

### Grant Confirmation

1. This **Grant Confirmation** is made and entered into by the **Global Fund to Fight AIDS, Tuberculosis and Malaria** (the "Global Fund") and the **United Nations Development Programme** (the "Principal Recipient"), as of the date of the last signature below and effective as of the start date of the Implementation Period (as defined below), pursuant to the Framework Agreement, dated as of 13 October 2016, as amended and supplemented from time to time (the "Framework Agreement"), between the Global Fund and the Principal Recipient, to implement the Program set forth herein.
2. **Single Agreement.** This Grant Confirmation, together with the Integrated Grant Description attached hereto as Schedule I, sets forth the provisions (including, without limitation, representations, conditions, Program Activities, Program budget, performance framework, and related implementation arrangements) applicable to the Program, and forms part of the Grant Agreement. Each capitalized term used but not defined in this Grant Confirmation shall have the meaning ascribed to such term in the Framework Agreement (including the UNDP-Global Fund Grant Regulations).
3. **Grant Information.** The Global Fund and the Grantee hereby confirm the following:

|      |                         |   |
|------|-------------------------|---|
| 3.1. | Host Country or Region: | Multicountry TB Asia UNDP   |
| 3.2. | Disease Component:      | Tuberculosis  |
| 3.3. | Program Title:          | TB/MDR-TB interventions among Afghan refugees, returnees and mobile populations in Afghanistan, Iran and Pakistan   |
| 3.4. | Grant Name:             | QMZ-T-UNDP  |
| 3.5. | GA Number:              | 1759  |
| 3.6. | Grant Funds:            | Up to the amount USD 5,000,000.00   |
| 3.7. | Implementation Period:  | From 1 January 2019 to 31 December 2021 (inclusive)   |
| 3.8. | Principal Recipient:    | United Nations Development Programme<br>3rd Floor, United Nations Service Building<br>Rajdamnern Nok Avenue<br>10200<br>Bangkok<br>Kingdom of Thailand<br><br>Attention Mrs. Valerie Cliff<br>Deputy Asst. Administrator, UNDP Bangkok<br>Regional Hub<br><br>Telephone: +25321320962<br>Facsimile: +25321350587<br>Email: valerie.cliff@undp.org |
| 3.9. | Fiscal Year:            | 1 January to 31 December  |

|       |                      |   |
|-------|----------------------|---|
| 3.10. | Local Fund Agent:    | <p>United Nations Office for Project Services<br/> Maison Internationale de l'Environnement, 11-13,<br/> Chemin des Anémones, Châtelaine<br/> CH-1219<br/> Geneva<br/> Switzerland</p> <p>Attention Mr. Alan Nabiev</p> <p>Telephone: 077 (977) 6483595<br/> Facsimile:<br/> Email: <a href="mailto:alann@unops.org">alann@unops.org</a></p>  |
| 3.11. | Global Fund contact: | <p>The Global Fund to Fight AIDS, Tuberculosis and<br/> Malaria<br/> Global Health Campus, Chemin du Pommier 40<br/> 1218 Grand-Saconnex, Geneva, Switzerland</p> <p>Attention Luca Occhini<br/> Regional Manager<br/> Grant Management Division</p> <p>Telephone: +41 58 791 1700<br/> Facsimile: +41 44 580 6820<br/> Email: <a href="mailto:luca.occhini@theglobalfund.org">luca.occhini@theglobalfund.org</a></p> |

[Signature Page Follows.]

**IN WITNESS WHEREOF**, the Global Fund and the Principal Recipient have caused this Grant Confirmation to be executed and delivered by their respective duly authorized representatives on their respective date of signature below.

**The Global Fund to Fight AIDS, Tuberculosis United Nations Development Programme and Malaria**

By: Mark Edington

By: Valerie Cliff

Name: Mr. Mark Edington  
Title: Head, Grant Management Division

Name: Mrs. Valerie Cliff  
Title: Deputy Asst. Administrator, UNDP  
Bangkok Regional Hub

Date: 12/13/2018

Date: 13/12/2018

## Schedule I

### Integrated Grant Description

|                             |   |
|-----------------------------|---|
| <b>Country:</b>             | Multicountry TB Asia UNDP   |
| <b>Program Title:</b>       | TB/MDR-TB interventions among Afghan refugees, returnees and mobile populations in Afghanistan, Iran and Pakistan |
| <b>Grant Name:</b>          | QMZ-T-UNDP  |
| <b>GA Number:</b>           | 1759  |
| <b>Disease Component:</b>   | Tuberculosis  |
| <b>Principal Recipient:</b> | United Nations Development Programme  |

#### A. PROGRAM DESCRIPTION

The Islamic Republic of Afghanistan (Afghanistan) has one of the highest numbers of refugees, returnees and internally displaced people (IDPs) in the region of Middle-East. Around 2.4 million registered Afghan refugees are living in the Islamic Republic of Pakistan (Pakistan) of which 1.4 million refugees hold Proof of Registration cards. In the Islamic Republic of Iran (Iran) there are some 951,000 documented Afghan including Amayesh card holders. More than 1 million and over 610,000 documented and undocumented Afghans refugees returned from Iran and Pakistan to Afghanistan in 2016 and 2017 respectively.

This Multicountry grant will focus on Afghanistan, Iran and Pakistan, the three countries with the highest number of Afghan refugees, returnees and other migrant Afghan populations.

#### Background and Rationale for the Program

The burden of tuberculosis (TB) in Afghan returnee populations (refugees and undocumented persons) is reported to be three times higher than in the general Afghan population. Limited access of Afghan refugees, returnees and other migrant populations to TB and multidrug-resistant tuberculosis (MDR-TB) prevention, diagnosis and treatment services in the countries of residence is a consequence of both a lack of service provision in areas where Afghan settlement is prevalent in neighboring countries and upon their return to Afghanistan. This is further reinforced by the socio-economic status of returnees and their resultant poor living standards.

Pakistan has one of the highest burdens of TB in the world. In terms of absolute numbers, it ranks fifth among 30 TB high-burden countries, and fifth as well among 30 high-burden multidrug-resistant TB countries. Afghanistan has slightly lower burden of TB, but TB remains one of the major public health concerns in the focus of the national government. Iran has the lowest burden of TB among these three countries and the National TB Control Program has been effectively managing it in the past years. TB is now concentrated in vulnerable populations, including prisoners and people living with HIV, and migrants from high TB burden countries – while Iran has almost eliminated tuberculosis and malaria among its nationals, the prevalence of TB is high among unregistered Afghans living in Iran. Some 13% of all new cases notified in 2016 ( $n=1,216$ ) have had a non-Iranian nationality, of whom 1,179 cases (or 97%) were Afghan.

Afghanistan, Iran and Pakistan have established strong national tuberculosis (TB) programs which have to date successfully ensured appropriate TB prevention, care and control services to populations, including migrants, refugees, returnees and IDPs. However, some of the TB services provided are not yet fully harmonized among the three countries. Moreover, the information on migrants, refugees, returnees and IDPs with TB is not routinely collected within the National Tuberculosis Program networks of the three countries, and if it is, it is fragmented and not standardized.

Although in the previous years, there were some attempts among the NTPs of Afghanistan, Iran and Pakistan to collaborate in order to strengthen TB services provision to migrants and refugees moving across national borders, there is still no formal coordination mechanism among to ensure i) strategy and policy development and harmonization ii) implementation of a system to exchange standardized information on TB in migrants, refugees and returnees, iii) capacity building approaches, iv) regional approach to advocate for sustainable TB services for migrants, refugees, IDPs and returnees, v) regional and in-country dialogue on human rights and gender issues which affect access of target population to TB services or vi) development of a regional network of partners.

