

## **AIDSTAR-Two – Honduras Annual Report 2012**

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## Annual Report

## AIDSTAR-Two/Honduras

October 1, 2011 – September 11, 2012

*Increasing Local NGO Capacity in Honduras to Improve  
AIDS-related Services and Address Structural Elements of  
the HIV/AIDS Epidemic*

Submitted to USAID/Honduras by Management Sciences for Health.

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## Acronyms List

AHMF	Asociación Hondureña Mujer y Familia
AIDSTAR-Two	AIDS Support and Technical Assistance Resources
AS-Two	AIDSTAR-Two
AS-One	AIDSTAR-One
BCC	Behavior change communication
CASM	Comisión de Acción Social Menonita
CCC	Communication for Behavior Change
CCM-H	Country Coordinating Mechanism-Honduras
CEC	Community Education Center
CGSSI	Comunidad Gay Sampedrana para la Salud Integral
CHF	Habitat Community and International Finance
CIDAIA	Inter-institutional Committee of the National Strategy for Assured Availability of Contraceptives
COCSIDA	Centro de Orientación y Capacitación en SIDA
CSOs	Civil society organizations
ECVC	Estudio Centroamericano de Vigilancia del Comportamiento Sexual y la Prevalencia de VIH/ITS en Poblaciones Vulnerables
ECOSALUD	Ecología y Salud
GFATBM	Global Fund against AIDS, Tuberculosis, and Malaria
HIV	Human Immunodeficiency Virus
IEC	Information, education and communication
INE	Instituto Nacional de Estadísticas
IR	Intermediate Result
IQC	Indefinite Quantity Contract
KAP	Knowledge, Attitudes and Practices
MARP	Most-at-risk population
M&E	Monitoring and Evaluation
MSH	Management Sciences for Health
MSM	Men that have sex with men
MSH	Management Sciences for Health
NGOs	Non-governmental organizations
PASMO	Pan American Social Marketing Organization
PBF	Performance-based financing
PEPFAR	President's Emergency Plan for AIDS Relief
PLHV	Persons Living with HIV/AIDS
PMP	Performance Monitoring Plan
PNS	National AIDS Program
PRODIM	Programa para el Desarrollo de la Infancia y la Mujer
RFA	Request for applications
RFP	Request for proposals
STI	Sexually transmitted infection
TA	Technical Assistance
UECF	Unidad de Extension y Cobertura del Financiamiento/Unit for Financial Coverage

and Extension of the Health Secretariat

UGD            Unidad de Gestion Descentralizada/Decentralized Management Unit of the Health Secretariat

ULAT            Technical Assistance Local Unit

USG            United States Government

USAID          United States Agency for International Development

VICITS          Sentinel surveillance of sexually transmitted infections program

## I. Executive Summary

Under the Global HIV/AIDS Support and Technical Resources Sector II (AIDSTAR II) Indefinite Quantity Contract (IQC) Task 2 (AIDSTAR-Two), Management Sciences for Health (MSH) is increasing the capacity of U.S. Government (USG) country teams, local civil society organizations, and host governments to provide critical HIV/AIDS services under the President's Emergency Plan for AIDS Relief (PEPFAR).

Financed by USAID/Honduras, the objective of AIDSTAR-Two Honduras is to contribute to the reduction of the HIV prevalence among key most-at-risk populations (MARPs), including men who have sex with men (MSM), commercial sex workers (CSWs), and Garífunas.

To attain this objective, AIDSTAR-Two Honduras (AS-Two) is implementing activities aimed at achieving two intermediate and three expected results:

### ***Intermediate Result 1: Access to quality HIV/STI prevention services for MARPs increased.***

- Expected Result 1: By September 2012, NGOs are strengthened in management, governance, technical, and leadership skills to deliver quality HIV/STI prevention services to MARPs.
- Expected Result 2: MARP groups (MSM, CSW, and Garífunas) are accessing quality HIV/STI prevention services provided by NGOs in targeted geographic regions.

### ***Intermediate Result 2: National Structures Strengthened to Respond to the HIV/AIDS Epidemic in Honduras.***

- Expected Result 3: The Country Coordinating Mechanism in Honduras (CCM-H), the Secretariat of Health's Ministerial Facilitating Team, and five prioritized Regional Teams are strengthened in leadership and management areas to fulfill their mandate in response to the national HIV/AIDS epidemic.

This report covers the period of October 1, 2011 to September 11, 2012, highlighting accomplishments, the challenges encountered and the actions taken to address them, and the main lessons learned throughout this year. The report also includes a summary of the financial performance of the NGOs and the overall project during this reporting period.

During this fiscal year, due to the success of the interventions and services provided by USAID/AS-Two supported non-governmental organizations (NGOs) to the targeted MARP groups, AS-Two exceeded its targets for PEPFAR annual indicators. Some of these accomplishments include:

- P.8.3.D: Number of targeted population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required: **target: 2,585; reached: 2,612**
- P.8.4.D: Number of targeted condom services outlets: **target: 644; reached: 659**
- P.8.5.D: Number of persons from the target population who participated in community-wide events: **target: 25,380; reached: 31,736**

- P.12.1.D: Male Norms and Behaviors: Number of people reached by an individual, small-group, or community-level intervention or service that explicitly addresses norms about masculinity related to HIV/AIDS: **target: 2,123; reached: 3,835**
- P.12.2.D: Gender Based Violence and Coercion: Number of people reached by an individual, small group or community-level intervention or service that explicitly addresses gender-based violence and coercion related to HIV/AIDS: **target: 2,653; reached: 3,780**
- H2.2.D: Number of community health workers and social workers that successfully completed a training program before entering the service: **target: 74; reached: 76**
- H2.3.D: Number of health care workers who successfully completed an in-service training program: **target: 25; reached: 31**

Much of AS-Two's activity in the last year focused on providing technical assistance to the local NGOs who are on the frontlines of the epidemic in Honduras. Through a competitive process, AS-Two awarded six sub-grants to local NGOs that included performance incentives. These six NGOs qualified for additional funding based on their performance, having met the eligibility criteria and achieved or exceeded their proposed targets. In addition, AS-Two awarded a follow-on sub-grant to the Pan American Social Marketing Organization (PASMO) to conduct condom social marketing strategies targeting MARPs in prioritized geographic areas. In total, **AS-Two provided over USD \$518,280 in sub-award funds** to the six NGOs and PASMO for the delivery of a wide range of HIV prevention services to MARPs. Through the technical support and additional funding, AS-Two:

- **Strengthened the capacity of 23 staff members from the six NGOs** to develop quality proposals to obtain new funding.
- **Trained 20 VCT service providers** on the application of the OraQuick tests.
- **Trained 13 technical staff from the six NGOs** on Monitoring, Evaluation and Use of Information for Better Planning and Decision Making.
- **Trained 47 NGO staff** on the application of the knowledge, attitudes and practices survey (KAP).
- **Trained 24 educators and project coordinators from the NGOs** on HIV Prevention and Gender sensitivity among MARPs.
- **Trained 26 staff and members of the boards of directors from seven NGOs** on the National Strategy for Integrated STI/HIV/AIDS Services.
- **Trained 21 counselors from six NGOs** on the risk-reduction counseling strategy as part of the pilot test adaptation.
- **Successfully completed the pilot phase of the adapted risk-reduction counseling strategy** to the services provided to the NGOs beneficiary populations.
- **Reached 23,263 peers** of the targeted sub-groups through peer education activities.
- **Supported the Pan-American Social Marketing Organization (PASMO)** in its marketing efforts, resulting in the sale of **1,163,735 condoms sold** in social marketed outlets.
- **Supported the NGOs' distribution of 314,088 free no logo condoms** from the Health Secretariat.
- **Supported the NGOs' distribution of 67,793 pieces of educational materials.**

More detailed descriptions of project achievements and activities are provided in section III of this report.

## II. Project Context and Objectives

### **National context:**

Honduras, with a population of 7.5 million, has the second highest HIV/AIDS infection rate in Central America. According to the estimates of the Health Secretariat, a total of 29,330 persons were reported having HIV/AIDS between 1985 and March 2011.<sup>1</sup> The epidemic is concentrated primarily in urban areas and along the Northern Coast and the Central District, where HIV prevalence rates are the highest among the most-at-risk populations (MARPs). According to the study entitled *Estudio Centroamericano de Vigilancia del Comportamiento Sexual y la Prevalencia de VIH/ITS en Poblaciones Vulnerables* (ECVC, 2006), HIV prevalence is 9.9% among men who have sex with men, 4.6% among commercial sex workers and 4.4% among the Garífuna populations.<sup>2</sup> These populations are also affected by other social, economic and political factors that place them in situations of vulnerability and increase their susceptibility to getting infected with STI/HIV.

### **Project context:**

Given these factors and the national statistics, beginning in 2009, AIDSTAR-Two Honduras, financed by USAID/Honduras and implemented by Management Sciences for Health, has been providing technical assistance and financial support to strengthen the institutional and technical capacities of local NGOs to improve the quality of the HIV/STI prevention services they deliver to MARPs. The project's objective is to contribute to the reduction of HIV/STI transmission among men who have sex with men, commercial sex workers, and Garífuna populations. To attain this objective, AIDSTAR-Two Honduras (AS-Two) is implementing activities aimed at achieving two intermediate and three expected results:

#### ***Intermediate Result 1: Access to quality HIV/STI prevention services for MARPs increased.***

- Expected Result 1: By September 2012, NGOs are strengthened in management, governance, technical, and leadership skills to deliver quality HIV/STI prevention services to MARPs.
- Expected Result 2: MARP groups (MSM, CSW, and Garífunas) are accessing quality HIV/STI prevention services provided by NGOs in targeted geographic regions.

#### ***Intermediate Result 2: National Structures Strengthened to Respond to the HIV/AIDS Epidemic in Honduras.***

- Expected Result 3: The Country Coordinating Mechanism in Honduras (CCM-H), the Secretariat of Health's Ministerial Facilitating Team, and five prioritized Regional Teams are strengthened in leadership and management areas to fulfill their mandate in response to the national HIV/AIDS epidemic.

During the current fiscal year (2012), AS-Two continued to support the prevention services and activities provided by local NGOs, including PASMO, through the provision of financial and technical assistance. The support to the CCM-H and the Ministerial Facilitating Team was focused on continuing the processes initiated in the previous cycle.

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<sup>1</sup> STI/HIV/AIDS Epidemiological Profile in Honduras; Health Secretariat, March 2011.

<sup>2</sup> *Estudio Centroamericano de Vigilancia del Comportamiento Sexual y Prevalencia de VIH/ITS en Poblaciones Vulnerables* (ECVC); Centers for Disease Control and Prevention, Global AIDS Regional Office (CDC/GAP/KAP); Honduras, 2005-2007.

### III. Project Results, Outcomes, Outputs and Achievements

This section describes the activities and results achieved by AS-Two and the NGOs between October 1, 2011 and September 11, 2012.

**Expected Result 1: By September 2012, NGOs are strengthened in management, governance, technical, and leadership skills to deliver quality HIV/STI prevention services to MARPs.**

***Expected Product 1.1: NGO sub-agreements effectively executed and consistently monitored by AS-Two.***

#### **Competitive Sub-granting Process and Outcomes:**

In September and October 2011, AS-Two successfully completed a competitive request for applications (RFA) process to select the organizations to receive funding and technical assistance for the provision of HIV promotion and prevention services to the targeted groups. The period of performance of these new sub-agreements was November 14, 2011 through August 31, 2012. As in previous years, the RFA was adapted for the various population groups (i.e., one focused on services for men who have sex with men<sup>3</sup> and their male and female partners, another on commercial sex workers, their clients and stable partners, and the third on Garífuna populations ages 9-12, 13-15, 16-24, and 25 and older). The final version of this RFA was approved by MSH, USAID Honduras and USAID Washington, DC prior to its publication and distribution.

Based on the experience of the previous year, AS-Two and USAID agreed that the funding mechanism should be structured as sub-grants with an emphasis on performance. The RFA included four performance evaluation criteria<sup>4</sup> that the NGOs would have to comply with in order to qualify for additional funding (up to 5% of their total budget). Applicants were required to include an investment plan for these funds as part of their proposals.

Applications from six organizations were selected as a result of this comprehensive evaluation process. The final approved sub-grants were received and signed in January 2012. The selected organizations, their target groups and geographic coverage areas are highlighted in the box on the following page.

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<sup>3</sup> In this report the term MSM includes gay, bisexual, transgender, and transsexual individuals.

<sup>4</sup> The criteria are to qualify for the incentive are: (1) having an approved Comprehensive Improvement Plan and initiating its implementation; (2) having implemented 100% of their proposed activities and achieved all proposed targets for the period covered by the evaluation; (3) having submitted their technical reports five days after completing the monthly technical closeouts; and (4) having submitted their financial liquidation five days after the finalizing the monthly technical closeouts conducted by AS-Two's Technical Assistants.

NGO	Target Groups	Geographic Areas
Programas para el Desarrollo de la Infancia y la Mujer ( <b>PRODIM</b> )	CSWs who work on the streets and/or at fixed sites such as bars, night clubs, and motels; as well as husbands/stable partners and clients of CSWs	Tegucigalpa and Comayagüela
Centro de Orientación y Capacitación en Sida ( <b>COCSIDA</b> )		Tela and La Ceiba
Asociación Hondureña Mujer y Familia ( <b>AHMF</b> )		Comayagua, San Pedro Sula and Puerto Cortés
Comunidad Gay Sampedrana para la Salud Integral ( <b>CGSSI</b> )	MSM (including Gays, Transgender, Transvestites, Transsexuals, and Bisexuals), and their male and female partners	San Pedro Sula, Choloma, Chamelecón, La Lima and El Progreso
Ecología y Salud ( <b>ECOSALUD</b> )	Preteens ages 9 to 12; adolescents ages 13 to 15 and 16 to 24; and adult men and women ages 25 and older	Corozal, Sambo Creek, Nueva Armenia and Río Esteban
Comisión de Acción Social Menonita ( <b>CASM</b> )		Travesía, Bajamar and Masca

#### **Technical, Financial and Administrative Orientations:**

AS-Two staff organized a two-day technical, financial and administrative orientation for each of the NGOs, tailored specifically to their needs; these orientations took place at the NGOs' headquarters. A total of 35 technical, administrative and managerial staff from the six NGOs were trained. In addition, to systematize and institutionalize the procedures established, AS-Two developed and provided each NGO with a copy of an Administrative and Financial Guidelines Manual, describing the rules and processes for procuring materials and equipment, contracting vendors, completing financial advance requests, preparing and submitting monthly financial liquidations, and other processes. In addition, a manual outlining the Technical and Reporting Procedures was given to each team. This manual included guidelines for developing educational curricula, completing monthly technical closeouts, preparing and submitting monthly reports, and developing, approving, printing and distributing educational and promotional materials.

#### **Development, Implementation and Outcomes of NGOs' Comprehensive Improvement Plans:**

During the orientation process, each organization developed their Comprehensive Improvement Plans in which they identified one to three NGO-specific capacity building needs they wanted to strengthen. Some of these were common across the NGOs, such as the analysis and use of information, understanding and using the KAP study results and the application of the Transtheoretical Model for Behavior Change, and proposal writing; while the others were NGO-specific. Once their improvement plans were finalized, the NGOs were given the period from November 2011 through July 2012 to address these challenges and achieve proposed results. Having an approved improvement plan and successfully completing its implementation counted as evaluation criteria to qualify for the additional funding based on their performance evaluation.

Table 1 on the following page summarizes the priority areas and the outcomes achieved by each NGO.

