

Grant Confirmation

1. This document, dated as of the date of last signature below, is issued under, and constitutes a **Grant Confirmation** as referred to in, the Framework Agreement (effective as of 1 July 2015), as amended and supplemented from time to time (the "Framework Agreement") between the **Global Fund to Fight AIDS, Tuberculosis and Malaria** (the "Global Fund") and the **Kingdom of Bhutan** (the "Grantee") for the Program described herein.
2. This Grant Confirmation supplements, forms part of, and is subject to the Framework 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 (2014)). In the event of any inconsistency between this Grant Confirmation and the Framework Agreement (including the Global Fund Grant Regulations (2014)), the provision of this Grant Confirmation shall govern.
3. The Global Fund and the Grantee hereby confirm the following:

3.1	Host Country or Region:	Kingdom of Bhutan
3.2	(Disease) Component:	HIV/AIDS
3.3	Program Title:	Preventing HIV/AIDS and strengthening treatment of PLHIV
3.4	Grant Name:	BTN-H-MOH
3.5	GA Number:	782
3.6	Grant Funds:	Up to the amount of US\$1,990,350.00 (One Million Nine Hundred Ninety Thousand Three Hundred and Fifty US Dollars) or its equivalent in other currencies.
3.7	Implementation Period:	From 01 July 2015 to 30 June 2018

3.8	The Principal Recipient Nominated:	Ministry of Health, Royal Government of Bhutan Kawajangsa, Thimphu, Kingdom of Bhutan Attention: Dr. Dorji Wangchuck Health Secretary Ministry of Health Telephone: +975 2 326 454 Facsimile: +975 2 326 038 Email: dwangchuk@health.gov.bt
3.9	Fiscal Year of the Principal Recipient:	01 July to 30 June
3.10	LFA:	P.O. Box 1358, Changangkha, Thimphu Bhutan. Attention: Dr. Tandi Dorji Telephone: +975 17114018 Facsimile: Email: drtandi@yahoo.com
3.11	Global Fund (Notices information for this Grant Confirmation):	The Global Fund to Fight AIDS, Tuberculosis and Malaria Chemin de Blandonnet 8, 1214 Vernier Geneva, Switzerland Attention: Mr. Luca Occhini Regional Manager, South East Asia Team Grant Management Division Telephone: +41 58 791 1700 Facsimile: +41 58 791 1701 Email: luca.occhini@theglobalfund.org

4. The details of the Program, the Program Activities and related implementation arrangements are set forth in Schedule I (Integrated Grant Description). The Grantee acting through the Principal Recipient shall implement the Program in accordance with the detailed Program budget agreed with the Global Fund and adhere to the provisions of the “Global Fund Guidelines for Grant Budgeting and Annual Financial Reporting” (2014, as amended from time to time), available at the Global Fund’s Internet site, throughout the Implementation Period.
5. The Global Fund and the Grantee acting through the Principal Recipient further agree that the following requirements are applicable to this Grant Confirmation:
- 5.1. In accordance with the Global Fund Board Decision Point GF/B28/DP4, the Grantee acknowledges and agrees that the commitment and disbursement by the Global Fund of 15% of the Grantee’s aggregate allocation of 7,570,298 USD for the 2014-2016 allocation period,

which is equal to 1,135,545 USD, is subject to the Global Fund's satisfaction with the Grantee's compliance with the Global Fund's policies relating to counterpart financing.

6. In addition to the representations set forth in the Framework Agreement (including the Global Fund Grant Regulations (2014)), the Grantee acting through the Principal Recipient hereby makes additional representations as follows:

6.1. The Grantee and the Principal Recipient acting on behalf of the Grantee have all the necessary power and/or have been duly authorised by or obtained all necessary consents, actions, approval and authorisations to execute and deliver this Grant Confirmation and to perform all the obligations of the Grantee under this Grant Confirmation. The execution, delivery and performance by the Grantee or the Principal Recipient acting on behalf of the Grantee of this Grant Confirmation do not violate or conflict with any applicable law, any provision of its constitutional documents, any order or judgment of any court or any competent authority, or any contractual restriction binding on or affecting the Grantee or the Principal Recipient.

(The signature page follows.)

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

The Global Fund to Fight AIDS, Tuberculosis and Malaria

Kingdom of Bhutan
acting through
Ministry of Health, Royal Government of Bhutan

By: _____

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

Date:

By: _____

Name: Mr. Sonam Wangchuk
Title: Secretary, Gross National Happiness Commission

Date:

By: _____

Name: Dr. Dorji Wangchuck
Title: Health Secretary, Ministry of Health
Date:

Acknowledged by

By: _____

Name: Dr. Dorji Wangchuck
Title: Chair of the Country Coordinating Mechanism for Kingdom of Bhutan

Date:

By: _____

Name: Mr. Kinley Tenzin
Title: Civil Society Representative of the Country Coordinating Mechanism for Kingdom of Bhutan

Date:

**SCHEDULE 1
INTEGRATED GRANT DESCRIPTION**

Country:	Kingdom of Bhutan
Program Title:	Preventing HIV/AIDS and strengthening treatment of PLHIV
Grant Name:	BTN-H-MOH
Grant Number:	782
Disease:	HIV/AIDS
Principal Recipient:	Ministry of Health (MOH)

A. PROGRAM DESCRIPTION

1. Background and Rationale for the Program

Bhutan is a low prevalence country, with estimated adult HIV prevalence below 0.1% and estimated incidence in 2014 is 35.2 per 100,000 population (or 175 new infections in 2014). Although UNAIDS (Global AIDS Response Progress Report 2014) estimates that Bhutan has 1,100 people living with HIV, the official reported cases stand at 403 as of November 2014. Of these, 77 people have died and 307 people are known to be living with HIV (PLHIV) in the country. The epidemic is concentrated among young people; one-third of PLHIV being in the age group of 15–24 or 86% below 40 years old; 51% are males and 49% are females. Almost 5% of those diagnosed are children below the age of five. As per the latest verified results under the Global Fund grant, period end January 2015, 167 people are on ART. The first case of HIV was first detected in Bhutan in 1993, and the number of reported cases till the year 2000 remained negligible. From the year 2000 onwards, there was a discernible increase in the number of reported new cases, with between 35 and 50 new cases being reported annually since then.

