

# Country strategic plan revision

## Peru country strategic plan, revision 04

	<b>Current</b>	<b>Change</b>	<b>Revised</b>
<b>Duration</b>	<i>1 January 2023 – 31 December 2026</i>	<i>No change</i>	<i>1 January 2023 – 31 December 2026</i>
<b>Beneficiaries</b>	<i>624 062</i>	<i>No change</i>	<i>624 062</i>
<b>Total cost (USD)</b>	<i>93 321 934</i>	<i>12 274 328</i>	<i>105 596 263</i>

### DELEGATION OF AUTHORITY FOR APPROVAL: CD

#### 1. RATIONALE

1. Tuberculosis remains a high priority public health issue in Peru. In 2024, 33,049 cases were reported, with 55 percent concentrated in Lima and Callao.
2. The Peruvian Government implements the Food and Nutrition Program for Tuberculosis Patients (PANTBC) through 217 local governments. It is under the Ministry of Inclusion and Social Development (MIDIS) and in coordination with the Ministry of Health (MINSA). The programme supports the recovery of outpatients with tuberculosis and their households by providing nutritional education and a food basket covering 50 percent of monthly caloric and protein needs. Local governments are responsible for acquiring and distributing the food baskets. However, logistic gaps in purchasing and timely delivery have caused critical delays, affecting patients' food security, nutrition and health.
3. The 2026 Budget Law authorized the MIDIS to execute approximately USD 12 million and deliver prepaid digital card, restricted to food purchase, for PANTBC patients and to subscribe technical cooperation agreements with international organizations.
4. On 14 February 2026, WFP and the Government signed an agreement to provide cash-based transfers (CBT) to patients – Government to People (G2P) payments – and conditional nutritional counselling, through 237 health facilities in 18 districts of Lima.
5. In 2025, WFP piloted a food voucher project – almost 3,000 people affected by tuberculosis, with a budget of 7.5 million soles (2 million USD) and 14,264 card top-ups – and obtained positive results: fast and timely transfer within 72 hours; in-person and remote nutritional counselling; monitoring of spending, with 96 percent of the transfers used to purchase foods; users' satisfaction at 98 percent.
6. This budget revision increases the budget for CSP outcome 4 to accommodate Government's demand of G2P payments services.

#### 2. CHANGES

##### *Strategic orientation*

7. There is no change in strategic orientation.

**CSP outcomes**

8. The intervention is implemented under the CSP outcome 4, Activity 4. It is an on-demand Government -to- People (G2P) payments service provision which covers five components: (i) Pre-paid cards for food purchase; (ii) nutritional counselling; (iii) technical assistance and training for government-led scale-up; (iv) a helpdesk for users of the PANTBC; and (v) support in monitoring and evidence generation. WFP is responsible for delivering the services, in accordance with the scope established in the service provision agreement. MIDIS will coordinate with local governments and other institutions to ensure transparency, monitoring, reporting and learning.
9. A risk and mitigation matrix has been prepared, which will be monitored periodically to identify alerts or situations that require action. WFP will provide a helpline to provide relevant information, register and escalate cases to the ministries in a timely manner. MIDIS, MINSA, and the 237 health facilities in Lima are responsible for addressing cases.

**Beneficiary analysis**

10. The planned beneficiary numbers remain unchanged, as the intervention is delivered as a service to the Government, rather than through direct WFP assistance.

### 3. COST BREAKDOWN

CSP outcomes	CSP 1	CSP 2	CSP 3	CSP 4	TOTAL
Focus area	Crisis Response	Root Causes	Resilience Building	Crisis Response	
Transfer	0	0	0	11 473 779	11 473 779
Implementation	0	0	0	213 291	213 291
Direct support costs	<i>(no figures in the grey cells)</i>				568 395
Subtotal					12 255 465
Indirect support costs					18 864
<b>TOTAL</b>					<b>12 274 328</b>

CSP outcome	1	2	3	4	Total
Focus area	Crisis Response	Root Causes	Resilience Building	Crisis Response	
Transfer	37 567 615	11 493 334	15 869 517	17 121 097	82 051 563
Implementation	3 683 914	2 960 203	2 360 070	980 795	9 984 983
Direct support costs	4 119 933	1 471 300	1 789 019	893 996	8 274 248
<b>Subtotal</b>	<b>45 371 463</b>	<b>15 924 836</b>	<b>20 018 606</b>	<b>18 995 889</b>	<b>100 310 794</b>
Indirect support costs	2 949 145	1 035 114	1 301 209	0	5 285 469
<b>TOTAL</b>	<b>48 320 608</b>	<b>16 959 951</b>	<b>21 319 815</b>	<b>18 995 889</b>	<b>105 596 263</b>