**Table 1: NGO Prioritized Areas and Results**

NGO and Prioritized Areas in the Comprehensive Improvement Plans	Accomplishments
<p><b><u>PRODIM</u></b></p> <ul style="list-style-type: none"> <li>• Update the NGO’s Administrative Operations Manual to include guidelines on travel, staff performance evaluations and internal controls.</li> <li>• Conduct staff performance evaluations.</li> <li>• Strengthen technical staff’s knowledge and skills on the application of the Transtheoretical Model for Behavior Change using the KAP results.</li> </ul>	<ul style="list-style-type: none"> <li>• Updated the Administrative and Operations Manual; the manual approved by the board of directors; NGO staff trained on its guidelines.</li> <li>• Carried out the first annual staff performance evaluation.</li> <li>• Strengthened staff’s knowledge and skills on the application of the Transtheoretical Model through the participation in the M&amp;E Workshop held by AS-Two; conducted a series of three meetings to analyze the 2010 and 2011 KAP results and use this information to tailor the NGO’s educational activities to their target population needs.</li> </ul>
<p><b><u>ECOSALUD</u></b></p> <ul style="list-style-type: none"> <li>• Update the NGO’s Administrative and Operations Manual.</li> <li>• Develop a manual on the functions of the Board of Directors of the NGO.</li> <li>• Develop the terms of reference to purchase an electronic accounting system and the required training sessions<sup>5</sup> to improve the timeliness, completeness and accuracy of financial reports.</li> <li>• Strengthen technical staff’s knowledge and skills on the application of the Transtheoretical Model for Behavior Change using the KAP results.</li> </ul>	<ul style="list-style-type: none"> <li>• Updated the Administrative and Operations Manual.</li> <li>• Developed the manual on the functions of the Board of Directors and trained its board members on its content and application.</li> <li>• Defined the requirements and specifications to acquire an electronic accounting system and developed the terms of reference to identify, select and contract a qualified vendor to deliver this software and the necessary training to use it.</li> <li>• Strengthened staff’s knowledge and skills on the application of the Transtheoretical Model through the participation in the M&amp;E Workshop held by AS-Two; and conducted a series of three meetings to analyze the 2010 and 2011 KAP results and use this information to tailor the NGO’s educational activities to their target population needs.</li> </ul>

<sup>5</sup> The actual accounting software and training on its use will be paid by the NGO should they qualify for the financial incentive based on performance.

<p><b><u>AHMF</u></b></p> <ul style="list-style-type: none"> <li>Strengthen staff's knowledge and skills on the use of the KAP results and the application of the Transtheoretical Model for Behavior Change.</li> </ul>	<ul style="list-style-type: none"> <li>Held three internal sessions to reinforce the technical team's skills on the application of the Transtheoretical Model to the interventions designed for each specific target sub-group based on the results of the last KAP study.</li> </ul>
<p><b><u>CGSSI</u></b></p> <ul style="list-style-type: none"> <li>Define the functions and responsibilities of the Consultative Committee and develop a process for its accountability.</li> <li>Develop the NGO's Internal Guidelines Manual that is approved by the Consultative Committee.</li> <li>Strengthen new VCT staff on counseling and rapid testing procedures.</li> <li>Strengthen technical staff's knowledge and skills on the application of the Transtheoretical Model for Behavior Change using the KAP results.</li> </ul>	<ul style="list-style-type: none"> <li>Defined the functions and responsibilities of the Advisory Committee (similar to a board of directors) and a process for accountability of its members.</li> <li>Finalized the Internal Guidelines Manual, which was approved by their Advisory Committee and discussed with the staff.</li> <li>Implemented a strategy to coach the new VCT staff in the coordination and implementation of monthly HIV counseling and testing brigades under the supervision of the VCT Coordinator.</li> <li>Strengthened staff's knowledge and skills on the application of the Transtheoretical Model through the participation in the M&amp;E Workshop held by AS-Two; and conducted a series of three meetings to analyze the 2010 and 2011 KAP results and use this information to tailor the NGO's educational activities to their target population needs.</li> </ul>
<p><b><u>COCSIDA</u></b></p> <ul style="list-style-type: none"> <li>Implement two sessions on assertive communication and team work to improve the work climate.</li> </ul>	<ul style="list-style-type: none"> <li>Conducted weekly staff meetings to discuss and align activity plans and monitoring visits.</li> <li>Held a motivational day with all the staff aimed at improving the work environment, responding to the results of the Climate Assessment<sup>6</sup> conducted at baseline.</li> <li>Based on a comparison between the baseline and the final application of the Climate Assessment Tool, improvements have been shown on internal communications, cooperation and coordination.</li> </ul>

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<sup>6</sup> This is a tool from the Leadership Development Program (LDP).

<p><b><u>CASM</u></b></p> <ul style="list-style-type: none"> <li>• Strengthen the knowledge and skills of the VCT staff on the application of biosafety norms.</li> <li>• Develop the new VCT staff's skills on the application of the adapted risk-reduction counseling strategy.</li> <li>• Strengthen technical staff's knowledge and skills on the application of the Transtheoretical Model for Behavior Change using the KAP results.</li> </ul>	<ul style="list-style-type: none"> <li>• Held three internal training sessions with the technical team on the development of effective educational curricula based on the application of the Transtheoretical Model.</li> <li>• Conducted a workshop on biosafety standards for the VCT staff.</li> <li>• Trained the VCT staff on the application of the risk-reduction counseling strategy adapted to the NGO services.</li> <li>• Strengthened staff's knowledge and skills on the application of the Transtheoretical Model through the participation in the M&amp;E Workshop held by AS-Two; and conducted a series of three meetings to analyze the 2010 and 2011 KAP results and use this information to tailor the NGO's educational activities to their target population needs.</li> </ul>
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**Monitoring of Sub-grant Implementation:**

AS-Two provided financial and administrative assistance to the NGOs that needed it, processing monthly financial reports, fund advances, and payments. In February 2012, the project directors of AS-Two Honduras and the global AIDSTAR-Two program held one-on-one meetings with the NGO directors and project coordinators where they discussed the NGO's respective sub-agreements, overall performance based on the results of the technical monthly closeouts, the results of the 2011 KAP study, and any challenges. The NGOs expressed satisfaction with the technical support from and the communication with the local AS-Two staff and the sub-agreement improvements, particularly the guidelines to qualify for additional funding based on their performance.

**Performance Evaluations to Qualify for Additional Funds:**

As noted earlier in this report, to qualify for additional funding, the six NGOs needed to comply with the established evaluation criteria. The evaluation process was divided into two cross-sectional analyses of the NGOs' overall performance. The first evaluation, in March 2012, reviewed the achievement of proposed products and results between November 2011 and February 2012; the second took place in July 2012, and reviewed performance between March and June 2012. The NGOs that complied with 100% of the established criteria would qualify for an incentive equal to 5% of their total approved budget to be disbursed into two payments: one payment of 40% of the total amount after passing the first evaluation, and the remainder after passing the second performance evaluation.

The results of the first evaluation showed that four out of the six NGOs complied with 100% of the criteria. They received a total of 40% of their additional funds. The two NGOs that did not pass the evaluation were CGSSI (because they submitted one of their financial reports two days after the due date) and CASM (they executed 91% of the planned activities up to March and missed one of the deadlines to submit a financial report).

All six NGOs complied with the criteria and received the remaining installment of the additional funds in the second evaluation. Each organization had an investment plan outlining the activities they were going to implement in support of their organizational, financial, and operational strengthening. With these additional funds, some NGOs hired an auditor to conduct an external audit of their financial records for the past three years, others purchased accounting software and training, while others conducted training to strengthen the skills of their personnel and volunteers, purchased needed equipment, made small improvements to the office spaces where they provide counseling and rapid testing services, and/or covered the costs associated with the renewal of their sanitary licenses.

**Sub-grant Extension for the six NGOs:**

In March 2012, USAID Honduras notified AS-Two that there would be a 40% budget reduction for FY13. The mission also made the decision to give the funds that would be channeled through AS-Two to the Health Secretariat in support of the country ownership vision promoted by USAID/Washington. Given that the Health Secretariat was not in the position to start implementing its expanded program until October 2012; USAID Honduras requested to AS-Two that the sub-grants of the six NGOs be extended until the end of September. This would prevent a gap in service delivery during the transition process and provide extra time to the Health Secretariat to sign the sole source agreement with these organizations while they prepared for a competitive request for proposal process.

In response to this request, AS-Two revised its budget to identify important but non-essential activities that could be eliminated to cover the costs associated with the extension of the NGO sub grants. The revised AS-Two budget and work plan was approved in August 2012. The six sub-grants will be closed out on September 28, 2012. PASMO's sub-grant ended on August 30 and it has been closed-out.

***Expected Product 1.2: NGOs effectively managing their projects and efficiently delivering HIV/STI prevention services to MARPs.***

During this fiscal year, AS-Two continued providing technical assistance to the NGOs through supportive supervision visits to the educational and training activities and VCT services, and the monthly technical closeout activities carried out with each NGO.

**Technical Assistance for NGO Project Implementation:**

AS-Two provided face-to-face and virtual assistance to the NGOs on a myriad of technical areas, including but not limited to the development of promotional and educational materials (e.g., training curricula, brochures, etc.), the promotion of prevention services, monitoring and reporting procedures, and adequate application of the risk-reduction counseling protocol as part of the pilot test.

The NGOs demonstrated significant improvements in their promotional strategies, which resulted in an increased demand for VCT services and the expansion in the number of leaders that participated in training sessions in various targeted communities. As observed in support supervision visits, VCT staff are applying the risk-reduction counseling protocol, which focuses on the most recent risk the users of these services have been exposed to; VCT staff are also helping those counseled to identify a realistic action to reduce their probability of being infected with HIV. The NGO teams analyze their performance against their activity and M&E plan on a monthly basis, and use this information to make adjustments to

their approaches and address any limitations they encounter. Another area where improvements have been observed is in the use of the KAP results to strengthen behavior change interventions corresponding to the needs of their target groups.

#### **Promotional and Educational Material Development and Distribution:**

Five out of the seven NGOs (COCSIDA, CGSSI, PRODIM, ECOSALUD and PASMO) developed, updated, and/or reproduced existing materials to promote their services and to educate leaders, mentors, peers and others within the targeted groups. The materials were approved by USAID Honduras within the project's first two months (see Annex 1 for sample copies of these materials; see Annex 2 for a complete list of the educational and promotional materials developed and distributed by the NGOs).

With support from AS-Two, PASMO redesigned their condom display stands and developed a new informational card for business owners who sell VIVE condoms and sexual lubricant.

#### **Improving NGO Data Analysis and Use:**

In February 2012, AS-Two conducted a workshop on Monitoring, Evaluation and Use of Information for Good Management and Decision Making in San Pedro Sula with 13 staff from the six NGOs. Participants had the opportunity to apply simple methodologies to monitor their projects, and to identify ways in which they could better collect, analyze and use data for decision making. They also analyzed their 2011 KAP results by population group and reinforced their application of the Transtheoretical Model.

The AS-Two M&E Officer conducted post-workshop follow-up visits, providing additional support to strengthen capacity among educators, coordinators and volunteers to analyze data for effective planning and performance monitoring. At these meetings, the project coordinators presented an analysis of the quantitative and qualitative targets achieved through March 2012, and – along with the NGO's technical team – identified areas requiring corrective actions or discussed the progress of the key actions already underway. The second objective of these visits was to have the NGO coordinators present an analysis of their KAP 2011 study results and the application of the Transtheoretical Model for Behavior Change to their project's interventions.

#### **Orienting NGOs to the National Strategy for Integrated STI/HIV/AIDS Services:**

In April and May 2012, AS-Two, in collaboration with AS-One conducted three training sessions with the seven NGOs on the National Strategy for Integrated STI/HIV/AIDS Services within the framework of the Health Sector Reform; sessions were conducted in Tegucigalpa, San Pedro Sula and La Ceiba. A total of 26 staff including NGO directors, project coordinators, administrators and several board members participated in these sessions. The purpose of the training was to orient participants about the 14 strategic directions described in the national strategy, the progress to date in the implementation of the two-year pilot phase, and the vision of the Health Secretariat for its expansion in the future. A training report summarizing issues that surfaced during these trainings was submitted to the Mission for future use and consideration.

#### **Follow-up on NGO Legal and Tax Obligations:**

During this fiscal year, AS-Two provided technical assistance to the NGOs on the legal and tax obligations they must meet in order to keep their registration as non-governmental organizations and to be able to access funding from the Health Secretariat and other donors in the future. The assistance included providing them with a written description of the requirements and the necessary steps to be in compliance with the regulations.

As of September 11, AHMF, CASM and PASMO completed all the required processes with the URSAC and DEI (see table 2). Using the additional funding they received after their performance evaluation, CGSSI and ECOSALUD hired a consultant to complete their financial audits and prepare financial statements up to 2011; these will be submitted to the URSAC at the end of September. Along with this submission, CGSSI and ECOSALUD will file affidavits of their income taxes and request exoneration from the safety population tax from the DEI. CGSSI will also file the ratification of their Board of Directors and submit the updated statutes to the URSAC.

PRODIM and COCSIDA are in the process of submitting their 2011 financial statements, and along with this, they are planning to report the changes that have taken place in their Board of Directors and/or their Statutes. PRODIM already submitted the affidavit of income tax and is expecting to get the exoneration from the safety population tax from the DEI. COCSIDA will be submitting these documents to the DEI at the end of September.

Organization	Registry and Follow-up Unit of Civil Associations (URSAC in Spanish)		Executive Income Directorate (DEI in Spanish)	
	Submission of Annual Financial Statements	Submission of Board of Directors Ratification and Updated Statutes	Affidavit of Income Tax	Exoneration from Safety Population Tax
AHMF	Completed	Completed	Completed	Completed
CASM				
PASMO				
CGSSI	In process	In process	In process	In process
COCSIDA				
ECOSALUD		Completed	Completed	
PRODIM				

#### **Improving Gender Sensitivity in Programming:**

In May 2012, AS-Two conducted a workshop on HIV Prevention and Gender among MARPs, as a follow-up to capacity building efforts focused on masculinity and gender that have been carried out over the past two years. The workshop was held in San Pedro Sula with the participation of 24 NGO coordinators and educators from AHMF, CGSSI, CASM, ECOSALUD, COCSIDA and PRODIM, as well as two of AS-Two's Technical Assistants. The workshop addressed issues including gender relationships, the construction of sexuality, HIV/AIDS and gender vulnerabilities among MARPs, self-esteem, and ways to strengthen interventions on STI/HIV and gender among MARPs. The workshop provided a forum for NGO teams to review and adjust their educational curricula/plans on gender and HIV based on what they learned in the workshop. The NGOs have now implemented the curricula in their educational activities.

In the workshop evaluation, participants indicated that the most useful sessions were the analysis of the historical context of gender violence and masculinities, how gender-based violence is manifested, how to apply the concepts learned in the workshop with the populations they serve, and the reflections participants had regarding the movie called *All About My Mother* (which deals with sexual diversity, gender and HIV).

### **Strengthening NGO Staffs' Proposal Development Skills:**

Anticipating the conclusion of the AS-Two Project in Honduras, AS-Two, USAID Honduras and the NGOs identified the need for a final session on proposal development, as the NGOs will soon have to compete for future funding from the Health Secretariat and other donors. To address this need, AS-Two carried out a workshop in September to strengthen the proposal writing skills of NGO staff. A total of 23 staff and board members of the six NGOs participated in this hands-on session (four members each from ECOSALUD, CGSSI, AHMF, CASM and COCSIDA, and three attendees from PRODIM). Two representatives of AS-One were invited as observers.

The workshop had three focus areas: reinforce the capacity of participants to analyze and interpret requests for proposals (RFPs); develop a clear understanding the different sections of a proposal and the content that should be included in a winning proposal; and structuring an internal proposal team based on staff competencies and experience, with defined roles and responsibilities.

