THE GLOBAL FUND

Execution Version

1. This **Grant Confirmation** is made and entered into by **the Global Fund to Fight AIDS, Tuberculosis and Malaria** (the "Global Fund") and **International Centre for Diarrhoeal Disease Research, Bangladesh** (the "Principal Recipient" or the "Grantee"), pursuant to the Framework Agreement, dated as of 1 July 2015, as amended and supplemented from time to time (the "Framework Agreement"), between the Global Fund and the Grantee, to implement the Program set forth herein. The Grant Confirmation is effective as of the earlier of the start date of the Implementation Period (as defined below) or the date of the Global Fund's signature below, and Program Activities shall not commence prior to the start date of the Implementation Period, unless otherwise agreed in writing by the Global Fund.

2. **Single Agreement**. This Grant Confirmation, together with the Integrated Grant Description attached hereto as Schedule I, sets forth the provisions (including, without limitation, policies, representations, covenants, 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 Global Fund Grant Regulations (as amended from time to time), available at https://www.theglobalfund.org/media/5682/core_grant_regulations_en.pdf). In the event of any inconsistency between this Grant Confirmation and the Framework Agreement (including the Global Fund Grant Regulations (as amended from time to time)), the provisions of this Grant Confirmation shall govern unless expressly provided for otherwise in the Framework Agreement.

3. **Grant Information**. The Global Fund and the Grantee hereby confirm the following:

3.1	Host Country or Region:	People's Republic of Bangladesh
3.2	Disease Component:	HIV/AIDS
3.3	Program Title:	Continuation and Scale up of HIV Prevention and Treatment Services for Key Populations in Bangladesh
3.4	Grant Name:	BGD-H-ICDDRB
3.5	GA Number:	3580
3.6	Grant Funds:	Up to the amount of USD 11,505,121 or its equivalent in other currencies
3.7	Implementation Period:	From 1 January 2024 to 31 December 2026 (inclusive)
3.8	Principal Recipient:	International Centre for Diarrhoeal Disease Research, Bangladesh 68 Shaheed Tajuddin Ahmed Sarani Mohakhali

		1212 Dhaka People's Republic of Bangladesh Attention: Dr. Sharful Islam Khan Scientist and Acting Head, Program for HIV/AIDS Telephone: +88029827143 Facsimile: +88029827143 Email: sharful@icddrb.org
3.9	Fiscal Year:	1 January to 31 December
3.10	Local Fund Agent:	Price Waterhouse LLP Building 8, 8th Floor, Tower-B DLF Cyber City 122002 Gurgaon Republic of India Attention: Abhinesh Kumar-Dhandhania Telephone: +41587929100 Email: abhinesh.kumar.dhandhania@pwc.com
3.11	Global Fund contact:	The Global Fund to Fight AIDS, Tuberculosis and Malaria Global Health Campus, Chemin du Pommier 40 1218 Grand-Saconnex, Geneva, Switzerland Attention: Urban Weber Department Head Grant Management Division Telephone: +41-587911700 Facsimile: +41-445806820 Email: urban.weber@theglobalfund.org

4. **Policies**. The Grantee shall take all appropriate and necessary actions to comply with (1) the Global Fund Guidelines for Grant Budgeting (2023, as amended from time to time), (2) the Health Products Guide (2018, as amended from time to time), and (3) any other policies, procedures, regulations and guidelines, which the Global Fund may communicate in writing to the Grantee, from time to time.

5. **Covenants**. The Global Fund and the Grantee further agree that:

5.1 Personal Data

(1) Principles. The Principal Recipient, acknowledges that Program Activities are expected to respect the following principles and rights ("Data Protection Principles"):

(a) Information that could be used to identify a natural person ("Personal Data") will be: (i) processed lawfully, fairly and transparently; (ii) collected for specified, explicit and legitimate purposes and not further processed in a manner not compatible with

those purposes; (iii) adequate, relevant and limited to what is necessary for the purposes for which they are processed; (iv) accurate and, where necessary, kept up to date; (v) kept in a form which permits identification of the individuals for no longer than is necessary for the purposes for which the Personal Data is processed; and (vi) processed in a manner that ensures appropriate security of the Personal Data; and

(b) Natural persons are afforded, where relevant, the right to information about Personal Data that is processed; the right to access and rectify or erase Personal Data; the right to data portability; the right to confidentiality of electronic communications; and the right to object to processing.

(2) Limitations. Where collection and processing of Personal Data is required in order to implement Program Activities, whether by the Principal Recipient, a Sub-recipient, or Supplier, the Principal Recipient should respect the Data Protection Principles:

(a) to the extent that doing so does not violate or conflict with applicable law and/or policy; and

(b) subject to the Principal Recipient balancing the Data Protection Principles with other fundamental rights in accordance with the principle of proportionality, taking into account the risks to the rights and freedoms of natural persons.

5.2 Data Privacy

With respect to Section 7.6 (Right of Access) of the Global Fund Grant Regulations (as amended from time to time), (1) the Global Fund may collect or seek to collect data, and it is possible that such data may contain Personal Data, and (2), prior to collection and at all times thereafter, the Principal Recipient shall take all necessary actions to ensure that the transfer of such information to the Global Fund does not violate any applicable law or regulation.

5.3 Previously Disbursed Grant Funds

The Program budget may be funded in part by Grant Funds disbursed under a previous Grant Agreement, which the Global Fund has approved to be used for the Program under the current Grant Agreement ("Previously Disbursed Grant Funds"), as well as additional Grant Funds up to the amount set forth in Section 3.6 hereof. Accordingly, the Global Fund may reduce the amount of Grant Funds set forth in Section 3.6 hereof by the amount of any Previously Disbursed Grant Funds. Previously Disbursed Grant Funds shall be governed by the terms of this Grant Agreement.

5.4 Co-Financing

(1) In accordance with the Global Fund's Sustainability, Transition and Co-financing Policy (GF/B35/04) (the "STC Policy"), the commitment and disbursement of USD 5,078,744 (the "Co-Financing Incentive"), is subject to the Global Fund's satisfaction with the Host Country's compliance with the requirements listed at 5.4(1)(a) and 5.4(1)(b) below ("Co-Financing Requirements"). The Grantee acknowledges and agrees that the Global Fund may reduce Grant Funds during the current or any subsequent Implementation Period in the event the Host Country fails to:

(a) progressively increase government expenditure on health to meet national universal health coverage goals; and/or
(b) increase domestic funding of Global Fund-supported programs, with a focus on progressively absorbing the key costs of national disease plans, as identified in consultation with the Global Fund.

(2) In order to satisfy the Co-Financing Requirements, the Grantee acknowledges and agrees that the Host Country shall, as set out in the co-financing commitment letter to be signed by the Government of People's Republic of Bangladesh and submitted in form and substance satisfactory to the Global Fund, by 30 June 2024: (a) fulfil a total minimum co-financing commitment; (b) fulfil the programmatic commitments (if any) as stipulated in the co-financing commitment letter; and (c) provide to the Global Fund, by no later than the agreed date of each year of the Implementation Period and the year following the end of the Implementation Period, evidence supporting achievement of the Co-Financing Requirements, including but not limited to:

(i) the approved annual budget for HIV and related RSSH for the upcoming year; and
(ii) the total expenditure for HIV and related RSSH inclusive of related purchase orders for programmatic investments in the previous fiscal year.

5.5 Indirect Cost Recovery

Use of Grant Funds for the recovery of the costs for support of the Principal Recipient's headquarters under the Program (the "ICR Charges") shall (i) not exceed the rate in the approved Program budget and (ii) be subject to the Global Fund's satisfaction with the Principal Recipient's compliance with the Global Fund's policies relating to indirect cost recovery.

[*Signature Page Follows.*]

IN WITNESS WHEREOF, the Global Fund and the Grantee 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 and Malaria

By: _____

Name: Mark Eldon-Edington

Title: Head, Grant Management Division

Date: Dec 14, 2023

International Centre for Diarrhoeal Disease Research, Bangladesh

By: _____

Name: Tahmeed Ahmed

Title: Executive Director

Date: 30/11/2023

Acknowledged by

By: _____

Name: Zahid Maleque

Title: Chair, Country Coordinating Mechanism of the People's Republic of Bangladesh

Date: 14.12.2023

By: _____

Name: Milon Kanti Datta

Title: Civil Society Representative, Country Coordinating Mechanism of the People's Republic of Bangladesh

Date: 14.12.2023

Schedule I
Integrated Grant Description

A. PROGRAM DESCRIPTION

1. Background and Rationale for the Program

Since 1989, Bangladesh maintained a low national HIV prevalence of less than 0.1% among the general population. However, key populations (KP) - which encompass female sex workers (FSW), men who have sex with men (MSM), people who inject drugs (PWID), and transgender/hijra individuals (TGW) – have seen an increasing trend in terms of new HIV cases, which means Bangladesh is shifting towards a concentrated epidemic in some geographical areas. Although Bangladesh is witnessing an annual rise in the number of new HIV cases, predominately among adults aged 25-49, the national response has so far successfully averted a general epidemic.

The latest integrated biological and behavioral survey (IBBS), conducted in 2020, revealed that the overall HIV prevalence among KP in Bangladesh stood at 2.3%. PWID and MSM recorded the highest prevalence of 4.1% and 1.7%, respectively, followed by 0.9% among TGW and 0.1% among FSW. Among MSM aged <25 years, the HIV prevalence was 0.94%, and for those aged 25 years and above, the prevalence was 2.37%; among FSW, all the identified HIV cases were above 25 years; among TGW, the prevalence was 1.3% among those over 25 years and 0.2% among those who were 24 and below; and among PWID, the majority was over 25 years with a 2.6% prevalence. It should be noted that in Dhaka, the prevalence of HIV was as follows: PWID 5.1%, MSM 3.1%, TGW 1.2%, and FSW 0.1%.

An epidemiological analysis of sentinel surveillance data spanning two decades, reveals an upward trend in HIV prevalence among some KP, particularly PWID and MSM. In contrast, the HIV prevalence among transgender/hijra individuals and FSW remained relatively stable. The estimated number of people living with HIV (PLHIV) was 14,513 in 2022. From the onset of the epidemic until 2022, a cumulative total of 9,708 HIV cases have been reported in Bangladesh, including 729 cases reported in 2021 and 947 in 2022. One-third (33%) of new cases were from the general population, 18% were from migrants (overseas employees) and their partners, and 13% were found in the group of forcibly displaced Myanmar nationals (FDMN), followed by MSM and PWID. There has been an increasing trend of new cases from 1996 to 2022.