### **Goals, Strategies and Activities**

#### **Goal**

**The overall** goal is to create catalytic effect for increased impact among Afghan refugees, returnees and mobile populations in Afghanistan, Iran and Pakistan by:

#### **Objectives and Strategies**

1. Strengthening collaboration, information sharing and diagnosis/treatment service between health services providing services to Afghan refugees, returnees and migrants and the respective national TB control programs in the host countries, with the aim of finding and treating TB cases among mobile Afghan populations.
2. Strengthening cross-border information sharing and referrals among NTPs in the three countries, to ensure treatment is not disrupted for patients relocating from one country to another.
3. Strengthening the capacity of the national TB control program in Afghanistan to effectively diagnose and treat TB cases amongst returnees.

The Grant will also address the human rights and gender related barriers to TB care and prevention.

#### **Planned Activities:**

1. To develop a regional policy for TB prevention, care and control in migrants and settings with refugees, IDPs and returnees in Afghanistan, Iran Pakistan
2. To promote TB services for migrants, refugees, IDPs and returnees through training in each of the three countries
3. To ensure monitoring and supervision of the grants activities
4. To devote specific sessions to review and discuss the issues related to TB in migrants, refugees, IDPs and returnees in the quarterly meetings organized by the NTPs at central and province levels in the three countries
5. To organize, in each country, coordination meetings with the relevant stakeholders involved in TB issues in settings with migrants, refugees, IDPs and returnees
6. To undertake active TB case-finding in settings with migrants, refugees, IDPs and returnees in the three countries
7. To involve communities in TB prevention, care and control services for refugees/IDPs/returnees

8. To organize meetings with community and opinion leaders (e.g.: imams or religious authorities) dealing with refugees/IDPs/returnees to sensitize them on the TB issues in these population groups
9. To develop the multi-country policy and system on the transfer of refugees and migrants from one country to another while they are still on TB treatment
10. To train, in the three countries, the staff of the PCUs of NTPs on the utilization of the cross-border form and the digital technologies to share and monitor the data on cross-border transfer of refugees who are still on TB treatment
11. To train, in the three countries, the health staff of the relevant health facilities dealing with refugees on the utilization of the cross-border form and digital technologies, and tools
12. To implement the digital technologies to share and monitor the data on cross-border transfer of refugees who are still on TB treatment. The implementation will take place in the relevant health facilities in Iran and provincial and NTPs in Pakistan and Afghanistan
13. To evaluate, under the technical guidance of WHO, UNHCR and IOM, the utilization, the usefulness and the outcomes of the digital technologies
14. To strengthen diagnostic services in refugee settings in Afghanistan. Review current services, gaps and opportunities to strengthen diagnostics in refugee settings and ensure that diagnosis is offered, and that treatment is initiated as soon as possible.
15. To strengthen the managerial capacities of the PCUs of NTP
16. To strengthen awareness and help coordinate referrals by working with national and international partners and NGOs such as Management Sciences for Health (MSH), Stop TB Partnership, Afghanistan Patients Association. Drawing on the existing grant work of NGOs, TB programs, and communities to establish better linkages for referrals, diagnosis, treatment, care and support
17. To establish a multi-country TB steering committee for the three NTPs of Afghanistan, Iran, Pakistan, (called Multi-Country South Asia TB Grant Steering Committee (or MCSA TB Steering Committee))
18. To integrate the programme within existing national programmes for refugees and returnees
19. To conduct a legal environment assessment of laws, rules and policies on refugees, returnees in Pakistan and Afghanistan
20. To conduct the TB/HIV Gender Assessment Tool amongst refugee and IDP camps in Pakistan, as well as one for IDPs/returnees in Afghanistan

#### **Target Group/Beneficiaries**

- Afghan refugees and migrants in Pakistan;
- Afghan refugees and migrants in Iran;
- Internally displaced people (IDPs) and returnees in Afghanistan.



|                              |                                      |  |  |
|------------------------------|--------------------------------------|--|--|
| <b>Country</b>               | Southern Asia                        |  |  |
| <b>Grant Name</b>            | QMZ-T-UNDP                           |  |  |
| <b>Implementation Period</b> | 01-Jan-2019 - 31-Dec-2021            |  |  |
| <b>Principal Recipient</b>   | United Nations Development Programme |  |  |

|                          |                 |             |             |             |
|--------------------------|-----------------|-------------|-------------|-------------|
| <b>Reporting Periods</b> | Start Date      | 01-Jan-2019 | 01-Jan-2020 | 01-Jan-2021 |
|                          | End Date        | 31-Dec-2019 | 31-Dec-2020 | 31-Dec-2021 |
|                          | PU includes DR? | Yes         | Yes         | No          |

### Program Goals and Impact Indicators

1 Creating a catalytic effect for increased impact among Afghan refugees, returnees and mobile populations in Afghanistan, Iran and Pakistan.

### Program Objectives and Outcome Indicators

- 1 Strengthening collaboration, information sharing and diagnosis/treatment service referrals between health services reaching Afghan refugees, returnees and migrants and the respective national TB control programs (NTPs) in the host countries, with the aim of finding and treating TB cases among mobile Afghan populations.
- 2 Strengthening cross-border collaboration, information sharing and referrals among NTPs in the three countries, to ensure effective collaboration between three countries and to ensure treatment is not disrupted for patients relocating from one country to another.
- 3 Strengthening the capacity of the national TB control program in Afghanistan to effectively diagnose and treat TB cases amongst returnees.

| Outcome Indicator   | Country     | Baseline Value | Baseline Year and Source | Required Dissagregation | 2019                                  | 2020                                  | 2021                                  | Comment   |
|---|-------------|----------------|--------------------------|-------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---|
| 1 TB Other 1: Number of TB cases (all forms) notified among key affected populations/ high risk groups (other than prisoners) | Afghanistan |                |                          |                         | N: 404<br>D:<br>P: %<br><br>Due Date: | N: 865<br>D:<br>P: %<br><br>Due Date: | N: 922<br>D:<br>P: %<br><br>Due Date: | <p>Baseline: Not available.</p> <p>Geographical coverage: Active case finding (ACF) financed by this grant will be implemented in 4 provinces with high population crossing points Nangarhar (Toor Kham), Kandahar (Spin Boldak), Herat (Islam Qalah), and Nimroz (Zarang Malik) bordering Iran and Pakistan and/or IOM transit centers near the border areas and/or key areas of return.</p> <p>Target setting assumptions: The estimated TB incidence for Afghanistan is 189/100,000 pop (WHO Country profile, 2016 data) and with the population of 610,000 population crossing the border every year, the annual estimated TB cases will be 1,153. It is assumed that currently Afghanistan is detecting 50% of these estimated cases through passive surveillance or 576 per year. By using the multicountry (MC) grant resources additional 20% (231), 25% (288) and 30% (346) TB cases will be detected in 2019, 2020, and 2021 respectively. Considering these assumptions; targets are set at 807 (Year 1), 865 (Year 2) and 922 (Year 3). Health facility mapping, selection of HFs, training of health workers and equipping them will take a minimum of 6 months and the target for first year will be 50% of the annual target for 2019 (404). Targets may change based on the modality of intervention to be designed after conducting a rapid situation analysis and health facility (HF) assessment in the beginning of the grant.</p> <p>Targets may be also be revised to capture national level data on the returnees/IDPs based on the additional surveillance data to become available through system strengthening activities supported by this grant. In addition, data disaggregation by age and gender will be reported if/when it becomes available.</p> <p>Please see the target assumption sheet for the details on target setting.</p> |