Many participants, particularly those who had never previously received proposal development training, acknowledged that in previous bidding processes they had not devoted enough time to analyzing the RFP and also that in most cases the responsibility for developing proposals fell on one person. For them, a significant lesson learned from this workshop was the importance of establishing a team based on skills, competencies, knowledge, and experience to develop their organization's proposals.

During the workshop, participants discussed and assigned roles and responsibilities to each member in order to form their proposal development team. They developed a timeline with key milestones for the proposal process, and responded to an adapted RFP created specifically for this workshop. The proposal was due September 13 at 5 pm local time.

Each NGO team evaluated their original proposal submitted to AS-Two in response to the 2012 competitive RFP process, allowing them to identify strengths and weaknesses and analyze how they could improve the proposal. At the end of this exercise, several participants said, "This self-evaluation of the proposal we submitted last year has opened our eyes... we now see what our errors have been, and will avoid committing them again in the future."

Following the workshop, each team was given a day and a half to develop their proposals. Five out of the six NGOs – PRODIM, ECOSALUD, AHMF, CGSSI and COCSIDA – met the September 13 deadline to submit their proposals. During the last two weeks of September, the AS-Two technical staff will conduct a final visit to the NGOs in order to discuss the strengths and weaknesses of their respective proposals, reinforce aspects that are still unclear, and share tips that can be helpful in future development of proposals. During this visit, the technical closeout of the sub-grants will be completed.

### **Regional VCT Consultation in Panama:**

In April 2012, the Regional Consultation on HIV Counseling and Testing took place in Panama City, sponsored by the Centers for Disease Control and Prevention (CDC) with the participation of government, civil society and private sector representatives from the Caribbean and Central America. Two NGO staff attended this event: Dr. Sonia Guity, Project Coordinator for ECOSALUD's *Haun Emenigui Sun Garinagu* (Hope for the Garífunas) Project and Mr. Leonel Cruz, Educator from PRODIM, representing the Honduran civil society organizations that have received support from USAID/AS-Two. The event's main theme was expansion and quality improvement of rapid HIV testing and counseling services. Dr. Guity gave a presentation on the HIV counseling and rapid testing that the local NGOs (PRODIM, CASM, CGSSI, AHMF, COCSIDA and ECOSALUD) have been offering to MARPs over the past

several years with the support of USAID Honduras and in coordination with the Health Secretariat. Honduras is the only country in Central America and the Caribbean that has a strategy for community rapid HIV testing, where community members have been trained and accredited as counselors and technical staff to perform the rapid testing.

**Participation at the VI Latin American and Caribbean Forum on HIV/AIDS and STI:**

Participants at the Panama meeting were so impressed by Dr. Guity that she received an all-expenses paid invitation to participate in the VI Latin American and Caribbean Forum on HIV/AIDS and STI in Sao Paulo, Brazil, which took place in August. Dr. Guity was asked to give a presentation on the experience of the Honduran NGOs as part of the response to the HIV epidemic. Dr. Guity spoke about how the NGOs have developed a close collaboration with the Health Secretariat to get licensed and certified to deliver VCT services reaching populations at greatest risk. She also discussed how the NGOs are implementing behavior change interventions with key MARP groups.

**Hosting External Visitors:**

During this fiscal year, AS-Two Honduras and several of the project NGOs hosted six visitors from various institutions including the U.S. State Department, USAID/Washington, El Salvador and Honduras, MSH, and ONE International.

In January 2012, U.S. Ambassador to Honduras Lisa Kubiske, visited ECOSALUD's project in Corozal to observe the HIV prevention interventions being implemented with the Garífuna populations.

In February, Laurel Rushton, the AIDSTAR-Two Contract Officer Technical Resource person from USAID/Washington, visited CGSSI and CASM to observe some of the activities and the services being provided to MSM groups and Garífuna populations.

In April, a security team from USAID/Washington visited PASMO, PRODIM, AHMF and CGSSI to conduct a safety assessment of the environments in which implementing partners provided STI/HIV promotion and prevention services to MARPs. The results of this assessment are being used to design training and support materials to help implementing partners to prevent and/or cope with the widespread violence that is often perpetuated against organizations and individuals who are working with at-risk populations.

In June, the Director of USAID Honduras, William Brands; Director of the Health Office, Kellie Stewart; and STI/HIV Project Management Specialist, Dr. Ritza Aviles visited CGSSI. Mr. Brands expressed his gratitude to CGSSI for their excellent work with MSM and Transgender populations. He highlighted the positive changes observed in recent years including the increased capacities and skills of technical, administrative and management staff of the NGO, the commitment and skills that the leaders and mentors have to create a multiplier effect among their peers and partners, as well as the high quality of the services being provided (e.g., VCT, training for new leaders and mentors, etc.).

In August, a group tour hosted by ONE International visited ECOSALUD's project in Sambo Creek to observe the HIV prevention activities and services delivered to Garífuna communities. Among the visitors were America Ferrero and four other public figures.

In September, two USAID staff members (Peter Hearne from Washington, DC and Peter Schmidtke from El Salvador) visited COCSIDAS's headquarters in Tela to assess the application of biosafety procedures in VCT services. After the visit, they congratulated the NGO for their good practices, which includes the

decontamination of the medical waste in an autoclave, the adequate storage and handling of these materials, as well as the process for incinerating and disposing of the ashes.

**Mid-term US-Central American Regional Partnership Meeting:**

In September, the AS-Two Honduras Project Director participated in the mid-term US-Central American Regional Partnership Meeting in Guatemala. The purpose of this meeting was to: (1) assess the progress toward meeting the three objectives established in the 2010-2015 Partnership Framework in response to the region's HIV/AIDS epidemic; (2) identify regional opportunities to fill in gaps; and (3) identify opportunities to align the work of the USG agencies to better support the response at both the national and regional levels. During this meeting, representatives from USAID, CDC, Peace Corps and the Department of Defense presented summaries of the work they are supporting, and implementing partners (including AS-Two) from Honduras, Belize, Guatemala, El Salvador, Nicaragua, Costa Rica and Panama shared their contributions, successes, opportunities, and a summary of how their work is aligned with the framework. Individual work groups were formed to analyze the biggest achievements in the 2½ years into the implementation of the framework, and to identify the opportunities to continue making a real impact in the region's HIV prevention and care arena.

**Expected Result 2: MARP groups (MSM, CSW, and Garífunas) are accessing quality HIV/STI prevention services provided by NGOs in targeted geographic regions.**

The following section describes the achievements related to the HIV prevention services delivered by the NGOs and supported by AS-Two during this fiscal year.

***Expected Product 2.1: NGOs implementing effective HIV/STI prevention interventions through the promotion of condom use and other activities.***

**Condom social marketing strategy:**

To address the unused funding left at the end of PASMO's FY11 contract with AS-Two, USAID agreed that the project could extend PASMO's agreement to enable them to continue condom social marketing activities through December 15, 2011. In addition, given PASMO's overall strong performance level, USAID Honduras notified AS-Two at the end of November 2011 of the availability of additional funding to support PASMO's FY12 activities. PASMO submitted a proposal for the period of January through August 2012 that focused on: (1) maintaining the 644 condom distribution sites established in the prioritized geographic regions; and (2) implementing activities in Tegucigalpa and San Pedro Sula to ensure these municipalities are supportive of businesses that sell condoms, so that they will not be fined or lose their business licenses for promoting "sex work." PASMO also proposed conducting refresher training for its staff to improve their technical skills on HIV/STI, the strategy for orienting business owners on condoms quality control processes, increasing the demand of condoms among MARPs and maintaining strong collaboration with the NGOs to expand access to their target audiences.

During this period, PASMO facilitated training sessions with their sales and technical teams on HIV/STI transmission, promotional skills and strategies to increase the demand for condoms, and quality control.

They also continued to implement the partnership agreements that were signed with COCSIDA, AHMF, CGSSI, PRODIM, and ECOSALUD for the promotion and/or sale of condoms, which has proven to be a good strategy to increase the demand for condoms and sexual lubricants among the targeted groups.

CGSSI expressed interest in selling VIVE condoms and sexual lubricants in their target areas to generate additional funding and make condoms more readily available. This idea resulted from the successful collaboration between AHMF and PASMO. Representatives from PASMO and AHMF met with CGSSI, and PASMO offered to transfer approximately 40 already established condom sites to CGSSI to facilitate the start-up of the business. CGSSI developed a strategy plan (with PASMO's support) to roll out this process within the next few months, and PASMO and CGSSI have committed to continue collaboration beyond the conclusion of the AS-Two project as a sustainability strategy.

The condom social marketing strategy in Garífuna communities has not been as successful as in other areas where the NGOs reach mostly CSWs and MSM. To address this, PASMO, CASM and ECOSALUD conducted a survey to identify factors influencing the low uptake of social marketing condom distribution outlets and condom sales, and explore the feasibility of opening new posts in the Garífuna communities served by CASM and ECOSALUD. The survey targeted owners of small businesses such as grocery stores (pulperías), bars, motels, and others, as well as potential condom users. PASMO surveyed a total of 88 business owners in Travesía, Masca and Bajamar, Corozal, Sambo Creek, Nueva Armenia and Rio Esteban and 93 potential condom users.

Based on the survey results, PASMO decided to continue visiting existing outlets in the Garífuna communities of Masca, Corozal and Sambo Creek. In addition, PASMO planned to carry out visits to several businesses that were uncertain about the demand for condoms in these three communities to educate them about condom use, sexual lubricants and social marketing strategies to persuade them to sell these products. In the rest of the communities surveyed, PASMO discontinued the sale of condoms and lubricants due to the availability of free condoms.

In Tegucigalpa and San Pedro Sula, PASMO conducted an orientation session with key personnel of the Central District Municipality (in Spanish Alcaldía Municipal del Distrito Central or AMDC) to explain its condom social marketing work. In total, 28 people were trained: one police judge, one supervisor of inspectors and 26 field inspectors. PASMO staff also conducted the last training session with 32 field inspectors, two supervisors and two police magistrates from the Municipality of San Pedro Sula. Following these activities, the Mayor of San Pedro Sula issued an official letter supporting efforts to orient local staff on these issues and authorizing PASMO to accompany the Police Municipal Unit to ensure the continued distribution of condoms. This represents an open attitude on behalf of the municipality and an added value to PASMO's work in this prioritized municipality affected by the epidemic.

PASMO exceeded its target indicators this year, by maintaining a total of 659 sites in the prioritized areas. Between December 1, 2010 and August 31, 2012, a total of **1,163,735** condoms have been sold through the social marketing strategies implemented in the targeted areas (see Table 3 on the next page).

Table 3. Sales of VIVE Condoms in New and Existing Outlets Located in Areas Prioritized by AS-Two (December 1, 2010 – August 31, 2012)							
CONDOM SALES PER UNIT							
Dec. 2010 – Feb. 2011	March – May 2011	June – Aug. 2011	Sept. – Dec. 2011	Jan. – Mar. 2012	April – June 2012	July – Aug. 2012	TOTAL
27,912	51,214	105,285	118,017	233,970	360,176	267,161	1,163,735

In addition, PASMO and AS-Two worked with the Supply Chain Management System Project (SCMS), USAID, AS-One and Technical Assistance Local Unit (ULAT) to help the Health Secretariat design a strategy to integrate the condoms purchased with family planning funding and those bought with HIV monies into one supply. As a result, a set of tools for projecting the demands and planning future requests of condom supplies was developed. In April 2012, the Health Secretariat field tested these tools with various implementing organizations including PRODIM, CGSSI, and COCSIDA, as well as public-sector institutions to ensure their appropriateness and effectiveness.

During this fiscal year, PASMO continued to participate in the Market Segmentation Sub Committee of the Inter-institutional Committee of the National Strategy for Assured Availability of Contraceptives (CIDAIA). As an active member of the Market Segmentation Sub Committee of the CIDAIA, PASMO contributed to the development of a market segmentation strategy for contraceptives including condoms as a method of dual protection to prevent STIs/HIV and unplanned pregnancies. This strategy was agreed upon by the different institutions that provide these services (Health Secretariat, ASHONPLAFA, Global Fund and PASMO) and the ULAT. Currently, the Market Segmentation Sub Committee is implementing the pilot validation in specific geographic areas. Based on the results of this effort, the strategy will be adapted and implemented nationwide in 2013.

The NGOs supported by AS-Two continued their coordination with the Health Secretariat and Sanitary Health Regions in their respective geographic areas to obtain and distribute free *no logo* condoms to their key populations. During this fiscal year a total of **314,088 no logo condoms** have been distributed in community-wide events such as educational fairs and theater presentations, in pubs, guest houses, hotels, motels, pool halls, bars, in rapid testing brigades, as well as through the leaders and meetings in peer education activities. Details are provided in table 4 on the next page.

**Table 4. No logo condoms distributed by the NGOs  
(November 14, 2011 – September 11, 2012)**

NGO	Period				Total
	November - December 2011	January-March 2012	April-June 2012	July-Sept. 11, 2012	
AHMF	3,066	14,750	15,628	12,512	45,956
PRODIM	*	*	2,940	3,750	6,690
COCSIDA	28,088	61,135	58,823	29,285	177,331
CGSSI	8,045	17,789	28,045	1,728	55,607
ECOSALUD	2,000	8,176	13,290	3,941	27,407
CASM	**	**	1,097	-	1,097
<b>TOTAL</b>	<b>41,199</b>	<b>101,850</b>	<b>119,823</b>	<b>51,216</b>	<b>314,088</b>

\* PRODIM began keeping a record of the number of no logo condoms distributed starting in April 2012.  
 \*\* CASM began distributing no logo condoms they receive from the Sanitary Health Region in April 2012.

**Training of MARP Leaders and Mentors:**

All of the NGOs completed the implementation of training and strengthening sessions with new and follow-up leaders and mentors to conduct a multiplier effect with peers, clients and partners. Through these activities, they achieved the peer education goals set for each NGO project. In total, 22,078 peers have been reached by the leaders and mentors between November 2011 and June 2012 (see Annex 2).

CGSSI, for example, conducted training on HIV transmission and prevention, STIs, masculinity and the prevention of gender-based violence with 289 follow-up leaders. They also completed a series of training for 40 new MSM leaders, addressing risky behaviors, prevention methods, masculinity and the prevention of various types of violence. As this was a new group of leaders, they also covered how to conduct effective peer education activities. CGSSI worked with 24 follow-up mentors and 30 new mentors, training them on issues related to masculinity and the prevention of gender-based violence and effective communications. Table 5 shows the number of leaders and mentors trained by CGSSI.

**Table 5. MSM that have Participated in Training Activities to serve as Leaders and Mentors  
(November 14, 2011 to September 11, 2012)**

NGOs →	CGSSI	
	MSM Only	
Segmentation →	Target	Achieved
Follow-up Leaders/Promoters	289	289
New Leaders/Promoters	40	40
Follow-up Mentors	24	24
New Mentors	30	30
<b>TOTAL</b>	<b>383</b>	<b>383</b>

AHMF, PRODIM and COCSIDA worked with CSWs. AHMF conducted group reflection sessions with the 130 follow-up CSW leaders from Comayagua, San Pedro Sula and Puerto Cortes to improve their skills and self-efficacy for condom negotiation, the signs of STIs, risk perception and the prevention of gender-based violence. AHMF also held several workshop sessions with 40 new CSW leaders, focused on their perceived risk of STI/HIV infection, the prevention of gender-based violence, and masculinity-related

issues; and, with 35 follow-up mentors, AHMF conducted sessions to prevent relapses and provide information about gender-based violence and masculinity.

PRODIM trained 30 new CSW promoters/leaders on condom negotiation, the prevention of gender-based violence and masculinity; they also reached out to 90 follow-up CSW promoters/leaders on issues such as risk behaviors and rapid HIV testing. Twenty (20) follow-up mentors received training on effective communication skills, prevention of gender-based violence, masculinity and effective management of interpersonal relationships. The NGO also implemented behavioral reinforcement activities with the 10 new and the 20 follow-up leaders who are stable partners of CSW.

