



# Fourth Quarterly Report FY14

Performance period: October 1, 2013 - December 31, 2013

## Nicaragua

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## Acronyms

AIDS	Acquired Immune Deficiency Syndrome
CCP	Country Coordinating Mechanism
CDC	Centers for Disease Control and Prevention
CEPRESI	Center for Aids Education and Prevention
CIES	Center for Health Research Studies
CONISIDA	Nicaraguan Aids Commission
CQI	Continuous Quality Improvement
CSW	Commercial Sexual Worker
GBV	Gender Based Violence
FY12	Fiscal Year 2012
FY13	Fiscal Year 2013
HIV/AIDS	Human immunodeficiency virus / acquired immunodeficiency syndrome
GF	Global Fund
HCI	Health Care Improvement
HIV	Human immunodeficiency virus
IDU	Injecting Drug User
M&E	Monitoring and Evaluation
MARP	Most at Risk Populations
MOH	Ministry of Health
MSM	Men who have sex with Men
NDRC	National Diagnosis and Reference Center
NDI	National Democratic Institute
NGO	Non-Governmental Organization
NSP	National Strategic Plan for STI, HIV/Aids 2006-2012
PASMO	Pan American Social Marketing Organization
PLHIV	People Living with HIV/AIDS
PEPFAR	President's Emergency Plan for AIDS Relief
PwP	Prevention with PLHIV
RAAN	Northern Atlantic Autonomous Region
RAAS	Southern Atlantic Autonomous Region
S&D	Stigma and Discrimination
SMS	Short Message Service
STI	Sexually Transmitted Infections
SW	Sexual Worker
TRANS	Transgender, transsexual, transvestite
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
URC	University Research Co., LLC
USAID	United States Agency for International Development
USAID/DELIVER	Contraceptives Logistics Programme
USAID/PASCA	Program for Strengthening the Central American Response to
USAID/ PrevenSida	Prevention of HIV/AIDS transmission among High Risk Population Program

## **1. Executive summary**

This quarterly report corresponds to the first quarter of the fourth year of the project, which is planned to conclude in September 2016.

This period was characterized by NGOs selection and training startup with topics related to management and finance, HIV prevention and LGBT human rights advocacy.

Training was developed in 6 rounds in sub sites in departments at the Pacific, North and South Caribbean and in Rio San Juan, which enabled compliance with PEPFAR and contract training related indicators.

Another important event was the release of grants for HIV prevention with additional funding from PEPFAR and KPCF enabling national coverage and deepening institutional strengthening actions for the 9 departments previously supported. These grants kicked off in December 2013 which limited compliance with service production indicators. Only 6 NGOs started prevention activities, two of them conducted tests and 1 NGO performed outreach activities for people with HIV.

In strategic information three electronic newsletters were issued on a monthly basis targeting over 223 contacts in public, private, academia institutions and civil society. These newsletters contain the most relevant monthly news and research published in the newspapers. This newsletter is prepared with input from all USAID members in the HIV field.

Three research studies were completed: LGBT baseline and gap analysis for MSM and PLWHA.

The most relevant actions for the next reporting period (January to March 2014) are:

- Follow up to HIV prevention grants.
- Start LGBT human rights advocacy grants.
- Sharing the interactive combination prevention package.
- Gap analysis of sex workers based on the social determinants of health.
- Continuing the management and HIV prevention training program.

### **1.1 Demographic and HIV statistics.**

Since the first case was reported in Nicaragua in 1987 up to September 2013, there have been a total of 8.450 people diagnosed with HIV registered through the monitoring system of the Ministry of Health (MOH)<sup>1</sup>. 6.628 of these were captured on HIV status, and 1,030 have died. Prevalence rate is 0.22 per 100 people and Incidence rate is 17.5 per 100,000 people. 66% of new cases were in men, 27% in women and 7% there is not data. Age of people affected is between 15 to 54 years old.

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<sup>1</sup> MINSA. Componente VIH y Sida. Situacion del VIH primer nonestre 2013.

## 1.2 HIV implementing mechanism in the country

University Research Co., LLC (URC)<sup>2</sup> is a global company dedicated to improving the quality of health care, social services, and health education worldwide. With our non-profit affiliate, the Center for Human Services (CHS), URC manages projects in over 40 countries, including the United States, through management of large grants, contracts, and cooperative agreements on behalf of USAID, Global Fund, WHO, UNICEF, the Gates Foundation, regional development banks, local partners and other clients.

URC implements the PrevenSida project of the United States Agency for International Development (USAID) for HIV/Aids transmission prevention among high risk population. It is a six year project (September 20<sup>th</sup> 2010 to September 20<sup>th</sup> 2016) with a \$7 million investment. Implemented at nationwide.

## 1.3 Programs goals and strategic components

PrevenSida provide input to three strategic PEPFAR components, such as: institutional strengthening, prevention and use of strategic information. As part of the regional HIV program it provides follow up to PEPFAR indicators.

**Project coverage.** For the first 9 months of year 2013 the project covered 11 departments: RAAN, RAAS, Leon, Chinandega, Managua, Masaya, Granada, Rivas, Boaco, Chontales and Rio San Juan. Since October 2013, the coverage is nationwide due to additional PEPFAR, LGBT and KPCF funds.

### **Strategic approach.**

**Institutional strengthening.** The project provided support to NGOs in improving their administrative and financial processes monitoring and evaluation plans and monitoring of quality standards.

**Combination HIV prevention.** In order to more effectively program HIV prevention, care and treatment interventions, PrevenSida and its partners developed and implemented a minimum package approach, a set of interventions.

**Improvement Collaborative.** Selected NGOs shared their best practices in order to improve the administrative and prevention process.

**Knowledge Management.** Together with USAID|PASCA and USAID|Combination Prevention, we promoted the flowing of knowledge from one organization to another, to recipients of prevention services and to the community. Since October 2013, in a joint cooperation with HIV projects funded by USAID we have being delivering a monthly electronic newsletter to more than 200 contacts.

## 1.4 Technical report

Main progress and achievement for each project result are described below:

### 1.4.1 Result 1. Strengthened Institutional.

#### **Strengthened NGOs**

PrevenSida contributes to the Sustainability Strategy for the Comprehensive Response to HIV in Central America and the Dominican Republic, 2012-2015 to the specific objective which

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<sup>2</sup> <http://www.unc-chs.com/>

corresponds to strengthen management skills of leadership and management of the response to HIV in the country, at the governmental level as civil society level and local cooperation, and promote the use of technical and managerial tools.

### ***People trained***

In the first quarter of fiscal 2014 the courses in management, finance and preventive services were completed with the participation of delegates from 44 organizations. 6 training rounds were implemented to facilitate access and the appropriate number of students per classroom, two of them in Managua, other sites in Bluefields, Leon, Bluefields and San Carlos – Río San Juan.

An average of 70 delegates from 15 NGOs and social movements from all over the country participated in the human rights course.

### ***Indicators:***

- H2.2.D Number of community health and para-social workers who successfully completed a pre-service training program: 60 (84.5%; 60/71)
- H2.3.D Number of health care workers who successfully completed an in-service training program within the reporting period: 300 ( 53.6%; 300/560)

## **1.4.2 Result 2. Prevention services.**

23 NGOs were selected for nationwide implementation of combination prevention actions. Agreements were signed in early December, which limited the indicator compliance. Technical proposals will enable compliance with the PEPFAR goals for year 4 of the project.

