The Global Fund

Execution Version

Grant Confirmation

1. This **Grant Confirmation** is made and entered into by **the Global Fund to Fight AIDS, Tuberculosis and Malaria** (the "Global Fund") and **Socios en Salud sucursal Peru** (the "Principal Recipient") on behalf of Partners in Health, a Nonprofit Corporation (the "Grantee"), as of the date of the last signature below and effective as of the start date of the Implementation Period (as defined below), pursuant to the Framework Agreement, dated as of 28 May 2015, as amended and supplemented from time to time (the "Framework Agreement"), between the Global Fund and the Grantee, to implement the Program set forth herein.

2. **Single Agreement**. This Grant Confirmation, together with the Integrated Grant Description attached hereto as Schedule I, sets forth the provisions (including, without limitation, policies, representations, covenants, Program Activities, Program budget, performance framework, and related implementation arrangements) applicable to the Program, and forms part of the Grant Agreement. Each capitalized term used but not defined in this Grant Confirmation shall have the meaning ascribed to such term in the Framework Agreement (including the Global Fund Grant Regulations (2014), available at http://www.theglobalfund.org/GrantRegulations). In the event of any inconsistency between this Grant Confirmation and the Framework Agreement (including the Global Fund Grant Regulations (2014)), the provisions of this Grant Confirmation shall govern unless expressly provided for otherwise in the Framework Agreement.

3. **Grant Information**. The Global Fund and the Grantee hereby confirm the following:

3.1.	Host Country or Region:	Republic of Peru
3.2.	Disease Component:	Tuberculosis
3.3.	Program Title:	Closing gaps in the national response to tuberculosis with emphasis on multidrug resistance, vulnerable population (pediatric - PPL) and community health systems
3.4.	Grant Name:	PER-T-SES
3.5.	GA Number:	1826
3.6.	Grant Funds:	Up to the amount USD 7,199,291.00 or its equivalent in other currencies
3.7.	Implementation Period:	From 1 July 2019 to 30 June 2022 (inclusive)
3.8.	Principal Recipient:	Socios en Salud sucursal Peru Jr. Puno 279, Cercado de Lima – Lima Republic of Peru Attention Dr. Leonid Wilbert Lecca Garcia Executive Director

DIRECCIÓN GENERAL SOCIOS EN SALUD SUCURSAL PERÚ

M. Santillan R

G. Rosell

R. TAPIA

		Telephone: +516125200 Facsimile: +516125200 Email: llecca_ses@pih.org
3.9.	Fiscal Year:	1 January to 31 December
3.10.	Local Fund Agent:	PricewaterhouseCoopers S. Civil.R.L Av. Santo Toribio 143, Piso 8, San Isidro Lima Republic of Peru Attention Mr. Juan Malagon Telephone: +571 6684999 Facsimile: +571 218 8544 Email: juan.malagon@co.pwc.com
3.11.	Global Fund contact:	The Global Fund to Fight AIDS, Tuberculosis and Malaria Global Health Campus, Chemin du Pommier 40 1218 Grand-Saconnex, Geneva, Switzerland Attention Annelise Hirschmann Regional Manager Grant Management Division Telephone: +41 58 791 1700 Facsimile: +41 44 580 6820 Email: annelise.hirschmann@theglobalfund.org

4. **Policies**. The Grantee shall, and shall cause the Principal Recipient to, take all appropriate and necessary actions to comply with (1) the Global Fund Guidelines for Grant Budgeting (2017, as amended from time to time), (2) the Health Products Guide (2018, as amended from time to time), and (3) any other policies, procedures, regulations and guidelines, which the Global Fund may communicate in writing to the Grantee and the Principal Recipient, from time to time.

5. **Representations**. In addition to the representations set forth in the Framework Agreement (including the Global Fund Grant Regulations (2014)), the Principal Recipient hereby represents that the Principal Recipient has all the necessary power, has been duly authorised by or obtained all necessary consents, approvals and authorisations to execute and deliver this Grant Confirmation and to perform all the obligations on behalf of the Grantee under this Grant Confirmation. The execution, delivery and performance by the Principal Recipient on behalf of the Grantee of this Grant Confirmation do not violate or conflict with any applicable law, any provision of the Grantee's and Principal Recipient's constitutional documents, any order or judgment of any court or any competent authority, or any contractual restriction binding on or affecting the Grantee or the Principal Recipient.

6. **Covenants**. The Global Fund and the Grantee further agree that:

6.1.

6.1.1. The Program budget in the Integrated Grant Description attached hereto as Schedule I reflects the total amount of Global Fund funding to be made available for the Program. The Program budget may be funded in part by grant funds disbursed to the Principal Recipient or the Grantee under a previous Grant Agreement, which the Global Fund has approved to be used for the Program under the current Grant Agreement ("Previously Disbursed Grant Funds"), as well as additional Grant Funds up to the amount set forth in Section 3.6 of the Grant Confirmation. Where the Global Fund has approved the use of Previously Disbursed Grant Funds, the Global Fund may reduce the amount of Grant Funds set forth in Section 3.6 of the Grant Confirmation by the amount of any Previously Disbursed Grant Funds, and the definition of Grant Funds set forth in Section 2.2 of the Global Fund Grant Regulations (2014) shall include any Previously Disbursed Grant Funds.

6.1.2. All non-cash assets remaining under any previous Grant Agreements as of the start date of the Implementation Period shall be fully accounted for and duly documented ("Previous Program Assets"). Unless otherwise agreed with the Global Fund, the definition of Program Assets set forth in Section 2.2 of the Global Fund Grant Regulations (2014) shall include any Previous Program Assets.