COCSIDA trained 75 follow-up CSW leaders on risk behaviors for STI/HIV infection, condom negotiation skills, masculinity, and the prevention of gender-based violence. Twenty (20) new CSW leaders received similar training. For the 20 follow-up CSW mentors that model their behavior changes with peers and other community members, the NGO implemented an adaptation of the Challenge Model from the Leadership Development Program (LDP); their identified challenge was, “encouraging activity among new and follow-up CSW leaders in projects and peer education.” COCSIDA also trained 10 new mentors on issues about feelings of pride as a result of adopting healthy behaviors, personality types, self-confidence, conflict resolution, domestic violence and gender equity; and 10 follow-up leaders who are stable partners of CSW on rapid HIV testing, the fears and excuses for not using condoms, and HIV/STI risk behaviors. Finally, COCSIDA trained 30 new leaders who are partners of CSWs on HIV/STI transmission and prevention, sexuality and self-esteem, the prevention of gender-based violence and masculinity, and risk behaviors for HIV infection. Table 6 shows the number of leaders and mentors trained by these three NGOs.

**Table 6. CSW and Stable Partners/Husbands that have Participated in Training Activities to serve as Leaders and Mentors (November 14, 2011 to September 11, 2012)**

NGOs →	AHMF				PRODIM				COCSIDA			
Segmentation →	CSW		Stable Partners/Husbands		CSW		Stable Partners/Husbands		CSW		Stable Partners/Husbands	
	Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved
Follow-up Leaders/Promoters	130	130	N/A	-	90	90	20	20	75	75	10	10
New Leaders/Promoters	40	40	N/A	-	30	30	10	10	20	20	30	30
Follow-up Mentors	35	35	N/A	-	20	20	N/A	-	20	20	N/A	-
New Mentors	N/A	-	N/A	-	N/A	-	N/A	-	10	10	N/A	-
<b>TOTAL →</b>	<b>205</b>	<b>205</b>	<b>N/A</b>	<b>-</b>	<b>140</b>	<b>140</b>	<b>30</b>	<b>30</b>	<b>125</b>	<b>125</b>	<b>40</b>	<b>40</b>

CASM also trained 100 follow-up leaders and 11 follow-up mentors between the ages of 9 and 15 on topics including child abuse, abstinence, the delay of sexual debut, prevention of gender-based violence, and masculinity; 100 follow-up leaders, 30 new leaders, and 10 follow-up mentors between the ages of 16 and 24, on the importance of HIV testing, the prevention of gender-based violence and masculinity, risk behaviors, and STIs. All of these leaders and mentors have reached their peers with this information.

In addition, 80 female follow-up leaders aged 25 or older were trained on the prevention of gender-based violence and masculinity and other HIV/STI-related topics; as were 30 new female leaders in the same age group; and 20 female follow-up mentors on these and other topics. CASM also trained 45 male follow-up leaders aged 25 or older regarding STI/HIV risk behaviors, the negotiation and correct use of condoms, faithfulness, masculinity and the prevention of gender-based violence, and rapid HIV testing. The female and male leaders have reached their peers with information.

ECOSALUD exceeded its training targets because of the high demand they received during this fiscal year, and because of the trust and respect they have earned in the communities in which they work. Sixty-five (65) follow-up leaders and 61 new leaders between the ages of 9 to 15 years completed training and reflection sessions on masculinity and the prevention of gender-based violence, while 20 follow-up mentors were trained on this and other topics.

The training and empowerment activities of 115 new and follow-up leaders and the 23 follow-up mentors aged 16 to 24 years addressed issues about condom negotiation, the prevention and modes of transmission of HIV and other STIs, masculinity and gender-based violence prevention, and self-esteem.

With the 107 female new and follow-up leaders and the 24 follow-up mentors ages 25 or older, topics included issues regarding masculinity and gender-based violence prevention, negotiation of condom use with all sexual partners, prevention-related behaviors and self-esteem. Within males of the same age group, 42 new and follow-up leaders strengthen their condom negotiation skills, and knowledge of masculinity, gender-based violence prevention, prevention behaviors and effective communications. Table 7 on the next page presents the disaggregated number of leaders and mentors trained by the NGOs.

**Table 7. Garífunas that have participated in Training Activities to serve as Leaders and Mentors (November 14, 2011 to September 11, 2012)**

NGOs →	CASM			ECOSALUD		
Segmentation →	Total Target	Achieved		Total Target	Achieved	
		Female	Male		Female	Male
<b>Follow-up Leaders/ Promoters</b>						
• 10-15 years old	100	61	39	60	47*	18*
• 16-24 years old	100	66	34	60	41*	20*
• Female aged 25 or older	80	80	N/A	80	82*	N/A
• Male aged 25 or older	45	-	45	24	N/A	25*
<b>New Leaders/ Promoters</b>						
• 10-15 years old	N/A	-	-	20	19*	8*
• 16-24 years old	30	22	8	50	35*	19*
• Female aged 25 or older	30	30	-	20	25*	N/A
• Male aged 25 or older	N/A	-	-	16	N/A	17*
<b>Follow-up Mentors</b>						
• 10-15 years old	10	10	1*	20	13	7
• 16-24 years old	10	4	6	20	16*	7*
• Female aged 25 or older	20	20	-	24	24	N/A
• Male aged 25 or older	N/A	-	-	N/A	-	-
<b>TOTAL</b>	<b>395</b>	<b>293</b>	<b>133</b>	<b>394</b>	<b>302</b>	<b>121</b>

\* These targets were exceeded given the high demand from the communities to be part of this effort.

Annex 3 includes a table showing the number of peers, clients and partners reached by leaders and mentors from November 14, 2011 to September 11, 2012.

**Community-wide Events:**

During this fiscal year, the NGOs continued conducting promotion and prevention community-wide events among their target groups. These varied by NGO and included educational sessions/fairs/kiosks, small group discussions, information tables in public places, and large-scale public events. Table 8 on the following page summarizes the types of events and number of people reached, per NGO.

**Table 8: Community-wide Events Held by the NGOs and Number of People Reached between October 1, 2011 and September 11, 2012**

NGO	Number and Types of Community-Wide Events Held	Number of People Reached
CGSSI	3 "Mega Núcleos Informativo" 1 "Tocando Vidas" activity 30 "Núcleos Informativos"	7,713
AHMF	12 "Por Mi Vida" events	4,081
COCSIDA	1 health/educational fair 4 theater presentations 7 "Educational Mini-Verbenas"	3,027
PRODIM	1 social mobilization and sensitization activity 8 theater presentations 8 "Mesas Satelitales Educativas"	1,706
CASM	3 health/educational fairs 25 informational kiosks 17 theater presentations	4,787
ECOSALUD	8 informational kiosks 8 health/educational fairs 12 community mobilization activities 8 "EXPOSIDAS" 20 theater presentations	6,654
<b>TOTAL</b>	<b>176 community-wide events carried out</b>	<b>27,968</b>

Annex 4 includes some pictures from the various activities conducted by the NGOs through their community-wide events, trainings and other efforts.

**Expected Product 2.2:** *NGOs implementing effective HIV/STI prevention interventions through abstinence and be faithful strategies.*

**Educational Activities about Abstinence and Faithfulness:**

During this period, CASM trained 100 pre-teens and teens who are leaders, dividing them by ages 9-12 and 13-15. These sessions emphasized the importance of abstaining and postponing sexual debut. Targeting the same age groups, ECOSALUD finished reflection sessions on the prevention of gender-based violence and masculinity with 92 leaders and 20 mentors. In addition, CASM held 12 reflection sessions to reinforce lessons about mutual sexual fidelity with 64 young leaders ages 16 to 24, as well as with 81 adult female leaders and 24 adult males (ages 25 and older).

**Expected Product 2.3: NGOs providing quality voluntary counseling and testing (VCT) services to MARPs.**

**HIV Rapid Test Reagents and Supplies:**

During this fiscal year, AS-Two purchased and distributed 13,400 Determine Combo Ag/Ac test kits, and 57 OraQuick tests to the NGOs. All of the NGOs maintained their inventory up-to-date on a monthly basis and submitted their supply requests forms to AS-Two with sufficient time to prevent stock-outs.

**Counseling and Voluntary Testing (VCT) Training and Services:**

In November 2011, in collaboration with the Department of STI/HIV/AIDS and the National HIV/AIDS Laboratory, AS-Two held two workshops to train new counselors and technicians to deliver rapid HIV testing services. A total of 12 educators and volunteers from CGSSI, AHMF, ECOSALUD, COCSIDA and CASM participated in the training and were certified to deliver these services. With this achievement, the target for new VCT staff certified was exceeded and all the NGOs have sufficient technical resources to deliver these services in the targeted communities.

The NGOs continue promoting VCT services through the leaders, mentors, and community mobilizers, which helped increase the demand among the target populations. They also conducted mobile testing brigades resulting in increased access to these services.

Between October 1, 2011 and September 11, 2012, a total of **12,855** individuals from the targeted groups received counseling and rapid HIV testing and their test results. This represents a 127% achievement of the proposed target (10,110) for this fiscal year. Of this total, 66% (8,547) were new users who accessed these NGO services for the first time and the remaining 34% (4,308) were returning users. In terms of target groups, 4,579 (36%) were CSWs, 3,842 (30%) were husbands/stable partners or clients of CSWs, 1,389 (11%) were MSM, 309 (0.24%) were female partners of MSM, and 2,736 (22%) were young or adult Garífunas (946 men and 1,790 women).

Table 9 shows the total number of CSW, clients and/or stable partners of CSW reached with VCT services by PRODIM, COCSIDA and AHMF during this fiscal year.

<b>Table 9. Number of CSW, Clients, Stable partners/husbands who received HIV Rapid Testing, Pre-Post Counseling and Obtained their Test Results from the NGOs (October 1, 2011 to September 11, 2012)</b>			
<b>NGO</b>	<b>Target Population</b>		<b>Total</b>
	<b>CSW</b>	<b>Clients and Stable partners/Husbands</b>	
PRODIM	1,709	1,130	2,839
AHMF	1,171	772	1,943
COCSIDA	1,699	1,940	3,639
<b>Total</b>	<b>4,579</b>	<b>3,842</b>	<b>8,421</b>

Table 10 shows the number of MSM (including gays, bisexuals, transgender, and transvestites), and their female partners reached with VCT services by CGSSI this fiscal year.

<b>Table 10. Number of MSM and Female Partners of MSM who received HIV Rapid Testing, Pre-Post Counseling and Obtained their Test Results from the NGOs (October 1, 2011 to September 11, 2012)</b>			
NGO	Target Population		Total
	MSM	Female Partners of MSM	
CGSSI	1,389	309	1,698
<b>Total</b>	<b>1,389</b>	<b>309</b>	<b>1,698</b>

Table 11 shows the number of the Garífuna people 8 years of age and older reached with VCT services by ECOSALUD and CASM this fiscal year.

<b>Table 11. Number of Garífuna who received HIV Rapid Testing, Pre-Post Counseling and Obtained their Test Results from the NGOs (October 1, 2011 to September 11, 2012)</b>				
NGO	Age group			Total
	8-15 yrs.	16-24 yrs.	25 yrs. or more	
ECOSALUD	-	979	965	1,944
CASM	10	334	448	792
<b>Total</b>	<b>10</b>	<b>1,313</b>	<b>1,413</b>	<b>2,736</b>

Between October 1, 2011 and September 11, 2012 a total of 28 individuals from the targeted groups were diagnosed HIV positive. Of this group, 27 received the rapid HIV testing and counseling services in one of the NGOs for the first time (new users). All of them were referred to a CAI; and all except seven have accessed the care and treatment services to which they were referred. The NGOs have conducted telephone follow-ups to these individuals to motivate them to seek specialized care. CSWs with positive test results were also referred to the UMIETS and the VICITS/CDC Program; while positive MSM were also referred to the VICITS/CDC Program.

Table 12 shows the number of people reached with these services by NGOs, gender and sero-status.

<b>Table 12. Number of Persons who received HIV Rapid Test, Pre-Post Counseling and their Test Results from the NGOs (October 1, 2011 to September 11, 2012)</b>								
No.	NGO	Men	Men (+)	Women	Women (+)	Total Tests Performed	VIH + Tests	Prevalence
1	AHMF	772	4	1,171	3	1,943	7	-
2	CGSSI	1,389	1	309		1,698	1	-
3	COCSIDA	1,940	8	1,699	4	3,639	12	-
4	ECOSALUD	622		1,322		1,944	0	-
5	PRODIM	1,130	3	1,709	4	2,839	7	-
6	CASM	324	1	468		792	1	-
	<b>Total</b>	<b>6,177</b>	<b>17</b>	<b>6,678</b>	<b>11</b>	<b>12,855</b>	<b>28</b>	<b>0.22%</b>

As observed in table 12, a higher proportion of HIV positive cases were detected among CSWs and their clients and/or stable partners/husbands compared to the MSM and Garífunas groups. One possible reason for this may be that the NGOs are capturing individuals that have not been reached through other prevention services, as 95% of the HIV positive cases were new users. It is also important to note that most of the men diagnosed by COCSIDA were reached in La Ceiba, where COCSIDA had just expanded services to these populations.

Comparing these results against the 2009-10 and 2010-11 statistics, there has been a significant increase in the number of targeted individuals reached with VCT services, because of the training and certification of new VCT staff and volunteers for the past two years, which has been done in close collaboration with the Health Secretariat.

Given that these numbers are just a fraction of the total number of individuals that have received VCT services in the targeted geographic areas, it is inaccurate to draw any conclusions regarding trends and the effect of the prevention services with these groups. The results of the 2012 ECVC study currently being implemented by the Health Secretariat with CDC support will, however, allow a clearer understanding of these aspects of the HIV epidemic with MARP groups and nation-wide.

#### **VCT Quality Control:**

In May 2012, AS-Two Honduras collaborated with the Director of the National HIV/AIDS Laboratory of the Health Secretariat to conduct a quality control visit to the NGOs that provide rapid HIV testing. The table in Annex 5 shows the main findings and the improvements achieved by the NGOs, due to the internal actions taken and the follow-up technical assistance provided by AS-Two. A final quality control evaluation of the six NGOs, focused on the reading of test results and diagnosis of cases, was also carried out in collaboration with the Director of the National HIV/AIDS Laboratory. The results of this evaluation will be available at the end of September and will be sent to each individual NGO.

#### **Risk Reduction Counseling Pilot Test:**

During this fiscal year, AS-Two implemented a pilot test of a client-centered risk-reduction counseling strategy with the six NGOs that deliver VCT services. The objectives of this activity were to validate the adapted counseling protocol within the context of the delivery of HIV rapid testing services, assess VCT staff efficacy in applying the adapted protocol, and evaluate the effect of the counseling sessions on the attitudes and intentions of changing their risk behaviors among the users of these services.

This activity took place through the year, starting with a planning process between January and March, 2012; a training workshop for VCT personnel in March; monitoring visits to the six NGOs in May and July; and a final evaluation of the pilot test, which took place in August. Based the results of this evaluation, it was concluded that:

1. The adaptation of the counseling protocol responds to the contexts in which the HIV rapid testing services are provided as well as the needs of the NGOs and their target populations.
2. The counselors achieved satisfactory levels in terms of their effectiveness in implementing the adapted protocol, putting into action the fundamental concepts of the methodology, which is to focus on the risk behaviors presented by the individual who is accessing the services, and not using the counseling session to provide general information on HIV and AIDS.
3. Through the counseling sessions, the users showed positive attitudes and identified specific actions to reduce their own risk of HIV infection.

