

Ref.: LAC/AH/FI/EG/PRY-H-CIRD – Implementation Letter 1

27 March 2019

Dr Agustín Carrizosa
Executive Director
Fundación Comunitaria Centro de
Información y Recursos para el Desarrollo (CIRD)
Av. Ruy Díaz de Melgarejo 825 c/ Hernando de Rivera
Asunción
Paraguay

Subject: Grant: PRY-H-CIRD
Principal Recipient: Fundación Comunitaria Centro de Información y
Recursos para el Desarrollo (CIRD)
Implementation Letter Number: 1
Modifications to the Grant

Dear Dr Carrizosa

Reference is made to the Grant Confirmation dated 7 March 2018 (the “Grant Confirmation”) between the Global Fund to Fight AIDS, Tuberculosis and Malaria (the “Global Fund”) and Fundación Comunitaria Centro de Información y Recursos para el Desarrollo (CIRD) (the “Principal Recipient”) for grant PRY-H-CIRD. Unless defined in this Implementation Letter or the context otherwise requires, all capitalized terms used in this Implementation Letter shall have the same meaning as set out in the Grant Confirmation.

As a result of amendments to the reporting periods, we propose modifying the Performance Framework included in Schedule I (Integrated Grant Description) of the Grant Confirmation.

In addition, we note that the Global Fund has moved offices. We therefore propose to amend the Grant Confirmation to reflect our change of address. We are also aiming to update our electronic messaging system notification requirements at Section 4.3 of the Framework Agreement.

Pursuant to Section 12.3 of the Global Fund Grant Regulations (2014), in order to reflect the above, we would like to make the following changes to the Grant Confirmation:

1. The Performance Framework included in Schedule I (Integrated Grant Description) of the Grant Confirmation is hereby deleted in its entirety and replaced with the revised Performance Framework enclosed with this Implementation Letter (Annex 2).
2. The table in Section 3 of the Grant Confirmation is hereby deleted in its entirety and replaced with the table set out in Annex 1 to this Implementation Letter.
3. A new requirement is now included at Section 5.7 of the Grant Confirmation which states:



Notices. For the purpose of this Grant Confirmation, Section 4.3 (Notices) of the Framework Agreement is hereby deleted in its entirety and replaced with the following:

4.3 Notices.

- (1) Any notice under the Framework Agreement or any Grant Confirmation given by one Party to the other Party (the "Notice") shall be made in writing and delivered personally or by certified or registered mail (postage prepaid), by international courier, by fax, or by electronic messaging system to the relevant address and/or number described below, or to such other address(es) and/or number(s) as any Party may designate by written notice to the other Party in accordance with this Section:
- (a) if for a matter concerning a specific Program, to the relevant address and/or number set forth in the relevant Grant Confirmation; and
 - (b) if for a matter concerning this Framework Agreement in general or having potential impact on more than one Program under this Framework Agreement, to the relevant address and/or number set forth below, or to such other address(es) and/or number(s) as any Party may designate by written notice to the other Party in accordance with this Section:

For the Global Fund:

The Global Fund to Fight AIDS, Tuberculosis and Malaria
Global Health Campus, Chemin du Pommier 40
1218 Grand-Saconnex, Geneva, Switzerland

Attention: Mark Edington
Head, Grant Management Division
Telephone: +41 58 791 1700
Facsimile: +41 44 580 68 20
Email: headgrantmanagement@theglobalfund.org

For the Grantee:

Republic of Paraguay
Av. Ruy Díaz de Melgarejo 825 c/ Hernando de Rivera
Attention: Agustín Carrizosa
Executive Director
Fundación Comunitaria Centro de
Información y Recursos para el Desarrollo (CIRD)
Telephone: +59521212540
Facsimile: +59521212540
Email: acarrizosa@cird.org.py

- (2) Any Notice shall be deemed to have been duly given (a) when delivery to the receiving Party is complete if delivered in person or via international courier, (b) upon receipt if delivered by registered or certified mail, postage prepaid and (c) upon confirmation of successful transmission if sent by facsimile or electronic messaging system.
- (3) In the case of any communication to the Global Fund through the LFA as may be required under the relevant Grant Agreement, the Grantee or the relevant Principal Recipient acting on behalf of the Grantee shall submit such communication to the LFA representative whose details are set forth in the Grant Confirmation, following a principle similar to that described in subparagraph (2) of this Section above.
- (4) All communications under the relevant Grant Agreement shall be in English with a copy to the relevant CCM or, as the case may be, RCM or RO.

For completeness, we have included the full suite of the Grant Confirmation covenants (as amended) in Annex 3 of this letter.

Other than to the extent modified by this Implementation Letter, all provisions of the Grant Agreement remain the same and continue to have full force and effect.

Please confirm your agreement to these amendments to the Grant Confirmation by signing this Implementation Letter and returning a copy to the Global Fund by electronic messaging system.

Thank you for your important efforts in the global fight against HIV and AIDS. We look forward to the continuing successful implementation of the Program.

