

Grant Confirmation

1. This **Grant Confirmation** is made and entered into by **the Global Fund to Fight AIDS, Tuberculosis and Malaria** (the "Global Fund") and **Humanist Institute for Co-operation with Developing Countries** (the "Principal Recipient" or the "Grantee"), as of the date of the last signature below and effective as of the start date of the Implementation Period (as defined below), pursuant to the Framework Agreement, dated as of 12 June 2015, as amended and supplemented from time to time (the "Framework Agreement"), between the Global Fund and the Grantee, to implement the Program set forth herein.
2. **Single Agreement**. This Grant Confirmation, together with the Integrated Grant Description attached hereto as Schedule I, sets forth the provisions (including, without limitation, policies, representations, covenants, Program Activities, Program budget, performance framework, and related implementation arrangements) applicable to the Program, and forms part of the Grant Agreement. Each capitalized term used but not defined in this Grant Confirmation shall have the meaning ascribed to such term in the Framework Agreement (including the Global Fund Grant Regulations (2014), available at <http://www.theglobalfund.org/GrantRegulations>). In the event of any inconsistency between this Grant Confirmation and the Framework Agreement (including the Global Fund Grant Regulations (2014)), the provisions of this Grant Confirmation shall govern unless expressly provided for otherwise in the Framework Agreement.
3. **Grant Information**. The Global Fund and the Grantee hereby confirm the following:

3.1	Host Country or Region:	Republic of Costa Rica
3.2	Disease Component:	HIV/AIDS
3.3	Program Title:	Costa Rica: moving towards the sustainability of the intersectoral HIV response with domestic financing, 2021-2024
3.4	Grant Name:	CRI-H-HIVOS
3.5	GA Number:	2058
3.6	Grant Funds:	Up to the amount of USD 2,200,662 or its equivalent in other currencies
3.7	Implementation Period:	From 1 July 2021 to 30 June 2024 (inclusive)
3.8	Principal Recipient:	Humanist Institute for Co-operation with Developing Countries Avenida 3, entre calle 78A y 80 Pavas

		na San José Republic of Costa Rica Attention: Ms. Laura Sanchez Calvo Project Director, HIV-CRI Telephone: +5062231-0848 Email: lsanchez@hivos.org
3.9	Fiscal Year:	1 July to 30 June
3.10	Local Fund Agent:	SGS Nederland B.V. Malledijk 18 Spijkenisse Kingdom of the Netherlands Attention: Kirsten Blits Central Coordination Team Telephone: +31 181693945 Email: kirsten.blits@sgs.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: Giulia Perrone Regional Manager Grant Management Division Telephone: +41587911700 Facsimile: +41445806820 Email: giulia.perrone@theglobalfund.org

4. **Policies**. The Grantee shall take all appropriate and necessary actions to comply with (1) the Global Fund Guidelines for Grant Budgeting (2019 as amended from time to time), (2) the Health Products Guide (2018, as amended from time to time), and (3) any other policies, procedures, regulations and guidelines, which the Global Fund may communicate in writing to the Grantee, from time to time.

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

5.1 Personal Data

(1) **Principles**. The Principal Recipient, on behalf of the Grantee, acknowledges that Program Activities are expected to respect the following principles and rights ("Data Protection Principles"):

- (a) Information that could be used to identify a natural person ("Personal Data") will be: (i) processed lawfully, fairly and transparently; (ii) collected for specified, explicit and legitimate purposes and not further processed in a manner not compatible with those purposes; (iii) adequate, relevant and limited to what is necessary for the purposes for which they are processed; (iv) accurate and, where necessary, kept up to date; (v) kept in a form which permits identification of the individuals for no longer than is necessary for the purposes for which the Personal Data is processed; and (vi) processed in a manner that ensures appropriate security of the Personal Data; and

(b) Natural persons are afforded, where relevant, the right to information about Personal Data that is processed; the right to access and rectify or erase Personal Data; the right to data portability; the right to confidentiality of electronic communications; and the right to object to processing.

(2) Limitations. Where collection and processing of Personal Data is required in order to implement Program Activities, whether by the Principal Recipient, a Sub-recipient, or Supplier, the Principal Recipient should respect the Data Protection Principles:

(a) to the extent that doing so does not violate or conflict with applicable law and/or policy; and

(b) subject to the Principal Recipient balancing the Data Protection Principles with other fundamental rights in accordance with the principle of proportionality, taking into account the risks to the rights and freedoms of natural persons.

5.2 With respect to Section 7.6 (Right of Access) of the Global Fund Grant Regulations (2014), (1) the Global Fund may collect or seek to collect data, and it is possible that such data may contain Personal Data, and (2), prior to collection and at all times thereafter, the Principal Recipient shall take all necessary actions to ensure that the transfer of such information to the Global Fund does not violate any applicable law or regulation.

5.3 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 Host Country should progressively increase government expenditure on health to meet national universal health coverage goals; and increase domestic funding of Global Fund-supported programs, with a focus on progressively absorbing the costs of key Program components as identified in consultation with the Global Fund. The Principal Recipient acknowledges that the Global Fund may reduce Grant Funds during the current or any subsequent Implementation Period in the event the Host Country fails to meet these requirements; and

(2) the commitment and disbursement of USD 550,166 that is, 25% of the HIV component (the “Co-Financing Incentive”) is subject to the Global Fund’s satisfaction with the Host Country’s compliance with the requirements to access the ‘co-financing incentive’ as set forth in the STC Policy (the “Co-Financing Incentive Requirements”). The Global Fund may reduce all or part of the Co-Financing Incentive during the current or any subsequent Implementation Period, in the event that the Host Country fails to comply with the Co-Financing Incentive Requirements.

5.4 The Program budget may be funded in part by Grant Funds disbursed 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. hereof. Accordingly, the Global Fund may reduce the amount of Grant Funds set forth in Section 3.6. hereof by the amount of any Previously Disbursed Grant Funds. Previously Disbursed Grant Funds shall be governed by the terms of this Grant Agreement.

5.5 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.

5.6 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).

[Signature Page Follows.]

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

**The Global Fund to Fight AIDS,
Tuberculosis and Malaria**

**Humanist Institute for Co-operation with
Developing Countries**

By: MA. Eldon Edm^c

By: 

Name: Mark Eldon-Edington

Name: Edwin Huizing

Title: Head, Grant Management Division Title: Executive Director

Date: May 21, 2021

Date: 06 May 2021

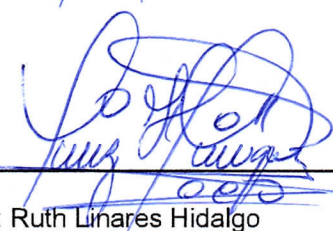
Acknowledged by

By: 

Name: Alejandra Acuña Navarro

Title: Vice Chair Country Coordinating Mechanism of Republic of Costa Rica

Date: 06/05/2021

By: 

Name: Ruth Linares Hidalgo

Title: Civil Society Signatory Country Coordinating Mechanism of Republic of Costa Rica

Date: 6/5/2021

Schedule I

Integrated Grant Description

A. PROGRAM DESCRIPTION

1. Background and Rationale for the Program

Costa Rica is an upper middle-income country of 5.1 million inhabitants. The country has a concentrated HIV epidemic with a prevalence of 15.4% in men who have sex with men (MSM) and 24.6% in transgender women, compared with a general prevalence of 0.4% in people aged 15-49 years (2017).