The socio-legal context is challenging and includes penalties under the 2018 Narcotics Control Act and laws against same-sex relations and sex work. KP confront elevated HIV risk due to epidemiological factors, exacerbated by stigma, discrimination, and a range of broader socio-economic factors. Current HIV intervention programmes predominantly focus on prevention and treatment and often neglect holistic health and human rights issues.

With an estimated 15,000 PLHIV in a population of 169 million, Bangladesh's HIV epidemic is challenging. The Bangladesh HIV program has, however, made significant progress throughout the 2020-2022 allocation period. In addition to expanding coverage of prevention, harm reduction and HIV testing services in high-priority areas and among high-priority groups, the program also introduced differentiated service delivery modalities, improved referral linkages to ART services, enhanced the quality of PWID prevention and harm reduction services, piloted PrEP among MSM and TGW, increased ART coverage from government funding, began transitioning to DTG-based regimens, significantly scaled up viral load testing, expanded TB/HIV collaborative activities, and made major strides in generating strategic information for better program planning.

HIV therefore continues to be a major public health challenge in Bangladesh, despite progress and achievements: Bangladesh has experienced an unwelcome trend of increasing new

infections and AIDS-related deaths that deviates from the global trajectory of progress. In terms of the global 95-95-95 targets, as of 2022, the country had successfully diagnosed 67% of the estimated number of PLHIV, 77% of PLHIV diagnosed enrolled into ART, and 85% of PLHIV on ART were virally suppressed.

The Global Fund grant funding in the 2023-2025 allocation period includes two matching funds for (i) Scale up of Prevention for Key Populations and (ii) Scaling up Programmes to Remove Human Rights- and Gender-related Barriers. The program priorities are based on the recently adopted National Strategic Plan for HIV and AIDS Response (2024-2028), the findings of the country's first HIV Joint Monitoring Mission (JMM) that was held in March 2023, and the results of the 2023 Key Population Size Estimate. In its program continuation funding request for this grant cycle, the program proposes to implement:

- HIV primary prevention tailored for KP and their partners including integration of pre-exposure prophylaxis and expanding virtual outreach for hidden KP.
- Differentiated HIV testing services for detection of new cases and in support of prevention with registered members of key population communities, including new modalities and integrating self-testing.
- HIV/TB: PLHIV with active tuberculosis (TB) are started on ART early, TB preventive therapy is available for all eligible people living with HIV.
- Differentiated Service Delivery (DSD): ensuring prevention, testing and treatment are available in health facilities, testing is available outside health facilities, including through community, outreach, and digital platforms; and making multi-month ART dispensing available. Expanding treatment services to include new sites, accelerate transition to Dolutegravir-based regimens, and include Hepatitis C treatment.
- Human Rights: integrating interventions to reduce human rights- and gender-related barriers for key and vulnerable populations; activities for reducing stigma and discrimination including by healthcare providers; legal literacy and improving access to justice for KP and PLHIV; and supporting reform of criminal and other harmful laws, policies, and practices that hinder effective HIV responses especially by law enforcement.
- Health system strengthening: Strategic information systems strengthening including implementation of PLHIV database, KP prevention database, development and implementation of a unique identifier code (UIC), and development of a logistics management information system (LMIS) for health product security. Establishment of external quality assurance for HIV test kits and viral load testing.
- Safety and security of HIV health service providers, including outreach team, by introducing health insurance, hepatitis C vaccination, post-exposure prophylaxis, and necessary support from government authorities.

2. Goals, Strategies and Activities

Goal:

To significantly reduce new HIV infections and AIDS-related deaths, with a long-term aim of ending the HIV epidemic as a public health threat by 2030.

Strategies:

The strategy used for the implementation of Grant Funds is in line with the one stated in the National Strategic Plan for HIV and AIDS Response 2024-2028 which is to:

1. prevent new HIV infections by expanding program coverage through the implementation of comprehensive, targeted interventions; provision of age, gender, and human-rights-sensitive services; and fostering active community involvement in promoting public health.
2. ensure innovative, effective, differentiated and ethical HIV testing and case-finding approaches are scaled up across the country.
3. provide universal access to treatment, care and support services for people living with HIV and AIDS.
4. establish resilient, sustainable health systems and strengthen community systems for an integrated, people-centric HIV and AIDS response in Bangladesh through the universal health coverage approach.
5. strengthen strategic information systems and research for an evidence-based response.

The strategies against each objective and the priority actions to achieve objectives are listed below.

Planned Interventions:

The interventions for Global Fund funding based on the NSP priorities and targets are:

1. Delivery of a prevention package for key populations and their sexual partners including MSM including male sex workers (MSW); transgender/hijrah (TG); people who use drugs (PUD) including PWID; and FSW. This will include ensuring availability of condoms and lubricants for MSM, MSW and FSW; needle and syringe exchange (NSE) for PWID and opioid substitution therapy (OST) with methadone for PUD; and pre-exposure prophylaxis for MSM and TG. HIV prevention communication, community empowerment for KP, and provision of sexual and reproductive health services including treatment of STIs, hepatitis, wounds and abscesses and linkage to comprehensive health care services are also included. Virtual outreach will continue and be expanded for MSM and will be introduced for FSW; overdose management will be introduced for PUD.

2. Delivery of a prevention package for people in prisons and other closed testing in collaboration with the national TB program to ensure information and demand creation, testing for HIV, TB, hepatitis C and STIs, continuity of treatment for PLHIV, sexual and reproductive health services and trialling of OST in selected prisons.

3. Provision of differentiated testing services in health facilities, communities, mobile testing points, and integration of self-testing including through secondary distribution of HIV test kits.

4. Provision of comprehensive HIV care and treatment services at ART centres in health facilities and comprehensive drop-in centres (CDICs) using ARV supplies from the operational plan funding of the government and supported through Global Fund funding for opportunistic infection treatment and viral load monitoring through collaborating GeneXpert sites of the national TB program. The program will aim to accelerate transition to Dolutegravir-based regimens. The program will exploit opportunities for integration with TB including routine screening of PLHIV for TB and HIV testing for TB patients; collaboration in the prison program as well as in sharing GeneXpert resources for viral load testing.

5. Reducing human rights-based barriers to HIV/TB prevention and care services through empowerment of KP communities, community mobilization and advocacy, advocacy for legal, policy and practice reform, paralegal training and deployment, implementation of community-led monitoring for tracking of human rights violations and strengthening of institutional redress mechanisms, and pre- and in-service training of healthcare providers and law enforcement personnel to prevent discrimination and harassment. Interventions will be based on a Human Rights and Advocacy Strategy to be developed in the initial part of the 2023-2025 allocation period.

6. Building resilient and sustainable systems for health through:

    a. strengthening of community systems and capacity building of community-based organizations;

    b. strengthening of the management of health products through the development and implementation of a new LMIS and capacity building of health products management personnel, expansion and running of distribution and storage and implementation of pooled procurement for program principal recipients;

    c. building of human resources for health including integrated supervision and deployment of District Surveillance Medical Officers (DMSOs) for HIV and TB programmes;

    d. implementation of PLHIV database, improvement of data quality through reviews, data quality audits and capacity building of personnel; development and implementation of a unique identifier code (UIC) and creation of a HIV prevention database; and

    e. establishment of quality management systems and accreditation for HIV laboratory services including HIV tests and viral load testing.

Planned Activities:

The Principal Recipient ICDDR,B will implement the following activities as part of the program within a unified performance framework across the three Global Fund HIV grants:

- Prevention efforts will be scaled up to cover 80% of MSM/MSW/TGW (N=80,840) in 23 priority districts.
- Safe spaces (DICs/Sub-DICs, outlets) will be continued in 64 rented locations in 23 districts.

- BCC sessions will be conducted for the MSM/MSW/TGW through Peer Educators and virtual intervention.
- Condoms, lubricants, and PrEP medicines will be procured and distributed to the program participants free of cost.
- PrEP intervention will be provided to 800 MSM/MSW/TGW at risk of HIV infection in Dhaka city and/or other priority districts.
- Community coalitions will be formed; roundtables and advocacy meetings will be conducted to mobilise MSM/MSW/TGW communities and promote engagement/employment of capacitated MSM/MSW and TGW CBOs in programme implementation.
- CBO representatives will be trained in leadership, public speaking, and negotiation skills to build self-confidence.
- Medical Assistants will provide free routine STI check-ups, and STI management, treatment following the syndromic as well as etiological approach, counselling and treatment of some common general health issues will be provided.
- Provisions of harm reduction intervention for chemsex participants and post-exposure prophylaxis (PEP) will be available for the eligible participants.
- Innovative approaches will be applied for SRHR service delivery: services will be integrated into public healthcare facilities.
- Differentiated HTS (including HIVST) will be provided to 95% of the target for the reach of MSM/MSW/TGW at least once a year and their partners.
- Treatment, care, and support services for PLHIV are considered with the support of peer navigation.
- Provide facility and community-based verbal TB screening for MSM/MSW/TGW
- Introduce community-led monitoring for improving service delivery and service uptake.
- Community paralegal cum peer human rights educator will be deployed to increase legal literacy and removing HR-related barriers to prevention for MSM/MSW/TGW
- SOP/ training module will be developed for addressing sexuality, gender power relations, access to health, universal health coverage, and health equity and equality issues among MSM, MSW, and TGW.
- Punitive laws will be reviewed to establish the human rights of MSM/MSW and TGW
- Roundtable meeting/documentary will be developed and disseminated to reduce homophobia and transphobia.
- Orientation will be provided to public health care providers to provide stigma-free health services.
- Standard Opioid substitution therapy and other medically assisted drug dependence treatment for PWID will be provided among 650 clients in two districts through existing three OST clients.

3. **Target Group/Beneficiaries**

- PLHIV
- Key Populations- MSM, TGW, PUD, FSW, MSW
- Refugees and displaced persons
- Prisoners
- Community groups.

B. PERFORMANCE FRAMEWORK

Please see attached.

C. SUMMARY BUDGET

Please see attached.

