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 **Save the Children Federation, Inc.** (the "Principal Recipient" or the "Grantee"), pursuant to the Framework Agreement, dated as of 30 November 2017, 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 Prioritized HIV Prevention and Treatment Services for Key Populations in Bangladesh
3.4	Grant Name:	BGD-H-SC
3.5	GA Number:	3579
3.6	Grant Funds:	Up to the amount of USD 10,899,767 or its equivalent in other currencies
3.7	Implementation Period:	From 1 January 2024 to 31 December 2026 (inclusive)
3.8	Principal Recipient:	Save the Children Federation, Inc. 899 North Capitol Street NE Suite 900

		20002 Washington DC United States of America Attention: Mr. David Barth Vice President, International Programs Telephone: +1 202-794-1509 Email: dbarth@savechildren.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 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.

5.3 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 5.3(1)(a) and 5.3(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)

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.

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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.

[*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		**Save the Children Federation, Inc.**	
By:	M.A. Eldon Edy	By:	Irene Kock David Barth
Name:	Mark Eldon-Edington	Name:	David Barth
Title:	Head, Grant Management Division	Title:	Vice President, International Programs
Date:	Dec 15, 2023	Date:	11/22/2023

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 Save the Children Federation Inc. will implement these activities as part of the program within a unified performance framework across the three grants:

- Implementation of a harm reduction program for People who Use Drugs (PUD) including- needle and syringe exchange program for 17,388 PWID in 31 districts; opioid substitution therapy for 3,760 PUD in 8 districts; overdose management training for around 1,100 healthcare providers. Likewise, effort will be given to enhance the needle syringe distribution through secondary channels in addition to peer outreach workers. Secondary channels include depot holders, mobile van and Syringe Vending Machine (SVM).
- Implementation of differentiated HIV testing services includes 20,090 (95.0% of the reach target 21,148) PWID will receive HTS in 31 districts and 19,941 (95% of the reach target 20,990) FSW in 8 districts. 60%-80% of the HIV testing will be done through facilities, i.e., hospital, DIC and outlet. Community based HTS will be done up to 20-

35% using community networks depending on the locations and districts. Around 5% of testing will be done through HIV self-testing (HIVST) annually. Ethical index and partner testing will be part of the HTS approach for all KP. For both PWID and FSW, index testing will be targeted to both sexual or injecting partners and family members of PWID. It is planned that for each new HIV case among PWID, 5 persons will be brought in for HTS services.

- Condom and lubricant programming for PWID includes around 80% distribution of condoms through Peer Educators (PE) at outreach. The rest will be distributed from facilities, incl. hospitals and mobile vans. Lubricants will be provided to female PWID engaged in sex work.
- Community empowerment for PUD and FSW initiatives includes managing the service centres in collaboration with the respective community networks, and its member organisations to ensure effective monitoring, guidance, and supervision of the programme. The concept of Community Led Monitoring will be introduced and practiced with guidance from the national programme and having common CLM framework. Effective collaboration and coordination will be maintained with other interventions (e.g., MSM/MSW, TG) to identify participants who use drugs including women to bring them under the prevention/harm reduction programme, improve access to essential services, including shelter, healthcare, and livelihood opportunities. Skilled network and network member organizations will be developed for programme activities, e.g., issue-based advocacy, recruitment and capacity building of POW, participatory monitoring, etc. using performance-based funding. The program will enhance and continue its effort to support networks in establishing good governance and management practice amongst their organization and network. Access to social and legal services to address human rights issues will be improved. Training, orientation, and BCC programmes will sensitize PUD/FSW communities and government service providers, ensuring a smooth transition from NGO-operated DICs to government facilities and enhancing sustainable service access.
- Comprehensive sexual and reproductive health services will include STIs, hepatitis, HIV etc. Syndromic and etiological management of STI, yearly health screening, HCV RNA testing to confirm HCV infections, management of hepatitis C virus infection, HCV medicines and necessary laboratory tests, management of chronic leg ulcer/abscess/ deep vein thrombosis will be the key approaches.
- Advocacy efforts will be enhanced with DNC and other Law Enforcing Agencies (LEA), along with training/orientation, to sensitize the issues of human rights and gender, human rights violation and help them to understand their role and participation on these issues. Besides, legal support will be provided to PUDs by engaging law agencies. PUD network and its member organizations will be trained on advocacy, human rights, monitoring etc. and they will engage in the collection of data on human rights violations and gender issues along with POW. Program has plan to respond to these findings accordingly through advocacy initiatives. The framework to 'decriminalize drug use' (an initiative to remove legal barriers) will be developed in the current grant and accordingly implemented in GC7. Capacity-building efforts will be undertaken to ensure that PUD can access social justice. Pocketbooks on health and human rights will be developed and distributed.
- A total of 20,990 FSW will be covered across 8 high-risk districts with high numbers of young, street based FSW with 10 NGO set-ups. The FSW programme will target 80% of young FSW under 25 years of age in targeted districts and aims to maximise the use of public facilities in a strengthened government system. Two methods of condom promotion will be applied: free and via social marketing, with the choice based on the type of FSW and their economic status. Condoms are distributed by Peer Educator while ensuring their availability through secondary channels such as hotel staff, residence managers, and street shopkeepers. The proportion of condoms provided for