The epidemic is also geographically concentrated in the provinces of San José and Alajuela accounting for 65% of the country's cases amounting to 24.4 cumulative diagnoses per 100,000 inhabitants and 11.7 new diagnoses per 100,000 inhabitants in the two provinces. According to the United Nations Program on HIV/AIDS (UNAIDS) data for 2018, an estimated 14,000 people are living with HIV, with 1,000 new infections each year. New infections have increased by 21% since 2010. A total of 9,678 people living with HIV (65% of the estimated number) were recorded in the national health information system (EDUS). Of the people registered as living with HIV, 84.5% had access to ART and 34% are virally suppressed, indicating a cascade amounting to 65%-84.5%-34%. However, Costa Rica has insufficient data to monitor progress towards the 90-90-90 targets as EDUS still does not have a module to provide disaggregated national data. Of the total number of HIV-related deaths, 61% were diagnosed less than one year prior (Clinicas de Atencion Integral de VIH de las CCSS 2019), suggesting late diagnosis and delay in starting care. The disaggregation of key populations data is being rolled out through EDUS.

The Ministry of Health (MOH) leads the national HIV response as there is no national HIV program and the Caja Costarricense de Seguro Social (CCSS) organizes health services provision. The Junta de Proteccion Social (JPS) is another key player in the response, providing funding to civil society organizations (CSOs) for service provision.

Costa Rica provides publicly funded universal access to health care through the CCSS but recent high fiscal deficit and insufficient contributions to social security could hamper real or equitable coverage, notably for undocumented migrants. Low condom use and insufficient access to rapid testing is reported while stigma and discrimination, and socioeconomic differences and gender inequality constitute structural barriers. Situations of extreme gender violence and human rights abuses are documented including impeded access to health and social services.

The grant is aligned with the National Strategic Plan (2021-2026) and the transition work plan the country updated in 2020, as it may become a high-income country in the near future. The realization of co-financing commitments, specifically increased financing from the JPS to CSOs for provision of HIV services to key populations, is critical for the success of the grant.

2. Goals, Strategies and Activities

Goals:

- Consolidate the combined HIV prevention model for key populations, with a view to its sustainability, and in accordance with the National Strategic Plan for HIV 2021-2026;

- Contribute to the distribution and execution of domestic financing in an effective, equitable and efficient manner for the sustainability of the response to HIV, both for institutional actions and those of civil society;
- Consolidate and expand institutional and community strategies for the identification and care of key populations;
- Consolidate sustainable mechanisms for the protection, compliance and respect of Human Rights and gender equality of key populations and people with HIV.

Strategies:

- Increase domestic financing for civil society and key populations for the transition and sustainability of the national HIV response;
- Strengthen the combined prevention model through the roll-out of pre-exposure prophylaxis (PrEP) program for key populations in order to advance adoption and scale-up by national institutions;
- Improve linkage to care through investments in strengthening surveillance and the national health information systems and community adherence support;
- Consolidate sustainable mechanisms for the protection, compliance and respect of human rights and gender equity of key populations and people living with HIV;
- Support the strengthened model of combined prevention for MSM and transgender women and their national information system, including the availability of PrEP and self-testing.

Activities:

- Build capacity and support civil society organizations to obtain funding from the JPS and other domestic resources for HIV related activities;
- Roll-out of PrEP for key populations in collaboration with the CCSS; Reducing barriers to access to testing at the facility and community-based levels, including preparing a framework for self-testing;
- Prevention services and behavior change interventions for key populations including distribution of condoms and lubricants in the Gran Area Metropolitana/San Jose (GAM), Puntarenas, Limon and Guanacaste;
- Improving retention and adherence to ART through integrated care support for people living with HIV through CSOs in the GAM, Puntarenas, Limon and Guanacaste;
- Improving the national HIV surveillance system in collaboration with the MOH and CCSS to enable generation of prevention and treatment cascades;
- Implementation of prioritized policy changes and advocacy actions by civil society organizations to improve laws, regulations and policies relating to HIV and HIV/TB and remove barriers to access, specifically stigma and discrimination;

- Provide support to individuals with irregular migration status for access to the national health care system and HIV services;
- Strengthening governance of the CONASIDA to ensure sustainable engagement of key populations in the national HIV response.

3. Target Group/Beneficiaries

Men who have sex with men

Transgender women

People living with HIV

B. PERFORMANCE FRAMEWORK

Please see attached.

C. SUMMARY BUDGET

Please see attached.

Country	Costa Rica				
Grant Name	CRI-H-HIVOS				
Implementation Period	01-Jul-2021 - 30-Jun-2024				
Principal Recipient	Humanist Institute for Co-operation with Developing Countries				

Reporting Periods	Start Date	01-Jul-2021	01-Jan-2022	01-Jan-2023	01-Jan-2024
	End Date	31-Dec-2021	31-Dec-2022	31-Dec-2023	30-Jun-2024
	PU includes DR?	Yes	Yes	Yes	No

Program Goals, Impact Indicators and targets	
1	Consolidar el modelo de prevención combinada de VIH para poblaciones clave, con miras a la sostenibilidad del mismo, y en concordancia con el Plan Estratégico Nacional de VIH 2021-2026. / Consolidate the combined HIV prevention model for key populations, with a view to its sustainability, and in accordance with the National Strategic Plan for HIV 2021-2026.

	Impact Indicator	Country	Baseline Value	Baseline Year and Source	Required Dissagregation	Responsible PR	2021	2022	2023
1	HIV I-4 Number of AIDS-related deaths per 100,000 population	Costa Rica	N: D: P: 3.68%	2019 AIDS mortality rate per 100,000 inhabitants. Source: Health Surveillance Directorate, Ministry of Health and National Institute of Statistics and Censuses, INEC	Age,Gender,Gender Age	Humanist Institute for Co-operation with Developing Countries	N: D: P: 3.70% Due Date: 01-Mar-2022	N: D: P: 3.70% Due Date: 01-Mar-2023	N: D: P: 3.70% Due Date: 29-Feb-2024
	Comments Baseline: Numerator: number of people who have died from causes associated with HIV during the calendar year. Denominator: total population regardless of HIV status per 100,000. The data has been provided by the Epidemiology Directorate of the Ministry of Health, in a joint effort with the National Institute of Statistics and Censuses, INEC. Target population: all people who have died from causes associated with HIV are included. Assumptions for the goals: The proposed goals are aligned with the PEN 2021-2026, and with the National Development Plan 2019-2022: Maintain HIV mortality at a rate of 3.7 per 100,000 inhabitants, this considering that if Although the average AIDS mortality rate for the period 2010-2019 is 3.24, in recent years it has been increasing. Considering also the effects that are expected in the short and medium term of the COVID-19 pandemic, it is not considered realistic to anticipate a decrease in this rate, but rather to make every effort to at least ensure that it does not increase. Measurement methods: the data will be reported by the Ministry of Health based on its statistical records and the INEC records.								
2	HIV I-9a□□□ Percentage of men who have sex with men who are living with HIV	Costa Rica	N: D: P: 15.4%	2017 Survey of Sexual Behavior and prevalence of HIV and STIs and estimation of the size of key populations: trans women, men who have sex with other men and women sex workers in the Greater Metropolitan Area	Age	Humanist Institute for Co-operation with Developing Countries	N: D: P: % Due Date:	N: D: P: 15.40% Due Date: 01-Mar-2023	N: D: P: % Due Date:
	Comments Baseline: The baseline corresponds to the data obtained from the Survey of Sexual Behavior and prevalence of HIV and STIs and estimation of the size of key populations: trans women, men who have sexual relations with other men and women sex workers from the Greater Metropolitan Area of San José, Costa Rica, carried out in2017. Target population: population of men who have sex with other men. Assumptions for goals: Stabilization of HIV prevalence in the MSM population is proposed. The survey was scheduled to be reapplied in 2020, however, due to the COVID-19 emergency, it is presumed that the reapplication will possibly be delayed to 2022. Once the survey is reapplied, the goal will be reviewed and adjusted. In the National Strategic Plan for HIV 2021-2026, a next Survey of this type is expected to be carried out in 2025. Measurement methods: A reapplication of the survey will be carried out in 2022. In all cases, the methodology must be comparable to the baseline (geographic representativeness, population and characteristics). For information purposes, the PR will report on the identification of national resources and will share the protocol with the FM prior to its implementation.								

