

Attachment 1 & 2 to Annex A: Indicators, Targets, and Periods Covered

Program Details

Country:	Peru
Disease:	Tuberculosis
Grant number:	PER-506-G04-T
Principal Recipient:	CARE Peru

A. Periods covered and dates for disbursement requests and progress updates

Year 1	Period 1	Period 2	Period 3	Period 4
Period Covered	1 September - 30 November 2006	1 December 2006 - 28 February 2007	1 March - 31 May 2007	1 June - 31 August 2007
Date Disbursement Request/Progress Update due	15-Ene-07	15-Abr-07	15-Jul-07	15-Oct-07
Year 2	Period 5	Period 6	Period 7	Period 8
Period Covered	1 September - 30 November 2006	1 December - 28 February 2007	1 March - 31 May 2007	1 June - 31 August 2008
Date Disbursement Request/Progress Update due	15-Ene-08	15-Abr-08	15-Jul-08	15-Oct-08

Annual Report Due Date Year 1:	30-Nov-07
Audit Report Due Date Year 1:	28-Feb-08
Annual Report Due Date Year 2:	30-Nov-08
Audit Report Due Date Year 2:	28-Feb-09

Note: This project does annual audits based its programmatic year.

Program Objectives		
Objective Number	Objective Description	Goal No.
1	Strengthen the promotion of supportive environments and the defense of people with tuberculosis in high-priority regions (Fortalecer la promoción de entornos favorables y la defensa de derecho a la salud de las personas afectadas por tuberculosis)	1
2	Prevent the risk of tuberculosis infection in hospitals (Fortalecer la prevención de riesgos de infección por tuberculosis en hospitales)	2, 3
3	Strengthen the care and treatment of persons with MDR-TB with the participation of health services, the community and organizations of people with tuberculosis (Fortalecer la atención y tratamiento de los afectados por TBC MDR con participación de los servicios, la comunidad y los afectados)	2, 3, 4
4	Strengthen efforts for support and social rehabilitation of people with tuberculosis (Fortalecer el soporte y la rehabilitación social de los afectados por la tuberculosis)	2, 3, 4

Impact / outcome Indicator	Indicator formulation	Indicator formulation	Baseline			Targets					Comments
			value	Year	Source	Year 1	Year 2	Year 3	Year 4	Year 5	
1 Impact (Round 2 and Round 5)	Incidence rate of smear positive TB cases in Peruvian population	Tasa de incidencia de tuberculosis con baciloscopia positiva en la población peruana	66.39/100,000	2004	MOH information system - ESN	66.39/100,000	64/100,000	55/100,000	54/100,000	53/100,000	
2 Outcome (Round 2 and Round 5)	MDR-TB cure rate	Tasa de curación TB MDR	46.9%	2003	MOH information system - ESN		85%	85%	85%	85%	
3 Outcome	Percentage of patients with MDR-TB who abandon treatment	% de pacientes con TBC MDR que abandonan el tratamiento	15%	2005	MOH information system - ESN	15%	15%	13%	12%	10%	
4 Outcome	Number and percentage of health care workers in high-risk transmission areas for TB (AERTs) who have an accepting attitude towards patients with tuberculosis	Numero y porcentaje de personal de salud de los AERTs que tiene una actitud de aceptación hacia pacientes con TB	TBD			Baseline to be determined	10% increase from the baseline	20% increase from the baseline	30% increase from the baseline	40% increase from the baseline	Targets may be adjusted after baseline study is completed
5 Outcome	Number and percentage of the population in the intervention areas who have an accepting attitude towards patients with tuberculosis	Numero y porcentaje de la población de las regiones intervenidas que tiene actitud de aceptación de las pacientes con TB	TBD			Baseline to be determined				TBD	Targets to be established once baseline has been established.