4. To ensure the efficacy of the protocol's implementation, it is critical that the counselors receive adequate training and implement internal quality control processes that will allow them to receive timely feedback and skills reinforcement, as necessary.
5. The results of the pilot test showed that this methodology is easy to apply and flexible enough to be used with any type of population and in any context where HIV testing services are provided, as it is focused on the risks of each individual who access this service.

AS-Two has submitted the evaluation report to USAID Honduras describing the procedures, findings, conclusions and recommendations of this pilot test. Depending upon the feedback from USAID Honduras, AS-Two may meet with representatives of the STI/HIV/AIDS National Program and other members of the Health Secretariat, CHF, and AS-One to share the results of this pilot test. AS-Two is also now in consultation with USAID Honduras to define the next steps to print and distribute materials used in the pilot test to the NGOs and other interested partners.

**Collaboration with the Health Secretariat to revise the National HIV Counseling Model:**

An AS-Two technical staff member participated in a Petit Group of HIV experts established under the leadership of Dr. Suyapa Lopez, Coordinator of the Counseling Unit in the National STI/HIV/AIDS Program, established to collect input before updating the national HIV counseling model. AS-Two also participated in various meetings related to this topic, and in a workshop where Dr. Lopez and Dr. Melata (the consultant who was coordinating this process) presented the results of the second national consultation. According to these findings, the focus of the counseling model within the context of HIV testing should be aimed at reducing HIV infection risks and transmission risks. Given that the pilot carried out by AS-Two in coordination with Dr. Suyapa had a risk-reduction approach, a summary of the preliminary results of the pilot test were shared and the group was also informed about the availability of adapted counseling materials in case they would like to use them in the future.

***Expected Product 2.4: NGOs evaluating the impact of their HIV/STI prevention interventions.***

**2012 KAP:**

In May 2012, the KAP evaluation protocol was approved by USAID Honduras and the Bioethics Committee of the National Autonomous University of Honduras (UNAH) and in June, the AS-Two's M&E Officer conducted training for the technical staff and the surveyor candidates who had been chosen by the six NGOs. In total, 47 individuals were trained (26 candidates to serve as surveyors and 21 technical staff from the NGOs). In September 2012, AS-Two finalized and submitted the 2012 KAP 2012 report to USAID Honduras for approval.

In addition, AS-Two sent each NGO its database, so they could analyze their results and develop their own report. In September, all the NGOs submitted their draft reports to the AS-Two M&E Officer, who reviewed them and returned them with final feedback, so they could make the appropriate adjustments to their reports. The results of the 2012 KAP evaluation were used by NGOs in the proposal development workshop, allowing each organization to design their technical approach corresponding to the needs of their target populations.

**Financial Performance of the NGOs:**

Between November 14, 2011 and August 31, 2012, a total of \$470,107.45 was disbursed to the NGOs; representing 95% of total approved budget. Of this total, the NGOs spent \$462,906.32 (equivalent to

98% of total funds). PASMO's award ended on August 31, 2012 with a performance of 91% of its total approved budget; while the six remaining agreements were amended to extend their periods of performance through September 28, 2012. This extension increased the original budget amount for the NGOs by a total of \$20,134.76.

Table 13 summarizes the financial performance of each NGO through August 31. This chart will be updated in October once the September financial closeout is conducted with each NGO.

<b>Table 13: Financial Execution per NGO in USD (November 14, 2011 to August 31, 2012)</b>										
<b>ONG</b>	<b>Budget Excluding the Additional Funds for Performance</b>	<b>Additional Funds for Performance</b>	<b>Amended Amount</b>	<b>Total Amended Budget</b>	<b>Total Disbursed Nov/11-Aug/12</b>	<b>% Disbursed</b>	<b>Total Spent Nov/11-Aug/12</b>	<b>% Spent</b>	<b>Available as of Sept/12</b>	<b>% Available</b>
AHMF	\$66,666.66	\$3,333.33	\$1,764.54	\$71,764.54	\$67,248.81	94%	\$66,611.73	99%	\$5,152.82	7%
CASM	\$64,761.90	\$1,942.86	\$2,299.53	\$69,004.29	\$66,513.99	96%	\$65,665.69	99%	\$3,338.60	5%
CGSSI	\$71,804.94	\$2,154.15	\$4,179.09	\$78,138.17	\$74,655.88	96%	\$73,938.60	99%	\$4,199.57	5%
COCSIDA	\$65,600.95	\$3,280.05	\$4,009.62	\$72,890.62	\$68,460.53	94%	\$68,454.22	100%	\$4,436.39	6%
ECOSALUD	\$68,679.37	\$3,433.97	\$3,402.21	\$75,515.55	\$71,750.15	95%	\$71,454.74	100%	\$4,060.81	5%
PRODIM	\$63,785.23	\$3,189.26	\$4,479.77	\$71,454.26	\$66,965.66	94%	\$66,969.25	100%	\$4,485.01	6%
PASMO	\$54,512.42	\$0.00	\$0.00	\$54,512.42	\$54,512.42	100%	\$49,812.09	91%	\$4,700.34	9%
<b>Total</b>	<b>\$455,811.48</b>	<b>\$17,333.62</b>	<b>\$20,134.76</b>	<b>\$493,279.86</b>	<b>\$470,107.45</b>	<b>95%</b>	<b>\$462,906.32</b>	<b>98%</b>	<b>\$30,373.54</b>	<b>6%</b>

### **AS-Two Project Communications**

Between July 1 and September 12, 2012, a total of 7,902 users accessed the project's website ([www.vihenhonduras.org](http://www.vihenhonduras.org)); of this total, 6,665 (84%) were unduplicated or unique users. Most visitors were from Honduras (4,282), followed by people from Mexico (617), Guatemala (558), Colombia (339), Peru (281), Argentina (250), the United States (238), Venezuela (175), Spain (157), and others (127). The most visited pages were the homepage, research & statistics, NGOs, HIV information, counseling and HIV testing, condom effectiveness, queries, educational tools, educational materials, and STIs.

In August, AS-Two developed a success story which was submitted to USAID Honduras for approval. The story highlighted AHMF's activities with sex workers who are trained as leaders and promoted by their peers as mentors, and was told through the personal testimony of one individual, Vilma. Based on feedback provided by the Mission, final adjustments were made and a revised version was submitted.

**Expected Product 2.5:** *Garífuna theater groups directly supported by AS-Two promoting positive behavior change and HIV/STI prevention services.*

### **Transfer of the 24 Garífuna Theater Groups to Local Organizations:**

In collaboration with the Coordinator of the Garífuna IEC Committee, AS-Two developed a draft plan to transfer the 24 AS-Two-supported theater groups to local institutions. The plan included hosting eight regional meetings in the Departments of Gracias a Dios, Colon and Atlántida with community leaders and local organizations to help identify one or more institutions that can assume the responsibility for ensuring the sustainability to spread messages about HIV prevention in these communities. In the fourth

trimester, USAID and AS-Two agreed that this activity would be removed from the work plan and budget and the funding assigned for this transferred to cover the sub-agreement extension with the six NGOs.

**Theatrical Presentations:**

Between October and December 2011, AS-Two provided direct support to 24 Garífuna theater groups, while another nine were supported by the NGOs (four Garífuna groups were assisted by ECOSALUD and three by CASM, while COCSIDA and PRODIM each supported one group composed of CSWs). These groups disseminated messages among their communities about the prevention of HIV/STIs, the importance of getting tested, abstinence, faithfulness, and the use of condoms, among other topics. Table 14 summarizes the outreach of these groups.

<b>Table 14: Number of Theatre Groups, Presentations Held and People Reached between October 1, 2011 and September 11, 2012</b>			
<b>Organization that Provides Support</b>	<b>Number of Groups and Location</b>	<b>Number of Theater Presentations</b>	<b>Number of People Reached</b>
<b>AS-Two Honduras</b>	24 Garífuna Theater Groups located in: Plaplaya, Batalla, Coyoles, Pueblo Nuevo-La Fe-Buena Vista, Tocamacho, Sangrelaya, Cocalito, San Jose De La Punta, Iriona Viejo, Ciriboya, Cusuna, Punta Piedra, Limon I and II, Santa Rosa De Aguan, Puerto Castilla, Trujillo I and II, Santa Fe, Guadalupe-San Antonio, Triunfo De La Cruz, La Ensenada, And San Juan	77	3,768
<b>CASM</b>	3 Garífuna Theater Groups located in Bajamar, Travesia and Masca	17	2,005
<b>ECOSALUD</b>	4 Garífuna Theater Groups located in Corozal, Sambo Creek, Rio Esteban and Nueva Armenia	20	2,252
<b>COCSIDA</b>	1 CSW Theater Group located in Tela	3	400
<b>PRODIM</b>	1 CSW Theater Group located in Comayguela	8	875
<b>TOTAL:</b>	<b>33 Theater Groups</b>	<b>125</b>	<b>9,300</b>

**Expected Result 3: The Country Coordinating Mechanism in Honduras (CCM-H), Secretariat of Health's Ministerial Facilitating Team and the five prioritized Regional Teams strengthened in leadership and management areas to fulfill their mandate in response to the national HIV/AIDS epidemic.**

***Expected Product 3.1: The CCM-H strengthened in governability and management to perform its role and responsibilities.***

At the end of November 2011, USAID Honduras informed AS-Two about additional funding to provide a second phase of technical support to the CCM-H. A scope of work (SOW) was developed in conjunction with USAID and AS-One, to be implemented by two MSH consultants – Cecilia Boada, an organizational development and CCM expert, and Eduardo Samayoa, an expert on M&E and CCM dashboards. This SOW included three in-country visits with limited virtual support between visits to support the CCM-H in finalizing, approving and implementing their new statutes, internal guidelines manual, and policy to prevent conflict of interest. It also included the development and implementation of a monitoring plan of the PR's grants, and updating of and training on the CCM's dashboard.

The following objectives were attained as a result of the consultants' February visit: (1) final adjustments to the Statutes, Internal Guidelines, and Policy to Prevent the Conflict of Interest, and facilitation of their approval; (2) training of the new CCM members on the Global Fund Guidelines for CCMs, their roles and responsibilities; and (3) training of the Strategic Monitoring Committee on the procedures they should follow to effectively monitor the implementation of the Principal Recipient's grants and the content of the dashboard. An in-briefing and de-briefing session with USAID Honduras was conducted.

Deliverables from the March STTA visit included: (1) development of a transition plan to implement the changes approved on the governing documents mentioned above; (2) site visits with the Strategic Monitoring Committee to the Principal Recipients; (3) up-loading of the data into the dashboard and completing the Strategic Monitoring Manual; and (4) assisting the CCM to define the scope of work and the process for appointing an External Ethics Committee.

The second, third and fourth deliverables were satisfactorily met. The first deliverable was not met in the timeframe, due to the fact that during the review process, some CCM members noted contradictions on Article 33 of the Statutes and requested that a new round of voting be held to align this section between the Statutes and the Internal Guidelines. AS-Two and the Mission agreed to bring in the original consultant who had initiated this review process in June 2011 (Lourdes de la Peza), to do a thorough review of the documents, recommend the adjustments to be made and facilitate the next CCM-H Assembly for the approval of the articles that required changes.

Ms. de la Peza visited Honduras in June to help the CCM-H to finalize adjustments to their Statutes and Internal Guidelines and clarify the application of Article 33 of the Statutes with regards to the election process that the civil society representatives should follow to select their titular members and substitute representatives to the Assembly. She was successful in completing this assignment and the final copy of the Statute and Internal Guidelines were delivered to the CCM-H Technical Secretariat to be posted on the website, and for printing and distribution.

Eduardo Samayoa's last TDY to support the strategic monitoring processes took place in July 2012, during which he facilitated a two-day workshop with CCM-H members and other participants to strengthen their ability to strategically monitor the current Global Fund grants. The workshop evaluation showed that participants developed greater clarity on the strategic monitoring processes, content and use of the dashboards, and the data to make informed decisions that help the Principal Recipients successfully implementing the Global Fund grants.

In addition, the CCM-H President and the Technical Secretary requested the support of Mr. Samayoa in August, to review and provide feedback on the dashboards once the third monitoring visits were completed at the end of that month. This support was successfully provided and no further assistance is pending at this point.

**Expected Product 3.2:** *The Health Secretariat's Ministerial Facilitating Team (MFT) and the Five Prioritized Regions strengthened in leadership and management to lead the process for the implementation of the pilot phase of the Strategy for Integrated STI/HIV/AIDS Services within the framework of the Health System Reform in Honduras 2010-2015.*

In November 2011, USAID Honduras informed AS-Two about the availability of additional funding to provide a second phase of TA to the Ministerial Facilitating Team (MFT). AS-Two developed a SOW with input from USAID, AS-One and Dr. Yolani Batres, Vice-minister of Service Networks, and contracted Cecilia Boada as the consultant to implement the SOW.

In February 2012, Ms. Boada conducted an assessment of the current situation of the MFT to identify the bottlenecks and propose solutions in order to move forward with the pilot test phase of the National Strategy of Integrated STI/HIV/AIDS Services. Interviews with key stakeholders, including the USAID Activity Manager, the Director of AS-One (the TA provider to the Health Secretariat), the Vice-Minister of Population Risks and the Vice-Minister of Health Networks, the Director of the Regional Networks, several members of the Ministerial Facilitating Team, and other members of the Health Secretariat were held. A final presentation outlining the current status, challenges and proposed recommendations was submitted to the Mission, with recommendations including:

- In order to implement the pilot phase of the National Strategy in the five prioritized regions, the products outlined in the preparation phase should be completed by the responsible parties under the Vice-Minister of Population Risks.
- To implement the National Strategy effectively, an operational plan is required. AS-One, as direct TA providers to the Health Secretariat, could help to develop this.
- The Ministerial Facilitating Team should be restructured to become more of a technical team that could assist with the finalization of the products that were still pending; they should also re-align their mission, vision, roles, responsibilities and work plan (which needs to be harmonized with the pilot test timeline and take into consideration the processes that are intertwined with the health sector reform timeframes).

- It would be helpful to establish a link (Secretariat) to facilitate communications about the progress made by the technical team and the political level (represented by the Vice-Ministers) ultimately responsible for decision-making as the implementation moves forward.
- This link (Secretariat) and the technical team would be a structure that would evolve or disappear once the products of the preparation phase are completed, and the bulk of the work assumed by the Vice-Minister of Health Networks.

During the debriefing session with USAID Honduras it was agreed that the report of the assessment and recommendations would be presented to both the Vice-minister of Population Risks and Health Networks so they could provide a unified vision to the Ministerial Team and explore the possibility of having a link between the technical and decision making parties.

The consultant's second visit took place in March, but the original plan of presenting the report and the recommendations to both Vice-ministers in a meeting was not possible due to scheduling conflicts. Therefore, AS-Two met separately to each Vice-minister, who provided input and agreed with the recommendations. The Vice-minister of Population Risks made the decision to appoint Dr. Mayte Paredes as the link to the Secretariat. She asked AS-Two to provide technical support to Dr. Paredes and to facilitate a workshop with the Ministerial Team where she herself would introduce Dr. Paredes. The workshop was held and Dr. Paredes was presented as the Secretariat by the Vice-minister of Population Risks. At the end of the workshop, it was agreed that Dr. Paredes would meet with AS-One to align her work plan and timeline with the pilot test and the relevant elements of the health sector reform; would facilitate the same with the Technical Team; and would present these documents to the Vice-ministers.

The Ministerial Team, however, felt that the consultant's recommendations did not completely reflect their views and brought their concerns to the Vice-minister of Population Risk. This also created an uneasy work climate between the Ministerial Team and the appointed Secretariat. USAID Honduras requested that AS-Two re-think the focus and facilitating strategy to be used in the last TA visit. Based on this and the fact that Lourdes de la Peza had worked very effectively with this group in the previous year, AS-Two and the Mission agreed to bring back Ms. De la Peza to Honduras to conduct this final visit.