THE GLOBAL FUND

Performance Framework

Country	Bangladesh
Grant Name	BGD-H-ICDDRB
Implementation Period	01-Jan-2024 - 31-Dec-2026
Principal Recipient	International Centre for Diarrhoeal Disease Research, Bangladesh

Reporting Periods							
	Start Date	01-Jan-2024	01-Jul-2024	01-Jan-2025	01-Jul-2025	01-Jan-2026	01-Jul-2026
	End Date	30-Jun-2024	31-Dec-2024	30-Jun-2025	31-Dec-2025	30-Jun-2026	31-Dec-2026
	PU includes DR?	No	Yes	No	Yes	No	No

Program Goals, Impact Indicators and targets

1	To minimize the spread of HIV and the impact of AIDS on the individual, family, community, and society, working towards Ending AIDS in Bangladesh by 2030

	Impact Indicator	Country	Baseline Value	Baseline Year and Source	Required Dissagregation	Responsible PR	2024	2025	2026
1	HIV I-13 Percentage of people living with HIV	Bangladesh	N: 15017.0000 D: 127282658 P: 0.01%	2022 AEM data 2023 file, Population source from National Statistics Data	Gender,Gender | Age,Age	International Centre for Diarrhoeal Disease Research, Bangladesh	N: 16069.0000 D: 131244939 P: 0.01% Due Date: 28-Feb-2025	N: 16549.0000 D: 133016027 P: 0.01% Due Date: 28-Feb-2026	N: 17016.0000 D: 134743455 P: 0.01% Due Date: 28-Feb-2027
	Comments								
	Baseline numerator and Denominator was taken from AEM 2023 BD baseline file (AEM 5.0 Baseline - BD_05 July 2023). Target for 2024-2026 was also taken from same file.								
2	HIV I-9a Percentage of men who have sex with men who are living with HIV	Bangladesh	N: 42.0000 D: 2476 P: 1.70%	2021 IBBS 2021	Age	International Centre for Diarrhoeal Disease Research, Bangladesh	N: D: P: % Due Date:	N: D: P: % Due Date:	N: D: P: 1.05% Due Date: 28-Feb-2027
	Comments								
	Baseline information was taken from IBBS 2021 (page no. 101 and table no 4.16.a). In this indicator MSM and MSW both are calculated in the IBBS and 1.70 is prevalence. Target 2026 was taken from RBF under National Strategic Plan 2024-2028 and population only MSM. Next IBBS will be conducted in the FY 2025-2026 and the report will be available on the end of 2026.								
3	HIV I-9b Percentage of transgender people who are living with HIV	Bangladesh	N: 11.0000 D: 1172 P: 0.94%	2021 IBBS 2021	Age	International Centre for Diarrhoeal Disease Research, Bangladesh	N: D: P: % Due Date:	N: D: P: % Due Date:	N: D: P: 1.27% Due Date: 28-Feb-2027
	Comments								
	Baseline information was taken from IBBS 2021 (page no. 178 and table no 6.17.a). Target 2026 was taken from RBF under National Strategic Plan 2024-2028. Next IBBS will be conducted in the FY 2025-2026 and the report will be available on the end of 2026.								
4	HIV I-10 Percentage of sex workers who are living with HIV	Bangladesh	N: 3.0000 D: 2382 P: 0.13%	2021 IBBS 2021	Gender,Age	International Centre for Diarrhoeal Disease Research, Bangladesh	N: D: P: % Due Date:	N: D: P: % Due Date:	N: D: P: 0.24% Due Date: 28-Feb-2027
	Comments								
	Baseline information was taken from IBBS 2021 (page no. 72 and table no 3.11.a). Target for 2026 will take from next IBBS.Target 2026 was taken from RBF under National Strategic Plan 2024-2028. The IBBS which served as baseline did not include brothel based sex worker-Hotel+Resident+Street FSWs were included. Next IBBS will be conducted in the FY 2025-2026 and the report will be available at the end of 2026.								

5	HIV I-11 Percentage of people who inject drugs who are living with HIV	Bangladesh	N: 73.0000 D: 3033 P: 2.41%	2021 IBBS 2021	Gender,Age	International Centre for Diarrhoeal Disease Research, Bangladesh	N: D: P: % Due Date:	N: D: P: % Due Date:	N: D: P: 4.23% Due Date: 28-Feb-2027
	Comments								
	Baseline information was taken from IBBS 2021 (page no. 148 and table no 5.12.a). Target 2026 was taken from RBF under National Strategic Plan 2024-2028. This indicator includes all IDU (male+female+TG). Data come from six intervention district and two non-intervention district. Numerator value is HIV positive diagnosis from those district and denominator value is total sample size and that was 3033. Next IBBS will be conducted in the FY 2025-2026 and the report will be available at the end of 2026.							
6	HIV I-Other 1: Percentage of people who inject drugs who are living with HIV in Dhaka	Bangladesh	N: 33.0000 D: 652 P: 5.06%	2021 IBBS 2021		International Centre for Diarrhoeal Disease Research, Bangladesh	N: D: P: % Due Date:	N: D: P: % Due Date:	N: D: P: 13.48% Due Date: 28-Feb-2027
	Comments								
	Baseline information was taken from IBBS 2021 (page no. 148 and table no 5.12.a). Target for 2026 was taken from RBF under National Strategic Plan 2024-2028. This indicator includes all IDU (male+female+TG) and data is from only Dhaka district. Numerator value is HIV positive diagnosis from that district and denominator value is total sample size in that district. Next IBBS will be conducted in the FY 2025-2026 and the report will be available at the end of 2026.							
7	HIV I-Other 2: Percentage of people who inject drugs who are living with HIV outside Dhaka	Bangladesh	N: 40.0000 D: 2381 P: 1.68%	2021 IBBS 2021		International Centre for Diarrhoeal Disease Research, Bangladesh	N: D: P: % Due Date:	N: D: P: % Due Date:	N: D: P: 1.84% Due Date: 28-Feb-2027
	Comments								
	Baseline information was taken from IBBS 2021 (page no. 148 and table no 5.12.a). Target for 2026 was taken from RBF under National Strategic Plan 2024-2028. In this indicator captures all IDU (male+female+TG). Data come from five intervention districts except Dhaka district and two non-intervention districts. Numerator value is HIV positive diagnosis from those district and denominator value is total sample size and that was 2381. Next IBBS will be conducted in the FY 2025-2026 and the report will be available at the end of 2026.								

Program Objectives, Outcome Indicators and targets

1	By end of 2026, increase coverage of prevention services among key population groups reaching 80%, 80%, 50%, 89% and 80% among MSM/MSW, TG, FSW, PWID and prisoners respectively.
2	Improve access to HIV testing among KPs through expansion of differentiated testing (facility-based testing, community-based testing, index testing and HIV self-testing), aiming to reach coverage level of 95% by end of 2026.
3	By the end of 2026, achieve improved coverage and linkage of services from prevention and diagnosis among key population groups to quality treament and care for PLHIV through scale-up of quality and evidence based services.
4	By the end of 2026, through a strengthened support system address barriers to access to services
5	By 2026, establish a unifed prevention database and improve data quality and availibility through implementation of data comprehensive data audit.

	Outcome Indicator	Country	Baseline Value	Baseline Year and Source	Required Dissagregation	Responsible PR	2024	2025	2026
1	HIV O-4a Percentage of men reporting using a condom the last time they had anal sex with a male partner	Bangladesh	N: D: P: 46.20%	2017 Endline survey 2017 (Page 107, table 5.8)		International Centre for Diarrhoeal Disease Research, Bangladesh	N: D: P: 58.16% Due Date: 28-Feb-2025	N: D: P: 59.87% Due Date: 28-Feb-2026	N: D: P: 61.58% Due Date: 28-Feb-2027
	Comments								
	Baseline was taken from End Line survey 2017. It is expected that, another IBBS will be conducted in 2025-2026. The report will be expected to be ready on December 2026. The target for 2024-2026 was estimated by using linear interpolation between 2017 and 2028 that is aligned with RBF 2024-2028. In IBBS 2025-2026, MSM will be separated from MSW.								