3	HIV I-9b□□ Percentage of transgender people who are living with HIV	Costa Rica	N: D: P: 23.0%	2017 Survey of Sexual Behavior and prevalence of HIV and STIs and estimation of the size of key populations: trans women, men who have sex with other men and women sex workers in the Greater Metropolitan Area	Age	Humanist Institute for Co-operation with Developing Countries	N: D: P: % Due Date:	N: D: P: 23.00% Due Date: 01-Mar-2023	N: D: P: % Due Date:
Comments Baseline: The baseline corresponds to the data obtained from the Survey of Sexual Behavior and prevalence of HIV and STIs and estimation of the size of key populations: trans women, men who have sexual relations with other men and women sex workers of the Greater Metropolitan Area of San José, Costa Rica, carried out in 2017. Target population: Population of Trans Women. Assumptions for the goals: Stabilization of HIV prevalence in the Trans Women population is proposed. The survey was scheduled to be reapplied in 2020, however, due to the emergency caused by COVID-19, it is presumed that the reapplication will possibly be delayed to the year 2022. In the National Strategic Plan for HIV 2021-2026, a next Survey of this type in 2025. In all cases, the methodology must be comparable to the baseline (geographic representativeness, population and characteristics). For information purposes, the PR will report on the identification of national resources and will share the protocol with the FM prior to its implementation.									

Program Objectives, Outcome Indicators and targets	
1	Contribuir con la distribución y ejecución del financiamiento doméstico de manera efectiva, equitativa y eficiente para la sostenibilidad de la respuesta al VIH, tanto para las acciones institucionales como las de sociedad civil. / Contribute to the distribution and execution of domestic financing in an effective, equitable and efficient manner for the sustainability of the response to HIV, both for institutional actions and those of civil society.
2	Consolidar y ampliar las estrategias institucionales y comunitarias para la captación y atención de las poblaciones clave. / Consolidate and expand institutional and community strategies for the identification and care of key populations
3	Consolidar mecanismos sostenibles para la protección, cumplimiento y respeto de los Derechos Humanos y la igualdad de género de las poblaciones clave y personas con VIH./Consolidate sustainable mechanisms for the protection, compliance and respect of Human Rights and gender equality of key populations and people with HIV.

	Outcome Indicator	Country	Baseline Value	Baseline Year and Source	Required Dissagregation	Responsible PR	2021	2022	2023	2024
1	HIV O-4a□□ Percentage of men reporting the use of a condom the last time they had anal sex with a non regular partner	Costa Rica	N: D: P: 54.6%	2017 Survey of Sexual Behavior and prevalence of HIV and STIs and estimation of the size of key populations: trans women, men who have sex with other men and women sex workers in the Greater Metropolitan Area	Age	Humanist Institute for Co-operation with Developing Countries	N: D: P: % Due Date:	N: D: P: 63.00% Due Date: 01-Mar-2023	N: D: P: % Due Date:	N: D: P: % Due Date:
Comments Baseline: The baseline corresponds to the data obtained from the "Survey of Sexual Behavior and prevalence of HIV and STIs and estimation of the size of key populations: trans women, men who have sex with other men and women sex workers from the Greater Metropolitan Area, Costa Rica, carried out in 2017. Target population: Population of men who have sex with other men Geographic Area: National Assumptions for the targets: The target has been based on the regional average presented by the study of the Pan American Health Organization: Prevention of HIV Infection Under the Magnifying Glass. https://www.paho.org/prevencion-vih-la-lupa-2017/#Use-of-condoms-and-lubricants , which is based on the Country Reports of the Global AIDS Monitoring Process (GAM) of 2017. The median for MSM in Latin America, for this indicator, is 63% and it is proposed to reach this percentage by 2022. Measurement method: The survey was scheduled to be applied in 2020, however, due to the reality imposed by the COVID-19 pandemic, which implies the reduction of resources and the concentration of the attention of the health authorities in attention to the emergency, as well as limitations in methodologies face to face with the population, the completion of the survey will be delayed. This is scheduled to be applied in 2022. In all cases, the methodology must be comparable to the baseline (geographic representativeness, population and characteristics). For information purposes, the PR will report on the identification of national resources and will share the protocol with the FM prior to its implementation.										
2	HIV O-4.1b□□ Percentage of transgender people reporting using a condom in their last anal sex with a non-regular male partner	Costa Rica	N: D: P: 78.6%	2017 Survey of Sexual Behavior and prevalence of HIV and STIs and estimation of the size of key populations: trans women, men who have sex with other men and women sex workers in the Greater Metropolitan Area	Age	Humanist Institute for Co-operation with Developing Countries	N: D: P: % Due Date:	N: D: P: 88.00% Due Date: 01-Mar-2023	N: D: P: % Due Date:	N: D: P: % Due Date:
Comments										

2	Baseline: The baseline corresponds to the data obtained from the 'Survey of Sexual Behavior and prevalence of HIV and STIs and estimation of the size of key populations: trans women, men who have sexual relations with other men and women sex workers from the Greater Metropolitan Area of San José, Costa Rica, carried out in 2017. Target population: Trans women Geographic Area: National Assumptions for the targets: The goal has been based on the regional average presented by the study of the Pan American Health Organization: Prevention of HIV Infection Under the Magnifying Glass. https://www.paho.org/prevencion-vih-la-lupa-2017/#Use-of-condoms-and-lubricants , which is based on the Country Reports of the Global AIDS Monitoring Process (GAM) of 2017. The median for Trans Women, in this indicator in the region, is 88% and it is proposed to reach this percentage by 2022. Measurement method: The survey was scheduled to be applied in 2020, however, due to the reality imposed by the COVID-19 pandemic, which implies the reduction of resources and the concentration of the attention of the health authorities in attention to the emergency, as well as limitations in methodologies face to face with the population, the completion of the survey will be delayed. This is scheduled to be applied in 2022. In all cases, the methodology must be comparable to the baseline (geographic representativeness, population and characteristics). For information purposes, the PR will report on the identification of national resources and will share the protocol with the FM prior to its implementation.									
3	HIV O-11 <input type="checkbox"/> M <input type="checkbox"/> Percentage of people living with HIV who know their HIV status at the end of the reporting period	Costa Rica	N: 13,000 D: 14,244 P: 91.0%	2019 Cascade Report on Comprehensive HIV Care in Costa Rica, 2019 ADJUSTED.	Gender	Humanist Institute for Co-operation with Developing Countries	N: D: P: 95.00%	N: D: P: 95.00%	N: D: P: 95.00%	N: D: P: %
	Comments Baseline: Costa Rica does not have cascade data at this time. For the construction of the cascade, a consultancy was hired with support from OPS. The numerator corresponds to the number of people with HIV Fx who know their serological status, and has been calculated with data from 2002 to 2019 plus a small projection of cases that may be alive. The denominator corresponds to the Spectrum projection of people with HIV. The data are preliminary in nature because, although the consultation has already ended and the results are final, they must be validated by the Ministry of Health. Assumptions for targets: Targets will be defined based on baseline data and the National Strategic Plan, PEN 2021-2026 (under construction) upon completion. Measurement method: For the years 2022 and 2023, the source of this indicator will be the Costa Rican Social Security Fund and the data will be extracted from the Unique Digital Health Record, EDUS. By 2024, it is expected to have a functioning national information system on HIV, and the data will be provided by that system.						Due Date: 01-Mar-2022	Due Date: 01-Mar-2023	Due Date: 29-Feb-2024	Due Date:
4	HIV O-12 Percentage of people living with HIV and on ART who are virologically suppressed	Costa Rica	N: 7,110 D: 9,019 P: 79.0%	2019 Cascade Report on Comprehensive HIV Care in Costa Rica, 2019 ADJUSTED.	Gender	Humanist Institute for Co-operation with Developing Countries	N: D: P: 95.00%	N: D: P: 95.00%	N: D: P: 95.00%	N: D: P: 95.00%
	Comments Baseline: Costa Rica does not have cascade data at this time. For the construction of the cascade, a consultancy was hired with support from OPS. The numerator corresponds to the number of people receiving ART, information provided by the HIV Clinics and crossed with viral load data, provided by the Unique Digital Health Record, EDUS and the Roche Laboratory, responsible for the CCSS laboratory information system . For the denominator, the country does not yet have a complete system to register the viral load test, so PLHIV who were on antiretroviral treatment in 2019 was used as the denominator, considering that in Costa Rica all people in treatment undergo a VL test every 6 months. The data have a preliminary character because, although the consultancy has already ended and the results are final, they must be validated by the Ministry of Health. Assumptions for targets: Targetss will be defined based on baseline data and the National Strategic Plan, PEN 2021-2024 (under construction) upon completion. Measurement method: For the years 2022 and 2023, the source of this indicator will be the Costa Rican Social Security Fund and the data will be extracted from the Unique Digital Health Record, EDUS. By 2024, it is expected to have a functioning national information system on HIV, and the data will be provided by that system.						Due Date: 01-Mar-2022	Due Date: 01-Mar-2023	Due Date: 29-Feb-2024	Due Date: 14-Aug-2024

