

### General Grant Information

Country	Peru				
Grant Number	PER-202-G01-H-00	Component	HIV/AIDS	Round	2
Grant Title	Strengthening Prevention and Control of AIDS in Peru				
Principal Recipient	CARE Peru				
Board Approved Lifetime Budget	\$ 22,166,497	Phase 1 Grant Amount	\$ 15,718,354	Phase 2 Grant Amount	\$ 7,180,618
Grant Start Date	01 Dec 2003	Phase 1 End Date	01 Dec 2005	Phase 2 End Date	31.Dec.08
Disbursed Amount	\$ 19,542,887	% of Grant Amount	85%	Latest Rating	A
Time Elapse (at the end of the latest reporting period)	49 months	% of Grant Duration	80%	Proposal Lifetime	61 months

### **New GPR Report - Table of Contents** *(For ExternalVersion)*

#### **1. Program Description**

- 1.1. Program Description Summary
- 1.2. Key Discrepancies between Approved Proposal and Grant Agreement
- 1.3. Initial Assessment of Principal Recipient
- 1.4. Conditions Precedent

#### **2. Key Grant Performance Information**

- 2.1. Program Goals, Impact and Outcome Indicators
- 2.2. Programmatic Performance
  - 2.2.1. Reporting Periods
  - 2.2.2. Program Objectives, Service Delivery Areas and Indicators
  - 2.2.3. Cumulative Progress To Date
- 2.3. Financial Performance
  - 2.3.1. Grant Financial Key Performance Indicators (KPIs)
  - 2.3.2. Program Budget
  - 2.3.3. Program Expenditures
  - 2.3.4. Graph - Cumulative Program Budget, Expenditures and Disbursement to Date
- 2.4. Progress Update and Disbursement Information
- 2.5. Phase 2 Grant Renewal

#### **3. Contextual Information**

- 3.1. Country Latest Statistics
- 3.2. Contextual Information
- 3.3. Summary of Financial Accountability Issues from PR Annual Audit Report

#### ***Appendices***

- A1 - Grant Programmatic Key Performance Indicators (KPIs)

## 1. Program Description

### 1.1. Program Description Summary

The Program aims to significantly contribute to the national efforts to control the HIV/AIDS epidemic in Peru. This will be achieved by optimizing resource allocation of funds for HIV/AIDS, improving the quality of the current interventions and expanding the scope of national actions. The Program will support a combination of the following:

- Prevention activities that include increasing awareness through information, education and communication campaigns;
- Treatment activities to extend access to and improve the quality of integrated health care services offered to people living with HIV/AIDS (PLWHA) and high risk populations (men who have sex with men (MSM) and sex workers (SW), including the provision of anti-retroviral treatment to all those who require treatment; and
- Political activities aimed at strengthening the response among different sectors of government and civil society, from a perspective of citizen participation and a respect for human rights.

### 1.2. Comments on Key Discrepancies between Approved Proposal and Grant

There are no discrepancies between the approved proposal and grant agreement.

### 1.3. Initial PR Assessments

Assessment Area	Rating	Summary of Recommendations/Action Required and Taken
Background Analysis	x	Not applicable
Financial Management and Systems	A2	<p>The PR should consider the possibility of initiating the selection and contracting process of program personnel as soon as possible so that they can be adequately trained in time.</p> <p>The PR should develop the profile for the administrative posts (taking into account those which will require knowledge in the use of Enterprise Resource Planning (ERP) systems and financial and accounting methods).</p> <p>The induction program for administrative personnel should be adapted to the needs of the Global Fund project.</p> <p>The PR should develop a training program for those sub-recipients who will be using the procedures, policies and systems of CARE in regards to financial control of disbursements and settlement of expenditures.</p> <p>Responsibilities and frequency related to the reporting of information (as they were not detailed the proposal), should be established.</p>
Institutional and Programmatic	A2	<p>The PR should accelerate the approval of the Organizational Manual and the official acknowledgement of CONAMUSA. This will allow for the clear definition of roles and responsibilities, as well as the establishment of coordination mechanisms with CARE PERU in its role as Principal Recipient. The PR should also accelerate the approval of the operational plan for the 1st year of program execution in way that it will be able to adopt the necessary actions which will allow for the project to begin quickly. Due to the fact that the governing body of CARE is in Atlanta, the PR should have a consultative committee which should facilitate recommendations to the National Direction in terms of strategic themes, institutional image, etc.</p>
Procurement and Supply Management	A2	<p>It is strongly recommended to make best use of best practices in pharmaceutical management and ART available in the country, e.g. ProVida for pharmaceutical management, EsSalud and health services of the FFAA for improving ARV prescribing practices; Hospital Dos de Mayo and groups of PLWHAs for designing patient care systems, etc.</p> <p>The PR should finalize the budgeting information on the various categories of health products, using pricing information currently requested from IDA and UNICEF.</p> <p>The PR should address outstanding issues related to a national treatment strategy, resistance of some health professionals and/or institutions to use generic ARVs, involvement of PLWHAs in comprehensive patient care in health facilities and as independent groups.</p>

Assessment Area	Rating	Summary of Recommendations/Action Required and Taken
Monitoring and Evaluation	B2	<p>At the time of the assessment it was unclear whether or not the PR would be undertaking M&amp;E responsibilities. Regardless, some key recommendations came out of the assessment and are listed below:</p> <p>It is recommended that the current project management software (SGP) be adapted to the needs of the project. This should be done so that M&amp;E activities can be integrated with the rest of the financial and administrative project information.</p> <p>M&amp;E specialists should be hired and put through a rapid induction process using the diverse tools (Knowledge Center and self-learning courses) that CARE has.</p> <p>The PR should try to influence CONAMUSA to finalize and share the operational plan so that this can be used as a base to prepare the M&amp;E plan.</p> <p>Detailed budgets for M&amp;E activities need to be prepared.</p>
Overall	B1	N/A