free vs social marketing will be gradually shifted from 53:47 to 40:60 in GC7 for sustainability. The social marketing of condoms will be carried out using available seed funds from the implementing partner organizations.

- SRH services for FSW includes hepatitis, post-violence care for sex workers includes etiological management of STIs, comprehensive sexual health education and counselling, health check-ups, STI screenings, general health screening (including TB and HPV), and referrals to government facilities for treatment, contraception and family planning counselling, and ANC/PNC referrals.
- Treatment monitoring - viral load and antiretroviral (ARV) toxicity including organizing refresher training for ART centre staff on the importance of viral load testing, effective counselling for demand creation and treatment literacy among PLHIV by ART physicians and counsellors and procurement of viral load cartridges for increased testing. Ashar Alo Society and NOP+ will support ART centres/clients in some areas with consensus and collaboration with AIDS/STD program.
- Reducing Human Rights-related Barriers to HIV/TB activities has been planned to encounter and eliminate stigma and discrimination in order to on strengthen the access of key populations, including PLHIV to health, human rights and legal services and support by engaging with the authorities and facilitating direct interaction of KP with the authorities and officials in these sectors. While some activities will focus on specific populations, others will address all KP and PLHIV in general for a collaborative, holistic approach. Support from the UN and legal-aid agencies will be sought when needed.
- Community-centred services will be integrated across the grant period utilising existing CBO capacities. Uniform Community Led Monitoring (CLM) system for all KP will be designed on programme management, governance, financial, and monitoring requirements. With regular intervals, cross-learning sessions among different KP groups will be conducted. CBOs will lead the intervention, and it will be documented. The data from community-led monitoring will be used for policy briefs and information dissemination. Government facilities will create an enabling environment for KP and empower them for community-led monitoring of interventions.
- The monitoring and evaluation strategies will include strengthening the current comprehensive PLHIV database reporting system addressing the target capturing of 95-95-95 for the disease cascade. Developing a unique user ID for key population interventions will be initiated as a pilot programme. Gradual linking of HIV data to the national health MIS system, leveraging the interoperable DHIS2 platform. On-site visits will be organised to focus on reviewing data collection processes, ensuring accuracy, timeliness, and authenticity and for identifying gaps. Regular feedback and online meetings will be held to facilitate the improvement of data collection practices and resolving problems. Programme partners will sustain the existing Routine Data Quality Assessment (RDQA) system to monitor reporting indicators from service delivery centres. The distribution of commodities, such as condoms, lubricants, and sterile injecting equipment, will be recorded quarterly through LMIS and ensure interoperability with DHIS2.

3. Target Group/Beneficiaries

- PLHIV
- Key Populations- MSM, TGW, PUD, FSW, MSW
- Refugees and displaced persons
- Most at risk adolescents (MARA)
- Prisoners
- Community groups
- Law Enforcement Agencies including (DNC, police etc.)

B. PERFORMANCE FRAMEWORK

Please see attached.

C. SUMMARY BUDGET

Please see attached.

THE GLOBAL FUND

Performance Framework

Country	Bangladesh
Grant Name	BGD-H-SC
Implementation Period	01-Jan-2024 - 31-Dec-2026
Principal Recipient	Save the Children Federation, Inc.

