

General Grant Information

Country	Peru				
Grant Number	PER-506-G03-H	Component	HIV/AIDS	Round	5
Grant Title	Closing Gaps to Achieve Millennium Development Goals for HIV/AIDS in Peru				
Principal Recipient	CARE Peru				
Board Approved Lifetime Budget	\$ 12,967,865	Phase 1 Grant Amount	\$ 8,061,442	Phase 2 Grant Amount	
Grant Start Date	01 Sep 2006	Phase 1 End Date	30 Sep 2008	Phase 2 End Date	
Disbursed Amount	\$ 6,432,202	% of Grant Amount	80%	Latest Rating	A
Time Elapse (at the end of the latest reporting period)	16 months	% of Grant Duration	64%	Proposal Lifetime	61 months

New GPR Report - Table of Contents (For External Version)

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1. Program Description

1.1. Program Description Summary

Since the first case of AIDS was reported in 1983, an estimated 16,700 individuals have developed AIDS and 21,906 have acquired HIV as of March 2005. The HIV epidemic is concentrated in vulnerable populations (men who have sex with men (MSM), sex workers, prison inmates), although the proportion of infected women is on the rise. In addition, it is estimated that there are approximately 100,000 persons living with HIV who do not know their HIV status.

The Program aims to strengthen existing efforts by the government to control and prevent sexually transmitted infections (STI) and HIV in both vulnerable populations and the general population and will complement current activities and interventions that are being implemented by the Round 2 HIV/AIDS Global Fund Grant entitled "Strengthening Prevention and Control of AIDS in Peru". The Program will, as with the existing Round 2 grant, implement activities using a decentralized, multi-sectoral approach with a strong emphasis on citizen participation. The main objectives of the Program are:

1. To prevent the transmission of HIV and AIDS by reducing the incidence of sexually transmitted infections (STIs);
2. To reduce the social impact of HIV by decreasing stigma and discrimination against people living with HIV and AIDS (PLWHA) and their environment;
3. To strengthen ties among PLWHA organizations at the regional and national level to promote an integral response to HIV; and
4. To increase compliance with highly active antiretroviral therapy (HAART) in PLWHA and to promote the integrated management of opportunistic infections, including free access to medications.

1.2. Comments on Key Discrepancies between Approved Proposal and Grant

1.3. Initial PR Assessments

Assessment Area	Rating	Summary of Recommendations/Action Required and Taken
Background Analysis	B2	As this a repeat PR from Round 2, a Incremental Assessment has been undertaken in the four areas in order to strengthen the PR structure and systems. The efforts made by the PR throughout the execution of Phase I and part of Phase II of the initial grant agreement show there is a great potential and capacity to adequate its structure to manage the new grant. Also, the PR has well structured controlling and reporting procedures as well as the appropriate project management culture to administer the round 5 grant.
Financial Management and Systems	B2	The PR should manage funds by the use of independent accounts for each component. The Pr should strengthening of the Financial – Administration team by hiring at least one person to follow up sub recipients activities and expenditures and a person for supporting purchasing related activities.
Institutional and Programmatic	B2	PR should design an organizational structure to cope with the administration of the new grant and the existing grant. PR should assign roles and responsibilities within the organization to enable a coordinated effort in managing existing and new grants. Key positions within the organizational chart should be fulfilled and at least have evidence of the appointment, under terms of reference satisfactory to the Global Fund, of persons with the appropriate expertise and experience required to serve in the positions.
Procurement and Supply Management	B2	The PSM assessment identified substantive concerns related to forecasting and supply management, with forecasting of purchases not based on spreadsheet calculations of need and a close monitoring of stock levels. The PR was requested to be submit Stock Management Plan to overcome these problems and to show significant improvements in this plan as a condition to subsequent disbursements
Monitoring and Evaluation	B2	It will would needed the implementation of the proposed M&E structure, human resources selection and appointment, roles and responsibilities definition within the PR team and the Sub-Recipients processes for reporting and M&E training.
Overall	B2	The PR has the potential to manage the new grant. However, due to the amounts to be administered in conjunction with the old grant and the new grant, the experience and lessons learned in addition to the demands of round 5 implementation requires a more robust structure in terms of human resources, program management capacity, financial management control, monitoring and evaluation activities and systems improvement and procurement and supply management.