2	HIV O-4.1b Percentage of transgender people reporting using a condom during their most recent sexual intercourse or anal sex	Bangladesh	N: D: P: 36.90%	2020 IBBS 2020 ASP (Page 152, figure 6.2.a)		International Centre for Diarrhoeal Disease Research, Bangladesh	N: D: P: 51.00% Due Date: 28-Feb-2025	N: D: P: 54.50% Due Date: 28-Feb-2026	N: D: P: 58.00% Due Date: 28-Feb-2027
	Comments								
	Baseline was taken from IBBS 2020. It is expected that, another IBBS will be conducted in 2025-2026. The report will be expected to be ready in December 2026. The targets for the perioc 2024-2026 were estimated by using linear interpolation between 2020 and 2028.								
3	HIV O-5 Percentage of sex workers reporting using a condom with their most recent client	Bangladesh	N: D: P: 73.70%	2021 IBBS 2021 ASP {(Page 42-43, table 3.2.h (weited average)}		International Centre for Diarrhoeal Disease Research, Bangladesh	N: D: P: % Due Date:	N: D: P: % Due Date:	N: D: P: 82.20% Due Date: 28-Feb-2027
	Comments								
	Baseline value was taken from IBBS 2020 that include all types of FSW (street+hotel+residence) except Brothel. It is expected that, another IBBS will be conducted in 2025-2026. The report will be expected to be ready on December 2026. The targets for the period of 2024-2026 were estimated by using linear interpolation between 2020 and 2028 that is aligned with RBF 2024-2028.								
4	HIV O-6 Percentage of people who inject drugs reporting using sterile injecting equipment the last time they injected	Bangladesh	N: D: P: 86.70%	2021 AEM Excel 2023		International Centre for Diarrhoeal Disease Research, Bangladesh	N: D: P: % Due Date:	N: D: P: % Due Date:	N: D: P: 86.70% Due Date: 28-Feb-2027
	Comments								
	The baseline value 61.9% was calculated from AEM 2023 excel files. The AEM 2023 Excel files of Dhaka, Top 24 except Dhaka and 39 remaining districts were combined to prepare a single value for Bangladesh. The data value 24.5% from the Dhaka AEM excel file (row#11, year 2020, cell#AU11) was taken that corresponds to the percent of male PWID who shared needles. Then the corresponding estimate for female was taken from the same AEM excel file (row#29, year 2020, cell#AU29) for female. Then we took an average of these to produce male and female. There after we subtracted this value from 100% and derived at the result that reflects male and female PWID reporting use of sterile injecting equipment the last time they injected. We followed similar method for Top 24 except Dhaka district which is 53.3% and 39 remaining districts which is 56.8%. Finally, the average of Dhaka, Top 24 except Dhaka district and 39 remaining districts was taken that resulted at 61.9% as the country estimate for this indicator. The targets for 2024-2026 were estimated by using linear interpolation between 2020 and 2028 that is aligned with the RBF 2024-2028. Reporting will be through the IBBS expected to be conducted in 2025/2026 with the report expected end of 2026.								
5	HIV O-9 Percentage of people who inject drugs reporting using a condom the last time they had sexual intercourse	Bangladesh	N: D: P: 42.20%	2021 (IBBS, 2021, Page:211, Table 3.6.)		International Centre for Diarrhoeal Disease Research, Bangladesh	N: D: P: % Due Date:	N: D: P: % Due Date:	N: D: P: 55.60% Due Date: 28-Feb-2027
	Comments								
	Baseline was taken from IBBS 2020 and include only male and female PWID. It is expected that, another IBBS will be conducted in 2025-2026. The report will be expected to be ready in December 2026. The target for 2024-2026 was estimated by using linear interpolation between 2020 and 2028 that is aligned with RBF 2024-2028.								
6	HIV O-12 Percentage of people living with HIV and on ART who are virologically suppressed	Bangladesh	N: 3013.0000 D: 3526 P: 85.45%	2022 Program data, 2022. This data come from 11 ART center and 8 CDIC center.	Gender | Age,Age	International Centre for Diarrhoeal Disease Research, Bangladesh	N: 6095.0000 D: 6773 P: 89.99% Due Date: 28-Feb-2025	N: 6897.0000 D: 7497 P: 92.00% Due Date: 28-Feb-2026	N: 7875.0000 D: 8289 P: 95.01% Due Date: 28-Feb-2027
	Comments								
	Baseline information was taken from Program data Jan-Dec 2022. Denominator value was taken from total people enrolled on ART who are complete the Viral load test excluding error and invalid test. As of December 2022, 3,526 had VL tests and 3,013 were virally suppressed. Denominator value come from TCS 1.1 indicator numerator value and that is 7275, 8330, 9210. Then setup the denominator 90% against every year ART enrollment value and this value is 6773, 7497 and 8289 accordingly. Numerator calculation is 90%, 92% & 95% according the three years against the denominator figure and figure is 6095, 6897 and 7875. As part of reporting for this indicator, the PR will provide a breakdown on # of people who received VL testing out of those eligible. Results will be broken down by semester ie. Jan-jun and jul-dec; and will be accompanied by an explanation on the results.								

7	HIV O-16b Percentage of transgender people who avoid health care because of stigma and discrimination	Bangladesh	N: 2663.0000 D: 7469 P: 35.65%	2022 Program data, 2022. This data come from 11 ART center and 8 CDIC center.	Age	International Centre for Diarrhoeal Disease Research, Bangladesh	N: 1881.2500 D: 7525 P: 25.00% Due Date: 28-Feb-2025	N: 1915.9000 D: 8330 P: 23.00% Due Date: 28-Feb-2026	N: 1842.0000 D: 9210 P: 20.00% Due Date: 28-Feb-2027
	Comments Baseline information was taken from program report Jan-Dec 2022. 11 ART center and 8 CDIC centers regularly report this indicator. As of December 2022, 4806 PLHIV are taking ART on regular basis throughout various ART centers in the country. The average newly identified cases are 778 (i.e., 658+729+947=2334) per year as the official programmatic data from the last 3 years. The denominator value come from TCS 1.1 indicator numerator value. Numerator calculation is number of PLHIV reported on ART at the end of the last reporting period plus number of PLHIV newly initiated on ART during the current reporting period, that were not on treatment at the end of the current reporting period (including those who died, stopped treatment, and been lost-to-follow-up (LTFU).The numerators for the 2024, 2025, and 2026 are 1881, 1916 and 1842 respectively. The NASP plans to conduct a ART data audit/outcome analysis which inform revision of targets in 2025 and 2026. Numerator calculation is baseline value (7469-4806) 2663 and baseline percentage is 35.65%. In the 1st year target is 25%, 2nd year target is 23% and 3rd year target set is 20%.								
8	HIV O-29 Percentage of HIV-positive results among the total HIV tests	Bangladesh	N: 1092.0000 D: 157646 P: 0.69%	2022 Spectrum and Program data	Gender,Age	International Centre for Diarrhoeal Disease Research, Bangladesh	N: 1124.0000 D: 195954 P: 0.57% Due Date: 28-Feb-2025	N: 1140.0000 D: 220236 P: 0.52% Due Date: 28-Feb-2026	N: 1155.0000 D: 243739 P: 0.47% Due Date: 28-Feb-2027
	Comments Baseline numerator data was taken from Spectrum 2022 file and denominator was taken from program data 2022 for KP's and General population (GP) values came from world aids day 2022 report. 2024-2026 numerator values will be drawn from program data while the denominator will be based on the number of tests conducted (also drawn from program data). Targets were set assuming an increase of 10% every year. Data will be collected from ART, HTC, Prisons and all KP's centers and submit to DHIS2 as quarterly.								
9	HIV O-15 Percentage of people living with HIV who report experiences of HIV-related discrimination in health-care settings	Bangladesh	N: D: P: 12.70%	2017 HIV Sitgma Index 2017, UNAIDS		International Centre for Diarrhoeal Disease Research, Bangladesh	N: D: P: % Due Date:	N: D: P: % Due Date:	N: D: P: 7.50% Due Date: 28-Feb-2027
	Comments Baseline data was taken from HIV stigma index 2017, UNAIDS, Table 22 and 25 (page 61-63). The baseline value was calculated by taking simple average of five indicators. This are 1. Denial of care 7% 2. Being the subject of gossip 34.2% 3. Verbal abuse 12.4% 4. Physical abuse 5.4 5. Sharing of HIV status without consent 4.7% The definition of this indicator was taken from indicator guidance sheet, The Global Fund 2023								
10	RSSH O-3 On-shelf availability: Percentage of facilities with tracer health products for the three diseases - HIV, TB, malaria (as applicable) available on the day of the visit or day of reporting	Bangladesh	N: 115.0000 D: 139 P: 82.73%	2022 LMIS for Icddrb and CIS	Provider type	International Centre for Diarrhoeal Disease Research, Bangladesh	N: 153.0000 D: 153 P: 100.00% Due Date: 28-Feb-2025	N: 153.0000 D: 153 P: 100.00% Due Date: 28-Feb-2026	N: 153.0000 D: 153 P: 100.00% Due Date: 28-Feb-2027
	Comments This indicator will be jointly reported by Save the Children, icddr,b, and ASP. The baseline value of 139 centers (Save the Children – 60, icddr,b – 55, and ASP – 24) was obtained from DHIS2 for the period of July to December 2022. From 2024 to 2026, each year, a total of 153 centers will report to DHIS2 quarterly [SCI – 50, icddr,b – 64, and ASP – 36]. Below is a list of tracer health products from different centers: ASP-36 Centers: ART Center: ART medicine, HIV test kit, Viral load cartridge HTC center: HIV test kit KP center: HIV test kit, syphilis test kit, STI medicine Prison: HIV test kit, syphilis test kit SCI-Centers (50): CDIC (8): ART medicine, HIV test kit, STI medicine DIC: HIV test kit, STI medicine icddr,b Centers (64): HIV test kit, syphilis test kit, STI medicine Data will also be available in the quarterly reports from facility level/SRs, and the submission deadline will be followed in accordance with national guidelines. Regarding ASP, the quarterly report depends on the establishment of LMIS in the DHIS2 software. It will be generated if the system is in place; otherwise, it may not be possible. icddr,b, and SCI will submit quarterly LMIS reports to their respective systems.								
11	HIV O-Other-1 Percentage of women living with HIV reported on ART at the end of the last reporting period and newly initiating ART during the current reporting period who were not on ART at the end of current reporting period	Bangladesh	N: 760.0000 D: 7469 P: 10.18%	2022 Program data		International Centre for Diarrhoeal Disease Research, Bangladesh	N: 602.0000 D: 7525 P: 8.00% Due Date: 28-Feb-2025	N: 499.8000 D: 8330 P: 6.00% Due Date: 28-Feb-2026	N: 460.5000 D: 9210 P: 5.00% Due Date: 28-Feb-2027
	Comments <@Equity This indicator captures the total number of women living with HIV reported on ART at the end of the last reporting period and newly initiating ART during the current reporting period who were not on ART at the end of current reporting period. It is a subset of indicator HIV O-21 (Total number of people living with HIV reported on ART at the end of the last reporting period and newly initiating ART during the current reporting period who were not on ART at the end of current reporting period and retention among women on ART. Measurement will be once a yearThe indicator will be measured once a year.								

