

# United Nations Development Programme



## Annual Work Plan 2023

<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:

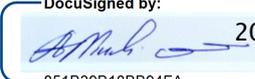
scaling up community-based interventions, improving treatment access for all, and by challenging stigma and discrimination through training for health care workers and others, and to strengthen the national M&E system for improved cascade monitoring.

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: 2021-2023</p> <p>Atlas Project ID: 00135717 Atlas Output ID(s): 00126882</p> <p>Start date: July 1<sup>st</sup>, 2021 End Date: December 31<sup>st</sup>, 2023</p> <p>PAC Meeting Date: June 18, 2021</p> <p>Project Board Meeting Date: 29 Dec 2022</p>	<table> <tr> <td>2023 AWP budget:</td> <td style="text-align: right;">28,295,195</td> </tr> <tr> <td>Total resources required</td> <td style="text-align: right;">28,295,195</td> </tr> <tr> <td>Total allocated resources:</td> <td></td> </tr> <tr> <td>• Regular</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>• Other:</td> <td></td> </tr> <tr> <td>    ○ Donor</td> <td style="text-align: right;">28,295,195</td> </tr> <tr> <td>Unfunded budget:</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>In-kind Contributions</td> <td></td> </tr> </table>	2023 AWP budget:	28,295,195	Total resources required	28,295,195	Total allocated resources:		• Regular	_____	• Other:		○ Donor	28,295,195	Unfunded budget:	_____	In-kind Contributions	
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In-kind Contributions																	

Agreed by UNDP (RR / DRR):

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## Annual Work Plan 2023

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

Output ID: 00126882

EXPECTED OUTPUTS <i>And baseline, associated indicators, and annual targets</i>	PLANNED ACTIVITIES <i>List activity results and associated actions</i>	Quarterly Timeframe				RESPONSIBLE PARTY	PLANNED BUDGET		
		Q1	Q2	Q3	Q4		Funding Source	Budget Description	Amount (USD)
Output 10 Program management <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	27,027
	<b>10.1.1.a</b> Implementation of the activities in the Transition/Capacity Development Plan for PACPs and NACP  <b>10.1.1.b</b> 02 Days Quarterly ART center Review meeting	-	X	-	X				
Output 10 Program management <b>(This is Module 1 in PF)</b>	<b>Activity 10.2.1 Grant management</b>					UNDP, CBOs, NACP, PACPs, UNODC, WHO, UN AIDS	Global Fund	HR Cost, Office supply and rent	7,267,996
	<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								
<b>10.2.1.f</b> Advertising and publishing (EOI, staff hiring) - Office									

	<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>								
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	3,354
<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%)	<p><b>2.1.1.a</b> 01 Day Refresher Training for PPTCT Sites - Punjab, ICT, and KP</p> <p><b>2.1.1.b</b> 01 Day Refresher Training for PPTCT Sites - Sindh and Balochistan</p>	-	X	-	X				

<b>Targets 2023, 2.1:</b> 1142/12,814 (8.91%)									
<b>Output 5 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	UNDP, APLHIV	Global Fund	Salary, Supervision visits fees, Food Packages and PA costs	930,296
	<b>Activity 5.2.1 Differentiated ART service delivery and HIV care</b>								
<b>Indicators 5.2:</b> TCS-1b Percentage of adults (15 and above) on ART among all adults living with HIV at the end of the reporting period <b>Baseline 5.2:</b> 21,063/177,550 11.86% <b>Targets 2023, 5.2:</b> 89,938/568,682 (15.81% )	<b>5.2.1.a</b> Transport Fees for PLHIV to attend medical appointments @ Sindh and Punjab <b>5.2.1.b</b> Salary of Project Managers and HIV coordinator PPTCT <b>5.2.1.c</b> Salary of ART centers staff <b>5.2.1.d</b> 02 Days Quarterly ART center Review meetings <b>5.2.1.e</b> Quarterly supervision ART centers	-	X	-	X	UNDP, NACP, PACPs, CBOs	Global Fund	Technical Assistance fees, Procurement costs,	

	<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>								9,839,794
	<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:</p> <p>a. RMT-70</p> <p>b. RMT-100</p>								

	<p><b>5.2.1.u</b> Vaccination Support for PLHIV:</p> <p>a. Influenza</p> <p>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> <p><b>5.2.1.z1</b> Vehicle rental for Monitoring -PACP and SACP</p> <p><b>5.2.1.z2</b> Female Physician for Ratodero</p>								
<p><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</p> <p><b>Baseline 5.3:</b> 1,883/6,155 30.59%</p> <p><b>Targets 2023, 5.3:</b> 7,907/16,234 (48.7%)</p>	<p><b>Activity 5.3.1 Prevention and management of co-infections and co-morbidities (Treatment, care and support)</b></p>					<p>UNDP, SACP, WHO UNODC</p>	<p>Global Fund</p>	<p>Other external professional services, PSM Costs</p>	<p>280,851</p>
	<p><b>5.3.1.a</b> Sentinel sites in Sindh (for HIV surveillance)</p>	-	X	-	X				
	<p><b>5.3.1.b</b> Procurement of OI and STI medicines</p> <p><b>5.3.1.c</b> PSM Cost</p>								
<p><b>No Indicator in PF or Pro Doc</b></p>	<p><b>Activity 5.4.1 Treatment monitoring - Viral load</b></p>					<p>UNDP</p>	<p>Global Fund</p>	<p>External Professional Services</p>	<p>106,079</p>
	<p><b>5.4.1.a</b> Viral Load testing</p>	-	X	-	X				

Output 4 <b>Reducing human rights-related barriers to HIV/TB services</b>	<b>Activity 4.1.1 Community mobilization and advocacy</b>								
<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 & Punjab <b>Targets 2023, 4.1:</b> 8,000/947,700 (0.84%)	No Activity Planned in 2023	-	X	-	X				
<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%)	<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	-	X	-	X	UNDP	Global Fund	Hire Professional external services	94,002
<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>	<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 & response	-	X	-	X	UNDP	Global Fund	Training, meeting fees and technical assistance fees	38,941

<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> <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> <p><b>4.4.1.g</b> 3-day training for HIV stigma index interviewers</p>	-	X	-	X	UNDP	Global Fund	Technical Assistance and Meeting Fees	144,028
<p><b>Output3: Differentiated HIV Testing Services (This is Module 5 in PF)</b> <b>Indicators 3.1: HTS-3a</b> Percentage of men who have sex with men that have received an HIV test during</p>	<p><b>Activity 3.1.1 Self-Testing</b></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>	-	X	-	X	UNDP	Global Fund	Printing of materials and procurement fees including storage and warehousing	126,232

the reporting period and know their results <b>Baseline 3.1:</b> 23,695/922,832 (2.57%) <b>Targets 2023, 3.1:</b> 120,240 /2003,592 (6%)	<b>3.1.1.c TA WHO on HTS, HIVST</b>					WHO			
<b>Indicators 3.2: HTS-3b</b> Percentage of transgender people that have received an HIV test during the reporting period and know their results <b>Baseline 3.2:</b> 8965/ 60924 (14.72%) <b>Targets 2023, 3.2:</b> 30000 /132516 (22.64%)	<b>Activity 3.2.1 Facility-based Testing</b>								
	<b>3.2.1.a</b> Procurement of RDTs to diagnose HIV, co-infections, and co-morbidities for non-specified population groups <b>3.2.1.b</b> PSM costs for non-specified populations groups	-	X	-	X	UNDP	Global Fund	Procurement of testing kits	36,586
<b>Indicators 3.3: HTS-3c<sup>(M)</sup></b> Percentage of sex workers that have received an HIV test during the reporting period and know their results <b>Baseline 3.3:</b> 4337/203277 (2.13%) <b>Targets 2023, 3.3:</b> 30840/441366 (6.99%)									
<b>Indicators 3.3: KP-1a<sup>(M)</sup></b> Percentage of men who have	<b>Activity 3.3.1 Community-based Testing</b>	-	X	-	X				

<p>sex with men reached with HIV prevention programs - defined package of services  <b>Baseline 3.3:</b> 42641/922832 (4.62%)  <b>Target 2023, 3.3</b> 150300/2003592 (7.50 %)</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>					<p>UNDP</p>	<p>Global Fund</p>	<p>Procurement of RDT for TG, MSM, MSW, FSW and populations in Prisons</p>	<p>139,093</p>
<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</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>								

