Postal64 2	Account Postal65 2	Account Postal66 2	Account Postal67 2	Account Postal68 2	Account Postal69 2	Account Postal70 2	Account Postal71 2	Account Postal72 2	Account Postal73 2	Account Postal74 2	Account Postal75 2	Account Postal76 2	Account Postal77 2	Account Postal78 2	Account Postal79 2	Account Postal80 2	Account Postal81 2	Account Postal82 2	Account Postal83 2	Account Postal84 2	Account Postal85 2	Account Postal86 2	Account Postal87 2	Account Postal88 2	Account Postal89 2	Account Postal90 2	Account Postal91 2	Account Postal92 2	Account Postal93 2	Account Postal94 2	Account Postal95 2	Account Postal96 2	Account Postal97 2	Account Postal98 2	Account Postal99 2	Account Postal100 2

## **muhammad asad**

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**From:** Rasulbek Takhirov  
**Sent:** Wednesday, 27 September 2023 10:48 am  
**To:** muhammad asad  
**Subject:** FW: Extension

Regards, Rasul

---

**From:** Heather Doyle <[heather.doyle@undp.org](mailto:heather.doyle@undp.org)>  
**Sent:** Tuesday, 29 August 2023 2:08 pm  
**To:** Samuel Rizk <[samuel.rizk@undp.org](mailto:samuel.rizk@undp.org)>; Mustafa Mahmood <[mustafa.mahmood@undp.org](mailto:mustafa.mahmood@undp.org)>  
**Cc:** Rasulbek Takhirov <[rasulbek.takhirov@undp.org](mailto:rasulbek.takhirov@undp.org)>; Osama Hussian <[osama.hussian@undp.org](mailto:osama.hussian@undp.org)>; Saqlain Abbas <[saqlain.abbas@undp.org](mailto:saqlain.abbas@undp.org)>; muhammad asad <[muhammad.asad@undp.org](mailto:muhammad.asad@undp.org)>  
**Subject:** FW: Extension

Just fyi. The team is pushing hard on all procurement to be in the system in the next weeks to reduce the amount that is reduced from the next grant. This is a political liability more than a programmatic liability.  
Heather

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**From:** Izaskun Gaviria <[Izaskun.Gaviria@theglobalfund.org](mailto:Izaskun.Gaviria@theglobalfund.org)>  
**Sent:** Monday, 28 August 2023 8:41 pm  
**To:** Heather Doyle <[heather.doyle@undp.org](mailto:heather.doyle@undp.org)>  
**Subject:** Extension

Dear Heather

In light of the TRP outcome pertaining to the HIV Funding Request, the grant, PAK-HIV-UNDP will be extended until 30 June 2024 and the extension would be funded from existing grant saving. Please note that the Country Team has not received the final extension documents yet, and that final Global Fund approval of the extension is subject to internal Global Fund approval which is expected within the next few weeks. **Please note that the extension will reduce the amount of time and funds available for the next Implementation Period.** For further details refer to paragraph 23 of the OPN on Revise Grants (extracted below)

- 23. Key Design Considerations:** V  
Country Teams should adhere to the
- a. **Source of Funding:** Although not amend the Allocation Utili the subsequent Allocation Utili allocation, reducing the amour Period. In addition, the Alloc delivered determines the alloc: services are delivered during ar allocation.

**Izaskun Gaviria**

Senior Fund Portfolio Manager  
High Impact Asia Department



M: +41795408141  
T: +41587911870  
izaskun.gaviria@theglobalfund.org  
theglobalfund.org

Global Health Campus | Chemin du Pommier 40 | 1218 Grand-Saconnex | Geneva, Switzerland



## **muhammad asad**

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**From:** Mustafa Mahmood  
**Sent:** Thursday, 5 October 2023 3:27 pm  
**To:** Heather Doyle; muhammad asad; Shahab Bangash; Sara Ansari; Salman Rafique; Otgontsetseg Zundui  
**Cc:** Rasulbek Takhirov  
**Subject:** RE: Extension of GF project till June 2024