6.1.3. For the avoidance of doubt, except as explicitly set forth herein, nothing in the instant Grant Agreement shall impact the obligations of the Grantee and/or Principal Recipient under any previous Grant Agreement (including, but not limited to, those concerning financial and other reporting).

6.2. By no later than 1 November 2019, the Principal Recipient, on behalf of the Grantee, shall submit to the Global Fund evidence, in form and substance satisfactory to the Global Fund and endorsed by technical partners, supporting the calculation of the targets set out in the updated National Multisectoral Plan; provided that upon review of such evidence, the Global Fund may request to renegotiate the targets set out in the Performance Framework and Programmatic Gap, which renegotiation of targets shall be deemed accepted by the Principal Recipient, on behalf of the Grantee, with a view to agreeing targets by no later than 31 December 2019.

6.3. Prior to any use of the Grant Funds for the relevant Program Activity, the Principal Recipient, on behalf of the Grantee, shall submit to the Global Fund, for prior approval, the following documents:

(1) Minimum Standard and Operating Manual for Healthcare Facilities that cover DR TB;

(2) Intervention Proposal for Community TB Workers, including the incentive amount endorsed by the Ministry of Health and the corresponding proposal for government take-up of Program Activities;

(3) Proposal for the Community Social Auditing and Monitoring System;

(4) Proposal on Competitive Fund for Innovative Interventions that improve the national response to tuberculosis; and

(5) Lab Strengthening Implementation Plan based on the results of the Evaluation and National Lab Strengthening Strategy.

6.4. Prior to any use of the Grant Funds, the Principal Recipient shall submit to the Global Fund, for prior approval, the following documents:

(1) a Monitoring and Evaluation Plan consistent with national requirements;

(2) a Capacity Building Plan describing in detail (i) training objectives, (ii) the entry profile, (iii) the exit profile and (iv) teaching and assessment strategies designed to ensure changes in knowledge, behavior, skills or practices; and

(3) a Technical Assistance (TA) Plan describing the (i) type of TA, (ii) cost, (iii) objectives, (iv) implementation timeline, (v) deadline for delivery and (vi) use of results. In any event, the use of Grant Funds for technical assistance shall be subject to the prior written approval by the Global Fund of the relevant terms of reference or protocols.

6.5. Prior to the transfer of Grant Funds by the Global Fund to the Principal Recipient and/or the use of Grant Funds by the Principal Recipient to finance the renovation or improvement of laboratories or healthcare establishments (the "Renovation Activities"):

(1) the Principal Recipient, on behalf of the Grantee, shall submit to the Global Fund, in form and substance satisfactory to the Global Fund, a detailed budget and work plan for the Renovation Activities to be performed at the relevant site, with detailed assumptions including, where applicable, site assessment reports, architectural plans, appropriate technical costing documents, detailed bills of quantity and architectural estimates (the "Renovation Budget and Work Plan"); and

(2) the Principal Recipient, on behalf of the Grantee, shall obtain the Global Fund's written approval of the Renovation Budget and Work Plan.

6.6. The Principal Recipient, on behalf of the Grantee, shall maintain a tracking mechanism, in form and substance satisfactory to the Global Fund, for taxes paid, claimed and reimbursed by the tax authorities in the Host Country. The Principal Recipient, on behalf of the Grantee, shall report such information to the Global Fund annually, on a line-by-line basis, along with the Progress Update/Disbursement Request ("PU/DR") at each reporting cycle. The Principal Recipient, on behalf of the Grantee, shall report reimbursed taxes as "Other Income" (as per the Global Fund's PU/DR guidelines), and such reimbursed taxes shall be subject to the Global Fund's rules and guidelines regarding the reallocation of savings to other activities; provided however, that due to the timing of tax reimbursement by the Host Country, a portion of the taxes reimbursed (such as those reimbursed after the end of the Implementation Period) may not be available for reallocation to other activities. The Principal Recipient, on behalf of the Grantee, acknowledges and agrees that reimbursable taxes paid but not recovered may be considered by the Global Fund as ineligible expenditures. The Global Fund shall have the right to request reimbursement of such unrecovered taxes and to seek such other remedies as set forth in the Global Fund Grant Regulations (2014), including those remedies set forth in Section 3.5 thereof.

6.7. The Principal Recipient, on behalf of the Grantee, shall cooperate with the Green Light Committee (the "GLC") in the efforts of the GLC to provide technical support and advisory support, including capacity building, to the Principal Recipient with respect to monitoring and the scaling-up of DR-TB-related services provided in-country. Accordingly, the Principal Recipient, on behalf of the

Grantee, shall budget, and hereby authorizes the Global Fund to disburse, up to a maximum of US$ 50,000, or a lower amount as agreed with GLC and the Global Fund, each year to pay for GLC services.

6.8. With respect to Section 7.6 (Right of Access) of the Global Fund Grant Regulations (2014), it is understood and agreed that (1) the Global Fund may collect or seek to collect data, and it is possible that such data may contain information that could be used to identify a person or people, and (2) the Principal Recipient on behalf of the Grantee has undertaken or has caused to be undertaken prior to collection and thereafter whatever is required under the applicable laws of the Republic of Peru to ensure that such information may be transferred to the Global Fund for such purpose upon request.

6.9. The Principal Recipient, on behalf of the Grantee, hereby acknowledges and confirms that it has read and understood the policies of the Global Fund regarding the use of its name and logos as set forth in the "Identity Guide for Partners" (as amended from time to time), available at the Global Fund's Internet site. The Principal Recipient, on behalf of the Grantee, agrees that if it intends to use the Global Fund's name and/or logos in relation to any Program Activities, the Principal Recipient is required (1) to seek the prior approval of the Global Fund by submitting a plan of use in accordance with the Identity Guide for Partners to the Global Fund and, if such plan is approved, (2) to sign a trademark license agreement in form and substance acceptable to the Global Fund.