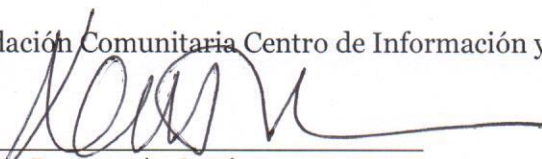
Yours sincerely

Annelise Hirschmann

Annelise Hirschmann
Regional Manager
Latin America and the Caribbean

Agreed and signed:

Fundación Comunitaria Centro de Información y Recursos para el Desarrollo (CIRD)

By: 
Name: Dr Agustín Carrizosa
Title: Executive Director

Date: 28/03/2019

encl.: Annex 1 – Amended Grant Confirmation table
Annex 2 - Amended Performance Framework
Annex 3 – Full suite of Grant Confirmation covenants (as amended)

cc: Dr Julio Mazzoleni Insfrán, CCM Chair
Mr Daniel Lugo, PricewaterhouseCoopers, Local Fund Agent



Annex 1

3.1.	Host Country or Region:	Republic of Paraguay
3.2.	Disease Component:	HIV/AIDS
3.3.	Program Title:	Towards the sustainability of the national response to HIV
3.4.	Grant Name:	PRY-H-CIRD
3.5.	GA Number:	1624
3.6.	Grant Funds:	Up to the amount of USD 4,432,967.00 or its equivalent in other currencies
3.7.	Implementation Period:	From 1 March 2018 to 28 February 2021 (inclusive)
3.8.	Principal Recipient:	Centro de Información y Recursos para el Desarrollo Av. Ruy Diaz de Melgarejo 825 c/ Hernando de Rivera Asuncion Republic of Paraguay Attention Dr. Agustin Carrizosa Executive President Telephone: +59521212540 Facsimile: +59521212540 Email: acarizosa@cird.org.py
3.9.	Fiscal Year:	1 January to 31 December
3.10.	Local Fund Agent:	PricewaterhouseCoopers Av. Santa Teresa 1827 y Aviadores del Chaco Torres del Paseo 2 – Piso 24 1827 Asuncion Republic of Paraguay Attention Mr. Gastón Scotover Team Leader Telephone: +595 4188903 Facsimile: Email: gaston.scotover@py.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
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Country	Paraguay					
Grant Name	PRY-HCIRD					
Implementation Period	01-Mar-2018 - 28-Feb-2021					
Principal Recipient	Centro de Información y Recursos para el Desarrollo					
Reporting Periods	Start Date	01-Mar-2018	01-Jan-2019	01-Jan-2020	01-Jan-2021	
	End Date	31-Dec-2018	31-Dec-2019	31-Dec-2020	28-Feb-2021	
	PU includes DR?	Yes	Yes	No	No	No

Program Goals and Impact Indicators

- Contributing to reducing HIV transmission in key populations
- Decentralizing care and prevention for HIV, STIs and TB with quality standards in priority regions

Impact Indicator	Country	Baseline Value	Baseline Year and Source	Required Disaggregation	2020	Comment
1 HIV I-9a(M): Percentage of men who have sex with men who are living with HIV	Paraguay	13.00%	2014	Age	N: D: P: 13% Due Date: 15-Dec-2020	Numerator: Number of MSM who test positive for HIV Denominator: Number of MSM tested for HIV Data source: HIV and Syphilis prevalence and knowledge, attitudes and practices survey among men who have sex with men (MSM). The study was carried out in six regions/departments in Paraguay: Asunción, Central, Alto Paraná, Caaguazú, Itapúa and Amambay by the National AIDS / STI Control Program (Spanish acronym: PRONASIDA). Measurement: 2020 HIV and Syphilis prevalence survey. Numerator includes both MSM with known HIV status and those who test positive for HIV. Targets assumption: HIV prevalence will be maintained throughout the grant lifecycle. Programmes interventions intend to prevent new HIV infections and increase the survival of people living with HIV. In 2011, MSM HIV prevalence was at 13.4%.
2 HIV I-10(M): Percentage of transgender people who are living with HIV	Paraguay	26.4%	2014	Age	N: D: P: 26.4% Due Date: 15-Dec-2020	Numerator: Number of transgender people who test positive for HIV Denominator: Number of transgender people tested for HIV Data source: HIV and Syphilis prevalence and knowledge, attitudes and practices survey among men who have sex with men (MSM). The study was carried out in six regions/departments in Paraguay: Asunción, Central, Alto Paraná, Caaguazú, Itapúa and Amambay by the National AIDS / STI Control Program (Spanish acronym: PRONASIDA). Measurement: 2020 HIV and Syphilis prevalence survey. Numerator includes both Trans people with known HIV status and those who test positive for HIV. Targets assumption: HIV prevalence will be maintained throughout the grant lifecycle. Programmes interventions intend to prevent new HIV infections and increase the survival of people living with HIV. In 2011, transgender people HIV prevalence was at 26.2%.
3 HIV I-10(M): Percentage of sex workers who are living with HIV	Paraguay	1.37%	2014	Age	N: D: P: 1.37% Due Date: 15-Dec-2020	Numerator: Number of sex workers who test positive for HIV Denominator: Number of sex workers tested for HIV Data source: HIV and Syphilis prevalence and knowledge, attitudes and practices survey among men who have sex with men (MSM). The study was carried out in six regions/departments in Paraguay: Asunción, Central, Alto Paraná, Caaguazú, Itapúa and Amambay by the National AIDS / STI Control Program (Spanish acronym: PRONASIDA). Measurement: 2020 HIV and Syphilis prevalence survey. Numerator includes both people with known HIV status and those who test positive for HIV. Targets assumption: HIV prevalence will be maintained throughout the grant lifecycle. Programmes interventions intend to prevent new HIV infections and increase the survival of people living with HIV. In 2011, female sex workers HIV prevalence was at 2.1%.