### ***People and contact reached.***

In year four the goal of people and contacts reached with a minimum package of prevention is 54.500 MARP individuals and 109.000 contacts. The results of the first quarter of Year 2014 are:

1. Number of individuals who received the minimum package: 2,400 (4.4%; 2,400/54,500)
2. Number of contacts that received the minimum package: 2,261 (2.4%; 2,2261/109,000)

### ***Prevention with positives***

In year four the goal of HIV positive persons and their contacts reached with a minimum package of prevention is 500 positive and 1,00 contacts. The results in the first quarter of fiscal year 2014 in the delivery of the comprehensive prevention package were:

1. Number of individuals who received the minimum package: 9 (1.8%; 9/500).
2. Number of contacts that received the minimum package: 79 (7.9%; 79/1,000)

### ***Rapid testing***

In this year, the goal for testing with counseling and results delivery is 14.000. The indicator result is:

1. Number of individuals who were tested and received their results 293 (2.1%; 293/14,000).

### **1.4.3 Result 3. Reduction of stigma and discrimination.**

In the reporting quarter there were no S&D reduction activities because grant agreements were signed in the first week of December 2013. According to the FY14 activities plan, S&D training will be provided between February and April 2014 in 6 sub sites in the Pacific, Caribbean and Rio San Juan, thus achieving the annual 100 people target.

#### ***Advocacy.***

The terms of reference for LGBT human rights grants has established the development of public policies advocacy, which will be selected in January 2014.

### **1.4.4 Result 4. Improved participation of NGOs in the National response**

#### ***Information sharing Strategies***

Fourteen NGOs developed the strategic plan for comprehensive care for MSM population in Nicaragua. They applied the model of the social determinants of health (SDH), based on evidence provided by 21 studies and research in Nicaragua and the Central American region on this situation.

The Strategic Plan for comprehensive care based on social determinants targeting PLWHA population in Nicaragua was also developed with participation of 27 delegates from 4 PLWHA organizations. A total of 109 evidences were analyzed by participants from the perspective of the social determinants of health.

## **1.6 Cross-Cutting and Other Issues**

### **1.6.1 Sub grant**

For year 4 of the project, 23 NGOs were selected with a total of \$588,285 with a global per capita of \$6.92, which shows that this intervention remains cost effective.

The 23 NGOs will provide preventive services nationwide. The number of staff to receive training through the grant on management and prevention topics contributes to meeting both in service and pre service training PEPFAR indicators goals. 103 temporary jobs will be created both for people of sexual diversity and people with HIV.

### **1.6.2 Coordination with other USAID programs and donors**

PrevenSida worked closely with USAID|PASCA, USAID|Combination Prevention, the Center for Disease Control, USAID|HCI-ASSIST, USAID|DELIVER, CONISIDA, National Democratic Institute and the Global Fund HIV/AIDS program.

Nicaragua received a grade of A1 from the Global Fund and PrevenSida contributed to this achievement by sharing indicators coming from NGOs.

## 1.7 Monitoring and evaluation plan

PrevenSida, as part of the USAID HIV regional program, starting on October first 2012, and as bilateral since FY11 to FY13, has been monitoring the PEPFAR indicators defined for Central America and these indicators have been implemented by grantee NGOs.

**Program monitoring** in PrevenSida there is a data base that consolidates gathered, entered and analyzed information in NGOs. The monitored indicators are those established in the URC-USAID contract. The evidence supporting the reports is filled electronically and physically for the systematic process followed by the USAID Mission in Nicaragua for data quality assessment.

The single record of people reached in combination prevention's automatic system has been created for the PEPFAR indicators. This system runs on every NGO that monitors PEPFAR and PrevenSida indicators, which are analyzed on a monthly basis by cross referencing the reach of the indicators with each NGO goal. A consolidation and report are provided to the USAID Nicaragua Mission and an analysis is completed in a joint revision on the progress in meeting the indicators. The single record of people reached in prevention activities, is being used by USAID|PrevenSida grantee NGOs, and by the Global Fund Principal Recipient (GF) and sub-recipients. Three of the GF beneficiary organizations are already using it (Red Trans, ANICP+VIDA, and CEPRESI).

### ***Process evaluation.***

During 2013 the Nicaragua USAID Mission conducted three external evaluations, one led by the regional HIV program, another that corresponds to the final evaluation of USAID's health program Nicaragua 2008 -2013, which is in final editing, and the third is the evaluation of the HIV program which is in its data collection phase.

## 1.8 Annual plan compliance

97% of the planned activities were completed, allowing for successful achievement of contract and PEPFAR indicators.

Those that were not met are:

- Management improvement and prevention collaborative because in Q1 NGO started their grants. The first collaborative learning session has been rescheduled for the second quarter.
- Sharing ENDESA data has not been completed pending the final report. This data sharing activity is under coordination with USAID|DELIVER, which will lead its disclosure and is expected to be completed in the second quarter.
- Capacity building in key staff in the administrative area of NGOs, due to the start of grants by the end of 2013. This indicator will be fulfilled in Q2.

## 1.9 Branding and Marking

Every induction workshop and informative workshops for grantee for NGOs included institutional strengthening and information on Branding and Marking compliance.

In August 2012 The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) Branding Guidance, updated 2012; was received, requiring use of the Regional logo of PEPFAR, due to the HIV program in Nicaragua being linked to the Regional Program. The corresponding logo has been incorporated in all material developed with PEPFAR funds as well as in trainings where power point presentations are used.

The USAID|PrevenSida advisers team monitored that the PEPFAR and USAID|PrevenSida logos are used in all teaching activities conducted by NGOs and all printed material developed by the project will always be submitted to the Mission for revision.

### **1.10 Management and staffing**

There was no change in staff recruitment. Staff has updated their documentation required by URC administrative regulations.

### **1.11 Financial analysis**

There was availability of funds obligated by USAID and URC transfers were not delayed. Since September 20, 2013, USAID incremented the total cost of the project from \$5,000.000 to \$7,000.000 with a one year extension.

According with the new budget, by the end of the first quarter of FY 14 (*October -December 2013*) the PrevenSida Project records 73% execution of obligated funds to date and 52% of total project funds; forecasting funds available to cover around 4.66 quarters.

The funds execution has been according to the project's operational plan.

## **2. Demographics and HIV statistics.**

Based on the definition of UNAIDS<sup>3</sup>, Nicaragua has a concentrated type epidemic because prevalence is above 5% in key populations and less than 1% in overall population.

The National Aids Commission (CONISIDA) in their distribution analysis for new HIV infections and recommendations for prevention for 2012 (HIV Transmission Ways Model)<sup>4</sup>, describes that *the national incidence rate among population from 15 to 49 years old is 0.06% (61 x 100,000). The distribution of every 100 new cases for next year indicates that more than half (50.6%) will be among key populations. An important group of people are those with heterosexual casual sex practices that along with their stable partners represent 27.9% of new cases. 50.6% of new infections are among people who practice heterosexual sex. The highest*

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<sup>3</sup> UNAIDS, Terminology Guidelines, Version revised October 2011, Geneva, Switzerland, UNAIDS, 2011

<sup>4</sup> COMISIÓN NICARAGUENSE DEL SIDA. HIV Transmission Ways

Analysis of new HIV infections' distribution and prevention recommendations. April 2012.

[http://www.pasca.org/sites/default/files/MoT\\_NICARAGUA\\_2011\\_finalB.pdf](http://www.pasca.org/sites/default/files/MoT_NICARAGUA_2011_finalB.pdf) [Access October 12<sup>th</sup>, 2012.]

percentages in this group are for people who have heterosexual casual sex (21.0%) and the people in this group with heterosexual low risk practices (16.5%).).

