UNITED NATIONS DEVELOPMENT PROGRAMME

PROJECT DOCUMENT

Pakistan HIV Global Fund Grant

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

Start Date: 1 July, 2021 **End Date:** 31 Dec, 2023 **LPAC Meeting date:** June 18, 2021

Brief Description

Pakistan has received investments from the Global Fund since 2003 for a cumulative amount of 697 Million USD. Despite significant progress of the accelerated response to HIV through effective prevention, treatment, care and support interventions for Key Populations (KP), Pakistan's access to HIV care and support remains a challenge. The country continues to have concentrated HIV epidemic among KP, namely: men having sex with men (MSM), people who inject drugs (PWID), transgender populations (TG), male sex workers (MSW) and female sex workers (FSW) with prevalence less than 0.1% in the general population, based on Integrated Biological and Behavioural Surveillance (IBBS) Round V 2016-17. As per Spectrum estimates for the year 2020, the country has an estimated 183,705 people living with HIV (PLHIV), of which 91% live in Punjab and Sindh, the most populous and highest HIV burden provinces in the country. The highest proportions of the estimated population of PLHIV are to be found among PWID (22.9%) and MSM (17.2%). Disease progression trends show an escalating epidemic in KP with a faster rate among sexual networks especially MSM and sex workers. Overall, the KP prevention and testing programme coverage remains among the lowest in the Asia Pacific region. It was estimated that in 2018. no more than 14% of PLHIV in Pakistan knew their status; clearly well below the 90% target for fast-tracking the response.

UNDP has recently been requested by the Global Fund to support the HIV grant, starting July 2021 until December 2023. This Global Fund HIV grant will provide the amount of **US$ 47,104,249 million** to Pakistan. The Global Fund's funding will contribute to the achievement of the overall, strategic goals of the Pakistan AIDS Strategy IV - PAS-IV on reaching low prevention and testing coverage among key populations by:

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

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 2023 from the 2019 baseline.

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

Contributing Outcome (UNDAF/CPD):

CPD Outcome: By 2022, the people in Pakistan, especially the most vulnerable and marginalized, have increased knowledge of their rights and improved access to more accountable, transparent and effective governance mechanisms and rule of law institutions

Indicative Result(s): measured through Impact, Outcome and Coverage Indicators as defined in the Grant Performance Framework

Gender Marker: GEN2; Project is not specifically dedicated to gender, but gender issues are discussed in all sections of it, with inclusion of sex-disaggregated data where relevant

Total resources required:		
Total resources allocated:	**USD 47,104,249**	
	UNDP TRAC:	**-**
	Donor:	**47,104,249**
	Government:	**-**
	In-Kind:	**-**
Unfunded:	Not Applicable	

Agreed by (signatures):

UNDP (Implementing Partner)

Print Name: Knut Ostby, Resident Representative, UNDP Pakistan
Date: 29-Jun-2021

Disclaimer: This Project Document serves as a mechanism to facilitate UNDP's role as PRINCIPAL RECIPIENT for the implementation of the Grant Agreement with the Global Fund. The detailed situational analysis, theory of change, sustainability and related information is captured in the Grant Agreement and not replicated in this Project Document, which only provides an excerpt of the contextual information. Where appropriate, reference is made to the Grant Agreement for further details. This Project Document, therefore, needs to be read in conjunction with the approved Global Fund Grant Documents and the Grant Confirmation.

I. DEVELOPMENT CHALLENGE

Pakistan, with a population of 200,814,000 in 2018 (UN World Population Prospects,2019), is a lower-middle-income country with a Gross Domestic Product (GDP) of US$314.57 billion (World Bank, 2018). Health care in Pakistan is the responsibility of the provincial governments (except for some federally administered areas). The 18th Constitutional Amendment (2010) devolved the federal functions to the provinces, limiting the role of the federal government to that of policy planning, disease surveillance, monitoring and evaluation, and maintaining international commitments.

Since the devolution of health functions to the provinces in 2011, the HIV program has been characterized by weak leadership and governance at the national level (Joint Program Review Mission - JPRM, 2019), further complicated by the backdrop of criminalization of the populations most impacted by HIV. Health as a percent of government expenditure (excluding debt servicing) rose from around 4.5% in 2012-2013 to nearly 9% by 2018-2019 (WHO Global Health Expenditures Database 2020). Despite increased provincial health spending, Pakistan compares poorly with similar lower-middle-income countries on indicators for public financing of health, with 2.9% of GDP for health in Pakistan, compared to 5.4% in similar lower-middle-income countries. (Global Health Expenditure Database, World Health Organization - WHO, 2020). Domestic sources contribute only 10% of the national HIV budget in 2018-2020 (Pakistan AIDS Strategy IV, 2020). Out-of-pocket (OOP) expenditure is very high – over 64% of total health expenditure being funded through the private sector, and 89% of this is household OOP expenditure (JPRM, 2019). There is an increasing proportion of households facing catastrophic health costs.

Pakistan has a concentrated HIV epidemic, with a prevalence of less than 0.1% in the general population (Integrated Biological and Behavioural Surveillance - IBBS 2016-2017). The epidemic is concentrated in key populations, including men who have sex with men, people who inject drugs, transgender people (including Hijra), and sex workers (male, transgender, and female). According to the AIDS Epidemic Model (AEM) 2020 estimates, there are 111,330 people who inject drugs, of whom 42,000 are living with HIV (38%); 848,423 men who have sex with men (non-sex-workers) of whom 32,000 are living with HIV (4%) and a population of 296,948 defined as being "higher-risk men who have sex with men", with 16,629 living with HIV (5.6%). The model also estimates that there are 74,409 male sex workers with an HIV prevalence of 11%, 203,277 female sex workers with a prevalence of 1.5% and 60,924 transgender people with an HIV prevalence of 8%. The relative proportion of key populations and prevalence of HIV vary across the four main provinces of Pakistan. Pakistan has seen a 57% increase in the HIV incidence from 2010-2018, one of the highest in the world (Funding Request to the Global Fund, 2019). In 2019, according to the Strategic Plan, new HIV infections were estimated to have predominantly occurred through male-to-male sex (45%), needle sharing among people who inject drugs (26%), and sex work (6%). A further 19% of infections were estimated to be from husband to wife, including from clients of sex workers, spouses of people who inject drugs, and married men who have sex with men. Coverage of HIV prevention activities is very low, with 3% of men who have sex with men and 28% of people who inject drugs accessing prevention services. The incidence-to-prevalence ratio is 13.4, one of the highest globally and indicating an epidemic far from control.

Overall, the country has an estimated total of 183,705 people living with HIV of which 180,000 are adults (Joint United Nations Programme on HIV/AIDS - UNAIDS 2019), 91% of which live in two provinces, Punjab and Sindh. Women are estimated to account for 30% of people living with HIV. In April 2019, the country witnessed an HIV "outbreak" in the Larkana district of Sindh Province, in a

region called Ratodero where a number of people, mostly children under 5, were identified as living with HIV. Investigations into the cause of this outbreak showed "unsafe injection practices as the most likely reason for the large number of HIV infections among children". It has been demonstrated that re-usage of syringe already used for adults and other children would have been the main determinant. This episode has doubled quickly the number of children known to be living with HIV and demonstrated the potential for a concentrated epidemic to spread to the general population if proper safeguarding measures are not taken (Funding Request submitted to the Global Fund, 2019).

The response to the HIV epidemic in Pakistan has fallen short of regional and global standards. By the end of 2019, it is estimated that only 40,000 (21%) people living with HIV knew their status, and only 23,000 (12%) were receiving antiretroviral therapy (ART). (UNAIDS estimates, 2019). Women are less likely to be on ART (8%) than men (11%). The proportion of key populations accessing treatment is even lower, estimated to be only 9%, and it is as low as 1.1% for men who have sex with men (who are not sex workers); yet this group accounts for 17.4% of the total number of people living with HIV in Pakistan.

There are 49 ART centres; 27 in Punjab province, 13 in Sindh, but coverage in other provinces is scattered. An estimated 70% of patients seek care in the private sector. An ART outcomes survey found that 1/3 of those attending clinics for ART initiation never return after one month and cohort analysis found 12-month retention of those starting treatment to be 26% and 11% at 24 months. Of the 5% of patients who had a viral load assay result in the first year, only 49% were virally suppressed (Pakistan AIDS Outcome Survey 2020). The reported barriers in this survey include long distances and travel costs, lack of cohesive services, and stigma and discrimination against PLHIV.

The prevention of parent/mother to child transmission of HIV (PPTCT) coverage in Pakistan is low. Of an estimated 3600 women who needed anti-retrovirals (ARVs) in 2018, only 417 received them (12%) (UNAIDS 2019). There are only 11 sites that cater particularly for PPTCT. A report on PPTCT services, data management, and cascade was undertaken in 2019 (Study on Review of HIV Treatment, PPTCT & Paediatric Services, September 2019 Annex to Funding Request) which recommended strategies for filling gaps in testing, treatment, early infant diagnosis, data collection and service delivery.

