



**GOVERNMENT OF THE PUNJAB
PLANNING & DEVELOPMENT BOARD
(P&SH Section)**

WORKING PAPER FOR PDWP

PART-A

1.	Project Title	Enhanced HIV / AIDS Control Program Punjab (3 Years) (Phase-II)						
2.	Location	All Punjab						
3.	Sponsoring Agency	Primary & Secondary Healthcare (P&SH) Department.						
4.	Executing Agency	Directorate General Health Services Punjab P&SH Department						
5.	Operation and Maintenance	Directorate General Health Services Punjab P&SH Department						
6.	Total Cost:							
	(PKR in Million)							
	Component	Original approved 6.9.2016	1 st Revision	2 nd Revision 3.9.2021	3 rd Revision 20.9.2023	4 th Revision (Proposed)		Difference (-)
	Revenue					Before Pre-PDWP	After Pre-PDWP	
		2,080.928	2,080.928	2,379.410	2,776.486	3,463.386	3,829.871	1,053.385
	Total	2,080.928	2,080.928	2,379.410	2,776.486	3,463.386	3,829.871	1,053.385
7.	ADP 2024-25 (GS. No.385)	Allocation:- Rs. 243.60 million Released:- Rs. 243.60 million						
8.	Utilization & Expenditure (SMDP Portal)	(PKR In Million)						
		Actual Exp. Up to Jun, 2023		Utilization during FY 2024-25		Cumulative Expenditure		
		2,523.00		238.60		2,761.60		
9.	Gestation Period:-	Original Approved:- 06.09.2016 to 30.06.2019 (36 months) 1 st Revision (2-time extension in gestation period):- Till 30.06.2021 (60 months) 2 nd Revision:- Till 30.06.2023 (84 months) 3 rd Revision:- Till 30.06.2024 (96 months) 4 th Revision (Proposed):- 06.09.2016 to 30.06.2026 (120 months)						

10. Approval History:

- i. The scheme was originally approved by PDWP on 06.09.2016 at a cost of **Rs. 2,080.928 million** with gestation period of **36 months** (06.09.2016 to 30.06.2019).
- ii. **The 1st revision** (extension in gestation period) was granted to the scheme (with the same cost and scope) for 02 consecutive years up to June, 2021, resulting in a total duration of **60 months** (06.09.2016 to 30.06.2021).

- iii. **The 2nd revision** of the scheme was approved by PDWP on 03.09.2021 at a cost of **Rs. 2,379.410 million** with gestation period up to 30.06.2023 (84 months). The 2nd revised PC-I covered 100% of Punjab with following key features:
- a) Preventive Services to key population such as, Injecting Drug Users (IDUs), Female Sex Workers (FSWs), Male Sex Workers / Transgenders (MSWs/TGs) Jail Inmates and Truckers etc.
 - b) HIV/AIDS Treatment Centers
 - c) Voluntary Confidential counseling & Testing (VCCT) Centre
 - d) Prevention of Parent to Child Transmission (PPTCT) Centre
 - e) Outreach Model with improved preventive services.
 - f) Meeting of 95-95-95 goals of SDGs for HIV response.
- iv. The 3rd revision of the scheme was approved by PDWP on 20.09.2023 at a cost of **Rs. 2,776.486 million** with gestation period up to 30.06.2024 (96 months).
- v. Now, P&SH Department has submitted the 4th revised PC-I of the scheme at a cost of **Rs. 3,463.386 million** with proposed gestation period till June, 2025 (**108 months- 06.09.2016 to 30.06.2025**).

11. Reasons for 4th Revision:-

- Preventive Services in outreach, other than health facility, based for the high-risk population such as, Injecting Drug Users (IDUs), Female Sex Workers (FSWs), Male Sex Workers / Transgender (MSWs/TGs) Jail Inmates Truckers etc.
- Differential Service Delivery Model for high risk population such as, Injecting Drug Users (IDUs), Female Sex Workers (FSWs), Male Sex Workers / Transgender (MSWs/TGs), Jail Inmates, Truckers etc.
- Increase in the gestation period.
- Incentive allowance of Project Director.