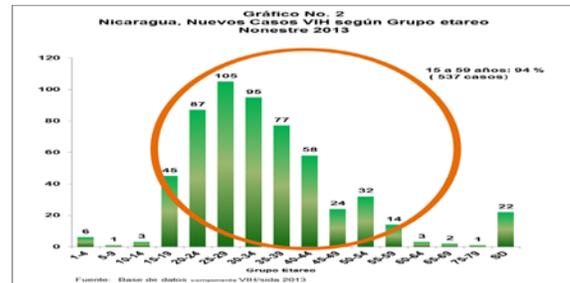
The highest HIV incidences are for Trans with 2,965 x 100,000 and MSM with 2,310 x 100,000.

## 2.1 HIV statistics generated by MoH

Since the first case was reported in Nicaragua in 1987 up to September 2013, there have been a total of 8,450 people diagnosed with HIV registered through the monitoring system of the Ministry of Health (MOH)<sup>5</sup>. 6,628 of these were captured on HIV status, and 1,030 have died. Prevalence rate is 0.22 per 100 people.

According to the same source, in first nine months of 2013, the most affected age groups are those from 15 to 59 years old with 94% of cases (537 cases). Regarding sex, 66% were men, 27% are women and 7% of the data is unknown.

Graphic1: HIV per age group. First 9 months year 2013.



According to the MOH quinquennial report (2007-2011)<sup>6</sup>, out of the total number of people with HIV; 91% reported to be heterosexual, 3% reported to be bisexual, and 4% are men who have sex with men (MSM). The MSM HIV prevalence is 7.5%, and HIV prevalence is 3.2% in sex workers.

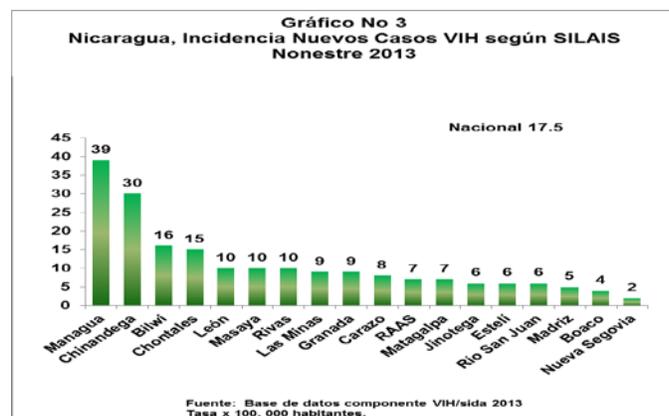
The predominant transmission way is sexual, corresponding to 98.8%, and 1.2% is vertical transmission.

## 2.2 HIV statistics by seroprevalence studies (CDC, GF, Others)

Several studies related to HIV prevalence in key populations describe Trans people with an HIV range of 4.4 to 18.8 with the highest rate in Managua, MSM with a range of 2.8 to 9.8 with the highest in Masaya, FSW with a range of 1.8 to 2.4 with the highest rate in Chinandega.

The Departments considered by MOH with high incidence are: Managua, Chinandega, Bilwi, Chontales, Leon, Masaya and Rivas. These departments are covered by the project.

Graphic 2: HIV incidence. Nicaragua. 9 months year 2013.



<sup>5</sup> MINSA. HIV and Aids Component. 2012 data base.

<sup>6</sup> Ministry of Health, HIV and Aids Epidemiological Situation: 2007 – 2011. Managua, Nicaragua. MINSA. 2012.

### **2.3 HVI statistics generated by PrevenSida**

Rapid testing by PrevenSida during October 2011 to September 2013 recorded 3,188 gays men tested and obtained 21 positive results for a percentage of 0.7. Among Trans population, 499 people were tested resulting 20 positive cases for a percentage of 4.00<sup>7</sup>.

The USAID/PrevenSida report, between October 2011 and September 2013 includes 20,134 HIV tests: 83 with reactive results for a point prevalence rate of 0.4%.

Geographically, people tested by USAID/PrevenSida with reactive rapid test results are located mainly in the Pacific of Nicaragua, similarly to the epidemiological surveillance report of 2011<sup>8</sup>.

In the Fiscal Year 2013, PrevenSida detected 54 new cases (0.43%) in 11 departments and 40 municipalities with the highest prevalence in Chontales (6.66%), RAAN (1.82%), Rivas (1.34%), Masaya (1.12%), Chinandega (0.92%), Managua (0.47%), Leon (0.42%), RAAS (0.11), and Rio San Juan (0.11%)

In the period of October to December 2013, NGOs did complete HIV rapid testing due to selection of new grants occurring in this period.

### **2.4 Estimated coverage for key population**

PrevenSida and the Global Fund are using 3% for MSM and 0.2% for trans. CONSIDA in its exercise of year 2012 (Transmission Way Model) has used 2.39% for MSM and 0.18% for Trans.

Based on the data described above, the project has prioritized interventions for these populations by department through training leaders and/or facilitators on HIV combination prevention and skills development; funding targets these population groups at higher risk.

PrevenSida's coverage in 11 departments and based on estimated population (Oct 12 to Sept 2013) has reached approximately 60% of MSM, 93% Trans and 82% of female sex workers.

## **3. Description and background of the HIV implementing mechanism in the country**

University Research Co., LLC (URC)<sup>9</sup> is a global company dedicated to improving the quality of health care, social services, and health education worldwide. With our non-profit affiliate, the Center for Human Services (CHS), URC manages projects in over 40 countries, including the United States, through management of large grants, contracts, and cooperative agreements on behalf of USAID, Global Fund, WHO, UNICEF, the Gates Foundation, regional development banks, local partners and other clients.

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<sup>7</sup> PrevenSida data base. October 2011 to June 2013.

<sup>8</sup> HIV and Aids Epidemiological Situation: 2007 – 2011. STI, HIV and Aids Component, MINSA 2011

<sup>9</sup> <http://www.unc-chs.com/>

URC focuses on finding ways to deliver proven approaches to health care problems, applying quality improvement (QI) methods, and conducting operations research to tailor those approaches to various settings. Recognizing implementation barriers unique to each setting, we train local managers and service providers to strengthen health systems, integrate system elements, and bring improvements to scale. URC also specializes in designing health messages and materials to educate target audiences about improving health behaviors.

Internationally, URC is engaged in improving access to and quality of maternal, newborn, and child health services; addressing infectious diseases including HIV/AIDS, TB, and malaria; and improving reproductive health and family planning services. In the United States, URC focuses on improving communication related to issues like substance abuse, with a particular focus on reaching underserved populations.

PrevenSida is administered by University Research Co., LLC (URC) under cooperative agreement number AID-524-A-10-00003. It is the project of the United States Agency for International Development (USAID) for HIV/Aids transmission prevention among high risk population. It is a six year project (September 20<sup>th</sup> 2010 to September 20<sup>th</sup> 2016) with a \$7 million investment. Implemented at Nationwide.

#### **4. Program goals and strategic components within the PERFAR framework**

The program goal is to increase healthy behaviors in order to reduce HIV/AIDS transmission among MARPS and to the population at large. These healthy behaviors will be measured by the following indicators: 50% increase from baseline in the consistent use of condoms, 30% decrease from baseline in the number of sexual partners and 60% increase from baseline in the use of HIV counseling and testing.

***Project coverage.*** In FY 14 the project will have nationwide cover with support from additional PEPFAR and KPCF funds.

##### ***Strategic approach.***

***Institutional strengthening.*** The project provided support to NGOs in improving their administrative and financial processes, monitoring and evaluation plans, and monitoring of quality standards.

***Combination HIV prevention.*** In order to more effectively program HIV prevention, care and treatment interventions, PrevenSida and its partners developed and implemented a minimum package approach, a set of interventions.

***Improvement Collaborative.*** Selected NGOs shared their best practices in order to improve the administrative and prevention process.

***Knowledge Management.*** Together with USAID|PASCA and USAID|Combination Prevention, we promoted the flowing of knowledge from one organization to another, to recipients of prevention services and to the community. See impact indicators in table 8 in annex.