In June, Ms. De la Peza worked with Dr. Paredes to prepare her agenda for meeting with the Vice Minister of Population Risks, Lic. Miriam Paz. Dr. Paredes met with Lic. Paz, Dr. Paredes, Lourdes de la Peza, Dr. Ritza Avilez, Dr. Rolando Pinel and Dr. Nidia Gómez on June 4; and a second meeting took place on June 6 between Dr. Paredes and Dr. Sandra Pinel from the Vice-ministry of Health Networks, resulting in a collaborative commitment to coordinate efforts to implement the National Strategy with the two vice-ministries and all other interested parties. Ms. De la Peza also carried out two executive follow-up coaching sessions with Dr. Paredes. AS-Two's technical assistance to the Health Secretariat on the implementation of the National Strategy for Integrated STI/HIV/AIDS Services was concluded with these final activities.

## IV. Monitoring and Evaluation

### **Verification of Compliance with PEPFAR Indicators:**

The NGOs that receive funding from AS-Two/USAID implemented all of their activities and achieved or exceeded the proposed targets for this fiscal year, including those that are monitored under PEPFAR. This is a significant accomplishment and a demonstration of the commitment of the NGOs and the project

teams to applying lessons learned, managing their project plans more effectively and conducting close monitoring of what is happening in the field. All of the NGOs have provided their verification methods, which were revised and approved by the AS-Two M&E staff. Table 15 summarizes the targets achieved under the PEPFAR indicators that apply to the AS-Two project.

**Table 15. Progress on Key PEPFAR Indicators being Monitored by AS-Two  
(Oct. 1, 2011-September 11, 2012)**

No.	Indicator	Target		Total Reached		Percentage Reached	Explanation
P.8.3.D	Number of targeted population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required.	Male	960	Male	1,061	<b>101%</b>	Target exceeded, given that the NGOs reached a higher number of peers than originally planned.
		Female	1,440	Female	1,551		
		<b>Total</b>	<b>2,585</b>	<b>Total</b>	<b>2,612</b>		
P8.4.D.	Number of targeted condom services outlets.	644		659		<b>102%</b>	Target exceeded, given the establishment of additional condom distribution outlets.
P8.5.D.	Number of persons from the target population who participated in community-wide events.	Male	12,435	Male	18,238	<b>125%</b>	Target exceeded, given that these events are open to the public and that the Garifuna theater groups that were directly supported by AS-Two continued conducting presentations over the past two quarters, even though that the direct assistance ended in December 2011.
		Female	12,945	Female	13,498		
		<b>Total</b>	<b>25,380</b>	<b>Total</b>	<b>31,736</b>		
P11.1.D.	Number of persons who received HIV testing and counseling services and who also received their test results.	Male	4,751	Male	6,177	<b>127%</b>	Target exceeded, given that when the goal was established, the NGOs indicators and agreements were not completed; and with the sub-grant extension the NGOs have continued providing VCT beyond their originally agreed goals.
		Female	5,359	Female	6,678		
		<b>Total</b>	<b>10,110</b>	<b>Total</b>	<b>12,855</b>		
P12.1.D.	Male Norms and Behaviors: Number of people reached by an individual, small-group, or community-level intervention or service that explicitly addresses norms about masculinity related to HIV/AIDS.	Male	905	Male	1,867	<b>181%</b>	Targets exceeded, given that the NGOs expanded their strategy by having trained leaders and mentors create a multiplier effect with their peers with these topics.
		Female	1,218	Female	1,968		
		<b>Total</b>	<b>2,123</b>	<b>Total</b>	<b>3,835</b>		

<b>P12.2.D</b>	Gender Based Violence and Coercion: Number of people reached by an individual, small group or community-level intervention or service that explicitly addresses gender-based violence and coercion related to HIV/AIDS.	Male	1,192	Male	2,066	<b>142%</b>	
		Female	1,461	Female	1,714		
		<b>Total</b>	<b>2,653</b>	<b>Total</b>	<b>3,780</b>		
<b>H2.2.D.</b>	Number of community health workers and social workers that successfully completed a training program before entering the service.	Male	23	Male	53	<b>103%</b>	Target exceeded, given that when the target was established the NGOs had not yet been awarded their sub-agreements; this target was established taking into account the number of people reached in the previous cycle.
		Female	51	Female	23		
		<b>Total</b>	<b>74</b>	<b>Total</b>	<b>76</b>		
<b>H2.3.D.</b>	Number of health care workers who successfully completed an in-service training program.	Male	9	Male	10	<b>124%</b>	
		Female	16	Female	21		
		<b>Total</b>	<b>25</b>	<b>Total</b>	<b>31</b>		

## V. Relevant Issues, Challenges, Delays and Implemented Actions

### Challenges Looking towards the Future:

With the conclusion of the AS-Two project in Honduras, the Health Secretariat is assuming the challenge of contracting non-public organizations including NGOs to continue to provide HIV promotion and prevention services to MARPs within the framework of the National Strategy for Integrated STI/HIV/AIDS Services and the Health Sector Reform. This is an opportunity to develop country ownership and sustainability but there also are a myriad of challenges related to the definition of roles, responsibilities, and lines of authority within the Health Secretariat, the internal coordination by the various actors, the mobilization of internal financial resources, the definition and implementation of monitoring and evaluation procedures, and the contractual mechanisms and processing of payments. The Health Secretariat must establish a way to ensure transparency and keep sensitive information confidential as they move forward with the implementation of a competitive contracting process.

In addition, the NGOs need further preparation to assume their new role as contracted providers working under the direct oversight of the Health Secretariat with little or no technical assistance moving forward. In addition, the NGOs also need to comply with any pending legal and tax requirements to have their non-governmental organization status up-to-date, as this is required to qualify for funding under the State contracting regulations.

NGOs such as PRODIM, COCSIDA, AHMF and PASMO have demonstrated a high level of maturity and capacity for programmatic, institutional – and, to varying levels – financial sustainability.<sup>7</sup>

The situation with CGSSI and ECOSALUD, however, is different. In the case of CGSSI, their lack of additional financial resources has limited their capacity to hire and maintain a qualified NGO director who can help define the organization’s strategic direction and seek additional sources of funding. Moreover, the CGSSI Advisory Committee’s gaps in leadership, limited time availability and general capacity curtail its effectiveness to help the organization grow and become stronger. Although various USAID implementing partners have provided technical assistance to address these challenges, little progress has been achieved, primarily due to the challenges noted above. On the other hand, the area in which CGSSI has showed its biggest growth and strength is in their service provision. Over the past three years, CGSSI has expanded from having one certified VCT staff to now having four certified staff and one certified volunteer. CGSSI has deepened its collaboration with other organizations to leverage space to carry out project activities free of charge, and has strengthened the skills and roles of leaders and mentors in the program to expand outreach and increase the demand for services in the targeted communities.

Similar to CGSSI, ECOSALUD also requires a more active, engaged and qualified director to help the team define their strategic direction, expand their funding portfolio, and institutionalize good management practices across all their projects. Additionally, they need to restructure their board of directors, ensuring that the people who are selected have the competencies, skills, experience, commitment and the necessary connections to help the organization access additional funding and grow.

Lastly, the climate of violence in Honduras is adversely affecting the NGOs that provide prevention services to vulnerable populations, particularly in areas controlled by drug lords. It is important that in the future, the Health Secretariat, the Mission and other key partners create a more cohesive way of providing support to the NGOs by training and equipping them with tools and tips on how to prevent violent attacks while providing services, how to deal with these issues including extortion should they be targeted, and where to report and get help (without fear of reprisal) if they become victims of violence and/or other abuses from organized crime groups.

## **VI. Coordination with Other Partners**

AS-Two collaborated with the Health Secretariat and AS-One to finalize the implementation and evaluation of the pilot test based on the adapted risk-reduction counseling strategy. The results of this activity will serve as input to guide the process of updating the national counseling model and standards in Honduras.

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<sup>7</sup> PASMO’s condom social marketing strategies, open market condom and sexual lubricant sales, and additional funding from other projects will allow them to sustain their HIV prevention efforts beyond the life of the AS-Two Project. AHMF with its seven family planning and reproductive health clinics and other projects is able to continue providing services to their target groups; COCSIDA through its privately-funded STI clinic and other donor funded programs; and PRODIM, through its consultancy work and other projects, will to a certain level be able to keep their trained and experienced staff on board to continue the delivery of key HIV services.

In addition, an AS-Two technical staff member was part of the Petit Group formed by the HIV Counseling Unit of the STI/HIV/AIDS National Program, which led a second national consultation on the counseling services within the context of HIV testing. During this quarter, Dr. Melara, the consultant hired for this activity, presented the results and received recommendations and feedback based on AS-Two's experience implementing the risk-reduction counseling model.

Also the two VCT quality control evaluations with the six NGOs were completed in collaboration with the National HIV/AIDS Laboratory; and support to the CCM-H was provided on issues related to their governance and strategic monitoring of the Global Fund sub-grants.

AS-Two continued supporting the Decentralized Management Unit (UGD in Spanish) and the Unit for Financial Coverage and Extension (UECF in Spanish) as part of the transition process to contract non-public health care providers to offer HIV promotion and prevention services to MARPs in the prioritized areas where the pilot phase of the Comprehensive STI/HIV National Strategy is being implemented. AS-Two participated in several meetings to share ideas that could be useful for the development of the Health Secretariat's work plan to be presented to USAID Honduras for funding. In addition, at the request of the UGD, AS-Two held an orientation session on the QuickStart tool, which was designed by MSH and adapted by AS-Two/Honduras, to evaluate the administrative and financial systems of local NGOs, as well as their capacity to manage USAID funds. Two members of the UGD team, a member of the UECF, and three members of AS-One participated in this session, during which AS-Two provided copies of the tool and the tool presentation for future reference. Additionally, AS-Two developed/adapted the material to facilitate a two-day workshop on the application of the Transtheoretical Model for Behavior Change with the UGD, representatives of the STI/HIV/AIDS National Program and AS-One. This activity was originally programmed for September 19 and 20, but given scheduling conflicts, Dr. Urbina has re-scheduled it for October (date to be determined).

The NGOs have continued to collaborate with the Regional Sanitary Departments for the submission of the counseling and rapid HIV testing reports, as well as the referrals of HIV-positive cases to the respective CAIs, VICITS Programs (for the MSM and MTS) and UMIETS (for MTS). These organizations have also expanded their collaboration with other institutions that provide complementary services for their target groups (e.g., Alcoholics Anonymous, Human Rights General Attorney's Office, etc.).

## **VII. Gender Component**

As mentioned above, AS-Two conducted a training session to reinforce the skills of NGO educators and project coordinators to address gender-related issues in their HIV programming and prevention services targeting MARPs. The NGOs have demonstrated an increased capacity to apply the concepts and the methodologies learned in the training curricula and other materials used to address gender-based violence, masculinity issues and aspects such as vulnerabilities that may limit their respective target groups from adopting or maintaining healthy behaviors that reduce their risk to getting infected or from transmitting HIV/STI to others.

All the NGOs implemented the educational sessions addressing issues on HIV/STI and gender according to their plans and as monitored by AS-Two, the quality of the information and how these sessions are being facilitated was adequate. The NGOs have also continued using their referral directories to connect

individuals facing domestic violence and other violations to the organizations, programs and institutions that can provide assistance and support on these issues.

During this fiscal year, the NGOs reached 3,835 people with interventions focused on masculinity and 3,780 through activities designed to prevent and/or address gender-based violence, exceeding the targets proposed for both indicators.

## VIII. Lessons Learned and Key Conclusions

There have been many lessons learned which have helped to adjust and redirect the course of some of the activities carried out by the project. Other lessons learned may be helpful to orient future efforts for the provision of evidence-based HIV promotion and prevention services to MARPs in Honduras. The lessons learned and conclusions drawn from this fiscal year include the following:

1. ***The implementation of a performance-based capacity strengthening model has allowed for improved internal and external coordination, leveraging of project resources, and achievement of measurable results.*** This year, an AS-Two technical resource person was assigned to each implementing organization to provide them with assistance in a wide range of areas (e.g., VCT, educational activities, programmatic planning, reporting, among others), as well as to leverage the support from other AS-Two experts (in areas such as financial management and monitoring and evaluation). This resulted in improved communications, strengthened coordination and more effective monthly progress reviews with the NGO teams, allowing for direct follow-up, problem solving, and increased accountability. Training sessions were tailored to each NGO and complemented with one-on-one TA support as required (e.g., reinforcing the analysis and use of data/information for better planning and decision making, the development of more focused and methodologically stronger proposals). A focused resource person, close monthly monitoring, and the performance based model used with the NGOs is a positive approach. Significant improvements were observed in the last two quarters of this fiscal year with regards to the quality of the reports and other products developed by the NGOs, compared to those submitted at the beginning of the project. Most importantly, NGOs met or exceeded their targets.
2. ***The use of financial incentives is an effective tool to motivate NGOs to reach and exceed their targets, and to invest in their own organizational strengthening.*** Interviews conducted with the six NGO directors and project coordinators indicated a unanimous agreement on how the additional funding based on performance represented a benefit to their organizations and teams. These funds allowed them to invest in areas that had been identified as needing attention but that lacked funding. Organizations such as CGSSI, for instance, paid for an external financial audit which they can use to improve their internal management and also to complete the State's legal mandate to keep their active registration as a civil society organization; PRODIM was able to cover the costs associated with renewing their sanitary license to continue delivering VCT services; while ECOSALUD invested in an electronic accounting system that allows them keep track of all their funds, expenditures and balances. Having well-defined eligibility and evaluation criteria to qualify for the additional funds based on performance and including them as part of the RFA process allowed the NGOs to clearly understand the requirements and focus

on results, as well quality and meeting deadlines. This has fostered organizational maturity and accountability. The two NGOs that did not qualify for the additional funding held internal meetings to analyze what happened, took corrective actions and established a process to report on progress to ensure this experience did not happen to again during the second performance evaluation. The result of their efforts and ownership of this challenge allowed them to subsequently fulfill the evaluation requirements and obtain the additional funding.

3. ***The importance of implementing interventions based on evidence and monitoring the effect in targeted groups.*** The application of annual KAP assessments has been a good way of monitoring the progress and the effect of the behavior change interventions implemented by the NGOs. The data that is generated through the service delivery processes combined with the KAP allowed these organizations to better orient their efforts and identify ways in which they could be more cost-efficient. As donor funding becomes scarcer in the region and in the country, the NGOs will have to demonstrate that the services they provide are actually making a positive effect in the behaviors and health outcomes of the groups they intervene and that their services are reaching those that needed most.
4. **The preparation of the Health Secretariat to assume their new role as contractors of non-public providers to continue the delivery of HIV/AIDS promotion and prevention services for MARPs has been essential, but additional targeted support is still required.** This is the first time that the Health Secretariat will contract private organizations for the provision HIV-related services to high-risk groups within the context of the health sector reform and in light of the National Strategy for STI/HIV/AIDS Integrated Services and through a decentralized process. This represents an opportunity for the Health Secretariat and the Government of Honduras to take ownership of this process.

In May 2012, a transition plan was put in place, during which time AS-Two has facilitated trainings on contractual, technical and financial aspects of work with NGOs, and shared tools, materials, the know-how and lessons learned to orient and equip the UGD and UEFC staff as they assume their new role. Moving forward, the Health Secretariat will need additional targeted support from other USAID mechanisms (e.g., ULAT, AS-One, SCMS, etc.) in order to efficiently, effectively and transparently contract with the NGOs and provide them with on-going support and monitoring.