Objective Number	Service Delivery Area	Indicator N°	Indicator formulation	Indicator formulation	Directly tied (Y/N)1	Baseline (if applicable)			Targets (cumulative and excluding baselines)2		Quarterly targets for year 1 & 2 (cumulative over the quarters and excluding baselines)2								Comments
						Value	Year	Source	Year1	Year2	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	
1	Supportive environment: Strengthening of civil society and institutional capacity building	1.1	Number of tuberculosis patients participating in organizations of patients of TB (OATs)	Numero de pacientes de TB participando en Organizaciones de Afectados de TB (OATs)	Y	240	2005	Programme monitoring system	210	260			190	210	210	240	260	Indicator is not cumulative due the fact that the treatment for tuberculosis is on average 6 months. Participating is defined as those who participated in all monthly meetings in a given quarter. Baseline is included in quarter and annual targets	
1	Supportive environment: Strengthening of civil society and institutional capacity building	1.2	Number of OATs established and active in prioritized districts	Número de OATs establecidos y activos en las distritos prioritizadas	Y	16	2005	MOH information system - ESN	21	26			19	21	21	24	26	OAT (Spanish acronym): a group of patients with TB that includes TB patients from 2 or more healthcare centers located in areas of high risk for the transmission of TB. OATs are considered established and active when they have regular monthly meetings and have a minimum of 5-10 members (depending on the number patients in the area). Baseline is included in quarter and annual targets	
1	Supportive environment: Stigma reduction in all settings	1.3	Number of health care personnel trained in behavior change and stigma and discrimination	Numero de personal de salud capacitados en cambio de comportamientos y estigma y discriminación	Y	0	2005	Programme monitoring system	300	900			150	300	450	600	750	900	It is possible that the people trained under this indicator may also be trained in Indicator 2.1. The PR will distinguish in its reports those who are trained under both indicators. The proposal contained Year 2 target of 2100 people trained. It was agreed with the Ministry of Health that the training would be spaced out throughout the 5 years of the proposal as the Technical Norms related to stigma and discrimination (Regulation N° 041-MINSA/DGSP) were only recently published in April 2006.
2	TB: Timely detection and quality treatment of cases	2.1	Number of health care personnel trained in the control of infections	Numero de profesionales de la salud capacitados en control de infecciones	N	0	2005	MOH information system	425	850			Guidelines developed	425	535	690	770	850	