1.4. Conditions Precedent

Condition Precedent	Tied To	Terminal Date	Is currently met?	Comments
Conditions Precedent to First Disbursement: a statement confirming the bank account into which the Grant funds will be disbursed as indicated in block 10 of the face sheet of this Agreement			Yes	
Conditions Precedent to First Disbursement: (i) the terms of reference, in form and substance satisfactory to the Global Fund, for each of the positions in the newly re-structured program management unit (PMU) of the Principal Recipient (including a description of the position, the reporting lines and the responsibilities for such position) and (ii) evidence, in form and substance satisfactory to the Global Fund, that significant progress has been made in recruiting persons with the appropriate experience and expertise to fill each vacant position in the newly re-structured PMU (except for the four positions in the PMU with direct responsibility for management and oversight of Sub-recipients).			Yes	
Conditions Precedent to Second Disbursement: The delivery by the Principal Recipient to the Global Fund of a plan for the monitoring and evaluation of the progress of the Program toward its objective, including the activities implemented by Sub-Recipients, pursuant to Article 16 of the Standard Terms and Conditions of this Agreement (the "M&E Plan")			Yes	
Conditions Precedent to Second Disbursement: the written approval of the Global Fund of the M&E Plan.			Yes	
Conditions Precedent to Disbursement to Sub-recipients: the Principal Recipient has provided training to such Sub-recipient on measures to improve such Sub-recipient's forecasting of its cash needs in line with Global Fund reporting requirements			Yes	
Conditions Precedent to Disbursement to Sub-recipients: the Principal Recipient has developed a Sub-recipient management and oversight process within its PMU to improve the financial reporting by Sub-recipients (including, among other things, the development of template documents, closer oversight, increased feedback to Sub-recipients)			Yes	
Conditions Precedent to Disbursement for Procurement of Health Products: the delivery by the Principal Recipient to the Global Fund, in form and substance satisfactory to the Global Fund, by no later than June 15th 2006, of a plan (the "Stock Management Plan"), to improve the procurement and supply management system for the Program (and the program funded by the Round 2 Global Fund grant (no. 202-G01-H))			Yes	
Conditions Precedent to Disbursement for Procurement of Health Products: 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. 202-G01-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			Yes	
Conditions Precedent to Disbursement for Procurement of Health Products: The written approval by the Global Fund of the PSM Plan (including the Stock Management Plan)			Yes	Approved on 27 February 2007.

Condition Precedent	Tied To	Terminal Date	Is currently met?	Comments
Conditions Precedent to Disbursement for Procurement of Health Products: By no later than 30 October 2006, evidence, in form and substance satisfactory to the Global Fund, that forecasting and stock management of health products for the Program and the program funded by the Round 2 Global Fund grant (no. 202-G01-H) has substantially improved.			In Progress	

2. Key Grant Performance Information

2.1. Program Goals, Impact and Outcome Indicators

Goal 1	To decrease the incidence of HIV in vulnerable populations										
Impact indicator	Incidence rate in men who have sex with men (MSM)							Baselines			
								Value	Year		
								Not determined			
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	
Target	Baseline TBD				40% decrease of the baseline						
Result											
Impact indicator	Percentage of pregnant women infected with HIV							Baselines			
								Value	Year		
								0.5%			
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	
Target	0.20%	0.20%	0.50%								
Result											
Outcome indicator	% of men reporting the use of condom the last time they had anal sex with a male partner in the last 6 months							Baselines			
								Value	Year		
								46.3%			
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	
Target	80%		82%		85%						
Result											
Outcome indicator	% of female sex workers reporting the use of a condom with every client in the last month							Baselines			
								Value	Year		
								93.3%			
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	
Target	94%		96%		97%						
Result											
Outcome indicator	Number and percentage of persons deprived of liberty who used a condom in their last sexual encounter							Baselines			
								Value	Year		
								32.8%			
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	
Target	70%	80%	90%	90%	90%						
Result											
Outcome indicator	Number and percentage of adolescents in schools (12-18 years old) who used condoms in their last sexual encounter to prevent STI/HIV							Baselines			
								Value	Year		
								51.8%			
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	
Target	63%	75%	90%	90%	90%						
Result											

Outcome indicator	Number and percentage young people (19-24 years old) who used condoms in their last sexual encounter to prevent STI/HIV							Baselines		
								Value	Year	
								44.2%		

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target	53%	64%	77%	80%	80%					
Result										

Goal 2	To maintain or decrease the prevalence of HIV in the general population									
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Impact indicator	Prevalence of STIs in young people and adolescents (less than 24 years of age) (Percentage)							Baselines		
								Value	Year	
								Not determined		

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target	Baseline TBD	TBD	TBD	TBD	TBD					
Result										

Outcome indicator	Number of families of PLWHA who increase their average monthly salary through microenterprises							Baselines		
								Value	Year	
								N/D		

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target	Baseline TBD (results of the baseline study will define annual targets)	TBD	TBD	TBD	TBD					
Result										

Goal 3											
To increase the percentage of compliance with highly active antiretroviral therapy (HAART)											
Impact indicator	% of adults and children with HIV still alive 12 months after initiation of antiretroviral therapy (extend to 2, 3, 5 years as program matures)							Baselines			
								Value	Year		
								95.50% (70% of patients on ARVs)			
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	
Target	Baseline for all persons on ARV treatment to be established	70%	80%	90%	90%						
Result											
Outcome indicator	Percentage of PLWHA who abandon ARV treatment during the first 12 months after beginning treatment							Baselines			
								Value	Year		
								4.80%			
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	
Target	Baseline for all persons on ARV treatment to be established	TBD	TBD	TBD	TBD						
Result											
Outcome indicator	Percentage of the population of the regions intervened who have an accepting attitude towards PLWHA and/or vulnerable persons							Baselines			
								Value	Year		
								N/D			
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	
Target	Baseline TBD (targets may be adjusted after the results of the baseline study)	30%	50%	60%	60%						
Result											
Outcome indicator	Percentage of the educational personnel with accepting attitude towards HIV positive children							Baselines			
								Value	Year		
								N/D			
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	
Target	Baseline TBD (targets may be adjusted after the results of the baseline study)	30%	50%	70%	70%						
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.Sep.06 30.Nov.06	01.Dec.06 28.Feb.07	01.Mar.07 31.May.07	01.Jun.07 31.Aug.07	01.Sep.07 31.Dec.07	01.Jan.08 31.Mar.08	01.Apr.08 30.Jun.08	01.Jul.08 30.Sep.08