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 Disaggregation	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, Population source from National Statistics Data	Gender,Gender | Age,Age	Save the Children Federation, Inc.	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-10 Percentage of sex workers who are living with HIV	Bangladesh	N: 3.0000 D: 2382 P: 0.13%	2021 IBBS 2021	Gender,Age	Save the Children Federation, Inc.	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.							
3	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	Save the Children Federation, Inc.	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.							
4	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		Save the Children Federation, Inc.	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 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.							

5	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		Save the Children Federation, Inc.	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.								
6	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	Save the Children Federation, Inc.	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 at the end of 2026.								
7	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	Save the Children Federation, Inc.	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 for 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 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-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 (weighted average)}}		Save the Children Federation, Inc.	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.								

2	HIV O-6 Percentage of people who inject drugs reporting using sterile injecting equipment the last time they injected	Bangladesh	N: D: P: 61.90%	2021 AEM Excel 2023		Save the Children Federation, Inc.	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. Thereafter 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 districts 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.								
3	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.)		Save the Children Federation, Inc.	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.								
4	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	Save the Children Federation, Inc.	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 PLHIV are complete VL testing and 3,013 are virally suppressed and ratio is 85.45%. Denominator value come from TCS 1.1 indicator numerator value and that is 7275, 8330, 9210. Among this value 10% testing were remove due to error and invalid result. 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.								
5	HIV O-21 Percentage 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	Bangladesh	N: 2663.0000 D: 7469 P: 35.65%	2020 Program data, 2022. This data come from 11 ART center and 8 CDIC center.	Gender | Age,Age	Save the Children Federation, Inc.	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.								
6	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	Save the Children Federation, Inc.	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.								

7	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		Save the Children Federation, Inc.	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.								
8	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%	LMIS for Icddrb and CIS	Provider type	Save the Children Federation, Inc.	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.								
9	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)		Save the Children Federation, Inc.	N: D: P: % Due Date:	N: D: P: % Due Date:	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.								
10	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%	2021 IBBS 2021 ASP (Page 152, figure 6.2.a)		Save the Children Federation, Inc.	N: D: P: % Due Date:	N: D: P: % Due Date:	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 period 2024-2026 were estimated by using linear interpolation between 2020 and 2028.								
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		Save the Children Federation, Inc.	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								

11	<@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. Numerator= # 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. Denominator: 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. Baseline information was taken from program report Jan-Dec 2022. 11 ART center and 8 CDIC centers regularly report this indicator. The all population groups of Bangladesh reported this indicator. This indicator closely related to the coverage indicator HIV O-21 The denominator value come from this indicator. 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 and this value is 2171 (including those who died, stopped treatment, and been lost-to-follow-up (LTFU) and 10.18% is total lost case among female ART receiver. So, respectively three-year numerator value is 602, 500 and 461 and percentage is 8%, 6% & 5% accordingly. The NASP plans to conduct the ART data audit/outcome analysis which inform revision of targets in 2025 and 2026.