#### 1.4. Conditions Precedent

Condition Precedent	Tied To	Terminal Date	Is currently met?	Comments
Condition Precedent to 1st disbursement: An organizational chart defining the general structure of the team that will be dedicated to the administration of the Grant and outlining all available positions, whether staffed or unstaffed, plus a description of duties for each position.			Yes	
Condition Precedent 2nd disbursement: the final version of all procurement and other plans described under article 18 of the agreement.			Yes	
Condition Precedent 2nd disbursement: the names of the persons occupying the positions defined in the general organizational chart, accompanied by a copy of each person's curriculum vitae, contract with the Principal Recipient, and a description of each person's level of engagement with the Program.			Yes	
Condition Precedent 2nd disbursement: evidence that the PR has designed an introductory training module for sub-recipients and contractors; such training program shall aim at clarifying sub-recipient roles and responsibilities under the Program as well as all processes and procedures regarding administrative and logistical functions to be carried out by these entities.			Yes	
Condition Precedent 3rd disbursement: a detailed plan for the monitoring the program, as described in article 14 of the agreement			Yes	
Condition Precedent 3rd disbursement: baseline data that further clarifies, to the satisfaction of the Global Fund, all coverage and impact indicators covered in Attachment 1 to Annex A.			Yes	
Special Term and Condition: the annual report required under Article 13b(2) of the Agreement shall be due no later than 90 days after the close of each fiscal year of the Principal Recipient.			Yes	
Special Term and Condition: the Principal Recipient shall deposit any Grant funds in insured accounts.			Yes	
Special Term and Condition: No later than July 31, 2004 the Principal Recipient shall deliver an updated Attachment 1 to this Annex A with an updated table of key quarterly progress indicators as per objective and a budget for the second year of the Program. Note: this condition was waived.			No	
Special Term and Condition: the Standard Treatment Guidelines applicable to this program are contained in the publication entitled "NORMA TECNICA PARA EL TRATAMIENTO ANTIRETROVIRAL DE GRAN ACTIVIDAD (TARGA) EN ADULTOS INFECTADOS POR EL VIRUS DE LA INMUNODEFICIENCIA HUMANA" as published by the Ministry of Health of the Republic of Peru.			Yes	

Condition Precedent	Tied To	Terminal Date	Is currently met?	Comments
Condition for Phase 2: By no later than 30 June 2006, a statement confirming that the Principal Recipient has established a special bank account solely for the Program into which the Grant funds will be disbursed as indicated in block 10 of the face sheet of this Agreement.			Yes	
Condition for Phase 2: The delivery by the Principal Recipient to the Global Fund, in form and substance satisfactory to the Global Fund, by no later than 15 June 2006, a plan (the "Stock Management Plan"), to improve the procurement and supply management system for the Program (and the program funded by the Round 5 Global Fund grant (no. 506-G03-H)).			Yes	
Condition for Phase 2: By no later than 30 June 2006, the delivery by the Principal Recipient to the Global Fund of a plan for the procurement, use and supply management of the Health Products for the Program (and the program funded by the Round 2 Global Fund grant (no. 506-G03-H)) as described in subsection (c) of Article 19 of the Standard Terms and Conditions of this Agreement (the "PSM Plan") , which takes into account the analysis described in clause (i) above and which includes the Stock Management Plan; and the written approval by the Global Fund of the PSM Plan (including the Stock Management Plan).			Yes	
Condition Precedent to Seventh and Eighth Disbursement The seventh and eighth disbursement of Grant funds is subject to evidence, to the satisfaction of the Global Fund, that forecasting and stock management of health products for the Program and the program funded by the Round 5 Global Fund grant (no. 506-G03-H) has substantially improved.			In Progress	

## 2. Key Grant Performance Information

### 2.1. Program Goals, Impact and Outcome Indicators

Goal 1	To maintain and/or diminish the prevalence of HIV/AIDS by the year 2007										
Impact indicator	HIV prevalence among MSM							Baselines			
								Value	Year		
								13.90%	2003		
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	
Target			13.90%		10% (updated baseline)						
Result											
Impact indicator	HIV prevalence among sex workers							Baselines			
								Value	Year		
								0.49%	2003		
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	
Target			0.49%		0.49% (updated baseline)						
Result											
Impact indicator	Percentage of pregnant women infected with HIV							Baselines			
								Value	Year		
								0.5%	2002		
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	
Target			0.20%		0.50%						
Result											
Impact indicator	Percentage of children of HIV-positive mothers who do not sero-revert at 18 months							Baselines			
								Value	Year		
								24%	2003		
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	
Target			25%		10%						
Result	N: D: P: %	N: D: P: %	N: D: P: 15%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	
Outcome indicator	Number and percentage of adolescents in schools (12-18 years old) who used condoms in their last sexual encounter to prevent STIs/HIV							Baselines			
								Value	Year		
								51.80%	2003		
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	
Target		56.98%	63%	75%	90%						
Result	N: D: P: %	N: D: P: %	N: D: P: 59%	N: D: P: 59%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	

Outcome indicator	Number and percentage of young people (19-24 years old) who used condoms in their last sexual encounter							Baselines			
								Value		Year	
								44.20%		2003	
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	
Target		48.62%	53%	64%	77%						
Result	N: D: P: %	N: D: P: %	N: D: P: 43%	N: D: P: 43%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	
Outcome indicator	Number and percentage of sex workers who used condoms in their last sexual encounter							Baselines			
								Value		Year	
								93.3%		2003	
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	
Target		70%	94%		96%						
Result											
Outcome indicator	Number and percentage of MSM sex workers who used a condom in their last sexual anal encounter							Baselines			
								Value		Year	
								46.30%		2003	
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	
Target		70%	80%		82%						
Result											
Outcome indicator	Number and percentage of persons deprived of liberty who used a condom in their last sexual encounter							Baselines			
								Value		Year	
								32.80%		2004	
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	
Target		60%	70%	80%	90%						
Result											

## 2.2. Programmatic Performance

### 2.2.1. Reporting Periods

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Periods per Attachment	01.Dec.03 29.Feb.04	01.Mar.04 31.May.04	01.Jun.04 31.Aug.04	01.Sep.04 30.Nov.04	01.Dec.04 28.Feb.05	01.Mar.05 31.May.05	01.Jun.05 31.Aug.05	01.Sep.05 30.Nov.05
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Periods per Attachment	01.Dec.05 28.Feb.06	01.Mar.06 31.May.06	01.Jun.06 31.Aug.06	01.Sep.06 30.Nov.06	01.Dec.06 31.May.07	01.Jun.07 31.Dec.07	01.Jan.08 30.Jun.08	01.Jul.08 31.Dec.08

### 2.2.2. Program Objectives, Service Delivery Areas and Indicators

#### Objective 1 - Encouraging healthy lifestyles among adolescents and young people with regard to STI/HIV/AIDS

#### SDA - Prevention: Behavioral Change Communication - Community Outreach

Indicator 1.7 - Number and percentage of adolescent students with information on STIs/HIV (Note: this is a new indicator for Attachment 3&4) (This indicator is measured on an annual basis)

Level	Baseline																							
	Value	Year																						
Level 3-People reached	57.30%	2003																						
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24
Target												60%				80%				N: 2,680 D: 3,350 P: 80%				
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	57%	57%	N: D: P: %	Not reported	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	