The most predominant route of HIV transmission is heterosexual intercourse (91%), followed by mother-to-child transmission (MTCT) (7%) and less than 2% of the transmission is through blood transfusion and injecting drug use. There is also a high incidence of Sexually Transmitted Infections (STIs). Risk factors that contribute to the likely growth of the HIV epidemic include the spread of sex work to border towns, extensive alcohol and drug use amongst young people, multiple and concurrent sexual relationships, prevalence of STIs, low condom use and the difficulty to reach most at risk populations due to limited information. Most at risk populations in Bhutan are considered MSM, transgenders and sex workers, while the vulnerable populations consist of uniformed personnel, youth, serodiscordant couples, migrant workers, drug users and truck and taxi drivers.

Almost half of the people living with HIV have been detected in the capital Thimphu and in Phuentsholing, a business town on the Indian border. Demographically, 60% of the country's population is aged below 25 years and unemployment among young people is 7.3%. Growing trade with neighboring regions such as north-eastern India, Nepal, and Bangladesh has led to high levels of cross-border mobility.

The Global Fund has supported the national HIV program since 2008. Major achievements have been as follows: provision of treatment to adults, prevention programs focusing on migrant workers, truckers and taxi drivers and drug users. The program supported by the Global Fund aims to continue to sustain the achievements made during the transitional funding mechanism to reduce new HIV infections and provide continuum of care to people living with and affected by HIV.

2. Goals, Strategies and Activities

The goal, strategies and activities of this grant are aligned with the Bhutan National Strategic Plan (NSP) for the Prevention and Control of STIs and HIV/AIDS 2012 – 2016. The NSP-II focuses on scaling up of existing cost-effective prevention interventions to ensure accessibility for under-served and key population with a framework that enshrines Human Rights and gender equity.

Goal:

To reduce new HIV infections and provide continuum of care to people living with and affected by HIV (Goal of NSP 2012-2016).

Objectives:

- To scale up HIV treatment, care and support to 90% of those diagnosed with the virus in order to reduce mortality and morbidity, and leverage the prevention effects of early treatment.
- To scale up HTC among key affected and vulnerable populations by adopting an intensified case-finding approach in order to diagnose at least 60% of those estimated to be living with HIV in Bhutan.
- To provide a comprehensive package of HIV prevention services at high coverage targeted to key affected and vulnerable populations.
- To ensure that strategic information for an evidence-based response is in place, and the capacity of MoH and CSOs to monitor the response is well-developed.
- To strengthen health and community system to deliver an equitable, gender sensitive and sustainable response.

Strategies:

- To scale up HIV treatment, care and support in line with 2013 WHO guidelines in order to reduce mortality and morbidity, and leverage the prevention effects of early treatment
- To provide defined comprehensive HIV service packages to vulnerable populations
- To strengthen health and community system to deliver an equitable gender sensitive and sustainable response
- To strengthen strategic information and surveillance for an evidence-based national HIV/AIDS response
- To review legal frameworks with the aim of ensuring that the human rights of key populations are respected and reflected into domestic law.

Planned Activities:

- Treatment, Care and support: ART for people living with HIV in line with WHO 2013 guidelines, promotion of fixed dose combination and roll out of TDF/3TC/EFV/ first line regimens, treatment (virological) monitoring and adherence support in community setting.
- Prevention program of MSM: strengthening network, provision of prevention package including behavioral change communication, condom provision, referral for STI and HIV testing.
- Prevention program for sex workers and clients: venue based interventions couple with outreach programs that provides behavioral change communication, condom provision, referral for STI and HIV testing.
- Prevention program for other vulnerable populations (high risk transport workers, migrant workers, uniformed services, prisoners and drug users): condom provision and promotion, behavioral change communication, referral for STI and HIV testing.
- Health Information System and M&E: routine HIV case reporting, sero- and behavioural risk surveillance, integration of HIV and TB M&E, integration of HIV routine programme information into district health information systems, national programme review and operational research studies.
- Community System strengthening: strengthen networking and effective linkages between community and health services.

- Strengthen TB/HIV collaboration: procurement of HIV test kits (other related activities are covered under the tuberculosis grant).
- Addressing legal and policy barriers: review the legal framework and paralegal training on issues of key populations and their rights.

3. Target Group/Beneficiaries

- High risk transport workers
- High risk migrants workers
- Uniformed services
- Prisoners
- Drug users (PWID/PWUD)
- Sex workers and their clients
- Men who have sex with men and transgenders

B. PERFORMANCE FRAMEWORK

Please see attached.

C. SUMMARY BUDGET

Please see attached.

