



STRATEGIC PLAN 2024 – 2027

Dareecha Male Health Society

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Acknowledgment

Dareecha Male Health Society extends its heartfelt gratitude to all stakeholders, especially our communities, whose invaluable contributions have been instrumental in shaping this strategic plan and our collective future.

Special recognition goes to our board members, who have always been forthcoming in sharing their insights and have shown their unwavering commitment.

We acknowledge the DMHS program implementation and support teams (finance and administration), who candidly shared information on the ground realities and helped those involved in the strategic planning process better understand the community perspectives.

We also want to extend our profound thanks to Ayesha Rao, Programs and Partnership Consultant, who led the strategic planning process on behalf of DMHS and shaped this plan in coordination with the DMHS senior management.



About Dareecha

Dareecha Male Health Society (DMHS) stands out as a registered organization dedicated to the health conditions, health restoration, and social welfare of the Transgender community and key population of Punjab and Islamabad Capital Territory (ICT) in Pakistan.

Since its establishment in 2012, DMHS has pioneered in District Rawalpindi and now expands across Punjab province to promote and provide better health facilities, raise awareness of Human rights, and enhance the well-being of the Transgender community and key population. Its unique approach has not only successfully provided platforms for the Transgender community and key populations to lead healthier lives but also achieved significant milestones that we can all be proud of.

In 2018, DMHS expanded its focus to include research, mental health, well-being, advocacy, and national awareness raising. During the COVID-19 pandemic, DMHS, in collaboration with various donors, provided crucial support to the local community members through Nutrient and Hygiene support interventions. It has also worked on skill enhancement via its internship programs. This responsive action further solidified DMHS's position as a key player in the health and social welfare of the community, earning recognition on various national and international platforms.





Foreword

The development of Dareecha's third Strategic Plan marks a significant milestone in guiding the organization's efforts to reach marginalized communities in Punjab province and the federal capital. The plan focuses on HIV/AIDS and STI prevention and control. Dareecha is committed to reducing stigma and discrimination against key populations.

This Strategic Plan was crafted using a participatory approach. Staff and board members participated in a workshop, providing field-related data and information that helped shape the plan. An external consultant led the strategic planning process.

This external perspective illuminated challenges such as limited funding, shrinking spaces, and increased HIV/STI rates among marginalized groups. It underscored the need for Dareecha and similar organizations to unify under a shared vision, fostering behavioral change and advocating for policy reforms at the national level.

The Strategic Plan serves as a road map to realize Dareecha's vision of a world, particularly in Asia and Pakistan, where all individuals can exercise their human rights without discrimination based on orientation, behavior, or gender identity. Achieving this goal requires collaboration with stakeholders to meet the growing demand for reliable HIV/STI testing and referral services.

Moreover, sharing statistics with donors and at national/international levels underscores the urgency of bridging the gap between service needs and delivery, highlighting the risks faced by marginalized communities. Ultimately, Dareecha aims to align its actions with Core Humanitarian Standards, Sustainable Development Goals, the Universal Declaration of Human Rights, and the Transgender Protection of Rights Act 2018, ensuring sustained efforts toward behavioral change. This movement transcends project-based activities and demands collective commitment over time.

Regards,

Muhammad Usman
Executive Director
Dareecha Male Health Society

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List of Essential Terms

Abuse: Abuse is the improper usage or treatment of a person or thing, often to unfairly or improperly gain benefit. Abuse can come in many forms, such as physical or verbal maltreatment, injury, assault, violation, rape, unjust practices, crimes, or other types of aggression¹.

HIV: Human Immunodeficiency Virus (HIV) is an infection that attacks the body's immune system, specifically the white blood cells called CD4 cells. HIV destroys these CD4 cells, weakening a person's immunity against opportunistic infections, such as tuberculosis and fungal infections, severe bacterial infections, and some cancers².

Inclusion: Inclusion is the policy or practice of making sure that everyone in society has access to resources and opportunities³.

Intersectionality: Intersectionality is an analytical framework used to study how societies treat people based on their social and political identities, such as gender, ethnicity, and sexuality. Depending on those identities, a person may be privileged or oppressed⁴.

Social Justice: Social justice is based on the values of fairness, equality, respect for diversity, access to social protection, and the application of human rights in all spheres of life, including in the workplace⁵.