6.10. In accordance with the Global Fund Sustainability, Transition and Co-financing Policy (GF/B35/04) (the "STC Policy"), the Principal Recipient, on behalf of the Grantee, acknowledges and agrees that:

(1) The Republic of Peru should progressively increase government expenditure on health to meet national universal health coverage goals; and increase co-financing of the Global Fund-supported programs, focused on progressively taking up key costs of national disease plans (the "Core Co-Financing Requirements"). The commitment and disbursement of Grant Funds is subject to the Global Fund's satisfaction with the Republic of Peru's compliance with the Core Co-Financing Requirements. The Global Fund may reduce Grant Funds during the Implementation Period based on non-compliance with the Core Co-Financing Requirements; and

(2) The Republic of Peru should comply with the requirements to access the 'co-financing incentive' as set forth in the STC Policy (the "Co-Financing Incentive Requirements"). The commitment and disbursement of 20% of the Republic of Peru's TB allocation of US$ 7,199,291.00 for the 2017-2019 allocation period, which is equal to US$ 1,439,858.20 (the "Co-Financing Incentive"), is subject to the Global Fund's satisfaction with the Republic of Peru's compliance with the Co-Financing Incentive Requirements. The Global Fund may reduce the Co-Financing Incentive during the Implementation Period, or from the subsequent allocation, proportionate to non-compliance with the Co-Financing Incentive Requirements.

6.11. In order to ensure continuity of Program Activities after the end of the Implementation Period, the Principal Recipient, on behalf of the Grantee, shall use best efforts to ensure that the Republic of Peru (through government entities including, but not limited to, the National Penitentiary Institute of Peru and the Ministry of Health) comply with its commitments to gradually take over Program Activities. To that effect:

(1) the Principal Recipient, on behalf of the Grantee, shall use best efforts to cause the Republic of Peru to submit to the Global Fund, by no later than 31 December 2019, revised detailed evidence, in form and substance satisfactory to the Global Fund, of their co-financing commitments in relation to each Program Activity included in the Budget, together with supporting documentation; and

(2) by no later than 15 February of each year, the Principal Recipient, on behalf of the Grantee, shall submit evidence, in form and substance satisfactory to the Global Fund, regarding the Republic of Peru's compliance with such commitments.

[Signature Page Follows.]

MINISTERIO DE SALUD
Secretaría General
R. TAPIA

MINISTERIO DE SALUD
O.G. ASESORÍA JURÍDICA

MINISTERIO DE SALUD
DG
G. Rosell

MINISTERIO DE SALUD
Viceministerio de Salud Pública
N. Santillán R.

DIRECCIÓN GENERAL
SOCIOS EN SALUD SINERSAL PERÚ

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

The Global Fund to Fight AIDS, Tuberculosis and Malaria

By: M.A. Edington

Name: Mark Edington
Title: Head, Grant Management Division

Date: Jul 1, 2019

Socios en Salud sucursal Peru
on behalf of Partners in Health, a Nonprofit Corporation

By:

Socios En Salud

Name: Dr. Leonid Wilbert Lecca Garcia
Title: Executive Director

Date: 24/JUNE/2019

Acknowledged by

By:

Name: Dr. Elizabeth Zulema Tomás Gonzáles
Title: Chair of the Country Coordinating Mechanism for the Republic of Peru

Date: 28/06/2019

By: César Grados

Name: Mr. César Ernesto Jesús Grados Casalino
Title: Civil Society Representative of the Country Coordinating Mechanism for the Republic of Peru

Date: 25/JUNE/2019

N. Santillán R.

G. Rosell

R. TAPIA

Schedule I

Integrated Grant Description

Country:	Republic of Peru
Program Title:	Closing gaps in the national response to tuberculosis with emphasis on multidrug resistance, vulnerable population (pediatric - PPL) and community health systems
Grant Name:	PER-T-SES
GA Number:	1826
Disease Component:	Tuberculosis
Principal Recipient:	Socios en Salud sucursal Peru

A. PROGRAM DESCRIPTION

1. Background and Rationale for the Program

Peru has an estimated population of 32 million people (2018 figures). Tuberculosis (TB) is a continuing public health issue in Peru. In 2016, the World Health Organization (WHO) estimated that there were about 37,000 cases of TB in the country with an incidence rate of 117 cases per 100,000 population and treatment coverage (notified cases/estimated incidence) of 80 percent. 62 percent of the notified TB cases in Peru are concentrated in just two main geographical regions: Lima and Callao. These two regions also account for most of the cases (in numbers and percentages) of multidrug-resistant (MDR) and extensively drug resistant (XDR) TB. In 2016, 84 percent of notified TB patients knew their HIV status and 69 percent of co-infected patients were initiated on antiretroviral treatment. The TB-HIV co-infection rate was 6 percent.

The important epidemiological changes identified included an insufficient annual decline in incidence to achieve End TB targets (2.7 percent decline from 2014 to 2016); an increase in the estimated burden of MDR TB (from an estimated 2,000 cases per year in 2014 to 3,500 cases per year in 2016) and a significant notification gap in the national database for younger age groups with TB (only 43.7 and 1.9 percent of contacts of drug-sensitive and drug-resistant TB respectively were examined). Changes in national policies included laws regulating coordination across sectors involved in TB prevention and control including the private sector; the declaration of TB as a disease of national interest; the setting up of an Expert Committee to improve the function of the national TB program; issue of several standard-setting documents addressing TB management in the private sector and the education sector. The main aims of this proposal include (a) addressing the gaps in TB care and prevention in identified key populations of children and prisoners; (b) implementing an integrated and innovative response to TB and specifically MDR TB; (c) strengthening community systems, (d) strengthening and integrating TB surveillance, and (e) leveraging new national laws and policies to improve coordination across partners and stakeholders.