Performance Framework			English
A. Program details			
Country / Applicant:	Bhutan	Principal Recipients <i>(Please select from list or add a new one)</i>	Ministry of Health of Bhutan
Component:	HIV/AIDS		MoH
Start Year:	2015		
Start Month:	July		
Annual Reporting Cycle	Jul - Jun		
Reporting Frequency (Months)	12		

B. Reporting periods							
Period	Jul 2015 - Jun 2016		Jul 2016 - Jun 2017		Jul 2017 - Jun 2018		
PU due	No		No		No		
PU/DR due	Yes		Yes		No		

C. Program goals and impact indicators	
Goals:	
1	To reduce new HIV infections and provide continuum of care to people living with and affected by HIV (Goal of NSP 2012-2016)

Linked to goal(s)	Impact indicator	Country	Baseline				Required disaggregation	Targets						Comments	
			Value	Year	Source	2015		Report due date	2016	Report due date	2017	Report due date	Report due date		
1	HIV I-2: HIV incidence among 15-49 age group	Bhutan	175	2015	Modelled				172	August, 2017	172	August, 2018			Data source for the baseline is modelled HIV incidence for Bhutan 2007-2015 by Gampo Dorji (2008 John Hopkins). Next modelling exercise planned for 2016. Once the new estimate is available the baseline and targets will be reviewed and updated accordingly in August, 2016. Numerator: Number of new HIV infections among 15-49 age group Denominator: Adult population aged 15-49 years.
1	HIV I-12: Percentage of other vulnerable populations (High risk Transport workers) who are living with HIV	Bhutan	TBD		BSS (Behavioral Surveillance Survey)	TBD		August, 2016	TBD	August, 2017	TBD	August, 2018			The high risk transport workers refers to long distance truck drivers and taxi drivers who are more vulnerable to STI and HIV infection owing to the nature of their work and associated environment. Baseline data is not available. National IBBS is planned in early 2016 (Q1-Q2), report will be available in June 2016. Baseline and targets will be determined after the IBBS report is finalized in August 2016. Numerator: Number of high risk transport workers who test positive for HIV Denominator: Number of high risk workers tested for HIV.
1	HIV I-10: Percentage of sex workers who are living with HIV	Bhutan	TBD		BSS (Behavioral Surveillance Survey)	TBD		Aug-16	TBD	August, 2017	TBD	August, 2018			There are no official estimates for FSWs in Bhutan or neither are there brothels and therefore any visible network of sex workers. Many who are in some form of transactional sex or indirect sex work do not identify themselves as women who sell sex. However besides informal sex workers mostly in the bordering town Phuntsholing, there are some evidence of the girls working in entertainment bars being involved in transactional sex. Therefore in Bhutan's context the girls working in entertainment bars and informal sex workers are defined as sex workers. Baseline not available for sex workers. National IBBS is planned in early 2016 (Q1-Q2), report will be available in June 2016 and baseline and targets established after the IBBS report is finalized in August 2016. Numerator: Number of sex workers who test positive for HIV Denominator: Number of sex workers tested for HIV.
1	HIV I-3a: Percentage of antenatal care attendees who were positive for syphilis	Bhutan	0.90%	2013	Reports - Routine data	0.90%		Aug-16	0.60%	August, 2017	0.60%	August, 2018			This is national data and data source is routine Reporting system. Numerator: Number of antenatal care attendees who tested positive for syphilis Denominator: Number of antenatal clinic attendees tested for syphilis.
1	HIV I-3c: Percentage of sex workers with active syphilis	Bhutan	TBD		BSS (Behavioral Surveillance Survey)	TBD		Aug-16	TBD	August, 2017	TBD	August, 2018			There are no baseline available for this indicator. National IBBS is planned in early 2016 (Q1-Q2), report will be available in June 2016. Baseline and targets will be established after the IBBS report is finalized in August 2016. Numerator: Number of sex workers who tested positive for active syphilis Denominator: Number of sex workers who tested for active syphilis.

D. Program objectives and outcome indicators

Objectives:	
1	To scale up HIV treatment, care and support to 90% of those diagnosed with the virus in order to reduce mortality and morbidity, and leverage the prevention effects of early treatment.
2	To scale up HTC among key affected and vulnerable populations by adopting an intensified case-finding approach in order to diagnose at least 60% of those estimated to be living with HIV in Bhutan.
3	To provide a comprehensive package of HIV prevention services at high coverage targeted to key affected and vulnerable populations.
4	To ensure that strategic information for an evidence-based response is in place, and the capacity of MoH and CSOs to monitor the response is well-developed.
5	To strengthen health and community system to deliver an equitable, gender sensitive and sustainable response.