Indicator 1.8 - Number and percentage of young people of both sexes with information on STIs/HIV (Note: this is a new indicator for Attachment 3&4) (This indicator is measured on an annual basis)

Level	Baseline									
	Value	Year								
Level 3-People reached	71.10%	2003								
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8		
Target										
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16		
Target				75%				80%		
Result	38%	N: D: P: %	N: D: P: %	Not reported	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: 54%		
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24		
Target	N: D: P: %	N: D: P: %	N: D: P: %	N: 1,168 D: 1,374 P: 85%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	

Indicator 1.9 - Number and percentage of adolescents of both sexes receiving STI and HIV counseling and/or attention (Note: this is a new indicator for Attachment 3&4) (This indicator is measured on an annual basis)

Level	Baseline									
	Value	Year								
Level 3-People reached	26.30%	2003								
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8		
Target										
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16		
Target				44.45%				57.79%		
Result	29%	N: D: P: %	N: D: P: %	Not reported	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: 74%		
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24		
Target	N: D: P: %	N: D: P: %	N: D: P: %	N: 2,517 D: 3,356 P: 75%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	

Indicator 1.10 - Number and percentage of young people of both sexes receiving STI and HIV counseling and attention (Note: this is a new indicator for Attachment 3&4) (This indicator is measured on an annual basis)

Level	Baseline																	
	Value	Year																
Level 3-People reached	24%	2003																
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8										
Target																		
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %									
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16										
Target				40.56%														
Result	28%	N: D: P: %	N: D: P: %	Not reported	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %									
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24										
Target	N: D: P: %	N: D: P: %	N: D: P: %	N: 942 D: 1,375 P: 69%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %									
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %									

**Objective 2 - Reducing the prevalence of HIV/AIDS in vulnerable populations**

**SDA - Prevention: Behavioral Change Communication - Community Outreach**

Indicator 2.4 - Percentage of MSM who are sex workers who receive periodic medical attention (AMP spanish acronym) (Note: this is a new indicator for Attachment 3&4) (Note 2: this is a non-cumulative indicator)

Level	Baseline																	
	Value	Year																
Level 3-People reached	42.40%	2003																
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8										
Target																		
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %									
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16										
Target	62%	62%	1,426 (62%)	62%	64%	68%	70%	72%										
Result	43%	43%	1,563 (110%)	144% (2060)	N: D: P: %	89%	N: D: P: %	N: D: P: 83%										
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24										
Target	N: D: P: %	N: 2,172 D: 2,784 P: 78%	N: D: P: %	N: 2,283 D: 2,784 P: 82%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %										
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %										

Indicator 2.5 - Percentage of sex workers who receive periodic medical attention (AMP Spanish acronym) (Note: this is a new indicator for Attachment 3&4) (Note 2: this is a non-cumulative indicator)

Level	Baseline																	
	Value	Year																
Level 3-People reached	57.70%	2003																
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8										
Target																		
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %										
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16										
Target	29%	45%	4321 (60%)	80%	82%	85%	88%	90%										
Result	46%	46%	4889 (113%)	4347 (100%)	N: D: P: %	95.3%	N: D: P: %	N: D: P: 90%										
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24										
Target	N: D: P: %	N: 5,495 D: 6,105 P: 90%	N: D: P: %	N: 5,495 D: 6,105 P: 90%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %										
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %										

**SDA - Supportive Environment: Strengthening of Civil Society**

Indicator 2.6 - Number of organizations of SW and MSM implementing human rights and social development activities (Note: this is a new indicator for Attachment 3&amp;4)

Level	Baseline									
	Value	Year								
Level 2-Service Points supported	2	2005								
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8		
Target										
Result										
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16		
Target		5	10	16	16	16	16	16	16	
Result		4	4	17		17			17	
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24		
Target		17		17						
Result										

**SDA - Prevention: Condom Distribution**

Indicator 2.7 - Number of condoms distributed in CERITS and UAMPS

Level	Baseline									
	Value	Year								
Level 3-People reached	25,000,000	2005								
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8		
Target										
Result										
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16		
Target		400,000	800,000	1,200,000				1,800,000		
Result		63,087	179,963	585,649		1,005,943		1,457,614		
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24		
Target		19,383,100		38,265,400						
Result										

#### Objective 3 - Reducing vertical HIV transmission

##### SDA - Prevention: PMTCT

Indicator 3.1 - Number and percentage of pregnant women without pre-natal control who receive counseling and HIV rapid tests during labor (Note: this indicator was reworded in Attachment 3&4 and the targets are expressed in percentage. The PR will report numerators and denominators. This indicator is non-cumulative)

Level	Baseline									
	Value	Year								
Level 3-People reached	0	2003								
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8		
Target	0	35,000	70,000	100,000	100,000	135,000	170,000	200,000		
Result	0	0	0	0	15,350	22,286	44,883	84,834		
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16		
Target				70%					77%	
Result	18% (4872)	5,613	18% (30,803)	23% (39,054)	N: D: P: %	19.4% (33416)	N: D: P: %	N: D: P: 33%		
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24		
Target	N: D: P: %	N: 120,750 D: 156,818 P: 77%	N: D: P: %	N: 146,625 D: 172,500 P: 85%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	

Indicator 3.3 - Number and percentage of pregnant women who receive counseling and HIV rapid tests (Note: this indicator is new in Attachment 3&4. The PR will report numerators and denominators)

Level	Baseline									
	Value	Year								
Level 3-People reached	84834 (42%)	2005								
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8		
Target										
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16		
Target	60%			60%					70%	
Result	52% (61050)	69.7% (59,749)	41% (59,728)	44% (64,866)	N: D: P: %	(40%) 60121	N: D: P: %	N: D: P: 47%		
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24		
Target	N: D: P: %	N: 299,000 D: 650,000 P: 46%	N: D: P: %	N: 325,000 D: 650,000 P: 50%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	

Indicator 3.6 - 'Number and percentage of seropositive pregnant women who receive antiretroviral prophylaxis in order to avoid vertical transmission of HIV

Level	Baseline																	
	Value	Year																
Level 3-People reached	346 (42%)	2005																
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8										
Target	0	0	0	0	0	0	0	1,008 (70%)										
Result	0	0	0	0	0	0	0	346 (24%)										
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16										
Target	70%			100%				100%										
Result	75% (3)	N: D: P: %	5 (83.33%)	80% (8)	N: D: P: %	(78.3%) 18	N: D: P: %	N: D: P: 77%										
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24										
Target	N: D: P: %	N: 504 D: 560 P: 90%	N: D: P: %	N: 504 D: 560 P: 90%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %									
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %									