Program Objectives and Outcome Indicators

- Reduce the shortfall in HIV diagnosis among the key population
- Reduce the gap between estimated population and enrollment by the third year
- Improve quality and speed of the notification of HIV diagnosis, integrated with the surveillance system
- Ensure treatment with ARV for TB patients diagnosed with HIV, in line with protocols

5 Expand coverage of care and prevention services for HIV, STIs and TB in the priority regions

Outcome Indicator	Country	Baseline Value	Baseline Year and Source	Required Disaggregation	2018	2019	2020	Comment
1 HIV O-4a(M): Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	Paraguay	65.40%	2014 HIV and Syphilis prevalence and KAP survey	Age	N: D: P: % Due Date:	N: D: P: % Due Date:	N: D: P: 70% Due Date: 15-Dec-2020	Numerator: Number of MSM who reported that a condom was used the last time they had anal sex with a male partner Denominator: Number of MSM who reported having had anal sex with a male partner in the last six months Data source: HIV and Syphilis prevalence and knowledge, attitudes and practices survey among men who have sex with men (MSM). The study was carried out in six regions/departments in Paraguay: Asunción, Central, Alto Paraná, Caaguazú, Itapúa and Amambay by the National AIDS / STI Control Program (Spanish acronym: PRONASIDA). Target assumptions: Planned interventions will promote and strengthen condoms' delivery to health services users and through peer promoters and newly opened meeting places for experience sharing among key populations. Moreover, peer promotion strategy will be extended from departmental capitals to urban centers and counseling and voluntary testing outside of health facility/community level optimized. The peer promoters' training will benefit from a more intensive accompaniment and specific approaches.
2 HIV O-5(M): Percentage of sex workers reporting the use of a condom with their most recent client	Paraguay	98.80%	2014 HIV and Syphilis prevalence and KAP survey	Gender, Age	N: D: P: % Due Date:	N: D: P: % Due Date:	N: D: P: 98.8% Due Date: 15-Dec-2020	Numerator: Number of sex workers who reported that a condom was used with their last client Denominator: Number of sex workers who reported having commercial sex in the last 12 months Data source: HIV and Syphilis prevalence and knowledge, attitudes and practices survey among sex workers (SW). The study was carried out in six regions/departments in Paraguay: Asunción, Central, Alto Paraná, Caaguazú, Itapúa and Amambay by the National AIDS / STI Control Program (Spanish acronym: PRONASIDA). Measurement: This indicator only measures female sex workers. Target assumptions: Planned interventions will promote and strengthen condoms' delivery to health services users and through peer promoters and newly opened meeting places for experience sharing among key populations. Moreover, peer promotion strategy will be extended from departmental capitals to urban centers and counseling and voluntary testing outside of health facility/community level optimized. The peer promoters' training will benefit from a more intensive accompaniment of the programme and specific approaches.
3 HIV O-4.1b(M): Percentage of transgender people reporting the use of a condom the last time they had sex with a partner	Paraguay		HIV and Syphilis prevalence and KAP survey	Age	N: D: P: % Due Date:	N: D: P: % Due Date:	N: D: P: % Due Date: 15-Dec-2020	Numerator: Number of transgender people who reported using a condom in their last sexual intercourse or anal sex with a partner Denominator: Number of transgender people surveyed Data source: The baseline will be established at the end of the first semester of 2018 from the HIV and Syphilis prevalence and knowledge, attitudes and practices survey among transgender people (TG) to be carried out by the National AIDS / STI Control Program (Spanish acronym: PRONASIDA). Measurement: This indicator measures transgender people engaged in sex work and those who are not. Previous surveys measured use of condom with either client or stable partner but not at the last sexual intercourse. The baseline will be established with the 2017 survey on HIV and Syphilis prevalence and knowledge, attitudes and practices survey among transgender people (TG). Target assumptions: Planned interventions will promote and strengthen condoms' delivery to health services users and through peer promoters and newly opened meeting places for experience sharing among key populations. Moreover, peer promotion strategy will be extended from departmental capitals to urban centers and counseling and voluntary testing outside of health facility/community level optimized. The peer promoters' training will benefit from a more intensive accompaniment and specific approaches.
4 HIV O-1(M): Percentage of adults and children with HIV, known to be on treatment 12 months after initiation of antiretroviral therapy	Paraguay		2016 ART cohort analysis report	Duration of treatment, Age, Gender	N: D: P: 80% Due Date: 29-Apr-2019	N: D: P: 83% Due Date: 29-Apr-2020	N: D: P: 85% Due Date: 14-Apr-2021	Numerator: Number of adults and children who are still alive and receiving antiretroviral therapy 12 months after initiating treatment Denominator: Total number of adults and children who initiated ART who were expected to achieve 12-month outcomes within the reporting period Measurement: Program report on antiretroviral therapy (ART) cohort analysis by the National AIDS / STI Control Program (Spanish acronym: PRONASIDA) Retention of people living with HIV (PLHIV) at 12 months after starting antiretroviral therapy is defined as the outcome. Those who have died since starting therapy, those who have stopped therapy and those lost to follow-up as of month 12 (24, 36, 60) are included in the denominator but not in the numerator. A patient is considered lost to follow-up if fails to pick-up drugs at the pharmacy for three consecutive months (90) from the last date of drug prescription (which can be for 1, 2 or 3 months) at the end of the reporting period of 12 (24, 36, 60) months. Target assumptions: The baseline could not be established as per the definition and "Global Aids Monitoring" requirements thus will be determined at the end of the first semester of grant implementation. It will reflect the changes made by the country to replace the reporting period of August 1 to July 31 to January 1 to December 31. This is, to align the ART cohort analysis with the fiscal year. PRONASIDA ART database is being updated to capture 12-month outcomes for cohorts that initiate therapy from 1 January to 31 December. The baseline will be the cohort of the year 2016. The latest ART retention rate for the former reporting period was at 77% (Cohort: 1 Aug 2014 to 31 Jul 2015).