Coverage indicators and targets													
CI Number	Population	Coverage Indicator	Country and Scope of Targets	Baseline Value	Baseline Year and Source	Required Dissagregation	Include in GF Results	Responsible PR	Cumulation Type	01-Jul-2021 31-Dec-2021	01-Jan-2022 31-Dec-2022	01-Jan-2023 31-Dec-2023	01-Jan-2024 30-Jun-2024
Prevention													
1	Men who have sex with men	KP-1a <input type="checkbox"/> M <input type="checkbox"/> Percentage of men who have sex with men reached with HIV prevention programs - defined package of services	Country: Costa Rica; Coverage: Geographic National, 100% of national program target	N: 3,792 D: 12,593 P: 30.11%	2019 SIGPRO system data 2019	Age	Yes	Humanist Institute for Co-operation with Developing Countries	Non cumulative - special	N: 2,812 D: 17,574 P: 16.0%	N: 6,364 D: 17,679 P: 36.0%	N: 7,117 D: 17,793 P: 40.0%	N: 3,940 D: 17,907 P: 22.0%
	Comments												

1	<p>Baseline: The baseline corresponds to the programmatic records of the last targets achieved by the Subrecipients of the 2018-2021 grant, reported in the SIGPRO system 2019. Target Population: Population of Men who have sex with men. A population growth estimate has been made based on the calculation made in the last grant, which in turn has been based on the population growth estimates from the National Institute of Statistics and Censuses, INEC. Demographic statistics. 2011 - 2050. National projections. Population by calendar years, according to sex and five-year age groups. Retrieved 08-14-2020 from https://www.inec.cr/poblacion/estimaciones-y-proyecciones-de-poblacion Geographic coverage area: the interventions will prioritize the great metropolitan area (GAM). The GAM covers more than 50% of the total population of the country and is considered to have the highest HIV prevalence and estimates of key populations in hotspots. Despite this, prevention actions will not be excluded in the remaining provinces: Guanacaste, Puntarenas and Limón. Assumptions for the targets: A gradual increase in goals is proposed. The goals must have a national character in the next grant, that is, they will not only include the records of the current sub-recipients, but of other organizations or institutions that carry out prevention actions in compliance with the prevention strategy and the conditions for the adequate reporting of the data. It is important to consider that with regard to the year 2021, which is made up of two semesters belonging to two grants, there has been a change in the denominators for the new grant, and therefore, the percentage value of population coverage is not comparable between grants . The annual increases are considered a reasonable goal taking into account that the services offered by the organizations will be paid mainly with funds from the JPS, which are limited and even uncertain in the context of the national emergency due to COVID-19. This also includes the approval and disbursement times of resources by the JPS to the organizations. In the first year, it is expected that only the organizations that are currently working as Sub-recipients in the project will have JPS resources and will be responsible for achieving this goal: the Costa Rican Demographic Association and the Asociación Esperanza Viva for the MSM population. . In the past, the goals have been equally challenging, and finally, taking into account the population growth estimate of the MSM population, it is considered that a minimum reach of 44% of said population by 2024, is desirable, possible and challenging for the future. country. It is worth emphasizing that, due to the adjustment made in the denominator, due to the aforementioned changes in the estimation of population size, the coverage percentages have been adjusted, so that they remain in accordance with national capacities. Measurement methods: Due to the fact that the SIGPRO System will cease to be used as of the new grant, a new Reporting Tool is in the process of being built that will replace it and that will allow Civil Society Organizations to report on the quantitative indicators of which be responsible. The package of prevention services will be offered by non-governmental organizations. The minimum package consists of: delivery of condoms and lubricants, an Information, Education and Communication (IEC) action to promote testing, pre-counseling and referral for HIV testing to the Caja's health services Costa Rican Social Security. During the first period, the prevention strategy will be reviewed and adapted. The population reached will be included in the numerator with a Unique Identification Code (CUI) or an identification number and evidence of the services received. The PR will be responsible for the systematic monitoring of the actions of civil society organizations, and will coordinate and centralize the information generated by the CCSS to report on the commitments in this MD. Monitoring will be empowering and focused on quality and security in data management.</p>												
2	Transgender people	KP-1b <input type="checkbox"/> <input type="checkbox"/> Percentage of transgender people reached with HIV prevention programs - defined package of services	Country: Costa Rica; Coverage: Geographic National, 100% of national program target	N: 401 D: 503 P: 79.72%	2019 SIGPRO system data 2019	Age	Yes	Humanist Institute for Co-operation with Developing Countries	Non cumulative - special	N: 227 D: 567 P: 40.0%	N: 485 D: 570 P: 85.1%	N: 517 D: 574 P: 90.1%	N: 274 D: 578 P: 47.4%
	<p>Comments</p> <p>Baseline: The baseline corresponds to the programmatic records of the last targets achieved by the Subrecipients of the 2018-2021 grant, reported in the SIGPRO system 2019. Target population: Population of Transgender Women. An estimate of population growth has been made based on the calculation made in the last grant, which in turn has been based on the population growth estimates of the National Institute of Statistics and Censuses, INEC. Demographic statistics. 2011 - 2050. National projections. Population by calendar years, according to sex and five-year age groups Consulted on 8-14-2020 from https://www.inec.cr/poblacion/estimaciones-y-proyecciones-de-poblacion. Geographic coverage area: the interventions will prioritize the great metropolitan area (GAM). The GAM covers more than 50% of the country's total population and is considered to have the highest HIV prevalence and estimates of key populations in hotspots. Despite this, an expansion of coverage is expected at the national level, by carrying out prevention actions in Puntarenas, Guanacaste and Limón, the latter two, through the presence of Transvida in these provinces. Assumptions for the targets: The source of this indicator is the programmatic records, which should have a national character in the next grant, that is, they will not only include the records of the current sub-recipients, but of other organizations or institutions that carry out prevention actions in compliance with the strategy. of prevention and the conditions for the adequate reporting of the data. It is important to consider that with regard to the year 2021, which is made up of two semesters belonging to two grants, there has been a change in the denominators for the new grant, and therefore, the percentage value of population coverage is not comparable between grants . A gradual increase in the goals is proposed, which is considered reasonable taking into account that the services offered by the organizations will be paid mainly with funds from the JPS, which are limited and even uncertain in the context of the national emergency due to COVID -19. This also includes the approval and disbursement times of resources by the JPS to the organizations. In the first year, it is expected that only Transvida, the current sub-recipient organization of the project, will have resources from the JPS and will be responsible for achieving this goal for the trans population. In the past, the goals have been equally challenging, and finally, taking into account the population growth estimate of the population of trans women, it is considered that a minimum reach of 90% of said population by 2024, is desirable, possible and challenging for the country. Measurement methods: Since the SIGPRO System will no longer be used as of the new grant, a new Reporting Tool is in the process of being built. Measurement methods: Since the SIGPRO System will cease to be used as of the new grant, a new Reporting Tool is in the process of being built. that will replace it and that will allow Civil Society Organizations to report the quantitative indicators for which they are responsible. The package of prevention services will be offered by non-governmental organizations. The minimum package consists of: delivery of condoms and lubricants, an Information, Education and Communication (IEC) action to promote the test, pre-counseling and referral for the performance of the HIV test to the health services of the Fund Costa Rican Social Security. During the first period, the prevention strategy will be reviewed and adapted. The population reached will be included in the numerator with a Unique Identification Code (CUI) or an identification number and evidence of the services received. The PR will be responsible for the systematic monitoring of the actions of civil society organizations, and will coordinate and centralize the information generated by the CCSS to report on the commitments in this MD. Monitoring will be empowering and focused on quality and security in data management.</p>												
5	Men who have sex with men	KP-6a Percentage of eligible men who have sex with men who initiated oral antiretroviral PrEP during the reporting period	Country: Costa Rica; Coverage: Geographic National, 100% of national program target	N: D: P:	2019 CCSS administrative records		Yes	Humanist Institute for Co-operation with Developing Countries	Non cumulative	N: 435 D: 435 P: 100.0%	N: 1,050 D: 1,050 P: 100.0%	N: 1,056 D: 1,056 P: 100.0%	N: 310 D: 620 P: 50.0%
	<p>Comments</p> <p>Baseline: The baseline for this indicator is zero since the country has not delivered Prep to any population to date. Delivery is scheduled for 2020-2021, and for this an estimate has been made in coordination with PAHO. Target Population: Population of Men who have sex with other men, identified as a population at substantial risk and who meet the technical criteria to be eligible candidates for Prep. Geographic Area: National. Assumptions for the targets: The target has been defined as the coverage of 100% of the number of eligible people who have been offered PrEP in the reporting period, estimated in coordination with OPS, during the process of the utilization proposal above of the allocated amount of the 2018-2021 grant, this with the exception of the semester periods of the grant, in which the target is 50%. The targets will be reviewed after the first year of grant implementation (that is, mid-2022) in order to analyze new information related to population sizes, substantial risk for trans population, intention to use PrEP, increase in demand. as a result of activities to promote the use of PrEP, among others. Measurement methods: the data will be provided by the CCSS based on its institutional records registered in the Unique Digital Health Record, EDUS.</p>												
6	Transgender people	KP-6b Percentage of eligible transgender people who initiated oral antiretroviral PrEP during the reporting period	Country: Costa Rica; Coverage: Geographic National, 100% of national program target	N: D: P:	2019 CCSS administrative records		Yes	Humanist Institute for Co-operation with Developing Countries	Non cumulative	N: 22 D: 22 P: 100.0%	N: 43 D: 43 P: 100.0%	N: 43 D: 43 P: 100.0%	N: 24 D: 24 P: 100.0%
	<p>Comments</p>												