Key Population: A population who are at higher risk for HIV irrespective of the epidemic type or local context and who face social and legal challenges that increase their vulnerability. They include sex workers, men who have sex with men, transgender people, people who inject drugs, and people in prison and other closed settings⁶.

Men Who Have Sex with Men: The term MSM is used to describe those males who have sex with other males, regardless of whether or not they have sex with women or have a personal or social identity associated with that behavior⁷.

¹ <https://www.merriam-webster.com/dictionary/abuse>

² https://www.who.int/health-topics/hiv-aids#tab=tab_1

³ https://www.collinsdictionary.com/dictionary/english/inclusion#google_vignette

⁴ <https://www.humanrightscareers.com/issues/intersectionality-101-definition-facts-and-examples/>

⁵ United Nations Department of Economic and Social Affairs Sustainable Development

⁶ World Health Organization

⁷ UNAIDS Action Framework

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
CBO	Community-based Organizations
FSW	Female Sex Worker
HIV	Human Immunodeficiency Virus
ICT	Islamabad Capital Territory
INL	U.S. Department of State's Bureau of International Narcotics and Law Enforcement Affairs
PWID	People Who Inject Drugs
PLHIV	People Living With HIV
NGO	Non-Government Organization
STI	Sexually Transmitted Infections
TG	Transgender
TGSW	Transgender Sex Worker
TNA	Training Needs Assessment
UNAIDS	United Nations Program on HIV and AIDS
UNDP	United Nations Development Program
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organization

Background

According to a Global AIDS Monitoring Report released in 2020, Pakistan has an estimated 183,705 People Living with HIV (PLHIV). The HIV epidemic in the country is concentrated in Key Populations, namely: People Who Inject Drugs (PWID), male, female, and transgender sex workers (MSW, FSW & TGSW), Men who have Sex with Men (MSM), and transgenders. The estimated number of PLHIV is from Punjab, Sindh, Khyber Pakhtunkhwa and Balochistan, Azad Jammu and Kashmir, Gilgit-Baltistan, Federally Administered Tribal Areas and the Islamabad Capital Territory (ICT). Of those estimated, 69% are male and 21% female; 3% are percent children <14 years; and 3,701 women need prevention of mother/parent-to-child transmission services.

Integrated Biological and Behavioral Surveillance (IBBS) Round 5 was completed between 2016-17 in Pakistan. The research study was jointly conducted by the Provincial AIDS Control Program, National AIDS Control Program, UNAIDS, and Global Fund in collaboration with the International and Pakistani academic institutes. It provided biological and behavioral information related to HIV infection among four key populations: MSM, Female Sex Workers (FSW), Transgender population, and PWID. The findings showed there was very low use of condoms amongst PWID and MSM, which alarmingly was also putting FSW at high risk of contracting HIV. The study revealed that, of the:

- 4,062 PWIDs interviewed, 28.3% reported having sex with FSW in the past six months with low use of condoms.
- 4,062 PWIDs interviewed, 41% knew of a place to get tested for HIV.
- 5,191 TG persons interviewed, use of alcohol and drug abuse was reported in 44.2% of TGSW in the past 12 months.
- 5,191 TG persons interviewed, 39% were aware of any HIV prevention program.
- 6,773 MSM interviewed, 4.2% reported injecting drugs in the past twelve months, while 4% reported having sex with PWID.

Source: Integrated Biological and Behavioral Surveillance (IBBS) Round 5 2017

Similarly, in 2024, DMHS and Dostana jointly conducted a research study titled 'Hidden Crisis: The causes & consequences of sexualized drug use (Chemsex) amongst Key Populations in Pakistan'. According to the study, 86% of 100 respondents that were interviewed shared that the practice of chemsex is becoming popular in MSM and TG, which is leading to many negative social and economic impacts. Around 90% of respondents involved in this study were engaged in chemsex and those who had stopped were due to the fear of being punished.

In Pakistan, the main reasons for the continued spread of HIV are flawed preventive strategies, stigma, a major reliance on external funding for disease control and treatment, the disproportionate role of non-governmental organizations, and a warped perception of accountability at different levels⁸.

Stigmatization and social exclusion intersect with poverty in the communities of Pakistan. Besides the health inequities, the TG and key population of Pakistan face the most intersecting forms of social discrimination, violence, and non-acceptance within their communities. Transgender people, and transgender women in particular, face harassment, mistreatment, and exclusion from society, from the public health care system, education system, employment, and other institutions of government⁹.