Peru has completed a transition readiness assessment and a transition work plan is in place. The National Strategic Plan 2010-2019 is being updated and revised for the period 2019-2023; the framework informing the revision of the National Strategic Plan includes a recently developed Intervention Plan 2018-2020, which also provides the framework for the Program.

2. Goals, Strategies and Activities

a. Goals: To reduce progressively the incidence and morbidity and mortality due to tuberculosis with emphasis on multiresistance and to improve the control of the disease in a highly vulnerable population (Pediatric - PPL)

b. Strategies:

- Strengthen the capacity of health services to provide a comprehensive and innovative response for the detection of cases and the treatment of people affected with TB with emphasis on resistant TB.
- Strengthen the capacity of health services in prioritized areas for prevention and control activities in key populations.
- Strengthen interventions for community responses and systems.
- Strengthen interventions for health information systems, monitoring and evaluation.

c. Activities:

- Improve case detection and diagnosis.
- Improve access to treatment in prisons and ensure maximum impact on treatment success.
- Improve case detection and diagnosis of MDR-TB by applying better diagnosis technology.
- Improve treatment compliance of MDR-TB patients in key populations and general population.
- Conduct prevention activities for MDR-TB to improve infection control.
- Support for technical assistance provision from WHO Green Light Committee.
- Strengthen the institutional capacity building, planning and leadership development in the community sector.
- Support the development of community-based monitoring for accountability.

3. Target Group/Beneficiaries

- Prisoners
- Children
- Contacts of TB patients
- Vulnerable Population

B. PERFORMANCE FRAMEWORK

Please see attached.

C. SUMMARY BUDGET

Please see attached.

DIRECCIÓN GENERAL

The Global Fund

Country	Peru
Grant Name	PER-T-SES
Implementation Period	01-Jul-2019 - 30-Jun-2022
Principal Recipient	Socios en Salud sucursal Peru

Reporting Periods	Start Date	01-Jul-2019	01-Jan-2020	01-Jan-2021	01-Jan-2022
	End Date	31-Dec-2019	31-Dec-2020	31-Dec-2021	30-Jun-2022
	PU includes DR?	No	Yes	Yes	No

Program Goals and Impact Indicators

1	To reduce progressively the incidence and morbidity and mortality due to tuberculosis with emphasis on multiresistance and to improve the control of the disease in a highly vuln

	Impact Indicator	Country	Baseline Value	Baseline Year and Source	Required Dissagregation	2019	2020	2021	2022	
1	TB I-3(M): TB mortality rate per 100,000 population		6.8	2017 DPCTB-MoH / year 2017		N: 6.7 D: P: % Due Date: 14-Feb-2020	N: 6.7 D: P: % Due Date: 01-Mar-2021	N: 6.6 D: P: % Due Date: 01-Mar-2022	N: D: P: % Due Date:	The sourc Source: M MINSA / I
2	TB I-4(M): RR-TB and/or MDR-TB prevalence among new TB patients: Proportion of new TB cases with RR-TB and/or MDR-TB		6.3	2017 DPCTB-MoH / year 2017		N: D: P: 8.8% Due Date: 14-Feb-2020	N: D: P: 8.8% Due Date: 01-Mar-2021	N: D: P: 8.7% Due Date: 01-Mar-2022	N: D: P: 8.6% Due Date: 14-Aug-2022	The sourc Source: M MINSA / I Numerato Targets h 2019: 1,1 2020: 2,4 2021: 2,1 2022: 982

Program Objectives and Outcome Indicators

1	Strengthen the capacity of health services to provide a comprehensive and innovative response for the detection of cases and the treatment of people affected with TB with empl
2	Strengthen the capacity of health services in prioritized areas for prevention and control activities in key populations
3	Strengthen interventions for community responses and systems
4	Strengthen interventions for health information systems, monitoring and evaluation

The Global Fund

Coverage Indicators

Coverage Indicator	Country and Geographic Area	Baseline	Baseline Year and Source	Required Dissagregation	Cumulation for AFD	01-Jul-2019 31-Dec-2019	01-Jan-2020 31-Dec-2020	01-Jan-2021 31-Dec-2021	01-Jan-2022 30-Jun-2022	
MDR TB-3(M): Number of cases with RR-TB and/or MDR-TB that began second-line treatment	Country: ; Coverage: National	N: 1,934 D: P:		Age,Gender,TB regimen	Y- Cumulative annually	N: 1,478 D: P:	N: 3,024 D: P:	N: 2,722 D: P:	N: 1,224 D: P:	The data is obtained from th Source: SIGTB-RME / DPC
TB care and prevention										
TCP-1(M): Number of notified cases of all forms of TB-(i.e. bacteriologically confirmed + clinically diagnosed), includes new and relapse cases	Country: ; Coverage: National	N: 28,591 D: P:		Gender,TB case definition,Age,HIV test status	Y- Cumulative annually	N: 15,629 D: P:	N: 31,968 D: P:	N: 29,056 D: P:	N: 13,202 D: P:	The data is obtained from th Source: SIGTB-RME / DPC For TB Global Report 2018 Report). The difference of current ba 2018 is of 1767 cases becau Diference is because duplic electronic system (SIGTB) a
TCP-2(M): Treatment success rate- all forms: Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB cases registered for treatment during a specified period, new and relapse cases	Country: ; Coverage: National	N: 21,827 D: 28,073 P: 77.75086381932 82%		Age,HIV test status,Gender	Y- Cumulative annually	N: 27,507 D: 31,258 P: 87.9%	N: 28,771 D: 31,968 P: 89.9%	N: 26,150 D: 29,056 P: 89.9%	N: D: P:	The data is obtained from th Source: SIGTB-RME / DPC For TB Global Report 2018 Report). The difference of current ba 2018 is of 1123 cases becau Diference is because duplic electronic system (SIGTB) a
TCP-6a: Number of TB cases (all forms) notified among prisoners	Country: ; Coverage: National	N: 2,417 D: P:			Y- Cumulative annually	N: 1,665 D: P:	N: 3,330 D: P:	N: 2,906 D: P:	N: 1,320 D: P:	The data is obtained from th Source: SIGTB-RME / DPC Currently, the INPE tubercu the country. Adjusting the es the cases that will be report