Only 4% of women and 10% of men have comprehensive knowledge of HIV, with 8% of women and 35% of men knowing where to get an HIV test (Pakistan Demographic Health Survey, PDHS, 2017-2018); only 49% of Pakistani women are literate, compared to 70% of men (United Nations Educational, Scientific and Cultural Organization - UNESCO 2020). In 2019 Pakistan was ranked 151 of 153 countries in the 2020 Global Gender Gap report (World Economic Forum); female infanticide and sex-selective abortion are common, as is early and forced marriage with 21% of girls married by the age of 18 and 3% by the age of 15 (United Nations Children's Fund - UNICEF, 2015), the sixth-highest number of child brides in the world. Many women cannot access health care services without the permission and presence of males in the family.

Furthermore, stigma and discrimination against people living with HIV and people from key populations remains a serious and challenging barrier to controlling the epidemic and for people to access HIV prevention, testing, treatment and care services. The Pakistan Demographic and Health Survey (PDHS) 2017-2018 found extremely high levels of discriminatory attitudes against people living with HIV among 61% of women and 60% of men. Sex between men, sex work, and drug use are criminalized, with punishments including the death penalty. People from key populations

experience severe stigma and discrimination, including highly discriminatory attitudes from health workers and law enforcement agencies. Access to justice for most key populations and people with HIV is very challenging. In 2018, a new law was passed which included recognition of transgender people and protection of their rights, in line with the Constitution; this includes the right to inheritance. UNDP has been providing support to governments, civil-society and key populations in addressing these challenges and will continue to do so through wider, coordinated interventions across target and geographic areas.

Moreover, a significant barrier to progress in the HIV response has been a lack of political will and domestic funding to address the problem and reach the populations most affected. The National AIDS Strategy 2020-2025 (Pakistan AIDS Strategy IV - PAS-IV) acknowledges this. It states, "political commitment and program ownership have not been supportive for the development of an efficient, effective and sustainable HIV control programme". PAS-IV was developed early, before the expiry of the PAS-III, following an HIV program review showing severe underperformance against targets, the wake- up call of the Larkana "outbreak," and to reprioritize the program for domestic funding. The PAS-IV is based on the Provincial Strategic Plans for the four most affected provinces (Punjab, Sindh, Balochistan and Khyber Pakhtunkhwa). Domestic funding has to date been inadequate to meet the programmatic needs. The release and expenditure have been "dismally low, thus widening the gap in achieving strategic targets" (Common Management Unit - CMU reform document).

II. STRATEGY

Taking into account the country context, and based on numerous consultations undertaken with various stakeholders in early 2021; review of documentation provided such as the Funding Request (FR), national and provincial HIV strategies, Gap analysis etc.; understanding of best and emerging practices in the region; and UNDP's experience as PR in several countries, UNDP Pakistan's proposed activities are premised on a rights-based and gender sensitive approach, and include:

- Continuum of Care: A commitment to well-studied, efficient and accountable apportionment of available resources towards availability of sustained HIV/AIDS comprehensive care (awareness raising, prevention, testing, treatment and adherence) at all levels of the health system, strengthened through a phased-in approach. This means, capacity building and bolstering of policy and policy reform processes; institutional mechanisms; service delivery; community and key populations' empowerment and engagement at each step of prevention, care and response.

- Effective Health Governance: UNDP will leverage its continuing governance and human rights expertise in accessing, coordinating, and providing technical assistance to provincial governments, including provincial AIDS control programs (PACPs) and the ART Centres, which are the key service delivery units. Additionally, scaling up its ongoing intervention on community and rights- based approaches to governance, UNDP aims to strengthen the health governance of HIV/AIDS in Pakistan to contribute towards the overall goal of creating an enabling environment for prevention of HIV. UNDP will work closely with the Ministry of National Health Services, Regulation and Coordination (MoNHSRC), National AIDS Control Program (NACP) and the Provincial AIDS Control Programs (PACPs) to facilitate the establishment of a high-level steering group comprised of the relevant federal and provincial institutions to oversee the Common Management Unit (CMU) Reform Plan. The technical

assistance will also provide first drafts of Strategies/Action Plans with clear milestones and responsibilities of Expertise Oversight Committees.

- Accelerating HIV Prevention in Key Populations (KPs): This means focusing on addressing stigma and discrimination and the safety and security of KPs and those who work with them at all levels, and in particular for Men who have Sex with Men (MSM) and Male Sex Workers (MSWs), and Female Sex Workers (FSWs), along with revitalising and establishing a coordinated CBOs mechanism that is led by those KPs.

UNDP has already engaged its Regional Offices, other UN agencies and the Global Fund through its global frameworks. Under the UNAIDS division of labor, UNDP leads work to remove punitive laws, policies and practices to promote access to and uptake of HIV, TB and malaria services. The Global Commission on HIV and the Law, led by UNDP, has spearheaded global initiatives to address legal reform, stigma and discrimination to promote a more enabling environment for key populations, including MSM, transgender, sex workers and people who use drugs. UNDP has served as a broker for inclusive dialogues with government and civil society, led assessments of rights related barriers, provided substantive capacity development for government and NGOs, and served as PR for a number of grants dedicated to removing rights related barriers. With this support, UNDP is able to provide guidance on effective activities that have been undertaken in other countries related to stigma and discrimination reduction.

In order to strengthen community systems, an enabling environment at different levels needs to be created through evidence-based advocacy, including community engagement and advocacy for improving the policy, legal and governance environments, and affecting the social determinants of health. UNDP will engage with health care providers at the secondary and tertiary care facilities (both in federal and provinces) and engage with media at provincial and district level (leveraging the Sindh and Punjab Media Health and HIV Alliance established by UNAIDS with its support). In addition, UNDP proposes to engage with women and other key parliamentarians who can be champions or advocates for HIV prevention (which is also part of its proposed stigma and discrimination component). Training materials developed by the Joint UN Team on AIDS (JUNTA) led by UNAIDS are available and will be updated by UNDP and utilized for this purpose.

UNDP also proposes to establish community networks, linkages, partnerships and coordination, engage with Pakistan CSO Partnership Forum (established by UNAIDS in collaboration with APLHIV) and Transgender Empowerment Alliance (Wajood) that can support effective service delivery and advocacy and coordinated, collaborative implementation. UNDP's TOTs on stigma and discrimination proposed in the grant and specific trainings aimed to impart capacity building for outreach workers, counsellors (CBOs and treatment centers) will contribute towards CSS and will provide CBOs with the capacity for improved organizational management capacities. These trainings will be carried out as a result of initial capacity needs assessments which will guide the design. In addition, UNDP envisages the use of new and innovative communication and digital platforms for advocacy and strengthening service delivery, particularly, adherence support and follow-up.

Further, to strengthen Community Systems Strengthening (CSS), UNDP proposes that community-based service delivery including PrEP and comprehensive prevention interventions are accessible to all those in need, are evidence-informed and based on community assessment of resources and needs. For this purpose, CBOs will be engaged along with communities at all levels. In this vein, PMU, with other UNDP Projects, will continuously engage with CBOs and community leaders to ensure community led and designed programmes are prioritized. UNDP also proposes to support CBOs in

institutionalizing mechanisms for monitoring and evaluation and planning including data sharing, utilisation and learning based action research along with knowledge management hub where entire information and knowledge can be accessible for community-based HIV programme management and effectiveness. Budgets and human resources will be based on targets set for each CBO and related activities.

UNDP will also undertake national and provincial mapping of challenges, barriers and rights violations experienced by key affected populations and developing policy analysis, recommendations and strategies to strengthen an enabling environment. Support to Legal Aid Desks is budgeted to be able to provide support to KPs in addressing human rights violations. On representation of sex workers in CCM, the recent transgender elections provided an opportunity for key members from the community whereas alternate members can participate from MSM/ MSW community. This decision of having alternate members from MSM community is pending approval of the CCM chair and members. UNDP will advocate with CCM leadership for inclusion of sex workers, noting that membership should be reflective of the intended beneficiaries of the GF programs.

UNDP will continue to support the PPTCT centres through the PACPs, and also through direct training of PPTCT staff on a comprehensive package related to HIV, including stigma and discrimination. The CBO prevention package includes counselling for partners and spouses of KPs, including access to testing. UNDP is also engaging with UNICEF on assisting the AIDS control programs to review and operationalize the PPTCT guidelines (Strategic Framework for Prevention of Parent to Child Transmission (PPTCT) of HIV in Pakistan, January 2017).