Linked to objective(s) #	Outcome indicator	Country	Baseline			Required disaggregation	Targets						Comments	
			Value	Year	Source		2015	Report due date	2016	Report due date	2017	Report due date		2018
1	HIV O-1: Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	Bhutan	75%	2014	Patient records	Sex, Age, Duration of treatment	80%	Aug-16	85%	Aug-17	90%	Aug-18	Numerator: Number of adults and children who are still alive on ART at 12 months after initiating treatment. Denominator: Total number of adults initiated ART who were expected to achieve 12-months outcomes within the reporting period. The data source will be from the PLHA database maintained by NACP and its a national reporting. The result of the year 2015 will be the cohort of 2014 and so on. Disaggregated data for this indicator is not available at the moment and will be reported during Progress Update.	
2,3	HIV O-5: Percentage of sex workers reporting the use of a condom with their most recent client	Bhutan	TBD	2014	BSS (Behavioral Surveillance Survey)	Sex	TBD	Aug-16	TBD	Aug-17	TBD	Aug-18	TBD	In the context of Bhutan, girls working in entertainment bars and informal sex workers are defined as sex workers. Baseline data is not available. National IBBS is planned in early 2016 (Q1-Q2), report will be available in June 2016. Baseline and targets will be determined after the IBBS report is finalized. Numerator: Number of sex workers who reported that condom was used with their last client Denominator: Number of sex workers who reported having sex in the last 12 months.
2,3	HIV O-7: Percentage of other vulnerable populations who report the use of a condom at last sexual intercourse	Bhutan	TBD	2015	BSS (Behavioral Surveillance Survey)		TBD	Aug-16	TBD	Aug-17	TBD	Aug-18	TBD	The high risk transport workers are defined as long distance truck drivers and taxi drivers who are more vulnerable to STI and HIV infection owing to the nature of their work and associated environment. Baseline data is not available. National IBBS is planned in early 2016 (Q1-Q2), report will be available in June 2016. Baseline and targets will be determined after the IBBS report is finalized. Numerator: Number of high risk transport workers who reported the use of condom at last sexual intercourse Denominator: Number of high risk transport workers who reported having sex in last 12 months.

E. Modules

Module 1

Coverage/Output indicator	Responsible Principal Recipient	Is subset of another indicator (when applicable)	Geographic Area (if Sub-national, specify under "Comments")	Cumulation for AFD	Baseline				Required disaggregation	Targets						Comments		
					N#	%	Year	Source		Jul 2015 - Jun 2016		Jul 2016 - Jun 2017		Jul 2017 - Jun 2018			Jan-00	
										N #	%	N #	%	N #	%		N #	%
					D#					D #	%	D #	%	D #	%		D #	%
TCS-1: Percentage of adults and children currently receiving antiretroviral therapy among all adults and children living with HIV	MoH	TCS-1	National	Cumulative	159	14.5%	2014	Patient records	Sex, Age	332	30%	403	37%	474	43%	UNAIDS estimates that there are a total of 1100 HIV cases in Bhutan, of which 380 have diagnosed leaving 720 potentially undiagnosed cases. From January 2015, Bhutan has adopted new treatment guidelines based on the 2013 WHO recommendations. Currently 102 patients have been diagnosed, with a CD4 count of 500 and below and need to be commenced on ART. In addition an estimated 20 new serodiscordant couples, Hep B coinfection and TB/HIV positive are expected to be diagnosed where they will need ART irrespective of CD 4. Active case finding in vulnerable populations is estimated at about 51 cases per year. ART need at the end of 2015 is for 332 patients (159+102+20+51). Every year 71 PLHAs are expected to be put on treatment. Numerator: Number of adults and children currently receiving ART in accordance with the national treatment guidelines at the end of the reporting period. Denominator: Estimated number of all adults and children living with HIV. Data will also be reported for TB patients.		
TCS-2: Percentage of people living with HIV that initiated ART with CD4 count of <200 cells/mm ³	MoH	Please select...	National	Cumulative	15	38.5%	2013	Patient records	Sex	44	25.4%	11	15.5%	5	7%	Numerator: Number of PLWHA with CD4 count of <200 cell/mm ³ when initiating ART in the past 12 months Denominator: Number of PLWHA who initiated ART in the past 12 months.		
TCS-3: Percentage of adults and children that initiated ART, with an undetectable viral load at 12 months (<1000 copies/ml)	MoH	Please select...	National	Cumulative	TBD			Patient records				TBD		TBD		Numerator: Number of PLHIV with and undetectable viral load <1000 copies/ml at 12 months after initiating ART Denominator: Number of adults and children who initiated ART in the 12 months prior to the beginning of the reporting period with viral load count at 12 months visit. The baseline data is not available as there is no viral load machine in the country to monitor the viral load suppression of the PLWHA. Procurement of viral load machine is planned for the national referral hospital. Therefore, the data generated in the year 1 will be used as a baseline to determine the targets for year 2 and 3, in August 2016.		

Module 2	Prevention programs for other vulnerable populations (please specify)				High risk Transport workers																			
Coverage/Output indicator	Responsible Principal Recipient	Is subset of another indicator (when applicable)	Geographic Area (if Sub-national, specify under "Comments")	Cumulation for AFD	Baseline				Required disaggregation	Targets								Comments						
					N#	%	Year	Source		Jul 2015 - Jun 2016		Jul 2016 - Jun 2017		Jul 2017 - Jun 2018		Jan-00								
										D#		N #	%	N #	%	N #	%		N #	%				
KP-1e: Percentage of other vulnerable populations reached with HIV prevention programs - defined package of services	MoH	Please select...	Subnational	Cumulative	699	11.9%	2014	Reports - Program data		1,830	31%		2,695	46%		4,102	70%							<p>The NSP-II and the program review identify transport workers as higher risk population. According to RSTA there are currently 15275 Professional license holders in the country for truck and taxi drivers. 5860 are estimated to be located in the 6 priority districts</p> <p>HIV prevention interventions will be implemented in 6 targeted districts (Thimphu, Chukha, Gelephu, Samdrup Jongkhar, Wangduephodrang, and Trongsa)</p> <p>Numerator: Number of High Risk transport workers who have received a defined package of HIV prevention services Denominator: Estimated number of High Risk Transport workers in the targeted areas.</p> <p>The HTW to be reached with a defined package of prevention services delivered by peers by outreach: BCC, condom distribution and referral for STI and HIV testing.</p>
					5860					5,860			5,860			5,860								
KP-3e: Percentage of other vulnerable populations that have received an HIV test during the reporting period and know their results	MoH	Please select...	Subnational	Cumulative	NA	NA		Reports - Program data		1,036	17.7%		2,332	39.8%		3,109	53%							<p>Baseline data is not available as it is a new indicator. Numerator: Number of High Risk Transport who have been tested for HIV during the reporting period and who know their result Denominator: Estimated number of High Risk transport workers in the targeted areas.</p> <p>HIV screening for high risk transport workers has not been a routine intervention and will be initiated through the NFM. There are no HTC targets for transport workers in the national operational plan. Out of those that are reached with the prevention package, a verbal risk assessment algorithm will be applied and approximately 50% of those reached will be offered HTC.</p>
										5,860			5,860			5,860								