Output 6 <b>Community systems strengthening</b>	<b>Activity 6.1.1 Community-based monitoring</b>								
Indicators 6.1: Baseline 6.1: Targets 2022, 6.1: <b>(Not defined in PF or Pro Doc)</b>	<b>No activity budgeted in the detailed budget working</b>	-	-	-	-	n/a	n/a	n/a	0
Indicators 6.2: 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 Annual Meeting of CSO Partnership Forum on HIV S&amp;D</b>	-	-	-	-	UNDP	Global Fund	Meeting Fees and TV / Radio Spots	21,365
	<b>6.2.1.b Community Systems Strengthening -Finalization of materials</b>								
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	741,825
	<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>								782,012	
<b>Indicators 7.2:M&amp;E-5</b> Percentage of facilities which record and submit data using the electronic information system  <b>Baseline 7.2:</b> 19/45 42.22% <b>Targets 2023, 7.2:</b> 150/150 (100%)  <b>(No Indicators for activities 7.3.1 and 7.4.1 in PF or Pro Doc)</b>	<b>7.2.1.a</b> Programme Monitoring					UNDP	Global Fund	Supervision and Other External Professional Fees		
	<b>7.2.1.b</b> Third party validations, component wise	-	X	-	X					
	<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&E, programme, PSM, finance and governance – starting with M&E, in order to improve project oversight and project management									
		<b>Activity Result 7.3.1 Routine reporting</b>					UNDP NACP			136,247
		<b>7.3.1.a</b> Travel to ART centers for data validation (Sindh, Punjab, Balochistan and KP)								
		<b>7.3.2.b</b> Travel to CBOs for M&E (SR Punjab and SR Sindh)								
		<b>7.3.2.c</b> ART MIS domain Hosting								
	<b>Activity 7.4.1 Surveys</b>					WHO    APLHIV APLHIV	Global Fund	Supervision fees	436,007	
	<b>7.4.1.a</b> HIV Stigma Index - Update of National HIV S&D Index in 2023	-	X	-	X					
	<b>7.4.1.b</b> HIV drug resistance survey									
	<b>7.4.1.c</b> Optimization of existing service delivery models									
	<b>7.4.1.d</b> HIV Stigma Index - Roll out pilot analysis (experts to conduct research) Enumerators, data entry, technical experts									
	<b>7.4.1.e</b> HIV Stigma Index Other costs									
<b>Output 1: Prevention (This is Module 8 in PF)</b>	<b>Activity 1.1.1. Behavioral Change Interventions</b>									
<b>(Indicators numbers in PF are different from Pro Doc)</b>	<b>1.1.1.a</b> Salary costs for CBOs staff	-	X		X					

<p><b>Indicators 1.1: HIV I-13</b> Percentage of people living with HIV <b>Baseline</b> 188226/217867375 (0.09%) <b>Targets 2023, 1.1:</b> 292458 /239542501 (0.12%)</p>	<p><b>1.1.1.b</b> Minor repair to drop in centers <b>1.1.1.c</b> Accounting Software cost for CBOs <b>1.1.1.d</b> Maintenance costs of non-health equipment <b>1.1.1.e</b> Office Rent, Electricity and other Utilities, Stationery and Supplies, Postage and Courier, Internet, Printing and Photocopying <b>1.1.1.f</b> Generator Running Costs, Drop in Center Supplies, Medical Waste Management, Garbage Removal, Drinking Water <b>1.1.1.g</b> Airtime, Fuel for Vehicle, Fuel for Motorcycles <b>1.1.1.h</b> EOBI <b>1.1.1.i</b> Quarterly Review meetings (in Sindh and Punjab) <b>1.1.1.j</b> Development of Comprehensive Training Package - once in 2021, Q3 and HIV prevalence in Migrant workers <b>1.1.1.k</b> Geographic extension by CBOs - Outreach workers <b>1.1.1.l</b> Geographic extension by CBOs – EOBI <b>1.1.1.m</b> Geographic extension by CBOs - Fuel and other expenses <b>1.1.1.n</b> CBOs Capacity Building Firm from Region</p>					<p>UNDP CBOs</p>	<p>Global Fund</p>	<p>Includes Salary cost, Training &amp; Meeting fees, and procurement of motorcycles and other equipment + payment for office costs</p>	<p>4,496,358</p>
<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>c</sup> M<sup>d</sup></b> Percentage of transgender people who are living with HIV  <b>Baseline:</b> 7.10%  <b>Target:</b> TBD</p>	<p style="text-align: center;"><b>Impact Indicator</b></p>								
<p><b>Indicators 1.4: HIV I-10<sup>c</sup> M<sup>d</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 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>  <b>1.2.1.a</b> Procurement of Motorcycles  <b>1.2.1.b</b> Digital outreach - Website development, hosting, updating, management  <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	1,137,772
<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>  <b>1.3.1.a</b> Procurement of condoms and lubricants for KP groups (MSM, Sex workers and their clients, Transgender people)  <b>1.3.1.b</b> (PSM costs for (MSM, Sex workers and their clients, Transgender people)</p>							-	X

<p><b>Indicators 1.3: HIV O-4a<sup>c</sup> <sup>MD</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>c</sup> <sup>MD</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>					UNODC			
	<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			357,611
	<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>	-	X	-	X	UNODC	Global Fund	Professional cost for development of Guideline, Procurement cost for OST drugs, Storage and distribution costs + Meeting/Training costs	

	<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</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>					UNODC			
<p><b>Indicators 1.5: HIV O-5<sup>c</sup> M<sup>D</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</p>	<p><b>Activity 1.5.1 Pre-Exposure Prophylaxis (PrEP)</b></p>					UNDP All SRs	Global Fund	Technical Assistance fees and Professional costs	60,528
	<p><b>1.5.1.a</b> PrEP baseline testing</p> <p><b>1.5.1.b</b> Project Manager cost (SRs)</p>	-	x	-	X				
<p><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</p>	<p><b>Activity 1.6.1 Sexual and reproductive health services, including STIs</b></p>	x	x	x	X	UNDP	Global Fund	Technical Assistance fees and Professional costs	

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>1.6.1.a</b> Medical Doctors providing medical care twice a week at a CBO								293,061
	<b>Activity: 1.7.1 Prevention and management of co-infections and co-morbidities (Prevention)</b>								
	<b>1.7.1.a</b> Prevalence of HIV in migrant workers' study <b>1.7.1.b</b> Training for STI	-	X	-	X	UNDP, WHO	Global Fund	Technical Assistance fees and Professional costs	70,000
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>No activity.</b>	-	X	-	X	UNDP	Global Fund	Technical Assistance Fees, Meeting Fees	0
<b>Indicators 8.2: PSM-4</b> Percentage of health facilities with tracer medicines for the three diseases available on the day	<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	309,369

of the visit or day of reporting <b>Baseline: 99%</b> <b>Target 2023: 100</b>	<b>8.2.1.b</b> Cold chain vehicle for health products transportation								
Output 9 <b>Integrated service delivery and quality improvement</b> <b>(No Module in PF)</b>	<b>Activity Result 9.1.1 Quality Care</b> <b>9.1.1.a</b> TA for Chem Sex - Assessment and develop Guidelines on MSM and Chem Sex  <b>9.1.1.b</b> Training of CBOs on Guidelines of Chem Sex	-	-	-	-	Mainline	Global Fund	Technical Assistance fees and Training fees	61,607
TOTAL									28,295,195

## II. Monitoring Plan 2023 *(Include all monitoring and evaluation activities/events)*

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

**Output ID: 00126882**

Expected Results (Outcomes & Outputs)	Indicators	Baseline	Targets 2023	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:10,140 men:20,040	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 2023	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: 3,444 men reached: 6,806			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%)	1142/12814 (8.91%)	NACP Program data System	Monthly	M&E Specialist	Refer to AWP above	Indicator definition: Numerator: Number of HIV positive pregnant women who delivered and received ART during the reporting period. It is 14.5%, 15.7% & 17.8 % 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 2023	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%)	3122/3468 (90.02%)	NACP 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 2023	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%)	89,938/568,682(15.81%)	NACP 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.</p>