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 sex workers, their clients and other sexual partners															
4	KP-1c Percentage of sex workers reached with HIV prevention programs - defined package of services	Country: Bangladesh; Coverage: Geographic Subnational, less than 100% national program target	N: 25945 D: 51341 P: 50.53%	2022 Program data Jul-Dec 2022 and CIS	Age,Gender	No	Save the Children Federation, Inc.	Non cumulative - special	No	N: 21573 D: 51341 P: 42.02%	N: 23520 D: 51341 P: 45.81%	N: 25346 D: 51341 P: 49.37%	N: 25458 D: 51341 P: 49.59%	N: 25573 D: 51341 P: 49.81%	N: 25573 D: 51341 P: 49.81%
	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, FSW 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 is informed by Indicator Guidance Sheets of the Global Fund, Feb 2023, Cell#L47. To address the gaps in the previous grant, a special focus on young and on street-based FSW will be added in this grant cycle. Street-based Female Sex Workers (FSWs) face higher rates of HIV/STI, substance use disorders, and mental health conditions than other FSWs. A total of 25,573 FSW will be covered across 14 high-risk districts with high numbers of young, street-based FSW with 16 government and NGO set-ups. These districts have been selected based on the results of key indicators from IBBS, 2020, KP estimations (2023), and programme data on Syphilis and GBV case reports (Table 1). The next IBBS will need to be able to disaggregate FSW by age and type to measure progress for these two sub-populations effectively. The FSW programme will target 80% of young FSW under 25 years of age in targeted districts and aims to maximise the use of public facilities in a strengthened government system. In GC-7, the program will cover 25,573 (20,990+4583) FSWs in 14 districts. Among which SC will cover 20,990 FSWs in 8 districts – 8,526 FSWs from Dhaka; 9,826 FSWs from 5 priority districts (Gazipur, Narayanganj, Chattogram, Cox's Bazar, and Mymensingh) and 2,638FSWs in 2 non-priority districts (Narshingdi and Tangail). ASP will cover 4,583 FSWs in 5 districts – Jashore, Sirajganj, Pabna, Barishal and Bogura) through the Global Fund and 202 FSWs in one non-priority district in Kushtia. Save the Children and ASP will jointly cover 23.3% of the national estimate (25,573/109,624) and 49.8% of the subnational estimate of 14 districts (25,573/51,341). Save the Children will cover 52% of the subnational estimates of 8 Districts (41,900). ASP will cover 48.5% of the subnational estimate of 6 Districts (9,441). 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). The package of essential services includes targeted information, education and communication; condoms programming; prevention and treatment of sexually transmitted infections; HIV testing and counseling; linkage with antiretroviral therapy; prevention, diagnosis and treatment of tuberculosis; community empowerment; addressing stigma, discrimination and gender-based violence; interventions for young people who sell sex, etc. When a mother listed FSW received condom AND received at least one of the BCC sessions (knowledge on where they can receive an HIV test is MUST) in the reporting month, then counted as reached for that month. If the mother listed FSW is not found for an entire reporting quarter and did not contacted through any service, she will be considered as dropout for that quarter. The mother list is being updated quarterly in each center and an updated report is produced quarterly. On that report list of new inclusion, re-inclusion, drop out and death of FSW is mentioned. This information will be reported in the comment section of the PUDR. In the PUDR, reach will be calculated six-monthly. 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 the second to the sixth month. In every reporting quarter, mother-list will be updated bi-annually and the number of FSWs who will not receive any services during the last six months will be defined as drop-out in that quarter. Monthly reached data will also be reported in the comments section of the PUDR. Save the Children uses a unique identification code (UIC) for each FSW whoever enlisted at the 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 Community Information System (CIS) and DHIS2 platform in every quarter after completing RDQA. All data collected at the DIC/CDIC/outlet/satellite level will be recorded in prescribed formats/tools and provide inputs using the Community Information System (CIS) to produce monthly and quarterly reports. Original hard copies of the formats/tools will be kept at the DIC/CDIC/outlet for cross-checking. From each DIC/CDIC/outlet, the compiled monthly/quarterly report will be sent to the office of the SRs/SSRs in a prescribed format. Then the M&E unit of SRs/SSRs will verify and compile all monthly/quarterly data from all corresponding DICs/CDIC/outlet to ensure the data reported in monthly/quarterly reports matched with CIS database. Thereafter, SRs/SSRs will send quarterly reports to the PR along with a signed hard copy. Source of performance data: Periodic program performance report, CIS and DHIS2 From this indicator, MSW are being excluded to avoid double counting because they are reached by icddr,b in indicator KP-1a.														
Prevention package for people who use drugs (PUD) and their sexual partners															
1	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	Save the Children Federation, Inc.	Non cumulative - special	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.														