2.2.2. Program Objectives, Service Delivery Areas and Indicators

Objective 1 - To prevent the transmission of HIV and AIDS by reducing the incidence of sexually transmitted infections (STIs)

SDA - Prevention: Behavioral Change Communication - Community Outreach

Indicator 1.1 - Number and percentage of adolescent students with information on STI/HI

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		
Target	60%	60%			80%	80%				
Result	0	N: 1,127 D: 1,822 P: 62%	N: D: P: %	N: D: P: %	N: 1,127 D: 1,822 P: 62%	N: D: P: %	N: D: P: %	N: D: P: %		

Indicator 1.2 - Number and percentage of young people of both sexes with information on STI/HIV

Level	Baseline									
	Value	Year								
Level 3-People reached	71.1%	2003								
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8		
Target	75%	75%			80%	80%				
Result	0	N: 1,064 D: 1,255 P: 85%	N: D: P: %	N: D: P: %	N: 1,064 D: 1,255 P: 85%	N: D: P: %	N: D: P: %	N: D: P: %		

Indicator 1.3 - Number of women from community based organizations who have information on healthy sexual lifestyles (including information on HIV and STI prevention)

Level	Baseline									
	Value	Year								
Level 3-People reached	0	2005								
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8		
Target	0	0	500	3,000	4,000	4,500	6,000	7,500		
Result	n/a		0	1,862	8,390					

Indicator 1.4 - Number of women leaders from community based organizations trained as promoters of healthy sexual practices and prevention of STIs

Level	Baseline									
	Value	Year								
Level 1-People trained	0	2005								
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8		
Target	0	40	100	100	150	250	300	350		
Result	n/a	0	68	103	323					

Indicator 1.5 - Percentage of MSM who are sex workers who receive periodic medical attention (Note: 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	62%	65%	68%	70%	72%	75%	78%	80%	
Result	144%	N: 2,716 D: 1,426 P: 191%	89%	63%	N: 2,208 D: 2,647 P: 83%	N: D: P: %	N: D: P: %	N: D: P: %	

Indicator 1.6 - Percentage of sex workers who receive periodic medical attention (Note: this is a non-cumulative indicator)

Level	Baseline								
	Value	Year							
Level 3-People reached	57.7%	2003							
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	
Target	80%	82%	85%	88%	90%	90%	90%	90%	
Result	77%	N: 3,020 D: 4,321 P: 70%	95%	71%	N: 5,033 D: 5,616 P: 90%	N: D: P: %	N: D: P: %	N: D: P: %	

SDA - Prevention: STI diagnosis and treatment

Indicator 1.7 - Number and percentage of patients who receive diagnosis and treatment, using the STI syndromic management model, in public health facilities

Level	Baseline								
	Value	Year							
Level 3-People reached	150,000	2004							
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	
Target	30,000	120,000	210,000	300,000	412,500	525,000	637,500	750,000	
Result	n/a	77,810	172,124	255,913	349,305				

Indicator 1.8 - Number of health care professionals from public and non- public institutions trained in the syndromic management of STIs

Level	Baseline								
	Value	Year							
Level 3-People reached	0	2005							
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	
Target	0	30	90	125	275	425	575	625	
Result	n/a	0	164	355	727				

SDA - Prevention: Condom Distribution

Indicator 1.9 - Number of condoms distributed to persons deprived of liberty

Level	Baseline								
	Value	Year							
Level 3-People reached	100,000	2005							
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	
Target	0	0	0	3,000,000	3,000,000	3,000,000	3,000,000	6,000,000	
Result	0	0	0	0	0				

Objective 2 - To reduce the social impact of HIV by decreasing stigma and discrimination against people living with HIV/AIDS (PLWHAs) and their environment

SDA - Supportive environment: Stigma reduction in all settings

Indicator 2.1 - Number of teachers trained in stigma and discrimination against children living with HIV

Level	Baseline									
	Value	Year								
Level 1-People trained	0	2005								
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8		
Target	0	210	420	500	500	800	1,100	1,500		
Result	n/a	0	0	128	1,331					

SDA - Care and Support: Care and support for the chronically ill and families

Indicator 2.2 - Number and percentage of individuals from family groups of people living with HIV/AIDS (PLWHA) who receive integral attention (Note: a baseline study will be undertaken in order to determine the number of family members of PLWHAs)

Level	Baseline									
	Value	Year								
Level 3-People reached	0	2005								
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8		
Target	0	0	0	0	10%	20%	30%	50%		
Result	0	0	0	N: D: P: %	N: 14 D: 79 P: 18%	N: D: P: %	N: D: P: %	N: D: P: %		