In 2022, a joint needs assessment conducted by DMHS and Dostana highlighted the challenges faced by the key population and transgender persons in Pakistan. These challenges include the lack of resources, low economic opportunities leading to sex work, sexual abuse, and exploitation, lack of safety due to the absence of a legal framework for their rights, and discriminatory, abusive, and violent behaviors from law enforcement agencies and communities. The absence of well-resourced rehabilitation centers further exacerbates the physical, sexual, and mental abuse faced by this at-risk social group, leading to low productivity, high-stress levels, severe mental health issues, and drug abuse (DMHS/Dostana, 2022).

Advances in trans rights have always faced resistance. However, in 2018, the Government of Pakistan took steps to make life safer and more inclusive by legally recognizing transgender people with the Transgender Persons (Protection of Rights) Act. This law was ratified by Parliament to provide equality to transgender people legally and to protect their rights.¹⁰ This has been a key milestone in protecting the rights of Pakistan's transgender communities. Later, in 2021, an amendment to the Transgender Persons (Protection of Rights) Act 2018 was introduced in the Senate for debate. Nevertheless, persistent challenges remain due to the slow progress toward social inclusion and cohesion for TG and the Key Population across Pakistan.

The issues of Transgender rights, drugs, and HIV in TG and Key Populations are just the tip of the iceberg. The United Nations Development Program (UNDP) Human Development Report 2023/2024, titled 'Breaking the Gridlock: Reimagining Cooperation in a Polarized World' revealed that Pakistan is in the 'low' human development category with a global ranking of 164 out of 193 countries (UNDP, 2024) The declining progress of the human development category is also an alarming indicator that, in addition to other key issues, those already vulnerable and marginalized will be significantly impacted.

⁸ [https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018\(24\)00087-0/fulltext](https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(24)00087-0/fulltext)

⁹ <https://www.peacedirect.org/transgender-communities-pakistan/#:~:text=The%20transgender%20community%20in%20Pakistan,just%20one%20province%20of%20Pakistan.>

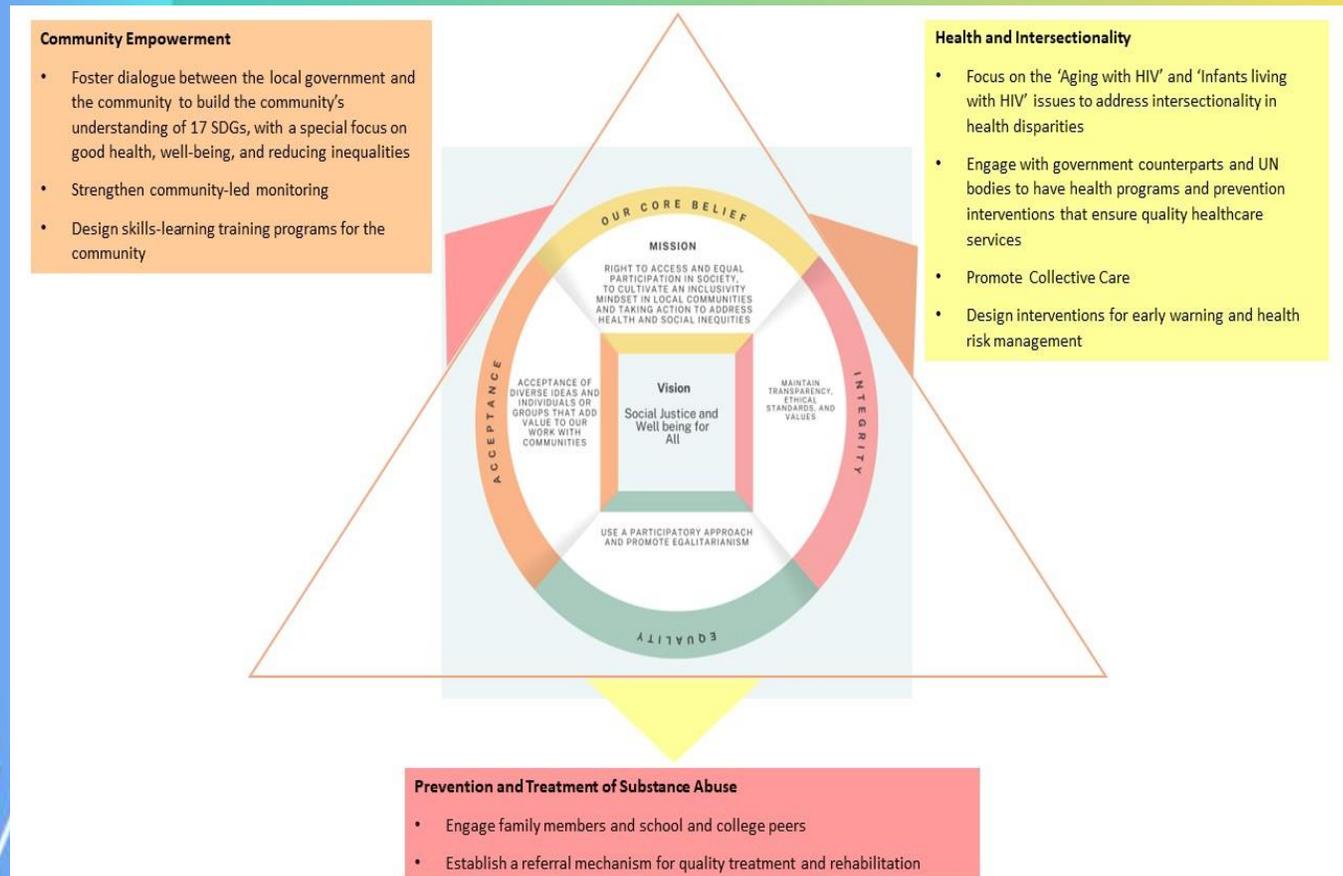
¹⁰ <https://www.ohchr.org/en/stories/2021/10/empowering-transgender-youth-pakistan>