12. Scope of Work:-

A summary of scope of services in sub-Phase, 2003-2008, 2009-2013, 2013-2016, 2016-2021 and proposed scope is depicted as below:-

A. Preventive Services to Key population (PWID, FSWs, MSWs/TGs, HTV Operators, Jail Inmates & HIV testing for TB Patients):-

	2003-08	2009-13	2013-16	2016-21	2021-23	2023-24	(Proposed) 2024-25
PWID	Target 11,000	Target 14,200	Target 16,500	Target 66,000*	Target 20,000**	Target 10,000**	Target 5,000**
	(4 Cities)	(8 Cities)	(8 Cities)	(10 Cities)	(36 Cities)	(36 Cities)	(36 Cities)
	Lahore Sargodha Faisalabad Sialkot	Lahore Sargodha Faisalabad Sialkot Gujranwala M.B. Din Multan DG Khan	Lahore Sargodha Faisalabad Sialkot Gujranwala M.B. Din Multan DG Khan	Attock Lahore Sargodha Faisalabad Sialkot Gujranwala M.B. Din Multan DG Khan RY Khan	All cities of Punjab.	All cities of Punjab.	All cities of Punjab.
FSWs	Target	Target	Target	Target	Target	Target	Target
	7,900	15,200	16,500	87,000*	20,000**	10,000**	5,000**
	(2 Cities)	(4 Cities)	(4 Cities)	(10 Cities)	(36 Cities)	(36 Cities)	(36 Cities)
	Lahore Multan	Lahore Sargodha Faisalabad Multan	Lahore Sargodha Faisalabad Multan	Attock Lahore Sargodha Faisalabad Sialkot Gujranwala M.B. Din Multan DG Khan RY Khan	All cities of Punjab	All cities of Punjab	All cities of Punjab
MSMs/TGs	Target	Target	Target	Target	Target 20,000**	Target 10,000**	Target 5,000**
					(36 Cities)	(36 Cities)	(36 Cities)
	Category not included in previous PC- 1	Category not included in previous PC- 1	Category not included in previous PC- 1	Category not included in previous PC- 1	All cities of Punjab	All cities of Punjab	All cities of Punjab
Jail Inmates	Target	Target	Target 1,000	Target 51,000	Target - **	Target 100,000**	Target 285,000**
			(2 Cities)	(36 Cities)	(36 Cities)	(36 Cities)	(36 Cities)
	Category not included in previous PC- 1	Category not included in previous PC- 1		All jails of Punjab	-	-	-
HTV Operators	Target	Target	Target	Target 168,000	Target 10,000**	Target 5,000**	Target 2,500**
				(36 Cities)	(36 Cities)	(36 Cities)	(36 Cities)
	Category not included in previous PC- 1	Category not included in previous PC- 1	Category not included in previous PC- 1	All key cities	All key cities	All key cities	All key cities
HIV Screening of TB Patients	Target	Target	Target	Target 210,000 (36 Cities)	Target 472,000** (36 Cities)	Target 236,000** (36 Cities)	Target 118,000** (36 Cities)
	Category not included in	Category not included in	Category not included in	All Suspected	All Suspected	All Suspected	All Suspected

	previous PC-1	previous PC-1	previous PC-1				
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* including their spouses, children/other family members

there are no absolute total population numbers of these categories. These are always estimated numbers taken from different surveys and studies time to time. But here **AIDS Epidemic Modelling (AEM) study has been taken as baseline for these estimates of mentioned populations.

B. Voluntary Counseling and Testing Centers

These centers will be set up in district hospitals to provide coverage for the key population of the Punjab:

2003-2008		2009-2013		2013-2016		2016-2021		2021-23		2023-24		(Proposed) 2024-25	
City	No.	City	No.	City	No.	City	No.	City	No.	City	No.	City	No.
Lahore DG Khan Sargodha	2 1 1	Lahore DG Khan Sargodha Faisalabad Multan Gujrat Rawalpindi	2 1 1 1 1 2 1	Lahore DG Khan Sargodha Faisalabad Multan Gujrat Rawalpindi Gujranwala	2 1 1 1 1 2 1 1	Existing 10 districts and remaining 26 districts	36	25 centers already existing in 16 districts and 20 proposed centers in remaining 20 districts	43	In all 36 districts	45	In all 36 districts	45
Total	4	Total	9	Total	10	Total	36	Total	43	Total	45	Total	45

C. Treatment Centers:

These centers will be set up in district hospitals to cover key population of the Punjab:

2003-08		2009-2013		2013-2016		2016-2021		2021-2023		2023-2024		(Proposed) 2024-2025	
City	No.	City	No.	City	No.	City	No.	City	No.	City	No.	City	No.
Lahore	2	Lahore Sargodha Gujrat DG Khan	5 1 2 1	Lahore Sargodha Gujrat DG Khan Multan	5 1 2 1 1	10 centers in existing 9 cities and 27 new centers	36	25 centers already existing in 16 districts and 20 proposed centers in remainin g 20 districts	43	All districts	45	All districts	45
Total	2	Total	9	Total	10	Total	36	Total	43	Total	45	Total	45