##### **Strategic components impacted**

1. **Prevention.** The goal is increasing healthy behavior among high risk population by using high impact prevention methodologies in order to reduce HIV transmission.

2. **Health system's strengthening.** The goal is to develop strengthened health systems to more effectively reach high risk populations.
3. **Strategic information.** To develop capacity of NGOs to use the information in order to make evidence – based decisions around the HIV epidemic.

## 5. Technical Report

For this year of activities three courses were designed and launched that correspond to topics of management and finance, advocacy and human rights, and HIV prevention.

### 5.1 Result One: Strengthened Institutional Capacity of at least 50 NGOs

PrevenSida contributes to the Sustainability Strategy for the Comprehensive Response to HIV in Central America and the Dominican Republic, 2012-2015 to the specific objective which corresponds to strengthen management skills of leadership and management of the response to HIV in the country, at the governmental level as civil society level and local cooperation, and promote the use of technical and managerial tools.

For this year of activities 2014, there are two additional funding sources with the following specific goals:

- *KPCF Component. Increase coverage of preventive services through NGOs in Nicaragua (October 2013-September 2014).*
- *LGBT. Reinforcing human rights approach contributing to the institutional strengthening of LGBT NGOs (September 2013- May 2014).*

The following table shows the compliance with coverage goals for each component at the conclusion of the first quarter of 2014:

**Table 1. Compliance with coverage of NGOs with KPCF and LGBT funds**

Indicator	Additional KPCF	LGBT funds
<b>Geographical coverage</b>	<i>Goal: Eight new departments</i> 1. Río San Juan 2. Matagalpa 3. Estelí 4. Jinotega 5. Nueva Segovia 6. Madriz 7. Carazo 8. Boaco	<i>Goal: all departments</i>  All departments
<b>NGO benefitted</b>	<i>Goal: ten new NGOs</i> 1. Agentes de cambio-Jinotega 2. CEPS-Nueva Segovia 3. OVI-Madriz 4. ADISNIC-Matagalpa 5. Fundación San Lucas-Río San Juan 6. IXCHEN-Estelí 7. RDS-Carazo	<i>15 NGOS (seven of them new)</i> 1. ACCCS 2. ADESENI 3. ADISNIC-MATAGALPA 4. ADISNIC-CHINANDEGA 5. AGENTE DE CAMBIO 6. AJODIC 7. AMODISEC-RAAN 8. ANIT

Indicator	Additional KPCF	LGBT funds
	8. Gaviota-Las Minas 9. ODETRANS 10. INCEJU 11. SAFO 12. INDSVIH+ 13. MOJUDS 14. Grupo Hijas de la Luna 15. IDSDH	9. CEGODEM 10. FADCANIC 11. FSL 12. FUTBOLL INFORMATIVO 13. HIJAS DE LA LUNA 14. IDSDH 15. MDS RAAS 16. MDS RSJ 17. MOJUDS 18. MOVFEM 19. ODETRANS 20. OVI 21. RDS 22. SAFO

### ***People trained***

Since October 2013, USAID|PrevenSida launched the new cycle of courses for administrative and technical staff skills improvement in NGOs working on HIV prevention in key populations and on defense of human rights of the Lesbian, Gay, Bisexual and Transgender (LGBT) population.

The implementation of these courses has had the direct participation of advisors of various USAID projects; they are experts in the topics described in the curriculum. The projects involved are: USAID|PrevenSida, the National Democratic Institute (NDI), USAID|Combination Prevention, USAID|PASCA and USAID|DELIVER.

These courses aim to improve administrative skills among staff at these organizations to improve their governance, financial resources management and planning and monitoring processes for services provided to their target population.

Regarding the prevention technical staff, training enables them to know the trend of the HIV epidemic in Nicaragua, addressing combination prevention targeting key populations in the epidemic, the use of different methodologies for behavior change, stigma and discrimination, HIV rapid testing, promotion and advocacy for human rights of the LGBT population, among and others.

In the first quarter of fiscal 2014 the courses in management, finance and preventive services were completed with the participation of delegates from 44 organizations. 6 training rounds were implemented to facilitate access and the appropriate number of students per classroom, two of them in Managua, other sites in Bluefields, Leon, Bluefields and San Carlos – Río San Juan.

The following courses and topics were designed to assure nationwide coverage with NGOs compliant with minimal standards for management and quality preventive services provision:

#### ***Management and finances:***

- Management, leadership and networking
- Annual strategic planning
- Financial control
- Monitoring and Evaluation
- Strategic information and knowledge management

*HIV Prevention:*

- HIV
- Combination Prevention
- Behavior change methodologies
- Stigma and discrimination
- Gender based violence

*Advocacy and human rights:*

- Coalitions and conflict management
- Legal framework
- Effective communication
- Advocacy

For KPCF and LGBT funds, there are specific training goals per funding source. Progress is described below.

**Table 2. Compliance with KPCF and LGBT indicators**

<b>Indicator</b>	<b>Additional KPCF goal</b>	<b>Achieved Q1 KPCF</b>	<b>LGBT goal</b>	<b>Achieved Q1 LGBT</b>
Training in finances/management	50	3 (6%)	21	11 (52%)
Training in Combination Prevention	50	12 (24%)	0	0
Training in advocacy and human rights	0	0	60	60 (100%)

The prevention and management courses are underway and conclude in the second quarter of 2014. The courses on specific topics for advocacy and human rights (Advocacy, regulatory framework, effective communication and conflict management) have been successfully completed.

**Progress in the human rights and incidence course**

For LGBT NGOs the human rights and incidence courses, the NDI, and USAID|PASCA and USAID|PrevenSida projects came together enabling strengthening the skills of participants to defend their human rights and the development of advocacy plans, which have been included in their grant proposals that are currently under selection by USAID|PrevenSida.

The human rights course included an average of 70 delegates from 15 NGOs and social movements around the country: MDS from Rio San Juan, MDS-RAAS, MDS-RAAN, ADISNIC Chinandega, Agentes de Cambios de Matagalpa, RDS, SAFO, MOVFEMD, ANIT, Hijas de la luna, IDSDH, OVI, ODETRANS, ADESENI and CEGODEM.

3 rounds of training were provided, two of them in Managua, and one in Bluefields. The topics imparted up to December 2013 are: conflict management, negotiation and coalition formation, regulatory framework, advocacy for public policies and communication.

### **Progress in the management and finance course**

In conjunction with the School of Public Health (CIES) the following topics were imparted: Management, Leadership, Networking and Financial Management. Participant organizations are: OVI, Odetrans, RDS, IDSDH, ICAS, INCEJU, MDS Managua and Cegodem, these include 5 LGBT organizations also incorporated in the human rights course. The average number of participants in these activities is 41.

### **Progress in the HIV prevention course**

In the October to December 2012 quarter, a team of facilitators from projects receiving funds from USAID was formed, including USAID|Combination Prevention, USAID|DELIVER and USAID|PrevenSida to train NGO delegates. 5 networks have been organized to this end, which enabled nationwide coverage, Access and cost reduction.

The topics completed to date are:

- HIV Prevention: 137 participants
- Behavior Change: 86 participants
- Combination Prevention and Gender Based Violence: 28 participants

### ***Indicators:***

- H2.2.D Number of community health and para-social workers who successfully completed a pre-service training program: 60 (84.5%; 60/71)
- H2.3.D Number of health care workers who successfully completed an in-service training program within the reporting period: 300 ( 53.6%; 300/560)

### ***Strengthened NGOs***

The main strategy occurs through grants, which has a component of organizational capacity and administrative and technical staff skills development.

In this period we started the fourth round of grants. 23 organizations were selected; these will have nationwide coverage, made possible with additional PEPFAR and KPCF funds.