Workplan Tracking Measures

Intervention	Key Activity	Comments	Milestone Target	Criterion for Completion	01-Jul-2019 31-Dec-2019	01-Jan-2020 31-Dec-2020	0 3
MDR-TB							
		The objective is to strengthen the health information and monitoring and evaluation systems. SIGTB is the only source of information in the country and needs to be integrated with the electronic medical record. For this it is proposed to merge the 2 systems to have only one; and also migrate the SIGTB platform according to			X		
			There will be 32 workshops of	Initiated: The specific fusion and interoperability activities of SIGTB and RME have been initiated (These, among others			

The Global Fund

Performance Framework

Country	Peru
Grant Name	PER-T-SES
Implementation Period	01-Jul-2019 - 30-Jun-2022
Principal Recipient	Socios en Salud sucursal Peru

Reporting Periods					
	Start Date	01-Jul-2019	01-Jan-2020	01-Jan-2021	01-Jan-2022
	End Date	31-Dec-2019	31-Dec-2020	31-Dec-2021	30-Jun-2022
	PU includes DR?	No	Yes	Yes	No

Program Goals and Impact Indicators

1	To reduce progressively the incidence and morbidity and mortality due to tuberculosis with emphasis on multiresistance and to improve the control of the disease in a highly vulnerable population (Pediatric - PPL)

	Impact Indicator	Country	Baseline Value	Baseline Year and Source	Required Dissagregation	2019	2020	2021	2022	Comment
1	TB I-3(M): TB mortality rate per 100,000 population		6.8	2017 DPCTB-MoH / year 2017		N: 6.7 D: P: % Due Date: 14-Feb-2020	N: 6.7 D: P: % Due Date: 01-Mar-2021	N: 6.6 D: P: % Due Date: 01-Mar-2022	N: D: P: % Due Date:	The source for the proposed targets is the DPCTB-MINSA Source: Means of verification will be IO-SIGTB-RME / DPCTB / DGIESP / MINSA / PERU
2	TB I-4(M): RR-TB and/or MDR-TB prevalence among new TB patients: Proportion of new TB cases with RR-TB and/or MDR-TB		6.3	2017 DPCTB-MoH / year 2017		N: D: P: 8.8% Due Date: 14-Feb-2020	N: D: P: 8.8% Due Date: 01-Mar-2021	N: D: P: 8.7% Due Date: 01-Mar-2022	N: D: P: 8.6% Due Date: 14-Aug-2022	The source for the proposed targets is the DPCTB-MINSA Source: Means of verification will be IO-SIGTB-RME / DPCTB / DGIESP / MINSA / PERU Numerator: 1558 / Denominator: 24588 = 6.3 % Targets have the following numerators and denominators: 2019: 1,186/13,441 2020: 2,425/27,492 2021: 2,183/24,988 2022: 982/11,354

Program Objectives and Outcome Indicators

1	Strengthen the capacity of health services to provide a comprehensive and innovative response for the detection of cases and the treatment of people affected with TB with emphasis on resistant TB
2	Strengthen the capacity of health services in prioritized areas for prevention and control activities in key populations
3	Strengthen interventions for community responses and systems
4	Strengthen interventions for health information systems, monitoring and evaluation

	Outcome Indicator	Country	Baseline Value	Baseline Year and Source	Required Dissagregation	2019	2020	2021	2022	Comment
1	TB O-4(M): Treatment success rate of RR TB and/or MDR-TB: Percentage of cases with RR and/or MDR-TB successfully treated		55.7%	2015 DPCTB-MoH /year 2015	TB case definition	N: D: P: 64.9% Due Date: 14-Feb-2020	N: D: P: 66.6% Due Date: 01-Mar-2021	N: D: P: 68.2% Due Date: 01-Mar-2022	N: D: P: % Due Date:	Source: The means of verification will be IO-SIGTB-RME / DPCTB / DGIESP / MINSA / PERU For this indicator, with the presentation of each PUDR, the PR will submit numerator, denominator and quantitative data related to the contribution of Community Health Workers to target achievement (adherence and decreased default).