Expected Results (Outcomes & Outputs)	Indicators	Baseline	Targets 2023	Data Collection Plan				
				Source/Method of Collection	Schedule/Frequency	Responsible Staff	Resources (\$)	Risks and Assumptions
	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%)	7,907/16,234 (48.7%)	NACP Program Data System	Monthly	M&E Specialist	Refer to AWP below	Target Assumptions: The target (numerator) for each Year was calculated by assuming: Baseline PLHIV on ART reached at December 2019. Positive children (%) from EID (Early Infant Diagnosis) % of HIV testing at ART centres. (Numerator assumptions can be found on the following document: "treatment FR Final 21 July targets"; and denominator estimates on the PAS IV page 62)
4 Reducing human rights-related barriers to HIV/TB services	4.1 KP-6a Percentage of eligible men who have sex with men who initiated oral antiretroviral PrEP during the reporting period	N/A – PrEP launched in 2022 in Sindh & Punjab	8000/947,700 (0.84%)	NACP & 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

Expected Results (Outcomes & Outputs)	Indicators	Baseline	Targets 2023	Data Collection Plan				
				Source/Method of Collection	Schedule/Frequency	Responsible Staff	Resources (\$)	Risks and Assumptions
								and symptoms of acute HIV 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) %	15884/15884 (100%)	NACP Program Data System	Monthly	M&E Specialist	Refer to AWP above	Target assumption: Denominator: The Linkage rate to treatment has been applied on the sum of testing yield of key population and non-key population to obtain the denominator for the respective years. Numerator: 100% of the denominator for the respective years. Target agreed with the recommendation that there is no need for referral, and ART centers should offer TB screening for ART patients. Targets are for GF allocation only
	4.3 TB/HIV-7 Percentage of PLHIV ON ART who initiated TB preventive therapy among those eligible during the reporting period	-	Target to be decided				Refer to AWP above	The Preventive treatment of TB among HIV patients is being initiated under the TB program. This will be further scaled up within the grant period. The PR will develop the targets in collaboration with NACP and NTP for implementation within NFM3. Targets for this indicator

Expected Results (Outcomes & Outputs)	Indicators	Baseline	Targets 2023	Data Collection Plan				Risks and Assumptions
				Source/Method of Collection	Schedule/Frequency	Responsible Staff	Resources (\$)	
								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%)	120,240/2003,592 (6.00%)	NACP-Program Data System	Monthly	M&E Specialist	Refer to AWP above	Indicator definition: Numerator: Number of MSM who have been tested for HIV during the reporting period and who know their results Denominator: Estimated number of MSM in the targeted areas  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 who 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)
	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%)	30,000/132516(22.64%)	NACP-Program Data System	Monthly	M&E Specialist	Refer to AWP above	Target Assumptions: HIV testing targets have been set as 80% for the year (Jan-Dec) 2021-23. Repeat testing has been set at the rate of 15% in Jan-Dec 2022 and 20% in the Jan-Dec 2023. (Numerator assumptions can be found on the following document: "treatment FR Final 21 July targets"; and denominator estimates on the PAS IV page 62)

Expected Results (Outcomes & Outputs)	Indicators	Baseline	Targets 2023	Data Collection Plan				
				Source/Method of Collection	Schedule/Frequency	Responsible Staff	Resources (\$)	Risks and Assumptions
								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%)	30840/441366(6.99%)	NACP-Program Data System	Monthly	M&E Specialist	Refer to AWP above	Indicator definition: Numerator: Number of FSW who have been tested for HIV during the reporting period and who know their results Denominator: Estimated number of FSW in the targeted areas
	3.3. KP-1a Percentage of men who have sex with men reached with HIV prevention programs – defined package of services	42641/922832(4.62%)	150300/2003592(7.50%)	NACP Program data System	Monthly	M&E Specialist	Refer to AWP above	Indicator definition: Numerator: Number of MSM who have received a defined package of HIV prevention services. To ensure that the individual receiving multiple services during the reporting period will be reported as one in six months and also in the year, new clients are reported using biometrics, allowing the CBO to identify a repeat client. Denominator: Estimated number of MSM in the targeted area

Expected Results (Outcomes & Outputs)	Indicators	Baseline	Targets 2023	Data Collection Plan				
				Source/Method of Collection	Schedule/Frequency	Responsible Staff	Resources (\$)	Risks and Assumptions
	3.3. KP-1b Percentage of transgender people reached with HIV prevention programs – defined package of services	16351/60924(26.84%)	37500/132516(28.30%)	NACP Program data System	Monthly	M&E Specialist	Refer to AWP above	Indicator definition: Numerator: Number of TG who have received a defined package of HIV prevention services. To ensure that the individual receiving multiple services during the reporting period will be reported as one in six months and also in the year, new clients are reported using biometrics, allowing the CBO to identify a repeat client Denominator: Estimated number of TG in the targeted area
	3:3 KP-1c <sup>MD</sup> Percentage of sex workers reached with HIV prevention programs - defined package of services	7908/203277(3.89%)	38550/441366(8.74%)	NACP Program data System	Monthly	M&E Specialist	Refer to AWP above	Indicator definition: Numerator: Number of FSW have received a defined package of HIV prevention services. To ensure that the individual receiving multiple services during the reporting period will be reported as one in six months and also in the year, new clients are reported using biometrics, allowing the CBO to identify a repeat client Denominator: Estimated number of FSW in the targeted area
6 RSSH_Community System Strengthening	TBD (Module name mentioned in PF (No indicators and baseline mentioned in Performance Framework))							
7 Health management information systems and M&E	7.1 M&E-2b Timeliness of facility reporting: Percentage of submitted facility monthly reports (for the reporting period) that are received on time per the national guidelines	43/45 (95.56%)	150/150 (100%)	NACP Program Data System	Monthly	M&E Specialist	Refer to AWP above	Target assumption: The baseline data includes 45 ART facilities that have been reporting data to the National Programme of which 19 facilities in Sindh, KPK and Baluchistan are directly

Expected Results (Outcomes & Outputs)	Indicators	Baseline	Targets 2023	Data Collection Plan				Risks and Assumptions
				Source/Method of Collection	Schedule/Frequency	Responsible Staff	Resources (\$)	
								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. Some provinces and health facilities could submit their report with a delay, impacting fulfillment of the indicator
	7.2 M&E-5 Percentage of facilities which record and submit data using the electronic information system	19/45 (42.22%)	150/150 (100%) 75/75 (100%)	NACP Program Data System	Monthly	M&E Specialist	Refer to AWP above	Punjab AIDS Control Programme uses its own Electronic Information system and generally sends its report on paper format to NACP. Risk of delay and inconsistency.
1.Prevention	1.1 HIV I-13 Percentage of people living with HIV	188226/217867375 (0.09%)	292,458/ 239,542,501 (0.12%)	Modelling Spectrum	M&E Specialist	M&E Specialist	Refer to AWP Below	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.  Baseline: The baseline is from Spectrum estimation. The

Expected Results (Outcomes & Outputs)	Indicators	Baseline	Targets 2023	Data Collection Plan				
				Source/Method of Collection	Schedule/Frequency	Responsible Staff	Resources (\$)	Risks and Assumptions
								<p>numerator has been derived from Spectrum v 5.86 and the denominator is the total country population as per the 2019-Pakistan Census.</p> <p>Indicator definition: Numerator: Number of people living with HIV. Denominator: Total population.</p>
	1.2 HIV O-11 Percentage of people living with HIV who know their HIV status at the end of the reporting period	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>

Expected Results (Outcomes & Outputs)	Indicators	Baseline	Targets 2023	Data Collection Plan				
				Source/Method of Collection	Schedule/Frequency	Responsible Staff	Resources (\$)	Risks and Assumptions
	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 also be directly uploaded into the HIV MIS.</p> <p>Targets are for GF allocation only and to estimate the numerator</p>

Expected Results (Outcomes & Outputs)	Indicators	Baseline	Targets 2023	Data Collection Plan				
				Source/Method of Collection	Schedule/Frequency	Responsible Staff	Resources (\$)	Risks and Assumptions
								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.
	1.2 HIV I-9a <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	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 has been scheduled for 2022. Data will be collected from HIV tests conducted among participants in biobehavioral surveys.