|   | Outcome Indicator   | Country                 | Baseline Value | Baseline Year and Source | Required Disaggregation | 2019                                  | 2020                                  | 2021                                  | Comment  |
|---|---|-------------------------|----------------|--------------------------|-------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--|
| 2 | TB Other 2: Number of TB cases (all forms) notified among key affected populations/ high risk groups (other than prisoners)     | Iran (Islamic Republic) |                |                          |                         | N: 233<br>D:<br>P: %<br><br>Due Date: | N: 253<br>D:<br>P: %<br><br>Due Date: | N: 272<br>D:<br>P: %<br><br>Due Date: | Baseline: Not available.<br>Geographical coverage: ACF through symptom screening and contact tracing funded by the grant will be implemented in 3 provinces (Khorasan Razavi, Kerman and Yazd) by the Universities of Medical Sciences (UMS). in 11 districts (Torbat-e-Jam, Mashhad 1, Mashhad 2, Bardsir, Kerman, Rafsanjan, Yazd, Ardakan, Meibod, Taft and Mehriz). During annual Amayesh and student registration, population from other districts of target provinces will be included. ACF in Guest Towns (refugee settlements) will be implemented by the community-based Afghan health workers there. ACF out of settlements will be implemented among refugees coming for annual renewal of Amayesh cards, Afghan population living out of guest towns in colonies and families of students who are undocumented migrants.<br>Target setting: The estimated TB incidence for settled refugee population in Guest Towns, assumed to be same as in Afghanistan, 189/100,000 pop is applied to the refugee population of 84,480 and annual TB cases among this group are estimated at 160. The est. TB incidence for Zabol (a district near the border of Afghanistan and Pakistan, with highest rate) of 74/100,000 pop (Country Report, 2017 data) is applied to the refugee pop. residing out of settlements (449,284) and the annual TB cases among this group are estimated at 332, thus total 492. It is assumed that currently Iran is detecting 40% of these est. cases through passive surveillance and that symptom screening will yield mainly the pulmonary TB cases (79% of all TB cases) or 155 per year. By using the MC grant resources additional, 20% (78), 25% (98) and 30% (117) TB cases will be detected in 2019, 2020, and 2021. Thus, targets are set at 233 (Year 1), 253 (Year 2) and 272 (Year 3).<br>Data disaggregation by age and gender is available through the existing electronic nominal case registration system of the Iran NTP and will be reported in the comment box of the progress update. See target assumption sheet for the details. |
| 3 | TB Other 3: Number of TB cases (all forms) notified among key affected populations/ high risk groups (other than prisoners)     | Pakistan                |                |                          |                         | N: 745<br>D:<br>P: %<br><br>Due Date: | N: 798<br>D:<br>P: %<br><br>Due Date: | N: 851<br>D:<br>P: %<br><br>Due Date: | "Baseline: Not available.<br>Geographical coverage: ACF through symptom screening and contact tracing funded by the grant will be implemented in 21 (out of the total 55) refugee villages in two provinces (Balochistan and Khyber Pakhtunkhwa). The criteria for selection of the 21 villages is refugee villages with high population size. ACF will be implemented through symptom screening and contact tracing by trained field health workers working in PHC in refugee villages or PHC/RHC nearby refugee villages depending on the availability of such health facilities.<br>Target settings assumptions: The estimated TB incidence in refugee villages in Pakistan, assumed to be the same as in the country, 268/100,000 pop is applied to the population of 397,125 in the 21 villages and annual TB cases in this group are estimated at 1,064. It is assumed that currently NTP Pakistan is detecting through passive surveillance 50% of the estimated cases in the 2 provinces selected for the MC grant which is 532 per year. By using the MC grant resources, additional 20% (213), 25% (266) and 30% (319) TB cases will be detected in 2019, 2020, and 2021 respectively. Considering these assumptions; targets will be 745 (Year 1), 795 (Year 2) and 851 (Year 3).<br>Data disaggregation by age and gender will be reported if/when it becomes available. Please see the attached assumption sheet for the details on target setting."  |
| 4 | TB O-2a: Treatment success rate of all forms of TB-bacteriologically confirmed plus clinically diagnosed, new and relapse cases | Afghanistan             |                |                          |                         | N:<br>D:<br>P: %<br><br>Due Date:     | N:<br>D:<br>P: 90%<br><br>Due Date:   | N:<br>D:<br>P: 90%<br><br>Due Date:   | "Baseline: Not available<br>Target values for 2020 and 2021 refer to treatment outcomes of the cohorts of TB patients (returnees) notified and on initiated treatment in the previous year. Target for 2019 was not set because the current reporting system in Afghanistan doesn't allow to do cohort analysis for the risk groups and the result reporting for this indicator will start from 2020 if possible.<br>This indicator may be feasible for reporting if the returnees are in IOM transit centres and if TB patients reside in the villages supported by IOM for at least one year. Otherwise, it is not possible for NTP Afghanistan to establish a system to monitor treatment outcomes for Afghan returnees who resettle among the general population in all 34 provinces. "  |
| 5 | TB O-2a: Treatment success rate of all forms of TB-bacteriologically confirmed plus clinically diagnosed, new and relapse cases | Iran (Islamic Republic) |                |                          |                         | N:<br>D:<br>P: 87%<br><br>Due Date:   | N:<br>D:<br>P: 88%<br><br>Due Date:   | N:<br>D:<br>P: 89%<br><br>Due Date:   | Baseline: Not available<br>Target values for 2019, 2020, and 2021 refer to treatment outcomes of the cohorts of TB patients (Afghan refugees/migrants) notified and initiated on treatment in the previous year. NTP Iran maintains an electronic nominal (case-based) recording and reporting systems which will enable reporting on this indicator starting from 2019 for the 2018 cohort of patients .  |
| 6 | TB O-2a: Treatment success rate of all forms of TB-bacteriologically confirmed plus clinically diagnosed, new and relapse cases | Pakistan                |                |                          |                         | N:<br>D:<br>P: %<br><br>Due Date:     | N:<br>D:<br>P: 91%<br><br>Due Date:   | N:<br>D:<br>P: 91%<br><br>Due Date:   | Baseline: Not available<br>Target values for 2020 and 2021 refer to treatment outcomes of the cohorts of TB patients (Afghan refugees/migrants) notified and initiated on treatment in the previous year. The current reporting system in Pakistan doesn't allow to perform cohort analysis for the target population and the result reporting for this indicator is expected to start from 2020.  |