Coverage Indicators										
Coverage Indicator	Country and Geographic Area	Baseline	Baseline Year and Source	Required Disaggregation	Cumulation for AFD	01-Mar-2018 31-Dec-2018	01-Jan-2019 31-Dec-2019	01-Jan-2020 31-Dec-2020	01-Jan-2021 28-Feb-2021	Comments
Treatment, care and support										
TCS-1(M): Percentage of people living with HIV currently receiving antiretroviral therapy	Country: Paraguay; Coverage: National	N: 6,496 D: 16,639 P: 34.8516551317131% 31%	Program reports of the National AIDS (STI) Control Program (PRONASIDA)	Target / Risk population group, Age, Gender Age, Gender	N-Non-cumulative (other)	N: 9,936 D: 19,483 P: 50.9%	N: 10,530 D: 19,868 P: 52.5%	N: 11,337 D: 20,245 P: 55.9%	N: D: P:	Numerator: Number of people currently receiving antiretroviral therapy at the end of the reporting period Denominator: Estimated number of people living with HIV Data source: Consolidated electronic forms of PLHIV linked, enrolled and retained on antiretroviral therapy (ART) and estimates of the number of PLHIV from Spectrum. Target assumptions: All adults and children eligible for ART nationwide who receive combined ART as per the national guidelines at the end of the reporting period. Eligibility criteria: Treat all. The numerator does not include people who have taken antiretroviral medicines as prophylaxis. Patients who have stopped treatment, died or lost to follow-up during the reporting period are not included in the numerator. A patient is considered lost to follow-up if fails to pick-up drugs at the pharmacy for three consecutive months (90) from the last date of drug prescription (which can be for 1, 2 or 3 months) at the end of the reporting period. ART is provided through the network of integrated health services. Indicator 4.1 of the GAM, released annually (fiscal year). Source of funding: One hundred percent of funding for antiretroviral medicines, HIV services and national program M&E human resources as well as reagents for PLHIV biological monitoring is from national resources.



Coverage Indicators		Country and Geographic Area	Baseline	Baseline Year and Source	Required Disaggregation	Cumulation for AFD	01-Mar-2018 31-Dec-2018	01-Jan-2019 31-Dec-2019	01-Jan-2020 31-Dec-2020	01-Jan-2021 28-Feb-2021	Comments
Comprehensive prevention programs for MSM											
KP-1a(M): Percentage of men who have sex with men reached with HIV prevention programs - defined package of services	Country: Paraguay; Coverage: National	N: 3,192 D: 24,600 P: 12.97560975609 76%	Program reports of the National AIDS / STI Control Program (PRONASIDA)		Y- Cumulative annually	N: 5,504 D: 25,510 P: 21.5%	N: 7,437 D: 25,962 P: 28.6%	N: 8,338 D: 26,411 P: 31.5%	N: 1,410 D: 26,411 P: 5.3%		<p>Numerator: Number of MSM who have received a defined package of HIV prevention services</p> <p>Denominator: Estimated number of MSM</p> <p>Data source: The numerator will be extracted from consolidated quarterly reports of promoters and groups reports on HIV prevention commodities distribution registers from peer promoters and/or registration forms signed by group activities' participants led by community-based organizations and/or Pre and post-test forms. Denominator is derived from MSM population size estimation study.</p> <p>Target assumptions: MSM who report coming from non-prioritized districts will be counted, as long as their place of living is in the prioritized region.</p> <p>A MSM is counted as reached with one of the following defined packages of prevention:</p> <p>Considering the population size estimate of the prioritized region the targeted coverage is 27.31% (5504/20153) in 2018; 36.26% (7437/20511) in 2019; 39.96% (8338/20867) in 2020 and 6.76% (1410/20867) in 2021.</p> <p>1) Information on HIV, STI, tuberculosis, ii) reference to HIV and / or syphilis and / or hepatitis B tests and / or biological monitoring tests, and iii) at least 6 condoms (this could be waived if the user reject receiving them, this decision of not receiving the condoms and the reasons behind must be registered on the data recollection instrument). In this case, the MSM must be reached at least twice a year, either by promoters / peer counselors and / or in small groups.</p> <p>2) Information about HIV, STI, tuberculosis ii) reference to HIV and / or syphilis and / or hepatitis B tests, iii) at least 6 condoms (this could be waived if the user reject receiving them, this decision of not receiving the condoms and the reasons behind must be registered on the data recollection instrument). A percentage of people referred their decision of not receiving the condoms, and iv) HIV testing. In this case, the MSM is reached one time through peer promoters and / or in small groups in the semester, where the HIV test is performed. The program has made quantification to have the number of 20 condoms available to MSM but only 6 (two strips of 3) will be given during peer promotion encounters following feedback of members of this population through workshops and meetings in which they said that it is a barrier the "obligation" to deliver 20 condoms since, mostly, during the approach of the promoters, they do not have where to place them, but 6 condoms are easily stored in a pocket or in the wallet.</p> <p>The programme uses a unique identifier code to avoid double counting/duplication in the number of people reached between peers and NGOs.</p> <p>Funding source: The Global Fund will finance one hundred percent of the interventions made by civil society. The Ministry of Public Health will finance one hundred percent of HIV rapid tests kits, syphilis, hepatitis B tests and reagents for HIV confirmation tests, all the human resources related to the processing of the blood samples and testing at health services level and one hundred percent of the national program (PRONASIDA) M&E human resources.</p> <p>Geographical focus: Six health departments/regions are prioritized (Asunción, Central, Alto Paraná, Caaguazú, San Pedro and Itapúa) but the coverage will be measured at national level.</p>