2	2	2.2	Number of hospitals with areas constructed and equipped for the care of tuberculosis patients to allow for the better control of infections	Nº de hospitales con ambientes construidos y equipados para la atención de pacientes con TB que permiten el mejoramiento del control de infecciones	Y	0	2005	MOH information system	0	18								18	The proposal had a Year 1 Target of 7. The Year 1 target has been moved to Year 2 due to the fact that the National Public Investment System (SNIP) requires that feasibility and project profiles be approved by a Commission of the Ministry of Finance in order for public projects to commence. In Phase 2 hospitals will be evaluated on a semester basis to see if they are meeting the established criteria for biosecurity. Note: these are not necessarily the same as the Centers of Excellence described in Indicator 3.5. The PR will report which hospitals are also Centers of Excellence in its reports.					
3	3	3.1	Number and percentage of tuberculosis patients who receive HIV counseling and testing	Numero y % de pacientes de TBC que reciben consejería y se hace la prueba para detectar VIH	N	0	2005	MOH information system - ESN	20%	30%								25%	30%	To date, the TB program has not been providing HIV counseling but rather sending people to the HIV program for counseling and testing.				
3	3	3.2	Number and percentage of PLWHA who receive chemoprophylaxis for tuberculosis (INH)	Numero y porcentaje de personas viviendo con VIH bajo tratamiento profiláctico con INH	N	1241	2003	MOH information system - ESN	50%	52%	50%	50%	50%	50%	52%	52%			52%	This is being measured in the Round 2 Tuberculosis grant.				
3	3	3.3	Number and percentage of patients with MDR-TB with adverse reactions who receive treatment	Numero y % de pacientes con TB MDR con reacciones adversas que reciben tratamiento	Y	20%	2004	MOH information system - ESN	100%	100%								100%	100%	The National Tuberculosis Program estimates that approximately 30% of all MDR-TB cases will have adverse reactions and will provide treatment to all those who require it.				
3	3	3.4	Number and percentage of patients with MDR-TB in treatment who receive social support	Numero y % de pacientes con TBC MDR en tratamiento que reciben apoyo social	N	0	2005	MOH information system - ESN	12.5%	25%								12.5%	12.5%	15%	20%	25%	Social support is defined as household improvements in order to prevent the transmission of tuberculosis and/or nutritional support.	
3	3	3.5	Number of Centers of Excellence established	Numero de centros de excelencia establecidos	N	0	2005	MOH information system - ESN	0	12										12	Centers of excellence are hospitals or peripheral centers that are model centers for service and treatment, based on established criteria, for MDR-TB and HIV/TB co-infection. The Centers are considered to be models for best practices. A Center will be considered established when it has trained personnel in biosecurity and management of TB programs; improved or reconditioned infrastructure; necessary equipment; and is part of the electronic network which will link up all the centers. The Proposal contained a Year 2 target of 20. 12 is considered a reasonable target due to the fact all public projects need to go through the National Public Investment System (SNIP). The 13 remaining centers will be established in Year 3 of Phase 2.			
3	3	3.6	Number of cases of TB-MDR who are enrolled to begin DOTS-Plus treatment per year	Numero de pacientes con TBC MDR que ingresa al DOTS-Plus cada año	N	860	2003	MOH information system - ESN	7182	9682	5307	5932	6557	7182	7807	8432			9057	9682	This is being measured in Round 2 and Round 5 and includes the 2807 persons from Phase 1 of Round 2 grant.			
3	3	3.7	Number of new community promoters trained in prevention and control of MDR TB	Numero de nuevos promotores de la comunidad capacitados en prevención y control de TB-MDR	Y	1,852	2005	Partners in Health	200	450	100	150	200	300	400				450	450	These are new promoters. Retraining of existing promoters will also occur during Phase 1 of the Program.			
4	4	4.1	Number of support groups established to promote self-care and adherence to treatment	Nº de grupos de soporte establecidos para promover el autocuidado y la adhesión al tratamiento	Y	0	2005	Programme monitoring system	10	40	1	4	7	10	10	20			30	40	A group is considered established when peer educators are trained in the promotion of self-care and adherence to treatment and that the group is registered in a health care center.			
4	4	4.2	Number and percentage of patients with TB who benefit from work and housing programs	Numero y % de pacientes con TBC que benefician de programas sociales de trabajo y vivienda	N	0	2005	MOH information system - ESN	3.4%	9.4%	0.3%	1.4%	2.4%	3.4%	3.4%	3.4%			6.2%	9.4%	Numerator: total number of new TB patients receiving government support. Denominator: total number of new TB patients.			
4	4	4.3	Number and percentage of high risk/vulnerable contacts who receive food baskets	Nº y porcentaje de contactos de alta vulnerabilidad que reciben canastas alimenticias	N	0	2005	MOH information system - ESN	20%	30%		Baseline study completed							20%	20%	20%	30%	30%	Contacts: family members who live with a TB patient; persons who work with/study with a TB patient. This is a new strategy as to date food baskets were only being provided to TB patients. Formula: number of high risk/vulnerable contacts who receive food basket/number of high risk/vulnerable contacts of TB patients.

1. The default assumption is that targets described for an SDA reflect results that are directly tied to Global Fund financing, i.e., "Y" is checked by default. If targets described for a particular SDA reflect results of a broader national, regional or institutional programme to which Global Fund resources contribute, please check the box "N".

2. There are exceptional circumstances when this rule does not apply.

Country:	Peru
Disease:	Tuberculosis
Grant number:	PER-506-G04-T
Principal Recipient:	CARE Peru

A. Periods covered and dates for disbursement requests and progress updates (typically completed by the Secretariat during Grant negotiations process)

	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 Covered: from	1-Oct-08	01-Jan-09	01-Apr-09	1-Jul-09	1-Oct-09	01-Jan-10	01-Apr-10	1-Jul-10	1-Oct-10	1-Jan-11	1-Apr-11	1-Jul-11
Period Covered: to	31-Dec-08	31-Mar-09	30-Jun-09	30-Sep-09	31-Dec-09	31-Mar-10	30-Jun-10	30-Sep-10	31-Dec-10	31-Mar-11	30-Jun-11	30-Sep-11
Date Progress Update due (typically 45 days after end of period)	14-Feb-09	15-May-09	14-Aug-09	14-Nov-09	14-Feb-10	15-May-10	14-Aug-10	14-Nov-10	14-Feb-11	15-May-11	14-Aug-11	14-Nov-11
Disbursement Request ? (Y,N)	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y