An Overview of the Strategic Framework

In light of the context in the previous chapter, DMHS envisions improving the health and well-being of the transgender community and key populations, contributing to Pakistan's overall human development.

The DMHS strategic plan, 2024-2027, is the second of two consecutive plans. It is a comprehensive roadmap that outlines our key priorities and provides clear pathways and strategies for achieving them. This plan, resulting from thorough analysis and consultation, is designed to keep all stakeholders informed and involved, guiding our actions and decisions for the next three years.

The following mission, values, and key priorities will steer the DMHS teams and partners toward a shared vision:



Vision, Mission, and Values

The DMHS is a community-based organization that envisions creating safe spaces for key populations and marginalized community members deprived of fundamental health rights. To address and overcome the intersecting issues of insecurity, violence, abuse, and social exclusion experienced by TG persons and key populations, the DMHS is ready to jump through hoops with a clearly defined vision and mission, steering its strategic direction for the next three years.

Vision: Social justice and well-being for all.

Mission: We promote the right to access and equal participation in society. In our mission, we are committed to cultivating an inclusivity mindset in local communities and taking action to address social injustice and health inequities related to the control and prevention of HIV/AIDS and Sexually Transmitted Infections (STIs). At DMHS, we believe that the well-being of individuals can be improved with collective care and joint accountability.

Values: At DMHS, our commitment is driven by core values. These values guide our mission and shape our actions, ensuring we stay true to our purpose and remain connected to our stakeholders, most importantly, our communities.

- **Acceptance:** Society's marginalized sections¹¹ face the conundrum of finding respect and acceptance. Non-acceptance causes anger, helplessness, and resentment in individuals and groups, which can lead to strained relationships, hinder personal growth, and increase mental health issues such as depression and anxiety. Henceforth, the core value of acceptance underpins all designed programs and community engagement at DMHS. We promote positive self-regard at the organizational level. DMHS encourages 'Acceptance' of diverse ideas and individuals or groups that add value to our work with communities.
- **Integrity:** At DMHS, integrity is central to our work. The delivery of our health-related services must be equitable and safe. This also means our projects, programs, and stakeholders maintain transparency, ethical standards, and values. Upholding the value of Integrity is deeply personal to us because we nurture positive relationships through trust building, ultimately cultivating a sense of respect and safety in our staff and the communities we work with.
- **Equality:** Our work aims to help our staff, like-minded organizations, local communities, healthcare providers, and government representatives develop a granular understanding of equality and social justice. To practice 'Equality' as a core value, DMHS uses a participatory approach and promotes egalitarianism.