A summary of the activities in this HIV grant is as follows:

- Work on prevention for MSM, FSW and TGs including piloting and scale up of PrEP and self-testing. This will include a significant scaled-up outreach and drop-in services being offered to KPs and their partners. The prevention package includes distribution of condoms and/or lube, diagnosis and treatment for STIs; career counselling; behavior change communication, distribution of IEC materials, Psycho-social support and counselling, information on stigma and discrimination and/or referrals for human rights issues, referral to medical, social or other services, availability of PrEP, amongst others
- Self-testing rollout at CBOs
- Work on treatment, care and support including ensuring quality treatment is provided at ART sites and LTFU are decreased. Additionally, including private sector health care workers in providing care to PLHIV and KPs, including the decentralization of ART services, if feasible
- Training of health care workers, law enforcement officials, and media on stigma and discrimination, leveraging the expertise of UNDP
- Training of health care workers on quality prevention and care, and counselling
- Integration of KP issues in the work of legal aid desks, to provide support to KPs, following on the experience of the other UNDP Projects in providing this assistance
- Advocacy work with Parliamentarians on KP and reduction of barriers for treatment, care and support
- Development of a digital platform that is confidential for MSM to be able to access information related to chem sex, disease prevention, amongst others
- Development of a communication and advocacy strategy on KPs, through a participatory approach
- Undertake a Stigma Index Survey

- Undertake a Legal and Policy scan on human rights barriers faced by KPs
- Health management information systems review and strengthening
- Procurement and supply chain review and strengthening
- Strengthening the capacities of provincial AIDS Control Programs and the National AIDS Control Program
- Intergovernmental collaboration regarding HIV
- Providing support to PLHIV
- Conduct a new round of nationally led IBBS, including PSE
- Data quarterly and annual quality reviews, assessments and validations
- Supervisory visits
- Establish community networks platforms and strengthen community-based monitoring and reporting, including a redressal mechanism
- Work with technical partners on the development of an OST policy and implementation strategy and support its implementation through procurement of selected drugs and provision of training for completion of an OST pilot in 2 sites in the country
- Support PMTCT in high risks areas through provision of test kits in 11 PMTCT sites
- Support to national program to facilitate the coordination of HIV interventions in the country through effective engagement of stakeholders
- HIV Surveillance through sentinel sites in Sindh, following Ratodero crisis

Activities already listed under this grant target specific population groups as follows:

- Key populations (MSM, TG, FSW) and partners
- People living with HIV and partners
- Pregnant women
- PWID

III. RESULTS AND PARTNERSHIPS

Aligned with the national AIDS Strategy, which takes into account the provincial AIDS Strategies, the expected results of this program are as follows:

- To increase coverage of the prevention services for MSM by 39% (of PSE) by 2023 from the 2019 baseline
- To increase coverage of the prevention services for FSW (of PSE) by 44% by 2023 from the 2019 baseline
- To increase coverage of the prevention services for TG (of PSE) by 56% by 2023 from the 2019 baseline
- To increase coverage of the treatment services for PLHIV by 35% (of the estimated PLHIV) by 2023 from the 2019 baseline

Partnerships

Partnership for this grant covers liaison with other key implementing partners and donors involved in the fight against HIV among vulnerable groups. Among these are the multisectoral agent which is the CCM with oversight role over the general implementation of the grant, Local actors responsible for strategies, vision and programmatic aspect of the grant including: MoNHSRC with all its entities: CMU (Common Management Unit), NACP, PACP, APLHIV, and CBOs representing specific Key Population groups. Other partners include: Nai Zindagi and UNAIDS and many organizations supporting strategic efforts in the fight against HIV.

Community Based Organisations

The GF has invested in CBO capacity building in NFM2 and before that, through the multi-country grant for South Asia (MSA-910-G02-H). While challenges remain, UNDP proposes to engage directly (PR-SR) all 16 CBOs that are currently SSRs, in the locations where they are currently operating for the remainder of 2021, after which time, the number will be expanded and two NGOs recruited to act as SR to the SSRs CBOs. A deeper analysis will be undertaken during the SR capacity assessment process to address the various gaps that exist which impact on the ability of the CBOs to achieve their targets and/or provide quality services to the KP they serve. This means a review of each individual CBO and tailored support to achieve targets, and expansion in certain areas (geographical expansion within the location they serve, including number of staff per CBO).

UNDP will also help to establish an inter CBO coordination mechanism that institutionally collaborates and works in unison with PACPs through periodic progress meetings (at least quarterly), which are formalized, documented and followed up in terms of tangible actions. These CBOs will be provided with comprehensive training in 2021 on the complete package of prevention, care and support, as well as M&E and other relevant areas; this will be followed with refresher trainings as required. The comprehensive training package development and implementation will be developed through UNDP through Technical Assistance (TA). Additionally, the CBOs will be mentored and provided with on-the-job supportive supervision, also through UNDP, the SRs, and the PACPs and the National AIDS Control Program (NACP).

National and Provincial AIDS Control Programs

With the devolution of powers, the provinces are independent partners in the HIV response in their locations. UNDP will engage in a comprehensive capacity assessment with the NACP and PACPs, with ongoing support provided throughout the course of the grant to build their capacities to become PRs going forward; this will leverage UNDP's expertise on providing capacity development support in light of the 18th Constitutional Amendment. This is an essential component of support that UNDP provides as an interim PR. The UNDP Decentralization, Human Rights and Local Governance Project (DHL) Project is already engaged with the Ministry of Inter Provincial Coordination (Mo/IPC), which plays a pivotal role to promote the spirit of cooperative federalism between national and provinces, and amongst the provinces. UNDP has developed and is already involved in comprehensive inter-provincial engagement, including a federal-provincial coordination platform, in the shape of inter-provincial meetings (IPMs) hosted by the Mo/IPC. In addition to continuation of these forums, UNDP will establish/strengthen the operational level coordination forum headed by the Ministry of Health, where provincial health departments and their respective AIDS control programs will be able to discuss program related issues/challenges and share knowledge to further strengthen implementation. Other key stakeholders will also be part of this forum.

National AIDS Control Program (NACP)

The NACP is the current PR and is a critical partner for the program. In addition, the NACP is currently directly responsible for service delivery in the capital, Islamabad, Gilgit-Baltistan and Pakistan Administered Kashmir. UNDP will continue to work with NACP in the grant oversight, policy development, technical advice and data generation and use.

On Procurement and Supply Management (PSM), UNDP will work with the NACP and the PACPs on providing an uninterrupted supply of quality assured health products to the end-users. UNDP will

engage in a review of the existing pharmaceutical management systems relevant to the HIV program, to identify opportunities and challenges and need for TA support, including training, supportive supervision, development of SOPs and tools, for better visibility of the stocks throughout the supply chain and digitalization of LMIS as appropriate. The objective is to equip and empower entities at various levels in charge of HIV pharmaceutical management for informed supply chain decisions.

On the national health management information system (HMIS), UNDP will work with the NACP to improve the health information production process and to strengthen its capacities, including by assessing the program requirements based on national strategies and priorities; support systematic sharing and information analysis; ensure that routinely used tools are consistent with the data that are to be reported; strengthen the capacity of health information system professionals in data collection, management and analysis; strengthen the flow of health information; strengthen reporting and communication of results; and strengthen accountability.

Note that the NACP may be moved to become part of the National Institute of Health (NIH) and this situation may require a re-calibration of how UNDP engages with the NACP. This situation is currently evolving and any decision about changes to engagement with NACP will be discussed with the GF CT and NACP, as required.

Provincial AIDS Control Programs (PACPs)

There are four provincial AIDS control programs (Punjab, Sindh, Khyber Pakhtunkhwa and Balochistan) that provide the HIV response in the respective provinces, specifically focused on testing and treatment services. With regards to ART sites, UNDP proposes to continue as is for the meantime , but will engage in a deeper analysis in 2021 to see if there is a need to a) reorganize the ART sites (for example, shut down some and make them satellite services, open a new site elsewhere etc.) and b) assess their current structures and ways of working to make them client friendly centers. A key component of the work with the PACPs (ART and other service delivery sites) will be reduction of stigma and discrimination, and also streamlining the HIV services provided in several sites ('one-stop shop' approach), which will be piloted in Sindh and Punjab at a few sites that will be selected after the analysis is undertaken.

UNDP will engage in an in-depth capacity assessment and development of a realistic and time-bound capacity development plan for the PACPs. Through capacity building, UNDP envisions that the PACPs will be able to effectively design, implement and monitor HIV and AIDS prevention and response programs in future as PRs. The PACPs will be included in any PSM and M&E reviews, as described above.

Common Management Unit (CMU)

The CMU is a federal government entity located in Islamabad. They have been acting as PR for the Global Fund under the previous grant. They also managed the storage of health products at central level and hold contract with third party logistics entities for transport and distribution of commodities to Province's warehouses and some health facilities in KPK Province where there is no provincial storage unit.

With UNDP's new role as PR, CMU will work as service provider for storage and stock management at central level. Their oversight capacity on the NACP will continue as it is part of the structural hierarchy established by Pakistan Officials. CMU owns and controls the Central warehouse. They will receive health commodities (tests, treatments and lab reagents) apply proper storage norms and

ensure access to goods when distribution plan is rolling out. They will also provide periodic reports on stock level and storage conditions.