Annual Report Due Date:	December
Audit Report Due Date:	March

B. Program Goal, impact and outcome indicators

Goals:	1. Elevar el acceso y la eficacia de los tratamientos de tuberculosis y tuberculosis multidrogoresistente, fortaleciendo la respuesta integral a la epidemia
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Impact / outcome indicator	Indicator	Baseline		Source	Targets					Comments*
		value	Year		Year 1	Year 2	Year 3	Year 4	Year 5	
Impact	TB incidence rate Tasa de incidencia de TB	66.39 x 100 mil	2004	Health service statistics	66.39/100,000	64/100,000	55/100,000	54/100,000	53/100,000	Año 5 II Ronda 55/100 mil
Outcome	MDR TB treatment success rate (percentage of MDR TB patients successfully treated - cured plus completed treatment) Tasa de tratamiento con éxito de TB MDR (porcentaje de pacientes tratados con éxito - curados más los que completaron exitosamente el tratamiento - curados)	68.0%	2005	Health service statistics			75%	77%	80%	For this new indicator suggested by the GF, according Official Report the successful treatment rate for 2005 cohort is 68%. This indicator refers to patients successfully treated (cured plus completed treated) 24 months after initiation of treatment. Para este nuevo indicador sugerido por el FM, de acuerdo a lo reportado oficialmente el éxito de tratamiento para el 2005 es 68%. Este indicador mide a los pacientes que se han curados más los que completaron el tratamiento 24 meses después de iniciado el tratamiento.
Outcome	Porcentaje de pacientes con TB MDR que abandonan el tratamiento Percentage of patients with MDR TB who abandon treatment	15%	2005	Health service statistics	15%	15%	13%	N/A	10%	
Outcome	Number and percentage of healthcare personnel from HRTAs who have an accepting attitude towards TB patients Número y porcentaje de personal de salud de los AERTs que tiene una actitud de aceptación hacia pacientes con TB	50.8%	2007	Other Surveillance reports, specify Estudio de medición		56.6%	62.4%	N/A	74.0%	
Outcome	Number and percentage of the population in intervention areas who have an accepting attitude towards TB patients Número y porcentaje de la población de las regiones intervenidas que tiene actitud de aceptación de las pacientes con TB	50.5%	2007	Other Surveillance reports, specify Estudio de medición		56.6%	62.4%	68.2%	74.0%	It is suggested that the same targets proposed for indicator O3 are used given that both healthcare personnel and the general population are receiving training in behaviour change with respect to stigma and discrimination towards TB patients. Se propone utilizar la misma medición que la utilizada para el indicador O3 dado que tanto el personal de salud como la población general está recibiendo capacitación en cambio de comportamiento respecto al estigma y discriminación hacia personas afectadas con TB con recursos del Programa.

*Please specify source of measurement for indicator in case different to baseline source

C. Program Objectives, Service Delivery Areas and Indicators

Objective Number	Objective description
1	Strengthen the promotion of supportive environments and the defense of people with tuberculosis in high-priority regions (Fortalecer en las regiones prioritizadas la promoción de entornos favorables y la defensa de derecho a la salud de las personas afectadas por tuberculosis)
2	Prevent the risk of tuberculosis infection in hospitals (Fortalecer la prevención de riesgos de infección por tuberculosis en hospitales)
3	Strengthen the care and treatment of persons with MDR-TB with the participation of health services, the community and organizations of people with tuberculosis (Fortalecer la atención y tratamiento de los afectados por TBC MDR con participación de los servicios, la comunidad y los afectados)
4	Strengthen efforts for support and social rehabilitation of people with tuberculosis (Fortalecer el soporte y la rehabilitación social de los afectados por la tuberculosis)