Module 3	Prevention programs for other vulnerable populations (please specify)				High Risk Migrant workers and cross border population																			
Coverage/Output indicator	Responsible Principal Recipient	Is subset of another indicator (when applicable)	Geographic Area (if Sub-national, specify under "Comments")	Cumulation for AFD	Baseline				Required disaggregation	Targets								Comments						
					N#	%	Year	Source		Jul 2015 - Jun 2016		Jul 2016 - Jun 2017		Jul 2017 - Jun 2018		Jan-00								
										D#		N #	%	N #	%	N #	%		N #	%				
KP-1e: Percentage of other vulnerable populations reached with HIV prevention programs - defined package of services	MoH	Please select...	Subnational	Cumulative	2193	14.1%	2013	Reports - Program data		2,500	16%		8,000	52%		11,625	75%							<p>Migrant workers refers to people working in construction and hydro-electric power plant workers (mostly Indian nationals from Assam and West Bengal where well established concentrated HIV epidemics have been underway for close to two decades).</p> <p>Numerator: Number of Migrant workers who have received a defined package of HIV prevention services Denominator: Estimated number of migrant workers in the targeted 3 districts (Thimphu, Punakha and Trongsa)</p> <p>The total target population estimated in three priority districts is 15500. The target for the Year-1 is being kept low owing to the fact that the interventions is new under NFM thus demanding more time in establishing the systems, training of the outreach workers to and developing a proper recording and reporting mechanism to report on people reached vs contacts. Outreach interventions will be delivered through HISC. Defined package of services includes BCC, Condom promotion and provision and referral for STI and HIV testing.</p>
					15500					15,500			15,500			15,500								
KP-3e: Percentage of other vulnerable populations that have received an HIV test during the reporting period and know their results	MoH	Please select...	Subnational	Cumulative	2193	14.1%	2013	Reports (specify)- Routine VCT report		1,250	8.1%		4,000	25.8%		5,812	37%							<p>Numerator: Number of migrant workers who have been tested for HIV during the reporting period and who know their result Denominator: Estimated number of migrant workers in the targeted areas.</p> <p>Focus will be on testing those with high risk behavior, and those who have not been tested before. Interventions for migrant workers will be in 3 districts which has the maximum number of migrant workers congregated. A verbal screening algorithm will be used to screen those reach by prevention services and those with high risk behavior will be invited for HTC. It is estimated that about 50 % of those reached will be tested. Frequency of testing is once per year.</p>
					15500					15,500			15,500			15,500								

Module 4		Prevention programs for other vulnerable populations (please specify)				Uniformed services		Targets										Comments
Coverage/Output indicator	Responsible Principal Recipient	Is subset of another indicator (when applicable)	Geographic Area (if Sub-national, specify under "Comments")	Cumulation for AFD	Baseline				Required disaggregation	Jul 2015 - Jun 2016		Jul 2016 - Jun 2017		Jul 2017 - Jun 2018		Jan-00		
					N#	%	Year	Source		N #	%	N #	%	N #	%			
					D#					D #		D #		D #		D #		
KP-3e: Percentage of other vulnerable populations that have received an HIV test during the reporting period and know their results	MoH	Please select...	Subnational	Cumulative	434	4.3%	2013	Reports (specify)-VCT Reports	1,500	15.0%	4,000	40.0%	6,000	60%			Uniformed services refers to royal bhutan army and royal bhutan police. HIV prevention interventions will be implemented for uniformed services in 5 priority districts (Thimphu, Chukha, Gelephu, Samdrupjongkhar and Wangduephodrang). Numerator: Number of uniformed services personnel who have been tested for HIV during the reporting period and who know their result Denominator: Estimated number of uniformed services personnel in the targeted areas. Testing frequency is once per year.	
					10000				10,000		10,000		10,000					

Module 5		Prevention programs for other vulnerable populations (please specify)				Prisoners		Targets										Comments
Coverage/Output indicator	Responsible Principal Recipient	Is subset of another indicator (when applicable)	Geographic Area (if Sub-national, specify under "Comments")	Cumulation for AFD	Baseline				Required disaggregation	Jul 2015 - Jun 2016		Jul 2016 - Jun 2017		Jul 2017 - Jun 2018		Jan-00		
					N#	%	Year	Source		N #	%	N #	%	N #	%			
					D#					D #		D #		D #		D #		
KP-3e: Percentage of other vulnerable populations that have received an HIV test during the reporting period and know their results	MoH	Please select...	Subnational	Cumulative	250	31.3%	2014	Reports - Program data	320	40.0%	480	60.0%	560	70%			HIV prevention interventions for prisoners will be implemented in 4 priority districts (Thimphu, Chukha, Sarpang, Samdrupjongkhar/Thimphu). Numerator: Number of Prisoners who have been tested for HIV during the reporting period and who know their result Denominator: Estimated number of prisoners in 4 targeted districts. The estimated number of prisoners in the country: 1,300 and 800 are in the four targeted districts. The baseline target is from the reports of the pilot prevention and testing of prisoners in 2014 at Thimphu where 250 prisoners were tested. The frequency of HTC will be once per year.	
					800				800		800		800					