These organizations are: Asociación Nicaragüense de Personas Positivas Luchando por la Vida (ANICP+VIDA), ASOCIACION NICARAGUENSE DE PERSONAS VIH SIDA (ASONVIHSIDA), Grupo de auto ayuda de occidente de personas viviendo con VIH (GAO), Asociación por los derechos de la Diversidad Sexual Nicaragüense (ADESENI), Centro de Estudios para la Gobernabilidad y Democracia(CEGODEM), Movimiento de la Diversidad Sexual de la Región Autónoma del Atlántico Sur Alexis Montiel Alfaro, MDSRAAS, ASOCIACIÓN DE MOVIMIENTO DE LA DIVERSIDAD SEXUAL COSTEÑA. AMODISEC, Iniciativa desde la Diversidad Sexual por los Derechos Humanos (IDSDH), Movimiento Juvenil por la Diversidad Sexual – MOJUDS, Instituto Centroamericano de la Salud –ICAS, Asociación Campaña Costeña Contra el SIDA (ACCCS), FUNDACION PARA LA AUTONOMIA Y EL DESARROLLO DE LA COSTA ATLANTICA DE NICARAGUA (FADCANIC), Consejo Superior de la Empresa Privada – COSEP, Agentes de cambio Matagalpa, Centro para Educación y Prevención de Sida CEPRESI, Centro de Estudios y Promoción Social CEPS, Asociación Organización Vida Integral (OVI), Asociación para el

Desarrollo Integral Sostenible de Nicaragua. (ADISNIC), Fundación San Lucas (FSL), Asociación para el apoyo de la Nueva Familia en Nicaragua. IXCHEN, Asociación Red de Desarrollo Sostenible RDS, Asociación por la Humanización de la vida – Colectivo Gaviota (Gaviota), and Grupo Hijas de la Luna (GHL).

### **Sub grants**

For year 4 of the Project, 23 NGOs were selected with a total of \$ 588.285 with a global per capita of \$6.92, demonstrating that this intervention is still cost effective.

The 23 NGOs will provide preventive services nationwide reflecting their preventive services production in the below table:

**Table 3. Preventive services proposals. FY 2014.**

	People						Total contacts	Total HIV tests	PLWHA
	Total (individual)	TS	GAY	Bisexual	Trans	MARP			
<b>Goal</b>	<b>54,500</b>	<b>4,500</b>	<b>11,000</b>	<b>15,930</b>	<b>2,500</b>	<b>20,570</b>	<b>109,000</b>	<b>14,000</b>	<b>500</b>
<b>Technical proposals</b>	<b>66,995</b>	<b>6,305</b>	<b>11,120</b>	<b>16,490</b>	<b>2,460</b>	<b>30,620</b>	<b>133,990</b>	<b>16,450</b>	<b>1,584</b>
Source: PrevenSida grant analysis table.									

Staff to be trained through the grant on management and prevention topics enables compliance with can meet both goals for PEPFAR indicators as pre service training service. In addition to Generate 103 temporary jobs both people of sexual diversity as HIV.

**Table 4. People to be trained and with temporary jobs**

	Training		Employment			
	Prevention	Admin	PLWHA	MSM	Lesbian	Trans
<b>Technical proposals</b>	<b>200</b>	<b>101</b>	<b>30</b>	<b>48</b>	<b>8</b>	<b>17</b>

**Mentoring.** PrevenSida’s technical support for the grant management has included significant changes in competencies and organization; which has enabled organizations to achieve quality standards and meet their project goals.

For those NGOs that will receive technical assistance for the first time by PrevenSida there has been a pre award for the management and technical areas, which allows to identify those aspects that should be improved through mentoring.

## 5.2 Result Two: Improved Access of HIV/AIDS Preventive Services

The technical approach implemented for HIV prevention among MARPS is combination prevention, consisting of a set of behavioral, biomedical and structural actions and tactics depending on the nature of the epidemic and the needs of the people most at risk of infection. These prevention interventions are linked directly to the national response, with comprehensive approaches to HIV prevention from combined strategies.

Listed below are the main activities of each intervention:

**Table 5.** Types of HIV interventions

Structural	Biomedical	Behavioral
<ul style="list-style-type: none"> <li>• Workplace policies</li> <li>• Reduce access barriers to services</li> <li>• Reduction of stigma and discrimination</li> <li>• Addressing gender violence</li> <li>• Promotion of human rights</li> </ul>	<ul style="list-style-type: none"> <li>• HIV testing and counseling</li> <li>• Diagnosis and treatment of STIs</li> <li>• Antiretroviral therapy</li> <li>• Availability of condoms</li> <li>• Prevention of unwanted pregnancies</li> </ul>	<ul style="list-style-type: none"> <li>• Behavior Change</li> <li>• Peer Education</li> <li>• Reduce number of partners</li> <li>• Using condoms and lubricant</li> <li>• Preventing alcohol and drug use</li> </ul>

### 5.2.1 Prevention with MARPs

PrevenSida contributes with strategy of sustainability for the integral response to the HIV in Central America and Dominican Republic, 2012-2015 to the specific aim that corresponds to increasing in a sustainable way the coverage of access to the attention and the treatment, across the improvement of the quality of the management and attention, and the reduction of the costs of the provision.

#### *KPCF component*

*Increase coverage of preventive services through NGOs in Nicaragua (October 2013-September 2014):*

With these funds the goal is to expand coverage of preventive services to hidden or hard to reach KPs in eight new departments (Carazo, Estelí, Nueva Segovia, Madriz, Matagalpa, Jinotega, Boaco Rio San Juan and Silais Las Minas).

NGOs with presence in the new departments are:

**Table 6.** NGOs and departments covered with KPCF funding

No.	NGO	Department
01	Agentes de Cambio	Jinotega
02	CEPS	Nueva Segovia
03	OVI	Madriz
04	ADISNIC	Matagalpa

<b>05</b>	<b>FSL</b>	<b>Rio San Juan</b>
<b>06</b>	<b>Ixchen</b>	<b>Esteli</b>
<b>07</b>	<b>RDS</b>	<b>Carazo</b>
<b>08</b>	<b>GAVIOTA</b>	<b>Las Minas</b>

*PEPFAR additional funds*

*Increase coverage of preventive services through NGOs in Nicaragua (October 2013-September 2016)*

With these funds, PrevenSida is increasing the coverage of preventive services to KP by increasing the number and amount of sub-grants in geographical areas previously benefited with strengthening institutional capacity of NGOs in Nicaragua (Managua, Masaya, Granada, Rivas, Leon, Chinandega, RAAN, and RAAS

**Table 7. NGO with PEPFAR additional funds**

<b>Number</b>	<b>NGO</b>
<b>01</b>	<b>ANICP+VIDA</b>
<b>02</b>	<b>ASONVIHSIDA</b>
<b>03</b>	<b>GAO</b>
<b>04</b>	<b>ADESENI</b>
<b>05</b>	<b>CEGODEM</b>
<b>06</b>	<b>MDS RAAS</b>
<b>07</b>	<b>MODISEC RAAN</b>
<b>08</b>	<b>IDSDH</b>
<b>09</b>	<b>MOJUDS</b>
<b>10</b>	<b>CEPRESI (Boaco)</b>
<b>11</b>	<b>Hijas de la Luna</b>
<b>12</b>	<b>ICAS</b>
<b>13</b>	<b>ACCCS</b>
<b>14</b>	<b>FADCANIC</b>
<b>15</b>	<b>COSEP</b>

***People and contacts reached.***

In year four of the project, the goal of people and contacts reached with a minimum package of prevention is 54.500 MARP individuals and 109.000 contacts. The results of the first quarters of Year 2014 are:

1. Number of individuals who received the minimum package: 2.400 (4.4%)

2. Number of contacts that received the minimum package: 2.661 (2.4%)

Low indicator compliance is due to grant agreements being signed in December 2013. In October and November 2013 no activities took place and only 6 of 23 NGOs conducted prevention activities in December. The average to date is 1.1 contacts per person; the target is 2 contacts per individual reached.