D. PPTCT Centers

2003-2008		2009-2013		2013-2016		2016-2021		2021-2023		2023-2024		2024-25	
City	No.	City	No.	City	No.	City	No.	City	No.	City	No.	City	No.
Lahore	2	Lahore Gujrat Sargodha	2 1 1	Lahore Gujrat Sargodha	2 1 1	Lahore Gujrat Sargodha	2 1 1	36 districts	9 centers already existing	9 divisions	9 divisional centers	9 divisio ns	9 divisional centers

		DG Khan Faisalabad	1 1	DG Khan Faisalabad	1 1	DG Khan Faisalabad	1 1		in 9 districts				
Total	2	Total	6	Total	6	Total	6	Total	9	Total	9	Total	9

13. Physical Progress:

Program coverage for various key populations fell short of the desired 100% target of full coverage as detailed below:-

Sr. No.	Categories	No. of Tests (2023-24)	Achievement (2023-24)	% percentage
1	Services delivery to FSWs	10,000	6,582	65.82
2	Services delivery to Transgender/HSWs/MSMs/MSWs	10,000	9,769	97.69%
3	Services delivery to Jail Inmates	100,000	68,281	68.28%
4	Services delivery to IDUs	10,000	11,487	114.87%
5	Service delivery to Truckers	5,000	3,712	74.3%
6	HIV Screening for TB Patients	236,000	242,512	102.75%
7	VCCT Screening (General Population)	100,000	78,507	78.50%

14. Financial Progress:-

PKR in Million

Sr. No.	Financial Year	Allocation as per PC-1	Allocation as per ADP	Release	Expenditure	Lapse/ Surrender	% age Expenditure
1	2016-17	769.43	540.00	540.00	539.991	-	100%
2	2017-18	522.16	199.00	199.00	199.000	-	100%
3	2018-19	789.34	230.00	230.00	230.000	-	100%
4	2019-20	-	222.50	222.50	115.716	106.784	52%
5	2020-21	-	400.00	400.00	326.003	73.997	82%
6	2021-22	476.90	400.00	400.00	283.252	116.748	71%
7	2022-23	491.80	400.00	400.00	332.319	67.681	83%
8	2023-24	750.206	750.206	750.206	511.300	238.906	68%
9	2024-25	686.90	243.6	243.6	238.60		98%
	Total				2,761.60		99.4%

15. Cost Summary (PKR in Million):-

Sr. No.	Components / Activities	Approved Cost	Total expenditure till June, 2024	Proposed 2024-26		Total	Difference (-)
				Before Pre-PDWP	After Pre-PDWP		
1	Prevention	1,039.659	953.978	434.740	568.426	1,522.404	482.745
1.1	Targeted Interventions for Most at risk Populations (MARPs)	961.558	911.315	400.730	509.726	1,421.041	459.483
1.2	Surveillance & Operational Research	1.600	0.600	-	-	0.600	(1.00)
1.3	Monitoring & Evaluation	5.660	1.532	5.940	2.880	4.412	(1.248)

1.4	Mass Communication	70.841	40.531	28.070	55.820	96.351	25.51
2	Diagnostic & Treatment Services	989.173	874.691	350.446	219.961	1,345.932	356.759
2.1	Treatment	342.106	265.030	135.419	52.919	383.058	40.954
2.2	Laboratory & Diagnostic Services	647.067	609.661	215.027	167.041	962.873	315.805
3	Institutional Framework	747.654	708.912	140.619	119.602	961.535	213.881
3.1	Program Management	711.756	688.01	134.209	119.602	940.637	228.881
3.2	Capacity Building	35.898	20.90	6.410	-	20.898	(15.00)
Total		2,776.486	2,537.581	925.805	438.757	3,829.871	1,053.385