6	Baseline: The baseline for this indicator is zero since the country has not delivered Prep to any population to date. Delivery is scheduled for 2020, and for this an estimate has been made in coordination with PAHO. Target Population: Population of Trans Women identified as a population at substantial risk and who meet the technical criteria to be eligible candidates for Prep. Geographic Area: National. Assumptions for the targets: The target has been defined as coverage of 100% of the number of eligible people who have been offered PrEP in the estimated reporting period in coordination with OPS, during the process of proposing use above the allocated amount of the 2018-2021 grant, this with the exception of the semester periods of the grant, in which the target corresponds to a 6-month implementation period. Targets will be reviewed after the first year of grant implementation (i.e. mid-2022) in order to analyze new information related to population sizes, substantial risk for trans population, intention to use PrEP, increase in demand as a result of activities to promote the use of PrEP, among others. Measurement methods: the data will be provided by the CCSS based on its institutional records registered in the Unique Digital Health Record, EDUS.												
	Differentiated HIV Testing Services												
3	Men who have sex with men	HTS-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: Costa Rica; Coverage: Geographic National, 100% of national program target	N: 257 D: 12,593 P: 2.04%	2019 CCSS administrative records	Age,HIV test status	Yes	Humanist Institute for Co-operation with Developing Countries	Non cumulative - special	N: 3,515 D: 17,574 P: 20.0%	N: 7,956 D: 17,679 P: 45.0%	N: 8,897 D: 17,793 P: 50.0%	N: 4,924 D: 17,907 P: 27.5%
	Comments												
	Baseline: corresponds to the achievement of the testing goal of the current grant for the year 2019 validated based on the administrative records of the CCSS. As reported in the 2019 report, there was a methodological change that considerably affected the scope of the testing goals for 2019, first that 100% of the tests carried out were carried out in the CCSS, with limitations in timetables and time. time of delivery of the results, which caused that the effectiveness of the referrals to HIV testing by the SRs for the key population, was low. In addition to this, the reporting of the data by the CCSS to the PR suffered from underreporting. It is important to emphasize that in the previous periods, the achievement of the test indicator was successful. For the period January - June 2018, there was a 120% reach of the goal (2,416 MSM reached out of 1,513 which was the goal) and for the period July - December 2018, a 105% reach of the goal (984 MSM achieved, of 933 which was the goal). These data show that the failure to reach the goal in 2019 was due to the methodological change and the underreporting of the CCSS, and suggest that a successful recovery and scope is possible in the next grant, by consolidating the testing methodology in the CCSS and strengthen the reporting of data. Target Population: Population of Men who have sex with other men. An estimate of the growth of this population has been made, based on the population estimate made in 2017 through the Seroprevalence Survey. The country had been using the media of this estimate, which corresponded to 0.99% of the male population, but based on the latest PAHO recommendations, the country is migrating to use the upper limit of the estimate, which corresponds to 1.24%. Population growth has been based on population growth estimates from the National Institute of Statistics and Censuses, INEC. Demographic statistics. 2011 - 2050. National projections. Population by calendar years, according to sex and five-year age groups. Retrieved 8-14-2020 from https://www.inec.cr/poblacion/estimaciones-y-proyecciones-de-poblacion. Geographic area of coverage: national. Assumptions for goals: A gradual increase in goals is proposed. The proposed goals have a national character and the source of these data will be the CCSS as a service provider. A distribution of the national goals to be achieved will be proposed among the organizations that will be sub-recipients and the people served by the CCSS by spontaneous demand. It is important to consider that with regard to the year 2021, which is made up of two semesters belonging to two grants, there has been a change in the denominators for the new grant, and therefore, the percentage value of population coverage is not comparable between grants . Measurement methods: The CCSS will report the data to the PR, either coded nominal data or aggregated data. The PR will be responsible for the systematic monitoring of the actions of civil society organizations, and will coordinate and centralize the information generated by the CCSS to report on the commitments in this MD. Monitoring will be empowering and focused on quality and security in data management. The source of the data is the records of the VICITS Clinics and the Unique Digital Health Record, EDUS.												
4	Transgender people	HTS-3b□M□ Percentage of transgender people that have received an HIV test during the reporting period and know their results	Country: Costa Rica; Coverage: Geographic National, 100% of national program target	N: 54 D: 503 P: 10.74%	2019 CCSS administrative records	Age,HIV test status	Yes	Humanist Institute for Co-operation with Developing Countries	Non cumulative - special	N: 227 D: 567 P: 40.0%	N: 485 D: 570 P: 85.1%	N: 517 D: 574 P: 90.1%	N: 274 D: 578 P: 47.4%
	Comments												
	Baseline: corresponds to the current grant testing goal for 2019 based on CCSS administrative records. As reported in the 2019 report, there was a methodological change that considerably affected the scope of the testing goals for 2019, first that 100% of the tests carried out were carried out in the CCSS, with limitations in timetables and time. time of delivery of the results, which caused that the effectiveness of the referrals to HIV testing by the SRs for the key population, was low. In addition to this, the reporting of the data by the CCSS to the PR suffered from underreporting. It is important to emphasize that in the previous periods, the achievement of the test indicator was successful. For the period January - June 2018, there was a 101% reach of the goal (95 Trans Women reached out of 94 which was the goal) and for the period July - December 2018, there was a 120% reach of the goal (117 Trans women reached, out of 87 that was the goal). These data show that the failure to reach the goal in 2019 was due to the methodological change and the underreporting of the CCSS, and suggest that a successful recovery and scope is possible in the next grant, by consolidating the testing methodology in the CCSS and strengthen the reporting of data. Target population: Population of Trans Women. A population growth estimate has been made based on the calculation made in the last grant, which in turn has been based on the population growth estimates from the National Institute of Statistics and Censuses, INEC. Demographic statistics. 2011 - 2050. National projections. Population by calendar years, according to sex and five-year age groups. Retrieved 08-14-2020 from https://www.inec.cr/poblacion/estimaciones-y-proyecciones-de-poblacion Geographic area of coverage: national. Assumptions for the goals: The proposed goals have a national character and the source of these data will be the CCSS as a service provider. A distribution of the national goals to be achieved will be proposed among the organizations that will be sub-recipients and the people served by the CCSS by spontaneous demand. A gradual increase in goals is proposed. It is important to consider that with regard to the year 2021, which is made up of two semesters belonging to two grants, there has been a change in the denominators for the new grant, and therefore, the percentage value of population coverage is not comparable between grants . Measurement methods: The CCSS will report the data to the PR, either coded nominal data or aggregated data. The PR will be responsible for the systematic monitoring of the actions of civil society organizations, and will coordinate and centralize the information generated by the CCSS to report on the commitments in this MD. Monitoring will be empowering and focused on quality and security in data management. The source of the data is the records of the VICITS Clinics and the Unique Digital Health Record, EDUS.												