Coverage Indicators

Coverage Indicator	Country and Geographic Area	Baseline	Baseline Year and Source	Required Disaggregation	Cumulation for AFD	01-Mar-2018 31-Dec-2018	01-Jan-2019 31-Dec-2019	01-Jan-2020 31-Dec-2020	01-Jan-2021 28-Feb-2021	Comments
KP-3a(M): Percentage of men who have sex with men that have received an HIV test during the reporting period and know their results	Country: Paraguay; Coverage: National	N: 4,566 D: 24,600 P: 18.52032520325 2%	Program reports of the National AIDS / STI Control Program (PRONASIDA)		Y- Cumulative annually	N: 4,685 D: 25,510 P: 18.3%	N: 6,341 D: 25,962 P: 24.4%	N: 7,110 D: 26,411 P: 26.9%	N: 1,208 D: 26,411 P: 4.6%	<p>Numerator: Number of MSM who have been tested for HIV during the reporting period and who know their results</p> <p>Denominator: Estimated number of MSM</p> <p>Data Source: HIV / STI pre and post test counseling forms and / or Daily HIV and Syphilis test results forms.</p> <p>Measurement: Will be counted the number of MSM who underwent HIV counselling and testing during the reporting period and who know their results, through civil society organizations and / or health services. MSM who have been tested and received the results at least once a year will be counted. If a MSM is tested more than once a year, it will be counted only once. Are excluded MSM living with HIV.</p> <p>Targets assumptions: Considering the population size estimate of the prioritized region the targeted coverage is 23.25% (4685/20153) in 2018; 30.92% (6341/20511) in 2019; 34.07% (7110/20867) in 2020 and 5.79% (1208/20867) in 2021.</p> <p>For the purpose of this indicator, persons registered as Bisexuals, Trans people partners or other subgroups of this population will be counted in HTC sessions through civil society organizations and / or health services.</p> <p>In the analysis of the reports submitted, the percentage of HTC sessions performed by CSOs and the percentage of HTC performed by health services will be reported. The programme will distribute condoms and lubricants during HTC sessions.</p> <p>Funding source: The Global Fund will finance one hundred percent of the interventions made by civil society. The Ministry of Public Health will finance one hundred percent of HIV rapid tests kits, syphilis, hepatitis B tests and reagents for HIV confirmation tests, all the human resources related to the processing of the blood samples and testing at health services level and one hundred percent of the national program (PRONASIDA) M&E human resources. Geographical focus: Six health departments/regions are prioritized (Asunción, Central, Alto Paraná, Caaguazú, San Pedro and Itapúa) but the coverage will be measured at national level.</p>