THE GLOBAL FUND

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	KP-1d Percentage of people who inject drugs reached with HIV prevention programs - defined package of services	Country: Bangladesh; Coverage: Geographic Subnational, less than 100% national program target	N: 19187 D: 28628 P: 67.02%	2022 Program data Jul-Dec 2022 and CIS	Gender,Age	No	Save the Children Federation, Inc.	Non cumulative - special	No	N: 19801 D: 28628 P: 69.17%	N: 23729 D: 28628 P: 82.89%	N: 24461 D: 28628 P: 85.44%	N: 24701 D: 28628 P: 86.28%	N: 25086 D: 28628 P: 87.63%	N: 25337 D: 28628 P: 88.50%
	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, PWID 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#L48. According to a recent KP size estimation, there are 34,370 PWID nationwide. To achieve a better impact, a total of 25,338 PWID (75% of the country estimates and 91% of district estimates of 28,389) will be reached with harm reduction services in 38 districts. Save the Children will cover total 21,148 PWID in 31 districts: total 6,716 PWID from Dhaka; total 15,618 PWID from 12 priority districts (Chandpur, Cumilla, Dhaka, Gazipur, Narayanganj, Kishoregonj, Khulna, Satkhira, Mymensingh, Rajshahi, Dinajpur and Maulvibazar) and 8,238 PWID from 19 non-priority districts (Feni, Lakshmipur, Noakhali, Faridpur, Narsingdi, Jhenaidah, Magura, Jamalpur, Sherpur, Netrakona, Natore, Naogaon, Chapai nababganj, Gaibandha, Kurigram, Lalmonirhat Nilphamari, Rangpur and Habiganj) from 2024 till 2026. ASP will start implementation to cover 4,189 PWID in 7 districts (Chattogram, Jashore, Sirajganj, Pabna, Barishal and Kustia) from 2024 through the Global Fund money. So, both SC and ASP will cover 25,337 PWID in 38 districts through the Global Fund money from 2021-23. In total 73.72% PWID of the national estimate (34,370) will be covered. Through the Global Fund grant, both SC and ASP will jointly cover 73.72% (25,337/34,370) of the national estimate; and 89% of the subnational estimate of 38 districts (25,337/28,628). However, in 31 districts SC will cover 89% (21,148/23,856) PWID of the districts estimates. And in 7 districts ASP will cover 88% (4,189/4,772) PWID of districts estimates. 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). PWID will be reached through various services from standard harm reduction package, such as needle and syringe Exchange programs (NSEP); opioid substitution therapy (OST) and other drug dependence treatment; HIV testing and counseling; antiretroviral therapy; prevention and treatment of sexually transmitted infections; condom distribution; targeted information, education and communication; prevention of viral hepatitis; prevention, diagnosis and treatment of tuberculosis. PWID will also be reached at outlet through minimum package of service (NSEP, Condom distribution, HIV prevention education, OST and ART dispensing). When a mother listed PWID received syringe or OST (MMT) AND received at least any one of the BCC sessions (condom education and/or safe injection practice and/or knowledge on where they can receive HIV test) or STI management or TB screening or HIV testing in the reporting month, then counted as reached for that month. If the mother listed PWID is not found for an entire reporting quarter and did not contacted through any service, s/he will be considered as drop out for that quarter. Mother list is being updated quarterly in each center and updated report is produced quarterly. On that report list of new inclusion, re-inclusion, drop out and death of PWID is mentioned. This information will be reported in comment section in the PUDR. In the PUDR, reach will be calculated six-monthly. As what is being followed in the current grant as suggested by LFA, 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. In every reporting quarter, mother-list will be updated bi-annually and the number of PWID who will not receive any services during last six months will be defined as drop-out in that quarter. Monthly reached data will also be reported in the comments section of the PUDR. Save the Children uses unique identification code (UIC) for each PWID 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 Community Information System (CIS) and DHIS2 platform in every quarter after completing RDQA. All data collected at the DIC/CDIC/outlet/satellite level will be recorded in prescribed formats/tools and provide inputs using the Community Information System (CIS) to produce monthly and quarterly reports. Original hard copies of the formats/tools will be kept at the DIC/CDIC/outlet for cross-checking. From each DIC/CDIC/outlet, the compiled monthly/quarterly report will be sent to the office of the SRs/SSRs in a prescribed format. Then the M&E unit of SRs/SSRs will verify and compile all monthly/quarterly data from all corresponding DICs/CDIC/outlet to ensure the data reported in monthly/quarterly reports matched with CIS database. Thereafter, SRs/SSRs will send quarterly reports to the PR along with a signed hard copy. Source of performance data: Periodic program performance report, CIS and DHIS2														