| Workplan Tracking Measures                                     |   |   |  |   |                            |                            |                            |
|--|---|---|--|---|----------------------------|----------------------------|----------------------------|
| Intervention   | Key Activity  | Comments  | Milestone Target   | Criterion for Completion  | 01-Jan-2019<br>31-Dec-2019 | 01-Jan-2020<br>31-Dec-2020 | 01-Jan-2021<br>31-Dec-2021 |
| <b>RSSH: Health management information systems and M&amp;E</b> |   |   |  |   |                            |                            |                            |
| Routine reporting  | Develop a regional referral mechanism for cross-border transfer of refugees/migrants with TB  | <p>WHO EMRO will provide technical lead in the development of a regional referral mechanism with SOPs in the first year of grant implementation. This will be informed as well through conducting an M&amp;E systems assessment of the three countries to provide the basis for consultation on the possible data exchange approaches e.g. through the use of health passports and/or digital technologies for treatment support and referrals (see below WPTM #10). The SOP will contain procedures to undertake an appropriate cross-border referral of refugee who is still on TB treatment (e.g. describing in detail who initiates the referral process, what forms and cards to use, what quantities of TB drugs to be provided to the refugee/migrant for the transfer period, what will be the content of the cross-border transfer form to be used in the three countries).</p> <p>The regional referral mechanism will take into consideration the data sharing policy of each country.</p> | Regional referral mechanisms for cross-border transfer of refugees/migrants with TB and MDR-TB functioning   | <p>WPTM scoring:</p> <p>0 (not started): No progress is shown towards achieving the milestone</p> <p>1 (started): Data on numbers of referrals (cross-border transfer-out and transfer-in) of refugees/migrants with TB and MDR-TB available and routinely shared with other countries and relevant partners (in one country)</p> <p>2 (advancing): Data on numbers of referrals (cross-border transfer-out and transfer-in) of refugees/migrants with TB and MDR-TB available and routinely shared with other countries and relevant partners (in two countries)</p> <p>3 (completed): Data on numbers of referrals (cross-border transfer-out and transfer-in) of refugees/migrants with TB and MDR-TB available and routinely shared with other countries and relevant partners (in one country)</p> |                            | X                          | X                          |
|  |   |   | Standard operating procedures on cross-border transfer and follow-up of refugees/migrants diagnosed with TB/MDR-TB and initiated on treatment developed. | <p>WPTM scoring:</p> <p>0 (not started): No progress is shown towards achieving the milestone</p> <p>1 (started): TORs for consultant(s) developed, approved and consultants hired.</p> <p>2 (advancing): Regional consultation meeting conducted with the participation of the international consultant, and an outline of the the procedure(s) for cross-border transfer of refugees/migrants with TB drafted.</p> <p>3 (completed): SOPs for cross-border referral and follow-up of refugees/migrants with TB and MDR-TB cases finalized and endorsed by the three NTPs and relevant national authorities.</p>   | X                          |                            |                            |
|  | Develop and introduce in practice digital technologies for data sharing to support cross-border referrals and follow-up of refugees/migrants with TB and MDR-TB | <p>WHO EMRO in close collaboration with the TB monitoring and evaluation unit within WHO's Global TB Programme will provide technical lead in the ME&amp; systems assessment (to be conducted in Year 1 of the grant - see also WPTM #9 above) and the development of digital data sharing solutions. The data sharing policy of each country will be taken into account.</p>   | Digital technology solution for data sharing to support cross-border referrals and follow-up of refugees/migrants with TB and MDR-TB developed/adapted   | <p>WPTM scoring:</p> <p>0 (not started): No progress is shown towards achieving the milestone</p> <p>1 (started): TORs for consultant(s) developed, approved and consultants hired. M&amp;E systems assessment conducted in Year 1 of the grant</p> <p>2 (advancing): Regional consultation meeting conducted with the participation of the international consultant, and decision taken on the digital technology to be employed</p> <p>3 (completed): Digital technology for cross-border sharing of data on TB case notifications, referrals and treatment outcomes designed and its functionality field tested and validated by NTPs</p>  |                            | X                          |                            |
|  |   |   | Digital technology solution for data sharing to support cross-border referrals and follow-up of refugees/migrants with TB and MDR-TB in use              | <p>WPTM scoring:</p> <p>0 (not started): No progress is shown towards achieving the milestone</p> <p>1 (started): Development/adaptation of a user guidelines for the three NTPs</p> <p>2 (advancing): Digital technology for cross-border sharing of data on TB case notifications, referrals and treatment outcomes and approved for use by NTPs and relevant government authorities in the three countries</p> <p>3 (completed): Evidence of the use of the digital technology for data sharing and monitoring of referred TB cases by the three countries available</p>   |                            |                            | X                          |

| Workplan Tracking Measures                        |  |   |   |  |                            |                            |                            |
|---|--|---|---|--|----------------------------|----------------------------|----------------------------|
| Intervention                                      | Key Activity   | Comments  | Milestone Target  | Criterion for Completion   | 01-Jan-2019<br>31-Dec-2019 | 01-Jan-2020<br>31-Dec-2020 | 01-Jan-2021<br>31-Dec-2021 |
| <b>TB care and prevention</b>                     |  |   |   |  |                            |                            |                            |
| Case detection and diagnosis                      | Strengthen diagnostic capacities and infrastructure for TB/MDR-TB services to returnees in Afghanistan border areas or key areas of return | A rapid situation analysis and health facility mapping will be conducted in the beginning of the grant to review current services, gaps and opportunities to strengthen diagnostics in refugee settings and ensure that diagnosis is offered and that treatment is initiated as soon as possible.<br>The report will specify the interventions and activities that need to be implemented which could be additional human resource, training of health workers on TB for health workers dealing with returnees and IDPs, procurement of laboratory equipment and consumables, digital X-ray equipment and etc. A workshop will be organized to review and validate the draft document by involving all the relevant stakeholders such as NTP staff, field health care workers, NGOs dealing with returnees and IDPs, international technical agencies and others.   | Health facility mapping and rapid situation analysis conducted along the Afghan borders and key areas of return               | WPTM scoring:<br>0 (not started): No progress is shown towards achieving the milestone<br>1 (started): ToRs and protocol for health facility mapping and ToRs for rapid situation assessment developed, approved by responsible NTPs/partners and consultant(s) hired<br>2 (advancing): Health facility mapping and situation analysis conducted and draft reports validated by responsible NTPs/partners.<br>3 (completed): Final mapping and situation analysis report with clear identification of current TB services, gaps and opportunities used to select the sites for implementation of ACF and inform the necessary interventions and systems strengthening activities | X                          |                            |                            |
| Key populations (TB care and prevention) - Others | Design, implementation, monitoring and evaluation of active case finding (ACF) among returnees in Afghanistan                              | Active case finding (ACF) was originally planned to be conducted at the border points with Iran and Pakistan with largest volume of border crossings in four provinces: Nangarhar (Toor Kham), Kandahar (Spin Boldak), Herat (Islam Qalah) and Nimroz (Zarang Malik) or nearby IOM health facilities/transit centers. Exact sites for ACF will be selected based on the results from the HF mapping and rapid situation analysis at border crossings to be conducted in the beginning of the grant.<br>Detailed activities at field/health facility level will be described in a guidance document/SOPs and an operational plan to be developed by NTP. The document will provide guidance on how to undertake contact investigation, active symptom screening, tracing lost-to-follow up patients, awareness rising of TB among returnees/IDPs, screening and Isoniazid prevention therapy (IPT) for people living with HIV (PLHIV) as well as how to how to organize supply of necessary equipment and consumables, sample transportation, incentives for engaged community workers. The guidance document/SOPs should include revised/adapted/newly developed recording and reporting tools to capture and monitor ACF and procedures to conduct routine supportive supervision. | Active case finding among Afghan returnees implemented and supervised in four sites at or close to the borders in Afghanistan | WPTM scoring:<br>0 (not started): No progress is shown towards achieving the milestone<br>1 (started): ACF activities conducted but not in all planned sites or data not reported or not complete and supervision not conducted as per plan.<br>2 (advancing): ACF implemented in all planned sites and data on ACF routinely reported to NTP by service providers according to recommended recording and reporting tools<br>3 (completed): ACF implemented in all planned sites, data routinely reported, supportive supervision conducted as per operational plan and reports containing findings, recommended actions and follow-up from previous supervision available       |                            | X                          | X                          |
|   |  |   | Active case finding among Afghan returnees initiated in four sites at or close to the borders in Afghanistan                  | WPTM scoring:<br>0 (not started): No progress is shown towards achieving the milestone<br>1 (started): A guidance document/SOPs and an operational plan on active screening in returnee settings/selected sites developed by NTP (including how supply of necessary equipment and consumables and sample transportation will be organized)<br>2 (advancing): Human resources who will be involved in active screening trained to implement the guidance document/SOPs and ACF initiated but not in all planned sites<br>3 (completed): ACF initiated in all planned sites  | X                          |                            |                            |