¹¹ Refers to those who may face discrimination because of their gender identity, class, disability, or belief.

Our Priorities and Who Will We Reach

Community Empowerment

We aim to achieve community empowerment through three pillars.

The first pillar fosters dialogue between the local government and the community to build the community's understanding of the 17 Sustainable Development Goals (SDGs), focusing on good health and well-being and reducing inequalities. Aligned with the SDG target 10.2, DMHS is interested in collaborating with other like-minded organizations to empower and promote the social, economic, and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion, or financial or other status. In this regard, we advocate and engage with the Commissions, UN bodies, and government institutions regarding the issues that key populations and TG persons face.

The second pillar improves the effectiveness of health intervention delivery as part of our larger development programs. DMHS has been actively involved in strengthening community-led monitoring in our targeted communities. In the next three years, we are focusing on increasing community participation to improve accountability and apply lessons learned.

The third pillar is to design skills-learning training programs for communities. Our previous projects taught us that strengthening community voices by imparting knowledge and raising awareness about their rights is not enough. DMHS seeks opportunities to collaborate with government institutes, financial partners, and national and international NGOs to complement the first and second streams to encourage entrepreneurship and marketable skills for sustainable community development in our targeted areas.

Health and Intersectionality

Intersectional stigma generates HIV vulnerability for PLHIV who face social distance and exclusion that results from social judgment about their health status. This social practice has led to growing discriminatory behaviors and deep-rooted prejudice towards multiple identities in society.

Communities in the rural and urban contexts of Pakistan experience as well as continue to reinforce this systematic marginalization of excluding persons from accessing their health rights because of their social class, age, gender identity, or physical ability. Similarly, a culture of violence and hate speech is rapidly increasing through social media, where selected people are ostracized because of being different.

Key populations and transgender persons have little to no options for a support mechanism as they grow older. The HIV-related stigma has a severe negative impact on the physical and mental health of a person. Older people are often left behind in prevention strategies related to HIV or STIs. DMHS intends to focus on the 'Aging with HIV' and 'HIV in infants' issues, to address intersectionality in health disparities, and to engage with government counterparts and UN bodies to have health programs and prevention interventions that ensure quality healthcare services for all in need.

Mental health and trauma healing for our targeted communities are other key areas we have prioritized under health. Studies and research undertaken by DMHS in the past suggest that drug abuse in transgender persons and key populations is very high. Most of this community is engaged in drug abuse, which is also stemming from deep-rooted self-esteem issues, non-acceptance, and the identity crisis related to sexuality or sexual preferences. Aligned with the third SDG, DMHS will design interventions for early warning, risk reduction, and health risk management.

We want to create safe spaces for our staff, communities, and other external stakeholders. Therefore, DMHS's service delivery units integrate collective care concepts. We acknowledge our healthcare workers rather than just focusing on their performance and treat our communities as partners rather than beneficiaries.

Prevention and Treatment of Substance Abuse

In 2012-13, the United Nations Office on Drugs and Crime (UNODC), in collaboration with the Ministry of Narcotics Control, the U.S. Department of State's Bureau of International Narcotics and Law Enforcement Affairs, and other national stakeholders, conducted a national survey on drug use to estimate the extent and patterns of drug use in Pakistan. The survey revealed that approximately 6 percent of the population – 9 percent of the adult male population and 2.9 percent of the adult female population - equivalent to 6.7 million people - had used a substance other than alcohol and tobacco in the preceding year¹². People who inject drugs and share their needles bear a high risk of HIV infection, exposing their intimate partners and children as well, and several studies have detected a high prevalence of risk behaviors among prisoners.

With this alarming data on drug abuse, DMHS has aligned its strategic priority with SDG target 3.5, which aims to strengthen the prevention and treatment of substance abuse, including narcotic drug abuse, at the community level. First, we strive to work with adolescents (ages 10-18) and young adults (ages 19-30) and establish a referral mechanism for them to receive treatment. The second is to design communications and awareness campaigns to prevent substance abuse that will engage family members and school and college peers on the subject matter. On this path, we welcome partners and CBOs to join hands with us to collaborate and contribute towards a prosperous community.