Workplan Tracking Measures									
Population	Intervention	Key Activity	Milestones	Criteria for Completion	Country	01-Jul-2021 31-Dec-2021	01-Jan-2022 31-Dec-2022	01-Jan-2023 31-Dec-2023	01-Jan-2024 30-Jun-2024
Prevention									
Transgender people	Condom and Lubricant Programming	Acquisition of lubricants in sachet presentation by the CCSS	The CCSS has agreed and proceeded to make a purchase of lubricants in sachet presentation, and has made them available to the population, either in consultation and / or through the distribution agreements for prevention supplies with CSOs.	Not started: There is no progress towards meeting the Milestone Started: The CCSS has made a purchase of lubricants in sachet presentation. Advanced: The CCSS has made a purchase of lubricants in sachet presentation, and they are available to the population in the health services. Completed: The CCSS has made a purchase of lubricants in sachet presentation, they are available to the population in the health services and has formally expressed its intention to include them in the agreements with CSOs, for their distribution at the community level.	Costa Rica				X
				Not started: There is no progress towards meeting the Milestone Started: The CCSS maintains its agreement with ADC, and the additional organization, making regular deliveries in quantity and time. Advanced: The CCSS maintains its agreements with 2 organizations, making regular deliveries in quantity and time and is contemplating signing an agreement with 1 additional organization. Completed: The CCSS maintains its agreements with 2 organizations, makes regular deliveries in quantity and time, and has signed an agreement with 1 additional organization.	Costa Rica		X		
		Establishment of agreements between the CCSS and CSOs for the distribution of condoms	The CCSS has expanded the number of agreements with CSOs for the distribution of condoms	Not started: There is no progress towards meeting the Milestone Started: The CCSS maintains its agreement with ADC, making regular deliveries in quantity and time. Advanced: The CCSS maintains its agreement with ADC, making regular deliveries in quantity and time and is contemplating signing an agreement with 1 other organization in addition to the Costa Rican Demographic Association. Completed: The CCSS maintains its agreement with ADC, makes regular deliveries in quantity and time and has signed an agreement with 1 other organization in addition to the Costa Rican Demographic Association.	Costa Rica	X			
				Not started: There is no progress towards meeting the Milestone. Started: The CCSS maintains its agreement with the 3 organizations, making regular deliveries in quantity and time. Advanced: The CCSS maintains its agreements with 3 organizations, making regular deliveries in quantity and time and is contemplating signing an agreement with 1 additional organization. Completed: The CCSS maintains its agreements with 3 organizations, makes regular deliveries in quantity and time, and has signed an agreement with 1 additional organization.	Costa Rica			X	
Comments									
This management measure seeks to measure the way in which the CCSS is committed to supplying CSOs through the signing of agreements for the distribution of condoms to key populations. Signing agreements with each CSO represents the possibility of adjusting methodologies and quantities to each particularity of the populations and the approach methodologies and also implies greater stability, as well as recognition towards CSOs. We believe that this measure will contribute in terms of sustainability and guarantee that the populations will not lack their basic prevention supplies.									