**Objective 4 - Ensuring quality integral care for PLWHA, including access to antiretroviral treatment****SDA - Treatment: Antiretroviral treatment and monitoring**

Indicator 4.4 - Number and percentage of PLWHA in immune deficiency stage receiving antiretrovirals (ARVs) according to Ministry of Health guidelines and norms (Note: indicator re-worded from Attachment 1. This is a co-financed with the Ministry of Health and targets and results includes the targets and results of MOH). Note 2: the Year 2 target was overestimated and as per the Phase 2 request the Year 2 target will now be reached in Year 4)

Level	Baseline									
	Value	Year								
Level 3-People reached	2158	2003								
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8		
Target	0	2,050	4,200	7,000	7,000	7,000	7,000	7,000	9,000 (100%)	
Result	0	0	583	3,506	3,506	4,883	5,874	6,388	(71%)	
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16		
Target	7,000 (61.25%)	7,400 (64.75%)	7800 (68.25%)	8,000 (70%)	8,250 (73%)	8,500 (76%)	8,750 (78%)	9,000 (80%)		
Result	6,808 (92%)	7,537 (95%)	8,064 (96%)	9157 (96%)		10610 (95.5%)		12160 (94.6%)		
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24		
Target	N: D: P: %	N: 13,169 D: 13,862 P: 95%	N: D: P: %	N: 14,369 D: 15,125 P: 95%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	
Result										

Indicator 4.5 - Number of PLWHA receiving tests for monitoring viral load and CD4 lymphocytes (Note: this indicator was re-worded from Attachment 1) (Note: this indicator was re-worded in Attachment 3&4)

Level	Baseline									
	Value	Year								
Level 3-People reached	25%	2003								
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8		
Target		2,050	4,200	7,000	7,000	7,000	7,000	9,000		
Result		0	139	1,623	1,623	3,717	4,847	5,801		
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16		
Target	6,075	6,615	7,155	7,425				8,775		
Result	6,718	7,631	8,831	9,406				14,931		
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24		
Target		16,192		17,962						
Result										

Indicator 4.8 - Percentage of adherence to ARV treatment (Note: new indicator for Attachment 2)

Level	Baseline																	
	Value	Year																
Level 3-People reached	0%	2003																
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8										
Target	0	0	0	0	0	0	0	0	60%									
Result	0	0	0	0	0	0	0	0	0									
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16										
Target	80%	80%	80%	Baseline for 2005 to be provided; 80%	80%	80%	80%	80%	80%									
Result	27%	85%	90%	88%		91%		87%										
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24										
Target		89%		89%														
Result																		

**Objective 5 - Strengthening the response of civil society and the State to the HIV/AIDS epidemic**

**SDA - Supportive environment: Policy development including workplace policy**

**Indicator 5.7 - Percentage increase of multisectorial expenditure for HIV**

Level	Baseline									
	Value	Year								
Level 0- Process/Activity Indicator	S/\$ 7291414 ; S/19,991,450	2003 and 2006								
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8		
Target										
Result										
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16		
Target	S/\$ 20,499,426 (10%)	S/\$ 20,499,426 (10%)	S/\$ 20,499,426 (10%)	S/\$ 22,549,369 (20%)	S/\$ 22,549,369 (20%)	S/\$ 22,549,369 (20%)	S/\$ 22,549,369 (20%)	S/\$ 24,804,306 (30%)		
Result	S/\$ 29,295,717 (42.5%)	S/\$ 29,295,717 (42.5%)	S/\$ 29,295,717 (42.5%)	Not reported		S/\$ 39,605,493 (92.28%)		S/\$ 39,605,493 (98.26%)		
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24		
Target				S/20,991,023 (5%)						
Result										

**SDA - Supportive Environment: Coordination and partnership development (national, community, public-private)**

**Indicator 5.8 - Number of institutions that participate in technical committees and the advisory committee of the CONAMUSA (Note: this is a new indicator for Attachment 3&4)**

Level	Baseline									
	Value	Year								
Level 2-Service Points supported	N/A	N/A								
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8		
Target										
Result										
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16		
Target	0	15	20	23	23	23	23	23		
Result	7	11	13	10		11		20		
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24		
Target		23		23						
Result										

2.2.3. Cumulative Progress To Date

<b>Objective 1</b>	<b>Encouraging healthy lifestyles among adolescents and young people with regard to STI/HIV/AIDS</b>							
<b>SDA</b>	<b>SDA - Prevention: Behavioral Change Communication - Community Outreach</b>							
<b>Indicator 1.7 - Number and percentage of adolescent students with information on STIs/HIV (Note: this is a new indicator for Attachment 3&amp;4) (This indicator is measured on an annual basis)</b>								
	<b>Period</b>	<b>Target</b>	<b>Result</b>	<b>0%</b>	<b>30%</b>	<b>50%</b>	<b>80%</b>	
Level 3-People reached	12	60%	Not reported					0%
<b>Indicator 1.8 - Number and percentage of young people of both sexes with information on STIs/HIV (Note: this is a new indicator for Attachment 3&amp;4) (This indicator is measured on an annual basis)</b>								
	<b>Period</b>	<b>Target</b>	<b>Result</b>	<b>0%</b>	<b>30%</b>	<b>50%</b>	<b>80%</b>	
Level 3-People reached	12	75%	Not reported					0%
<b>Indicator 1.9 - Number and percentage of adolescents of both sexes receiving STI and HIV counseling and/or attention (Note: this is a new indicator for Attachment 3&amp;4) (This indicator is measured on an annual basis)</b>								
	<b>Period</b>	<b>Target</b>	<b>Result</b>	<b>0%</b>	<b>30%</b>	<b>50%</b>	<b>80%</b>	
Level 3-People reached	12	44.45%	Not reported					0%
<b>Indicator 1.10 - Number and percentage of young people of both sexes receiving STI and HIV counseling and attention (Note: this is a new indicator for Attachment 3&amp;4) (This indicator is measured on an annual basis)</b>								
	<b>Period</b>	<b>Target</b>	<b>Result</b>	<b>0%</b>	<b>30%</b>	<b>50%</b>	<b>80%</b>	
Level 3-People reached	12	40.56%	Not reported					0%