### **5.2.2 Prevention with positives**

In year four the goal of HIV positive persons and their contacts reached with a minimum package of prevention is 500 positive and 1,000 contacts. The results in the first quarter in the delivery of the comprehensive prevention package were:

1. Number of individuals who received the minimum package: 9 (1.8%).
2. Number of contacts that received the minimum package: 79 (7.9%).

Low indicator compliance is due to grant agreements being signed in December 2013. In October and November 2013 no activities took place and only 1 of 23 NGOs conducted prevention activities with PLWHA in December.

### **5.2.3 Rapid testing**

In this year, the goal for testing with counseling and results delivery is 14,000. The indicator result for the first quarter is:

1. Number of individuals who were tested and received their results 293 (2.1%).

Due to grant agreements being signed in December 2013, only 2 of 23 NGOs completed HIV rapid testing.

## **5.3 Result Three: Reduction of Stigma and Discrimination**

The reduction of stigma and discrimination has been a mainstream rather than specific activities crosscutting to all results and activities. The technical notes of HIV combination prevention link the issue of gender based-violence and stigma and discrimination with the structural barriers that affect the HIV prevention in the key populations.

In the reporting quarter there were no S&D reduction activities because grant agreements were signed in the first week of December 2013.

According to the FY14 activities plan, S&D training will be provided between February and April 2014 in 6 sub sites in the Pacific, Caribbean and Rio San Juan, thus achieving the annual target of 100 people,

### *LGBT component*

*Reinforcing human rights approach contributing to the reduction of stigma and discrimination through NGO involvement (September 2013-May 2014)*

To date there has been no training on this topic; it is scheduled for February 2013, both for NGO delegates to receive LGBT grants and for those that were not selected. They will also receive the video set compiled by USAID|PrevenSida in the interactive teaching package.

### *Advocacy.*

Fourteen NGOs took on the challenge to develop the Strategic Plan for comprehensive care for MSM in Nicaragua, by applying the model of the social determinants of health (SDH) with an analytical, reflective and participatory methodology, which allowed for them to see multiple angles of the risk of the MSM population, based on evidence from 21 studies and research conducted in Nicaragua and Central America on this situation.

This action was facilitated by USAID|PrevenSida, under the cooperation framework of the Emergency Plan of the President of the United States for AIDS Relief (PEPFAR), which is implemented by USAID Nicaragua through its HIV prevention projects. A total of 118 evidences were analyzed by participants from the perspective of the social determinants of health and of that total, 35 (30%) were classified as favorable and 83 (70%) as limiting.<sup>10</sup>

The process to develop the Strategic Plan for comprehensive care based on social determinants targeting PLWHA population in Nicaragua for the 2014-2016 period started on December 10<sup>th</sup> and 11<sup>th</sup> 2013, with participation of 27 delegates from 4 PLWHA organizations. A total of 109 evidences were analyzed by participants from the perspective of the social determinants of health, of these, 82 (75%) were classified as limiting and 27 (25%) as favorable.

15 actions were formulated in total, focused towards achieving the following specific objectives: 1) contribute to the implementation of the legal framework to ensure compliance with human rights in the PLWHA population, 2) raise awareness among the government, private sector and population at large in order to reduce stigma, discrimination and violence against PLWHA population, 3) contribute to improve health care for PLWHA under human rights compliance, 4) promote support for PLWHA from their family and the general population, 5) promote behavior change toward healthy life styles for PLWHA and 6) strengthen comprehensive care for children with HIV, to help improve their quality of life.

#### **5.4 Result Four: Improved Participation of NGOs**

Strategic information that has emerged from various sources like PASMO, PASCA, CONSIDA and CDC was shared with grantee NGOs with stressed gaps to guide the response to HIV to the local level.

In strategic information we have trained 26 people out of 60 which is the goal (43.3%). The topic used for training was gap analysis based on social determinants.

Regarding the annual target of 20 NGOs participating in local and national coordination mechanisms, 19 (95%) are currently doing so: ACCCS, ADESENI, ADISNIC Chinandega, ADISNIC Matagalpa, AMODISEC RAAN, ANICP+VIDA, Asociación Club Vida Futura, ASONVIHSIDA, CEPS, Fundación San Lucas, GAO, GAVIOTA, IDSDH, IXCHEN, MDS RAAN, MDS RSJ, ODETRANS, OVI, CEPRESI.

With the grant to LGBT NGOs for advocacy of human rights, 12 NGOs will have better participation at local levels since they have technical and financial support for local agreements to promote human rights of the LGBT community.

#### ***Information sharing Strategies***

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<sup>10</sup> Available at [http://www.prevensida.org.ni/index.php?option=com\\_k2&view=item&id=145:plan-estrategico-para-atencion-integral-a-hsh](http://www.prevensida.org.ni/index.php?option=com_k2&view=item&id=145:plan-estrategico-para-atencion-integral-a-hsh).

Both national CONISIDA and the Global Fund Main Recipient INSS are been kept informed on the production of preventive services by NGOs; which has allowed sharing the effect of PrevenSida's collaboration in the national response.

PrevenSida shared with the principal recipient of the Global Fund (INSS) with data collected by NGOs with grants. In the report of the GF corresponding to the first semester of Year 2013, PrevenSida contributed with the 40% of the indicator of MSM reached with preventive service (13,999/34,938). In female sexual workers was 43.7% (5,076/11,609) and with the indicator of rapid tests in MARPS was 31% (4,516/14,567).

One important way of sharing information has been the PrevenSida website. This tool has enabled organizations and web users to access the HIV epidemiology information in Nicaragua; as well as research reports related to MARPs. By the end of December 2013 there is a record of 22,900 visits.

During the quarter 2,576 visits were recorded, of which 80.75% are new visits. An important aspect of this behavior is that in the quarter we also started the training process for new NGOs and the website is promoted during training. Regarding information updates, 16 new articles to disseminate information related to HIV epidemic data in Nicaragua, newsletters, project activities were added and the training schedule was updated.

### ***M&E and sharing.***

PrevenSida contributes to the sustainability strategy for the comprehensive response to HIV in Central America and Dominican Republic, 2012-2014 to specific aim corresponding to strengthen targeted support to HIV information systems that allow data quality and according to regional needs for decision-making.

Two NGOs have created monitoring and evaluation guides in this period, M&E plans come from these guides. The total number of NGOs with M&E plans is 16. For the next quarter we have scheduled the development of these plans in 7 new NGOs.

Regarding installment of the single recording system, this was updated in 23 NGOs through 46 recording stations.

### ***Data Integration in the national response:***

Alongside the principal recipient of the Global Fund and in coordination with the CCP, PrevenSida provided information to develop country reports to UNAIDS. In July 2013, PrevenSida in conjunction with the Global Fund shared the results of the indicators to be included in the country report for the first half of 2013.

In December 2013, the Global Fund formally issued the grade obtained in the assessment of the first half of 2013, A2 in the HIV component, in which the USAID|PrevenSida project significantly contributed to the indicators of MARPS reached with HIV prevention services and HIV testing.

Data integration in the use of the HIV and MARP single record automated system is being used by NGOs working with the Global Fund and USAID|PrevenSida funds enabling standardization of monitoring tools. For the first week of February 2014 there is a work session scheduled between the PR of the Global Fund in Nicaragua and PrevenSida to consolidate country information on described indicators.