Module 6		Prevention programs for other vulnerable populations (please specify)				PWUD/PWID		Targets										Comments
Coverage/Output indicator	Responsible Principal Recipient	Is subset of another indicator (when applicable)	Geographic Area (if Sub-national, specify under "Comments")	Cumulation for AFD	Baseline				Required disaggregation	Jul 2015 - Jun 2016		Jul 2016 - Jun 2017		Jul 2017 - Jun 2018		Jan-00		
					N#	%	Year	Source		N #	%	N #	%	N #	%			
					D#					D #		D #		D #		D #		
KP-1e: Percentage of other vulnerable populations reached with HIV prevention programs - defined package of services	MoH	Please select...	Subnational	Cumulative	667	43.9%	2013	Reports - Program data	456	30%	684	45%	1,064	70%			Baseline are contacts since data on individuals is not available. Drugs users are defined as those individuals swallowing, snorting, or smoking or injecting illicit drug use as a DU. Illicit drug use include the use of illegal drugs or the misuse of prescription medications or household substances for fun/pleasure or any other non-medical purpose. However, those who reported injecting illicit drugs either as the only route of drug administration or in combination with another route (swallowing, snorting, and smoking) were defined as people who inject drug. Interventions will be focused in 4 priority districts where substance users are documented (Thimphu, Sarpang, Chukha, Samdrupjongkhar). Numerator: Number of Drug users who have received a defined package of HIV prevention services Denominator: Estimated number of Drug users in targeted areas. The total size estimate was derived from the National Health Survey 2012 where 2.1% of age 15-49 reported ever drug use (4524). Of that 42% reported using in the last one month(1900). However, 80% of the 1900 (nation wide) that is 1520 will be targeted in four districts. When reporting, data for general drug users and injecting drug users will be provided. A study will be conducted to determine injecting practices and the feasibility of the Needle Syringe exchange Program in Bhutan. OST will be piloted in Thimphu and an evaluation will be carried out at the end of the pilot to inform scale up. Drug users including injecting drug users will be targeted with HIV prevention packages which includes BCC, prevention of blood borne infections including HIV, Hep C and Hep B, risk reduction education, condom promotion and provision and referral for HTC, STI screening. Outreach peer education program will be initiated through the Drop In Center for Drug users.	
					1520				1,520		1,520		1,520					
KP-3e: Percentage of other vulnerable populations that have received an HIV test during the reporting period and know their results	MoH	Please select...	Subnational	Cumulative	NA		2014	Reports - Program data	228	15%	342	23%	532	35%			Numerator: Number of drug users who have been tested for HIV during the reporting period and know their results Denominator: Estimated number of other vulnerable populations in the targeted areas. Baseline data is not available since this is a new indicator under the NFM. Mobile HTC will also be provided through the HISC to the DIC. Frequency of testing is twice per year.	
									1,520		1,520		1,520					

Module 7		Prevention programs for sex workers and their clients										Targets										Comments
Coverage/Output indicator	Responsible Principal Recipient	Is subset of another indicator (when applicable)	Geographic Area (if Sub-national, specify under "Comments")	Cumulation for AFD	Baseline				Required disaggregation	Jul 2015 - Jun 2016		Jul 2016 - Jun 2017		Jul 2017 - Jun 2018		Jan-00						
					N#	%	Year	Source		N #	%	N #	%	N #	%	N #	%					
																		D#	D #	D #	D #	
KP-1c: Percentage of sex workers reached with HIV prevention programs - defined package of services	MoH	Please select...	Subnational	Cumulative	197	37.7%	2014	Reports - Program data		261	50%	313	60%	366	70%							
					523					523		523		523								
KP-3c: Percentage of sex workers that have received an HIV test during the reporting period and know their results	MoH	Please select...	Subnational	Cumulative	197	37.7%	2014	Reports - Program data		220	42.1%	272	52%	324	62%							
					523					523		523		523								

Module 8		Prevention programs for MSM and TGs										Targets										Comments
Coverage/Output indicator	Responsible Principal Recipient	Is subset of another indicator (when applicable)	Geographic Area (if Sub-national, specify under "Comments")	Cumulation for AFD	Baseline				Required disaggregation	Jul 2015 - Jun 2016		Jul 2016 - Jun 2017		Jul 2017 - Jun 2018		Jan-00						
					N#	%	Year	Source		N #	%	N #	%	N #	%	N #	%					
																		D#	D #	D #	D #	
KP-1a: Percentage of MSM reached with HIV prevention programs - defined package of services	MoH	Please select...	National	Cumulative	30	7%	2014	Reports - Program data		42	10%	86	20%	214	50%							
					429					429		429		429								
KP-3a: Percentage of MSM that have received an HIV test during the reporting period and know their results	MoH	Please select...	National	Cumulative	30	7%	2014	Reports - Program data		35	8.2%	42	10%	107	25%							
					429					429		429		429								