| Workplan Tracking Measures                        |   |  |   |  |                            |                            |                            |
|---|---|--|---|--|----------------------------|----------------------------|----------------------------|
| Intervention                                      | Key Activity  | Comments   | Milestone Target  | Criterion for Completion   | 01-Jan-2019<br>31-Dec-2019 | 01-Jan-2020<br>31-Dec-2020 | 01-Jan-2021<br>31-Dec-2021 |
| Key populations (TB care and prevention) - Others | Design, implementation, monitoring and evaluation of active case finding (ACF) among Afghan refugees and migrants in Iran | ACF will be conducted in three provinces with largest population of Afghan migrants/refugees in 11 districts of three provinces: Khorasan Razavi, Kerman and Yazd. ACF will be conducted in Guest Towns (refugee settlements)/Refugee Colonies and out of settlements for Amayesh card holders, passport holders and other types of documentation and families of students who are undocumented migrants. Detailed activities at field/health facility level will be described in a guidance document/SOPs and an operational plan to be developed by NTP. The document will provide guidance on how to undertake contact investigation, active symptom screening, tracing lost-to-follow up patients, awareness rising of TB among refugees/migrants, screening and Isoniazid prevention therapy (IPT) for people living with HIV (PLHIV) as well as how to organize supply of necessary equipment (additional GeneXpert machines will be procured under this grant) and consumables, sample transportation, incentives for engaged community workers. The guidance document/SOPs should include revised/adapted/newly developed recording and reporting tools to capture and monitor ACF and procedures to conduct routine supportive supervision. | Active case finding among Afghan refugees and migrants implemented and supervised in 11 districts in four provinces in Iran | WPTM scoring:<br>0 (not started): No progress is shown towards achieving the milestone<br>1 (started): ACF activities conducted but not in all planned sites or data not reported or not complete and supervision not conducted as per plan.<br>2 (advancing): ACF implemented in all planned sites and data on ACF routinely reported to NTP by service providers according to recommended recording and reporting tools<br>3 (completed): ACF implemented in all planned sites, data routinely reported, supportive supervision conducted as per operational plan and reports containing findings, recommended actions and follow-up from previous supervision available |                            |                            | X                          |
|   |   |  |   | WPTM scoring:<br>0 (not started): No progress is shown towards achieving the milestone<br>1 (started): ACF activities conducted but not in all planned sites or data not reported or not complete and supervision not conducted as per plan.<br>2 (advancing): ACF implemented in all planned sites and data on ACF routinely reported to NTP by service providers according to recommended recording and reporting tools<br>3 (completed): ACF implemented in all planned sites, data routinely reported, supportive supervision conducted as per operational plan and reports containing findings, recommended actions and follow-up from previous supervision available |                            | X                          |                            |
|   |   |  | Active case finding among Afghan refugees and migrants initiated in 11 districts in four provinces in Iran                  | WPTM scoring:<br>0 (not started): No progress is shown towards achieving the milestone<br>1 (started): A guidance document/SOPs and an operational plan on active screening in returnee settings/selected sites developed by NTP (including how supply of necessary equipment and consumables and sample transportation will be organized)<br>2 (advancing): Human resources who will be involved in active screening trained to implement the guidance document/SOPs and ACF initiated but not in all planned sites<br>3 (completed): ACF initiated in all planned sites  | X                          |                            |                            |

**Workplan Tracking Measures**

| Intervention                                      | Key Activity  | Comments   | Milestone Target   | Criterion for Completion  | 01-Jan-2019<br>31-Dec-2019 | 01-Jan-2020<br>31-Dec-2020 | 01-Jan-2021<br>31-Dec-2021 |
|---|---|--|--|---|----------------------------|----------------------------|----------------------------|
| Key populations (TB care and prevention) - Others | Design, implementation, monitoring and evaluation of active case finding (ACF) among Afghan refugees in Pakistan  | Active case finding will be undertaken in settings with migrants/ refugees in 21 villages. Field health workers will be based in primary health care units in the refugee villages or adjacent rural health centers. Detailed activities at field/health facility level will be described in a guidance document/SOPs and an operational plan to be developed by NTP. The document will provide guidance on how to undertake contact investigation, active symptom screening, tracing lost-to-follow up patients, awareness rising of TB among refugees/migrants, screening and Isoniazid prevention therapy (IPT) for people living with HIV (PLHIV) as well as how to how to organize supply of necessary equipment (additional GeneXpert machines will be procured under this grant) and consumables, sample transportation, incentives for engaged community workers. The guidance document/SOPs should include revised/adapted/newly developed recording and reporting tools to capture and monitor ACF and procedures to conduct routine supportive supervision. | Active case finding among Afghan refugees implemented and supervised in 21 refugee villages in two provinces in Pakistan                                   | WPTM scoring:<br>0 (not started): No progress is shown towards achieving the milestone<br>1 (started): ACF activities conducted but not in all planned sites or data not reported or not complete and supervision not conducted as per plan.<br>2 (advancing): ACF implemented in all planned sites and data on ACF routinely reported to NTP by service providers according to recommended recoding and reporting tools<br>3 (completed): ACF implemented in all planned sites, data routinely reported, supportive supervision conducted as per operational plan and reports containing findings, recommended actions and follow-up from previous supervision available |                            | X                          | X                          |
|   |   |  | Active case finding among Afghan refugees initiated in 21 refugee villages in two provinces in Pakistan  | WPTM scoring:<br>0 (not started): No progress is shown towards achieving the milestone<br>1 (started): A guidance document/SOPs and an operational plan on active screening in returnee settings/selected sites developed by NTP (including how supply of necessary equipment and consumables and sample transportation will be organized)<br>2 (advancing): Human resources who will be involved in active screening trained to implement the guidance document/SOPs and ACF initiated but not in all planned sites<br>3 (completed): ACF initiated in all planned sites   | X                          |                            |                            |
|   | Develop a regional policy for TB/MDR-TB prevention, care and control in migrants and settings with refugees, IDPs and returnees in Afghanistan, Iran Pakistan | During the first regional meeting under this grant participants will review and update the situation analysis and recommended actions developed during the Teheran meeting held in 2014. The issues associated with: i) the lack of data on refugees diagnosed with TB in the host countries and ii) the weaknesses in the harmonization of TB services and the lack of information exchange among the NTPs of the three countries will be fully discussed. Based on the meeting outcomes, a regional policy will be developed, reviewed by the three countries and their NTPs and responsible technical partners in the first semester of Year 1. It is planned that this will be done under the technical leadership of WHO EMRO through hiring a competent international consultant.  | A regional strategy/policy document on prevention, care and control in migrants, refugees, IDPs and returnees developed for Afghanistan, Iran and Pakistan | WPTM scoring:<br>0 (not started): No progress is shown towards achieving the milestone<br>1 (started): TORs developed, approved and international consultant hired<br>2 (advancing): The consultant participated in the first regional consultation meeting and draft regional strategy/policy document on TB services for migrants, refugees, IDPs and returnees in the three countries developed<br>3 (completed): Final harmonized regional strategy/policy document reviewed, agreed and approved by the three countries  | X                          |                            |                            |