Reviewed and endorsed from my side too

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**From:** Heather Doyle <[heather.doyle@undp.org](mailto:heather.doyle@undp.org)>  
**Sent:** Thursday, 5 October 2023 2:53 pm  
**To:** muhammad asad <[muhammad.asad@undp.org](mailto:muhammad.asad@undp.org)>; Shahab Bangash <[shahab.bangash@undp.org](mailto:shahab.bangash@undp.org)>; Sara Ansari <[sara.ansari@undp.org](mailto:sara.ansari@undp.org)>; Salman Rafique <[salman.rafique@undp.org](mailto:salman.rafique@undp.org)>; Mustafa Mahmood <[mustafa.mahmood@undp.org](mailto:mustafa.mahmood@undp.org)>; Otgontsetseg Zundui <[otgontsetseg.zundui@undp.org](mailto:otgontsetseg.zundui@undp.org)>  
**Cc:** Rasulbek Takhirov <[rasulbek.takhirov@undp.org](mailto:rasulbek.takhirov@undp.org)>  
**Subject:** RE: Extension of GF project till June 2024

Hi Asadullah – I have reviewed and approve.

---

**From:** muhammad asad <[muhammad.asad@undp.org](mailto:muhammad.asad@undp.org)>  
**Sent:** Thursday, 5 October 2023 9:06 am  
**To:** Heather Doyle <[heather.doyle@undp.org](mailto:heather.doyle@undp.org)>; Shahab Bangash <[shahab.bangash@undp.org](mailto:shahab.bangash@undp.org)>; Sara Ansari <[sara.ansari@undp.org](mailto:sara.ansari@undp.org)>; Salman Rafique <[salman.rafique@undp.org](mailto:salman.rafique@undp.org)>; Mustafa Mahmood <[mustafa.mahmood@undp.org](mailto:mustafa.mahmood@undp.org)>; Otgontsetseg Zundui <[otgontsetseg.zundui@undp.org](mailto:otgontsetseg.zundui@undp.org)>  
**Cc:** Rasulbek Takhirov <[rasulbek.takhirov@undp.org](mailto:rasulbek.takhirov@undp.org)>  
**Subject:** FW: Extension of GF project till June 2024

Dear All,

Kindly give your approval so that I can put the note on Docu sign for signature.

Regards,

---

**From:** muhammad asad  
**Sent:** Monday, 2 October 2023 12:04 pm  
**To:** Heather Doyle <[heather.doyle@undp.org](mailto:heather.doyle@undp.org)>; Shahab Bangash <[shahab.bangash@undp.org](mailto:shahab.bangash@undp.org)>; Sara Ansari <[sara.ansari@undp.org](mailto:sara.ansari@undp.org)>; Salman Rafique <[salman.rafique@undp.org](mailto:salman.rafique@undp.org)>; Mustafa Mahmood <[mustafa.mahmood@undp.org](mailto:mustafa.mahmood@undp.org)>; Otgontsetseg Zundui <[otgontsetseg.zundui@undp.org](mailto:otgontsetseg.zundui@undp.org)>  
**Cc:** Rasulbek Takhirov <[rasulbek.takhirov@undp.org](mailto:rasulbek.takhirov@undp.org)>  
**Subject:** FW: Extension of GF project till June 2024

Dear All,

Kindly review the Note to file on below link and make changes if any. After review by all, it will be submitted on Docu sign for signature.

 [Note to File for Extension of GF Project Till Jun24 HD.docx](#)

Prepared By:

Endorsed By:

---

Heather Doyle  
Project Coordinator,  
UNDP GF Project

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Mustafa Mehmood  
Assistant Resident Representative (OIC),  
UNDP, CPIU

Reviewed by

Reviewed by:

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Sara Ansari  
Head Financial Resource Management Unit

---

Syed Sabeeh  
RBM Analyst & Head, MSU

Reviewed by

Approved By:

---

Otgontsetseg Zundui  
Operations Manager

---

Van Nguyen  
Deputy Resident Representative

---

**From:** Shahab Bangash <[shahab.bangash@undp.org](mailto:shahab.bangash@undp.org)>

**Sent:** Monday, 25 September 2023 5:07 pm

**To:** Rasulbek Takhirov <[rasulbek.takhirov@undp.org](mailto:rasulbek.takhirov@undp.org)>

**Cc:** Syed Sabeeh <[syed.sabeeh@undp.org](mailto:syed.sabeeh@undp.org)>; muhammad asad <[muhammad.asad@undp.org](mailto:muhammad.asad@undp.org)>

**Subject:** RE: Extension of GF project till June 2024

Dear Rasul sb,

My comments on the NTF are as follows:

1. The project ID in the header and last paragraph of the NTF are different.
2. Please also annex the donor confirmation email/letter regarding the extension of the existing grant until June 2024.

Please note that a prodoc amendment note will also be required once the extension is approved by the management.

Regards,  
Shahab



---

**From:** Rasulbek Takhirov <[rasulbek.takhirov@undp.org](mailto:rasulbek.takhirov@undp.org)>  
**Sent:** Monday, 25 September 2023 2:53 pm  
**To:** Shahab Bangash <[shahab.bangash@undp.org](mailto:shahab.bangash@undp.org)>  
**Cc:** Syed Sabeeh <[syed.sabeeh@undp.org](mailto:syed.sabeeh@undp.org)>; muhammad asad <[muhammad.asad@undp.org](mailto:muhammad.asad@undp.org)>  
**Subject:** FW: Extension of GF project till June 2024

Dear Shahab,

FYI> thank you

Regards, Rasul

---

**From:** muhammad asad <[muhammad.asad@undp.org](mailto:muhammad.asad@undp.org)>  
**Sent:** Thursday, 7 September 2023 8:52 am  
**To:** Syed Sabeeh <[syed.sabeeh@undp.org](mailto:syed.sabeeh@undp.org)>; Shahab Bangash <[shahab.bangash@undp.org](mailto:shahab.bangash@undp.org)>  
**Cc:** Heather Doyle <[heather.doyle@undp.org](mailto:heather.doyle@undp.org)>; Rasulbek Takhirov <[rasulbek.takhirov@undp.org](mailto:rasulbek.takhirov@undp.org)>; Sara Ansari <[sara.ansari@undp.org](mailto:sara.ansari@undp.org)>; Mustafa Mahmood <[mustafa.mahmood@undp.org](mailto:mustafa.mahmood@undp.org)>  
**Subject:** Extension of GF project till June 2024

Dear Dr Sabeeh,

Kindly review the draft note to file to extend the GF project till 30 June 2024. After your email approval I will upload this on Docu sign for signature.

Regards,

---

**From:** Syed Sabeeh <[syed.sabeeh@undp.org](mailto:syed.sabeeh@undp.org)>  
**Sent:** Friday, 18 August 2023 11:17 am  
**To:** Rasulbek Takhirov <[rasulbek.takhirov@undp.org](mailto:rasulbek.takhirov@undp.org)>; Shahab Bangash <[shahab.bangash@undp.org](mailto:shahab.bangash@undp.org)>  
**Cc:** muhammad asad <[muhammad.asad@undp.org](mailto:muhammad.asad@undp.org)>  
**Subject:** RE: Amendment to Prodoc

Dear Rasulbek,

It was such a pleasure to see you today

As discussed, please find two sample amendment/revision notes approved earlier for two different projects which you can also use to draft your own along with ensuring relevant sections of the prodoc going through revision are attached as annexures to the note

@Shahab, kindly facilitate further if required.

Many thanks  
Kind Regards  
Sabeeh

**From:** Rasulbek Takhirov <[rasulbek.takhirov@undp.org](mailto:rasulbek.takhirov@undp.org)>

**Sent:** Friday, 18 August 2023 9:30 am

**To:** Syed Sabeeh <[syed.sabeeh@undp.org](mailto:syed.sabeeh@undp.org)>

**Cc:** Shahab Bangash <[shahab.bangash@undp.org](mailto:shahab.bangash@undp.org)>; muhammad asad <[muhammad.asad@undp.org](mailto:muhammad.asad@undp.org)>

**Subject:** Amendment to Prodoc

Dear Dr Sabeeh – can you please share template for amendment as discussed on project extension. Thank you.