Coverage Indicators

Coverage Indicator	Country and Geographic Area	Baseline	Baseline Year and Source	Required Dissagregation	Cumulation for AFD	01-Jul-2019 31-Dec-2019	01-Jan-2020 31-Dec-2020	01-Jan-2021 31-Dec-2021	01-Jan-2022 30-Jun-2022	Comments
MDR-TB										
MDR TB-2(M): Number of TB cases with RR-TB and/or MDR-TB notified	Country: ; Coverage: National	N: 2,023 D: P:		Age,Gender	Y- Cumulative annually	N: 1,540 D: P:	N: 3,150 D: P:	N: 2,835 D: P:	N: 1,275 D: P:	The data is obtained from the DPCTB - MINSA Source: SIGTB-RME / DPCTB / DGIESP / MINSA / PERU The source for the proposed target is the DPCTB-MINSA

Coverage Indicators

Coverage Indicator	Country and Geographic Area	Baseline	Baseline Year and Source	Required Dissagregation	Cumulation for AFD	01-Jul-2019 31-Dec-2019	01-Jan-2020 31-Dec-2020	01-Jan-2021 31-Dec-2021	01-Jan-2022 30-Jun-2022	Comments
MDR TB-3(M): Number of cases with RR-TB and/or MDR-TB that began second-line treatment	Country: ; Coverage: National	N: 1,934 D: P:		Age,Gender,TB regimen	Y- Cumulative annually	N: 1,478 D: P:	N: 3,024 D: P:	N: 2,722 D: P:	N: 1,224 D: P:	The data is obtained from the DPCTB - MINSA Source: SIGTB-RME / DPCTB / DGIESP / MINSA / PERU
TB care and prevention										
TCP-1(M): Number of notified cases of all forms of TB-(i.e. bacteriologically confirmed + clinically diagnosed), includes new and relapse cases	Country: ; Coverage: National	N: 28,591 D: P:		Gender,TB case definition,Age,HIV test status	Y- Cumulative annually	N: 15,629 D: P:	N: 31,968 D: P:	N: 29,056 D: P:	N: 13,202 D: P:	The data is obtained from the DPCTB - MINSA Source: SIGTB-RME / DPCTB / DGIESP / MINSA / PERU For TB Global Report 2018 country used manual record as source (Operational Report). The difference of current baseline with what was reported in the Global Report 2018 is of 1767 cases because for baseline it is used the electronic system. Diference is because duplications in manual report and because records in the electronic system (SIGTB) are uploaded up to 97.8% in 2017
TCP-2(M): Treatment success rate- all forms: Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB cases registered for treatment during a specified period, new and relapse cases	Country: ; Coverage: National	N: 21,827 D: 28,073 P: 77.7508638193282%		Age,HIV test status,Gender	Y- Cumulative annually	N: 27,507 D: 31,258 P: 87.9%	N: 28,771 D: 31,968 P: 89.9%	N: 26,150 D: 29,056 P: 89.9%	N: D: P:	The data is obtained from the DPCTB - MINSA Source: SIGTB-RME / DPCTB / DGIESP / MINSA / PERU For TB Global Report 2018 country used manual record as source (Operational Report). The difference of current baseline with what was reported in the Global Report 2018 is of 1123 cases because for baseline it is used the electronic system. Diference is because duplications in manual report and because records in the electronic system (SIGTB) are uploaded up to 96.3% in 2016
TCP-6a: Number of TB cases (all forms) notified among prisoners	Country: ; Coverage: National	N: 2,417 D: P:			Y- Cumulative annually	N: 1,665 D: P:	N: 3,330 D: P:	N: 2,906 D: P:	N: 1,320 D: P:	The data is obtained from the DPCTB - MINSA Source: SIGTB-RME / DPCTB / DGIESP / MINSA / PERU Currently, the INPE tuberculosis burden is 10.3% of the total cases reported by the country. Adjusting the estimate of total national cases also implies adjusting the cases that will be reported in prisons

Workplan Tracking Measures

Intervention	Key Activity	Comments	Milestone Target	Criterion for Completion	01-Jul-2019 31-Dec-2019	01-Jan-2020 31-Dec-2020	01-Jan-2021 31-Dec-2021	01-Jan-2022 30-Jun-2022	01-Jul-2023 30-Jun-2024	01-Jul-2024 30-Jun-2025
MDR-TB										
Treatment: MDR-TB	"SIGTB and RME merged and with interoperability completed allowing the generation of reports for the management of the National Prevention and Control of TB.	The objective is to strengthen the health information and monitoring and evaluation systems. SIGTB is the only source of information in the country and needs to be integrated with the electronic medical record. For this it is proposed to merge the 2 systems to have only one; and also migrate the SIGTB platform according to the OGIT requirements of the MINSA to improve its performance, for which 1 systems analyst will be hired for 8 months and 1 systems programmer for 12 months. Once a single system is integrated, a module of virtual tutorials will be prepared for training in the use of SIGTB. The monitoring and evaluation system will be strengthened through the hiring of personnel who, through periodic trips, will provide assistance in the SIGTB. In addition, in relation to the quality of the programs and the data, through a consultancy an evaluation of the current system of programmatic monitoring of the SDSP of INPE will be carried out.			X		X	X	X	X
			There will be 32 workshops of 40 people in the MINSA (DIRIS, DIRESA and GERESA). In addition to 3 workshops for the INPE, FFAA and Police and ESSALUD. In addition, technical assistance visits will be carried out at SIGTB at the national level of the EESS and the 12 priority prisons.	Initiated: The specific fusion and interoperability activities of SIGTB and RME have been initiated (These, among others, include: review of technical criteria and national standards, design of data algorithms, alignment of modules and georeferencing systems). Advanced: Fusion and interoperability of the SIGTB and RME has been tested in real conditions at least once. Completed: The merged system is fully operational and is used routinely and allows the generation of combined generated reports for the management of the National Prevention and Control of TB.		X				

The Global Fund

Country	Peru
Grant Name	PER-T-SES
Implementation Period	01-Jul-2019 - 30-Jun-2022
Principal Recipient	Socios en Salud sucursal Peru