<b>Objective 2</b>	<b>Reducing the prevalence of HIV/AIDS in vulnerable populations</b>							
<b>SDA</b>	<b>SDA - Prevention: Behavioral Change Communication - Community Outreach</b>							
<b>Indicator 2.4 - Percentage of MSM who are sex workers who receive periodic medical attention (AMP spanish acronym) (Note: this is a new indicator for Attachment 3&amp;4) (Note 2: this is a non-cumulative indicator)</b>								
	<b>Period</b>	<b>Target</b>	<b>Result</b>	<b>0%</b>	<b>30%</b>	<b>50%</b>	<b>80%</b>	
Level 3-People reached	14	68%	89%					131%
<b>Indicator 2.5 - Percentage of sex workers who receive periodic medical attention (AMP Spanish acronym) (Note: this is a new indicator for Attachment 3&amp;4) (Note 2: this is a non-cumulative indicator)</b>								
	<b>Period</b>	<b>Target</b>	<b>Result</b>	<b>0%</b>	<b>30%</b>	<b>50%</b>	<b>80%</b>	
Level 3-People reached	14	85%	95.3%					112%

<b>SDA</b>	<b>SDA - Supportive Environment: Strengthening of Civil Society</b>							
<b>Indicator 2.6 - Number of organizations of SW and MSM implementing human rights and social development activities (Note: this is a new indicator for Attachment 3&amp;4)</b>								
	<b>Period</b>	<b>Target</b>	<b>Result</b>	<b>0%</b>	<b>30%</b>	<b>50%</b>	<b>80%</b>	
Level 2-Service Points supported	16	16	17					106%

<b>SDA</b>	<b>SDA - Prevention: Condom Distribution</b>							
<b>Indicator 2.7 - Number of condoms distributed in CERITS and UAMPS</b>								
	<b>Period</b>	<b>Target</b>	<b>Result</b>	<b>0%</b>	<b>30%</b>	<b>50%</b>	<b>80%</b>	
Level 3-People reached	16	1,800,000	1,457,614					81%

Objective 3	Reducing vertical HIV transmission							
SDA	SDA - Prevention: PMTCT							
Indicator 3.1 - Number and percentage of pregnant women without pre-natal control who receive counseling and HIV rapid tests during labor (Note: this indicator was reworded in Attachment 3&4 and the targets are expressed in percentage. The PR will report numerators and denominators. This indicator is non-cumulative)								
	Period	Target	Result	0%	30%	50%	80%	
Level 3-People reached	12	70%	23% (39,054)					33%
Indicator 3.3 - Number and percentage of pregnant women who receive counseling and HIV rapid tests (Note: this indicator is new in Attachment 3&4. The PR will report numerators and denominators)								
	Period	Target	Result	0%	30%	50%	80%	
Level 3-People reached	12	60%	44% (64,866)					73%
Indicator 3.6 - 'Number and percentage of seropositive pregnant women who receive antiretroviral prophylaxis in order to avoid vertical transmission of HIV								
	Period	Target	Result	0%	30%	50%	80%	
Level 3-People reached	12	100%	80% (8)					80%

Objective 4	Ensuring quality integral care for PLWHA, including access to antiretroviral treatment							
SDA	SDA - Treatment: Antiretroviral treatment and monitoring							
Indicator 4.4 - Number and percentage of PLWHA in immune deficiency stage receiving antiretrovirals (ARVs) according to Ministry of Health guidelines and norms (Note: indicator re-worded from Attachment 1. This is a co-financed with the Ministry of Health and targets and results includes the targets and results of MOH). Note 2: the Year 2 target was overestimated and as per the Phase 2 request the Year 2 target will now be reached in Year 4)								
	Period	Target	Result	0%	30%	50%	80%	
Level 3-People reached	14	8,500 (76%)	10610 (95.5%)					126%
Indicator 4.5 - Number of PLWHA receiving tests for monitoring viral load and CD4 lymphocytes (Note: this indicator was re-worded from Attachment 1) (Note: this indicator was re-worded in Attachment 3&4)								
	Period	Target	Result	0%	30%	50%	80%	
Level 3-People reached	16	8,775	14,931					170%
Indicator 4.8 - Percentage of adherence to ARV treatment (Note: new indicator for Attachment 2)								
	Period	Target	Result	0%	30%	50%	80%	
Level 3-People reached	14	80%	91%					114%

Objective 5	Strengthening the response of civil society and the State to the HIV/AIDS epidemic							
SDA	SDA - Supportive environment: Policy development including workplace policy							
Indicator 5.7 - Percentage increase of multisectorial expenditure for HIV								
	Period	Target	Result	0%	30%	50%	80%	
Level 0-Process/Activity Indicator	14	S/\$ 22,549,369 (20%)	S/\$ 39,605,493 (92.28%)					175%
SDA - Supportive Environment: Coordination and partnership development (national, community, public-private)								
Indicator 5.8 - Number of institutions that participate in technical committees and the advisory committee of the CONAMUSA (Note: this is a new indicator for Attachment 3&4)								
	Period	Target	Result	0%	30%	50%	80%	
Level 2-Service Points supported	16	23	20					87%

#### 2.3. Financial Performance

##### 2.3.1. Grant Financial Key Performance Indicators (KPIs)

Grant Duration (months)	61 months	Grant Amount	22,898,972 \$
% Time Elapsed	80%	% disbursed by TGF	85%
Time Remaining (months)	12 months	Disbursed by TGF	19,542,887 \$
Expenditures' Burn Rate	93%	Funds Remaining	3,356,085 \$

##### 2.3.2. Program Budget

	Budget Period 1	Budget Period 2	Budget Period 3	Budget Period 4	Budget Period 5	Budget Period 6	Budget Period 7	Budget Period 8
Period Covered From:	01.Dec.03	01.Mar.04	01.Jun.04	01.Sep.04	01.Dec.04	01.Mar.05	01.Jun.05	01.Sep.05
Period Covered To:	29.Feb.04	31.May.04	31.Aug.04	30.Nov.04	28.Feb.05	31.May.05	31.Aug.05	30.Nov.05
Currency:	USD	USD	USD	USD	USD	USD	USD	USD
Cumulative Budget Through:	447,268	4,176,754	5,986,293	2,941,360	6,940,596	11,000,529	13,389,086	12,120,524
Summary Period Budget:	447,268	3,729,486	1,809,539	1,733,583	3,999,236	4,059,933	2,388,557	1,847,071