Coverage indicators and targets

CI Number	Coverage Indicator	Country and Scope of Targets	Baseline Value	Baseline Year and Source	Required Dissagregation	Include in GF Results	Responsible PR	Cumulation Type	Reverse Indicator	01-Jan-2024 30-Jun-2024	01-Jul-2024 31-Dec-2024	01-Jan-2025 30-Jun-2025	01-Jul-2025 31-Dec-2025	01-Jan-2026 30-Jun-2026	01-Jul-2026 31-Dec-2026
Prevention package for men who have sex with men (MSM) and their sexual partners															
1	KP-1a Percentage of men who have sex with men reached with HIV prevention programs - defined package of services	Country: Bangladesh; Coverage: Geographic Subnational, less than 100% national program target	N: 31687 D: 102755 P: 30.84%	2022 Program data Jul-Dec 2022	Age	No	International Centre for Diarrhoeal Disease Research, Bangladesh	Non cumulative - special	No	N: 58711 D: 102755 P: 57.14%	N: 58711 D: 102755 P: 57.14%	N: 69967 D: 102755 P: 68.09%	N: 69967 D: 102755 P: 68.09%	N: 82205 D: 102755 P: 80.00%	N: 82205 D: 102755 P: 80.00%
	Comments														
	"The source of the baseline data was Program data July-Dec 2022. Reach during this reporting period was calculated as the summation of the total reach in the month of July + new reach in the subsequent months from Aug-Dec 2022 so that one individual is not doubly counted. In addition, during this time period, MSM who came back to the services from the drop-out status in the previous months prior to July 2022, were also added. The calculation of six-monthly reach was taken from the Indicator Guidance Sheets of the Global Fund, Feb 2023, Cell#L45. The data for the baseline was calculated from 25 top ranked districts, in total, 31,687 MSM (including 14,302 MSW) received services during Jul-Dec 2022. Of which, 28,532 MSM (including 12,785 MSW) received services by icddr,b and 3,155 MSM (including 1,517 MSW) by ASP. The total achievement at the baseline is 30.8% (31,687/102,755) of the national size estimation PSE 2023 of MSM (including MSW) in the 26 top ranked districts. This indicator will be reported by icddr,b and ASP jointly. A total of 82,205 MSM (including 24,562 MSW) will receive HIV prevention services from the top ranked 26 districts that is 80% (82,205/102,755) of the KP size estimate 2023 in 26 districts. The proposed target during 2024-2026, is 49.8% (82,205/165,192) of the national size estimation 2023 of MSM (including MSW) in 64 districts. From ASP, during 2024-2026, a total of 7,846 MSM (including 2,222 MSW) will receive HIV prevention services in 3 districts from the top 26 ranked districts (Jashore, Sirajganj and Pabna). The service coverage will be 7,846/9,808=80%. From icddr,b, during 2024-2026, a total of 74,359 MSM (including 22,340 MSW) will receive HIV prevention services in the 23 districts from the top ranked 26 districts (Barisal, Chattogram, Chandpur, Cumilla, Cox's Bazar, Dhaka, Gazipur, Narayanganj, Kishoregonj, Munshiganj, Khulna, Satkhira, Mymensingh, Rajshahi, Bogura, Dinajpur, Sylhet, Maulavibazar, Faridpur, Narsingdi, Tangail, Noakhali and Brahmanbaria); the coverage is 80% (74,359/92,947). Of 74,359 MSM, during 2024-2026, icddr,b will also provide HIV prevention services to 10,000 hidden MSM (including 2,976 MSW) in virtual platform. In Dhaka, icddr,b will provide services to 14,109 MSM (including 5,000 MSW) that is 80.0% of the KP size estimate 2023 (14,109 /17,636) and in 22 districts 60,250 MSM (including 17,340 MSW) that is 80.0% of the size estimate 2023 (60,250/75,311). District-wise KP coverage is given in the GC7 Narrative Proposal (2024-2026) in page 83 (file name: 1. BGD-H-GC7-Narrative_Word_14 June 2023.docx). To get better impact, the prevention efforts will be scaled up to cover 80% of MSM/MSW in top ranked 26 districts where concentration of MSM/MSW [62.2% (102,755/165,192)] and HIV/STI infection are high. HIV prevention service package includes distribution of condoms/lubricants, BCC, STI, general health and other HIV prevention related services. MSM who receives condoms/lubricants and attend a BCC session once in a month is considered to be reached. If any new MSM is found in the intervention area, he will be reached with HIV prevention services. Data will be available in the quarterly report from facility level/SRs. Peer-to-Peer and Virtual outreach approaches will employed. In person delivery, delivery through courier services and BCC: One to one discussion over phone or chats, posting BCC text in social media pages/groups, Virtual group discussions, icddr,b HIV Info app and weblinks, Text SMS and Voice SMS. If any client receives both commodities (Condom and lubricant) and BCC, we consider and report him as reach. MSM who receives condoms/lubricants through their own network (either in person or through courier service), and attend a BCC session (one to one or group discussion) through virtual platform (i.e., Messenger or WhatsApp) once in a month will be considered to be reached. If they feel comfortable and willing to go to Government health facilities, they can also be provided services including HTS. The numerator of the baseline result was taken from top ranked 25 districts and the denominator was taken from the size estimation 2023 data of top ranked 26 districts. Of these 26 districts, currently there is no services to MSM (including MSW) only in one district (Noakhali). During 2024-2026, icddr,b and ASP will provide services to MSM (including MSW) in 26 districts. Therefore, the denominator was kept same both in the baseline result and during 2024-2026 in order to ensure comparability of achievement. During 2024-2026, of these 26 districts, icddr,b will provide services to MSM (including MSW) in 23 districts and ASP in 3 districts. However, this is to be noted that in the current grant, icddr,b provides services to MSM (including MSW) in 37 districts and ASP in 3 districts; all together in 37 districts (3 districts are common between icddr,b and ASP). If we consider reach data from these 37 districts, the baseline result becomes 40,118/123,501=32.5%; here the denominator D=123,501 was taken as the size estimate 2023 of MSM (including MSW) from 37 districts. During 2024-2026, the proposed target to reach 82,205 MSM (including 24,562 MSW) is 49.2% higher than the baseline achievement 30.8% July-Dec 2022 [80% (82,205/102,755)-30.8% (31,687/102,755)]. In the PUDR, reach will be calculated six-monthly. As what is being followed in the current grant. In the first month, all reach (new + old) will be considered, in the second month to the sixth month, only new reach will be considered. Therefore, the total reach after six months will be: all reach in the first month + new reach from second to the sixth month. The calculation of six-monthly reach will be done following the Indicator Guidance Sheets of the Global Fund, Feb 2023, Cell#L45. In every quarter, mother-list will be updated and the number of MSM (including MSW) who will not receive any services during last three months will be defined as drop-out in that quarter. During PUDR, the data on drop-out will be reported. Monthly reached data will also be reported in the comments section of the PUDR. This is to be noted that since hidden MSM (virtual intervention) are extremely hidden and will be contacted through web-based services in each district, therefore, preparation of mother-list and UIC will be extremely difficult and likely to be rejected by them as fear of their identity disclosure and subsequent legal implications. Therefore, calculation of drop-out will also will not be possible. icddr,b uses unique identification code (UIC) for each MSM/MSW whoever enlisted at facility level except for the hidden MSM. This UIC is unique for that respective facility only. Data will be collected from service centers and submitted to the SR's project monitoring office. PRs and SRs will verify data quarterly using the RDQA approach. SRs will enter data on the progress of the PF indicators into the DHIS2 platform in every quarter after completing RDQA. All data collected at the DIC/sub-DIC/outlet/satellite level will be recorded in prescribed formats/tools and will be compiled manually to produce monthly and quarterly reports. Original hard copies of the formats/tools will be kept at the DIC/sub-DIC/outlet for cross checking. From each DIC/sub-DIC/outlet, the compiled monthly/quarterly data will be sent to the office of the SRs/SSRs in a prescribed format prepared by Excel along with a signed hard copy. Then the M&E unit of SRs/SSRs will compile all monthly/quarterly data from all corresponding DICs/sub-DIC/outlet to produce monthly/quarterly reports. Thereafter, SRs/SSRs will send monthly/quarterly reports to the PR by a prescribed format prepared by Excel along with a signed hard copy. This indicator will be reported providing a breakdown on clients reached by modality i.e. peer to peer or virtual outreach. This indicator will be reported as non-cumulative - special.														
Prevention package for transgender people and their sexual partners															
2	KP-1b Percentage of transgender people reached with HIV prevention programs - defined package of services	Country: Bangladesh; Coverage: Geographic Subnational, less than 100% national program target	N: 4730 D: 8745 P: 54.09%	2022 Program data Jul-Dec 2022	Age,Gender	No	International Centre for Diarrhoeal Disease Research, Bangladesh	Non cumulative - special	No	N: 6674 D: 8745 P: 76.32%	N: 6674 D: 8745 P: 76.32%	N: 6802 D: 8745 P: 77.78%	N: 6802 D: 8745 P: 77.78%	N: 6995 D: 8745 P: 79.99%	N: 6995 D: 8745 P: 79.99%
	Comments														