Expected Results (Outcomes & Outputs)	Indicators	Baseline	Targets 2023	Data Collection Plan				
				Source/Method of Collection	Schedule/Frequency	Responsible Staff	Resources (\$)	Risks and Assumptions
								<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. The targets will set up based on projections from the AEM once it is finalized and disseminated.</p>
	1.3 HIV I-gb <sup>MM</sup> Percentage of transgender people who are living with HIV	7.10%	TBD	IBBS		M&E Specialist	Refer to AWP above	<p>Target assumptions: No interim targets have been set. Indicator is not included in the PAS IV. The targets will set up 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 is 52425.</p> <p>Indicator definition:</p>

Expected Results (Outcomes & Outputs)	Indicators	Baseline	Targets 2023	Data Collection Plan				
				Source/Method of Collection	Schedule/Frequency	Responsible Staff	Resources (\$)	Risks and Assumptions
								<p>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>th</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> <p>Indicator definition: Numerator: Number of sex workers who test positive for HIV.</p>

Expected Results (Outcomes & Outputs)	Indicators	Baseline	Targets 2023	Data Collection Plan				
				Source/Method of Collection	Schedule/Frequency	Responsible Staff	Resources (\$)	Risks and Assumptions
								<p>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.                      Denominator: Number of MSM who report having had anal sex with a male partner in the last six months.</p>

Expected Results (Outcomes & Outputs)	Indicators	Baseline	Targets 2023	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>Entity responsible for data collection and reporting: NACP"</p>
	1.4 HIV O-4.1b <sup>WM</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> <p>Data source: IBBS Round VI has been scheduled for 2022.</p>

Expected Results (Outcomes & Outputs)	Indicators	Baseline	Targets 2023	Data Collection Plan				
				Source/Method of Collection	Schedule/Frequency	Responsible Staff	Resources (\$)	Risks and Assumptions
								<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> <p>Expected number of condoms to be distributed per person: 50/month</p>

Expected Results (Outcomes & Outputs)	Indicators	Baseline	Targets 2023	Data Collection Plan				Risks and Assumptions
				Source/Method of Collection	Schedule/Frequency	Responsible Staff	Resources (\$)	
								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%)	TBD	NACP-MIS		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 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).</p> <p>Indicator definition:                      Numerator: Number of PLHIV reported on ART at the end of the last reporting period plus number of PLHIV newly initiated on ART during the current reporting period, that were not on treatment at the end of the current reporting period (including those who died, stopped treatment, and been lost-to-follow-up (LTFU)).                      Denominator: Number of people reported on ART at the end of the last reporting period plus new on ART during the current reporting period.</p> <p>Data source: NACP-MIS.</p>

Expected Results (Outcomes & Outputs)	Indicators	Baseline	Targets 2023	Data Collection Plan				
				Source/Method of Collection	Schedule/Frequency	Responsible Staff	Resources (\$)	Risks and Assumptions
								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
	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.

**III. Recruitment Plan 2023**

*(Include all the recruitments envisaged by the project in AWP 2023 - including national and international staff positions that are vacant or newly created)*

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

**Output ID:** 00126882

#	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

**IV. Procurement Plan 2023**

(Include all local and international procurements valued at or above \$ 2,500 envisaged in AWP 2023 – including goods, assets, services and works)

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

**Output ID:** 00126882

#	Description	Type (good, service, works)	Estimated Budget (\$)	Responsible party (UNDP/ IP/PMU 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	ARVs	Drugs	1,258,156.99	UNDP	LTA secondary bidding through HIST and UNICEF	Jan2023	Feb 2023	March 2023	April 2023	May 2023	31-Dec 2023	PSM Specialist
2	Opioid substitutes medicines	Drugs	35942.40	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	HIV Equipment (VL testing Cost)	Med Eq	325905-	UNDP	Local LTA	Jan2023	Feb 2023	March 2023	April 2023	May 2023	31-Dec 2023	PSM Specialist
4	Condoms	Commod	166417-	UNDP	UNFPA -	Jan2023	Feb 2023	March 2023	April 2023	May 2023	31-Dec 2023	PSM Specialist

5	<i>Lubricants</i>	Commod		UNDP	UNFPA-	Jan20 23	Feb 2023	March 2023	April 2023	May 2023	31- Dec 2023 -	PSM Specia list
6	<i>Reagents for VL &amp; EID</i>	Lab Reag	246748	UNDP	GPU	Jan20 23	Feb 2023	March 2023	April 2023	May 2023	31- Dec 2023 -	PSM Specia list
7	<i>Reagents &amp; Consumables</i>	Lab Reag	176990.2	UNDP	GPU	Jan20 23	Feb 2023	March 2023	April 2023	May 2023	31- Dec 2023 -	PSM Specia list
8	<i>Accounting Software cost for CBOs</i>	IT equip	1,499.51	UNDP	RFP	Jan20 23	15-Feb 2023	28-Feb- 2023	15- March - 2023	30- March -2023	30- April - 2023 -	PSM Specia list
9	<i>Printing &amp; Photocopy of Manuals, Cards, forms, guidelines etc.</i>	Material printing	18,275.06	UNDP	RFQ	Jan20 23	15-Feb 2023	28-Feb- 2023	15- March - 2023	30- March -2023	30- April - 2023 -	PSM Specia list
10	<i>Office Tables</i>	Office equip	16,994.48	UNDP	RFQ	Jan20 23	15-Feb 2023	28-Feb- 2023	15- March - 2023	30- March -2023	30- April - 2023 -	PSM Specia list
11	<i>Executive Chairs</i>	Office equip	9,896.78	UNDP	RFQ	Jan20 23	15-Feb 2023	28-Feb- 2023	15- March - 2023	30- March -2023	30- April - 2023 -	PSM Specia list

12	<i>Visitors Chairs</i>	Office equip	17,244.40	UNDP	RFQ	Jan2023	15-Feb2023	28-Feb-2023	15-March -2023	30-March -2023	30-April -2023	PSM Specia list
13	<i>Wooden Cupboard</i>	Office equip	38,799.89	UNDP	RFQ	Jan2023	15-Feb2023	28-Feb-2023	15-March -2023	30-March -2023	30-April -2023	PSM Specia list
14	<i>Air Conditioner</i>	Office equip	6,247.97	UNDP	RFQ	Jan2023	15-Feb2023	28-Feb-2023	15-March -2023	30-March -2023	30-April -2023	PSM Specia list
15	<i>Refrigerator</i>	Office equip	4,498.54	UNDP	RFQ	Jan2023	15-Feb2023	28-Feb-2023	15-March -2023	30-March -2023	30-April -2023	PSM Specia list
16	<i>Water Dispenser</i>	Office equip	18,743.91	UNDP	RFQ	Jan2023	15-Feb2023	28-Feb-2023	15-March -2023	30-March -2023	30-April -2023	PSM Specia list
17	<i>Generator 3.2 KVA</i>	Office equip	4,998.38	UNDP	RFQ	Jan2023	15-Feb2023	28-Feb-2023	15-March -2023	30-March -2023	30-April -2023	PSM Specia list
18	<i>Couch (Drop In Center)</i>	Office equip	7,447.58	UNDP	RFQ	Jan2023	15-Feb2023	28-Feb-2023	15-March -2023	30-March -2023	30-April -2023	PSM Specia list

											2023	
19	<i>Air Conditioner - Provincial Warehouse</i>	Office equip	1,561.99	UNDP	RFQ	Jan2023	15-Feb2023	28-Feb-2023	15-March -2023	30-March -2023	30-April -2023	PSM Special list
20	<i>Wall mount - Provincial Warehouse</i>	Office equip	6,060.53	UNDP	RFQ	Jan2023	15-Feb2023	28-Feb-2023	15-March -2023	30-March -2023	30-April -2023	PSM Special list
21	<i>Generator 5KVA - Provincial Warehouse</i>	Office equip	937.20	UNDP	RFQ	Jan2023	15-Feb2023	28-Feb-2023	15-March -2023	30-March -2023	30-April -2023	PSM Special list
22	<i>Pallet Jacks - Provincial Warehouse</i>	Office equip	4,217.38	UNDP	RFQ	Jan2023	15-Feb2023	28-Feb-2023	15-March -2023	30-March -2023	30-April -2023	PSM Special list
23	<i>Pallets - Provincial Warehouse</i>	Office equip	937.20	UNDP	RFQ	Jan2023	15-Feb2023	28-Feb-2023	15-March -2023	30-March -2023	30-April -2023	PSM Special list
24	<i>Slotted Racks - Provincial Warehouse</i>	Office equip	199.94	UNDP	RFQ	Jan2023	15-Feb2023	28-Feb-2023	15-March -2023	30-March -2023	30-April -2023	PSM Special list