SDA - Care and Support: Support for orphans and vulnerable children

Indicator 2.3 - Number and percentage of HIV positive children (including AIDS orphans) who receive integral care (Note: a baseline study will be undertaken in Q1 to determine the actual number of AIDS orphans, infected children and children affected by HIV. Note 2: this is a non-cumulative indicator)

Level	Baseline									
	Value	Year								
Level 3-People reached	0	2005								
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8		
Target	Baseline study	Baseline study	Baseline study	100	100	100	100	200		
Result	n/a	0		98	0					

Objective 3 - To strengthen ties among PLWHA organizations at the regional and national level to promote an integral response to HIV**SDA - Supportive Environment: Strengthening of Civil Society****Indicator 3.1 - Number of organizations of PLWHAS who have basic management instruments and strategies**

Level	Baseline									
	Value	Year	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Level 0- Process/Activity Indicator	0	2005								
Target	0		0	0	0	5	5	5	5	10
Result	n/a		0	0	0	3	0			

Indicator 3.2 - Number of PLWHA microenterprises created (Note: the measurement of number of PLWHAs reached by GAMs will begin in Phase 2)

Level	Baseline									
	Value	Year	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Level 0- Process/Activity Indicator	0	2005								
Target	0		0	0	6	10	13	18	25	30
Result	n/a		0	0	0	0	10			

Indicator 3.3 - Number of PLWHA participating in the creation of microenterprises

Level	Baseline									
	Value	Year	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Level 0- Process/Activity Indicator	0	2005								
Target	0		0	0	0	100	100	100	100	300
Result	n/a		0	0	0		0			

Objective 4 - To increase compliance with highly active antiretroviral therapy (HAART) in PLWHA and to promote the integrated management of opportunistic infections, including free access to medications**SDA - Care and Support: Care and support for the chronically ill and families**

Indicator 4.1 - Percentage of PLWHAs on ARVs who receive positive prevention

Level	Baseline									
	Value	Year								
Level 3-People reached	0	2005								
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8		
Target	0	0	0	0	40%	50%	60%	70%		
Result	n/a	0	0	N: D: P: %	N: 832 D: 2,390 P: 35%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	

SDA - Treatment: Prophylaxis and treatment for opportunistic infections

Indicator 4.2 - Number and percentage of PLWHAs on ARVs who receive treatment for opportunistic infections (including tuberculosis)

Level	Baseline									
	Value	Year								
Level 3-People reached	248 (PLWHA receiving ARVs)	2004								
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8		
Target	0	0	200	400	600	800	1,000	1,200		
Result	n/a	0	194	414	610					

SDA - Treatment: Antiretroviral treatment and monitoring

Indicator 4.3 - Percentage of adherence to ARV treatment

Level	Baseline									
	Value	Year								
Level 3-People reached	TBD	TBD								
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8		
Target	80%	80%	80%	80%	80%	80%	80%	80%	80%	
Result	88%	N: 3,938 D: 4,531 P: 87%	N: 4,492 D: 4,924 P: 91%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	

Indicator 4.4 - Number and percentage of people living with HIV/AIDS (PLWHA) in immune-deficiency stage receiving antiretrovirals (ARVs) according to Ministry of Health guidelines and norms

Level	Baseline									
	Value	Year								
Level 3-People reached	2,158, 58%	2003								
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8		
Target	8,000, 70%	8,250, 73%	8,500, 76%	8,750, 78%	9,000, 80%	9,250, 82%	9,500, 84%	9,750, 89%		
Result	9,157	N: 9,866 D: P: 96%	N: 10,610 D: P: 96%	N: 11,369 D: P: %	N: 12,160 D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	

2.2.3. Cumulative Progress To Date

Objective 1	To prevent the transmission of HIV and AIDS by reducing the incidence of sexually transmitted infections (STIs)							
SDA	SDA - Prevention: Behavioral Change Communication - Community Outreach							
Indicator 1.1 - Number and percentage of adolescent students with information on STI/HI								
	Period	Target	Result	0%	30%	50%	80%	
Level 3-People reached	2	60%	N: 1,127 D: 1,822 P: 62%					103%
Indicator 1.2 - Number and percentage of young people of both sexes with information on STI/HIV								
	Period	Target	Result	0%	30%	50%	80%	
Level 3-People reached	2	75%	N: 1,064 D: 1,255 P: 85%					113%
Indicator 1.3 - Number of women from community based organizations who have information on healthy sexual lifestyles (including information on HIV and STI prevention)								
	Period	Target	Result	0%	30%	50%	80%	
Level 3-People reached	5	4,000	8,390					210%
Indicator 1.4 - Number of women leaders from community based organizations trained as promoters of healthy sexual practices and prevention of STIs								
	Period	Target	Result	0%	30%	50%	80%	
Level 1-People trained	5	150	323					215%
Indicator 1.5 - Percentage of MSM who are sex workers who receive periodic medical attention (Note: this is a non-cumulative indicator)								
	Period	Target	Result	0%	30%	50%	80%	
Level 3-People reached	4	70%	63%					90%
Indicator 1.6 - Percentage of sex workers who receive periodic medical attention (Note: this is a non-cumulative indicator)								
	Period	Target	Result	0%	30%	50%	80%	
Level 3-People reached	4	88%	71%					81%
SDA	SDA - Prevention: STI diagnosis and treatment							
Indicator 1.7 - Number and percentage of patients who receive diagnosis and treatment, using the STI syndromic management model, in public health facilities								
	Period	Target	Result	0%	30%	50%	80%	
Level 3-People reached	5	412,500	349,305					85%
Indicator 1.8 - Number of health care professionals from public and non- public institutions trained in the syndromic management of STIs								
	Period	Target	Result	0%	30%	50%	80%	
Level 3-People reached	5	275	727					264%
SDA	SDA - Prevention: Condom Distribution							
Indicator 1.9 - Number of condoms distributed to persons deprived of liberty								
	Period	Target	Result	0%	30%	50%	80%	
Level 3-People reached	5	3,000,000	0					0%