Country Coordination Mechanism (CCM)

The Country Coordinating Mechanism in Pakistan ("CCM") is established in response to requirements and recommendations of the Global Fund to Fight AIDS, Tuberculosis and Malaria. It combines representatives of:

- Academic/Educational Sector;
- Public Sector
- Civil Society (NGOs/Community-Based Organisations);
- People living with and / or Effected by Disease
- Private Sector;
- Religious/Faith-Based Organisations;
- Multilateral and Bilateral Development Partners in-country.

The CCM presides over the strategic vision of the grant and are responsible for discussion, approval and submission of quality and appropriate proposals to the Global Fund, They also monitor, evaluate and support the implementation of projects that are financed by the Global Fund. The CCM is therefore central to the Global Fund's commitment to local ownership and participatory decision-making and it is proposed that it serves as the Project Board for the project.

List of CCM Members-CCM Pakistan

SR. #	Name	Organization / Designation	Sector	Gender
Public Sector				
1	Mr. Aamir Ashraf Khawaja	Secretary M/o NHSR &C, / Chair CCM	Public	Male
2	Ms. Sara Aslam	Secretary Health, Punjab	Public	Female
3	Dr. Kazim Hussain Jatoi	Secretary Health, Sindh	Public	Male
4	Syed Imtiaz Hussain Shah	Secretary Health, KPK	Public	Male
5	Mr. Noor Ul Haq Baloch	Secretary Health, Baluchistan	Public	Male
6	Mr. Azam Khan	Deputy Secretary M/o Economic Affair Division (EAD)	Public	Male
7	Mr. Muhammad Hassan Mangi	Director General (IC) , Ministry of Human Rights	Public	Male
8	Dr. Muhammad Asif	Chief Health, M/o Planning & Development	Public	Male
9	Dr. Assad Hafeez	Vice Chancellor , Health Services Academy (H SA)	Public	Male

10	Mr. Asim Rauf	C.E.O, Drug Regulatory Authority (DRAP)	Public	Male
Bilateral/Multilateral Sector				
11	Dr. Enilda Martin	Director of Health, USAID	Bilateral	Female
12	Dr. Bilal Zafar	Health Advisor- FCDO	Bilateral	Male
13	Dr Palitha (Gunarathna) Mahipala	WR-WHO Pakistan	Multilateral	Male
14	Dr Rajwal Khan	UDC a.i. - UNAIDS	Multilateral	Male
Civil Society/Private Sector				
15	Haji Muhammad Hanif	CSO Member, Punjab / General Secretary, AIDS Prevention Association of Pakistan	Civil Society	Male
16	Mr. Muhammad Aslam	CSO Member, Sindh/Executive Director, Peace Foundation	Civil Society	Male
17	Mr. Zaheer uddin Khattak	CSO Member KPK/Vice Chair, CCM/ Executive Director, URDO	Civil Society	Male
18	Mr. Amanullah Khan	CSO Member, Baluchistan / Chief Executive Officer, SOCIO Pakistan	Civil Society	Male
PLWD (HIV/AIDS, TB and Malaria)				
19	Mr. Asghar Ilyas Satti	National Coordinator, APLHIV	Civil Society (PLWD-HIV/AIDS)	Male
20	Ms. Tanzila Imran Khan	Director Finance & Fundraising, - Pakistan Anti TB Association (PATA)	Civil Society (PLWD-TB)	Male
21	Mr. Muhammad Yaqoob Laghari	Advocate for Malaria	Civil Society (PLWD-Malaria)	Male
Academia				
22	Dr. Rumina Hasan	Professor Department of Pathology and Laboratory Medicine -Agha Khan University - Karachi	Civil Society (Academic)	Female
Human Rights				
23	Ms. Tahira Habib	Senior Manager, Outreach & Complaints, Human Rights Commission of Pakistan (HRCP)	Civil Society (Gender)	Female
Key Populations (TGs)				

24	Ms. Bebo Haider (TG)	Pireh Male Health Society, Larkana, Sindh	Civil Society (KAPs)	Female (TG)

Resources Required to Achieve the Expected Results

Resources needed to achieve expected results include assembling a highly qualified PMU staff dedicated to the HIV project implementation and management with a total of 27 people. Resources also covers slightly more than 200 staff through implementing partners: NACP, PACPs, CBOs and APLHIV covering both central and regional appointees.

Other resources will cover storage and distribution of health products from central level to provincial level and to health facilities and testing centres. Moreover, third party logistics would intervene for last mile delivery ensuring tests and treatment to reach health facilities in each province and district. Approximately 1/3 of the resources will support procurement of health products for the grant and another third will handle activities to be conducted and 29% will cover management cost including human resources and running costs.

Risks and Assumptions

Risk analysis for this grant reach a significant level when it comes to ensuring the supply chain of both health and non-health products. UNDP management of procurement and distribution of commodities to health facilities is considered key and will benefit from all the strong network of support from UNDP nationally and globally.

Other risks considered for this grant are around stigma and discrimination, which impact access of key population groups. Other general environmental disasters like storms, floods and earthquake are also considered.

Lack of uniformity of the reporting system also puts data at risk. The project has underperformed in the previous years and the political complexity of the situation creates an additional burden to getting complete reports in a timely fashion. One province generally reports through its own electronic system whereas the rest of the country use another system. (Please refer to table of risk at the end of the document for more details and analysis)

Stakeholder Engagement

Implementation of activities under the grant will be undertaken by NACP, PACPs, NGOs and CBOs which are selected as designated SRs and SSRs. To ensure the entity is capable of executing the tasks properly, UNDP will conduct an assessment of each organization to determine the level of risk associated with implementation and reporting, both programmatic and financial. UNDP has engaged an independent assessment firm to extensively evaluate capacity and submitted a report. Based on this report, some key findings translate into capacity building activities and added to SR agreement as precedent and Special Conditions to mitigate risks.

South-South and Triangular Cooperation (SSC/TrC)

The project intends to establish harmonized targets with other countries in the region. UNDP also expects to build from its experience in other countries where it holds PR role to build capacity and share best practices challenging the same issues. The Country Office is already engaging with the

Regional Bureau in an effort to ensure that activities are based on best practice and there is knowledge exchange throughout this grant.

Knowledge Generation

The project will report biannually using the Global Fund reporting templates: PU (Progress Update) and PUDR (Progress Update and Disbursement Request). There are also a number of studies and analysis to be conducted, including:

- Epidemiologic studies on mode of transmission and source of continued infections in Sindh province (350,000 USD)
- TA for Chem Sex - Assessment and develop Guidelines on MSM and Chem Sex (101,716.94 USD)
- Integrated Biological and Behavioural Surveillance (IBBS) (1,555,238.52 USD)
- HMIS Strengthening - Consultation (61,579.99 USD)
- PSM Support - PSM review (61,579.99 USD)
- Mid-term Evaluation (95,860.93 USD)
- National Program Review (122,460.56 USD)
- HIV Stigma Index - (63,889.98 USD)
- Capacity Assessments (52,632.89 USD)

The project also plans to hold quarterly workshops with all stakeholders to discuss results and set corrective measure. In terms of visibility, PMU staff will ensure they attend as many activities as possible and support the NACP, PACPs, NGOs and CBOs through implementation. Results are also set to be posted on an annual basis for key stakeholders to be better organized and learn lessons from the analysis.

Sustainability and Scaling Up

All UNDP reporting for this project will be based solely on national MIS. PMU will be working with Punjab AIDS Control Programme and NACP to ensure both systems are sound and the provincial can feed into the National MIS seamlessly. Joint verification and validation exercises with NACP and PACPs counterparts are set to take place as described in the project document. UNDP M&E colleagues will ensure coaching and mentorship of national staff both at central and peripheral levels.

Risks and Assumptions:

See Annexure 1

IV. PROJECT MANAGEMENT

Cost Efficiency and Effectiveness

Development of the detailed budget for the project has been undertaken on best efficiency strategies while keeping targeted results as agreed with Global Fund. UNDP PMU will be building from existing structures and systems in place with approaches tailored to bridge the gaps identified. To this aim, UNDP will continue to foster collaboration with other multilateral, national and provincial entities.

Building on the experience available from similar implementation roles in other countries and with support with GF HIST based in Istanbul, New York, Geneva and Copenhagen, support will be provided through technical assistance at various level to harmonize current strategies or develop new ones. UNDP currently enjoys a central position in Pakistan from a strategic perspective in the government machinery due to its engagement at different levels with government counterparts (cross-reference with PQA).

UN and UNDP's Comparative Advantage

The UN's comparative advantage such as license to operate, its legitimacy with the government counterparts, operational footprint and security management system contribute directly to reduced risk and maximum impact of each dollar spent to improve development indicators. The most recently published multi-lateral aid review established UNDP globally as "good value for foreign aid money". Also, UNDP is considered cheaper than most international organizations and has added value based on network of expertise available.