Objective / Indicator Number	Service Delivery Area	Indicator	Baseline (if applicable)			Phase 1		Periodical targets for year 3, 4 & 5										Directly tied (Y/N)	Baseline included in targets (Y/N)	Targets cumulative (Y - over program (Y/N))	Comments	
			Value	Year	Source	targets (P8)	latest available results (P6)	P9	P10	P11	P12	P13	P14	P15	P16	P17	P18					P19
1.1	Supportive environment: strengthening of civil society and institutional capacity building	Number of TB patients participating in TB patients organizations (OATs) Número de pacientes de TB participando en Organizaciones de Afectados de TB (OATs)	240	2005	Specific surveys (to be defined)	260	292	350	350		350		350		350		350		350	Y	Y	N - not cumulative This is a non-cumulative indicator. It refers to OATs formed during the first phase that will be strengthened during the second phase. Este es un indicador no acumulativo. Se trata de las OATs formadas durante la primera fase y fortalecidas durante la segunda fase.
1.2	Supportive environment: strengthening of civil society and institutional capacity building	Número de OATs establecidos y activos en las distritos prioritizadas Number of OATs established and active in prioritized districts	16	2005	National Health Accounts	26	23	26	26		26		26		26		26		26	Y	Y	N - not cumulative This is a non-cumulative indicator. OAT (Spanish acronym): A group of patients with TB that includes TB patients from 2 or more healthcare centers located in areas of high risk for the transmission of TB. OATs are considered established and active when they have regular monthly meetings and have a minimum of 5-10 members (depending on the number patients in the area). During phase one 26 OATs were formed. The second phase will be one of strengthening and follow-up. Este es un indicador no acumulativo. Una OAT (organización de afectados por TB) es un grupo de pacientes con TB que incluye a aquellos de dos o más centros de salud ubicados en áreas de elevado riesgo de transmisión. Una OAT es considerada establecida y activa cuando sus miembros tienen reuniones mensuales y cuanta con un mínimo de 5 a 10 miembros (dependiendo del número de pacientes en el área). Durante la primera fase se logró formar 26 OATs, la segunda fase será de fortalecimiento y seguimiento.