RSSH: Community systems strengthening									
Not applicable	Community based monitoring	Strengthening the representation of civil society before CONASIDA through the formation of a national table of organizations that work on HIV, which would have, within its functions, actions of social control and dialogue with the institutions	A National CSO Bureau has been created and is in operation, agreeing on a common agenda and coordinating communication actions with CONASIDA.	Not started: There is no progress towards meeting the Milestone Started: The National CSOs Bureau has been created Advanced: The National CSOs Bureau has been created, has met on at least 1 occasion and is defining its operation. Completed: The National CSOs Bureau has met on at least 1 occasion, has defined a common agenda and has communicated with CONASIDA on at least 1 occasion.	Costa Rica	X			
			The National CSO Bureau continues to function.	Not Started: There is no progress towards meeting the Milestone Initiated: National CSO Bureau has met at least 3 times. Advanced: National CSO Bureau remains active, has met at least 3 times, and continues to coordinate actions within the framework of its common agenda. Completed: The National CSO Bureau remains active, has met at least 3 times, continues to coordinate actions within the framework of its common agenda, and has carried out at least 2 advocacy actions.	Costa Rica			X	
				Not Started: There is no progress towards meeting the Milestone Initiated: TNational CSOs Bureau has met at least 2 times. Advanced: National CSOs Bureau has met at least 2 times, and has carried out the election of its representations. Completed: National CSOs Bureau has met at least 2 times, has elected their representatives and has defined a governance protocol.	Costa Rica		X		
Comments									
This management measure seeks to guarantee the strengthening of Civil Society and improve communication between CSOs and institutions without the mediation of the Principal Recipient. He is expected to coordinate and communicate fluently with CONASIDA and to apply its guidelines on governance in such a way that decisions are made in an orderly manner and that the representations commit to their role of communication and articulation.									
RSSH: Health management information systems and M&E									
Not applicable	Routing Reporting	Establishment of a unique information system on HIV in the country, which integrates information from both the CCSS and other institutions and civil society organizations	The country has a functioning National Information System on HIV.	Not started: There is no progress towards meeting the Milestone Initiated: Software programming is underway and institutions are ready for interoperability. Advanced: The system is ready to be put into operation and the training of institutions has begun. Completed: There is already a National Information System on HIV, in operation and with its maintenance processes, in addition, the process of training users in its use has been started.	Costa Rica			X	
			The interoperability of institutional information systems with the National HIV Information System is ensured	Not started: There is no progress towards meeting the Milestone Started: The areas for improvement have been identified in the institutions for the collection of information, and there is the will of their authorities to do so. Advanced: The processes to improve institutional information systems have started. Completed: A process to improve institutional information systems is under way, for their interoperability with the National Information System. At the same time, the software for the National HIV Information System is being developed, in conjunction with the National Health Surveillance System (SINAVIS) of the Ministry of Health.	Costa Rica		X		

Not applicable	Routing Reporting	Establishment of a unique information system on HIV in the country, which integrates information from both the CCSS and other institutions and civil society organizations	The National Information System on HIV is operating and interoperating with all the institutions involved.	Not started: There is no progress towards meeting the Milestone Started: The information system is underway, in a trial phase, and almost all of the civil service training has been completed. Advanced: The system is up and running, all the institutions are trained and the procedures for interoperability, collection and analysis of the information are completed. Completed: All user training processes have been concluded, and the system is in operation in interoperability with the rest of the institutions, already providing information for decision-making.	Costa Rica				X
			There is a basic structure of what will be the National Information System on HIV	Not started: There is no progress towards meeting the Milestone. Initiated: The diagnosis has been developed to define the conditions and variables to be collected by institution. Advanced: The diagnosis has been developed, the variables have been defined and the proposal for the National Information System on HIV is under construction. Completed: The variables that will be collected and analyzed at the country level have been defined, a Diagnosis has been carried out on the situation of the collection of information related to HIV in the various instances involved in the national response to HIV, and there are a proposal of the National Information System on HIV: variables, operation, profiles of use, software, etc.	Costa Rica	X			
Comments									
This management measure seeks that the effort to strengthen the information system in the country, not only works, that it not only integrates information from various sources but also integrates with the greatest commitment to health systems in the country, which is the File Digital en Salud, EDUS, guaranteeing the sustainability of the national HIV information system.									
RSSH: Health sector governance and planning									
Not applicable	National health sector strategies and financing	Access and appropriate use of the resources of the Social Protection Board by a variety of organizations working on HIV in the country	3 Civil Society organizations receive from the Social Protection Board to finance prevention, care, and support programs at the community level for key populations as part of the national response to HIV	Not started: There is no progress towards meeting the Milestone Started: A Civil Society organization has received resources for three consecutive years from the JPS for the implementation of its prevention interventions. Advanced: Two Civil Society organizations have received resources for three consecutive years from the JPS for the implementation of their prevention interventions Completed: Three Civil Society organizations have received resources for three consecutive years from the JPS for the implementation of their prevention interventions	Costa Rica	X			
			One (1) more CSO, in addition to the 4 CSOs above, receives resources from the Social Protection Board to fund community programs for key populations as part of the national response	Not started: There is no progress towards meeting the Milestone Started: A Civil Society organization in addition to the three that already receive resources has started the processes of preparing a project to receive resources from the JPS for the implementation of its interventions in prevention Advanced: An additional Civil Society organization has submitted all the complete documentation to the JPS and has completed the processes to be able to receive resources from the JPS for the implementation of its prevention interventions. Completed: 1 additional CSO (in addition to the 4 above CSOs) is already receiving resources from the JPS as domestic funding for the implementation of its prevention interventions.	Costa Rica			X	

Not Applicable	National health sector strategies and financing	Access and appropriate use of the resources of the Social Protection Board by a variety of organizations working on HIV in the country	One (1) more CSOs, in addition to the 3 above CSOs, are receiving resources from the Social Protection Board, to finance community programs for key populations as part of the national response	Not started: There is no progress towards meeting the Milestone Started: A Civil Society organization in addition to the three that already receive resources has started the processes of preparing a project to receive resources from the JPS for the implementation of its interventions in prevention Advanced: An additional Civil Society organization has submitted all the complete documentation to the JPS and has completed the processes to be able to receive resources from the JPS for the implementation of its prevention interventions. Completed: 1 additional CSO (in addition to the 3 above CSOs) is already receiving resources from the JPS as domestic funding for the implementation of its prevention interventions.	Costa Rica			X		
Comments										
This management measure seeks to preserve the CSOs that are receiving public resources for their interventions, and also to progressively expand the number of CSOs in such a way that at the end of the grant there will be 5 CSOs operating with the domestic financing model. To achieve sustainability, we will continue to influence the JPS to agree to finance CSOs under the modality of "Management support", which implies greater flexibility and stability.										

Country	Costa Rica
Grant Name	CRI-H-HIVOS
Implementation Period	01-Jul-2021 - 30-Jun-2024
Principal Recipient	Humanist Institute for Co-operation with Developing Countries

By Module	01/07/2021 - 30/09/2021	01/10/2021 - 31/12/2021	01/01/2022 - 31/03/2022	01/04/2022 - 30/06/2022	Total Y1	01/07/2022 - 30/09/2022	01/10/2022 - 31/12/2022	01/01/2023 - 31/03/2023	01/04/2023 - 30/06/2023	Total Y2	01/07/2023 - 30/09/2023	01/10/2023 - 31/12/2023	01/01/2024 - 31/03/2024	01/04/2024 - 30/06/2024	Total Y3	Grand Total	% of Grand Total
Differentiated HIV Testing Services	\$21,801	\$24,801	\$12,301	\$3,301	\$62,206	\$2,500	\$2,500	\$2,500	\$1,500	\$9,000						\$71,206	3.2 %
Prevention	\$115,222	\$51,081	\$49,915	\$75,825	\$292,044	\$42,930	\$31,140	\$6,808	\$4,948	\$85,826	\$3,150	\$3,150	\$1,650	\$900	\$8,850	\$386,720	17.6 %
Program management	\$64,295	\$64,500	\$77,218	\$62,821	\$268,835	\$56,842	\$55,367	\$60,604	\$53,421	\$226,235	\$52,083	\$52,161	\$58,294	\$51,899	\$214,437	\$709,507	32.2 %
Reducing human rights-related barriers to HIV/TB services	\$7,930	\$7,930	\$87,504	\$4,740	\$108,104	\$5,090	\$10,090	\$5,090	\$2,590	\$22,860	\$1,480	\$1,480			\$2,960	\$133,924	6.1 %
RSSH: Community systems strengthening	\$14,400	\$15,830	\$15,830	\$15,830	\$61,889	\$8,309	\$8,786	\$7,303	\$7,303	\$31,701	\$6,514	\$6,514	\$6,514	\$6,514	\$26,056	\$119,646	5.4 %
RSSH: Health management information systems and M&E	\$24,000	\$24,000	\$26,500	\$26,500	\$101,000	\$20,500	\$14,500	\$14,500	\$14,500	\$64,000						\$165,000	7.5 %
RSSH: Health sector governance and planning	\$15,665	\$50,192	\$51,697	\$35,765	\$153,319	\$19,327	\$17,349	\$13,640	\$13,640	\$63,957	\$17,371	\$17,407	\$13,663	\$13,663	\$62,104	\$279,380	12.7 %
RSSH: Human resources for health, including community health workers		\$1,545	\$1,545	\$1,545	\$4,634	\$1,545	\$1,545	\$1,545	\$1,545	\$6,179						\$10,813	0.5 %
Treatment, care and support	\$45,435	\$65,724	\$51,611	\$43,721	\$206,491	\$23,504	\$24,614	\$23,504	\$24,614	\$96,235	\$4,880	\$5,990	\$4,880	\$5,990	\$21,741	\$324,467	14.7 %
Grand Total	\$308,749	\$305,603	\$374,121	\$270,049	\$1,258,522	\$180,547	\$165,891	\$135,494	\$124,061	\$605,993	\$85,478	\$86,702	\$85,001	\$78,966	\$336,148	\$2,200,662	100.0 %