### ***Evidence - based policy analysis and formulation.***

Additional LGBT funds are expected to conduct activities outlined in the plan; which includes among others: advocacy, human rights and public policy making training to promote and defend the LGBT community human rights.

## **5.6 Cross-Cutting and Other Issues**

### **5.6.1 Local capacity building and sub- grants.**

#### ***Small Grants Mechanism to LGBT NGOs for advocacy.***

As part of the support offered to organizations working with LGBT populations, USAID|PrevenSida invited non-governmental organizations in the LGBT community working on the promotion and defense of human rights to submit projects targeting implementing advocacy actions for human rights to these populations.

The purpose of grants is to provide financial and technical support to LGBT NGOs linked to the promotion and defense of human rights for institutional strengthening and implementation of advocacy activities.

After placing the ad in the media 23 organizations and social movements requested terms of reference, of these 23, 18 projects were received. In the first week of January 2014, the grant selection committee, guided by the grants manual approved by USAID will proceed to award grants to those who meet the requirements.

**Gender.** The gender approach in HIV prevention should include actions not only for men and women, but also for sexual diversity, such as: transgender, MSM and gay, as well as other highly exposed populations, such as: sex workers, drug users, groups of populations often marginalized for their sexual behavior or gender identities. The project has provided equitable opportunities to men, women and people of different sexual orientations to develop competencies and skills for their work and to have a healthy life. In terms of accessibility to prevention services, the Project has organized strategies to assure the continuum of care for people of sexual diversity through combination prevention implementation.

Gender and the reduction of the gender based violence will be mainstream rather than specific activities

### **5.6.2 Coordination with other USAID programs and donors**

PrevenSida worked closely with USAID|PASCA, USAID|Combination Prevention, the Center for Disease Control and the Global Fund HIV/AIDS program.

PASCA is USAID's program to strengthen the Central American HIV response. It is a five-year program that started on October 1<sup>st</sup> 2008 and will end on March 31<sup>th</sup> 2014. Coordination is based on strategic alliances action, advocacy and national strategic plan monitoring.

*Center for Disease Control*, the project coordinates to promote project grantee NGOs in the result sharing as part of Knowledge management.

USAID|HCI/ASSIST, the project coordinated to include the new knowledge into universities. Together they have contributed to strengthening Trans NGOs and foresee to develop the comprehensive care plan for Trans population in conjunction.

USAID|DELIVER as partner in Reproductive Health Commodity Security (RHCS). Coordination to provide support to NGOS in organizing supplies storage inventory.

CONSIDA, as a member of the M&E committee. Sharing preventive services production data generated by NGOs on a quarterly basis and participating in sessions where technical teams from cooperation projects share their progress.

*National Democratic Institute*. Program funded by USAID Nicaragua with human rights funds. We coordinated the preparation of NGOs on human rights advocacy and effective communication topics. We will also share mentoring with NGOs that will receive grants implement their advocacy plans.

*Global Fund HIV/AIDS program*. The Project provided support to the Global Fund and sub-grantees with training to use the single record of people reached with combination prevention activities.

The main actors have been the NGOs working on HIV prevention in key populations and PrevenSida had as partners the following USAID programs: PASCA, Combination Prevention, AIDSTAR and HCI. We also coordinated with the GF main recipient and the CDC/Universidad del Valle.

As part of the analysis of the context in which funding actions take place for HIV prevention; it is important to mention the Global Fund's contribution. This is in phase 2 and has three out of 4 strategic objectives that coincide with the project which are: to increase access to comprehensive care services to priority populations and people with HIV, institutional strengthening, reducing risky sexual behaviors and discriminatory attitudes and ensuring quality information. The total of these strategic objectives are linked to the 4 results and indicators of the project, as detailed below.

## **5.7 Monitoring and evaluation plan.**

PrevenSida, as part of the USAID HIV regional program, starting on October first 2012, and as bilateral since FY11 to FY13, has been monitoring the PEPFAR indicators defined for Central America and these indicators have been implemented by grantee NGOs.

This set of PEPFAR indicators is linked to result 2 of the project: improved access to and quality of HIV/AIDS Preventive Services for MARPS from NGO preventive service providers.

### ***Baseline study in LGBT NGOs.***

The objectives proposed in the baseline were: find organizations' gaps in the administrative and financial area in human rights and advocacy topics, legal status at the time, networking between

organizations, level of involvement of donor agencies and public and private sector organizations, spaces available to strengthen actions, current obstacles to the promotion and advocacy of LGBT human rights, and identifying organizations and movements of LGBT civil society that are subjects to obtain a grant to implement a project of human rights and advocacy among LGBT population.

Some preliminary results:

- 28 organizations working with LGBT (Lesbian, Gay, Bisexual and Transgender) communities and 15 representatives of donor organizations and public and private institutions participated in the study.
- 61% of organizations still do not have a legal persona. This factor limits organizations in expanding their lines of action.
- As for administrative staff, 61% of organizations have less than 3 people per organization.
- 43 % of volunteer staff is between 1 and 15 volunteers per organization. However, 21% of organizations do not have volunteer staff.
- LGBT organizations have nationwide coverage. However, most are located in Managua, Masaya, Granada and León.
- 68% of the organizations have a monitoring and evaluation manager, only 32% of them have a monitoring guide.
- 39% of organizations have reported to have financial administrative manuals, while 61% do not.
- Training needs for the promotion of human rights are: designing campaigns and educational materials as well as the use of electronic media, institutional strengthening (administrative and financial management, organizational culture, networking and strategic planning); gender identity, recognition of identity, legal framework and advocacy for public policies development.
- The main organizations included in their network are: IDSDH, CEPRESI, ADESENI, REDTRANS, SAFO, Casa de Colores, Red de Desarrollo Sostenible, and AVETRANS and Asociación de Hombres Contra La Violencia.
- The topics or programmatic aspects that have been networked are: political incidence and sociopolitical empowerment was mentioned by 25%, violence and hate crimes by 18%, access to sexual and reproductive health by 14%, prevention and information on HIV and STI that also includes HIV testing, condom distribution and decent work by 11%.

#### Identified gaps:

- The need for institutional strengthening on the following topics: organizational culture, strategic planning, incidence to exercise public policies, gender-based violence, stigma and discrimination.
- Alliances between LGBT organizations for more effective actions.
- Awareness of the regulatory framework of LGBT human rights.
- Improving their ability to formulate communication campaigns, social mobilization, and popular education for outreach and advocacy, and empowerment and advocacy plans to influence public policies.

***Quality standards compliance base line.*** There is an instrument that evaluates the criteria that an NGO must comply with in the administrative and prevention services areas. A base line is built whenever an NGO joins an institutional strengthening support program, the results are analyzed with NGO officials, and once the gaps to be closed are prioritized, organizational changes for human resources formation of necessary inputs for processes improvement are decided, and a quarterly follow up is given to the quality standards criteria.

***Program monitoring*** in PrevenSida there is a data base that consolidates gathered information, entered and analyzed in NGOs. The monitored indicators are those established in the URC-USAID contract. The evidence supporting the reports is filled electronically and physically for the systematic process followed by the USAID Mission in Nicaragua for data quality assessment.

The single record of people reached in combination prevention's automatic system has been created for the PEPFAR indicators. This system runs on every NGO that monitors PEPFAR and PrevenSida indicators, which are analyzed on a monthly basis by cross referencing the reach of the indicators with each NGO goal. A consolidation and report are provided to the USAID Nicaragua Mission and an analysis is completed in a joint revision on the progress in meeting the indicators.

#### ***Process evaluation.***

The Mission informed us that three evaluations have been conducted by external consultants funded by USAID. One was for the health program evaluation, another for the regional PEPFAR program and the HIV program evaluation is currently taking place, therefore the evaluation to be conducted by PrevenSida was deferred to take place whenever we are instructed to do so.