Coverage Indicators									
Coverage Indicator	Country and Geographic Area	Baseline	Baseline Year and Source	Required Disaggregation	Cumulation for AFD	01-Jan-2019 31-Dec-2019	01-Jan-2020 31-Dec-2020	01-Jan-2021 28-Feb-2021	Comments
Comprehensive prevention programs for TGs									
KP-1b)(M): Percentage of transgender people reached with HIV prevention programs - defined package of services	Country: Paraguay Coverage: National	N: 516 D: 905 P: 57.01657458563 54%	Program reports of the National AIDS / STI Control Program (PRONASIDA)		Y-Cumulative annually	N: 536 D: 870 P: 61.6%	N: 546 D: 870 P: 62.7%		<p>Numerator: Number of TG who have received a defined package of HIV prevention services</p> <p>Denominator: Estimated number of TG</p> <p>Data source: The numerator will come from consolidated quarterly reports of promoters and center/shelter reports on HIV prevention commodities distribution registers from peer promoters and/or registration forms signed by group activities' participants led by community-based organizations and/or Pre and post-test forms. Denominator is derived from Transgender population size estimation study.</p> <p>Targets assumptions: Considering the population size estimate of the prioritized region the targeted coverage is 77.01% (526/683) in 2018; 78.48% (536/683) in 2019 and 79.94% (546/683) in 2020. The targets were defined with the following considerations: 1) the Transgender population size varies annually due to population growth and mortality and/or migration; 2) nonetheless, when comparing the mortality / migration records/data provided by the civil society and the National AIDS / STI Control Program (Spanish acronym: PRONASIDA) the same population size estimate was maintained throughout the grant lifecycle. Moreover; 3) according to the current population size, the trans population would be 870 people, which implies a smaller population size therefore with the prevention strategies implemented in the project, almost 100% of reachable transgender people would be reached; and 4) given the high prevalence of HIV in this population, HIV prevention activities will be systematic and they may be reached more than once during the three years of grant implementation. This indicator determines the number and percentage of people reached through contacts made by peer promoters transgender people through defined activities and accompaniment to health services.</p> <p>A Transgender people is counted as reached with one of the following defined packages of prevention:</p> <p>1) i) Information about HIV, sexually transmitted infections, tuberculosis, ii) referral to HIV and / or syphilis and / or hepatitis B tests and / or follow-up tests, and iii) at least 60 condoms bi-monthly. In this case, Trans population member must be reached at least 6 times with the strategy of promotion between peers in Asunción and Central, and at least 12 times in the other regions, either by promoters and/ or peer counselors (2019 y 2020). For 2018, Trans population member must be reached at least 6 times with the strategy of promotion between peers in Asunción and Central, and at least 10 times in the other regions, either by promoters and/ or peer counselors.</p> <p>2) i) Information about HIV, sexually transmitted infections, tuberculosis ii) referral to HIV and / or syphilis and / or hepatitis B tests, iii) at least 60 condoms bi-monthly, iv) referral/linkage to health service at least twice for HIV testing. Trans people with known HIV status will be referred for Syphilis testing or HIV treatment monitoring.</p> <p>The programme uses a unique identifier code to avoid double counting/duplication in the number of people reached between peers and NGOs.</p> <p>Funding source: The Global Fund will finance one hundred percent of the condoms, lubricants (with additional funds), interventions made by civil society and educational materials. The Ministry of Public Health will finance one hundred percent of HIV rapid tests kits, syphilis, hepatitis B tests and reagents for HIV confirmation tests, all the human resources related to the processing of the blood samples and testing at health services level and one hundred percent of the national program (PRONASIDA) M&E human resources.</p> <p>Geographical focus: Nine health departments/regions are prioritized (Asunción, Central, Alto Paraná, Caaguazú, Guairá, Itapúa, Cordillera, Amambay y Canindeyú) but the coverage will be measured at national level.</p>



Coverage Indicators										
Coverage Indicator	Country and Geographic Area	Baseline	Baseline Year and Source	Required Disaggregation	Cumulation for AFD	01-Jan-2021 28-Feb-2021	01-Jan-2020 31-Dec-2020	01-Jan-2019 31-Dec-2019	01-Mar-2018 31-Dec-2018	Comments
KP-3b(M): Percentage of transgender people that have received an HIV test during the reporting period and know their results	Country: Paraguay; Coverage: National	N: 516 D: 905 P: 57.01657458563 54%	Program reports of the National AIDS / STI Control Program (PRONASIDA)		Y- Cumulative annually		N: 324 D: 644 P: 50.3%	N: 318 D: 644 P: 49.3%	N: 312 D: 644 P: 48.4%	<p>Numerator: Number of TG who have been tested for HIV during the reporting period and who know their results</p> <p>Denominator: Estimated number of TG.</p> <p>Data Source: HIV / STI pre and post-test counseling forms and / or Daily HIV and Syphilis test results forms.</p> <p>Measurement: Will be counted the number of Trans people who underwent HIV counselling and testing during the reporting period and who know their results, through civil society organizations and / or health services. Transgender people who have been tested and received the results at least once a year, it will be counted. If a Transgender people is tested more than once a year, it will be counted only once. Are excluded Trans people living with HIV.</p> <p>In the analysis of the reports submitted, the percentage of HTC sessions performed by CSOs and the percentage of HTC performed by health services will be reported. The programme will distribute condoms and lubricants during HTC sessions.</p> <p>Target assumptions: The HIV prevalence of the Trans population is 26% (2014) thus Trans people with HIV can still access prevention programs, however, testing is no longer justified in one-third of the population. Considering the population size estimate of the prioritized region the targeted coverage is 61.78% (312/505) in 2018, 62.97% (318/505) in 2019 and 64.16% (324/505) in 2020. HIV prevalence is 26%, therefore 74% is considered to be eligible to HIV testing.</p> <p>The targets were defined with the following considerations: 1) the Trans population size varies annually due to population growth and mortality and/or migration; 2) nonetheless, when comparing the mortality / migration records/data provided by the civil society and the National AIDS / STI Control Program (Spanish acronym: PRONASIDA) the same population size estimate was maintained. Moreover, 3) according to the current population size, the trans population would be 870 people, which implies a smaller population size therefore with the prevention strategies implemented in the project, almost 100% of reachable Trans people would be reached; and 4) given the high prevalence of HIV in this population, prevention activities will be systematic and they may be reached more than once throughout the three years of the project implementation. Considering that the HIV prevalence in this population is 26%, we have calculated that 80% of the 74% of the Trans people who are not living with HIV reached, would have access to HIV testing.</p> <p>Funding source: The Global Fund will finance one hundred percent of the interventions made by civil society. The Ministry of Public Health will finance one hundred percent of HIV rapid tests kits, syphilis, hepatitis B tests and reagents for HIV confirmation tests, all the human resources related to the processing of the blood samples and testing at health services level and one hundred percent of the national program (PRONASIDA) M&E human resources. Geographical focus: Nine health departments/regions are prioritized (Asunción, Central, Alto Paraná, Caaguazú, Guairá, Itapúa, Cordillera, Amambay and Canindeyú) but the coverage will be measured at national level.</p>