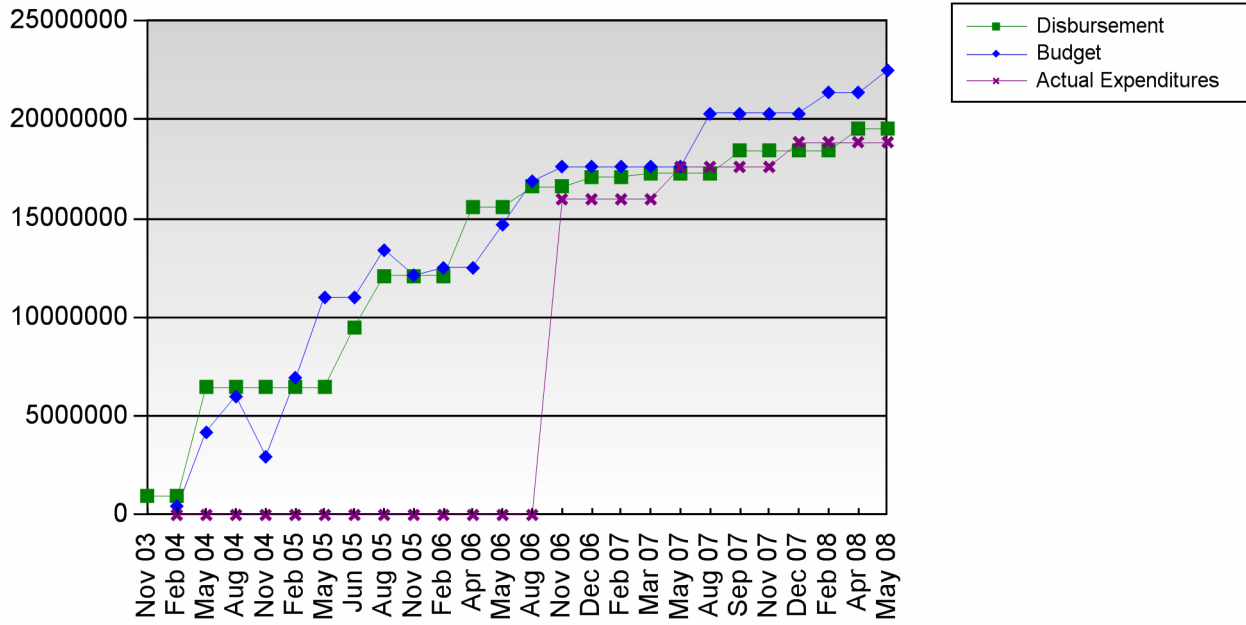
	Budget Period 9	Budget Period 10	Budget Period 11	Budget Period 12	Budget Period 13	Budget Period 14	Budget Period 15	Budget Period 16
Period Covered From:	01.Dec.05	01.Mar.06	01.Jun.06	01.Sep.06	01.Dec.06	01.Mar.07	01.Jun.07	01.Sep.07
Period Covered To:	28.Feb.06	31.May.06	31.Aug.06	30.Nov.06	28.Feb.07	31.May.07	31.Aug.07	30.Nov.07
Currency:	USD	USD	USD	USD	USD	USD	USD	USD
Cumulative Budget Through:	12,494,057	14,681,494	16,880,472	17,617,969	17,617,969	17,617,969	20,287,248	20,287,248
Summary Period Budget:	373,533	2,187,437	2,198,978	737,497			2,554,861	

	Budget Period 17	Budget Period 18	Budget Period 19	Budget Period 20	Budget Period 21	Budget Period 22	Budget Period 23	Budget Period 24
Period Covered From:	01.Dec.07	01.Mar.08	01.Jun.08	01.Sep.08	01.Dec.08	01.Mar.09	01.Jun.09	01.Sep.09
Period Covered To:	29.Feb.08	31.May.08	31.Aug.08	30.Nov.08	28.Feb.09	31.May.09	31.Aug.09	30.Nov.09
Currency:	USD	USD	USD	USD	USD	USD	USD	USD
Cumulative Budget Through:	21,371,479	22,485,881	23,559,829	24,246,444	24,246,444	24,246,444	24,246,444	24,246,444
Summary Period Budget:	1,084,231	1,114,402	1,073,948	686,615				

##### 2.3.3. Program Expenditures

Period PU: 01.Jun.07 - 31.Dec.07	Cumulative Budget	Cumulative Expenditures	Reason for variance
<b>1. Total actual expenditures vs. budget</b>	\$ 20,287,248	\$ 18,855,221	The variance is mainly due to outstanding payments of ARVs. The variance has decreased 19% compared with the variance shown in the last report.
<b>1a. PR's Total expenditure</b>		\$ 13,265,254	
<b>1b. Disbursements to sub-recipients</b>		\$ 5,589,967	
<b>2. Health product expenditures vs. Budget (already included in "Total Actual" above)</b>		\$ 241,666	
<b>2a. Pharmaceuticals</b>		\$ 8,160	
<b>2b. Health products, commodities and equipment</b>		\$ 233,506	

2.3.4. Cumulative Program Budget, Expenditures and Disbursement to Date



## 2.4. Progress Update and Disbursement Information

Rating	Description
A	Expected or exceeding expectations
B1	Adequate
B2	Inadequate but potential demonstrated
C	Unacceptable

Progress Updates					Disbursement Information				
PU	Period covered by PU		FPM Rating	DR	Disbursement Period Covered	PR Request	Disbursement Amount	Disbursement Date	
0	N/A		N/A	1	01.Nov.03 - 29.Feb.04	964,092	\$ 964,092	19 Nov 2003	
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
No recommendations or actions required					No variance				

PU	Period covered by PU		FPM Rating	DR	Disbursement Period Covered	PR Request	Disbursement Amount	Disbursement Date	
1	01.Dec.03 - 29.Feb.04		B1	2	01.Feb.04 - 31.May.04	5,513,610	\$ 5,513,610	26 May 2004	
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
Since many of the program activities depend on the provision of health products, disbursement was recommended even though little progress was achieved in Quarter 1.					No variance				

PU	Period covered by PU		FPM Rating	DR	Disbursement Period Covered	PR Request	Disbursement Amount	Disbursement Date	
2	01.Mar.04 - 31.May.04		B1	3	01.May.04 - 31.Aug.04				
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
Communication mechanisms and flow of information between the PR and certain sub-recipients should be improved. The PR should concentrate on the monitoring and strict accomplishment of the goals proposed in the reprogramming of activities in order to avoid delays.					No variance				

PU	Period covered by PU		FPM Rating	DR	Disbursement Period Covered	PR Request	Disbursement Amount	Disbursement Date	
3	01.Jun.04 - 31.Aug.04		B1	4	01.Aug.04 - 30.Nov.04				
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
					No variance				

PU	Period covered by PU		FPM Rating	DR	Disbursement Period Covered	PR Request	Disbursement Amount	Disbursement Date	
4	N/A		B1	5	01.Dec.04 - 28.Feb.05				
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
Good progress has been made in Quarter 4, however close attention is required by the PR and CONAMUSA to monitor delayed activities.					No variance				

PU	Period covered by PU		FPM Rating	DR	Disbursement Period Covered	PR Request	Disbursement Amount	Disbursement Date
5	N/A		B1	6	01.Mar.05 - 31.May.05	8,663,277	\$ 3,000,000	24 Jun 2005
<b>Summary of Progress</b>				<b>Reasons for variance between PR Request and Actual Disbursement</b>				
				Request was out of the disbursement cycle. Amount requested was not justified given programmatic requirements. In order to main the liquidity of the project before the next disbursement request/progress report, a portion of the requested funds were disbursed.				