By Module	01/07/2019 - 30/09/2019	01/10/2019 - 31/12/2019	01/01/2020 - 31/03/2020	01/04/2020 - 30/06/2020	**Total Y1**	01/07/2020 - 30/09/2020	01/10/2020 - 31/12/2020	01/01/2021 - 31/03/2021	01/04/2021 - 30/06/2021	**Total Y2**	01/07/2021 - 30/09/2021	0 3
MDR-TB	$190,806	$703,223	$597,476	$413,413	**$1,904,918**	$298,101	$342,822	$368,789	$117,803	**$1,127,516**	$215,348	
TB care and prevention	$95,979	$317,778	$229,428	$120,711	**$763,896**	$295,283	$63,195	$93,403	$35,541	**$487,423**	$49,833	
RSSH: Community responses and systems	$6,945	$25,557	$207,328	$38,162	**$277,992**	$79,192	$10,754	$7,525	$7,525	**$104,995**	$7,728	
RSSH: Health management information systems and M&E	$64,129	$207,724	$228,559	$64,129	**$564,543**	$52,504	$81,669	$102,504	$52,504	**$289,183**	$32,449	
Program management	$99,156	$93,623	$101,123	$93,623	**$387,524**	$88,476	$97,226	$97,226	$88,476	**$371,402**	$62,377	
Grand Total	**$457,015**	**$1,347,905**	**$1,363,914**	**$730,037**	**$3,898,872**	**$813,556**	**$595,666**	**$669,448**	**$301,849**	**$2,380,520**	**$367,735**	

By Cost Grouping	01/07/2019 - 30/09/2019	01/10/2019 - 31/12/2019	01/01/2020 - 31/03/2020	01/04/2020 - 30/06/2020	**Total Y1**	01/07/2020 - 30/09/2020	01/10/2020 - 31/12/2020	01/01/2021 - 31/03/2021	01/04/2021 - 30/06/2021	**Total Y2**	01/07/2021 - 30/09/2021	0 3
Human Resources (HR)	$211,261	$195,653	$186,735	$186,735	**$780,384**	$183,349	$183,349	$177,855	$177,855	**$722,409**	$112,799	
Travel related costs (TRC)	$48,724	$205,254	$186,521	$81,607	**$522,107**	$49,482	$110,327	$49,944	$34,292	**$244,045**	$36,749	
External Professional services (EPS)	$127,503	$740,477	$132,797	$135,885	**$1,136,662**	$125,525	$55,972	$390,559	$40,422	**$612,479**	$19,914	
Health Products - Non-Pharmaceuticals (HPNP)	$5,528		$24,108		**$29,636**	$24,108				**$24,108**		
Health Products - Equipment (HPE)			$7,873	$15,747	**$23,620**	$7,873	$5,718			**$13,592**		
Procurement and Supply-Chain Management costs (PSM)	$1,946				**$1,946**	$1,946				**$1,946**		
Infrastructure (INF)		$150,000	$416,959	$249,942	**$816,902**	$362,962	$184,759			**$547,721**	$179,959	
Non-health equipment (NHP)	$5,533				**$5,533**							
Communication Material and Publications (CMP)			$152,400	$3,600	**$156,000**	$3,600	$2,640			**$6,240**		
Indirect and Overhead Costs	$18,314	$18,314	$18,314	$18,314	**$73,256**	$18,314	$18,314	$18,314	$18,314	**$73,256**	$18,314	
Living support to client/ target population (LSCTP)	$38,207	$38,207	$238,207	$38,207	**$352,827**	$36,396	$34,586	$32,776	$30,965	**$134,724**		
GrandTotal	**$457,015**	**$1,347,905**	**$1,363,914**	**$730,037**	**$3,898,872**	**$813,556**	**$595,666**	**$669,448**	**$301,849**	**$2,380,520**	**$367,735**	

By Recipients	01/07/2019 - 30/09/2019	01/10/2019 - 31/12/2019	01/01/2020 - 31/03/2020	01/04/2020 - 30/06/2020	**Total Y1**	01/07/2020 - 30/09/2020	01/10/2020 - 31/12/2020	01/01/2021 - 31/03/2021	01/04/2021 - 30/06/2021	**Total Y2**	01/07/2021 - 30/09/2021	0 3

Summary Budget

Country	Peru
Grant Name	PER-T-SES
Implementation Period	01-Jul-2019 - 30-Jun-2022
Principal Recipient	Socios en Salud sucursal Peru

By Module	01/07/2019 - 30/09/2019	01/10/2019 - 31/12/2019	01/01/2020 - 31/03/2020	01/04/2020 - 30/06/2020	Total Y1	01/07/2020 - 30/09/2020	01/10/2020 - 31/12/2020	01/01/2021 - 31/03/2021	01/04/2021 - 30/06/2021	Total Y2	01/07/2021 - 30/09/2021	01/10/2021 - 31/12/2021	01/01/2022 - 31/03/2022	01/04/2022 - 30/06/2022	Total Y3	Grand Total	% of Grand Total
MDR-TB	$190,806	$703,223	$597,476	$413,413	**$1,904,918**	$298,101	$342,822	$368,789	$117,803	**$1,127,516**	$215,348	$35,389	$31,401	$31,401	**$313,538**	**$3,345,972**	**46.5 %**
TB care and prevention	$95,979	$317,778	$229,428	$120,711	**$763,896**	$295,283	$63,195	$93,403	$35,541	**$487,423**	$49,833	$31,007	$18,547	$14,964	**$114,352**	**$1,365,671**	**19.0 %**
RSSH: Community responses and systems	$6,945	$25,557	$207,328	$38,162	**$277,992**	$79,192	$10,754	$7,525	$7,525	**$104,995**	$7,728	$31,148	$7,536	$7,536	**$53,949**	**$436,936**	**6.1 %**
RSSH: Health management information systems and M&E	$64,129	$207,724	$228,559	$64,129	**$564,543**	$52,504	$81,669	$102,504	$52,504	**$289,183**	$32,449	$32,449	$82,034	$31,620	**$178,551**	**$1,032,277**	**14.3 %**
Program management	$99,156	$93,623	$101,123	$93,623	**$387,524**	$88,476	$97,226	$97,226	$88,476	**$371,402**	$62,377	$67,377	$62,377	$67,377	**$259,509**	**$1,018,435**	**14.1 %**
Grand Total	**$457,015**	**$1,347,905**	**$1,363,914**	**$730,037**	**$3,898,872**	**$813,556**	**$595,666**	**$669,448**	**$301,849**	**$2,380,520**	**$367,735**	**$197,370**	**$201,896**	**$152,899**	**$919,899**	**$7,199,291**	**100.0 %**