Drug abuse is not a standalone issue at hand. The 2024 research study by DMHS, 'Hidden Crisis: The causes & consequences of sexualized drug use (Chemsex) amongst Key Populations in Pakistan,' explained that the communities we work with had identified the increased influence of 'Chemsex,' which is very disturbing and has severe health hazards. Some very significant effects of chemsex are heart failure, impaired decision-making, and increased promiscuous behavior in chemsex addicts. DMHS will design prevention programs to address the issue of chemsex.

¹² <https://www.unodc.org/pakistan/en/national-drug-use-survey-pakistan-2022-24--launched.html>

Implementing the Strategic Framework

DMHS's biggest strength is its ability to provide community accessibility to healthcare facilities. Our most accessed services are mental health support services, and we continue to sensitize communities through awareness sessions and other engagements.

Our ambitions drive our work and vision because we want to see behavior transformation around us and within our communities that can make life more accessible and safer for all. DMHS's outreach staff has strong linkages with the 'Deras' and Anti-Retroviral Therapy¹³ (ART) centers to link clients for support and services. Though security concerns are one of the primary risks we anticipate in our line of work, we are now very keen to gradually utilize social media platforms to create ripples of awareness and sensitize our communities to the challenges faced by infants living with HIV and key issues such as Chemex¹⁴. The three streams of strategic framework have been presented in the figure, followed by strategic objectives.



Strategic Objective 1: Expanding Scale and Outreach

DMHS sees the possibility of new engagement opportunities by expanding its operations geographically. We started as a community-based organization in selected Punjab and KP districts. However, we feel ready to embark on a new journey with new challenges.

Strategic priorities highlighted in this strategic plan will remain our focus, but we will increase our community outreach and target population in the coming years. This is planned through a 'phased approach'. In the year 2024, DMHS will improve its operations planning, and then in the year 2025-27, it will extend operations to South Punjab, and in KP, we will focus on the Hazara district. We are open to partnering with like-minded CBOs in new targeted geographic areas to leave a strong footprint on our implementation work.

¹³ ART Centre is a facility that provides a comprehensive package of care, support, and treatment services to persons living with HIV/AIDS.

¹⁴ Having sex under the influence of drugs.

Strategic Objective 2: Improving Effectiveness by Strengthening Monitoring, Evaluation, Learning, and Accountability

Define Baseline:

Define key performance indicators to articulate the journey's starting point, especially regarding the milestones DMHS intends to achieve.

Accelerators:

Spell out scenarios and clarify cross-cutting themes to accelerate progress toward implementing the strategic framework. As a cross-cutting theme, DMHS will consider the population that matters by addressing areas of aging and urbanization in its future programming.

Results:

Introduce the concepts and train the staff on adaptive-results-based management. This also means that DMHS will understand evolving power dynamics in the different spectrums of key populations and diverse communities and will tread towards designing, planning, and implementing projects aligned with emerging community needs.

Accountability:

Our management practices and governance model are designed to empower our teams to make decisions that respond to community needs. Our accountability framework is built on participation, feedback mechanisms, and, most importantly, empowered teams who set their metrics and processes, adjusting activities to meet team goals that align with our larger organization-wide goals, making us a unified force. Furthermore, we encourage more active participation of key populations in planning, designing, and evaluating our future projects.

Strategic Objective 3: Institutional Strengthening

1. Diversifying financial portfolio and sustainability plan:

a) DMHS will devise a robust Contingency Plan. This plan will enable DMHS to allocate 'Contingency Funds' at the start of the financial cycle to minimize risks of delayed payments or budget mismanagement issues.

b) DMHS is exploring possibilities for diversifying revenue streams, which can be essential to ensuring long-term financial sustainability and supporting our mission in Pakistan.

2. Form new partnerships and improve stakeholder engagement strategy:

Fostering new partnerships with targeted stakeholder engagement strategies will be our prime approach to strengthening DMHS's intuitional capacity. We seek collaborations with academia, corporations, government health institutes, diplomatic corridors, social media influencers, and street theatre groups to find unique ways to reach communities.

