



World Food Programme
Programme Alimentaire Mondial
Programa Mundial de Alimentos
برنامج الأغذية العالمي

Country strategic plan revision

Peru country strategic plan, revision 2

Gender and age marker code: 3

	Current	Change	Revised
Duration	<i>January 2023 – December 2026</i>	No change	January 2023 – December 2026
Beneficiaries	522,325	No change	522,325
Total cost (USD)	82 979 477	2 016 153	84 995 629
Transfer	61 670 039	1 753 885	63 423 924
Implementation	8 836 393	151 646	8 988 039
Direct support costs	7 601 384	104 469	7 705 853
Subtotal	78 107 816	2 010 000	80 117 816
Indirect support costs	4 871 661	6 153	4 877 813

DELEGATION OF AUTHORITY FOR APPROVAL: CD

1. RATIONALE

- In Peru, tuberculosis is a public health problem of high priority. By 2023, 33,113 cases of tuberculosis (TB) in all its forms and 2,059 cases of multidrug-resistant TB (MDR TB) have been reported, placing Peru in the list of the 30 countries with the highest rates of MDR-TB in the world and the second highest in the Americas.
- Nutrition is key to the recovery of the health of people affected by tuberculosis. For this reason, the Peruvian Government has the Food and Nutrition Program for Tuberculosis Patients (PANTBC) under the Ministry of Inclusion and Social Development (MIDIS) in coordination with the Ministry of Health (MINSa), whose objective is to contribute to the integral recovery of outpatients with tuberculosis and their contacts, through nutritional education and the delivery of a food basket that covers 50 percent of the monthly caloric and protein requirements of the patient and four intra-household contacts.
- In 2024, PANTBC operated decentralized in 228 local governments. The MIDIS oversees the program's budget management; MINSa reports the list of people affected by tuberculosis who receive treatment to the local governments responsible for acquiring and distributing food to TBC patients in coordination with the health facilities.

4. However, problems have been identified in the logistical process of purchasing and timely delivering food. Deliveries have been made outside the established deadlines with months of delay, and patients are affected by not having food support in a timely manner.
5. The Government Budget Law for the fiscal year 2025 authorizes the Ministry of Development and Social Inclusion to finance the implementation of the mechanism of food cards for people affected by TB of the Food and Nutrition Program for Tuberculosis Patients and their Families (PANTBC) and to subscribe technical cooperation agreements with international organizations. WFP and the Government signed an agreement on February 14 of this year to provide the cash base transfer mechanism.
6. This budget revision increases the budget for strategic objective 4 to allow service provision according to Government demand.

2. CHANGES

7. There is no change in the strategic orientation of the CSP.

CSP outcomes

8. The Government Budget Law for 2025 authorizes the MIDIS to execute approximately USD 2 million to finance the food cards in the frame of the PANTBC in five districts of Lima. The transfer value is USD 126.82, which covers 50 percent of the patient's monthly caloric and protein requirements and four intra-household contacts. The intervention's design is conditional on compliance with the TBC treatment.
9. The Ministry of Social Inclusion and Development (MIDIS) and WFP coordinated with the financial service provider to develop a card restricted to specific retailers (supermarkets and minimarkets) for food and non-alcoholic beverages. In addition, nutritional tele-guidance work will be carried out to train people on the best healthy purchases.
10. The Government fully finances the intervention through its Public Sector Budget Law for the fiscal year 2025. Key implementation partners include the Ministry of Social Inclusion and Development (MIDIS), the Ministry of Health (MINSA), local governments, and health institutions.
11. WFP service delivery will focus on the cash-based transfer mechanism (i.e., the automated electronic transfer system), technical assistance in delivering nutrition education, and a communication strategy on the appropriate use of the assistance aligned with national guidelines from MIDIS and MINSA. MIDIS will monitor the project and coordinate with local governments to ensure transparency and learning.
12. WFP will hire nine people to strengthen the Peru Country Office's operational capacity.
13. The intervention is an on-demand CBT cash transfer service. WFP will transfer cash to the Government's beneficiaries and provide specific technical assistance. As such, WFP is responsible only for delivering the contracted service(s) to an external party to the extent set forth in the service provision agreement. Therefore, monitoring activities are not under the scope of WFP. As per the agreement with the Government, WFP will be responsible for producing periodic reports on the use of the transfer. Additionally, WFP will establish an

internal system to oversee processes and activities, with the objective of learning and potential scale-up with the Government,

14. A risk and mitigation matrix has been prepared for this operation, which will be monitored periodically to identify alerts or situations that require action. It is essential to mention that MIDIS, MINSA, and the 83 health facilities in Lima are on the front line in addressing cases. To ensure a complete quality service, WFP will provide a helpline to provide relevant information and eventually register and escalate cases to the ministries in a timely manner.

Beneficiary analysis (RAM):

There has been no change in the planned beneficiary numbers.

		2023	2024	2025	2026	Total
CSP Outcome 1	Current	169,961	30,309	72,390	937	273,601
	Estimate increase/decrease	-	-	-	-	-
	Revised	169,961	30,309	72,390	937	273,601
CSP Outcome 2	Current	9,250	9,250	9,250	9,250	37,000
	Estimate increase/decrease	-	-	-	-	-
	Revised	9,250	9,250	9,250	9,250	37,000
CSP Outcome 3	Current	18,734	31,759	33,951	12,359	96,800
	Estimate increase/decrease	-	-	-	-	-
	Revised	18,734	31,760	33,951	12,357	96,800
CSP Outcome 4	Current	0	0	0	0	0
	Estimate increase/decrease	-	-	-	-	-
	Revised	0	0	0	0	0
Total estimate beneficiaries (without overlap)	Current	197,944	71,319	115,591	22,545	407,399
	Estimate increase/decrease	-	-	-	-	-
	Revised	197,944	71,319	115,591	22,545	407,399

COST BREAKDOWN

COST BREAKDOWN OF THE REVISION ONLY (USD)					
WFP Strategic outcomes	1	2	3	5	TOTAL
CSP Outcomes	01	02	03	04	
Focus Area	Crisis Response	Root Causes	Resilience Building	Crisis Response	
Transfer	0	0	0	1 753 885	1 753 885
Implementation	0	0	0	151 646	151 646
Direct support costs					104 469
Subtotal					2 010 000
Indirect support costs					6 257
TOTAL					2 016 153

OVERALL CSP COST BREAKDOWN, AFTER REVISION (USD)					
WFP Strategic outcomes	1	2	3	5	TOTAL
CSP Outcomes	01	02	03	04	
Focus Area	Crisis Response	Root Causes	Resilience Building	Crisis Response	
Transfer	31 990 968	11 493 334	15 869 517	4 070 105	63 423 924
Implementation	2 978 020	2 960 203	2 360 070	689 746	8 988 039
Direct support costs	3 465 129	1 811 782	2 114 259	314 683	7 705 853
Subtotal	38 434 117	16 265 319	20 343 846	5 074 534	80 117 816
Indirect support costs	2 498 218	1 057 246	1 322 350	0	4 877 813
TOTAL	40 932 334	17 322 565	21 666 196	5 074 534	84 995 629