By Cost Grouping	01/07/2019 - 30/09/2019	01/10/2019 - 31/12/2019	01/01/2020 - 31/03/2020	01/04/2020 - 30/06/2020	Total Y1	01/07/2020 - 30/09/2020	01/10/2020 - 31/12/2020	01/01/2021 - 31/03/2021	01/04/2021 - 30/06/2021	Total Y2	01/07/2021 - 30/09/2021	01/10/2021 - 31/12/2021	01/01/2022 - 31/03/2022	01/04/2022 - 30/06/2022	Total Y3	Grand Total	% of Grand Total
Human Resources (HR)	$211,261	$195,653	$186,735	$186,735	**$780,384**	$183,349	$183,349	$177,855	$177,855	**$722,409**	$112,799	$112,799	$100,417	$100,417	**$426,430**	**$1,929,223**	**26.8 %**
Travel related costs (TRC)	$48,724	$205,254	$186,521	$81,607	**$522,107**	$49,482	$110,327	$49,944	$34,292	**$244,045**	$36,749	$15,625	$13,252	$9,254	**$74,880**	**$841,032**	**11.7 %**
External Professional services (EPS)	$127,503	$740,477	$132,797	$135,885	**$1,136,662**	$125,525	$55,972	$390,559	$40,422	**$612,479**	$19,914	$44,914	$69,914	$24,914	**$159,655**	**$1,908,795**	**26.5 %**
Health Products - Non-Pharmaceuticals (HPNP)	$5,528		$24,108		**$29,636**	$24,108				**$24,108**						**$53,743**	**0.7 %**
Health Products - Equipment (HPE)			$7,873	$15,747	**$23,620**	$7,873	$5,718			**$13,592**		$5,718			**$5,718**	**$42,930**	**0.6 %**
Procurement and Supply-Chain Management costs (PSM)	$1,946				**$1,946**	$1,946				**$1,946**						**$3,893**	**0.1 %**
Infrastructure (INF)		$150,000	$416,959	$249,942	**$816,902**	$362,962	$184,759			**$547,721**	$179,959				**$179,959**	**$1,544,582**	**21.5 %**
Non-health equipment (NHP)	$5,533				**$5,533**											**$5,533**	**0.1 %**
Communication Material and Publications (CMP)			$152,400	$3,600	**$156,000**	$3,600	$2,640			**$6,240**						**$162,240**	**2.3 %**
Indirect and Overhead Costs	$18,314	$18,314	$18,314	$18,314	**$73,256**	$18,314	$18,314	$18,314	$18,314	**$73,256**	$18,314	$18,314	$18,314	$18,314	**$73,256**	**$219,769**	**3.1 %**
Living support to client/ target population (LSCTP)	$38,207	$38,207	$238,207	$38,207	**$352,827**	$36,396	$34,586	$32,776	$30,965	**$134,724**						**$487,551**	**6.8 %**
GrandTotal	**$457,015**	**$1,347,905**	**$1,363,914**	**$730,037**	**$3,898,872**	**$813,556**	**$595,666**	**$669,448**	**$301,849**	**$2,380,520**	**$367,735**	**$197,370**	**$201,896**	**$152,899**	**$919,899**	**$7,199,291**	**100.0 %**

By Recipients	01/07/2019 - 30/09/2019	01/10/2019 - 31/12/2019	01/01/2020 - 31/03/2020	01/04/2020 - 30/06/2020	Total Y1	01/07/2020 - 30/09/2020	01/10/2020 - 31/12/2020	01/01/2021 - 31/03/2021	01/04/2021 - 30/06/2021	Total Y2	01/07/2021 - 30/09/2021	01/10/2021 - 31/12/2021	01/01/2022 - 31/03/2022	01/04/2022 - 30/06/2022	Total Y3	Grand Total	% of Grand Total
PR	**$457,015**	**$1,347,905**	**$1,363,914**	**$730,037**	**$3,898,872**	**$813,556**	**$595,666**	**$669,448**	**$301,849**	**$2,380,520**	**$367,735**	**$197,370**	**$201,896**	**$152,899**	**$919,899**	**$7,199,291**	**100.0 %**
Socios en Salud sucursal Peru	$457,015	$1,347,905	$1,363,914	$730,037	$3,898,872	$813,556	$595,666	$669,448	$301,849	$2,380,520	$367,735	$197,370	$201,896	$152,899	$919,899	$7,199,291	100.0 %
Grand Total	**$457,015**	**$1,347,905**	**$1,363,914**	**$730,037**	**$3,898,872**	**$813,556**	**$595,666**	**$669,448**	**$301,849**	**$2,380,520**	**$367,735**	**$197,370**	**$201,896**	**$152,899**	**$919,899**	**$7,199,291**	**100.0 %**