By Cost Grouping	01/07/2021 - 30/09/2021	01/10/2021 - 31/12/2021	01/01/2022 - 31/03/2022	01/04/2022 - 30/06/2022	Total Y1	01/07/2022 - 30/09/2022	01/10/2022 - 31/12/2022	01/01/2023 - 31/03/2023	01/04/2023 - 30/06/2023	Total Y2	01/07/2023 - 30/09/2023	01/10/2023 - 31/12/2023	01/01/2024 - 31/03/2024	01/04/2024 - 30/06/2024	Total Y3	Grand Total	% of Grand Total
Human Resources (HR)	\$112,000	\$112,000	\$112,000	\$112,000	\$448,000	\$87,159	\$87,159	\$69,082	\$69,082	\$312,482	\$58,423	\$58,423	\$58,423	\$58,423	\$233,694	\$994,175	45.2 %
Travel related costs (TRC)	\$27,764	\$36,289	\$117,142	\$39,899	\$221,094	\$24,497	\$32,119	\$23,290	\$20,790	\$100,696	\$8,444	\$9,554	\$6,964	\$8,074	\$33,036	\$354,826	16.1 %
External Professional services (EPS)	\$54,150	\$101,847	\$92,352	\$73,920	\$322,268	\$40,812	\$20,009	\$22,300	\$15,300	\$98,420	\$4,609	\$4,644	\$6,900	\$900	\$17,053	\$437,741	19.9 %
Health Products - Pharmaceutical Products (HPPP)	\$47,059				\$47,059											\$47,059	2.1 %
Health Products - Non-Pharmaceuticals (HPNP)	\$1,870	\$1,870	\$1,870	\$1,870	\$7,481											\$7,481	0.3 %
Procurement and Supply-Chain Management costs (PSM)	\$16,300	\$1,806			\$18,106											\$18,106	0.8 %
Non-health equipment (NHP)	\$7,637	\$8,503			\$16,140											\$16,140	0.7 %
Communication Material and Publications (CMP)	\$2,250	\$2,250	\$3,000	\$3,000	\$10,500	\$2,250	\$2,250	\$2,250	\$1,500	\$8,250	\$2,250	\$2,250	\$750		\$5,250	\$24,000	1.1 %
Indirect and Overhead Costs	\$39,718	\$41,039	\$47,757	\$39,360	\$167,874	\$25,830	\$24,355	\$18,571	\$17,389	\$86,145	\$11,752	\$11,830	\$11,964	\$11,569	\$47,114	\$301,133	13.7 %
GrandTotal	\$308,749	\$305,603	\$374,121	\$270,049	\$1,258,522	\$180,547	\$165,891	\$135,494	\$124,061	\$605,993	\$85,478	\$86,702	\$85,001	\$78,966	\$336,148	\$2,200,662	100.0 %

By Recipients	01/07/2021 - 30/09/2021	01/10/2021 - 31/12/2021	01/01/2022 - 31/03/2022	01/04/2022 - 30/06/2022	Total Y1	01/07/2022 - 30/09/2022	01/10/2022 - 31/12/2022	01/01/2023 - 31/03/2023	01/04/2023 - 30/06/2023	Total Y2	01/07/2023 - 30/09/2023	01/10/2023 - 31/12/2023	01/01/2024 - 31/03/2024	01/04/2024 - 30/06/2024	Total Y3	Grand Total	% of Grand Total
PR	\$222,141	\$217,879	\$286,397	\$182,325	\$908,743	\$129,580	\$114,924	\$110,342	\$98,910	\$453,756	\$80,598	\$81,822	\$80,121	\$74,086	\$316,627	\$1,679,126	76.3 %
Humanist Institute for Co-operation with Developing Countries	\$222,141	\$217,879	\$286,397	\$182,325	\$908,743	\$129,580	\$114,924	\$110,342	\$98,910	\$453,756	\$80,598	\$81,822	\$80,121	\$74,086	\$316,627	\$1,679,126	76.3 %
SR	\$86,608	\$87,724	\$87,724	\$87,724	\$349,778	\$50,967	\$50,967	\$25,151	\$25,151	\$152,237	\$4,880	\$4,880	\$4,880	\$4,880	\$19,521	\$521,536	23.7 %
SR 1 Personas con VIH	\$10,386	\$10,386	\$10,386	\$10,386	\$41,542	\$1,190	\$1,190	\$1,190	\$1,190	\$4,761	\$1,220	\$1,220	\$1,220	\$1,220	\$4,880	\$51,184	2.3 %
SR 2 Personas con VIH	\$10,386	\$10,386	\$10,386	\$10,386	\$41,542	\$10,562	\$10,562	\$10,562	\$10,562	\$42,246	\$1,220	\$1,220	\$1,220	\$1,220	\$4,880	\$88,669	4.0 %
SR 3 Personas con VIH	\$10,386	\$10,386	\$10,386	\$10,386	\$41,542	\$1,190	\$1,190	\$1,190	\$1,190	\$4,761	\$1,220	\$1,220	\$1,220	\$1,220	\$4,880	\$51,184	2.3 %
SR 4 Personas con VIH	\$10,386	\$10,386	\$10,386	\$10,386	\$41,542	\$10,562	\$10,562	\$10,562	\$10,562	\$42,246	\$1,220	\$1,220	\$1,220	\$1,220	\$4,880	\$88,669	4.0 %
SR GAM Trans	\$25,335	\$25,764	\$25,764	\$25,764	\$102,627	\$18,528	\$18,528	\$1,648	\$1,648	\$40,352						\$142,979	6.5 %
SR PUN	\$7,638	\$8,324	\$8,324	\$8,324	\$32,611	\$8,935	\$8,935			\$17,869						\$50,480	2.3 %
SR1 GAM HSH	\$6,046	\$6,046	\$6,046	\$6,046	\$24,186											\$24,186	1.1 %
SR2 GAM HSH	\$6,046	\$6,046	\$6,046	\$6,046	\$24,186											\$24,186	1.1 %
Grand Total	\$308,749	\$305,603	\$374,121	\$270,049	\$1,258,522	\$180,547	\$165,891	\$135,494	\$124,061	\$605,993	\$85,478	\$86,702	\$85,001	\$78,966	\$336,148	\$2,200,662	100.0 %