5. **Organizational improvements have been observed among several of the NGOs, but there is still a need to continue supporting their programmatic, technical, and financial sustainability.** For the past three years, AS-Two Honduras provided technical and organizational capacity building to the NGOs with the objective of strengthening their internal management, financial and service systems and processes, promoting financial diversification, and fostering the institutionalization of best technical practices for service delivery. From these interventions measurable results have been observed. For instance, CASM and COCSIDA have both used their business plans developed in 2010 with the support of AS-Two, and have used their proposal development skills to apply for and receive new funding, allowing them to expand their program portfolio. Other NGOs such as ECOSALUD has improved its financial management and is in the process of systematizing their organizational accounts; while CGSSI has expanded its human resource capacity to deliver VCT services. All the NGOs have improved in project management and M&E. These improvements contribute to the strengthened capacity of these organizations,

however, additional targeted support is needed to support their mid and longer-term sustainability.

## IX. Financial Accruals Report

<b>Management Sciences for Health</b> <b>AIDSTAR-Two Honduras Project</b>		September 19, 2012
<b>FY12 Q4 (July - September 2012) Quarterly Pipeline Report</b>		
Description	\$	
Total Funds Obligated at the Beginning of Q4 FY12*	1,736,192	
Cumulative FY12 Expenditures at the Beginning of Q4**	1,305,517	
Pipeline at the Beginning of Q4**	430,675	
New Funds Obligated During the Reported Q4	231,000	
Total Available	661,675	
Expenditures for the Reported Q4***	457,689	
Pipeline at the End of the Reported Q4	203,986	
Estimated Expenditures for the Next Quarter****	203,986	
Number of Quarters of Pipeline Remaining	1.00	
<p><i>*Includes the FY12 \$1,500,000 obligation received by this date plus \$236,192 in adjusted FY11 carry over pipeline.</i></p> <p><i>**Per FY12 Q3 pipeline submitted June 2012.</i></p> <p><i>***Includes actual expenditures for July-August and accruals estimates for September 2012.</i></p> <p><i>****Assumes full expenditure per August 2012 revised WP with closeout costs in FY13 Q1.</i></p>		

## **X. Annexes**

**Annex 1:** Samples of the Educational and Promotional Materials Developed by the NGOs

**Annex 2:** List of Educational and Promotional Materials Developed and Distributed by the NGOs

**Annex 3:** Population Reached with Prevention Interventions by NGO  
(November 14, 2012 – September 11, 2012)

**Annex 4:** Photos of the Events and Activities Conducted by the NGOs

**Annex 5:** Findings from VCT Quality Control Visit and Improvements Achieved

**Annex 6:** AIDSTAR-Two Honduras Project Monitoring Plan

**Annex 1: Sample Educational and Promotional Materials Developed by the NGOs**

Te invitamos a realizarte  
**LA PRUEBA RAPIDA DEL VIH**

**GRATIS** **SEGURA** **CONFIDENCIAL**



**HAZTELA!** *Saber es poder!*



**Prueba Rápida de VIH**



**¡No te quedes con la duda!**

**Hazte la Prueba del VIH**

**Segura, Rápida y Confidencial**

Logos: USAID, AIDSTAR-Two, COCSIDA

*COCSIDA's HIV rapid testing banner*

Ven y hazte la prueba del **VIH**

**Gratis**

**Rápida, Segura y Confidencial**



Logos: USAID, AIDSTAR-Two

Lugar: \_\_\_\_\_  
 Día: \_\_\_\_\_  
 Horario: \_\_\_\_\_

*ECOSALUD's poster to promote their VCT services*

**¿Cómo usarlo correctamente?**

**EL CONDÓN**

**Recuerda es IMPORTANTE**

**EL CONDÓN nos protege si lo usamos bien**

**PROTEGETE del VIH es un placer**

Logos: AIDSTAR-Two

*PRODIM's condom brochure designed for CSW and husbands/stable of CSW who are trained as leaders and mentors to conduct peer education activities*

## Annex 2: List of Educational and Promotional Materials Developed and Distributed by the NGOs

Educational and Promotional Materials Developed and Distributed by NGOs						
NGO	Type of Material	Target Group	Quantity Printed	Quantity Distributed		
				Nov. 14, 2011- June 30, 2012	July 1, 2012- Sept. 11, 2012	Total
PRODIM	Sexually Transmittable Infections Brochure (Tri-fold)	<ul style="list-style-type: none"> <li>CSWs who were trained as promoters, leaders and mentors</li> <li>Stable partners /husbands of CSWs</li> </ul>	3,000	2,690	250	2,940
	HIV/AIDS Brochure (Bi-fold)		3,500	2,705	300	3,005
	Condom Brochure (Bi-fold)		3,500	2,858	250	3,108
ECOSALUD	HIV Rapid Testing Poster	<ul style="list-style-type: none"> <li>Garifuna population</li> </ul>	100	80	46	126
	Sexually Transmittable Infections Brochure (Tri-fold)		N/A	4,782	446	5,228
	Condom Brochure (Bi-fold)		N/A	2,136	63	2,199
	VIH/AIDS Brochure (Tri-fold)		N/A	5,098	457	5,555
	HIV Rapid Testing Brochure (Tri-fold)		N/A	1,765	107	1,872
	Risk Perception (Tri-fold)		N/A	40	-	40
	Invitation cards to the HIV testing services being offered by the NGO		N/A	643	-	643
COCSIDA	HIV Rapid Testing Banner	<ul style="list-style-type: none"> <li>CSWs</li> <li>Stable partners/ husbands of CSWs</li> <li>Clients of CSWs</li> </ul>	1	1	*	1
	Sexually Transmittable Infections Brochure (Tri-fold)		N/A	4,880	919	5,799
	HIV/AIDS Brochure (Tri-fold)		N/A	411	-	411
	Condom Brochure (Bi-fold)		N/A	7,697	2,130	9,827
	Invitation cards to		1,500	1,307	247	1,554

	the HIV testing services offered by the NGO					
	Promotional banner for HIV testing services		1	1	*	1
<b>AHMF</b>	Sexually Transmittable Infections Brochure (Tri-fold)	<ul style="list-style-type: none"> <li>• CSWs</li> <li>• Stable partners/ husbands of CSWs</li> </ul>	N/A	1,983	280	2,263
	HIV/AIDS Brochure (Tri-fold)	<ul style="list-style-type: none"> <li>• Clients of CSWs</li> </ul>	N/A	1,989	280	2,269
	Condom Brochure (Bi-fold)		N/A	2,147	314	2,461
<b>CGSSI</b>	Sexually Transmittable Infections Brochure (Tri-fold)	<ul style="list-style-type: none"> <li>• MSM trained as new and follow-up leaders</li> </ul>	1,320	4,590	160	4,750**
	HIV/AIDS Brochure (Tri-fold)	<ul style="list-style-type: none"> <li>• MSM trained as mentors</li> </ul>	1,320	5,373	160	5,533**
	Invitation cards to the HIV testing services offered by the NGO	<ul style="list-style-type: none"> <li>• MSM peers</li> <li>• Female partners of MSM</li> </ul>	1,500	2,885	549	3,434**
<b>CASM</b>	Sexually Transmittable Infections Brochure (Tri-fold)	<ul style="list-style-type: none"> <li>• Garifuna population</li> </ul>	N/A	1,806	353	2,159
	Invitation cards to the HIV testing services being offered by the NGO		N/A	50	***	50
	HIV/SIDA Brochure (Tri-fold)		N/A	100	228	328
	Condom Brochure (Bi-fold)		N/A	1,731	125	1,856
<b>PASMO</b>	Condom exhibitors	<ul style="list-style-type: none"> <li>• Business owners</li> </ul>	470	15	98	113
	Poster on condom quality control procedures	<ul style="list-style-type: none"> <li>• NGOs</li> </ul>	3,328	****	268	268
<b>GRAND TOTAL DISTRIBUTED</b>				<b>59,763</b>	<b>8,030</b>	<b>67,793</b>

\* The banners are used by NGOs to promote counseling and HIV rapid tests.

\*\* The NGO had additional copies from the previous project cycle.

\*\*\* The remaining invitation cards CASM had in stock were distributed in the third quarter. The promotion of VCT services in this quarter was done through other means (e.g., word of mouth by the leaders, mentors and educators).

\*\*\*\* The approval from USAID Honduras to print and distribute this material was received at the end of July 2012.

### Annex 3: Population Reached with Prevention Interventions by NGO (Nov. 14, 2011 – September 11, 2012)

NGO	Target Group	Primary Target Groups			Secondary Target Groups				
		Total Target	People Reached		Total Reached as of 9/11/2012	Total Target	People Reached		Total Reached as of 9/11/2012
			Men	Women			Men	Women	
CGSSI:	Men who have sex with men (MSM)	383	383		383	2,258	2,988		2,988
	Female Partners of bisexual Men	N/A			0	75		75	75
ECOSALUD Atlántida:	Garífuna youth ages 9-15	100	33	79	112	1,000	552	759	1,311
	Garífuna youth ages 16-24	130	46	92	138	1,360	634	982	1,616
	Garífuna ages 25 and older	164	42	131	173	1,256	566	473	1,039
CASM:	Garífuna youth ages 9-15	110	40	71	111	530	496	607	1,103
	Garífuna youth ages 16-24	140	48	92	140	620	611	657	1,268
	Garífuna men ages 25 and older	45	45		45		475		475
	Garífuna women ages 25 and older	130		130	130	525	0	603	603
AHMF:	Commercial Sex Workers (CSW)	205		205	205	3,489	0	1,591	1,591
	Clients and Partners	30	-		0	1,881	1,871	0	1,871
PRODIM:	Commercial Sex Workers (CSW)	140		140	140	1,740		1,753	1,753
	Clients and Partners	30	30		30	1,740	1,899		1,899
COCSIDA:	Commercial Sex Workers (CSW)	125		125	125	210		1,581	1,581
	Clients and Partners	40	40		40	1,760	4,090		4,090
<b>TOTAL</b>		<b>1,837</b>	<b>707</b>	<b>1,065</b>	<b>1,772</b>	<b>18,444</b>	<b>14,182</b>	<b>9,081</b>	<b>23,263</b>

#### NOTES

- Primary Target MSM are: Leaders and Mentors
- Secondary Target MSM are: MSM peers and female sexual partners of MSM
- Primary Target CSW are: Leaders and mentors
- Secondary Target CSW are: CSW peers, their clients and stable partners/husbands

- Primary Target Garífuna: Those between the ages of 10-15, 16-24 and 25 and older, including male and female
- Prevention interventions include: 1) peer education; 2) training workshops specifically for group leaders, peer educators and mentors focused on different themes such as condom negotiation, self-esteem, risk reduction, etc.

**Annex 4: Photos of the Events and Activities Conducted by the NGOs**



**CSW participating in a session regarding the Challenge Model at COCSIDA May 2012**



**Training session with female mentors from CASM June 2012**



**A participant of a "Nucleo Educativo" hosted by CGSSI doing a condom demonstration, February, 2012**



**CSW and partners of CSW playing an educational game at PRODIM June 2012**

## Annex5: Findings from VCT Quality Control Visit and Improvements Achieved

Finding from Quality Control Visit	Improvement Achieved
<b>Focus area: Sanitary licensing and personnel accreditation</b>	
All the NGOs have certified personnel to deliver VCT services	<ul style="list-style-type: none"> <li>No improvement required.</li> </ul>
All the NGOs, except PRODIM have their sanitary licenses are up-to-date.	<ul style="list-style-type: none"> <li>In September 2012, PRODIM received their renewed sanitary license from the Regulatory Office of the Health Secretariat.</li> <li>All the NGOs agreed to start the process of renewing their licenses 3 months before the expiration date to avoid experiencing delays in getting their application processed.</li> </ul>
Recommended that ECOSALUD place a copy of their sanitary license and VCT certification of their personnel in a visible area where they provide these services.	<ul style="list-style-type: none"> <li>ECOSALUD complied with the recommendation.</li> <li>In addition, all the NGOs display copies of the VCT staff certificates in a visible location in both their project headquarters and during mobile brigades.</li> </ul>
<b>Focus area: Promotion of services</b>	
All the NGOs have adequate programming for the provision of VCT services and are implementing effective promotional strategies to increase coverage and access to key populations (e.g., through leaders and mentors, distributing invitation cards).	The NGOs have improved their supervisory processes for the activities implemented by the leaders and mentors, including the promotion of the VCT services with peers, clients and partners.
<b>Focus area: Application of national standards</b>	
CASM's team required strengthening on the application of standards for the delivery of VCT to individuals under the age of 18, among children 0 to 18 months and with pregnant women.	<ul style="list-style-type: none"> <li>A refresher session on these standards was carried out by a Technical Assistant from AS-Two with CASM's team.</li> <li>Improvements were observed during the following visits, which confirm that they are accurately applying them.</li> </ul>
The national norms for VCT service provision are being observed by all the NGOs.	<ul style="list-style-type: none"> <li>The NGOs continue to apply in a systematic way the national VCT norms.</li> </ul>
<b>Focus area: Expansion of services</b>	
Recommended to ECOSALUD to support their newly certified volunteer to provide VCT at least two to three days a week at the health center in Rio Esteban to respond to the demand for services.	<ul style="list-style-type: none"> <li>This newly certified volunteer has continue delivering VCT services in Rio Esteban with ECOSALUD when she has availability, as she has accepted a consultancy job to deliver these services with the Red Cross in the Bay Islands.</li> <li>ECOSALUD at this moment does not have the financial resources to pay for an additional VCT resource.</li> </ul>
Recommended to COCSIDA to add another	<ul style="list-style-type: none"> <li>COCSIDA is taking this recommendation into</li> </ul>

certified resource to expand coverage in other strategic areas in La Ceiba and to have a permanent staff to deliver this service in their project site while the other implements the mobile brigades.	consideration for future funding opportunities.
<b>Focus area: Test supplies and other materials</b>	
All the NGOs have maintained adequate supplies of tests to respond to the demand for VCT services.	<ul style="list-style-type: none"> <li>Adequate test supplies continue to be maintained.</li> </ul>
They also have the appropriate Testing Request Forms, report formats, the Epidemiological Surveillance Cards, the risk reduction counseling protocol among other materials needed to provide these services.	<ul style="list-style-type: none"> <li>All materials are available for testing.</li> </ul>
<b>Focus area: Locations for VCT service delivery</b>	
All the NGOs, with the exception of CGSSI, have placed signs of restricted access in the areas where counseling and testing services are delivered.	<ul style="list-style-type: none"> <li>CGSSI complied with this recommendation.</li> </ul>
COCSIDA was encouraged to purchase a portable fan in order to keep the area cool where they carry out the VCT brigades.	<ul style="list-style-type: none"> <li>COCSIDA complied with this recommendation for both locations Tela and La Ceiba.</li> </ul>
All the NGOs are meeting the requirements and conditions to safeguard the privacy and confidentiality of the users of VCT services.	<ul style="list-style-type: none"> <li>The privacy and confidentiality of users of VCT services is maintained.</li> </ul>
<b>Focus area: Management and storage of HIV testing supplies</b>	
All the NGOs are complying with the quality controls required for rapid testing supplies such as Determine and OraQuick.	<ul style="list-style-type: none"> <li>NGOs meet the quality standards for rapid testing supplies.</li> </ul>
During the visit the correct way for filling out the Refrigeration Temperature Control Table was reinforced with all the NGO teams.	<ul style="list-style-type: none"> <li>NGO teams comply with proper procedure for completion of the Refrigeration Temperature Control Table.</li> </ul>
All the NGOs are storing the capillaries and Chasse Buffer at room temperature ensuring that they are not near hot areas.	<ul style="list-style-type: none"> <li>Proper procedures followed for storing the capillaries and Chasse Buffer.</li> </ul>
All the NGOs were reminded to always keep a note on the refrigerator's door with the expiration date of the reagents and buffer chasse.	<ul style="list-style-type: none"> <li>All the NGOs complied with this recommendation.</li> </ul>
<b>Focus area: Biosafety procedures</b>	
All the NGOs are decontaminating the testing instruments by autoclave or in chlorine solutions prior to being incinerated.	<ul style="list-style-type: none"> <li>AS-Two reinforced with all the NGOs the way the monitoring form within the Environmental Mitigation Plan should be completed and the decontamination and waste disposal tracking forms. All of the NGOs are using these instruments correctly and in a systematic manner.</li> </ul>
The disposal of contaminated materials is done in	<ul style="list-style-type: none"> <li>Compliance with disposal procedures.</li> </ul>