Objective/ Indicator Number	Service Delivery Area	Indicator	Baseline (if applicable)			Phase 1		Periodical targets for year 3, 4 & 5										Directly tied (Y/N)	Baseline included in targets (Y/N)	Targets cumulati ve (Y- over program term)	Comments											
			Value	Year	Source	targets (P8)	latest available results (P6)	P9	P10	P11	P12	P13	P14	P15	P16	P17	P18					P19	P20									
1.3	Supportive environment, strengthening of civil society and institutional capacity building	Number of health care personnel trained in behaviour change and stigma and discrimination Número de personal de salud capacitados en cambio de comportamientos y estigma y discriminación	0	2005	Specific surveys (to be defined)	900	832 (1045 al P7)	1145	1245		1445		1620		1795		1945		2100	Y	N	Y - over program term	It is possible that the people trained under this indicator may also be trained in Indicator 2.1. The PR will distinguish in its reports those who are trained under both indicators. The proposal contained Year 2 target of 2100 people trained. It was agreed with the Ministry of Health that the training would be spaced out throughout the 5 years of the proposal as the Technical Norms related to stigma and discrimination (Regulation N° 041-MINSA/DGSP) were only recently published in April 2006. The targets for the second phase aim at reaching the originally agreed target of 2100. Second phase programming takes into account the target reached by the Sub-Recipient at the end of Q7 (1045). Second phase programming starts with the remaining balance as follows: 400 at the end of Year 3, 350 at the end of Year 4 and 305 at the end of Year 5. The final distribution is: first phase=1045, second phase=1055, grand total=2100. Es posible que las personas capacitadas bajo este indicador también sean capacitadas bajo el indicador 2.1. El RP distinguirá a aquellos capacitados bajo ambos indicadores. La propuesta contenía una meta al año 2 de 2100 personas. Se acordó con el Ministerio de Salud que la capacitación se haría a lo largo de los cinco años del Programa ya que las normas técnicas de estigma y discriminación (NT N°041-MINSA/DGSP) fue recién publicada en abril de 2006. Para la segunda fase se ha reprogramado la meta indicada por el PR para alinearla con la propuesta original: 2100 personal de salud capacitado en cambio de comportamiento sobre estigma y discriminación: primera fase=1045, segunda fase=1055, total ambas fases=2100.									
2.1	TB: Timely detection and quality treatment of cases	Number of healthcare personnel trained on infection control Número de profesionales de la salud capacitados en control de infecciones	0	2005	National Health Accounts	850	2113 (al Q7)		2325						2,538					4,238	N	N	Y - over program term	Se ha colocado las metas de la segunda fase conforme a la propuesta técnica original (2125). Sin embargo, debe considerarse que el Objetivo cuenta con un presupuesto destinado principalmente al seguimiento de la implementación de los planes de control de infecciones. En concordancia con la lógica de los programas financiados por el Fondo Mundial de complementar la respuesta nacional a la epidemia de TB y como parte de su aporte a la implementación del Sistema de Centros de Excelencia, se espera que la contraparte técnica pueda asumir la ejecución de la actividad de capacitación, toda vez que existe en cada hospital un equipo de facilitadores debidamente capacitado y que se le proveerá parte del material educativo necesario.								
2.2	TB: Timely detection and quality treatment of cases	Number of hospitales with areas built and equipped for the care of TB patients and to allow for better infection control Número de hospitales con ambientes construidos y equipados para la atención de pacientes con TB que permiten el mejoramiento del control de infecciones	0	2005	National Health Accounts	18	0	18							18					18	Y	N	Y - over program term	Al término de la primera fase, 03 de los 18 Centros de Excelencia Hospitalarios habrán iniciado sus obras de infraestructura. Las coordinaciones para el establecimiento de los Centros de Excelencia se hicieron en dos etapas. La primera se inició en junio de 2006, con la firma del contrato entre el FM y CARE, y la selección de Sub-Recipients. Se elaboró el documento conceptual y se hicieron visitas a cada establecimiento de salud seleccionado para trabajar con el usuario, evaluar sus necesidades y elaborar propuestas de mejora. La segunda etapa comenzó a fines del 2007, con la convocatoria para la formulación de Perfiles de Inversión (PIPI), que una vez formulados pasaron por una serie de evaluaciones previas a su viabilidad. Los PIPI de los Centros de Excelencia han sufrido demoras en la evaluación, aprobación y declaración de viabilidad en cada entidad involucrada (MINSA, hospitales, Direcciones Regionales de Salud-DIRESAS, Direcciones de Salud -DISAS, Oficina de Proyectos de Inversión - OPI de los Gobiernos Regionales (GR) en el caso de provincias y del MINSA en caso de L (15) de los 19 Proyectos han sido registrados en el Banco de Proyectos del SNIP, requisito para poder ser evaluados en las Oficinas de Proyectos de Inversión del MINSA y de los GR. Los PIPI que a la fecha han sido registrados están en proceso de reformulación a solicitud de los hospitales. En paralelo, se viene trabajando los convenios de cooperación con los GR, el MINSA y hospitales para su co-financiamiento. Los borradores del convenio, vienen siendo evaluados por el área legal de cada dependencia, requisito para justificar la transferencia de fondos y/o la inclusión de cada proyecto en el presupuesto participativo de cada región. Dado que los plazos establecidos no se cifran a la programación inicial, es necesario reprogramar los trabajos a una segunda fase (años 3 y 4), lo cual hará posible el cumplimiento de los compromisos asumidos.								