**Certificate Of Completion**

Envelope Id: 0C30C19AE2A047B9BE998BF26D1F0667

Status: Completed

Subject: Complete with DocuSign: Request to sign NTF for Extension of the GF Project Document

Source Envelope:

Document Pages: 23

Signatures: 7

Certificate Pages: 5

Initials: 0

AutoNav: Enabled

Enveloped Stamping: Enabled

Time Zone: (UTC+07:00) Bangkok, Hanoi, Jakarta

Envelope Originator:

Muhammad Asadlullah

One United Nations Plaza

New York, NY 10017

muhammad.asad@undp.org

IP Address: 39.43.170.251

**Record Tracking**

Status: Original

Holder: Muhammad Asadlullah

Location: DocuSign

10/6/2023 10:36:57 AM

muhammad.asad@undp.org

**Signer Events**

Rasulbek Takhirov

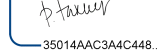
rasulbek.takhirov@undp.org

Finance Specialist

UNDP

Security Level: Email, Account Authentication  
(None)**Signature**

DocuSigned by:



35014AAC3A4C448...

**Timestamp**

Sent: 10/6/2023 10:48:05 AM

Viewed: 10/6/2023 11:16:41 AM

Signed: 10/6/2023 11:16:57 AM

Signature Adoption: Drawn on Device

Using IP Address: 210.56.24.10

**Electronic Record and Signature Disclosure:**

Not Offered via DocuSign

Heather Doyle

heather.doyle@undp.org

PMU Programme Coordinator

Security Level: Email, Account Authentication  
(None)

DocuSigned by:



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Sent: 10/6/2023 11:17:02 AM

Viewed: 10/6/2023 1:16:53 PM

Signed: 10/6/2023 1:17:02 PM

Signature Adoption: Pre-selected Style

Using IP Address: 154.198.91.155

Signed using mobile

**Electronic Record and Signature Disclosure:**

Not Offered via DocuSign

mustafa mahmood

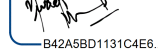
mustafa.mahmood@undp.org

Programme Officer, CPRU

UNDP Pakistan

Security Level: Email, Account Authentication  
(None)

DocuSigned by:



B42A5BD1131C4E6...

Sent: 10/6/2023 1:17:08 PM

Viewed: 10/6/2023 1:45:25 PM

Signed: 10/6/2023 1:45:49 PM

Signature Adoption: Drawn on Device

Using IP Address: 210.56.24.10

**Electronic Record and Signature Disclosure:**

Not Offered via DocuSign

Salman Rafique

salman.rafique@undp.org

Finance Associate

UNDP Pakistan

Security Level: Email, Account Authentication  
(None)

DocuSigned by:



604F2AE0DEB449E...

Sent: 10/6/2023 1:45:56 PM

Resent: 10/9/2023 8:25:51 AM

Viewed: 10/9/2023 10:50:44 AM

Signed: 10/9/2023 10:50:52 AM

Signature Adoption: Uploaded Signature Image

Using IP Address: 210.56.24.10

**Electronic Record and Signature Disclosure:**

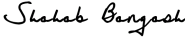
Not Offered via DocuSign

**Signer Events**

Shahab Bangash  
shahab.bangash@undp.org

UNDP Pakistan  
Security Level: Email, Account Authentication  
(None)

**Signature**

DocuSigned by:  
  
A44F5D9A020E485...

Signature Adoption: Pre-selected Style  
Using IP Address: 210.56.24.10

**Timestamp**


Sent: 10/9/2023 10:50:58 AM  
Resent: 10/9/2023 9:01:41 PM  
Resent: 10/10/2023 4:36:44 PM  
Viewed: 10/10/2023 5:22:39 PM  
Signed: 10/10/2023 5:25:31 PM

**Electronic Record and Signature Disclosure:**

Accepted: 8/18/2020 12:54:49 PM  
ID: f51f9c58-b964-44c0-8a33-202dd7fe4c45

Otgontsetseg Zundui  
otgontsetseg.zundui@undp.org  
Operations Manager

United Nations Development Program - Global  
Security Level: Email, Account Authentication  
(None)

DocuSigned by:  
  
E18DDE0A21E049C...