Objective 2	To reduce the social impact of HIV by decreasing stigma and discrimination against people living with HIV/AIDS (PLWHAs) and their environment
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SDA	SDA - Supportive environment: Stigma reduction in all settings
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Indicator 2.1 - Number of teachers trained in stigma and discrimination against children living with HIV

	Period	Target	Result	0%	30%	50%	80%	
Level 1-People trained	5	500	1,331					266%

SDA	SDA - Care and Support: Care and support for the chronically ill and families
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Indicator 2.2 - Number and percentage of individuals from family groups of people living with HIV/AIDS (PLWHA) who receive integral attention (Note: a baseline study will be undertaken in order to determine the number of family members of PLWHAs)

	Period	Target	Result	0%	30%	50%	80%	
Level 3-People reached								0%

SDA	SDA - Care and Support: Support for orphans and vulnerable children
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Indicator 2.3 - Number and percentage of HIV positive children (including AIDS orphans) who receive integral care (Note: a baseline study will be undertaken in Q1 to determine the actual number of AIDS orphans, infected children and children affected by HIV. Note 2: this is a non-cumulative indicator)

	Period	Target	Result	0%	30%	50%	80%	
Level 3-People reached	5	100	0					0%

Objective 3	To strengthen ties among PLWHA organizations at the regional and national level to promote an integral response to HIV
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SDA	SDA - Supportive Environment: Strengthening of Civil Society
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Indicator 3.1 - Number of organizations of PLWHAS who have basic management instruments and strategies

	Period	Target	Result	0%	30%	50%	80%	
Level 0-Process/Activity Indicator	5	5	0					0%

Indicator 3.2 - Number of PLWHA microenterprises created (Note: the measurement of number of PLWHAs reached by GAMs will begin in Phase 2)

	Period	Target	Result	0%	30%	50%	80%	
Level 0-Process/Activity Indicator	5	13	10					77%

Indicator 3.3 - Number of PLWHA participating in the creation of microenterprises
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	Period	Target	Result	0%	30%	50%	80%	
Level 0-Process/Activity Indicator	5	100	0					0%

Objective 4	To increase compliance with highly active antiretroviral therapy (HAART) in PLWHA and to promote the integrated management of opportunistic infections, including free access to medications
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SDA	SDA - Care and Support: Care and support for the chronically ill and families
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Indicator 4.1 - Percentage of PLWHAs on ARVs who receive positive prevention

	Period	Target	Result	0%	30%	50%	80%	
Level 3-People reached								0%

SDA	SDA - Treatment: Prophylaxis and treatment for opportunistic infections
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Indicator 4.2 - Number and percentage of PLWHAs on ARVs who receive treatment for opportunistic infections (including tuberculosis)
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	Period	Target	Result	0%	30%	50%	80%	
Level 3-People reached	5	600	610					102%

SDA	SDA - Treatment: Antiretroviral treatment and monitoring
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Indicator 4.3 - Percentage of adherence to ARV treatment

	Period	Target	Result	0%	30%	50%	80%	
Level 3-People reached	3	80%	N: 4,492 D: 4,924 P: 91%					114%

Indicator 4.4 - Number and percentage of people living with HIV/AIDS (PLWHA) in immune-deficiency stage receiving antiretrovirals (ARVs) according to Ministry of Health guidelines and norms
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	Period	Target	Result	0%	30%	50%	80%	
Level 3-People reached	4	8,750, 78%	N: 11,369 D: P: %					130%

2.3. Financial Performance

2.3.1. Grant Financial Key Performance Indicators (KPIs)

Grant Duration (months)	25 months	Grant Amount	8,061,442 \$
% Time Elapsed	64%	% disbursed by TGF	80%
Time Remaining (months)	9 months	Disbursed by TGF	6,432,202 \$
Expenditures' Burn Rate	61%	Funds Remaining	1,629,240 \$