25	<i>Fire Extinguisher - Provincial Warehouse</i>	Office equip	3,123.98	UNDP	RFQ	Jan2023	15-Feb2023	28-Feb-2023	15-March -2023	30-March -2023	30-April -2023	PSM Special list
26	<i>Refrigerator - Provincial Warehouse</i>	Office equip	399.87	UNDP	RFQ	Jan2023	15-Feb2023	28-Feb-2023	15-March -2023	30-March -2023	30-April -2023	PSM Special list
27	<i>Temperature Monitoring Device - Provincial Warehouse</i>	Office equip	3,061.50	UNDP	RFQ	Jan2023	15-Feb2023	28-Feb-2023	15-March -2023	30-March -2023	30-April -2023	PSM Special list
28	<i>Side Table</i>	Office equip	2,030.59	UNDP	RFQ	Jan2023	15-Feb2023	28-Feb-2023	15-March -2023	30-March -2023	30-April -2023	PSM Special list
29	<i>Examination Stool</i>	Office equip	4,061.18	UNDP	RFQ	Jan2023	15-Feb2023	28-Feb-2023	15-March -2023	30-March -2023	30-April -2023	PSM Special list
30	<i>Examination Couch</i>	Office equip	20,305.90	UNDP	RFQ	Jan2023	15-Feb2023	28-Feb-2023	15-March -2023	30-March -2023	30-April -2023	PSM Special list
31	<i>Examination Screen</i>	Office equip	7,347.61	UNDP	RFQ	Jan2023	15-Feb2023	28-Feb-2023	15-March -2023	30-March -2023	30-April -2023	PSM Special list

											2023	
32	<i>Patient Chairs for ART sites</i>	Office equip	10,356.01	UNDP	RFQ	Jan20 23	15-Feb 2023	28-Feb- 2023	15- March - 2023	30- March -2023	30- April - 2023	PSM Specia list
33	<i>Lockable Cupboard</i>	Office equip	61,854.9 0	UNDP	RFQ	Jan20 23	15-Feb 2023	28-Feb- 2023	15- March - 2023	30- March -2023	30- April - 2023	PSM Specia list
34	<i>Printer</i>	Office equip	38,737.41	UNDP	RFQ	Jan20 23	15-Feb 2023	28-Feb- 2023	15- March - 2023	30- March -2023	30- April - 2023	PSM Specia list
35	<i>Desktop Computer</i>	Office equip	4,648.49	UNDP	RFQ	Jan20 23	15-Feb 2023	28-Feb- 2023	15- March - 2023	30- March -2023	30- April - 2023	PSM Specia list
36	<i>UPS for Desktops</i>	Office equip	154,637.2 4	UNDP	RFQ	Jan20 23	15-Feb 2023	28-Feb- 2023	15- March - 2023	30- March -2023	30- April - 2023	PSM Specia list
37	<i>Laptop</i>	Office equip	40,611.8 0	UNDP	RFQ	Jan20 23	15-Feb 2023	28-Feb- 2023	15- March - 2023	30- March -2023	30- April - 2023	PSM Specia list

38	<i>Biometric Machine</i>	Office equip	25,304.28	UNDP	RFQ	Jan2023	15-Feb2023	28-Feb-2023	15-March -2023	30-March -2023	30-April -2023	PSM Specia list
39	<i>Photocopier</i>	Office equip	74,350.83	UNDP	RFQ	Jan2023	15-Feb2023	28-Feb-2023	15-March -2023	30-March -2023	30-April -2023	PSM Specia list
40	<i>Motorcycles</i>	Office equip	24,638.87	UNDP	RFQ	Jan2023	15-Feb2023	28-Feb-2023	15-March -2023	30-March -2023	30-April -2023	PSM Specia list
41	<i>Furniture &amp; Fixture for UNDP PMU</i>	Office equip	92,369.98	UNDP	RFQ	Jan2023	15-Feb2023	28-Feb-2023	15-March -2023	30-March -2023	30-April -2023	PSM Specia list
42	<i>Laptops for UNDP PMU</i>	Office equip	92,369.98	UNDP	RFQ	Jan2023	15-Feb2023	28-Feb-2023	15-March -2023	30-March -2023	30-April -2023	PSM Specia list
43	<i>Photocopy Scanner UNDP PMU</i>	Office equip	5,060.86	UNDP	RFQ	Jan2023	15-Feb2023	28-Feb-2023	15-March -2023	30-March -2023	30-April -2023	PSM Specia list
44	<i>Third party validations, component wise</i>	Consultancy	10,879	UNDP	RFP	Nov2022	Dec2022	Dec2022	Dec2022	Dec2022	Dec2023	PSM Specia list

45	<i>Legal Aid Support - Support to government and CBO run legal aid clinics and redressal mechanisms for future institutionalization and sustainability</i>	Consultancy	94002	UNDP	RFP	Nov 2022	Dec 2022	Dec 2022	Dec 2022	Jan 2023	Dec 2023	-	PSM Specialist
46	<i>Viral Load Testing</i>	Consultancy	106,079	UNDP	RFP	Nov 2022	Dec 2022	Dec 2022	Dec 2022	Jan 2023	Dec 2023	-	PSM Specialist
47	<i>HMIS Strengthening - Consultation</i>	Consultancy	3497	UNDP	RFP	Mar 2022	April 2022	NA	NA	April 2022	Feb 2023	-	PSM Specialist
48	<i>Integrated Biological and Behavioral Surveillance (IBBS)</i>	Firm	609513	UNDP	RFP	Dec 2022	Jan 2023	Feb 2023	Feb 2023	Mar 2023	Dec 2023	-	PSM Specialist
49	<i>Police Coordinator to lead and 1 support consultant for engagement with LEAs</i>	Consultancy	6817	UNDP	RFP	Dec 2022	Jan 2023	NA	NA	Feb 2023	Dec 2023	-	PSM Specialist
50	<i>Consultant for Media trainings</i>	Consultancy	14799	UNDP	RFP	Dec 2022	Jan 2023	NA	NA	Feb 2023	Dec 2023	-	PSM Specialist
51	<i>Consultant for development of comprehensive training package on HIV prevalence and migrant workers</i>	Consultancy	50000	UNDP	RFP	Jan 2023	Feb 2023	NA	NA	Feb 2023	Aug 2023	-	PSM Specialist
52	<i>National Programme review 2023</i>	Consultancy	106,623.49	UNDP	RFP	Dec 2022	Jan 2023	NA	NA	Jan 2023	Jun 2023	-	PSM Specialist