the appropriate containers and the right classification of contaminated waste which should be placed in the red bags vs. non contaminated waste which can be discarded in black plastic bags.	
All the NGOs observe the personal safety standards, but some of the staff are not using the protective eyewear systematically.	<ul style="list-style-type: none"> <li>AS-Two reinforced with VCT staff the personal safety standards (e.g., use of protective eyewear when extracting blood sample, use of gloves, etc.) and in the last few monitoring visits it was confirmed that staff were using it adequately.</li> </ul>
In AHMF Comayagua, the team was advised to use a small lamp in the area where the tests are performed to help with the visibility. All the NGOs were encouraged to always keep the containers with medical waste covered to avoid exposure to other individuals.	<ul style="list-style-type: none"> <li>AHMF and the other NGOs complying with this recommendation in both the project's headquarters office and in mobile brigades.</li> </ul>
<b>Focus area: Reporting</b>	
All the NGOs are correctly filling out the forms and completing monthly reports for counseling and HIV testing delivery, and submitting them to the corresponding Sanitary Health Regions in a timely manner.	<ul style="list-style-type: none"> <li>Accurate and timely submission of reports.</li> </ul>
<b>Focus area: Reference and response</b>	
All the NGOs have strong positive coordination and collaboration mechanisms with the Health Secretariat's Sanitary Regions where they operate, allowing for fluid referral processes to the CAIs and UMIETS.	<ul style="list-style-type: none"> <li>Effective referrals to the CAIs and UMIETS.</li> </ul>
The NGOs also partner with the VICITS Program and with other institutions that provide supplementary services (e.g., drug detox programs, alcoholics anonymous, among others).	<ul style="list-style-type: none"> <li>Effective partnerships in place.</li> </ul>
Not all the NGOs have completed or updated their directory of service providers as part of their Referral and Response System.	<ul style="list-style-type: none"> <li>All the NGOs developed/updated a directory of service providers and are using it to provide referrals to their clients.</li> </ul>

## Annex 6: AIDSTAR-Two Honduras Project Monitoring Plan

Master Project Monitoring and Evaluation Plan (PMP) <sup>8</sup>							
Intermediate Result 1: Access to Quality Prevention Services for MARPs Increased.							
Expected Result 1: By September 2012, NGOs are strengthened in management, governance, technical, and leadership skills to deliver quality HIV/STI prevention services to MARPs.							
No.	Indicators	Initial Baseline			Targets Oct./1/11 to Sept./30/12	Frequency	Targets Reached Oct./1/11- Sept./11/12
		Value	Year	Source(s)			
1.1.	Number of organizations serving MARPs whose institutional capacity has been assessed, by funding source and type of assessment.	<b>39 NGOs</b>  6 NGOs funded by AS-Two & 33 NGOs funded by the Global Fund	<b>2009</b>	QuickStart & technical assessment reports	<b>NGOs contracted for the first time by AS-Two</b>	Once in January 2012	<b>N/A</b> as all the NGOs contracted have applied QuickStart
1.2.	Number of NGOs receiving direct grant/sub-contract support from USAID/AS-Two to enhance their organizational capacity and to provide HIV/STI prevention services to MARPs.	<b>6 NGOs</b>	<b>2009</b>	Grant/Sub-contract financial reports	<b>6 NGOs</b>	Once in September 2012	<b>6 NGOs</b>
1.3.	Number of NGOs that have implemented 80% or more of their approved Comprehensive Improvement Plan.	<b>6 NGOs</b>	<b>2009</b>	NGO reports & AS-Two final site visit	<b>4-6 NGOs</b>	Once in September 2012	<b>6 NGOs</b>
1.4.	Number of institutional capacity building	<b>10 trainings</b>	<b>2009</b>	Training	<b>7 trainings</b>	Quarterly	<b>9 trainings (New</b>

<sup>8</sup> The targets proposed in this PMP/work plan may change based on the level of funding available, the number of NGOs that are contracted and the priorities of USAID Honduras.

	and technical workshops carried out to strengthen key NGO's system and processes and/or staff's knowledge and skills to effectively manage their project/grants/sub-contracts and deliver prevention services to MARPs.			records	(M&E workshop; Masculinity and Prevention of Gender-based Violence Workshop; RESPECT phase 2 workshop; New Counselors workshop; New VCT Service Providers Training; Workshop on the Strategy for Integrated STI/HIV/AIDS Services within the Honduras Health Sector; and Proposal Development Workshop)	through September 2012	Counselors Workshop; New VCT Service Providers Training; M&E Workshop; RESPECT Phase 2 Workshop; Workshop on the Application of OraQuick; Workshop on the Strategy for Integrated STI/HIV/AIDS; HIV Prevention, Masculinity and Prevention of Gender-based Violence Workshop; KAP 2012 Interviewers Training; and Proposal Development Workshop)
1.5.	Number of participants that get a 75% or more in the evaluation / post-test of the workshop carried out by AS-Two.	<b>N/A</b>	<b>N/A</b>	Workshop evaluations / post-test	<b>72 participants</b>	Quarterly through September 2012	<b>77</b> VCT counselors from the NGOs (12 VCT Service Providers Training; 12 New Counselors Workshop; 13 M&E Workshop; 20 RESPECT Phase 2 Workshop; 20 Workshop on the Application of the OraQuick)
1.6.	Number of NGO staff that received feedback based on the outcomes of the monthly technical and financial close-	<b>N/A</b>	<b>N/A</b>		<b>24 staff</b> (between 3-4 per NGO)	Quarterly through September	<b>114</b> staff Male: 35 Female: 79

	outs.					2012			
<b>Expected Result 2:</b> MARP groups (MSM, CSW, and Garifunas) are accessing quality HIV/STI prevention services provided by NGOs in targeted geographic regions.									
	Indicators	Initial Baseline			Targets Oct./1/11 to Sept./30/12	Frequency	Targets Reached Oct./1/11- Sept./11/12		
		Value	Year	Source(s)					
1.7.	P8.4.D. Number of targeted condom service outlets.	<b>644</b>	<b>2010</b>	PASMO quarterly reports	<b>644</b>	Quarterly through September 2012	<b>659</b>		
1.8.	P8.5.D: Number of individuals from target audience who participated in community-wide event.	Male:	14,759	<b>2010</b>	NGO monthly reports & AS-Two quarterly reports	Male:	12,435	Quarterly through September 2012	<b>31,736</b>
		Female:	14,163			Female:	12,945		
		<b>TOTAL:</b>	<b>28,922</b>			<b>TOTAL:</b>	<b>25,380</b>		
1.9.	P11.1.D: Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results.	Male:	4,929	<b>2010</b>	NGO monthly reports & AS-Two quarterly reports	Male:	4,751	Quarterly through September 2012	<b>12,855</b>
		Female:	5,415			Female:	5,359		
		(<15 years):	0			(<15 years):			
		(15 + years):	10,344			(15 + years):	10,110		
		Positive:	29			Positive:			
		Negative:	10,315			Negative:			
		MSM:	1,364			MSM:	1,417		
		CSW:	3,722			CSW:	3,640		
		Garifunas:	2,165			Garifunas:	2,123		
		Other indirect groups:	3,093			Other indirect groups:	2,930		
		Individuals:	10,344			Individuals:	10,110		
		Couples:	0			Couples:			
		<b>TOTAL:</b>	<b>10,344</b>			<b>TOTAL:</b>	<b>10,110</b>		
1.10.	P8.3.D: Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards	Male:	899	<b>2010</b>	NGO monthly reports & AS-Two quarterly	Male:	960	Quarterly through September 2012	<b>2,612</b>
		Female:	1,511			Female:	1,440		
		(<15 years):	215			(<15 years):	210		
		(15 + years):	2,195			(15 + years):	2,375		
		Positive:				Positive:			

	required.	Negative:			reports	Negative:			
		MSM:	563			MSM:	653		
		CSW:	840			CSW:	616		
		Garifunas:	848			Garifunas:	1,094		
		Other indirect groups:	159			Other indirect groups:	222		
		Individuals:	2,410			Individuals:	2,585		
		Couples:	0			Couples:			
		<b>TOTAL:</b>	<b>2,410</b>			<b>TOTAL:</b>	<b>2,585</b>		
1.11.	P12.1.D: Male Norms and Behaviors: Number of people reached by an individual, small-group, or community-level intervention or service that explicitly addresses norms about masculinity related to HIV/AIDS.	Male:	842	<b>2010</b>	NGO monthly reports & AS-Two quarterly reports	Male:	905	Quarterly through September 2012	<b>3,835</b>
		Female:	1,088			Female:	1,218		
		(<15 years):	134			(<15 years):	210		
		Male:	45			Male:	62		
		Female:	89			Female:	148		
		(15 + years):	1,796			(15 + years):	1,913		
		Male:	797			Male:	843		
		Female:				Female:	1,070		
		<b>TOTAL:</b>	<b>1,930</b>			<b>TOTAL:</b>	<b>2,123</b>		
1.12.	P12.2.D: Gender Based Violence and Coercion: Number of people reached by an individual, small group or community-level intervention or service that explicitly addresses gender-based violence and coercion related to HIV/AIDS.	Male:	947	<b>2010</b>	NGO monthly reports & AS-Two quarterly reports	Male:	1,192	Quarterly through September 2012	<b>3,870</b>
		Female:	1,465			Female:	1,461		
		(<15 years):	147			(<15 years):	210		
		Male:	46			Male:	62		
		Female:	101			Female:	148		
		(15 + years):	2,265			(15 + years):	2,443		
		Male:	901			Male:	1,130		
		Female:	1,364			Female:	1,313		
		<b>TOTAL:</b>	<b>2,412</b>			<b>TOTAL:</b>	<b>2,653</b>		
1.13.	H2.2.D: Number of community health and para-social workers who successfully	Male:	6	<b>2010</b>	Training records	Male:	23	Quarterly through	<b>76</b>
		Female:	10			Female:	51		

	completed a pre-service training program.	<b>TOTAL:</b>	<b>16</b>			<b>TOTAL:</b>	<b>74<sup>9</sup></b>	September 2012	
1.14.	H2.3.D: Number of health care workers who successfully completed an in-service training program.	Male:	6	<b>2010</b>	Training records	Male:	6	Quarterly through September 2012	<b>31</b>
		Female:	19			Female:	19		
		<b>TOTAL:</b>	<b>25</b>			<b>TOTAL:</b>	<b>25</b>		
1.15.	P9.1.N: Percentage of most-at-risk populations who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission.	<b>85%</b>		<b>2009</b>	KAP	<b>85%<sup>10</sup></b>		September 2012	-
1.16.	P9.2.N: Percentage of female and male sex workers reporting the use of a condom with their most recent client.*	<b>95%</b>		<b>2009</b>	KAP	<b>95%</b>		September 2012	-
1.17.	P9.3.N: Percent of men aged 15-49 reporting sex with a sex worker in the last 12 months who used a condom during last paid intercourse.	<b>TBD (No 2009 baseline available)</b>		<b>2011</b>	KAP	<b>TBD</b>		September 2012	-
1.18.	P9.4.N: Percentage of men reporting the use of a condom the last time they had anal sex with a male partner.	<b>95%</b>		<b>2009</b>	KAP	<b>95%</b>		September 2012	-
1.19.	P9.8.N: Percentage of female and male sex workers reporting the use of a condom with every client in the last	<b>95%</b>		<b>2009</b>	KAP	<b>95%</b>		September 2012	-

<sup>9</sup> This total includes NGO staff that have been trained as new counselor/VCT personnel, new educators, and new leaders that approve the final evaluation after they complete the training.

<sup>10</sup> The same targets as of 2009 are being kept given that a significant number of the direct and indirect target populations served by the NGOs change one year to another due to migration and other factors. In addition, the economic downturn, increased unemployment rates, the political unrest since 2009 and violence disproportionately affect MARPs who in turn are more prone to experience increased levels of anxiety and stress leading to practicing risky behaviors such as having sex without protection, abusing drugs and alcohol and other risk factors for HIV/STI infection. Moreover, some of the activities and services were interrupted due to political protests and curfews limiting the implementation timeframes. In some cases the generalized violence limited the access MSM, Garifuna communities and CSW had to key services. This applies to indicators: P9.1.N, P9.2.N, P9.3.N, P9.4.N, P9.8.N, P9.9.N, IR3.4.1 and IR3.4.2.

	month.*						
1.20.	P9.9.N: Percentage of men who have had anal sex with more than one male partner in the last 6 months of all men surveyed who have sex with a male partner.	<b>80%</b>	<b>2009</b>	KAP	<b>80%</b>	September 2012	-
1.21.	IR4.3.1: Percentage of most-at-risk populations reporting use of condom with most recent partner.	<b>TBD</b>	<b>2009<sup>11</sup></b>	KAP	<b>TBD (No 2009 baseline available)</b>	September 2012	-
1.22.	IR4.3.2: Percentage of most-at-risk populations that report reduction in partners during last 12 months (disaggregated by population). <sup>12</sup>	MSM: 44% Garífunas: 85% CSW <sup>13</sup> : n/a	<b>2009</b>	KAP	MSM: 44% Garífunas: 85%	September 2012	-
<b>Intermediate Result 2: National structures strengthened to respond to the HIV/AIDS epidemic in Honduras.</b>							
<b>Expected Result 3:</b> The Country Coordinating Mechanism in Honduras (CCM-H), Secretariat of Health's Ministerial Facilitating Team and Five Prioritized Regional Teams strengthened in leadership and management areas to fulfill their mandate in response to the national HIV/AIDS epidemic.							
1.23.	New Statutes, Internal Guidelines and Code of Ethics/Policy to Prevent the Conflict of Interest approved by the Assembly.	<b>N/A</b>	<b>N/A</b>	Statutes, Internal Guidelines and Code of Ethics/Policy to Prevent the Conflict of Interest	<b>3 final documents</b>	June 2012	<b>3 final documents approved by the Assembly</b>
1.24.	Strategic Grants Monitoring Manual and Dashboard completed and being used to keep track of grants' performance and to make decisions based on evidence and	<b>N/A</b>	<b>N/A</b>	Strategic Sub-grants Monitoring Manual and	<b>1 Strategic Sub-grants Monitoring Manual and Dashboard;</b>	Quarterly through September 2012	<b>1 Strategic Sub-grants Monitoring Manual and Dashboard; 1 Assembly act</b>

<sup>11</sup> The baseline will be added after reviewing the COMCAVI report to USAID submitted in 2009.

<sup>12</sup> This indicator was taken from the MEASURE Evaluation list.

<sup>13</sup> AS-Two Honduras does not implement the partner reduction strategy with this population.

	data.			Dashboard, Assembly acts	<b>1 Assembly act documenting results and actions based on monitoring reports</b>		<b>documenting results and actions based on monitoring reports</b>
1.25.	Roles and responsibilities of the Ministerial Team re-defined.	<b>N/A</b>	<b>N/A</b>	Document with their revised roles and responsibilities	<b>1 final document</b>	March 2012	<b>1 final document with defined roles and responsibilities</b>
1.26.	Number of coaching sessions conducted with the Technical Secretary (Dr. Paredes).	<b>N/A</b>	<b>N/A</b>	Coaching sessions	<b>2 sessions</b>	Once in June 2012	<b>2 coaching sessions completed</b>