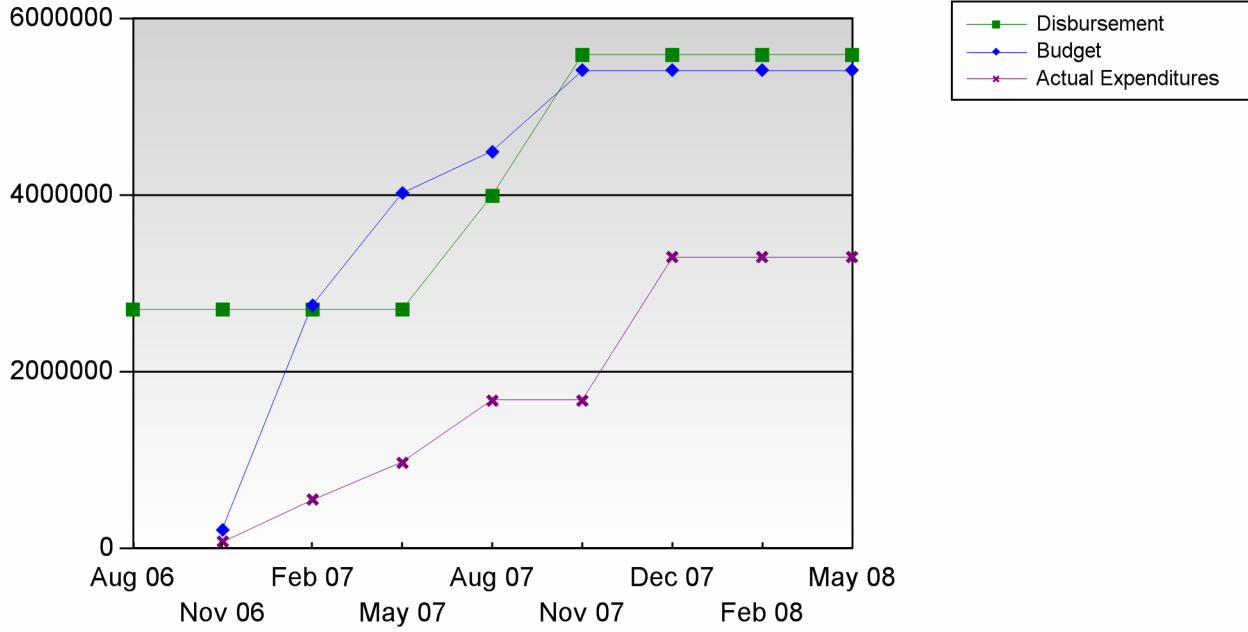
2.3.2. Program Budget

	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.Sep.06	01.Dec.06	01.Mar.07	01.Jun.07	01.Sep.07	01.Dec.07	01.Mar.08	01.Jun.08
Period Covered To:	30.Nov.06	28.Feb.07	31.May.07	31.Aug.07	30.Nov.07	29.Feb.08	31.May.08	31.Aug.08
Currency:	USD	USD	USD	USD	USD	USD	USD	USD
Cumulative Budget Through:	212,767	2,754,415	4,026,380	4,492,359	5,417,979	5,417,979	5,417,979	5,417,979
Summary Period Budget:	212,767	2,541,648	1,271,965	465,979	925,620			

2.3.3. Program Expenditures

Period PU: 01.Sep.07 - 31.Dec.07	Cumulative Budget	Cumulative Expenditures	Reason for variance
1. Total actual expenditures vs. budget	\$ 5,417,979	\$ 3,301,525	Disbursements to date amount to \$ 5,589,376 or 69% of the Phase 1 grant amount. During Q5 expenditure amounted to \$ 1,625,832 or 175% of the budget for the quarter. The variance between funds budgeted and funds spent during the period is mainly due to the payments of pharmaceuticals and health products that were originally budgeted in Q3 or before. Cumulative expenditure was 61% of the budget up to Q5. The cash balance at the end of the period covered by the progress update was \$ 2,308,446.26.
1a. PR's Total expenditure		\$ 957,450	
1b. Disbursements to sub-recipients		\$ 2,344,075	
2. Health product expenditures vs. Budget (already included in "Total Actual" above)		\$ 462,405	
2a. Pharmaceuticals		\$ 246,195	
2b. Health products, commodities and equipment		\$ 216,210	

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.Sep.06 - 28.Feb.07	2,707,018	\$ 2,707,018	23 Aug 2006	
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
This is a first disbursement					No variance				

PU	Period covered by PU		FPM Rating	DR	Disbursement Period Covered	PR Request	Disbursement Amount	Disbursement Date	
1	01.Sep.06 - 30.Nov.06		B1						
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
Programmatic performance adequate and financial expenditure low. Delays in contracting sub-recipients which has affected Q1 results and will probably also affect Q2 results. Cash balance was sufficient to cover expenditure for Quarters 2-3.									