Coverage indicators and targets

CI Number	Coverage Indicator	Country and Scope of Targets	Baseline Value	Baseline Year and Source	Required Dissagregation	Include in GF Results	Responsible PR	Cumulation Type	Reverse Indicator	01-Jan-2024 30-Jun-2024	01-Jul-2024 31-Dec-2024	01-Jan-2025 30-Jun-2025	01-Jul-2025 31-Dec-2025	01-Jan-2026 30-Jun-2026	01-Jul-2026 31-Dec-2026
2	<@Gender "The source of the baseline data was Program data July-Dec 2022. Reach during this reporting period was calculated as the summation of the total reach in the month of July + new reach in the subsequent months from Aug-Dec 2022 so that one individual is not doubly counted. In addition, during this time period, transgender people (hijra) who came back to the services from the drop-out status in the previous months prior to July 2022, were also added. The calculation of six-monthly reach was taken from the Indicator Guidance Sheets of the Global Fund, Feb 2023, Cell#L46. The data for the baseline was calculated from 25 top ranked districts, in total, 4,730 hijra received services during Jul-Dec 2022. Of which, 4,577 hijra received services by icddr,b and 153 hijra by ASP. The total achievement at the baseline is 54.1% (4,730/8,745) of the national size estimation PSE 2023 of hijra in the 26 top ranked districts. This indicator will be reported by icddr,b and ASP jointly. A total of 6,995 hijra will receive HIV prevention services from the top ranked 26 districts that is 80% (6,995/8,745) of the KP size estimate 2023 in 26 districts. The proposed target during 2024-2026, is 55.4% (6,995/12,629) of the national size estimation 2023 of hijra in 64 districts. From ASP, during 2024-2026, a total of 514 hijra will receive HIV prevention services in 3 districts from the top 26 ranked districts (Jashore, Sirajganj and Pabna). The service coverage will be 514/642=80.1%. From icddr,b, during 2024-2026, a total of 6,481 hijra will receive HIV prevention services in the 23 districts from the top ranked 26 districts (Barisal, Chattogram, Chandpur, Cumilla, Cox's Bazar, Dhaka, Gazipur, Narayanganj, Kishoregonj, Munshiganj, Khulna, Satkhira, Mymensingh, Rajshahi, Bogura, Dinajpur, Sylhet, Maulavibazar, Faridpur, Narsingdi, Tangail, Noakhali and Brahmanbaria); the coverage is 80% (6,481/8,103). In Dhaka, icddr,b will provide services to 1,748 hijra that is 80.0% of the KP size estimate 2023 (1,748/2,185) and in 22 districts 4,733 hijra that is 80.0% of the size estimate 2023 (4,733/5,918). District-wise KP coverage is given in the GC7 Narrative Proposal (2024-2026) in page 83 (file name: 1. BGD-H-GC7-Narrative_Word_14 June 2023.docx). To get better impact, the prevention efforts will be scaled up to cover 80% of transgender the top ranked 26 districts where concentration of transgender [69.2% (8,745/12,629)] and HIV/STI infection are high. HIV prevention service package includes distribution of condoms/lubricants, BCC, STI, general health and other HIV prevention related services. Hijra who receives condoms/lubricants and attend a BCC session once in a month is considered to be reached. If any new hijra is found in the intervention area, she will be reached with HIV prevention services. Data will be available in the quarterly report from facility level/SRs. The numerator of the baseline result was taken from top ranked 25 districts and the denominator was taken from the size estimation 2023 data of top ranked 26 districts. Of these 26 districts, currently there is no service to hijra only in one district (Noakhali). During 2024-2026, icddr,b and ASP will provide services to hijra in 26 districts. Therefore, the denominator was kept same both in the baseline result and during 2024-2026 in order to ensure comparability of achievement. During 2024-2026, of these 26 districts, icddr,b will provide services to hijra in 23 districts and ASP in 3 districts. However, this is to be noted that in the current grant, icddr,b provides services to hijra in 37 districts and ASP in 3 districts; all together in 37 districts (3 districts are common between icddr,b and ASP). If we consider reach data from these 37 districts, the baseline result becomes 6,573/10,217=64.3%; here the denominator D=10,217 was taken as the size estimate 2023 of hijra from 37 districts. During 2024-2026, the proposed target to reach 6,995 hijra is 25.9% higher than the baseline achievement 54.1% July-Dec 2022 [80% (6,995/8,745)-54.1% (4,730/8,745)]. In the PUDR, reach will be calculated six-monthly. As what is being followed in the current grant. In the first month, all reach (new + old) will be considered, in the second month to the sixth month, only new reach will be considered. Therefore, the total reach after six months will be: all reach in the first month + new reach from second to the sixth month. The calculation of six-monthly reach will be done following the Indicator Guidance Sheets of the Global Fund, Feb 2023, Cell#L46. In every quarter, mother-list will be updated and the number of hijra who will not receive any services during last three months will be defined as drop-out in that quarter. During PUDR, the data on drop-out will be reported. Monthly reached data will also be reported in the comments section of the PUDR. icddr,b uses unique identification code (UIC) for each hijra whoever enlisted at facility level. This UIC is unique for that respective facility only. Data will be collected from service centers and submitted to the SR's project monitoring office. PRs and SRs will verify data quarterly using the RDQA approach. SRs will enter data on the progress of the PF indicators into the DHIS2 platform in every quarter after completing RDQA. All data collected at the DIC/sub-DIC/outlet/satellite level will be recorded in prescribed formats/tools and will be compiled manually to produce monthly and quarterly reports. Original hard copies of the formats/tools will be kept at the DIC/sub-DIC/outlet for cross checking. From each DIC/sub-DIC/outlet, the compiled monthly/quarterly data will be sent to the office of the SRs/SSRs in a prescribed format prepared by Excel along with a signed hard copy. Then the M&E unit of SRs/SSRs will compile all monthly/quarterly data from all corresponding DICs/sub-DIC/outlet to produce monthly/quarterly reports. Thereafter, SRs/SSRs will send monthly/quarterly reports to the PR by a prescribed format prepared by Excel along with a signed hard copy. This indicator will be reported as non-cumulative - special.															
Differentiated HIV Testing Services															
	HTS-3a Percentage of MSM that have received an HIV test during the reporting period in KP-specific programs and know their results	Country: Bangladesh; Coverage: Geographic Subnational, less than 100% national program target	N: 24075 D: 102755 P: 23.43%	2022 Program data Jul-Dec 2022	Age	No	International Centre for Diarrhoeal Disease Research, Bangladesh	Non cumulative – other	No	N: 27051 D: 102755 P: 26.33%	N: 54102 D: 102755 P: 52.65%	N: 32910 D: 102755 P: 32.03%	N: 65819 D: 102755 P: 64.05%	N: 39048 D: 102755 P: 38.00%	N: 78095 D: 102755 P: 76.00%
	Comments														
3	The calculation of the achievement of the yearly HTS was taken from the Indicator Guidance Sheets of the Global Fund, Feb 2023, Cell#L69. This indicator will be reported by icddr,b and ASP jointly. The data for the baseline result was calculated from 25 top ranked districts, in total, 24,075 MSM (including 10,957 MSW) received HTS services during Jan-Dec 2022. Of which, 21,228 (including 9,577 MSW) received HTS services by icddr,b and 2,847 (including 1,380 MSW) by ASP. The total achievement at the baseline is 23.4% (24,075/102,755) of the national size estimation PSE 2023 of MSM (including MSW) in the 26 top ranked districts. However, it is 76% (24,075/31,687) of the reach target during Jul-Dec 2022. From January 2024 to December 2026, a total of 78,095 MSM including 23,334 MSW will receive HIV testing service in the top ranked 26 districts in every year jointly from icddr,b and ASP. The target is 95% of the reach target 82,205 in every year. As part of reporting for this indicator, the PR will be expected to provide a break down on clients reached by modality i.e. peer to peer or virtual outreach. HIV testing services (HTS): Through both supervised and unsupervised HIVST approach. In supervised approach, the Field Supervisor who acts as a peer counselor attends a particular group in-person in any of their preferred venue where group members were provided with pre-test information and test procedure demonstration. A HIVST package consisting of one HIVST kit pack with stand, consent form, and an illustrated instruction manual with QR code for accessing online video demonstration was provided. Each member then sits one to one with the Field Supervisor with their tests to verify correct interpretation and receive post-test counselling. In un-supervised approach, group leads receive HIVST kit package enclosed in separate envelops for each group member. Group leads responsibility was to distribute the kits to respective members and suggest them to convey test result only to the Field Supervisor. During the contacts, Field Supervisor verifies the HIVST procedural correctness and provides post-test counselling over phone. Group members were encouraged to share the completed test kit image to verify the test result. From ASP, during 2024-2026, 7,454 (95.0% of the reach target 7,846) MSM will receive HTS in 3 districts. In the first year 2024, 2,795 (95.0% of the target 2,942) MSM, in the second year 2025, 4,659 (95.0% of the reach target 4,904) MSM and in the third year 2026, 7,454 (95.0% of the reach target 7,846) MSM will receive HTS. icddr,b, over the grant cycle, will provide HTS to 70,641 (95% of the reach target 74,359) MSM. During the first year 2024, 51,307 (92.0% of the reach target 55,769) MSM, in the second year 2025, 61,160 (94.0% of the reach target 65,063) MSM and in the third year 2026, 70,641 (95.0% of the reach target 74,359) MSM will receive HTS in 23 districts. The numerator of the baseline result was taken from top ranked 25 districts and the denominator was taken from the size estimation 2023 data of top ranked 26 districts. Of these 26 districts, currently there is no services to MSM (including MSW) only in one district (Noakhali). During 2024-2026, icddr,b and ASP will provide HTS services to MSM (including MSW) in 26 districts. Therefore, the denominator was kept same both in the baseline result and during 2024-2026 in order to ensure comparability of achievement. During 2024-2026, of these 26 districts, icddr,b will provide HTS services to MSM (including MSW) in 23 districts and ASP in 3 districts. However, this is to be noted that in the current grant, icddr,b provides HTS services to MSM (including MSW) in 37 districts and ASP in 3 districts; all together in 37 districts (3 districts are common between icddr,b and ASP). If we consider HTS data from these 37 districts, the baseline result becomes 30,532/123,501=24.7%; here the denominator D=123,501 was taken as the size estimate 2023 of MSM (including MSW) from 37 districts. During 2024-2026, the proposed HTS target 78,095 MSM (including 23,334 MSW) is 52.6% higher than the baseline achievement 23.4% July-Dec 2022 [76.0% (78,095/102,755)-23.4% (24,075/102,755)]. However, we will provide HTS services who shows interest in the catchment areas. In selecting the target of HIV testing, experience of current implementation is taken into consideration. This indicator is cumulative annually. Data will be available in the quarterly report from facility level/SRs. The number of HIV positive KPs will be reported in the comments in the PUDR. In response to the 95-95-95 global target, PRs have taken differentiated approaches to provide HIV testing services (HTS) at the facilities, community service centers and satellite settings (through SACMO/Medical Assistant), through lay providers (FO and POW), and through self-tests. Initially, a screening test will be conducted both at facilities and/or at community by the Nurse/SACMO/MA/FO/POW/MT to identify whether the MSM/MSW is reactive or non-reactive. If the status of screening is found as non-reactive, he will be considered as HIV negative. On the other hand, if the MSM/MSW is found to be reactive, he or she will be considered for a confirmatory test. The confirmatory test will be conducted at the facility level by the Nurse/SACMO/MA/MT before the initiation of ART. All HIV positive MSM/MSW people will be linked to care, support and treatment services of Government and PR ART centers. Peer navigation and adherence support related services will be strengthened to ensure treatment adherence. This indicator will be reported as yearly cumulative and PRs will be reported the data in every six months. When reporting, the PR will provide an analysis of the testing yield/positivity rate. Source of data: Periodic program performance report and DHIS2. *** ASP is still working on finalizing the Operational Plan (OP). Once it's approved, we will then have discussed about the target for the service packages as part of the reprogramming process.															
4	HTS-3b Percentage of TG that have received an HIV test during the reporting period in KP-specific programs and know their results	Country: Bangladesh; Coverage: Geographic Subnational, less than 100% national program target	N: 3629 D: 8745 P: 41.50%	2022 Program data Jul-Dec 2022	Age,Gender	No	International Centre for Diarrhoeal Disease Research, Bangladesh	Non cumulative – other	No	N: 3073 D: 8745 P: 35.14%	N: 6146 D: 8745 P: 70.28%	N: 3198 D: 8745 P: 36.58%	N: 6397 D: 8745 P: 73.15%	N: 3322 D: 8745 P: 37.99%	N: 6645 D: 8745 P: 75.99%
	Comments														

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Coverage indicators and targets