3. Staff development:

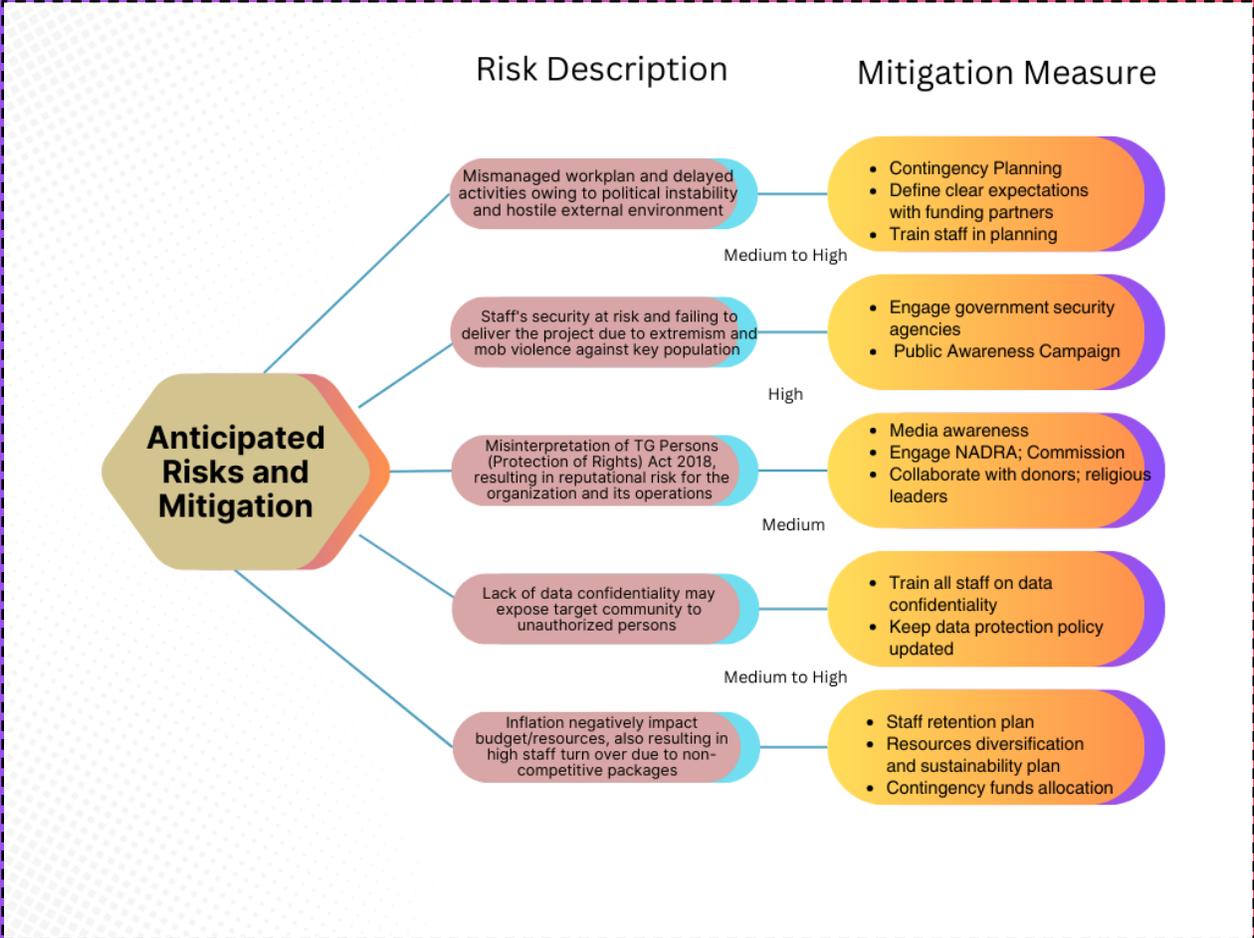
To build high-performing teams, DMHS has to continue investing in human capital. To achieve this objective, 'Staff Development Plans' will be prepared to improve our staff's technical skills and knowledge and inculcate self-actualization in our teams. In the 1950s, an American psychologist, Abraham Maslow, presented the idea that human behavior is multi-motivated. Thus, to keep our staff motivated in terms of high-pressure timelines and delivery, DMHS will introduce opportunities for creative expression. All training (in-house/external) will be based on a Training Needs Assessment (TNA) and individual development plan to help staff reach its true potential.

Our strategic framework, a reflection of our theory of change, is guided by the values of Integrity, Equality, and Acceptance. These values are the essence of who we are and provide a clear direction for our implementation teams, who play a crucial role in realizing our strategic direction. Our vision is to strive towards a more inclusive and socially just society.