PU	Period covered by PU		FPM Rating	DR	Disbursement Period Covered	PR Request	Disbursement Amount	Disbursement Date	
2	01.Dec.06 - 28.Feb.07		B2						
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				

Overall the performance during Q2 was adequate. Of the 10 indicators with Q2 targets, 6 are being measured in the Round 2 HIV/AIDS grant and therefore achievement is a result of both grants. Of the 4 indicators that are unique to this grant, only 1 indicator (Number and percentage of patients who receive diagnosis and treatment, using the STI syndromic management model, in public health facilities) reported results (65%). The other 3 indicators which are training indicators showed no results to date. This is largely due to the delay in the contracting of sub-recipients and at the end of Q2 only coordination activities had taken place. Of the common Round 2/Round 5 indicators the Cluster notes the over performance of the indicator related to the percentage of MSM receiving periodic (292%). This over-execution is due to the fact that the current attachment contains a target in terms of percentage and the denominator is not specified. During Q2 more MSM (2716) received AMP than programmed and therefore the PR is reporting and the LFA is verifying that this indicator has over-achieved its target. It should be noted that this indicator is common to the Round 6 HIV/AIDS grant as well and the targets in the table of indicators are expressed as an absolute number and percentage. As with the Round 5 TB grant, accumulative days in the tendering and contracting of sub recipients continued to affect programmatic performance in Q2, with most sub recipients only starting their activities towards the end of the quarter. The two indicators that reported results are supported through the Round 2 TB grant.

As with the Round 5 TB grant, partial improvement is expected in both programmatic and financial performance in subsequent quarters as all SR contracts have now been finalized. There appears to be no technical issues in performance beyond the slow tendering contracting and start-up phase of SR activity and perhaps an over optimistic Year 1 budget and workplan. The PR has agreed on process to ensure the closer monitoring and support to SRs as part of negotiations for a Round 6 HIV grant, which will also be applied to this grant. The PR (CARE Peru) is currently stretched thin as its PMU is administering 4 active grants and is negotiating another one, this also may be affecting overall performance.

The Cluster notes the LFA comments on data quality and reporting in particular with respect to the MOH and the measurement of certain indicators. The LFA's comments related to the treatment adherence indicator will be communicated to the PR and independent verification of this indicator will be recommended.

Although performance during Q2 was adequate (mostly due the fact that this grant contains indicators common to the Round 2 grant), the Cluster has decided not disburse funds with this report. At the time of the processing of this report, the Cluster had received more recent information (14 June 2007) from the PR which indicates that the cash balance as of 14 June 2007 (i.e. 1st month of Q4) was \$1,720,627 for Q4.

PU	Period covered by PU		FPM Rating	DR	Disbursement Period Covered	PR Request	Disbursement Amount	Disbursement Date
3	01.Mar.07 - 31.May.07		B1	2	01.Jun.07 - 30.Nov.07	1,904,096	\$ 1,287,500	31 Aug 2007
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement				
<p>Overall the performance during Q3 was satisfactory. However it is important to note that of the 11 indicators with Q3 targets, 4 are being measured in the Round 2 HIV/AIDS grant and therefore achievement is a result of both grants; and of the 7 indicators that are unique to this grant, only 4 indicators reported results for the period. The Number of women from community based organizations with information on healthy sexual lifestyles (including HIV and STIs) reported no results during the period. The lack of results for this indicator during the period is due to the fact that only in Q3 the SRs began training the women who will be replicating information in the community. It is expected that in Q4 progress will be reported. The number of teachers trained in stigma and discrimination against children living with HIV also showed no progress during the period.</p> <p>The reason for the delay in the initiation of the training of the teachers is due to the fact that the PR is working with the Ministry of Education in revising the training materials. During Q3, 6 PLWHA micro enterprises were to have been created. According to the LFA, activities under this indicator are approximately 6-months behind. A baseline study has begun and at the end of the reporting period it was almost finalized.</p> <p>Of the common Round 2/Round 5 indicators the Cluster notes the over performance of the following indicators: Percentage of MSM receiving periodic medical attention (131%) and percentage of sex workers receiving periodic medical attention (112%). This over-execution is due to the fact that the current attachment contains targets in terms of percentage and the denominator is not specified. During Q3 more MSM (2656) and more sex workers (5350) received AMP than programmed and therefore the PR is reporting and the LFA is verifying that this indicator has over-achieved its target. It should be noted that these indicators are common to the Round 2 and 6 HIV/AIDS grant and the Cluster is currently in the process of harmonizing the indicators that are common to all 3 grants and this exercise should be completed by the end of September 2007.</p> <p>As with the Round 5 TB grant, cumulative days in the tendering and contracting of sub recipients continued to affect programmatic performance in Q3, with most sub recipients only starting their activities towards the end of the quarter. Following the low financial and programmatic execution observed in Q1 & Q2 the Cluster issued an early warning letter to the PR & CCM and requested a Recovery Plan to improve performance as a requirement for the next disbursement. During Q3 there has been some improvement in performance.</p>				<p>The Cluster's rationale for disbursement is based on the following:</p> <ul style="list-style-type: none"> - satisfactory programmatic performance in the reporting period - increased financial execution in Q3 compared to Q1-Q2 - the PR's satisfactory completion of the Cluster's requirement for this disbursement; the presentation of a Recovery Plan to overcome Q1-Q2 implementation delays <p>The Cluster therefore recommends that \$1,287,500 be disbursed for program activities scheduled for Q4 and Q5 ('the buffer')</p>				