CI Number	Coverage Indicator	Country and Scope of Targets	Baseline Value	Baseline Year and Source	Required Dissagregation	Include in GF Results	Responsible PR	Cumulation Type	Reverse Indicator	01-Jan-2024 30-Jun-2024	01-Jul-2024 31-Dec-2024	01-Jan-2025 30-Jun-2025	01-Jul-2025 31-Dec-2025	01-Jan-2026 30-Jun-2026	01-Jul-2026 31-Dec-2026
4	The calculation of the achievement of the yearly HTS was taken from the Indicator Guidance Sheets of the Global Fund, Feb 2023, Cell#L70. This indicator will be reported by icddr,b and ASP jointly. The data for the baseline was calculated from 25 top ranked districts, in total, 4,730 hijra received services during Jul-Dec 2022. Of which, 4,577 hijra received services by icddr,b and 153 hijra by ASP. The total achievement at the baseline is 54.1% (4,730/8,745) of the national size estimation PSE 2023 of hijra in the 26 top ranked districts. From January 2024 to December 2026, a total of 6,645 hijra will receive HIV testing service in the top ranked 26 districts in every year jointly from icddr,b and ASP. The target is 95% of the reach target 6,995 in every year. From ASP, during 2024-2026, 488 (95.0% of the reach target 514) hijra will receive HTS in 3 districts. In the first year 2024, 183 (95.0% of the target 193) hijra, in the second year 2025, 305 (95.0% of the reach target 321) hijra and in the third year 2026, 488 (95.0% of the reach target 514) hijra will receive HTS. However, we will provide HTS services who shows interest in the catchment areas. icddr,b, over the grant cycle, will provide HTS to 6,157 (95% of the reach target 6,481) hijra. During the first year 2024, 5,963 (92.0% of the reach target 6,481) hijra, in the second year 2025, 6,092 (94.0% of the reach target 6,481) hijra and in the third year 2026, 6,157 (95.0% of the reach target 6,481) hijra will receive HTS in 23 districts. The numerator of the baseline result was taken from top ranked 25 districts and the denominator was taken from the size estimation 2023 data of top ranked 26 districts. Of these 26 districts, currently there is no services to hijra only in one district (Noakhali). During 2024-2026, icddr,b and ASP will provide HTS services to hijra in 26 districts. Therefore, the denominator was kept same both in the baseline result and during 2024-2026 in order to ensure comparability of achievement. During 2024-2026, of these 26 districts, icddr,b will provide HTS services to hijra in 23 districts and ASP in 3 districts. However, this is to be noted that in the current grant, icddr,b provides HTS services to hijra in 37 districts and ASP in 3 districts; all together in 37 districts (3 districts are common between icddr,b and ASP). If we consider HTS data from these 37 districts, the baseline result becomes 4,972/10,217=48.7%; here the denominator D=10,217 was taken as the size estimate 2023 of hijra from 37 districts. During 2024-2026, the proposed HTS target 6,645 hijra is 34.5% higher than the baseline achievement 41.5% July-Dec 2022 [76.0% (6,645/8,745)-41.5% (3,629/8,745)]. In selecting the target of HIV testing, experience of current implementation is taken into consideration. This indicator is cumulative annually. Data will be available in the quarterly report from facility level/SRs. The number of HIV positive KPs will be reported in the comments in the PUDR. The number of HIV positive TG will be reported in the comments in the PUDR. In response to the 95-95-95 global target, PRs have taken differentiated approaches to provide HIV testing services (HTS) at the facilities, community service centers and satellite settings (through SACMO/Medical Assistant), through lay providers (FO and POW), and through self-tests. Initially, a screening test will be conducted both at facilities and/or at community by the Nurse/SACMO/MA/FO/POW/MT to identify whether the Hijra/TG is reactive or non-reactive. If the status of screening is found as non-reactive, she will be considered as HIV negative. On the other hand, if the Hijra/TG is found to be reactive, she will be considered for a confirmatory test. The confirmatory test will be conducted at the facility level by the Nurse/SACMO/MA/MT before the initiation of ART. All HIV positive Hijra/TG people will be linked to care, support and treatment services of Government and PR ART centers. Peer navigation and adherence support related services will be strengthened to ensure treatment adherence. This indicator will be reported as yearly cumulative and PRs will be reported the data in every six months. When reporting, the PR will provide an analysis of the testing yield/positivity rate. Source of data: Periodic program performance report and DHIS2. *** ASP is still working on finalizing the Operational Plan (OP). Once it's approved, we will then have discussed about the target for the service packages as part of the reprogramming process.															
RSSH: Monitoring and evaluation systems																
6	M&E-4.1 Percentage of service delivery reports from community health units integrated/interoperable with the national HMIS	Country: Bangladesh; Coverage: Geographic Subnational, less than 100% national program target	N: 139 D: 182 P: 76.37%	2022 DHIS2		No	International Centre for Diarrhoeal Disease Research, Bangladesh	Non cumulative	No	N: 153 D: 153 P: 100.00%	N: 153 D: 153 P: 100.00%	N: 153 D: 153 P: 100.00%	N: 153 D: 153 P: 100.00%	N: 153 D: 153 P: 100.00%	N: 153 D: 153 P: 100.00%
	Comments															
	This indicator will be reported by Save the Children, icddr,b and ASP jointly. The baseline value 139 centers (Save the Children – 60, icddr,b – 55 and ASP – 24) were taken from DHIS2 from Jul-Dec 2022. During 2024-2026, in every six months, a total of 153 centres [SCI – 50, icddr,b – 67 and ASP – 36] will report to DHIS2 quarterly. Data also will be available in the quarterly reports from facility level/SRs. Deadline of submission will be followed as per the national guidelines.														
Prevention package for people who use drugs (PUD) and their sexual partners																
5	KP-5 Percentage of individuals receiving opioid substitution therapy who received treatment for at least 6 months	Country: Bangladesh; Coverage: Geographic Subnational, less than 100% national program target	N: 255 D: 340 P: 75.00%	2022 Program data Jul-Dec 2022 and CIS	Gender,Age	No	International Centre for Diarrhoeal Disease Research, Bangladesh	Non cumulative	No	N: 64 D: 80 P: 80.00%	N: 525 D: 656 P: 80.00%	N: 195 D: 235 P: 83.00%	N: 219 D: 264 P: 83.00%	N: 207 D: 243 P: 85.00%	N: 210 D: 247 P: 85.00%
	Comments															
	This indicator will be reported by Save the Children, icddr,b and ASP jointly. According to the Indicator Guidance Sheet from the Global Fund, this indicator will be defined as: Numerator: Number of people from the cohort still in treatment 6 months after starting OST. Denominator: Number of people starting OST during the time period defined as the cohort recruitment period. The baseline value was taken as the weighted average of retention of OST patients in the icddr,b and in the Save the Children program. During January to June 2022, total 244 PWID (SC-157, icddr,b-87) were newly enrolled and total 96 PWID (SC-58, icddr,b-38) were re-inclusion to OST, in total 340 PWID who were newly enrolled or re-inclusion. Out of 340 PWID, in total 255 [SC-184 (new: 139+re-inclusion: 45), icddr,b-71 (new: 49+re-iniclusion: 22)], received OST in every month from July to December 2022 that was 255/340=75.0% and therefore, the targets for 2024 is set at 80%, for 2025 is set 83% and for 2026 at 85% of the cohort. icddr,b will provide OST services to 650 PWID. Among them 600 PWID will be continued from current period and 25 PWID will be enrolled during 2024 and 25 PWID during January 2025-June 2025. Save the Children will provide OST to 3,760 PWID, among which 2,640 will be continued from NFM3; rest 1,120 will be enrolled gradually (400 in January-June 2024, 140 in July-December 2024, 140 in January-June 2025, 140 in July-December 2025, 140 in January-June 2026 and 160 in July-December 2026). ASP will provide OST to 150 PWID, among which 150 will be enrolled in January-June 2024.Thus, Save the Children, icddr,b and ASP will provide OST to 4,560 PWID. Considering indicator reference sheet, denominator and numerator is set. During January to June 2023, 3,200 PWID has enrolled (SCI-2,600 and icddr,b-600) as per the experiences from the program data the retention rate is 2.5%. Thus, the denominator for January to June 2024 will be 80 (SCI-65 and icddr,b-15). As per work plan, total 575 PWID (SC-400, icddr,b-25 and ASP-150) will be newly enrolled during January 2024 to June 2024, 140 (SCI-140) in July – December 2024, 165 (SCI-140 and icddr,b-25) in January – June 2025, 140 (SCI0140) in July – December 2025, 140 (SCI-140) in January – June 2026 and 160 (SCI-160) will be newly enrolled in July – December 2026. an As per program data of Save the Children and icddr,b average retention rate is 2.5% in one reporting period and thus 2.5% PWID will be enrolled. So, total 80 (SCI-2.5% of 2,600 and icddr,b-2.5% of 600) in January – June 2024; 80 (SCI-2.5% of 2,640 and icddr,b-2.5% of 600 in July – December 2024; 96 (SCI-2.5% of 3,040, icddr,b-2.5% of 625 and ASP-2.5% of 150) in January – June 2025; 100 (SCI-2.5% of 3,180, icddr,b-2.5% of 625 and ASP-2.5% of 150) in July – December 2025; 103 (SCI-2.5% of 3,320, icddr,b-2.5% of 650 and ASP-2.5% of 150) in January – June 2026 and 107 (SCI-2.5% of 3,600, icddr,b-2.5% of 650 and ASP-2.5% of 150) in July – December 2026. The package of services includes providing methadone, counselling and other health care services. Monthly data will be calculated for this indicator to report in the PU/DR. Total PWID on OST in each reporting period will be mentioned in comments of PUDR. Source of data: Program data/CIS (particularly for SC)/DHIS2.															