Module 9		TB/HIV										Targets										Comments
Coverage/Output indicator	Responsible Principal Recipient	Is subset of another indicator (when applicable)	Geographic Area (if Sub-national, specify under "Comments")	Cumulation for AFD	Baseline				Required disaggregation	Jul 2015 - Jun 2016		Jul 2016 - Jun 2017		Jul 2017 - Jun 2018		Jan-00						
					N#	%	Year	Source		N #	%	N #	%	N #	%	N #	%					
																		D#	D #	D #	D #	
TB/HIV-1: Percentage of TB patients who had an HIV test result recorded in the TB register	MoH	Please select...	National	Non-cumulative	491	44.0%	2013	Patient records			70%		80%		90%							
					1115																	
TB/HIV-3: Percentage of HIV-positive patients who were screened for TB in HIV care or treatment settings	MoH	Please select...	National	Non-cumulative	162	59.6%	2013	Patient records			80.0%		85.0%		90%							
					272																	

Module 10														HSS - Health information systems and M&E									
Coverage/Output indicator	Responsible Principal Recipient	Is subset of another indicator (when applicable)	Geographic Area (if Sub-national, specify under "Comments")	Cumulation for AFD	Baseline				Required disaggregation	Targets								Comments					
					N#	%	Year	Source		Jul 2015 - Jun 2016			Jul 2016 - Jun 2017			Jul 2017 - Jun 2018				Jan-00			
										D#			D#			D#				D#			
M&E-1: Percentage of HMIS or other routine reporting units submitting timely reports according to national guidelines	MoH	Please select...	National	Non-cumulative	20	100.0%	2014	Reports - Program data		20		20	100%		20	100%							
					20				20		20			20									

Module 11 Community systems strengthening

WorkplanTracking Measures														
#	Intervention	Key Activities	Milestones/Targets (no more than 200 characters)	Criterion for completion milestone/target	Milestones/Targets								Comments (no more than 500 characters)	
					Jul 2015 - Jun 2016		Jul 2016 - Jun 2017		Jul 2017 - Jun 2018		Jan-00			
1	Social mobilization, building community linkages, collaboration and coordination	Training of village health workers to reach the communities. Provision of mobile vouchers for the VHWS to facilitate communication. Training of PLHIV for peer interventions and strengthening their networks, social support during medical referral for disadvantaged PLHIV. Program management course for Lhaksam.	Training material developed and 409 VHWS trained on basic HIV prevention and information disseminated to the communities.	VHWS identify high risk individuals in their communities and refer them to the nearest health facilities for service provision.	x									In order to promote multi-stakeholder engagement that reaches far beyond the health sector, it is important to mobilise and build linkages among community based organisation. Regular consultations to improve coordination between the NACP and CBOs are planned under this intervention. This will create a shared understanding of the programme and its objectives, and help engage communities better in programme implementation and monitoring. As part of this a quarterly coordination and collaboration forum will be established.
2	Institutional capacity building, planning and leadership development	Program monitoring and supervision budget for SRs, Procurement of accounting software for SRs, Training of RENEW counselors on basic HIV/AIDS counseling and risk assessment for GBV.	Accounting software procured and installed and all SRs trained	Reports produced using the accounting software	x									To build the capacity of the CBOs/NGOs training on M&E and financial management are included under this intervention. Further training of Lhaksam members and as well as community health workers are reflected under this intervention.

Module 12 Removing legal barriers to access

WorkplanTracking Measures														
#	Intervention	Key Activities	Milestones/Targets (no more than 200 characters)	Criterion for completion milestone/target	Milestones/Targets								Comments (no more than 500 characters)	
					Jul 2015 - Jun 2016		Jul 2016 - Jun 2017		Jul 2017 - Jun 2018		Jan-00			
1	Legal and policy environment assessment	Development of an action plan to address legal and policy constraints in accessing HIV services.	Action plan developed.	Action plan endorsed by the GF.	x									The PR with the assistance of international partners such as UNDP and UNAIDS will develop an action plan within six months of grant signing.
			Action plan implemented with the aim of sensitizing law enforcement agents and parliamentarians, educating and empowering key population, training health workers on human rights and medical ethics related to HIV.	Review of legal policy framework conducted and report disseminated to key stakeholders (policy makers, key populations, health care workers, communities).			x		x					

Impact indicator						
Impact indicator	Required disaggregation		Baseline			Comments
			Value	Year	Source	
					Please select...	

Outcome indicator						
Outcome indicator	Required disaggregation		Baseline			Comments
			Value	Year	Source	
HIV O-1: Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	Sex	Male			Patient records	
		Female			Patient records	
		Transgender			Patient records	
	Age	<15			Patient records	
		15+			Patient records	
	Duration of treatment	24 months after initiation			Patient records	
		36 months after initiation of treatment			Patient records	Diassaggregation will also be done on whether the PLHIV is a TB patient
HIV O-5: Percentage of sex workers reporting the use of a condom with their most recent client	Sex	Male			BSS (Behavioral Surveillance Survey)	The baseline will be derived from the IBBS and the for reporting in the following years sentinell surveillance will be used
		Female			BSS (Behavioral Surveillance Survey)	
		Transgender			BSS (Behavioral Surveillance Survey)	
					Please select...	

Coverage/Output indicator									
Module	Coverage/Output indicator	Required disaggregation		Baseline					Comments
				N#	D#	%	Year	Source	
Treatment, care and support	TCS-1: Percentage of adults and children currently receiving antiretroviral therapy among all adults and children living with HIV	Sex	Male	73			2014	Patient records	Estimate of PLHA by sex not available. The UNAIDS estimated 1100 people living with HIV in 2013 . By sex , the reports only estimateds less than 500 for both male and female. There is no
			Female	86				Patient records	
			Transgender	-				Patient records	
		Age	<15	9				Patient records	
			15+	150				Patient records	
		TCS-2: Percentage of people living with HIV that initiated ART with CD4 count of <200 cells/mm ³	Sex	Male	8	19	42%	2013	
Female	7			20	35%	2013	Patient records		
Transgender	-			-			Patient records		
							Please select...		