Coverage Indicators						
Coverage Indicator	Country and Geographic Area	Baseline	Baseline Year and Source	Required Disaggregation	Cumulation for AFD	01-Jan-2019 31-Dec-2019
Comprehensive prevention programs for sex workers and their clients						
KP-1c(M): Percentage of sex workers reached with HIV prevention programs - defined package of services	Country: Paraguay; Coverage: National	N: 2,122 D: 5,015 P: 42.31306681754 74%	Program reports of the National AIDS / STI Control Program (PRONASIDA)		Y- Cumulative annually	01-Jan-2020 31-Dec-2020 N: 3,667 D: 5,400 P: 67.9%
KP-3c(M): Percentage of sex workers that have received an HIV test during the reporting period and know their results	Country: Paraguay; Coverage: National	N: 2,186 D: 5,015 P: 43.58923230309 07%	Program reports of the National AIDS / STI Control Program (PRONASIDA)		Y- Cumulative annually	01-Jan-2021 28-Feb-2021 N: 537 D: 5,400 P: 9.9%
						01-Mar-2018 31-Dec-2018 N: 2,151 D: 5,206 P: 41.3%
						01-Jan-2019 31-Dec-2019 N: 3,066 D: 5,302 P: 58.3%
						01-Jan-2020 31-Dec-2020 N: 629 D: 5,400 P: 11.6%
						01-Jan-2021 28-Feb-2021 N: 537 D: 5,400 P: 9.9%

Numerator: Number of sex workers who have received a defined package of HIV prevention services
Denominator: Estimated number of sex workers
Data source: The numerator will be extracted from consolidated quarterly reports of promoters and groups reports on HIV prevention commodities distribution registers from peer promoters and/or registration forms signed by group activities' participants led by community-based organizations and/or Pre and post-test forms.
Target assumptions: Sex workers who report coming from non-prioritized districts will be counted, as long as their place of living is in the prioritized region. Considering the population size estimate of the prioritized region the targeted coverage is 55.58% (2151/3870) in 2018; 78.38% (3066/3950) in 2019; 90.95% (3667/4032) in 2020 and 15.60% (629/4032) in 2021. This coverage is lower than the baseline because of the denominator change but the absolute number of sex workers to be reached is higher (2122 to 2577) in ten instead of twelve months.
 A sex worker is counted if reached with one of the following defined packages of prevention:
 1) i) Information on HIV, STI, tuberculosis, ii) reference to HIV and / or syphilis and / or hepatitis B tests and / or biological monitoring tests; and iii) at least 51 condoms bi-monthly. In this case, the SW must be reached at least twice a year, either by promoters / peer counselors and / or in small groups.
 2) i) Information about HIV, STI, tuberculosis ii) reference to HIV and / or syphilis and / or hepatitis B tests, iii) at least 51 condoms bi-monthly. In this case, the SW must be reached at least twice a year, either by promoters / peer counselors and / or in small groups, and iv) referral/linkage to health services / HIV counseling/testing outside of health facilities / or being reached at least once by the peer promotion strategy /CBOs small group activities and a HIV test.
 Sex workers with known HIV status will be referred for Syphilis testing or HIV treatment monitoring.
 The programme used a unique identifier code to avoid duplication in the number of people reached between peers and NGOs.
Funding source: The Global Fund will finance one hundred percent of the interventions made by civil society. The Ministry of Public Health will finance one hundred percent of HIV rapid tests kits, syphilis, hepatitis B tests and reagents for HIV confirmation tests, all the human resources related to the processing of the blood samples and testing at health services level and one hundred percent of the national program (PRONASIDA) M&E human resources. Geographical focus: Seven health departments/regions are prioritized (Asunción, Central, Alto Paraná, Caaguazú, San Pedro, Pie. Hayes y Amambay) but the coverage will be measured at national level.
Numerator: Number of sex workers who have been tested for HIV during the reporting period and who know their results
Denominator: Estimated number of sex workers
Data Source: HIV / STI pre and post test counseling forms and / or Daily HIV and Syphilis test results forms.
Measurement: Will be counted the number of sex workers who underwent HIV counselling and testing during the reporting period and who know their results, through civil society organizations and / or health services. Sex workers who have been tested and received the results at least once a year will be counted. If a sex worker is tested more than once a year, it will be counted only once. Are excluded sex workers living with HIV.
Targets assumptions: Considering the population size estimate of the prioritized region the targeted coverage is 48.29% (1869/3870) in 2018; 66.66% (2633/3950) in 2019; 77.11% (3109/4032) in 2020 and 13.32% (537/4032) in 2021. This coverage is lower than the baseline because of the denominator change but the absolute number of sex workers to be reached is higher (from 2126 to 2203) in 10 instead of twelve months.
 In the analysis of the reports submitted, the percentage of HTC sessions performed by CSOs and the percentage of HTC performed by health services will be reported. The programme will distribute condoms during HTC sessions. **Funding source:** The Global Fund will finance one hundred percent of the interventions made by civil society. The Ministry of Public Health will finance one hundred percent of HIV rapid tests kits, syphilis, hepatitis B tests and reagents for HIV confirmation tests, all the human resources related to the processing of the blood samples and testing at health services level and one hundred percent of the national program (PRONASIDA) M&E human resources. Geographical focus: Seven health departments/regions are prioritized (Asunción, Central, Alto Paraná, Caaguazú, San Pedro, Pie. Hayes y Amambay) but the coverage will be measured at national level.