PU	Period covered by PU		FPM Rating	DR	Disbursement Period Covered	PR Request	Disbursement Amount	Disbursement Date
6	N/A		B1	7	01.Jun.05 - 31.Aug.05	2,593,374	\$ 2,593,374	24 Aug 2005
<b>Summary of Progress</b>				<b>Reasons for variance between PR Request and Actual Disbursement</b>				
The PR needs to focus on activities related to the purchase and administration of drugs.				No variance				

PU	Period covered by PU		FPM Rating	DR	Disbursement Period Covered	PR Request	Disbursement Amount	Disbursement Date
7	N/A		B1	8	01.Sep.05 - 30.Nov.05			
<b>Summary of Progress</b>				<b>Reasons for variance between PR Request and Actual Disbursement</b>				
Overall progress achieved during Q7 was adequate. The PR did not request funds as there were sufficient funds on hand to cover projected expenditures for Q8 and the buffer of Q9.								

PU	Period covered by PU		FPM Rating	DR	Disbursement Period Covered	PR Request	Disbursement Amount	Disbursement Date
8	01.Sep.05 - 30.Nov.05		B1	9	01.Dec.05 - 28.Feb.06	4,118,700		
<b>Summary of Progress</b>				<b>Reasons for variance between PR Request and Actual Disbursement</b>				
During Q8 implementation continues to accelerate. 17 out of 27 indicators achieved 100% of their Year 2 targets. Progress with respect to number of people on ARVs continues to improve with 514 new patients entering treatment during this quarter. Forecasting of expenditure needs to improve.				The Cluster decided to disburse only 3.5 million based on previous quarters financial execution and the fact that the PRs financial analysis of cash flow needs was not adequate.				

PU	Period covered by PU		FPM Rating	DR	Disbursement Period Covered	PR Request	Disbursement Amount	Disbursement Date
9	01.Dec.05 - 28.Feb.06		B1	10	01.Mar.06 - 31.May.06	4,628,196	\$ 3,500,000	26 Apr 2006
<b>Summary of Progress</b>				<b>Reasons for variance between PR Request and Actual Disbursement</b>				
Implementation in Q9 slowed a bit, this was in part due the time that was required on the part of the PR to finalize the documents for Phase 2. Nonetheless the grant's performance continues to be adequate. With respect to persons on treatment Q9 saw an addition 420 people entering treatment. PMTCT activities continue to be behind schedule and the PR is preparing a strategy to address this issue.				The PR did not count the last disbursement of 3,500,000 as cash in transit and therefore this amount was deducted from the request. In addition to the 3.5mio, the VAT that has been recovered has also been reduced from this request and reinvested in the program				

PU	Period covered by PU		FPM Rating	DR	Disbursement Period Covered	PR Request	Disbursement Amount	Disbursement Date
10	01.Mar.06 - 31.May.06		B1	11	01.Jun.06 - 31.Aug.06	987,493	\$ 1,055,721	30 Aug 2006
<b>Summary of Progress</b>				<b>Reasons for variance between PR Request and Actual Disbursement</b>				
Two indicators in Objective 2 are falling seriously behind their accumulative targets				The PR did not take into account the disbursement of \$1,055,721 on 30 August 2006.				

PU	Period covered by PU		FPM Rating	DR	Disbursement Period Covered	PR Request	Disbursement Amount	Disbursement Date
11	01.Jun.06 - 31.Aug.06		B1	12	01.Sep.06 - 30.Nov.06	1,083,782	\$ 458,782	21 Dec 2006
<b>Summary of Progress</b>				<b>Reasons for variance between PR Request and Actual Disbursement</b>				
Treatment activities continue to perform well.				Conditions Precedent related to procurement are not fulfilled				

PU	Period covered by PU		FPM Rating	DR	Disbursement Period Covered	PR Request	Disbursement Amount	Disbursement Date
12	01.Sep.06 - 30.Nov.06		B1	13	01.Dec.06 - 31.May.07	1,292,029	\$ 184,607	30 Mar 2007
<b>Summary of Progress</b>				<b>Reasons for variance between PR Request and Actual Disbursement</b>				
During Q12 performance was adequate. The PR was unable to report results for 5 out of 16 indicators due to delays associated with the completion of the surveys needed to inform results for these indicators. With the exception of indicator 5.1, the information on these indicators will be available in the next report. Indicators related to PMTCT showed less than satisfactory results. This is largely due to the fact there was a shortage of nervalpine and rapid tests available in the health care establishments. The main reason for these shortages is due to logistical and coordination problems at the MOH and at the district level.				This is a partial disbursement as the grant has not evidenced that forecasting and stock management has substantially improved as required by the condition precedent. As a result the Cluster has temporarily withheld funds for the procurement of ARVs until evidence that systems have improved is demonstrated. In addition, the Cluster has deducted the 458,782 disbursed in December which the PR did not include as cash in transit. NOTE: as of Q13 the PR will report on a semester basis.				

PU	Period covered by PU		FPM Rating	DR	Disbursement Period Covered	PR Request	Disbursement Amount	Disbursement Date
13	01.Dec.06 - 31.May.07		A	14	01.Jun.07 - 31.Dec.07	1,181,058	\$ 1,171,073	13 Sep 2007
<b>Summary of Progress</b>				<b>Reasons for variance between PR Request and Actual Disbursement</b>				
During Semester 7, overall performance met expectations. Of the 12 indicators with S7/Q14 targets, 9 met or exceeded their targets for the period. In addition to those indicators with targets for the period under review the PR also reported on the results of the 4 indicators which were awaiting the completion of the surveys in Q12 in order to inform on the results. These indicators have been taken into consideration for the programmatic analysis and therefore bring the total number of indicators reviewed for the period to 16. Please note that for some indicators targets were not defined for this semester (TBDs in attachment 3&4), and an average of the agreed Year 3 and Year 4 targets for this semester were used. The update of the attachment is delayed as the targets are being harmonized for this, a Round 5 and a Round 6 HIV grant.				PR's revised cash forecast due to a change in the implementation of the activities.				