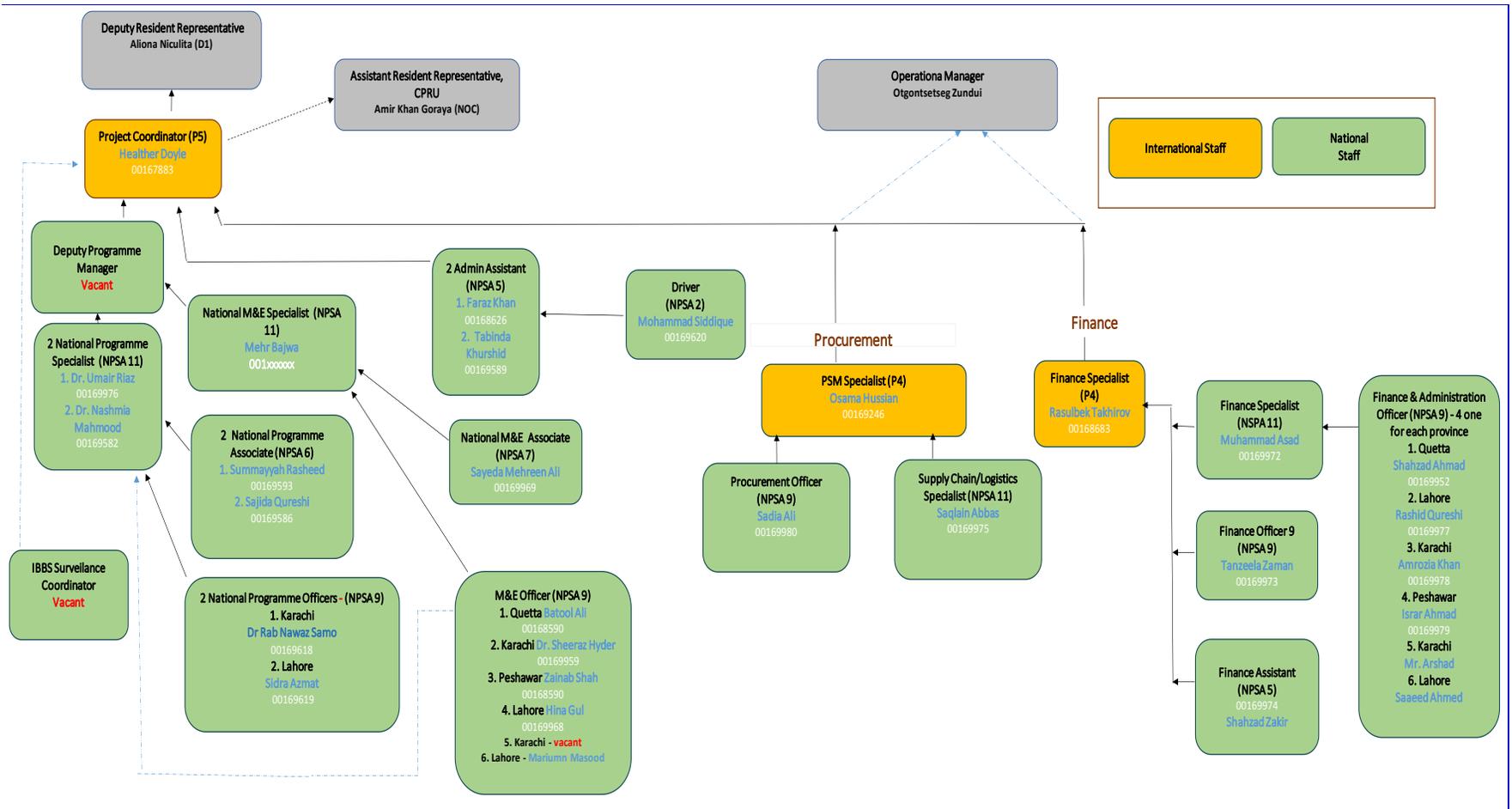
Kindly note that PSM will conduct F&Q on December 2022 to confirm needs for 2023 as per consumption, target and pipeline data.

## **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 2023

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 2023 & Reporting 2022		
Timeline / Target Date	Activity	Primary Responsibility
<b>Annual Progress Reports 2023</b>		
Preparation of AWP 2023	November 2022	Project Units/PSM/Finance
Donor Progress Reports	Quarterly Pulse Check report – due first Friday of every month following the reporting quarter i.e., Oct-Dec 2022 report will be due on Feb 3, 2023	M&E and Project Unit
Donor Progress Reports	Bi-annual PUDR report – due Feb 14, 2023, and Aug 15, 2023	M&E and Project Unit
PR to SRs	Performance Management letters - due Feb 15, 2023, May 15, 2023, Aug 15 2023, Nov 15, 2023	M&E and project
Project Monitoring Visits	Monthly visit schedule provided in integrated PMU supervision plan	M&E
Project Evaluation	Audit reports	Finance
Compilation of Result Oriented Analysis Reports 2023	Mini-ROAR: August 2023 Final ROAR: November 2023	MSU/ Programme Unit/project Manager

## 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> 11-Nov-22
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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	Government Covid-19 restrictions might disrupt project activities 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 Organizations There is a risk Sub Recipients	Lack of CBO SR Standard Operating Procedures (SOPs) for Covid-19 control and containment. 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	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-23	Heather Doyle, Project Coordinator	<b>Risk Treatment 1.1:</b>  Programme Management Unit (PMU) has provided COVID-19 SOPs to CBO SRs, which are being implemented in the field. UNDP Security team circulates a weekly COVID update which informs programmatic approach and risk assessment.  <b>Risk Treatment Owner:</b> Dr. Nashmia Mahmood/ Dr. Umar Riaz

	(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].	Register issue 16]						
2	Project assets held by Sub-Recipients (SRs) may not be adequately safeguarded (Jul 21 to Dec 22) [Source: Project Document Pakistan HIV Global Fund Grant Jul 21 to Dec 23 - Annex 1 Risk Register issue 12].	Inadequate asset management systems at the SR levels. The risk is expected to materialize from the start of 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-23	<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 used when assets are distributed to SRs and also recorded in the SR's asset list; physical verification of the SR assets conducted annually by PMU staff  <b>Risk Treatment Owner:</b> Rasulbek Takhirov, Finance Specialist; Osama Hussian, PSM Specialist

3	Duplication of interventions by multiple donors funding HIV programmes or gaps in interventions, 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]	Country Coordinating Mechanism does not have the capacity to provide complete information on all donors/ interventions to UNDP at the start of project implementation [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-23	<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	Coordination capacity of the National AIDS Control Programme (NACP) with Provincial AIDS Control	Changing political situation in Pakistan has resulted in numerous changes in key partners	Lack of continuous senior leadership at both NACP and PACP levels, as well as ineffective oversight and coordination by	<b>3. OPERATIONAL (3.2. Leadership and management) - UNDP Risk Appetite: EXPLORATORY TO OPEN</b>	Likelihood: <b>4 - Highly likely</b>  Impact: <b>3 - Intermediate</b>  Risk level:	From: 01-Jan-23  To: 31-Dec-23	<i>Heather Doyle, Project Coordinator</i>	<b>Risk Treatment 4.1:</b>  PMU will facilitate effective coordination with ACPs through a. the quarterly Inter-Provincial Coordination Mechanism (IPCM) meetings on programme

	<p>Programmes (PACPs) may be ineffective (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>(National Coordinator of the CMU, Deputy National Coordinator of NACP, and heads of PACPs), and historically weak relationships between NACP and PACPs affecting effective coordination capacity. The risk is expected to materialize at the start of project implementation [Source: Project Document Pakistan HIV Global Fund Grant Jul 21 to Dec 23 - Annex 1 Risk Register issue 9]</p>	<p>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>MODERATE (equates to a risk appetite of EXPLORATORY )</b></p>		<p>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 a Technical Working Group on HIV/AIDS ...</p> <p><b>Risk Treatment Owner:</b> Dr Umar/ Dr. Nashmia, Programme Specialists</p>
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5	National AIDS Control Programme (NACP) Health Management Information System (HMIS) data reporting may be delayed by the non-integration of Punjab's AIDS Control Programme (ACP) HMIS with this national HMIS (Jul 21 to Jun 23) [Source: Project Document Pakistan HIV Global Fund Grant Jul 21 to Dec 23 - Annex 1 Risk Register issue 10]	Punjab ACP HMIS is not aligned nor integrated to the HMIS used by NACP and other provincial ACPs, 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 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-23	<i>Heather Doyle, Project Coordinator</i>	<b>Risk Treatment 5.1:</b>  PMU will facilitate alignment and integration of Punjab HMIS data with NACP HMIS: 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 discussions with Punjab ACP on integration to the national HMIS  <b>Risk Treatment Owner:</b> Mehr Bajwa, M&E Specialist
6	Sub-Recipient (SR) indicator data reporting may be delayed or incomplete (Jul 21 to Dec 23) [Source: Project	Inadequate CBO SR programme and M&E systems, as well as high turn-over and lack of trained	Weak CBO SR capacity may affect accuracy and completeness of indicator data collection, recording and reporting for	<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:	From: 01-Jan-23  To: 31-Dec-23	<i>Heather Doyle, Project Coordinator</i>	<b>Risk Treatment 6.1:</b>  PMU will mitigate the risk of timeliness and completeness of indicator reporting by building the capacity of CBO SRs systems: a. development of