| Workplan Tracking Measures                        |  |  |   |   |                            |                            |                            |
|---|--|--|---|---|----------------------------|----------------------------|----------------------------|
| Intervention                                      | Key Activity   | Comments   | Milestone Target  | Criterion for Completion  | 01-Jan-2019<br>31-Dec-2019 | 01-Jan-2020<br>31-Dec-2020 | 01-Jan-2021<br>31-Dec-2021 |
| Key populations (TB care and prevention) - Others | Develop national strategy and operational documents to ensure the provision of TB/MDR-TB services to migrants, refugees, IDPs and returnees in Afghanistan, Iran and Pakistan  | The development of this national document will be based on the policy document on the regional strategy to ensure sound TB activities in settings with migrants, refugees, IDPs and returnees but adapted to the context of each of the three countries. The document will be reviewed by the three NTPs and partners and it will be endorsed by the three countries for implementation. It is planned that this will be done under the technical leadership of WHO EMRO and the consultant hired to develop to support the development of the regional strategy will also support the three countries to adapt to national context. The national policies should incorporate additional data items in the information system of each NTP in order to collect specific data on migrants, refugees, IDPs and returnees (e.g. reporting by nationals/non-nationals). | National information systems of the three NTPs are able to report on minimum required data on migrants/ refugees/IDPs/returnees at the national level   | WPTM scoring:<br>0 (not started): No progress is shown towards achieving the milestone<br>1 (started): Adjustments made in the NTP information systems to capture, on routine basis, the required information on migrants, refugees, IDPs and returnees with TB<br>2 (advancing): Two countries are able to report (It is assumed that Iran is already able to report due to the existing electronic nominal/case-based recording and reporting system able to disaggregate and analyse data by nationality)<br>3 (completed): Three countries are able to report   |                            | X                          |                            |
|   |  |  | National policy on prevention, care and control of TB/MDR-TB in migrants, refugees, IDPs and returnees and harmonized national guidelines/protocols/SOPs developed based on the regional policy/strategy and adapted to the contexts of the three countries   | WPTM scoring:<br>No progress is shown towards achieving the milestone<br>1 (started): Draft national strategy developed with the support of international consultant in the three countries and harmonized national guidelines/protocols/SOPs<br>2 (advancing): National workshops to review, discuss and validate the national strategy and harmonized national guidelines/protocol/SOPs to ensure the provision of TB services to migrants, refugees, IDPs and returnees conducted in the three countries<br>3 (completed): Final national strategy and harmonized national guidelines/protocol/SOPs on prevention, care and control of TB in migrants, refugees, IDPs and returnees available and endorsed in each country | X                          |                            |                            |
|   | Develop regional education, information and communication (IEC) materials with messages targeting refugees/migrants/IPDs/returnees to raise awareness on TB, service availability and access, as well as to mobilize and involve communities in TB/MDR-TB prevention, care and control services for the target populations | Community needs assessment will be conducted to inform the content and visual presentation of IEC materials. An international consultant and/or national consultants in each country will be hired to review existing IEC materials in the three countries, conduct focus groups discussions (FGDs) at the community level, harmonize the IEC materials with other countries through regional level consultation and oversee translation into local languages. The consultant will also develop a simple guidance document on the key behavioral change messages that need to be delivered by community health workers and community-based structures (e.g. Health Shura in Afghanistan, etc.) in support of awareness raising on TB, service availability and access for the target population.   | Regional education, information and communication (IEC) materials with harmonized messages targeting refugees/migrants/IPDs/returnees communities to raise awareness on TB, service availability and access, as well as to mobilize and involve them in TB/MDR-TB prevention, care and control services, developed and in use | WPTM scoring:<br>0 (not started): No progress is shown towards achieving the milestone<br>1 (started): TORs for consultant(s) developed, approved and consultants hired. Community needs assessment conducted in each country.<br>2 (advancing): The consultant(s) have reviewed all existing IEC materials in the three countries and developed regionally harmonized content and visual design of targeted IEC materials.<br>3 (completed): Final regional IEC materials translated into local languages, printed and distributed in each country   |                            |                            | X                          |

**Workplan Tracking Measures**

| Intervention                                      | Key Activity  | Comments  | Milestone Target  | Criterion for Completion  | 01-Jan-2019<br>31-Dec-2019 | 01-Jan-2020<br>31-Dec-2020 | 01-Jan-2021<br>31-Dec-2021 |
|---|---|---|---|---|----------------------------|----------------------------|----------------------------|
| Key populations (TB care and prevention) - Others | Ensure the sustainability of national policies for TB/DR-TB services to refugees/migrants/IDPs/returnees through routine TB service delivery under the three NTPs | <p>"Detailed activities include:<br/>1. The development of a training module on context-specific TB/MDR-TB services for refugees/migrants/IDPs/ returnees, including gender, childhood and data confidentiality aspects in each country based on the national policy developed under this grant. The module will include as well a component respective recording and reporting tools for data on TB in migrants, refugees, IDPs and returnees and the gender, childhood and data confidentiality aspects. This module should be endorsed by NTPs, incorporated in the general training packages of NTPs, reproductive, maternal, newborn, child and adolescent health (RMNCAH) programs and civil society organizations dealing with refugees/IDPs/returnees and used in any training organized for TB/MDR-TB service providers. In addition, TB/MDR-TB services for refugees/migrants/IDPs / returnees will be discussed during quarterly meetings of each NTPs at national level and provincial level in the relevant provinces.<br/>2. By the end of this grant, the three NTPs will review their TB NSPs and National M&amp;E Plans as part of the nationally planned program reviews and national strategic planning cycles and revise them accordingly to incorporate national policies and procedures for context specific TB/MDR-TB services for refugees/migrants/IDPs/returnees. "</p> | A training module on TB/MDR-TB services for refugees/migrants/IDPs/ returnees, including gender, childhood, data confidentiality aspects and recording and reporting, developed and implemented in each country based on the national policy developed under this grant | <p>WPTM scoring:<br/>0 (not started): No progress is shown towards achieving the milestone<br/>1 (started): Training module(s) on TB/MDR-TB services for refugees/migrants/IDPs/ returnees, including gender, childhood, data confidentiality aspects and recording and reporting, drafted in each country based on the national policy developed under this grant.<br/>2 (advancing): The training module on TB/MDR-TB services for refugees/migrants/IDPs/ returnees approved by each NTP and incorporated in the NTP training package<br/>3 (completed): Evidence (training report) that at least one training of routine TB service providers (other than the staff engaged in ACF) in at least one country has used the training module on refugees/migrants/IDPs/returnees.</p>   |                            | X                          |                            |
|   |   |   | National policy and operational documents on TB/MDR-TB services to migrants, refugees, IDPs and returnees in Afghanistan, Iran and Pakistan integrated into respective National TB Strategic Plans  | <p>WPTM scoring:<br/>0 (not started): No progress is shown towards achieving the milestone<br/>1 (started):<br/>2 (advancing): National policies and operational documents on TB/MDR-TB services to migrants, refugees, IDPs and returnees integrated into National TB Strategic Plans and National TB M&amp;E Plans for their next implementation period in one country.<br/>2 (advancing): National policies and operational documents on TB/MDR-TB services to migrants, refugees, IDPs and returnees integrated into National TB Strategic Plans and National TB M&amp;E Plans for their next implementation period in two countries.<br/>3 (completed): National policies and operational documents on TB/MDR-TB services to migrants, refugees, IDPs and returnees integrated into National TB Strategic Plans and National TB M&amp;E Plans for their next implementation period in three countries.</p> |                            | X                          |                            |
|   | Establishment and functioning of a Multicountry South-Asia TB Grant Steering Committee (MCSA TB SC) by involving partners   | <p>The 'Multi-country South Asia TB Grant Steering Committee will be established from the three countries. Observer status may be extended to the NTPs of Tajikistan, Uzbekistan, and Turkmenistan. There will be biannual Skype/teleconference calls and regional coordination meetings will be conducted on an annual basis (Year 1 in Pakistan, Year 2 in Afghanistan and Year 3 in Iran) to oversee and assess the status of grant implementation.<br/>The report on each steering committee meeting/conference call should contain strategic direction for grant implementation, identification of implementation bottlenecks and opportunities for reprogramming and course correction as needed, improvement in quality of care, follow up of issues and recommendations on timely basis.</p>  | Multicountry South-Asia TB Grant Steering Committee (MCSA TB SC) established and functional   | <p>WPTM scoring:<br/>0 (not started): No progress is shown towards achieving the milestone<br/>1 (started): TORs, guiding principles and operational plan for the coordination platform developed with country representation<br/>2 (advancing): Regular meetings/teleconferences on grant oversight conducted and reports from conference calls/meetings available<br/>3 (completed): One regional coordination meeting conducted and report from meeting available</p>  | X                          |                            |                            |
|   |   |   | Multi-country South-Asia TB grant steering committee functional   | <p>"WPTM scoring:<br/>0 (not started): No progress is shown towards achieving the milestone<br/>1 (started): Regular meetings/teleconferences on grant oversight conducted<br/>2 (advancing): Regular meetings/teleconferences on grant oversight conducted and reports from conference calls/meetings available<br/>3 (completed): One regional coordination/annual review meeting conducted and report from meeting available"</p>  |                            | X                          |                            |