Workplan Tracking Measures

Intervention	Key Activity	Milestones	Criteria for Completion	Country	01-Jan-2024 30-Jun-2024	01-Jul-2024 31-Dec-2024	01-Jan-2025 30-Jun-2025	01-Jul-2025 31-Dec-2025
Prevention program stewardship								
Prevention program stewardship	Development of national virtual outreach guidance	Development of national virtual outreach guidance	0=Not Started 1=Started: ToR for consultant crafted, consultant engaged and on-boarded 2=Advanced: Stakeholder consultation, draft guidelines finalised 3=Completed: Guidelines finalised; orientation conducted and guidelines disseminated	Bangladesh	X			

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Workplan Tracking Measures								
Intervention	**Key Activity**	**Milestones**	**Criteria for Completion**	**Country**	**01-Jan-2024 30-Jun-2024**	**01-Jul-2024 31-Dec-2024**	**01-Jan-2025 30-Jun-2025**	**01-Jul-2025 31-Dec-2025**
Comments								
Although icddr,b and SCI are implementing virtual approaches to reach KPs, there is no SOP at national level to guide delivery of virtual outreaches. The SOP should among other things address operational definition of reach, how virtual reach is accounted or reported on, linkage to services such as testing								
Prevention program stewardship	Development of Advocacy strategy to guide advoacay interventions in the HIV response	Development and operationalisation of advocacy strategy	0=Not started 1= Started: costed draft advocacy strategy plan with clea roles and responsibilities and M&E framework crafted and disseminated to stakeholders for comments; 2= Advanced: Advocacy strategy endorsed by stakeholders including key populations 3= Completed: 1-2 advoacy events conducted prioritised in the strategy conducted	Bangladesh				X
		Stakeholder consultation and priority setting	0=Not started 1= Started: TOR for engagement of consultant developed and consultant onboarded 2= Advanced: Stakeholder mapping conducted and consultation meetings conducted and meeting reports disseminated 3=Completed: Advocacy priorities identified and endorsed by stakeholders	Bangladesh			X	
Comments								
The country plans to intensify its advocacy agenda. This requires a strategy to identify advoacy issues to better target efforts.								
RSSH/PP: Laboratory systems (including national and peripheral)								
RSSH/PP: National laboratory governance and management structures	Development of guidelines for EQA system	Guidelines for EQA system for HIV including VL and HTS developed and operationalised	0=Not Started 1=Started: ToR for consultant crafted, consultant engaged and on-boarded 2=Advanced: Stakeholder consultation, draft guidelines finalised 3=Completed: Guidelines finalised; orientation conducted and guidelines disseminated	Bangladesh			X	
Comments								
This system has been established to assist ASP in developing a viral load testing plan. The detailed plan will be shared later.								
RSSH: Monitoring and evaluation systems								
Analyses, evaluations, reviews and data use	Implementation of comprehensive data audit on PLHIV	PLHIV database audit finalised and database updated	0=Not started (no action on final report) 1= Started: Costed action plan with clearly defined timelines and roles and responsibilities 2= Advanced: Update of database initiated 3=Completed: Update completed, including revising number of PLHIV on treatment; final report submitted to ASP and other stakeholders	Bangladesh		X		
		Preparation for data audit initiated and field work undertaken	0=Not started 1= Started: TORs developed and TA recruited 2=Advanced:Technical assistance engaged, inception report submitted 3= Completed: Fieldwork work conducted, final report shared with stakeholders including Country Team	Bangladesh	X			
Comments								
During funding request and grant making, several concerns around the quality of data were highlighted. These concerns touched on the completeness of data captured in the data. The data audit will provide an opportunity to comprehensively verify the data captured in the database and also ensure that the it adjustedin line with WHO guidance. This exercise is expected to be completed in year of grant implementation.								
Analyses, evaluations, reviews and data use	Development and operationalisation of UIC for KPs	Design and operationalisation of UIC	0=Not started 1= Started: International TA identified and onboarded, inception report finalised and disseminated 2= Advanced: Consulation to infor design specifications conducted and report disseminated; 3=Completed: Design and pilot of UIC completed; pilot report disseminated	Bangladesh		X		
		Operationalisation of UIC achieved	0=Not started 1= Started: SOP on UIC developed 2=Advanced: Orientation of implementers on UIC accomplished; Update of data collection tools achieved 3=Completed: assement/evaluation on utilisation of UIC	Bangladesh			X	

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Workplan Tracking Measures								
Intervention	**Key Activity**	**Milestones**	**Criteria for Completion**	**Country**	**01-Jan-2024 30-Jun-2024**	**01-Jul-2024 31-Dec-2024**	**01-Jan-2025 30-Jun-2025**	**01-Jul-2025 31-Dec-2025**
Analyses, evaluations, reviews and data use	Development and operationalisation of UIC for KPs	Scoping exercise to inform creation of UIC conducted	0=Not started 1= Started: International TA identified and onboarded, inception report finalised by international TA and shared with all stakeholders including Global CT for endorsement 2= Advanced: Stakeholder consultation/engagement initiated; report from consultation developed and shared with ASP and stakeholders including the CT 3=Completed: UIC development and implementation roadmap detailing budget, timelines, roles and responsibilities crafted and shared with the ASP and stakeholders	Bangladesh	X			
Comments								
At present, the key population programs rely use a master list instead of globally recommended UIC. This presents challenges in tracking clients across the treatment continuum.								
Analyses, evaluations, reviews and data use	Development and operationalisation of unified case-based prevention database managed by ASP	Design and pilot of database accomplished	0=Not started 1= Started: Design of database initiated 2= Advanced: Pilot of database conducted, report on pilot shared with the stakeholders including CT 3= Completed: Training and deployment of database initiated	Bangladesh		X		
		Scoping and needs assessment conducted	0=Not started 1= Started: TOR developed and consultant(s) engaged 2= Advanced: scoping assessments including stakeholder engagement commenced 3=Completed: assessment report finalised	Bangladesh	X			
Comments								
While SCI and icddr,b have established prevention, ASP does not have a case-based prevention database. ASP receives aggregated data from SCI and icddr,b. Development of a case-based database will be critical to ensuring sustainiability of the response as well as improving data quality.								

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Summary Budget

Country	Bangladesh
Grant Name	BGD-H-ICDDRB
Implementation Period	01-Jan-2024 - 31-Dec-2026
Principal Recipient	International Centre for Diarrhoeal Disease Research, Bangladesh

By Module	Total Y1 - 2024	Total Y2 - 2025	Total Y3 - 2026	Grand Total	% of Grand Total
Differentiated HIV Testing Services	**$222,405**	**$273,467**	**$213,740**	**$709,612**	**6.2 %**
Prevention package for men who have sex with men (MSM) and their sexual partners	**$1,526,465**	**$2,092,933**	**$2,155,116**	**$5,774,514**	**50.2 %**
Prevention package for people who use drugs (PUD) and their sexual partners	**$182,671**	**$285,468**	**$220,317**	**$688,455**	**6.0 %**
Prevention package for transgender people and their sexual partners	**$173,490**	**$231,887**	**$239,891**	**$645,268**	**5.6 %**
Program management	**$762,054**	**$797,567**	**$813,937**	**$2,373,558**	**20.6 %**
Reducing human rights-related barriers to HIV/TB services	**$327,461**	**$265,152**	**$217,676**	**$810,289**	**7.0 %**
RSSH/PP: Laboratory systems (including national and peripheral)	**$25,868**	**$30,123**	**$34,190**	**$90,181**	**0.8 %**
RSSH: Community systems strengthening	**$67,815**	**$77,719**	**$66,185**	**$211,718**	**1.8 %**
RSSH: Health products management systems	**$2,684**			**$2,684**	**0.0 %**
RSSH: Monitoring and evaluation systems	**$18,443**	**$14,361**	**$12,067**	**$44,871**	**0.4 %**
Treatment, care and support	**$52,332**	**$54,636**	**$47,002**	**$153,970**	**1.3 %**
Grand Total	**$3,361,687**	**$4,123,312**	**$4,020,121**	**$11,505,121**	**100.0 %**

By Cost Grouping	Total Y1 - 2024	Total Y2 - 2025	Total Y3 - 2026	Grand Total	% of Grand Total
1.Human Resources (HR)	**$1,649,772**	**$1,784,111**	**$1,929,298**	**$5,363,181**	**46.6 %**
2.Travel related costs (TRC)	**$329,846**	**$340,106**	**$277,836**	**$947,788**	**8.2 %**
3.External Professional services (EPS)	**$55,441**	**$33,809**	**$37,876**	**$127,126**	**1.1 %**
4.Health Products - Pharmaceutical Products (HPPP)	**$143,431**	**$209,247**	**$73,799**	**$426,477**	**3.7 %**
5.Health Products - Non-Pharmaceuticals (HPNP)	**$357,223**	**$748,815**	**$711,168**	**$1,817,206**	**15.8 %**
6.Health Products - Equipment (HPE)	**$10,386**	**$10,386**		**$20,772**	**0.2 %**
7.Procurement and Supply-Chain Management costs (PSM)	**$136,986**	**$341,358**	**$324,810**	**$803,153**	**7.0 %**
9.Non-health equipment (NHP)	**$46,936**	**$3,452**	**$2,013**	**$52,401**	**0.5 %**
10.Communication Material and Publications (CMP)	**$57,033**	**$31,808**	**$19,400**	**$108,241**	**0.9 %**
11.Indirect and Overhead Costs	**$361,406**	**$387,717**	**$393,122**	**$1,142,245**	**9.9 %**
12.Living support to client/ target population (LSCTP)	**$213,227**	**$232,505**	**$250,799**	**$696,531**	**6.1 %**
GrandTotal	**$3,361,687**	**$4,123,312**	**$4,020,121**	**$11,505,121**	**100.0 %**

By Recipients	Total Y1 - 2024	Total Y2 - 2025	Total Y3 - 2026	Grand Total	% of Grand Total
PR	**$2,099,356**	**$2,771,516**	**$2,576,581**	**$7,447,453**	**64.7 %**
International Centre for Diarrhoeal Disease Research, Bangladesh	$2,099,356	$2,771,516	$2,576,581	$7,447,453	64.7 %
SR	**$1,262,331**	**$1,351,796**	**$1,443,540**	**$4,057,667**	**35.3 %**
icddr,b SR-1	$656,187	$695,221	$740,951	$2,092,359	18.2 %

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By Recipients	Total Y1 - 2024	Total Y2 - 2025	Total Y3 - 2026	Grand Total	% of Grand Total
icddr,b SR-2	$606,144	$656,575	$702,589	$1,965,308	17.1 %
Grand Total	**$3,361,687**	**$4,123,312**	**$4,020,121**	**$11,505,121**	**100.0 %**

Source Of Funding	Total Y1 - 2024	Total Y2 - 2025	Total Y3 - 2026	Grand Total	% of Grand Total
Approved Funding	$3,361,687	$4,123,312	$4,020,121	$11,505,121	100.0 %
GrandTotal	**$3,361,687**	**$4,123,312**	**$4,020,121**	**$11,505,121**	**100.0 %**