Project Management

The project will plan and implement its activities in close coordination with other projects operational in the same geographic and thematic areas, particularly the Amn-o-Insaaf Programme, Decentralisation, Human Rights and Localisation project, the Youth Empowerment Programme, and the Sustainable Development Goals (SDGs) Project.

UNDP Pakistan is establishing a dedicated Project Management Unit (PMU) for implementation of the project.

V. RESULTS FRAMEWORK

The Performance Framework (PF) between UNDP and the Global Fund is part of the Grant Confirmation or Agreement. The PF has **30 agreed clearly defined indicators** with targets and frequency of reporting on these indicators, and will be tracked at the impact, outcome, and coverage levels during the 3-year project implementation (2021-2024). The **30 agreed indicators** comprise **5 Impact indicators**, **8 Outcome indicators** and **17 Coverage indicators**. Baseline will be set for some indicators by first year of implementations. The signed PF is attached as Annex 1

Intended Outcome as stated in the UNDAF/Country [or Global/Regional] Programme Results and Resource Framework:

Outcome 1: (UNSDF Outcome 9): By 2022, the people in Pakistan, especially the most vulnerable and marginalized, have increased knowledge of their rights and improved access to more accountable, transparent and effective governance mechanisms and rule of law institutions.

Outcome indicators as stated in the Country Programme [or Global/Regional] Results and Resources Framework, including baseline and targets:

UNSDF[1] indicator 9.1: Government effectiveness, rule of law and control of corruption as measured by World Bank's 'Worldwide Governance Indicators'

Baseline 9.1: World Bank, Worldwide Governance Indicators' Estimate of governance (2016):

Government effectiveness: -0.63 Rule of Law: -0.82

Target 9.1 (2022): World Bank, Worldwide Governance Indicators' Estimate of governance (2020):

Government effectiveness: -0.36 Rule of Law: -0.67

Applicable Output(s) from the UNDP Strategic Plan:

SP 1.2.1 Capacities at national and sub-national levels strengthened to promote inclusive local economic development and deliver basic services[4] including HIV and related services

Indicator: Number of people who have access to HIV and related services, disaggregated by sex and type of service:

a) Behavioural change communication
  a1) Number of males reached
  a2) Number of females reached
b) ARV treatment
  b1) Number of males reached
  b2) Number of females reached

Project title and Atlas Project Number: Accelerated response to HIV through effective prevention, treatment, care and support interventions for Key Populations

EXPECTED RESULTS	INDICATORS	DATA SOURCE	BASELINE		TARGETS (by frequency of data Reporting to GF)					DATA COLLECTION METHODS & RISKS
			Value	Year	Jun-Dec 21	Jan-Jun 22	Jul-Dec 22	Jan-Jun 23	Jul-Dec 23	
Impact Indicators	***1.1 HIV I-9a*** [M] *Percentage of men who have sex with men who are living with HIV*	*IBBS (2016-2017)*	*3.50%*	*2017*		*TBD*		*TBD*		*Global Fund and UNDP to determine target for this indicator based on first year report*

[1] United Nations Sustainable Development Framework for Pakistan.

	1.2 HIV I-9b *Percentage of transgender people who are living with HIV*	*IBBS (2016-2017)*	*7.10%*	*2019*		*TBD*		*TBD*		*Global Fund and UNDP to determine target for this indicator based on first year report*
	1.3 HIV I-10 *Percentage of sex workers who are living with HIV*	*IBBS (2016-2017)*	*2.20%*	*2017*		*TBD*		*TBD*		*Global Fund and UNDP to determine target for this indicator based on first year report*
	1.4 HIV I-11 *Percentage of people who inject drugs who are living with HIV*	*IBBS (2016-2017)*	*38.40%*	*2017*		*TBD*		*TBD*		*Global Fund and UNDP to determine target for this indicator based on first year report*
	1.5 HIV I-13 *Percentage of people living with HIV*	*Spectrum Modelling*	*0.09%*	*2019*	*0.10%*		*0.11%*		*0.12%*	*Annual Reporting*
Outcome Indicators	***HIV O-11*** *Percentage of people living with HIV who know their HIV status at the end of the reporting period*	*NACP MIS*	*21.00%*	*2019*	*24%*		*37%*		*50%*	*MIS*
	2.2 HIV O-12 *Percentage of people living with HIV and on ART who are virologically suppressed*	*NACP MIS*	*22.75%*	*2019*	*30%*		*40%*		*50%*	*MIS*
	2.3 HIV O-4a *Percentage of men reporting the use of a condom the last time they had anal sex with a non-regular partner*	*IBBS V*	*13.20%*	*2017*		*TBD*	*-*	*TBD*	*-*	*IBBS 2022*
	2.4 HIV O-4.1b *Percentage of transgender people reporting using a condom in their last anal sex with a non-regular male partner*	*IBBS V*	*27.70%*	*2017*		*TBD*	*-*	*TBD*	*-*	*IBBS 2022*
	2.5 HIV O-5 *Percentage of sex workers reporting the use of a condom with their most recent client*	*IBBS V*	*38.00%*	*2017*		*TBD*	*-*	*TBD*	*-*	*IBBS 2022*

	2.6 HIV O-6(M) *Percentage of people who inject drugs reporting the use of sterile injecting equipment the last time they injected*	*IBBS V*	*38.80%*	*2017*		*TBD*	*-*	*TBD*	*-*	*IBBS 2022*
	2.7 HIV O-9 *Percentage of people who inject drugs reporting condom use at last sex*	*NACP MIS*	*15.80%*	*2017*		*TBD*	*-*	*TBD*	*-*	*IBBS 2022*
	2.8 HIV O-21 *Percentage of people living with HIV not on ART at the end of the reporting period among people living with HIV who were either on ART at the end of the last reporting period or newly initiated on ART during the reporting period*	*NACP MIS*	*57.34%*	*2019*		*TBD*	*-*	*TBD*	*-*	*IBBS 2022*
Coverage Indicators	***3.1 KP-1a(M)*** *Percentage of men who have sex with men reached with HIV prevention programs - defined package of services*	*NACP Program data System*	*4.62%*	*2019*	*2.73%*		*4.05%*		*8.11%*	*UNDP responsible for reporting using NACP managed national MIS data systems*
	3.2 KP-1b(M) *Percentage of transgender people reached with HIV prevention programs - defined package of services*	*NACP Program data System*	*26.84%*	*2019*	*15.10%*	*17.6%*	*34.19%*		*18.87%*	*UNDP responsible for reporting using NACP managed national MIS data systems*
	3.3 KP-1c(M) *Percentage of sex workers reached with HIV prevention programs - defined package of services*	*NACP Program data System*	*3.89%*	*2019*	*2.21%*	*3.32%*	*6.44%*	*4%*	*8%*	*UNDP responsible for reporting using NACP managed national MIS data systems*
	3.4 HTS-3a(M) *Percentage of men who have sex with men that have received an HIV test during the reporting period and know their results*	*NACP Program data System*	*2.57%*	*2019*	*2.17%*	*3.62%*	*7.25%*	*4.66%*	*9.32%*	*NACP to report through MIS*

	3.5 HTS-3b(M) *Percentage of transgender people that have received an HIV test during the reporting period and know their results*	*NACP Program data System*	*14.72%*	*2019*	*12.14%*	*13.66%*	*27.35%*	*15.09%*	*30.19%*	*NACP to report through MIS*
	3.6 HTS-3c(M) *Percentage of sex workers that have received an HIV test during the reporting period and know their results*	*NACP Program data System*	*2.13%*	*2019*	*2.17%*	*3.62%*	*7.25%*	*4.66%*	*9.32%*	*NACP to report through MIS*
	HTS-5 *Percentage of people newly diagnosed with HIV initiated on ART*	*NACP Program data System*	*59.67%*	*2019*	*90.00%*	*89.99%*	*89.99%*	*90.02%*	*90.02%*	*NACP-UNDP and NZ to report data coming from 49 ART centres, data from prevention sites and sentinel sites reported to NACP and prisons where testing is being piloted*
	TCS-1b(M) *Percentage of adults (15 and above) on ART among all adults living with HIV at the end of the reporting period*	*NACP Program data System*	*11.86%*	*2019*	*14.16%*	*13.87%*	*15.18%*	*15.03%*	*16.60%*	*NACP to report through MIS*
	TCS-1c(M) *Percentage of children (under 15) on ART among all children living with HIV at the end of the reporting period*	*NACP Program data System*	*30.59%*	*2019*	*45.91%*	*45.16%*	*47.95%*	*47.38*	*50.03%*	*NACP to report through MIS*
	PMTCT-2.1 *Percentage of HIV-positive women who received ART during pregnancy and/or labour and delivery*	*NACP Program data System*	*11.27%*	*2019*	*7.25%*	*7.83%*	*7.83%*	*8.91%*	*8.91%*	*The PMTCT data will be collected from the 11 PPTCT sites in the country, via the NACP through their MIS electronic database*
	TB/HIV-3.*1a Percentage of people living with HIV newly initiated on ART who were screened for TB*	*NACP Program data System*	*100.00%*	*2019*	*100%*	*100%*	*100%*	*100%*	*100%*	*Data source will be ART register with NACP being responsible*