Component: HIV/AIDS
Country / Applicant: Bhutan
Principal Recipient: Ministry of Health of Bhutan
Grant Number: BTN-H-MOH
Implementation Period Start Date: 01/07/2015
Implementation Period End Date: 30/06/2018
Grant Currency: USD

Budget Summary (in grant currency)

By Module	Q1	Q2	Q3	Q4	Year 1	Q5	Q6	Q7	Q8	Year 2	Q9	Q10	Q11	Q12	Year 3	Total
Prevention programs for MSM and TGs	1,029	9,892	18,391	14,448	43,760	7,647	875	795	875	10,192	1,333	875	795	875	3,878	57,830
Prevention programs for sex workers and their clients	7,858	795	9,082	2,791	20,527	2,078	795	795	2,791	6,460	2,337	795	795	2,791	6,719	33,706
Prevention programs for other vulnerable populations (please specify)	78,184	124,807	36,131	23,291	262,413	108,902	28,039	12,476	17,955	167,373	124,832	18,161	11,752	18,161	172,905	602,691
Treatment, care and support	205,476	9,828	17,481	4,364	237,149	95,790	17,820	12,348	3,581	129,540	91,627	5,295	6,021	3,581	106,524	473,213
TB/HIV																
HSS - Health information systems and M&E	37,422	25,202	149,396	49,540	261,559	20,409	25,016	13,750	20,000	79,175	20,211			20,000	40,211	380,945
Removing legal barriers to access	16,570	16,570	19,073	11,087	46,730	4,436				4,436						51,166
Community systems strengthening	3,251	2,257	10,019	11,378	26,905	6,578	2,257	3,917	3,917	16,669	2,257	4,912	2,257	3,917	13,342	56,917
Program management	23,918	60,064	37,055	33,269	154,305	26,080	26,389	18,909	28,443	99,820	19,168	18,637	14,337	27,614	79,757	333,883
Total	357,138	249,415	296,627	150,168	1,053,349	271,919	101,191	62,991	77,564	513,665	261,763	48,675	35,958	76,941	423,337	1,990,350

By Cost Grouping	Q1	Q2	Q3	Q4	Year 1	Q5	Q6	Q7	Q8	Year 2	Q9	Q10	Q11	Q12	Year 3	Total
1.0 Human Resources (HR)	13,854	13,854	13,854	13,854	55,417	13,854	13,854	13,854	13,854	55,417	13,854	13,854	13,854	13,854	55,417	166,252
2.0 Travel related costs (TRC)	14,513	56,735	152,748	97,601	321,597	49,241	54,617	28,584	23,968	156,409	13,634	24,914	13,190	24,173	75,911	553,917
3.0 External Professional services (EPS)	8,500	33,500	100,686	27,000	169,686	3,500	22,000	10,000	30,000	65,500					30,000	265,186
4.0 Health Products - Pharmaceutical Products (HPPP)	54,446				54,446	75,199				75,199	86,251				86,251	215,896
5.0 Health Products - Non-Pharmaceuticals (HPNP)	69,375				69,375	64,900				64,900	88,277				88,277	222,552
6.0 Health Products - Equipment (HPE)	109,474	622			110,095	7,684				7,684						117,779
7.0 Procurement and Supply-Chain Management costs	45,604				45,604	38,307				38,307	45,334				45,334	129,245
8.0 Infrastructure (INF)	1,524				1,524											1,524
9.0 Non-health equipment (NHP)	25,087	135,211	11,328		171,626											171,626
10.0 Communication Material and Publications (CMP)		580	9,097	2,800	12,477	3,828	1,806	1,640	829	8,103						20,580
11.0 Programme Administration costs (PA)	13,021	8,167	8,167	8,167	37,523	13,667	8,167	8,167	8,167	38,169	13,667	8,167	8,167	8,167	38,169	113,862
12.0 Living support to client/ target population (LSCTP)	1,740	746	746	746	3,977	1,740	746	746	746	3,977	746	1,740	746	746	3,977	11,930
13.0 Results-based financing (RBF)																
Total	357,138	249,415	296,627	150,168	1,053,349	271,919	101,191	62,991	77,564	513,665	261,763	48,675	35,958	76,941	423,337	1,990,350

By Recipients	Q1	Q2	Q3	Q4	Year 1	Q5	Q6	Q7	Q8	Year 2	Q9	Q10	Q11	Q12	Year 3	Total
Ministry of Health of Bhutan	346,151	235,923	286,635	138,515	1,007,225	260,912	90,246	51,317	65,889	468,363	251,709	35,034	25,903	65,225	377,871	1,853,459
YDF	3,665	3,665	3,665	3,665	14,658	3,686	3,686	3,686	3,686	14,743	3,727	3,727	3,727	3,727	14,908	44,310
Lhaksam	7,322	9,828	6,328	7,988	31,466	7,322	7,259	7,988	7,988	30,558	6,328	9,914	6,328	7,988	30,558	92,581
Total	357,138	249,415	296,627	150,168	1,053,349	271,919	101,191	62,991	77,564	513,665	261,763	48,675	35,958	76,941	423,337	1,990,350