16. Annual Operation & Maintenance Cost (Post completion):-

Rs. 800.00 Million

17. Detail of HR staff is as under:-

Sr. No	Description of Post	BPS / Lump-sum	No of Posts		
			Filled	Vacant	Total
PROJECT MANAGEMENT UNIT					
1	Project Director	BPS-19/20 Lump Sum	1	0	1
2	Manager Operations	Lump Sum	0	1	1
3	Manager Finance	BPS-18 (Deputation)	0	1	1
4	Manager Communication / Media	Lump Sum	0	1	1
5	Epidemiologist	Lump Sum	0	1	1
6	Treatment Coordinator	Lump Sum	0	1	1
7	M&E Specialist	BPS/Lump Sum	0	1	1
8	M&E Officer	Lump Sum	0	1	1
9	Communication Officer	Lump Sum	2	0	2
10	Internal Auditor	BPS-18/17 (Deputation)	0	1	1
11	Procurement Officer	BPS-18	1	0	1
12	Social Scientist / Gender Advisor	BPS-17	1	0	1
13	Case Manager Lost to Follow up	BPS-17	0	1	1
14	Accounts Officer	BPS-18/17	0	1	1
15	Assistant	BPS-16	4	0	4
16	Sr. Clerk	BPS-14	2	0	2
17	Steno Typist	BPS-12	1	0	1
18	Driver	BPS-05	2	0	2
19	Naib Qasid	BPS-02	1	0	1
20	Chowkidar	BPS-02	1	0	1
21	Sweeper	BPS-02	1	0	1
TOTAL (PROJECT MANAGEMENT UNIT):			17	10	27
TREATMENT / VCCT / PPTCT CENTRE AND FIELD STAFF					
1	Medical officer	BPS-17	16	27	43
2	Psychologist/VCT Counselor	BPS-17	29	7	36
3	Case Manager PPTCT	BPS-17	0	2	2
4	Laboratory Assistant / Technician	BPS-12	21	22	43
5	Com. Operator / Logistic Assistant	BPS-12	17	26	43
6	Outreach Workers	Lump Sum	10	10	20
TOTAL (TREATMENT / VCCT CENTRE):			93	94	187
ADVANCED DIAGNOSTIC LABORATORY					
1	Biomedical Engineer	Lump Sum	1	0	1
2	Research Scientist (Molecular Biologists)	Lump Sum	1	0	1
3	Research Scientist (Virologist/Genetic)	Lump Sum	0	2	2
4	Pathologist	BPS-18/19 Lump Sum	0	1	1
5	Medical Lab. Technologist	BPS-17	0	10	10
TOTAL (ADVANCED DIAGNOSTIC LAB.):			2	13	15
GRAND TOTAL:			112	117	229

18. GRANT OF INCENTIVE ALLOWANCE TO PROJECT DIRECTOR, HIV/AIDS

The P&SH Department has also submitted the case for provision of Incentive Allowance, to Dr. Sumaira Ashraf, Project Director, Punjab AIDS Control Program, in light of Finance Department's Notification, as per the following details:

Name of officer	Designation in Project	Regular Pay & Allowances			Date of Joining in Program	Incentive allowance Range	Proposed Incentive allowance
Dr. Sumaira Ashraf	Project Director (BS-19/ Regular)	a	Basic Pay	115,020	23-09-2024	PKR 200,000-275,000	PKR 275,000
		b	Reg. Allow.	91,408			
		Sub Total (a+b)		206,428			
		c	Cadre Spec. Allow.	64,210			
		Total (a+b+c)		270,638			

Part –B

A Pre-PDWP meeting of the instant scheme was held under the chairmanship of Member (HNP), P&D Board on 04-04-2025. During the meeting following observations, conveyed to AD and its annotated replies were discussed in detail:

S#	Observations of P&D Board	Response of P&SHD	Remarks
i.	It has been observed that the cost of Revenue component has increased from Rs. 2,776.486 million to Rs. 3,463.386 million, reflecting an increase of Rs. 686.09 million (24%). The sponsors may provide cogent justification for this cost overrun.	<ul style="list-style-type: none">• The cost of Revenue component has been amended / decreased as per suggestions of the Pre-PDWP.• In the revised PC-I, an increase of 686.09 Million was proposed. After Pre-PDWP, the proposed cost has been revised from 3,463.386 Million to 2,976.338 Million.• Following are the reasons for increase in the cost of PC-I:<ul style="list-style-type: none">➤ HR cost (only filled posts) has been included.➤ Operation cost for the running of program has been included.➤ Essential procurement cost has been included to run essential affairs of the program.	Noted
ii.	A comparative statement containing the approved scope of work, the scope of work completed so far and scope of work yet to be completed may be provided.	The main scope of work in this PC-1 was to expand the centers in every district of the Punjab. Before this PC-1 the program has only 9 centers in 6 districts of the Punjab in 2016. Now, program is	Noted