	Document Pakistan HIV Global Fund Grant Jul 21 to Dec 23 - Annex 1 Risk Register issue 11]	staff to collect, record and report complete/ accurate data. 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].	effective analysis and decision making for Module 1: Prevention, with delays of one to three weeks from the quarterly reporting deadline		<b>MODERATE (equates to a risk appetite of EXPLORATORY )</b>			an M&E Manual for CBOs on data collection, recording, verification and reporting; b. standardized tools used to collect data along with minimum supporting documents; c. verification of data by PMU provincial M&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. issuing quarterly performance letters to CBOs to provide feedback on SR performance during the reporting period ...  <b>Risk Treatment Owner:</b> Mehr Bajwa, M&E Specialist
7	Political engagement on stigma and discrimination issues against Key Populations (male sex workers/ female sex workers/	Lack of political will by law makers and enforcement officials to engage on stigma and discrimination	Lack of political will, may hamper project interventions on sensitization of law makers and law enforcement officials on stigma and discrimination	<b>8. SAFETY AND SECURITY (8.2. Political instability) - UNDP Risk Appetite: CAUTIOUS</b>	Likelihood: <b>4 - Highly likely</b>  Impact: <b>3 - Intermediate</b>  Risk level: <b>MODERATE (equates to a</b>	From: 01-Jan-23  To: 31-Dec-23	<i>Heather Doyle, Project Coordinator</i>	<b>Risk Treatment 7.1:</b>  PMU will address political engagement through a. training and sensitization of parliamentary members; b. developing a concept for access to justice (legal desks) with UNDP CO,

	transgender populations) may be ineffective (Jul 21 to Dec 23) [Source: Project Document Pakistan HIV Global Fund Grant Jul 21 to Dec 23 - Annex 1 Risk Register issue 13]	of Key Populations due to socio-cultural reasons, throughout project implementation [Source: Project Document Pakistan HIV Global Fund Grant Jul 21 to Dec 23 - Annex 1 Risk Register issue 13].	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>risk appetite of EXPLORATORY</b> )			UNAIDS and other partners working with human rights structures in the country  <b>Risk Treatment Owner:</b>  Dr Umar/ Dr. Nashmia, Programme Specialists
8	Security situation may not remain stable (mainly in Kyber Pakhtunkhwa and Balochistan, but possibly also in Sindh and Punjab provinces) (Jul 21 to Dec 23) [Source: Project Document Pakistan HIV Global Fund Grant Jul 21 to Dec 23 - Annex	On-going volatile security situation from terrorists/ insurgents threats throughout project implementation [Source: Project Document Pakistan HIV Global Fund Grant Jul 21 to Dec 23 - Annex 1 Risk	Security issues may cause disruptions to supply and distribution of health commodities of two to three weeks 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: 01-Jan-23	<i>Heather Doyle, Project Coordinator</i>	<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

	1 Risk Register issue 14]	Register issue 14]...						
9	The target 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]	Stigma and discrimination creates a non-enabling environment for Key Populations to formalize their activities into organizations that can access funding and capacity building initiatives, 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]...	Lack of CBOs with adequate capacity and expertise may result in: a. underperformance of indicator targets under Module 1: Prevention and Module 2: Treatment Care & Support; and b. low project financial absorption and delivery	<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-23	<i>Heather Doyle, Project Coordinator</i>	<b>Risk Treatment 9.1:</b> PMU will address the issue of expansion of CBO SRs for Prevention services through a competitive procurement process scheduled for completion in Q4 2022; and capacity building of existing CBO SRs to expand and accelerate their programmes  <b>Risk Treatment Owner:</b> Mehr Bajwa, M&E Specialist; Dr Umar/ Dr. Nashmia, Programme Specialists, Rasulbek Takhirov, Finance Specialist; Osama Hussian, PSM Specialist

10	Key Populations (male sex workers/ female sex workers/ transgender populations) may be exposed to harassment due to their sexual orientation as a direct result of participating in project interventions (Jul 21 to Dec 23) [Source: Project Document Pakistan HIV Global Fund Grant Jul 21 to Dec 23 - Annex 1 Risk Register issue 17]	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. 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 17; PMU Control Self-	Stigma and discrimination may prevent Key populations from proactively accessing services under Module 2: Treatment Care & Support, resulting in underperformance of indicator targets and low financial absorption and delivery...	<b>1. SOCIAL AND ENVIRONMENTAL (1.1. Human rights) - UNDP Risk Appetite: CAUTIOUS</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-23	<i>Heather Doyle, Project Coordinator</i>	<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; 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.  <b>Risk Treatment Owner:</b> Dr Umar/ Dr. Nashmia, Programme Specialists
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		Assessment Dec 21]...						
11	Natural disasters such as storms/floods/earthquakes 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]	Floods during monsoon season (risk expected to materialize annually during June till September) damage roads, bridges and other transportation infrastructure, and can also cause power outages [Source: Project Document Pakistan HIV Global Fund Grant Jul 21 to Dec 23 - Annex 1 Risk Register issue 1]	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 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-23	<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
12	Provincial AIDS Control Programmes (PACPs) programmatic and financial reporting may be delayed or	Weak PACP operations and financial systems and high turn-over of staff (especially for the M&E	Weak PACPs operations and financial systems will impact Module 2: Treatment Care and Support, Module 7: Health Management	<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:	From: 01-Jan-23  To: 31-Dec-23	<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

	incomplete (Jul 21 to Dec 23) [Source: Project Document Pakistan HIV Global Fund Grant Jul 21 to Dec 23 - Annex 1 Risk Registers issue 2]	function), where 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 Registers issue 2; PMU Control Self-Assessment Dec 21].	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 targets; and c. low financial absorption and delivery		<b>MODERATE (equates to a risk appetite of EXPLORATORY )</b>			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 (finance, M&E, PSM); e. routine meetings (program coordination meetings, review meetings, forecasting 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	Procurement done by Ministry of National	Authorized procurement limits for	Lack of procurement authorization	<b>4. ORGANIZATIONAL (4.9.</b>	Likelihood: <b>3 - Moderately likely</b>	From: 01-Jan-23	<i>Heather Doyle,</i>	<b>Risk Treatment 13.1:</b> PMU will mitigate the risk of lack of government

	Health Services Regulations and Coordination (MoNHRSC) entities may not be properly authorized (Jul 21 to Dec 21) [Source: Project Document Pakistan HIV Global Fund Grant Jul 21 to Dec 23 - Annex 1 Risk Register issue 3]	MoNHSRC entities are not set at the start of project implementation [Source: Project Document Pakistan HIV Global Fund Grant Jul 21 to Dec 23 - Annex 1 Risk Register issue 3]...	controls for MoNHSRC entities may result in weak management of Grant Funds for procurement of health commodities under Module 1: Prevention, Module 2, Treatment Care and Support, Module 5: Differentiated HIV Testing Services, and Module 11: Covid 19	<b>Procurement) - UNDP Risk Appetite: EXPLORATORY TO OPEN</b>	Impact: <b>3 - Intermediate</b>  Risk level: <b>MODERATE (equates to a risk appetite of EXPLORATORY )</b>	To: 31-Dec-23	<i>Project Coordinator</i>	procurement authorization limits/ structures by taking over all procurement, which will be done using UNDP procurement policies and procedures; regular meetings and follow-up with national partners on specifications and procurement requests; strong follow-up on procurement milestone indicators  <b>Risk Treatment Owner:</b> Osama Hussian, PSM Specialist
14	SRs may fail to adequately deliver project activities or face delays and/or quality issues in regular quarterly reporting (Jul 21 to Dec 23) [Source: Project Document Pakistan HIV Global Fund Grant Jul 21 to Dec 23 - Annex 1 Risk Register issue 4]	CBOs, Antiretroviral Treatment (ART) Centres and Provincial AIDS Control Programmes (PACPs) have weak management & operations/ financial systems and lack of staff with adequate expertise. The risk is	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	<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-23	<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