PU	Period covered by PU		FPM Rating	DR	Disbursement Period Covered	PR Request	Disbursement Amount	Disbursement Date
4	01.Jun.07 - 31.Aug.07		B1	3	01.Sep.07 - 31.Mar.08	1,736,783	\$ 1,594,858	16 Nov 2007
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement				
<p>Performance during Q4 improved significantly from previous quarters as activities that were previously delayed began to be implemented during the period. Of the 14 indicators with Q4 targets, 5 met or exceeded their targets for the period. (Note: of these 5 indicators, 4 are also being measured in the Round 2 grant which is in Year 4 of implementation). At the end of Q4, 255,913 (85% of the target) persons had received diagnosis and treatment using the STI syndromic management model. Although in terms of absolute numbers progress is satisfactory, it should be noted that only 40% of all persons diagnosed with STIs were diagnosed using the model and only 4 health districts were reporting results. The PR expects to be able to report additional results during the next period. 1862 (62% of the target) women from community based organizations had information on healthy sexual lifestyles (including HIV and STIs) (Note: in Q3 no results were reported for this indicator) and during this period activities related to provision of integral care to HIV positive children (including AIDS orphans) reported results with 98 children receiving integral care services (61 from Q3 and 37 during Q4). Training activities for teachers on stigma and discrimination while still delayed from previous periods, began to show results during Q4 with 128 teachers trained (26% of the target). As with previous periods, activities related to the creation of PLWHA micro enterprises continues to show no results. According to the LFA, this is due to difficulties in identifying PLWHAs or groups. The SR responsible for this activity has identified 9 groups who are ready to start micro enterprises but due to their lack of legal status it has not been possible to begin activities. The SR is working with these groups to help them establish their legal status.</p>				<p>The amount has been calculated in the following manner: Cash balance at the end of Q4: \$1,046,122, plus cash in transit of \$1,287,500 Revised budget forecasts of \$2,454,280 (Q5) and \$1,474,201 (Q6) Total cash request: \$1,594,858</p>				

PU	Period covered by PU		FPM Rating	DR	Disbursement Period Covered	PR Request	Disbursement Amount	Disbursement Date
5	01.Sep.07 - 31.Dec.07		A	4	01.Jan.08 - 30.Jun.08	1,217,546		
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement				
<p>The overall performance during Q5 exceeded expectations. During this period the PR has shown a very important improvement in the implementation of activities an accelerating financial execution, allowing the project to catch up with the delays of previous quarters An important contribution to this improvement was the implementation of the "Plan de Superacion de brechas"/ Recovery Plan required by the Global Fund which allowed the PR to monitor the implementation of activities by the SR as well as their performance in reaching the established targets for the period. It is also important to note that during this period an additional month was granted by the Global Fund to the PR due to the Earthquake occurred in Peru on 15 August 2007.</p> <p>Of the 14 indicators with targets for Q5, 10 met or exceeded their targets. The targets for the 4 remaining indicators were reached in between 77% and 87%. It is important to highlight a multiplicative effect shown in the result of the 3 indicators which were also being measured in the Round 2 HIV/AIDS grant ; "Number and percentage of adolescent students with information on STI/HIV", "Number and percentage of young people of both sexes with information on STI/HIV" and "Number of teachers trained in stigma and discrimination against children living with HIV" which targets were reached in a 78%, 106% and 266% respectively.</p>				<p>The Cluster's rationale for disbursement is based on the following:</p> <ul style="list-style-type: none"> - a significant improvement in the programmatic performance during the reporting period - a financial execution of 171% in relation to the budget for the quarter, as the project caught up with the delays of previous quarters - the cash balance at the end of the period covered by the progress update was \$ 2,308,446. 				

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 (http://devdata.worldbank.org/data-query/) accessed on January 24, 2007
Income level	Lower middle income	2005	World Bank. World Development Indicators database (http://devdata.worldbank.org/data-query/) 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 (http://www.who.int/globalatlas/dataQuery/default)
People on ARV treatment	9,000	2006	UNAIDS/WHO Global HIV/AIDS Online Database (http://www.who.int/globalatlas/dataQuery/default)

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 partner relationships, introduction of new partners, etc.)	N/A
Significant adverse external influences (e.g. force majeure, change in government, natural disaster, etc.)	In 2006 presidential elections in the country could represent a risk to the project implementation since there could be a change in the ministry of health and changes in the teams of the sanitary health strategy and DGSP (Dirección General de Salud de las Personas) (General Direction of People's Health). A powerful earthquake of 7.9 hit the coastal towns of Ica and Pisco on 15 August 2007. The death toll was significant and the Ministry of Health was heavily engaged in the response to this disaster. As a result the CCM requested a one month extension for this Grant and for PER-506-G04-T, PER-202-G01-H-00 and PER-202-G02-T-00 and this has been approved and the corresponding amendments to the grant agreements have been made.
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.)	N/A
Issues with the CCM (e.g. changes in membership, composition, etc.)	N/A
Additional Contextual Issues	This project is implemented alongside a Round 2 HIV grant.

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

Date Received		Expected Date	29.Feb.08
Period Covered From	01.Sep.06	To	31.Aug.07
To be determined with Program Start Date			