PU	Period covered by PU		FPM Rating	DR	Disbursement Period Covered	PR Request	Disbursement Amount	Disbursement Date
14	01.Jun.07 - 31.Dec.07		N/A	15	01.Jan.08 - 30.Jun.08	1,280,963	\$ 1,101,628	09 Apr 2008
<b>Summary of Progress</b>				<b>Reasons for variance between PR Request and Actual Disbursement</b>				
During Semester 8, Q16 The overall performance met expectations. Of the 16 indicators with targets for the period, 8 met or exceeded their targets, 5 achieved between 70-91% of their targets and the 3 remaining indicators achieved their targets in between 43-67%. The LFA notes that the use of registering mechanisms for some of the indicators will help improving their results. Likewise, it is expected that Round 5 activities and communicational campaigns launched in December 2007 will start influencing positively indicators "Number and percentage of adolescent students with information on STI/HIV" and "Number and percentage of young people of both sexes with information on STI/HIV" which have reached only 70% and 68% of their targets respectively.				The Cluster decided to disburse only the amount above mentioned based on previous quarter financial execution.				

2.5. Phase 2 Grant Renewal	
Performance Rating	Recommendation Category
Rationale for Phase 2 Recommendation Category	
Rationale for Phase 2 Recommendation Amount	
<b>Time-bound Actions</b>	
<b>Issues</b>	<b>Description of time-bound actions</b>

### 3. Contextual Information

3.1. Country Latest Statistics			
Background and Health Spending	Estimate	Year	Source
Total population (in 1000s)	27,274	2005	United Nations. World Population Prospects: The 2006 Revision.
Pop age 0-4 (in 1000s)	2,822	2005	United Nations. World Population Prospects: The 2006 Revision.
Pop age 15-49 (in 1000s)	14,455	2005	United Nations. World Population Prospects: The 2006 Revision.
GNI per capita (USD)	2,610	2005	World Bank. World Development Indicators database ( <a href="http://devdata.worldbank.org/data-query/">http://devdata.worldbank.org/data-query/</a> ) accessed on January 24, 2007
Income level	Lower middle income	2005	World Bank. World Development Indicators database ( <a href="http://devdata.worldbank.org/data-query/">http://devdata.worldbank.org/data-query/</a> ) accessed on January 24, 2007
Child mortality rate (per 1000)	29	2004	WHO. The World health report 2006: Working together for health.
Total health expenditure per capita (USD)	98	2003	WHO. The World health report 2006: Working together for health.
Physicians, Number	29,799	1999	WHO. The World health report 2006: Working together for health.
Nurses, Number	17,108	1999	WHO. The World health report 2006: Working together for health.
HIV/AIDS	Estimate	Year	Source
Adult HIV prevalence (%)	0.566	2005	UNAIDS. 2006 Report on the global AIDS epidemic: A UNAIDS 10th anniversary special edition.
People living with HIV/AIDS	93,000	2005	UNAIDS. 2006 Report on the global AIDS epidemic: A UNAIDS 10th anniversary special edition.
People dying with AIDS	5,600	2005	UNAIDS. 2006 Report on the global AIDS epidemic: A UNAIDS 10th anniversary special edition.
ARV need	18,000	2006	UNAIDS/WHO Global HIV/AIDS Online Database ( <a href="http://www.who.int/globalatlas/dataQuery/default">http://www.who.int/globalatlas/dataQuery/default</a> )
People on ARV treatment	9,000	2006	UNAIDS/WHO Global HIV/AIDS Online Database ( <a href="http://www.who.int/globalatlas/dataQuery/default">http://www.who.int/globalatlas/dataQuery/default</a> )

**3.2. Contextual Information**

Title	Explanatory Notes
Major changes in the nature of the epidemic	N/A
Major changes in the program supporting environment (e.g. changes in th partner relationships, introduction of new partners, etc.)	The development and implementation of the project has been accompanied by an increasing willingness and commitment on behalf of the Ministry of Health to tackle sexual and reproductive health issues. With this project ARV treatments are available for the first time, for the 80% of Peru's population that rely on the Ministry of Health for health services. The project continues to benefit by a strong project partnership in teh CCM and commitment from the MOH. In 2007 teh Council of Ministries approved the Multi-sectorial strategy for HIV/AIDS.
Significant adverse external influences (e.g. force majeure, change in government, natural disaster, etc.)	N/A
External financial issues (e.g. inflation, currency depreciation, etc.)	N/A
Program management issues (e.g. changes in PR/sub-recipients, problems with data collection, quality assurance, etc.)	The process of selecting, contracting and developing the capacity of sub -recipients led to delays in the implementation of the project in the first 6 months of the proyect.
Issues with the CCM (e.g. changes in membership, composition, etc.)	The CCM exercises a strong oversight of the project, bringing together a broad range of multi-sectoral partners into the strategic implementation of the project.
Additional Contextual Issues	<p>The project encountered some early delays during the process of selecting sub-recipients. In the highly participatory setting of governance in Peru, it was not possible to conduct a selection process of sub-recipients without the engagement of civil society in a participatory and inclusive public tender procedure with clear transparency rules. The need to follow such procedures set the project back by approximately 4 months.</p> <p>During the first year of the project there was difficulty scaling up the number of people on ARV treatment. This was partly related to ambitious targets in the Original proposal. The Ministry of Health is initiated a communications campaign to promote awareness that the treatment was available and decentralized ARV treatment to more areas of the country. The strong political commitment in the MoH to the project thus ensured that the end of Year Two 70% of the Year 2 target for people on treatment was reached.</p> <p>At the end of Year Two the project met the majority of its targets. The project remains is an example of a broad-based partnership approach to fighting HIV/ AIDS, bringing together a wide range of partners to fight the epidemic. It is significant in making ARV treatment widely available in Peru for the first time, and contributing to a change in polices towards sexual and reproductive health and fighting AIDS in Peru.</p> <p>The Global Fund has requested that the PR and Ministry of Health improve its procurement systems to ensure adequate forecasting of need for health products, in particular pharmaceuticals, to support the large increase of people starting treatment. The Global Fund continues to monitor proposed actions.</p> <p>During Year 3 and 4 treatment activities continued to perform well. A number of indicators related to activities with vulnerable groups did not meet their targets (Objective 2). The Global Fund has requested the PR &amp; CCM consider measures to improve the performance of these activities.</p>

**3.3. Summary of Financial Accountability Issues from PR Annual Audit Report**

<b>Date Received</b>		<b>Expected Date</b>	31.May.07
<b>Period Covered From</b>	01.Dec.05	<b>To</b>	30.Nov.05
The project's fiscal year commenced with the program start date (1st December 2003). The audit for Year 2 of the Program has been received. The Audit Report for Year 3 is due 31 May 2007.			