		operating with 45 centers in 36 districts of the province and providing same service delivery package at all centers.	
iii.	According to guidelines circulated by P&D Board vide letter No. 35(231)PO(COORD) P&D/2016 dated 04.07.2016 regarding upward revision of development projects, sponsoring agency is required to prepare separate PC-I for undertaking additional scope of work as separate scheme. Therefore, additional scope of work may be deleted from the revised PC-I.	Additional scope has been deleted from the revised PC-1 as per discussion in Pre-PDWP. Thus, no cost impact further in the revised cost of the PC-1	Noted
iv.	The department has mentioned similar reasons for 4th revisions, which are currently being addressed. Clarification on this point is required.	The reasons were same because program was unable to develop the structure of outreach and DSD to the masses due to various reasons.	Department to amend the reasons of revision.
v.	The department has proposed the requirement of 229 posts upon project completion. The department may rationalize the same by adjusting existing filled positions.	These all seats are relevant and essential for the Program. their justification is as under: 1. The Program has 11.79% seats designated at PMU level for the support and implementation purpose. 2. The program has 81.65% seats designated at all type of centers for the smooth service delivery to be ensured at patient level. These all seats are of specialization in nature. 3. The program has 6.55% seats designated for the BSL III level laboratory situated with PMU. These seats are for highly skilled to ensure accurate diagnostic for HIV/AIDS	The department may rationalize these positions.
vi.	The Department may provide the financial phasing details, specifying, CFY Funding requirements	The Summary of the Cost Statement, detailing programmatic components based on financial phasing, is attached in the PC-1.	Noted
vii.	Sponsors may submit detailed cost estimates in sub-head-wise tables following the given format may made part of subject PC-I	The detailed cost estimates are already included in the submitted PC-1 as Annex-II. However, a simplified version is attached with the annotated reply.	Noted
viii.	The Department may provide a detailed cost of Human Resource (Project Post Wise on the following format and may be made part of subject PC-1.	The detailed cost of human resources (categorized by post) is already included in the submitted PC-1 as Annex-II. However, a simplified version is attached with the annotated reply.	Noted

ix.	The Department may ensure project completion by June, 2025. Additionally, the department may provide the exit strategy and inform whether PC-IV has been prepared and submitted to DG M&E?	The PC-IV is being submitted to DG M&E. The PC-IV has the exit strategy as well. But in short, the department wants to shift the program from development side to non-development side.	Noted
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During the meeting, the chair asked if the project is closing in June 2025, will the services currently being provided be discontinued or continued beyond this date. The Program Director informed that while PC-IV has already been submitted for closure, the procedural requirements for regularization, including the approval of the Schedule for New Expenditures (SNE), Cabinet approval, and formulation of service rules, are still pending and expected to take considerable time. Therefore, it is not feasible to close the project within the current financial year. To ensure uninterrupted service delivery to People Living with HIV/AIDS (PLHIVs), the PD requested that permission may be granted for extension of the program into the next financial year with the same approved scope. The AD also endorsed the viewpoint of PD.

The Chair also inquired about the additional financial implication in case of project continuation till June 2026. The PD informed that additional financial implication would be **Rs. 853.532 million**. The Chair agreed with the justification provided and endorsed the extension of the project till June, 2026. It was further inquired whether **117** vacant positions should be filled, since they have remained unfilled for many years and if this has affected the project. The PD replied that the project can continue smoothly with the currently available staff. Therefore, the cost of the unfilled posts may be deducted. The Chair agreed with the proposal and directed that the cost of the vacant position be excluded from the revised PC-I.

Additionally, the case for provision of incentive allowance to Dr. Sumaira Ashraf posted Project Director, Punjab AIDS Control Program was also discussed in detail. Her role, qualification, experience, dedication and valuable input/ contributions towards achieving project deliverables were acknowledged. After detailed deliberations, the forum unanimously recommended the incentive allowance @ Rs. 275,000 per month in favour of Dr. Sumaira Ashraf.

19. Recommendations:

- i. The 4th Revised PC-I of the scheme titled “**Enhanced HIV / AIDS Control Program Punjab** (Phase-II), at a cost of **Rs. 3,829.871 million** is placed before the PDWP, with the recommendation that the same may be extended into the next financial year with gestation period till June, 2026 without any revision in the approved scope of work to ensure uninterrupted service delivery and to facilitate completion of the regularization process.
- ii. The case for grant of Incentive Allowance to Dr. Sumaira Ashraf (BPS-19 / Regular) Project Director, Punjab AIDS Control Program @ **Rs. 275,000** per month is placed before the PDWP for consideration.