Annex 3 - Full suite of Grant Confirmation covenants (as amended)

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

5.1. (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 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.

(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.

(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 under any previous Grant Agreement(s) (including, but not limited to, those concerning financial and other reporting).

5.2. No later than 30 April 2018, the Grantee shall deliver to the Global Fund a 3-page action plan, in form and substance satisfactory to the Global Fund, detailing the measures to be undertaken during the Implementation Period to develop an enabling legal framework and domestic resource allocation for condom and lubricant procurement in the Republic of Paraguay (the "Lubricant Procurement Plan") to facilitate future uninterrupted condom and lubricant supply for HIV prevention to Key Populations.

5.3. No later than 31 July 2018, the Grantee shall deliver to the Global Fund updated Key Populations size estimates, that include data from mapping of HIV service delivery to Key Populations (the "Updated Key Populations Size Estimates") and, if needed and based on the Updated Key Populations Size Estimates, an updated version of the strategy to improve HIV/AIDS cascade to meet global 90-90-90 targets (the "Updated HIV/AIDS Strategy"). No later than 31 December 2018 and subject to the Updated Key Populations Size Estimates and the Updated HIV/AIDS Strategy, the Grantee may request a reprogramming of grant funds based on an updated Performance Framework with updated targets, previously agreed to with the Global Fund.



5.4. The use of grant funds to finance micro loans and micro grants shall only aim at supporting the achievement of impact and outcome targets as set in the Performance Framework of this Grant Agreement or to fill gaps identified in the HIV/AIDS cascade. They shall not be used to finance (1) salaries or benefits for recipients of grant funds that are already included in the overall Program budget, or (2) activities that are pre-approved under the Prioritized Above Allocation Request (PAAR).

5.5. 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 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 Paraguay to ensure that such information may be transferred to the Global Fund for such purpose upon request.

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

(1) the Republic of Paraguay 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 Paraguay'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 Paraguay 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 15 % of the Republic of Paraguay's HIV allocation of US\$ 4,432,967 for the 2017-2019 allocation period, which is equal to US\$ 664,945 (the "Co-Financing Incentive"), is subject to the Global Fund's satisfaction with the Republic of Paraguay'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.

5.7. Notices. For the purpose of this Grant Confirmation, Section 4.3 (Notices) of the Framework Agreement is hereby deleted in its entirety and replaced with the following:

4.3 Notices.

A handwritten signature in black ink, consisting of a stylized, cursive 'A' followed by a vertical line and a loop.

(1) Any notice under the Framework Agreement or any Grant Confirmation given by one Party to the other Party (the "Notice") shall be made in writing and delivered personally or by certified or registered mail (postage prepaid), by international courier, by fax, or by electronic messaging system to the relevant address and/or number described below, or to such other address(es) and/or number(s) as any Party may designate by written notice to the other Party in accordance with this Section:

(a) if for a matter concerning a specific Program, to the relevant address and/or number set forth in the relevant Grant Confirmation; and

(b) if for a matter concerning this Framework Agreement in general or having potential impact on more than one Program under this Framework Agreement, to the relevant address and/or number set forth below, or to such other address(es) and/or number(s) as any Party may designate by written notice to the other Party in accordance with this Section:

For the Global Fund:

The Global Fund to Fight AIDS, Tuberculosis and Malaria
Global Health Campus, Chemin du Pommier 40
1218 Grand-Saconnex, Geneva, Switzerland

Attention: Mark Edington
Head, Grant Management Division
Telephone: +41 58 791 1700
Facsimile: +41 44 580 68 20
Email: headgrantmanagement@theglobalfund.org

For the Grantee:

Republic of Paraguay
Av. Ruy Díaz de Melgarejo 825 c/ Hernando de Rivera
Attention: Agustín Carrizosa
Executive Director
Fundación Comunitaria Centro de
Información y Recursos para el Desarrollo (CIRD)
Telephone: +59521212540
Facsimile: +59521212540
Email: acarrizosa@cird.org.py

(2) Any Notice shall be deemed to have been duly given (a) when delivery to the receiving Party is complete if delivered in person or via international courier, (b) upon receipt if delivered by registered or certified mail, postage prepaid and (c) upon confirmation of successful transmission if sent by facsimile or electronic messaging system.

(3) In the case of any communication to the Global Fund through the LFA as may be required under the relevant Grant Agreement, the Grantee or the relevant Principal Recipient acting on behalf of the Grantee shall submit such communication to the LFA



representative whose details are set forth in the Grant Confirmation, following a principle similar to that described in subparagraph (2) of this Section above.

(4) All communications under the relevant Grant Agreement shall be in English with a copy to the relevant CCM or, as the case may be, RCM or RO.

A handwritten signature or set of initials, possibly 'M', written in black ink. The signature is stylized and appears to be a single continuous stroke.