3.1	TB/HIV collaborative activities: Prevention of HIV in TB patients	Number of TB patients who receive HIV counselling and testing Número y porcentaje de pacientes de TB que reciben consejería y se hace la prueba para detectar VIH	0	2005	MoH information system - ESN	30%	4,406 33.8%	6229 35%							7118 40%					8898 50%			10677 60%	N	Y	Y - cumulative annually	In coordination with the TCP, and taking into account as historical reference year 2007, it was established that the denominator to be used during all of the second phase should be 17,796 people diagnosed with smear positive pulmonary TB (Bk+) each year. En coordinación con la ESN-PCT, tomando como referencia histórica el año 2007, se determinó que el denominador a ser utilizado durante toda la segunda fase del Programa, es 17,796 personas diagnosticadas con TB pulmonar con baciloscopia positiva (Bk+) cada año.					
3.2	TB/HIV collaborative activities: Prevention of HIV in TB patients	Number and percentage of PLWHA who receive chemoprophylaxis for TB (INH) Número y porcentaje de personas viviendo con VIH bajo tratamiento profiláctico con INH	1241	2003	MoH information system - ESN	52%	1,492 67%	1500 67%							1700 76%					1800 80%			2000 89%	N	Y	Y - over program term	This is being measured in the Round 2 Tuberculosis grant. In coordination with the TCP, and taking as a historical reference the number of notifications of people with HIV in 2007 according to the Dirección General de Epidemiología (National Epidemiology Office), it was agreed that the denominator to be used during the whole second phase of the Program is 2243 people with HIV/year. Este indicador está siendo medido por el Programa de la Segunda Ronda. En coordinación con la ESN-PCT, tomando como referencia histórica el número de notificaciones de personas con VIH en el año 2007 según la Dirección General de Epidemiología, se determinó que el denominador a ser utilizado durante toda la segunda fase del Programa es 2,243 PVVS/año.					
3.3	MDR-TB	Number and percentage of MDR TB patients who have adverse reactions and receive treatment Número y porcentaje de pacientes con TB MDR con reacciones adversas que reciben tratamiento	20%	2004	MoH information system - ESN	100%	428 65%	100% 375							100% 750					100% 750			100% 750	Y	Y	Y - cumulative annually	The TCP estimates that approximately 30% of all MDR-TB cases will have adverse reactions and will provide treatment to all those who require it. In coordination with the TCP, for the measurement of this indicator, year 2007 was established as a historical reference. Therefore, the result for the indicator will be measured as 30% of the patients reported for indicator 3.6. La ESN-PCT estima que aproximadamente 30% de todos los casos de TB-MDR presentarían reacciones adversas y proveerá tratamiento a todos quienes lo requieran. En coordinación con la Unidad Técnica TB-MDR, para el cálculo del indicador se tomó como referencia histórica el año 2007. Por lo tanto, el cálculo de este indicador será en base al 30% de los pacientes reportados en el informe de referencia.					
3.4	MDR-TB	Number and percentage of MDR TB patients with adverse reactions who receive social support Número y porcentaje de pacientes con TB MDR en tratamiento que reciben apoyo social	0	2005	MoH information system - ESN	25%	71 18%	25% (100)	30% (120)						30% (120)					40% (160)			40% (160)		50% (200)		50% (200)	N	Y	Y - over program term	Social support is defined as household improvements in order to prevent the transmission of tuberculosis and/or nutritional support. Social support reported for this indicator is for those patients designated by the MDR TB Technical Unit as being XDR TB (i.e. nutritional support, household improvements or other according to an individualized social assessment). An ad-hoc committee, form by representatives of the TCP, the Principal Recipient and the Sub-Recipient, evaluates each case of determine the needs to be fulfilled. Numerator: Number of XDR TB patients reported by the Technical Unit; Denominator: Number of failures to scheme 2 treatment reported in the official 2006 TCP report. Apoyo social es definido como mejoras al hogar destinadas a prevenir la transmisión de la TB y/o apoyo nutricional. El apoyo social reportado en este indicador es para los pacientes que la Unidad Técnica TB-MDR designa como casos con TB-XDR (i.e. apoyo alimentario, acondicionamiento de vivienda, otros según ficha social). Un Comité Ad-hoc, conformado por representantes de la UT TB-MDR, el Receptor Principal y el Sub-Recipiente, evalúa cada caso. Numerador: N° de fracasos al esquema 2 reportados en el informe Numerador: N° de pacientes TB-XDR proporcionado por la UT TB-MDR.	
3.5	MDR-TB	Number of Centres of Excellence established Número de centros de excelencia establecidos	0	2005	MoH information system - ESN	12	0	12							25					25			25		25		25	N	Y	Y - over program term	Centers of Excellence are hospitals or peripheral centers that are model centers for service and treatment, based on established criteria, for MDR-TB and HIV/TB co-infection. The Centers are considered to be models for best practices. A Center will be considered established when it has trained personnel in biosafety and management of TB programs; improved or reconditioned infrastructure, necessary equipment; and is part of the electronic network which will link up all the centers. Centros de Excelencia son hospitales o centros de salud que son modelos de servicio y tratamiento, sobre la base de criterios establecidos, para TB, TB-MDR y co-infección TB-VIH. Un centro será considerado establecido cuando tiene personal capacitado en bioseguridad y manejo de programas de TB, ha mejorado o recondicionado su infraestructura, ha mejorado su equipamiento y es parte de una red electrónica que conectará todos los centros.	
3.6	MDR-TB	Number of MDR TB patients who are enrolled to begin DOTS Plus each year Número de pacientes con TB MDR que ingresa al DOTS-Plus cada año	860	2003	MoH information system - ESN	9,682	7,763	10,307	10,932	11,557	12,182	12,807	13,432	14,057	14,682	15,307	15,932	16,557	17,182										N	Y	Y - over program term	This indicator is being measured in Round 2 and Round 5 and includes the 2807 persons from Phase 1 of Round 2 grant. Quarterly increments of 625 patients have been considered according to the first phase's operational plan. Este indicador está siendo medido en las Rondas II y V e incluye a 2807 personas de la primera fase de la Ronda. Se ha considerado incrementos trimestrales de 625 pacientes ingresantes al DOTS Plus conforme a la programación del Plan Operativo de la primera fase.