Signature Adoption: Uploaded Signature Image  
Using IP Address: 210.56.24.10

Sent: 10/10/2023 5:25:38 PM  
Viewed: 10/10/2023 6:09:32 PM  
Signed: 10/10/2023 6:10:21 PM

**Electronic Record and Signature Disclosure:**

Not Offered via DocuSign

Van Nguyen  
nguyen.thi.ngoc.van@undp.org  
Deputy Resident Representative, UNDP Pakistan  
UNDP Headquarters  
Security Level: Email, Account Authentication  
(None)

DocuSigned by:  
  
6D879D9AF3DC425...

Signature Adoption: Pre-selected Style  
Using IP Address: 103.137.24.178

Sent: 10/10/2023 6:10:28 PM  
Viewed: 10/11/2023 1:27:13 AM  
Signed: 10/11/2023 1:27:45 AM

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**In Person Signer Events****Signature****Timestamp****Editor Delivery Events****Status****Timestamp****Agent Delivery Events****Status****Timestamp****Intermediary Delivery Events****Status****Timestamp****Certified Delivery Events****Status****Timestamp****Carbon Copy Events****Status****Timestamp****Witness Events****Signature****Timestamp****Notary Events****Signature****Timestamp****Envelope Summary Events****Status****Timestamps**

Envelope Sent	Hashed/Encrypted	10/6/2023 10:48:05 AM
Envelope Updated	Security Checked	10/9/2023 9:01:40 PM
Envelope Updated	Security Checked	10/9/2023 9:01:40 PM
Envelope Updated	Security Checked	10/9/2023 9:01:40 PM
Certified Delivered	Security Checked	10/11/2023 1:27:13 AM
Signing Complete	Security Checked	10/11/2023 1:27:45 AM
Completed	Security Checked	10/11/2023 1:27:45 AM

**Payment Events****Status****Timestamps****Electronic Record and Signature Disclosure**

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**Certificate Of Completion**

Envelope Id: 07E74E3A287543738F6DD7C97072CD4C	Status: Completed
Subject: Complete with DocuSign: 20 Dec-Final Draft _Annual_Work_Plan_Global Fund_2024.docx, NTF_for_Ext...	
Source Envelope:	
Document Pages: 115	Signatures: 1
Certificate Pages: 1	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelope Stamping: Enabled	Tabinda Khurshid
Time Zone: (UTC-06:00) Guadalajara, Mexico City, Monterrey	One United Nations Plaza
	New York, NY 10017
	tabinda.khurshid@undp.org
	IP Address: 39.41.212.202

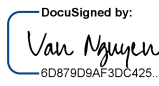
**Record Tracking**

Status: Original	Holder: Tabinda Khurshid	Location: DocuSign
December 20, 2023   05:21	tabinda.khurshid@undp.org	

**Signer Events**

Van Nguyen  
nguyen.thi.ngoc.van@undp.org  
Deputy Resident Representative, UNDP Pakistan  
UNDP Headquarters  
Security Level: Email, Account Authentication  
(None)

**Signature**

DocuSigned by:  
  
6D879D9AF3DC425...  
Signature Adoption: Pre-selected Style  
Using IP Address: 101.50.109.22  
Signed using mobile

**Timestamp**

Sent: December 20, 2023 | 05:30  
Viewed: December 20, 2023 | 19:46  
Signed: December 20, 2023 | 19:47

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Envelope Sent	Hashed/Encrypted	December 20, 2023   05:30
Certified Delivered	Security Checked	December 20, 2023   19:46
Signing Complete	Security Checked	December 20, 2023   19:47
Completed	Security Checked	December 20, 2023   19:47

**Payment Events****Status****Timestamps**