| Workplan Tracking Measures                        |  |   |   |   |                            |                            |                            |
|---|--|---|---|---|----------------------------|----------------------------|----------------------------|
| Intervention                                      | Key Activity   | Comments  | Milestone Target  | Criterion for Completion  | 01-Jan-2019<br>31-Dec-2019 | 01-Jan-2020<br>31-Dec-2020 | 01-Jan-2021<br>31-Dec-2021 |
| Key populations (TB care and prevention) - Others | Establishment and functioning of a Multicountry South-Asia TB Grant Steering Committee (MCSA TB SC) by involving partners  | The 'Multi-country South Asia TB Grant Steering Committee will be established from the three countries. Observer status may be extended to the NTPs of Tajikistan, Uzbekistan, and Turkmenistan. There will be biannual Skype/teleconference calls and regional coordination meetings will be conducted on an annual basis (Year 1 in Pakistan, Year 2 in Afghanistan and Year 3 in Iran) | Multi-country South-Asia TB grant steering committee functional   | WPTM scoring:<br>0 (not started): No progress is shown towards achieving the milestone<br>1 (started): Regular meetings/teleconferences on grant oversight conducted<br>2 (advancing): Regular meetings/teleconferences on grant oversight conducted and reports from conference calls/meetings available<br>3 (completed): One regional coordination/annual review meeting conducted and report from meeting available   |                            |                            | X                          |
|   | Strengthen the capacity of NTP provincial level staff and service providers on program management and delivery of TB/MDR-TB services for IDPs/returnees in Afghanistan | A key implementing partner will be IOM Afghanistan  | NTP Provincial Coordinators and TB service providers training conducted in the areas of surveillance and data analysis, program management of cross-border issues and TB/MDR-TB clinical management | WPTM scoring:<br>0 (not started): No progress is shown towards achieving the milestone<br>1 (started): ToRs for international TA developed, approved by NTP and technical partners and consultant hired<br>2 (advancing): NTP Capacity Assessment (at central and provincial level) & training curriculum on migration health and TB developed by an international consultant<br>3 (completed): 175 persons trained (5 workshops at 35 trainees and 5 resource persons). Training reports and list of participants available for verification | X                          |                            |                            |



|                              |                                      |
|------------------------------|--------------------------------------|
| <b>Country</b>               | Southern Asia                        |
| <b>Grant Name</b>            | QMZ-T-UNDP                           |
| <b>Implementation Period</b> | 01-Jan-2019 - 31-Dec-2021            |
| <b>Principal Recipient</b>   | United Nations Development Programme |

| By Module   | 01/01/2019 - 31/03/2019 | 01/04/2019 - 30/06/2019 | 01/07/2019 - 30/09/2019 | 01/10/2019 - 31/12/2019 | Total Y1           | 01/01/2020 - 31/03/2020 | 01/04/2020 - 30/06/2020 | 01/07/2020 - 30/09/2020 | 01/10/2020 - 31/12/2020 | Total Y2           | 01/01/2021 - 31/03/2021 | 01/04/2021 - 30/06/2021 | 01/07/2021 - 30/09/2021 | 01/10/2021 - 31/12/2021 | Total Y3           | Grand Total        | % of Grand Total |
|---|-------------------------|-------------------------|-------------------------|-------------------------|--------------------|-------------------------|-------------------------|-------------------------|-------------------------|--------------------|-------------------------|-------------------------|-------------------------|-------------------------|--------------------|--------------------|------------------|
| TB care and prevention                              | \$115,621               | \$208,923               | \$179,648               | \$342,535               | \$846,727          | \$91,408                | \$254,125               | \$176,117               | \$109,951               | \$631,601          | \$99,160                | \$293,148               | \$187,586               | \$89,427                | \$669,322          | \$2,147,650        | 43.0 %           |
| MDR-TB  | \$90,000                |                         | \$7,408                 |                         | \$97,408           |                         |                         | \$7,408                 |                         | \$7,408            |                         | \$7,408                 |                         |                         | \$7,408            | \$112,224          | 2.2 %            |
| RSSH: Health management information systems and M&E |                         |                         | \$100,000               | \$100,000               | \$200,000          | \$50,000                | \$50,000                | \$50,000                | \$50,000                | \$200,000          | \$150,000               | \$50,000                | \$50,000                | \$50,000                | \$300,000          | \$700,000          | 14.0 %           |
| Program management                                  | \$165,341               | \$121,538               | \$175,749               | \$160,457               | \$623,085          | \$267,119               | \$170,559               | \$155,376               | \$140,842               | \$733,897          | \$175,900               | \$178,060               | \$149,281               | \$179,904               | \$683,145          | \$2,040,126        | 40.8 %           |
| <b>Grand Total</b>                                  | <b>\$370,961</b>        | <b>\$330,461</b>        | <b>\$462,806</b>        | <b>\$602,992</b>        | <b>\$1,767,220</b> | <b>\$408,527</b>        | <b>\$474,684</b>        | <b>\$388,901</b>        | <b>\$300,793</b>        | <b>\$1,572,906</b> | <b>\$425,060</b>        | <b>\$528,616</b>        | <b>\$386,867</b>        | <b>\$319,331</b>        | <b>\$1,659,875</b> | <b>\$5,000,000</b> | <b>100.0 %</b>   |

| By Cost Grouping                                    | 01/01/2019 - 31/03/2019 | 01/04/2019 - 30/06/2019 | 01/07/2019 - 30/09/2019 | 01/10/2019 - 31/12/2019 | Total Y1           | 01/01/2020 - 31/03/2020 | 01/04/2020 - 30/06/2020 | 01/07/2020 - 30/09/2020 | 01/10/2020 - 31/12/2020 | Total Y2           | 01/01/2021 - 31/03/2021 | 01/04/2021 - 30/06/2021 | 01/07/2021 - 30/09/2021 | 01/10/2021 - 31/12/2021 | Total Y3           | Grand Total        | % of Grand Total |
|---|-------------------------|-------------------------|-------------------------|-------------------------|--------------------|-------------------------|-------------------------|-------------------------|-------------------------|--------------------|-------------------------|-------------------------|-------------------------|-------------------------|--------------------|--------------------|------------------|
| Human Resources (HR)                                | \$61,645                | \$168,723               | \$205,973               | \$166,630               | \$602,972          | \$127,550               | \$275,022               | \$220,088               | \$155,805               | \$778,465          | \$137,276               | \$326,566               | \$235,431               | \$137,208               | \$836,480          | \$2,217,917        | 44.4 %           |
| Travel related costs (TRC)                          | \$76,400                | \$61,221                | \$50,326                | \$42,126                | \$230,073          | \$61,091                | \$57,766                | \$57,341                | \$39,760                | \$215,958          | \$166,096               | \$70,591                | \$42,238                | \$77,424                | \$356,349          | \$802,379          | 16.0 %           |
| External Professional services (EPS)                | \$24,000                | \$59,406                | \$114,400               | \$100,000               | \$297,806          | \$157,492               | \$50,000                | \$50,000                | \$50,000                | \$307,492          | \$59,600                | \$50,000                | \$50,000                | \$50,000                | \$209,600          | \$814,898          | 16.3 %           |
| Health Products - Equipment (HPE)                   | \$90,000                |                         |                         | \$206,973               | \$296,973          |                         |                         |                         |                         |                    |                         |                         |                         |                         |                    | \$296,973          | 5.9 %            |
| Procurement and Supply-Chain Management costs (PSM) | \$70,000                |                         |                         |                         | \$70,000           |                         |                         |                         |                         |                    |                         |                         |                         |                         |                    | \$70,000           | 1.4 %            |
| Infrastructure (INF)                                |                         |                         |                         | \$11,131                | \$11,131           |                         |                         |                         |                         |                    |                         |                         |                         |                         |                    | \$11,131           | 0.2 %            |
| Non-health equipment (NHP)                          | \$2,000                 |                         |                         |                         | \$2,000            |                         |                         |                         |                         |                    |                         |                         |                         |                         |                    | \$2,000            | 0.0 %            |
| Communication Material and Publications (CMP)       |                         |                         | \$25,000                |                         | \$25,000           |                         | \$25,000                |                         |                         | \$25,000           |                         | \$12,500                |                         |                         | \$12,500           | \$62,500           | 1.3 %            |
| Programme Administration costs (PA)                 | \$46,916                | \$41,110                | \$66,208                | \$75,233                | \$229,468          | \$61,923                | \$66,425                | \$61,002                | \$54,714                | \$244,064          | \$61,597                | \$68,467                | \$58,706                | \$54,143                | \$242,912          | \$716,443          | 14.3 %           |
| Living support to client/ target population (LSCTP) |                         |                         | \$899                   | \$899                   | \$1,798            | \$471                   | \$471                   | \$471                   | \$514                   | \$1,927            | \$492                   | \$492                   | \$492                   | \$557                   | \$2,034            | \$5,758            | 0.1 %            |
| <b>GrandTotal</b>                                   | <b>\$370,961</b>        | <b>\$330,461</b>        | <b>\$462,806</b>        | <b>\$602,992</b>        | <b>\$1,767,220</b> | <b>\$408,527</b>        | <b>\$474,684</b>        | <b>\$388,901</b>        | <b>\$300,793</b>        | <b>\$1,572,906</b> | <b>\$425,060</b>        | <b>\$528,616</b>        | <b>\$386,867</b>        | <b>\$319,331</b>        | <b>\$1,659,875</b> | <b>\$5,000,000</b> | <b>100.0 %</b>   |