7	KP-4 Number of needles and syringes distributed per person who injects drugs per year by needle and syringe programs	Country: Bangladesh; Coverage: Geographic Subnational, less than 100% national program target	N: 226 D: 315 P: 71.75%	2022 Program data Jan-Dec 2022		No	Save the Children Federation, Inc.	Non cumulative - special	No	N: D: P: %	N: 300 D: P: %	N: D: P: %	N: 335 D: P: %	N: D: P: %	N: 344 D: P: %
	Comments														
	Baseline value was taken from project data of Save the Children during 2022. Target for the needle-syringe program is calculated based on global standard, injecting frequency and current trend. This indicator will be reported by Save the Children and ASP jointly for each year. This indicator will be applicable for the PWID targeted to reach by SC and ASP through The Global Fund 25,337). Denominator is calculated excluding OST clients and PWID under drug treatment, considering program participation (80% of the point estimates of IBBS, 2020) and switching (10%) of drugs by the PWID, injection frequencies (number of injection times daily), and use of 3cc (70%) and 5cc (30%) syringe by the PWID. However, due to anti-drug drive and widespread availability of ATS, a significant (15-20%) proportion of PWID switched to other drugs. On the other hand, the program has planned to enroll half (30%) of the frequent injectors (62% injects 2-4 times daily). Moreover, in GC7 a total of 3,330 PWID will be on OST from yr-1, which will be increased to 3,610 in yr- 2 and 3,910 in yr-3. Considering the above context, the number of syringes distribution per PWID will be stand at 300 Syringe/PWID/year for 2024, 335 Syringe/PWID/year for 2025 and 344 Syringe/PWID/year for 2026. Numerator is the number of syringes (with preset needles) distributed to the PWID in the reporting year. Additional needles are not considered for this calculation. Denominator is number of PWID reached by NSEP in implementing 38 districts by ASP and Save the Children through The Global Fund program. Source of performance data: Periodic program performance report, CIS and DHIS2														
Differentiated HIV Testing Services															
3	HTS-3d Percentage of people who inject drugs 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: 17487 D: 28628 P: 61.08%	2022 Program data Jan-Dec 2022 and CIS	Gender,Age	No	Save the Children Federation, Inc.	Non cumulative – other	No	N: 11271 D: 28628 P: 39.37%	N: 22542 D: 28628 P: 78.74%	N: 11733 D: 28628 P: 40.98%	N: 23466 D: 28628 P: 81.97%	N: 12035 D: 28628 P: 42.04%	N: 24070 D: 28628 P: 84.08%
	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
3	The calculation of the achievement of the yearly HTS was taken from the Indicator Guidance Sheets of the Global Fund, Feb 2023, Cell#L72. From January 2024 to December 2026, a total of 24,070 people who inject drug will receive HIV testing service in 38 districts (25 priority districts including Dhaka and 13 remaining districts) jointly from SC and ASP at the end of the program implementation. From ASP, during the 2024-2026 implementation period, 3,819 (95.0% of the target 4189) PWID will receive HTS in 7 districts. In the first year 2024, 3074 (95.0% of the reach target 3,236) PWID, in the second year 2025, 3,708 (95.0% of the reach target 3,903) PWID and in the third year 2026, 3980 (95.0% of the reach target 4189) PWIDs will receive HTS in 7 districts. Save the Children over the grant cycle will provide HTS to 20,091 (95% of the reach target 21,148) PWIDs. During the first year 2024, 19,468 (95% of the reach target 20,493) PWID, in the second year 2025, 19,758 (95% of the reach target 21,148) PWID and in the third year 2026, 20,090 (95.0% of the reach target 21,148) PWIDs will receive HTS in 38 districts. National size estimation 2023 (D=34,370) from 64 districts was used as denominator while calculating coverage at baseline and during 2024-2026. However, considering sub national size estimation of 38 districts (D=28,628), the coverage will be 76.6% (21,928/28,628) during 2024, 81.2% (23258/28,628) during 2025 and 84.1% (24,070/28,628) during 2026. Target for the proposed grant 2024-2026, 84.1% (24,070/28,628) has been increased by 24 percentage point increase compared to the current achievement 60.08% (17,487/28,628) during Jan-Dec 2022 (baseline value). 