	KP-6a *Percentage of eligible men who have sex with men who initiated oral antiretroviral PrEP during the reporting period*	*NACP Funding request*	*-*	*2020*	*0.05%*	*0.65%*	*0.65%*	*0.84%*	*0.84%*	*NACP to report based on MIS aggregated data*
	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*	*NACP Program data System*	*95.56%*	*2019*	*100%*	*100%*	*100%*	*100%*	*100%*	*Denominator for ART sites set to 49 and CBO 16 for 2021 then 26 starting 2022*
	M&E-5 *Percentage of facilities which record and submit data using the electronic information system*	*NACP Program data System*	*42.22%*	*2019*	*100%*	*100%*	*100%*	*100%*	*100%*	*Denominator for ART sites set to 49 and CBO 16 for 2021 then 26 starting 2022*
	PSM-3 *Percentage of health facilities providing diagnostic services with tracer items available on the day of the visit or day of reporting*	*On-site availability assessment*	*100%*	*2019*	*100%*	*100%*	*100%*	*100%*	*100%*	*To be reported by PWC for 2021 and 2022 and then by UNDP for 2023*
	PSM-4 *Percentage of health facilities with tracer medicines for the three diseases available on the day of the visit or day of reporting*	*On-Site availability assessment*	*99%*	*2019*	*100%*	*100%*	*100%*	*100%*	*100%*	*To be reported by PWC for 2021 and 2022 and then by UNDP for 2023*
	TB/HIV-7 *Percentage of PLHIV on ART who initiated TB preventive therapy among those eligible during the reporting period*	*NACP Program data System*			*TBD*	*-*	*TBD*	*-*	*TBD*	*To be set by June 2022 in collaboration with NACP*

VI. MONITORING AND EVALUATION

In accordance with UNDP's programming policies and procedures, the project will be monitored through the following monitoring and evaluation plans. At the same time UNDP PMU has three months after grant signature with Global Fund to develop a specific dedicated M&E Plan, taking into account the country's context and potential risk. This document will guide UNDP' strategy in collecting data and reporting them with comprehensive accountability. The grant also has budgeted the development of a national M&E plan in the last quarter of 2021, along with a Monitoring and Evaluation Systems Strengthening Workshop (MESST) to support this.

Monitoring Plan

Monitoring Activity	Purpose	Frequency	Expected Action	Partners (if joint)	Cost (if any)
Track results progress	Progress data against the results indicators in the PF will be collected and analysed to assess the progress of the project in achieving the agreed outputs.	Quarterly, or in the frequency required for each indicator.	Slower than expected progress will be addressed by project management.	PR and SRs/SSRs	263,760.59 USD
Monitor and Manage Risk	Identify specific risks that may threaten achievement of intended results. Identify and monitor risk management actions using a risk log. This includes monitoring measures and plans that may have been required as per UNDP's Social and Environmental Standards. Audits will be conducted in accordance with UNDP's audit policy to manage financial risk.	Quarterly	Risks are identified by project management and actions are taken to manage risk. The risk log is actively maintained to keep track of identified risks and actions taken.	PR	-
Learn	Knowledge, good practices and lessons will be captured regularly, as well as actively sourced from other projects and partners and integrated back into the project.	At least annually	Relevant lessons are captured by the project team and used to inform management decisions.	PR	-

Annual Project Quality Assurance (Mid-Term Evaluation)	The quality of the project will be assessed against UNDP's quality standards to identify project strengths and weaknesses and to inform management decision making to improve the project.	Annually	Areas of strength and weakness will be reviewed by project management and used to inform decisions to improve project performance.	CCM/PR/SRs/SSRs	95,860.93 USD
Review and Make Course Corrections	Internal review of data and evidence from all monitoring actions to inform decision making.	At least annually	Performance data, risks, lessons and quality will be discussed by the project board and used to make course corrections.	PR/SRs/CCM/SSRs	44,266.86 USD
Project Report	A progress report will be presented to the Project Board and key stakeholders, consisting of progress data showing the results achieved against pre-defined annual targets at the output level, the annual project quality rating summary, an updated risk long with mitigation measures, and any evaluation or review reports prepared over the period.	Annually, and at the end of the project (final report)		UNDP	-
Project Review (Project Board)	The project's governance mechanism (i.e., project board – the CCM is proposed to be the project board) will hold regular project reviews to assess the performance of the project and review the Multi-Year Work Plan to ensure realistic budgeting over the life of the project. In the project's final year, the Project Board shall hold an end-of project review to capture lessons learned and discuss opportunities for scaling up and to socialize	Specify frequency (i.e., at least annually)	Any quality concerns or slower than expected progress should be discussed by the project board and management actions agreed to address the issues identified.	Global Fund / UNDP / SRs / CCM	-

	project results and lessons learned with relevant audiences.				

VII. MULTI-YEAR WORK PLAN

A 2.5-year detailed budget with description of activities by cost inputs, interventions and partner has been included in the Grant Confirmation/Agreement (Annex 2). In view of the size of the detailed budget, a summary of the budget by activity/intervention, period (quarterly and yearly), implementer, budget description and amount are presented in Table 1.

Table 1: Summary approved Budget by Period, Implementer, Budget Description and Amount, 2021-2023

EXPECTED OUTPUTS	**PLANNED INTERVENTIONS**	**Planned Budget by Year**			**ENTITY RESPONSIBLE**	**PLANNED BUDGET**		
		Y1 (2021)	Y2 (2022)	Y3 (2023)		Funding Source	Budget Description	Amount
Module 1: Prevention	1.1 Behavioural Intervention Change	1,203,017	3,221,850	4,382,572	UNDP CBOs	Global Fund	Salary, Office costs, Infrastructure and trainings	8,807,439

	1.2 Community empowerment	74,351	88,369	64,878	UNDP	Global Fund	Vehicles, Professional Services	227,597
	1.3 Condoms and Lubricants Programming	-	133,622	492,605	UNDP	Global Fund	Procurement Fees	626,227
	1.4 Opioid substitution therapy	78,353	175,493	116,721	UNDP	Global Fund	Procurement related costs, trainings, meetings and Technical assistance	370,566
	1.5 PrEP	16,915	47,208	57,144	UNDP CBOs	Global Fund	Salaries and Professional assistance	123,268
	1.6 Sexual and reproductive Health including STIs	-	245,620	336,591	UNDP	Global Fund	Technical Assistance fees	582,211
	Sub-Total for Module 1							**10,737,308**
Module 2: Treatment Care and Support	2.1 Counselling and psychosocial support	200,280	524,640	577,749	APLHIV	Global Fund	Salary, Supervision and Technical Assistance support	1,303,269

	2.2 Differentiated ART service delivery and HIV care	4,465,331	7,523,614	3,894,300	UNDP NACP PACPs CBOs	Global Fund	Salary, Supervision, IT equipment, Trainings, Professional services and PSN cost	15,883,246
	2.3 Preventions and management of co-infections and co-morbidities	298,396	817,828	280,034	UNDP Sindh AIDS Control Programme	Global Fund	Procurement costs and Professional Services	1,396,258
	2.4 Treatment monitoring – Viral load	60,918	243,671	243,671	UNDP	Global Fund	Professional Services	548,259
	Sub-Total for Module 2							**19,131,032**
Module 3: Reducing Human Right Barriers to HIV/ related services	3.1 Community mobilization and Advocacy	-	31,717	-	UNDP	Global Fund	Meeting Costs	31,717
	3.2 HIV and HIV/TB related legal services	-	80,974	107,965	UNDP	Global Fund	Procurement and communication fees	188,939
	3.3 Sensitization of law makers and law enforcement agents	40,537	69,978	44,724	UNDP	Global Fund	Meetings, Trainings and Technical assistance fees	155,240

	3.4 Stigma and discrimination reduction	30,562	180,885	95,615	UNDP	Global Fund	Meetings, Technical assistance and TV/Radio spot fees	307,062
	Sub Total for Module 3							**682,957**
Module 4: PMTCT	4.1 Primary Prevention of HIV among women of childbearing age	17,669	12,599	3,852	UNDP	Global Fund	Training Cost, Materials and Technical Assistance cost	34,120
	Sub Total for Module 4							**34,120**
Module 5: Differentiated HIV testing services	5.1 Community-based testing	228,221	245,891	-	UNDP	Global Fund	Procurement Fees and Material printing	474,113
	5.2 Facility-based Testing	58,987	64,678	-	UNDP	Global Fund	Procurement fees	123,665
	5.3 Self-Testing	48,002	46,374	-	UNDP	Global Fund	Procurement Fees and Material printing	94,376
	Sub Total for Module 5							**692,154**
Module 6: RSSH Community system strengthening	6.1 Community-based Monitoring	-	40,304	-	UNDP	Global Fund	Technical Assistance and Meeting fees	40,304