		<p>expected to materialize from the start of project implementation [Source: CBO SRs Capacity Assessments Jun 2021; PMU Control Self-Assessment Dec 21.</p>	<p>for analysis and decision making; b. underperformance of indicator targets; and c. low financial absorption and delivery</p>					<p>development in all implementation areas (finance, M&amp;E, PSM); e. routine meetings (program coordination meetings, review meetings, forecasting meetings, ad hoc meetings), f. field missions (spot checks, M&amp;E visits, inventory spot checks).</p> <p><b>Risk Treatment Owner:</b> Mehr Bajwa, M&amp;E Specialist; Dr Umar/ Dr. Nashmia, Programme Specialists, Rasulbek Takhirov, Finance Specialist; Osama Hussian, PSM Specialist</p>
15	<p>Government SRs may fail to distinguish Global Funds from other sources of funding in their financial systems which could lead to problems in programmatic and financial management (Jul 21 to Dec 21) [Source: Project</p>	<p>Government SRs do not have a dedicated bank account to manage Grant funds at the start of project implementation [Source: Project Document Pakistan HIV Global Fund Grant Jul 21 to Dec 23 -</p>	<p>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</p>	<p><b>4. ORGANIZATIONAL (4.8. Internal control) - UNDP Risk Appetite: EXPLORATORY TO OPEN</b></p>	<p>Likelihood: <b>2 - Low likelihood</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-23</p>	<p><i>Heather Doyle, Project Coordinator</i></p>	<p><b>Risk Treatment 15.1:</b></p> <p>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</p>

	Document Pakistan HIV Global Fund Grant Jul 21 to Dec 23 - Annex 1 Risk Register issue 5]	Annex 1 Risk Register issue 5].	cannot be justified.					<b>Risk Treatment Owner:</b> Rasulbek Takhirov, Finance Specialist
16	The Government may fail to provide a commitment on national funding to complement the Grant interventions (Jul 21 to Dec 21) [Source: Project Document Pakistan HIV Global Fund Grant Jul 21 to Dec 23 - Annex 1 Risk Register issue 6]	Detailed mapping of national funding and investments for HIV interventions not provided by the Government at the start of project implementation [Source: Project Document Pakistan HIV Global Fund Grant Jul 21 to Dec 23 - Annex 1 Risk Register issue 6]...	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-23	<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

17	<p>Common Management Unit for AIDS, TB and Malaria (CMU) under the Ministry of National Health Services Regulations and Coordination (MoNHSRC), may not have the ability to effectively plan and implement the project activities with Provincial AIDS Control Programmes (PACPs) (Jul 21 to Dec 21) [Source: Project Document Pakistan HIV Global Fund Grant Jul 21 to Dec 23 - Annex 1 Risk Register issue 7]</p>	<p>Lack of continuous senior leadership at both 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>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</p>	<p><b>3. OPERATIONAL (3.2. Leadership and management) - UNDP Risk Appetite: EXPLORATORY TO OPEN</b></p>	<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 <i>To:</i> 31-Dec-23</p>	<p>Heather Doyle, Project Coordinator</p>	<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 a Technical Working Group on HIV/AIDS</p> <p><b>Risk Treatment Owner:</b> Dr Umar/ Dr. Nashmia, Programme Specialists</p>
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18	<p>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) may not have the ability to effectively forecast, store, manage, and distribute health commodities to ART Centres and CBO SRs (Jul 21 to Dec 23) [Source: PMU Control Self-Assessment Dec 21]</p>	<p>No capacity at the national and provincial levels: (i) no dedicated logistics staff at CMU warehouse and PACPs (Kyber Pakhtunkhwa and Balochistan) to manage supply and distribution to SRs and health facilities; (ii) all ART Centres do not have trained paramedics to manage health products; (iii) PACPs do not prioritize warehousing and distribution - no fully equipped warehouses at Provincial</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</p>	<p><b>3. OPERATIONAL (3.8. Capacities of the partners) - UNDP Risk Appetite: EXPLORATORY TO OPEN</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>Heather Doyle, Project Coordinator</p>	<p><b>Risk Treatment 18.1:</b></p> <p>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; b. PSM will manage direct distribution from CMU warehouse to ART Centres and CBO SRs; c. contract on warehousing and distribution negotiated with CMU (agreement has been reached, but is pending sign off by CMU). Contract sets out reporting requirement, KPIs for all areas (receiving, storing, distributing and waste management), monthly follow up and report on items at risk of expiry.); d. proposal to Global Fund for re-programmed funds to cover Pharmacist and Logistics posts at CMU warehouse and PACPs (TORs developed by PMU); e. proposal to Global Fund for re-programmed funds to cover renovation of</p>
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		<p>level as warehouses were not built for storing health products as per WHO good practices; and lack of well equipped vehicles to transport health products throughout the supply chain (Balochistan and Khyber Pakhthunkhwa have no warehouses) The risk is expected to materialize from the start of project implementation.</p>	<p>months; affecting treatment services for patients under Module 2: Treatment Care and Support</p>				<p>warehouses at provincial levels to enable PMU to adequately manage four month buffer stock; f. SOP and tools on forecasting &amp; quantification and identification/ disposal of damaged and expired items developed and virtual training provided to SRs; g. committee on HIV Forecasting &amp; Quantification set-up and chaired by UNDP; 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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19	<p>Delay in 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) and the Anit Narcotics Force (ANF), Ministry of Narcotics (Jan 22 to Dec 23) [Source:</p>	<p>UNAIDS has historically taken the lead in OST policy development, but lack 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 based on ANF monitoring and certification requirements on the storage and distribution of controlled</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-23</p>	<p>Heather Doyle, Project Coordinator</p>	<p><b>Risk Treatment 19.1:</b></p> <p>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 NACP</p> <p><b>Risk Treatment Owner:</b> Dr Umar/ Dr. Nashmia, Programme Specialists; Osama Hussian, PSM Specialist</p>
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	PMU self assessment Dec 22]	drugs at warehouse and Health Facilities). The risk is expected to materialize from the start of project activities						
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20	Community based delivery of Pre-exposure Prophylaxis (PrEP) may be limited by lack of support from Provincial AIDS Control Programmes (PACPs) (Jan 22 to Dec 23) [Source: PMU self-assessment Dec 22]	PACPs have not agree for Community Based Organization (CBO) SRs who are not licensed Provincial Health Commissions to store and dispense PrEP medication. 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: 31-Dec-23	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
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								<p>levels of PrEP medication at 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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21	<p>Community based delivery of HIV self testing may be delayed due to lack of national guidelines to inform an implementation strategy (Jun 22 to Dec 23) [Source: PMU self-assessment Dec 22]</p>	<p>No national guidelines on HIV self testing which have delayed 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>Heather Doyle, Project Coordinator</p>	<p><b>Risk Treatment 21.1:</b></p> <p>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.</p> <p><b>Risk Treatment Owner:</b></p>
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								<i>Dr Umar/ Dr. Nashmia, Programme Specialists</i>
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22	<p>Complexities and sensitivities around each Key Population may expose UNDP to criticism, if Key Population Community Based Organization (CBOs) Sub Recipients (SRs) negatively view management decisions affecting project implementation (Jan 22 to Dec 23) [Source: PMU self assessment Dec 22]</p>	<p>Lack of effective communication with Key Population CBO SRs on UNDP management decisions affecting their project activities and funding. 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-23</p>	<p>Heather Doyle, Project Coordinator</p>	<p><b>Risk Treatment 22.1:</b></p> <p>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;</p>
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23	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]	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 & contracting, management of contracts (including storage, management and distribution, where applicable). The risk is expected to materialize in Q1 2023.	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 & 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	<b>2. FINANCIAL (2.5. Delivery) - UNDP Risk Appetite: MINIMAL TO 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-23	Heather Doyle, Project Coordinator	<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  <b>Risk Treatment Owner:</b> Dr Umar/ Dr. Nashmia, Programme Specialists; Rasulbek Takhirov, Finance Specialist; Osama Hussian, PSM Specialist
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			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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24	Gaps in mechanisms at both the ART Centres and Community Based Organizations (CBOs) to diagnose, refer, and retain clients on ART treatment, 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]	(i) Low linkages of HIV positive clients by CBOs with ART Centres mainly due to low socioeconomic status of clients where clients incur high transportation costs for long distances to either reach their key 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	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 & 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-23	Heather Doyle, Project Coordinator	<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  <b>Risk Treatment Owner:</b> Dr Umar/ Dr. Nashmia, Programme Specialists
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		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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