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 PWID is reactive or non-reactive. If the status of screening is found as non-reactive, he or she will be considered as HIV negative. On the other hand, if the PWID 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 PWID 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. As part of reporting for the PU/DRs, the PR will provide data on HIV positivity. PWID at Dhaka will be tested twice in a year and outside Dhaka once in a year. In addition, retesting will be done considering history of exposure and vulnerability. For PUDR, only new test will be considered yearly. Source of performance data: Periodic program performance report and CIS and DHIS2. This indicator will be reported as yearly cumulative. PWID at Dhaka will be tested twice in a year and outside Dhaka once in a year. In addition, retesting will be done considering history of exposure and vulnerability. For PUDR, only new test will be considered yearly. Source of performance data: Periodic program performance report and CIS and DHIS2.														
5	HTS-3c Percentage of sex workers 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: 22725 D: 51341 P: 44.26%	2022 Program data Jan-Dec 2022 and CIS	Gender,Age	No	Save the Children Federation, Inc.	Non cumulative – other	No	N: 11172 D: 51341 P: 21.76%	N: 22344 D: 51341 P: 43.52%	N: 12093 D: 51341 P: 23.55%	N: 24185 D: 51341 P: 47.11%	N: 12147 D: 51341 P: 23.66%	N: 24294 D: 51341 P: 47.32%
	Comments														
	The calculation of the achievement of the yearly HTS was informed by the Indicator Guidance Sheets of the Global Fund, Feb 2023, Cell#L71. From January 2024 to December 2026, a total of 24,294 female sex workers (FSW) will receive HIV testing service in 14 districts (11 priority districts including Dhaka and 3 remaining districts) jointly from SC and ASP at the end of the program implementation. The target is 95% of the reach target throughout the implementation period. From ASP, during 2024-2026, 4,351 (95.0% of the target 4,580) FSWs will receive HTS in 6 districts. In the first year 2024, 3,819 (95.0% of the reach target 4,020) FSWs, in the second year 2025, 4,245 (95.0% of the reach target 4,468) FSWs and in the third year 2026, 4,353 (95.0% of the reach target 4,580) FSWs will receive HTS in 6 districts. Save the Children over the grant cycle, will provide HTS to 19,941 (95% of the reach target 20,990) FSWs. During the first year 2024, 18,525 (95% of the reach target 19,500) FSW, in the second year 2025, 19,941 (95.0% of the reach target 19,990) FSWs and in the third year 2026, 19,941 (95.0% of the reach target 20,990) FSWs will receive HTS in 8 districts. National size estimation 2023 (D=109,624) from 64 districts was used as the denominator while calculating coverage at baseline and during 2024-2026. However, considering sub-national size estimation of 14 districts (D=51,341), the coverage will be 44% (22,344/51,341) during 2024, 47.1% (24185/51, 341) during 2025 and 47.3% (24,294/51,341) during 2026. The target of HIV testing, the 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 sex worker 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 FSW 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 FSW 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 FSW 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. Source of performance data: Periodic program performance report and CIS and DHIS2. This indicator will be reported as yearly cumulative. PUDR, only new test will be considered yearly. Source of performance data: Periodic program performance report and CIS and DHIS2. When reporting, the PR will provide an analysis of the testing yield/positivity rate														
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	Save the Children Federation, Inc.	Non cumulative - special	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 and icddr,b 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.														