	6.2 Social Mobilization, Building community linkages and Coordination	-	20,134	24,139	UNDP	Global Fund	Meeting fees and Radio.TV spot fees	44,673
	Sub Total for Module 6							**84,977**
Module 7: RSSH Health management Information system and M&E	7.1 Analysis, evaluation, review and transparency	1,633,497	129,737	151,963	UNDP SRs Punjab SRs Sindh	Global Fund	IT Materials, Meetings, trainings and External Professional services	1,915,198
	7.2 Programme Data quality	13,589	41,860	41,860	UNDP	Global Fund	External Professional services and Supervisions	97,308
	7.3 Routine reporting	27,791	130,663	168,261	NACP SRs Sindh SRs Punjab	Global Fund	Supervision fees	326,714
	7.4 Surveys	29,636	88,569	19,576	UNDP	Global Fund	Technical Assistance fees	137,780
	Sub Total for Module 7							**2,477,001**
Module 8: RSSH Health Product management system	8.1 Policy, Strategy, Governance	40,880	25,485	30,065	UNDP	Global Fund	Technical Assistance fees and Meetings costs	96,431

	8.2 Storage and Distribution capacity	24,886	-	-	UNDP	Global; Fund	Non-health equipment	24,886
	Sub Total for Module 8							**121,317**
Module 9: RSSH Integrated service delivery and quality improvement	9.1 Quality of Care	-	54,998	54,998	UNDP	Global Fund	Technical Assistance fees and Trainings	109,995
	Sub Total for Module 9							**109,995**
Module 10: Programme management	10.1 Coordination and management of national disease control programme	20,750	14,008	14,008	UNDP	Global Fund	Technical Assistance and Meeting fees	48,765
	10.2 Grant Management	3,026,845	4,983,432	4,974,346	UNDP, NACP, PACPs and CBOs	Global Fund	Salary, Technical Assistance, Running cost and office supply	12,984,623
	Sub Total for Module 10							**13,033,388**
Module 11: COVID-19	11.1 Covid control and containment including Health systems strengthening	78,341	95,372	95,372	UNDP	Global Fund	Procurement costs	269,084
	Sub Total for Module 11							**269,084**
TOTAL								**47,104,249**

VIII. GOVERNANCE AND MANAGEMENT ARRANGEMENTS

UNDP will execute the project in line with the UNDP's Direct Implementation Modality (DIM) procedures and guidelines. UNDP will work as the nominated Financing Agent/Implementing Partner under the general guidance of the Country Coordination Mechanism (CCM), and is responsible for programme management, financial accountability, procurement of goods & services and Monitoring and Evaluation.

APPROVED IMPLEMENTATION ARRANGEMENTS

The implementation arrangements will continue as per the current grant with no change. Pakistan is under Additional Safe-guard Policy of the GF.

The following entities are going to be engaged as Sub-Recipients (SRs) during the initial phase of the implementation (01 July to 31 December 2021):

1. Woman Health Welfare Organization
2. MDG Achieving Organization
3. Parwaaz Male Health Society
4. Humraz Male Health Society
5. Gender Interactive Alliance (GIA)
6. Ghazi Social Welfare Association
7. Pireh Male Health Society
8. SHEED Society
9. Baham Foundation
10. Dostana Male Health Society
11. Khawaja Sira Society
12. Wasib Sanwaro
13. Sathi Foundation
14. Dareecha Male Health Society
15. Zaali Welfare Society
16. Organizing Action Towards Humanity
17. Association of People Living with HIV
18. National AIDS Control Program
19. Punjab AIDS Control Program
20. Sindh AIDS Control Program
21. Balochistan AIDS Control Program
22. Khyber Pakhtunkhwa AIDS Control Program

From 2022 onwards, it is anticipated that there will be two NGOs that are contracted to act as SRs, with the CBOs (1-16) as SSRs. In addition, expansion is planned for the number of SSRs as follows:

- From 16 to 27 in 2022 (including one specifically focused on Chemsex issues)
- From 27 to 37 in 2023

The Global Fund has recommended that UNDP work with Mainline (an international NGO, on Chemsex issues), HOPE (a local organization working on Chemsex issues), Rahnuma-FPAP and Pathfinder. UNDP may also consider working with Bridge Consultants Foundation (based in Larkana).

Engagement with these NGOs will be subject to a competitive selection process and also to capacity assessment.

UNDP as the PR is establishing a program management unit (MU) within its Pakistan country-office. The PMU structure will manage the activities and will be responsible for the management of sub recipients, financial management, procurement and supply chain management and monitoring of the grant's implementation.

UNDP's SR agreements will be consistent with the terms and conditions of UNDP's Grant Agreement with the Global Fund. Routine monitoring and evaluation of SR and SSR activities will provide UNDP with a strong evidence-base to inform decision making and propose changes to programming.

UNDP will hold regular/ad-hoc coordination meetings with its SRs and SSRS whenever required. The PMU will review SRs operations mechanisms, and revise developed manuals/templates accordingly. In addition, where required, the PR will hold refresher trainings in the area of M&E, procurement, finance, etc., based on the capacity assessments, feedback from SRs, performance reviews and GF updated instruction/requirements. Also as mentioned above, UNDP will hold coordination meetings with all SRs and technical partners and will provide updates to the CCM secretariat as well as the Global Fund.

At Headquarter level, the UNDP has established a dedicated office, the Health Implementation Support Team, to support the Country Offices with implementation of the Global Fund grants.

UNDP directly procures and disburses funds to the vendors for all the services and goods required for the project. When the work is implemented by SRs/implementers, the modality of payment will be dependent on the finding of the capacity assessments, and it can be a direct payment modality in some instances. In other cases, disbursement will be made on a quarterly basis for specific planned activities and expenditure must come to the 80% rule prior to next disbursement.

There is a well-established internal control framework within the UNDP PR system which provides detailed guidance to help the office to implement effective internal controls. Furthermore, as part of UNDP's overall strategy to strengthen the control and accountability framework, the Office of Audit and Investigation (OAI) which directly reports to the Administrator, is responsible to conduct independent and objective audits in compliance with international standards on UNDP's management and control processes, including those of management of projects funded by intergovernmental organizations, or by the Global Fund. The OAI in close collaboration with the Cluster of Partnership with the GF ensures that audit requirements of the Global Fund are met. It should be noted that due diligence is always exerted to fully address OAI's recommendations within due time.

Warehouses

UNDP as the PR remains responsible for procurement of the supplies. In addition to minimum quality standards that the Global Fund requires on certain items such as ARV medicines and diagnostic tests, UNDP does have strict guidelines and procedures to ensure that the products being procured do meet internationally acceptable standards, and also to monitor the quality of the products throughout the supply chain (e.g., by regular sampling and testing). Furthermore, the existing infrastructure in the country (storage and distribution network) secures the quality of the products which need to be stored and distributed in certain conditions such as cold chain system.