| By Recipients                        | 01/01/2019 - 31/03/2019 | 01/04/2019 - 30/06/2019 | 01/07/2019 - 30/09/2019 | 01/10/2019 - 31/12/2019 | Total Y1           | 01/01/2020 - 31/03/2020 | 01/04/2020 - 30/06/2020 | 01/07/2020 - 30/09/2020 | 01/10/2020 - 31/12/2020 | Total Y2           | 01/01/2021 - 31/03/2021 | 01/04/2021 - 30/06/2021 | 01/07/2021 - 30/09/2021 | 01/10/2021 - 31/12/2021 | Total Y3           | Grand Total        | % of Grand Total |
|--------------------------------------|-------------------------|-------------------------|-------------------------|-------------------------|--------------------|-------------------------|-------------------------|-------------------------|-------------------------|--------------------|-------------------------|-------------------------|-------------------------|-------------------------|--------------------|--------------------|------------------|
| <b>PR</b>                            | <b>\$61,545</b>         | <b>\$83,350</b>         | <b>\$73,410</b>         | <b>\$82,581</b>         | <b>\$300,886</b>   | <b>\$167,751</b>        | <b>\$75,967</b>         | <b>\$68,575</b>         | <b>\$62,811</b>         | <b>\$375,104</b>   | <b>\$170,940</b>        | <b>\$79,726</b>         | <b>\$68,442</b>         | <b>\$64,024</b>         | <b>\$383,132</b>   | <b>\$1,059,121</b> | <b>21.2 %</b>    |
| UNDP Afghanistan                     | \$23,055                | \$23,055                | \$23,055                | \$23,055                | \$92,222           | \$23,055                | \$23,055                | \$23,055                | \$23,055                | \$92,222           | \$23,055                | \$23,055                | \$23,055                | \$23,055                | \$92,222           | \$276,665          | 5.5 %            |
| UNDP Iran                            | \$12,523                | \$12,523                | \$12,523                | \$12,523                | \$50,092           | \$12,523                | \$12,523                | \$12,523                | \$12,523                | \$50,092           | \$12,523                | \$12,523                | \$12,523                | \$12,523                | \$50,092           | \$150,276          | 3.0 %            |
| UNDP Regional Office                 | \$1,698                 | \$1,698                 | \$7,554                 | \$7,554                 | \$18,505           | \$7,554                 | \$7,554                 | \$7,554                 | \$7,554                 | \$30,217           | \$7,554                 | \$7,554                 | \$7,554                 | \$7,554                 | \$30,217           | \$78,939           | 1.6 %            |
| United Nations Development Programme | \$24,268                | \$46,074                | \$30,277                | \$39,448                | \$140,067          | \$124,619               | \$32,834                | \$25,442                | \$19,678                | \$202,573          | \$127,808               | \$36,593                | \$25,309                | \$20,891                | \$210,601          | \$553,241          | 11.1 %           |
| <b>SR</b>                            | <b>\$309,416</b>        | <b>\$247,110</b>        | <b>\$389,396</b>        | <b>\$520,411</b>        | <b>\$1,466,334</b> | <b>\$240,776</b>        | <b>\$398,717</b>        | <b>\$320,326</b>        | <b>\$237,982</b>        | <b>\$1,197,802</b> | <b>\$254,120</b>        | <b>\$448,890</b>        | <b>\$318,425</b>        | <b>\$255,308</b>        | <b>\$1,276,743</b> | <b>\$3,940,879</b> | <b>78.8 %</b>    |
| IOM Afghanistan                      | \$19,688                | \$41,068                | \$51,013                | \$48,788                | \$160,557          | \$51,013                | \$51,998                | \$51,013                | \$48,788                | \$202,812          | \$51,013                | \$54,149                | \$51,013                | \$48,788                | \$204,964          | \$568,333          | 11.4 %           |
| NTP Afghanistan                      | \$72,375                | \$8,359                 | \$46,472                | \$221,165               | \$348,372          | \$21,647                | \$39,575                | \$21,983                | \$14,575                | \$97,779           | \$21,690                | \$38,548                | \$14,618                | \$21,690                | \$96,544           | \$542,695          | 10.9 %           |
| NTP Iran                             | \$163,830               | \$88,571                | \$104,077               | \$49,568                | \$406,046          | \$30,858                | \$163,519               | \$105,025               | \$39,976                | \$339,378          | \$41,200                | \$212,120               | \$120,984               | \$52,956                | \$427,260          | \$1,172,684        | 23.5 %           |
| NTP Pakistan                         | \$2,423                 | \$7,218                 | \$8,562                 | \$8,562                 | \$26,766           | \$10,985                | \$13,902                | \$8,562                 | \$8,562                 | \$42,012           | \$10,985                | \$14,595                | \$8,562                 | \$8,562                 | \$42,705           | \$111,484          | 2.2 %            |
| NTP Pakistan PTP-KP                  | \$1,224                 | \$19,432                | \$29,191                | \$37,967                | \$87,814           | \$28,848                | \$28,848                | \$29,918                | \$28,870                | \$116,484          | \$28,870                | \$29,940                | \$28,870                | \$28,891                | \$116,570          | \$320,869          | 6.4 %            |
| NTP Pakistan-PTP-Balochistan         | \$925                   | \$15,494                | \$23,609                | \$27,890                | \$67,918           | \$23,523                | \$23,523                | \$24,380                | \$23,545                | \$94,971           | \$23,523                | \$24,380                | \$23,523                | \$23,566                | \$94,993           | \$257,882          | 5.2 %            |
| UNHCR                                | \$26,471                | \$47,094                | \$26,471                | \$26,471                | \$126,507          | \$23,901                | \$25,571                | \$29,445                | \$23,667                | \$102,584          | \$26,838                | \$23,148                | \$20,855                | \$20,855                | \$91,696           | \$320,787          | 6.4 %            |
| WHO                                  | \$22,480                | \$19,875                | \$100,000               | \$100,000               | \$242,355          | \$50,000                | \$51,780                | \$50,000                | \$50,000                | \$201,780          | \$50,000                | \$52,011                | \$50,000                | \$50,000                | \$202,011          | \$646,146          | 12.9 %           |
| <b>Grand Total</b>                   | <b>\$370,961</b>        | <b>\$330,461</b>        | <b>\$462,806</b>        | <b>\$602,992</b>        | <b>\$1,767,220</b> | <b>\$408,527</b>        | <b>\$474,684</b>        | <b>\$388,901</b>        | <b>\$300,793</b>        | <b>\$1,572,906</b> | <b>\$425,060</b>        | <b>\$528,616</b>        | <b>\$386,867</b>        | <b>\$319,331</b>        | <b>\$1,659,875</b> | <b>\$5,000,000</b> | <b>100.0 %</b>   |