The pathways of scale-up and outreach, integrating learning and accountability, and institutional strengthening will help us implement the strategic direction set out in this three-year plan (2024-2027).

Anticipated Risks and Measures to Mitigate

DMHS has developed meaningful and positive public relationships with government counterparts, security institutes, and our communities and has nurtured a culture of open communication within the organization. Nevertheless, risks necessitate a thorough approach that involves identifying potential hazards, evaluating their likelihood and impact, and implementing controls to decrease the risk to an acceptable level. The diagram below illustrates anticipated risks and mitigation strategies for the potential impact.



Strategic Plan: Measuring The Progress

The metrics presented in the table will be tracked at the operational level to measure progress against the strategic objectives presented in this three-year plan.

Area of Interest	KPI	Source
<p>Program Delivery</p>	<ul style="list-style-type: none"> • Number of targeted beneficiaries DMHS served through its programs and activities on three prioritized themes <p>Data for this KPI will be collected through the following sub-indicators.</p> <div style="border: 1px solid black; padding: 5px;"> <p>Sub-indicators:</p> <ul style="list-style-type: none"> • Number of TG/MSM screened and treated for STI • Number of TG/MSM community members who are tested and treated for HIV • Number of people using Self-testing kits for HIV • Number of people who initiated PREP • Number of people who initiated PEP • Number of people who tested positive -PLHIV • Number of TG/MSM's reporting the use of lubes/condoms the last time they had sex • Number of TG/MSM benefitting from community-based behavior change communication interventions. For example, on Condoms and lubes usage knowledge, HIV self-testing awareness, STI awareness of issue and screening process, ART adherence, PREP guidance, and Information on DIC (centers and services) </div>	<p>Annual Progress Reports</p>

Program Delivery	Number of beneficiaries reached through communications and awareness campaigns on the key messages related to community empowerment, health and intersectionality, and drug abuse	Communications Event Reports
	<ul style="list-style-type: none"> Percentage of beneficiaries who are satisfied with DMHS program implementation and outreach Program efficiency measured (comparing program expenses with the overall organization expenses) 	Satisfaction Survey (Online/Offline)
	Number of people trained on HIV service delivery (data disaggregated by Paramedics, Outreach team, Counsellors, Project managers, M&E, and Internal health staff)	Training Reports
Communications	<ul style="list-style-type: none"> Number of times users viewed the DMHS website, Instagram Profile, Facebook, and other social media platforms in the years 2025, 2026, and 2027 Number of shares, retweets, reposts, reblogs... anything “re” on social media (amplification rate) 	Social Media Insights Section
Human Resource	<ul style="list-style-type: none"> Percentage of Performance Goals met by the employees at DMHS. (this metric will be linked with the staff development plan) Yearly analysis of Employee Retention Rate generated [Number of employees who stayed at HMHS for the whole period/Number of employees at the start of the period x 100] 	Human Resource Record
Financial Resource	<ul style="list-style-type: none"> Number of new streams of funds identified in the financial diversification plan Operating surplus or deficit at DMHS 	Financial Diversification Plan
Organizational Safety and Development	<ul style="list-style-type: none"> Number of days without any accidents or severe security situation Number of annual reviews of strategic plan 2024-2027 conducted Amount of funds allocated in the Contingency Plan for organizational sustainability Number of initiatives and collaborations with new donors and allies to achieve the DMHS mission in 2025, 2026, and 2027 	Risk Register Board Meeting Minutes Budgets

THANKYOU!

DAREECHA MALE HEALTH SOCIETY EXTENDS GRATITUDE TO THE GOVERNMENT OF PAKISTAN, PUNJAB GOVERNMENT, UNAIDS, UNDP PAKISTAN, COMMUNITY-BASED ORGANIZATIONS, APLHIV, AND THE EMBASSIES WORKING IN PAKISTAN. WE ARE TRULY THANKFUL TO OUR FRIENDS FROM COC, APCOM, AND ILGA FOR THEIR UNTIRING SUPPORT.

THANK YOU TO OUR FUNDING PARTNERS, LIKE-MINDED ORGANIZATIONS, STRATEGIC ALLIANCES, AND THE COMMUNITIES WE WORK WITH FOR SHOWING THEIR SUPPORT FOR OUR MISSION.

<https://dareechapk.com>