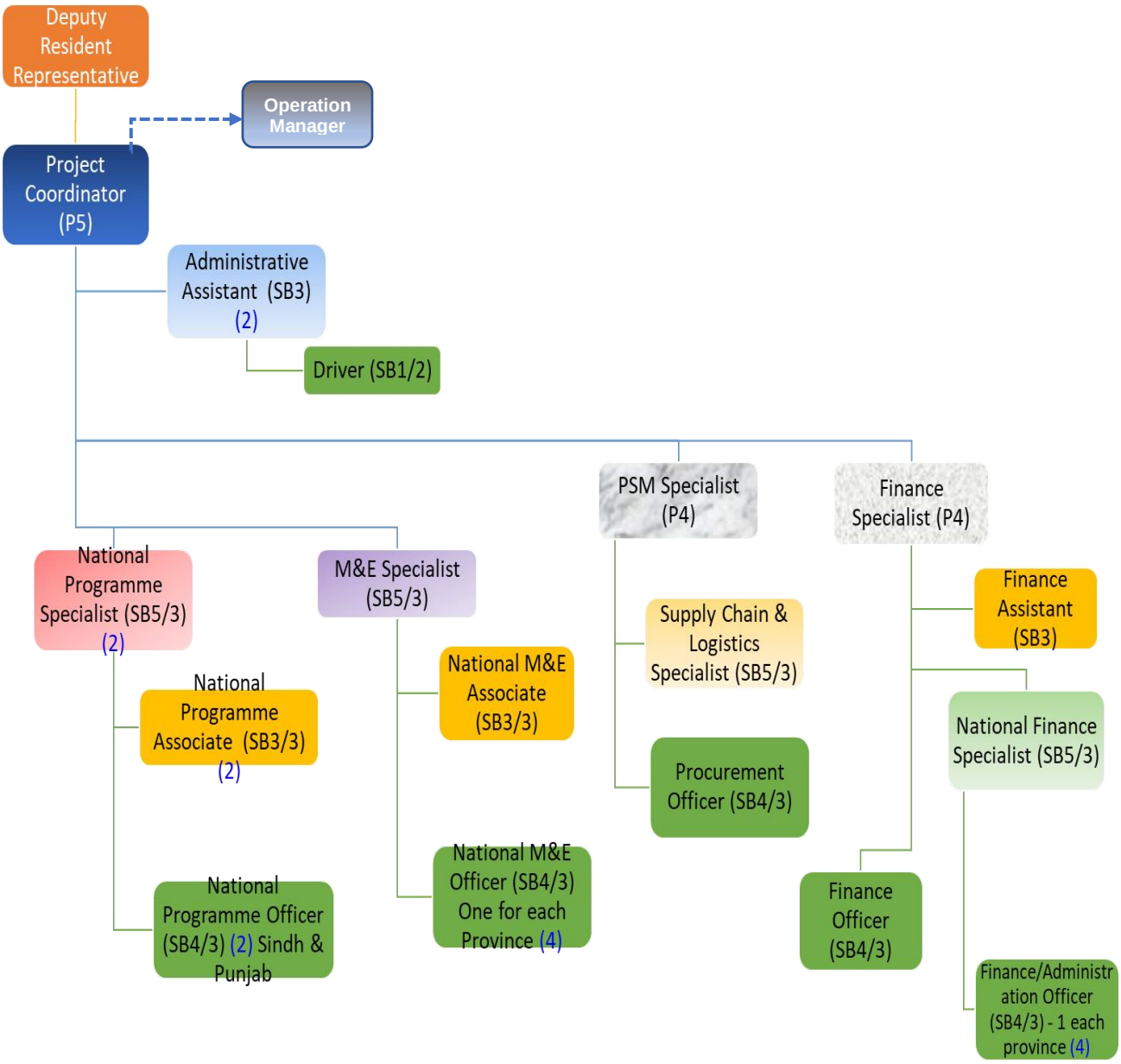
Recently and as a result of competitive selection process, the Global Fund has selected and contracted the United Nations Office for Project Services (UNOPS) as Local Fund Agent (LFA). The appointed LFA has an in-country presence and will be working closely with the UNDP Country Office, and in particularly the PMU.

The CMU (Common Management Services) will handle storage of health commodities for the HIV grant under a service contract modality. Third party logistics handling distribution will perform in-country transport of health products from central level to provincial level and to health facilities. UNDP will manage the logistics aspect of the supply chain in coordination with NACP and CMU.

Fig 1: Approved Implementation Arrangement (Map)

See Annexure 2

Fig 2: Approved Organizational Chart of the PMU



IX. LEGAL CONTEXT

The project document shall be the instrument envisaged and defined in the **Supplemental Provisions** (see Annexure 3) to the Project Document, attached hereto and forming an integral part hereof, as "the Project Document".

This project will be implemented by NACP, PACPs, CBOs and APLHIV considered as ("Implementing Partner") in accordance with its financial regulations, rules, practices and procedures only to the extent that they do not contravene the principles of the Financial Regulations and Rules of UNDP. Where the financial governance of an Implementing Partner does not provide the required guidance to ensure best value for money, fairness, integrity, transparency, and effective international competition, the financial governance of UNDP shall apply.

X. RISK MANAGEMENT

UNDP (DIM)

1. UNDP as the Implementing Partner will comply with the policies, procedures and practices of the United Nations Security Management System (UNSMS.)

2. UNDP as the Implementing Partner will undertake all reasonable efforts to ensure that none of the [project funds][2] [UNDP funds received pursuant to the Project Document][3] 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. This provision must be included in all sub-contracts or sub-agreements entered into under this Project Document.

3. Social and environmental sustainability will be enhanced through application of the UNDP Social and Environmental Standards (http://www.undp.org/ses) and related Accountability Mechanism (http://www.undp.org/secu-srm).

4. UNDP as the Implementing Partner will: (a) conduct project and programme-related activities in a manner consistent with the UNDP Social and Environmental Standards, (b) implement any management or mitigation plan prepared for the project or programme to comply with such standards, and (c) engage in a constructive and timely manner to address any concerns and complaints raised through the Accountability Mechanism. UNDP will seek to ensure that communities and other project stakeholders are informed of and have access to the Accountability Mechanism.

5. All signatories to the Project Document shall cooperate in good faith with any exercise to evaluate any programme or project-related commitments or compliance with the UNDP Social and Environmental Standards. This includes providing access to project sites, relevant personnel, information, and documentation.

6. UNDP as the Implementing Partner will ensure that the following obligations are binding on each responsible party, subcontractor and sub-recipient:

a. 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 responsible party's, subcontractor's and sub-recipient's obligations under this Project Document.

b. Each responsible party, subcontractor and sub-recipient will take appropriate steps to prevent misuse of funds, fraud or corruption, by its officials, consultants, subcontractors and sub-recipients in implementing the project or programme or using the UNDP funds. It will ensure that its financial management, anti-corruption and anti-fraud policies are in place and enforced for all funding received from or through UNDP.

c. The requirements of the following documents, then in force at the time of signature of the Project Document, apply to each responsible party, subcontractor and sub-recipient: (a) UNDP Policy on Fraud and other Corrupt Practices and (b) UNDP Office of Audit and Investigations Investigation Guidelines. Each responsible party, subcontractor and sub-recipient agrees to the requirements of the above documents, which are an integral part of this Project Document and are available online at www.undp.org.

d. In the event that an investigation is required, UNDP will conduct investigations relating to any aspect of UNDP programmes and projects. Each responsible party, subcontractor and sub-recipient will provide its full cooperation, including making available personnel, relevant documentation, and granting access to its (and its consultants', subcontractors' and sub-recipients') premises, for such purposes at reasonable times and on reasonable conditions as may be required for the purpose of an investigation. Should there be a limitation in meeting this obligation, UNDP shall consult with it to find a solution.

e. Each responsible party, subcontractor and sub-recipient will promptly inform UNDP as the Implementing Partner in case of any incidence of inappropriate use of funds, or credible allegation of fraud or corruption with due confidentiality.

Where it becomes aware that a UNDP project or activity, in whole or in part, is the focus of investigation for alleged fraud/corruption, each responsible party, subcontractor and sub-recipient will inform the UNDP Resident Representative/Head of Office, who will promptly inform UNDP's Office of Audit and Investigations (OAI). It will provide regular updates to the head of UNDP in the country and OAI of the status of, and actions relating to, such investigation.

f. UNDP will be entitled to a refund from the responsible party, subcontractor or sub-recipient of any funds provided that have been used inappropriately, including through fraud or corruption, or otherwise paid other than in accordance with the terms and conditions of the Project Document. Such amount may be deducted by

UNDP from any payment due to the responsible party, subcontractor or sub-recipient under this or any other agreement.

Where such funds have not been refunded to UNDP, the responsible party, subcontractor or sub-recipient agrees that donors to UNDP (including the Government) whose funding is the source, in whole or in part, of the funds for the activities under this Project Document, may seek recourse to such responsible party, subcontractor or sub-recipient for the recovery of any funds determined by UNDP to have been used inappropriately, including through fraud or corruption, or otherwise paid other than in accordance with the terms and conditions of the Project Document.

Note: The term "Project Document" as used in this clause shall be deemed to include any relevant subsidiary agreement further to the Project Document, including those with responsible parties, subcontractors and sub-recipients.

g. Each contract issued by the responsible party, subcontractor or sub-recipient in connection with this Project Document shall include a provision representing that no fees, gratuities, rebates, gifts, commissions or other payments, other than those shown in the proposal, have been given, received, or promised in connection with the selection process or in contract execution, and that the recipient of funds from it shall cooperate with any and all investigations and post-payment audits.

h. Should UNDP refer to the relevant national authorities for appropriate legal action any alleged wrongdoing relating to the project or programme, the Government will ensure that the relevant national authorities shall actively investigate the same and take appropriate legal action against all individuals found to have participated in the wrongdoing, recover and return any recovered funds to UNDP.

i. Each responsible party, subcontractor and sub-recipient shall ensure that all of its obligations set forth under this section entitled "Risk Management" are passed on to its subcontractors and sub-recipients and that all the clauses under this section entitled "Risk Management Standard Clauses" are adequately reflected, *mutatis mutandis*, in all its sub-contracts or sub-agreements entered into further to this Project Document.

XI. ANNEXES

1. **Risk Register**
2. **Approved Implementation Arrangements**
3. **Supplemental Provisions**
4. **Social and Environmental Screening**
5. **Project Quality Assurance Report**