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 package for sex workers, their clients and other sexual partners								
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 activity is aimed at monitoring progress towards strengthening and development of EQA system. The detailed plan will be shared later.								

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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**
Prevention package for transgender people and their sexual partners								
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			
Comments								
Although ICCDR'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: 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 ICCDR,B have established prevention, ASP does not have a case-based prevention database. ASP receives aggregated data from SCI and ICCDR,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-SC
Implementation Period	01-Jan-2024 - 31-Dec-2026
Principal Recipient	Save the Children Federation, Inc.

By Module	Total Y1 - 2024	Total Y2 - 2025	Total Y3 - 2026	Grand Total	% of Grand Total
Differentiated HIV Testing Services	**$22,812**	**$26,346**	**$26,666**	**$75,825**	**0.7 %**
Prevention package for people in prisons and other closed settings					**0.0 %**
Prevention package for people who use drugs (PUD) and their sexual partners	**$1,677,014**	**$1,576,619**	**$1,605,080**	**$4,858,713**	**44.6 %**
Prevention package for sex workers, their clients and other sexual partners	**$408,117**	**$382,735**	**$392,078**	**$1,182,930**	**10.9 %**
Program management	**$1,259,682**	**$1,035,371**	**$732,201**	**$3,027,255**	**27.8 %**
Reducing human rights-related barriers to HIV/TB services	**$50,557**	**$304,434**	**$413,135**	**$768,126**	**7.0 %**
RSSH/PP: Human resources for health (HRH) and quality of care	**$85,162**	**$83,981**	**$14,359**	**$183,501**	**1.7 %**
RSSH: Community systems strengthening	**$115,555**	**$116,496**	**$83,592**	**$315,643**	**2.9 %**
RSSH: Health products management systems	**$749**	**$749**	**$749**	**$2,248**	**0.0 %**
RSSH: Monitoring and evaluation systems	**$337,466**	**$16,521**	**$14,078**	**$368,065**	**3.4 %**
TB/HIV	**$2,835**	**$3,344**	**$3,393**	**$9,572**	**0.1 %**
Treatment, care and support	**$34,792**	**$40,121**	**$32,977**	**$107,890**	**1.0 %**
Grand Total	**$3,994,740**	**$3,586,718**	**$3,318,309**	**$10,899,767**	**100.0 %**

By Cost Grouping	Total Y1 - 2024	Total Y2 - 2025	Total Y3 - 2026	Grand Total	% of Grand Total
1.Human Resources (HR)	**$2,000,780**	**$1,975,864**	**$1,738,722**	**$5,715,366**	**52.4 %**
2.Travel related costs (TRC)	**$590,803**	**$250,449**	**$177,612**	**$1,018,864**	**9.3 %**
3.External Professional services (EPS)	**$37,757**	**$39,397**	**$88,756**	**$165,910**	**1.5 %**
4.Health Products - Pharmaceutical Products (HPPP)	**$497,140**	**$22,946**	**$16,578**	**$536,664**	**4.9 %**
5.Health Products - Non-Pharmaceuticals (HPNP)	**$70,415**	**$369,409**	**$375,814**	**$815,638**	**7.5 %**
7.Procurement and Supply-Chain Management costs (PSM)	**$85,388**	**$23,180**	**$19,682**	**$128,250**	**1.2 %**
8.Infrastructure (INF)	**$7,347**	**$8,111**	**$8,111**	**$23,570**	**0.2 %**
9.Non-health equipment (NHP)	**$55,759**	**$5,193**	**$4,996**	**$65,948**	**0.6 %**
10.Communication Material and Publications (CMP)	**$16,734**	**$273,975**	**$292,542**	**$583,251**	**5.4 %**
11.Indirect and Overhead Costs	**$492,680**	**$458,667**	**$432,256**	**$1,383,602**	**12.7 %**
12.Living support to client/ target population (LSCTP)	**$139,938**	**$159,526**	**$163,242**	**$462,706**	**4.2 %**
GrandTotal	**$3,994,740**	**$3,586,718**	**$3,318,309**	**$10,899,767**	**100.0 %**

By Recipients	Total Y1 - 2024	Total Y2 - 2025	Total Y3 - 2026	Grand Total	% of Grand Total
PR	**$1,987,999**	**$1,552,188**	**$1,551,505**	**$5,091,692**	**46.7 %**
Save the Children Federation, Inc.	$1,987,999	$1,552,188	$1,551,505	$5,091,692	46.7 %
SR	**$2,006,741**	**$2,034,530**	**$1,766,804**	**$5,808,075**	**53.3 %**
CARE	$111,076			$111,076	1.0 %

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By Recipients	Total Y1 - 2024	Total Y2 - 2025	Total Y3 - 2026	Grand Total	% of Grand Total
SCI FSWI_SR	$483,138	$502,486	$438,479	$1,424,102	13.1 %
SCI PWIDI_SR	$1,412,527	$1,532,044	$1,328,325	$4,272,897	39.2 %
Grand Total	**$3,994,740**	**$3,586,718**	**$3,318,309**	**$10,899,767**	**100.0 %**

Source Of Funding	Total Y1 - 2024	Total Y2 - 2025	Total Y3 - 2026	Grand Total	% of Grand Total
Approved Funding	$3,994,740	$3,586,718	$3,318,309	$10,899,767	100.0 %
GrandTotal	**$3,994,740**	**$3,586,718**	**$3,318,309**	**$10,899,767**	**100.0 %**