***External evaluation.*** At the beginning of the project we built the baseline and performed the calculation of project impact indicators. The sources were the MOH ECVC/CDC/Universidad del Valle studies and CONSIDA studies.

Other sources of information are expected to be ready in FY14. One of them is the ECVC study to be conducted by MOH/CDC/Universidad del Valle. A second report to be considered is measuring results of 40 indicators (year 2011) monitored by CONSIDA; this analysis has the support of USAID/PASCA, the UNGASS report 2012 (the one reporting 2011 indicators) prepared by UNAIDS. PASMO is undergoing two tracker studies on behavioral changes in men who have sex with men and sex workers. On the stigma and discrimination topic, USAID|PASCA has completed the study named stigma and discrimination related to HIV and AIDS in Nicaragua 2009 – 2011; they are in the process of sharing the report on transmission ways produced by CONSIDA with the support of USAID|PASCA. Another source of information will be the ENDESA 2012 that will be ready in the first quarter of the year 2013.

Regarding information provided by the Global Fund, the second phase of the Global Fund Round 8 was approved in early 2012 (2012 to 2014) with a budget reduction totaling approximately ten million dollars and a reorientation of activities and target populations prioritizing key populations coverage; which includes gay, transgender sex workers, and other vulnerable populations such as soldiers, prisoners, etc. In terms of studies scheduled, the Global Fund will provide follow up through KAP surveys on correct and consistent condom use, and access to preventive services for key populations. This study will be conducted in 2013 along with the CCM and the CDC; which will allow tracking of the ECVC study conducted in November 2010.

Meanwhile CONISIDA will provide follow up to 62 epidemiological surveillance indicators. Indicators include sexual behavior, human rights, epidemiology, and socioeconomic impact. This has been published and approved by CONISIDA. Another effort has been aimed at Nicaragua's participation in the Central American Observatory of HIV providing information to monitor 32 indicators; including knowledge, attitudes, and sexual practices. These were recently presented at a workshop conducted by the HIV Observatory in Nicaragua in coordination with CONISIDA.

The main findings from research conducted in the country over the past two years show:

- The Trans, MSM, and sexual worker population mostly have a level of basic schooling. As a product of the circumstances of their environment, sexual orientation, and economic needs, interrupted their education. A very small group continues the education process
- HIV prevalence is concentrated in the MSM population. Among them, the transgender community is the most affected with prevalence up to 130 times more than the general population
- Consistent use of condoms with regular partners (in less than 20%) casual (46%) and new clients (97%) in sex workers
- Trans people bear the greatest burden of stigma and discrimination

## **5.8 Compliance with the annual plan 2014.**

97% of the planned activities were completed, allowing for successful achievement of contract and PEPFAR indicators.

Those that were not met are:

- Management improvement and prevention collaborative because in Q1 NGO started their grants. The first collaborative learning session has been rescheduled for the second quarter.
- Sharing ENDESA data has not been completed pending the final report. This data sharing activity is under coordination with USAID|DELIVER, which will lead its disclosure and is expected to be completed in the second quarter.
- Capacity building in key staff in the administrative area of NGOs, due to the start of grants by the end of 2013. This indicator will be fulfilled in Q2

### ***Compliance with Q1 PEPFAR indicators (Table 9):***

Preventive services because production goals were not met due to activities starting by the end of 2013, however, compliance with training indicators was excellent.

Of the 23 NGOs selected for grants, only 6 started prevention activities and two of them conducted rapid testing. Grant agreements were signed in the first week of December, which prevented 100% of NGOs field activities from beginning.

### ***Compliance with Q1 contract indicators (Table 10):***

1. People from NGOs, are trained and have received technical assistance for HIV: 60 (84.5%; 60/71).
2. NGO with institutional development plans. 20 (115%; 23/20).
3. Number of NGO personnel implementing key administrative/financial behaviors: 0 (0/60)
4. Organizations providing appropriate behavioral change communications, counseling and testing, condom provision and other preventive services: 43 (86%; 43/50).

## 5.9 Branding and marking strategy compliance

Every induction workshop and informative workshops for grantee for NGOs included institutional strengthening and information on Branding and Marking compliance. They are also given a hard copy of the information about this requirement in Spanish.

One of the Standard Provisions included in contracts with NGOs and contractor (CIES) is Branding and Marking.

In August 2012 The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) Branding Guidelines, updated in 2012 was received. This required use of the Regional PEPFAR logo, due to the HIV program in Nicaragua being linked to the Regional Program. The corresponding logo will be requested to the USAID Mission in Nicaragua for its incorporation in all material developed with PEPFAR funds as well as in training sessions including power point presentations.

NGOs that have developed communication materials have submitted them to USAID|PrevenSida for processing, which has been completed with USAID approval.

CIES teachers were provided with PowerPoint templates with the USAID|PrevenSida and PEPFAR logos and their organization logos from the beginning of the project.

The USAID|PrevenSida advisers team monitored that the PEPFAR and USAID|PrevenSida logos are used in all teaching activities conducted by NGOs and all printed material developed by the project will always be submitted to the Mission for revision.

## 5.10 Management and Staffing

As prime contractor, URC is providing technical and administrative direction and support to the PrevenSida program office and team, and is accountable for program results, management and financial control. URC will guide activities across all results. CIES will coordinate training under result one, sharing their wealth of experience in knowledge management and participation in the national response.

The Project Team is led by Dr. Oscar Nunez, MD, MHS, a senior technical and program leader. He will work closely with three key staff: Mr. Alexey Oviedo, a human resource management professional, Dr. Rafael Arana, MPH, a monitoring and evaluation expert with 13 years of work in HIV/AIDS, Dr. Carlos Jarquin, an experienced public health specialist and Mr. Roberto Gonzalez in the position of grant/finance associate.

***Lines of authority and responsibility:*** The program team is located in Managua and is led by Dr. Oscar Nuñez. He oversees all work planning and implementation, provides technical direction and administrative and financial oversight. The work of the COP will be supplemented by the National Administrative Director, the M&E and Reporting Manager, the Organizational Development Specialist and grant associate.

There was no change in staff recruitment. Staff has updated their documentation required by URC administrative regulations.

## 7. Annexes

Table 8 . PrevenSida impact indicators.

<b>Country:</b>		Nicaragua							
<b>Project</b>		USAID-PrevenSida							
<b>Agreement:</b>		AID-524-A-10-00003							
<b>Start date:</b>		September 20 <sup>th</sup> 2012							
<b>End date:</b>		September 19 <sup>th</sup> 2015							
Indicator		Baseline	Year	Data source	Benchmark	Target			
						Year 2	Year 3	Year 4	Year 5
50% increase from BL in correct and consistent condom use in all sexual contacts including stable partners	% of MSM who use condoms consistently and correctly with occasional partner in the last 30 days	38.1%	2009	ECVC 2009. CONISIDA-MINSA, CDC.UVG. Nicaragua.	57.0%	45.0%	N/A	N/A	57.0%
	% of MSM who use condoms consistently and correctly with stable male partner in the last 30 days	30.9%	2009	ECVC 2009. CONISIDA-MINSA, CDC.UVG. Nicaragua.	46.5%	37.0%	N/A	N/A	46.0%
	% of SW who use condoms consistently and correctly with stable partner in the last 30 days	10.7%	2009	ECVC 2009. CONISIDA-MINSA, CDC.UVG. Nicaragua.	16.0%	13.0%	N/A	N/A	16.0%
	% de TS who use condoms consistently and correctly with occasional partner in the last 30 days	62.0%	2009	ECVC 2009. CONISIDA-MINSA, CDC.UVG. Nicaragua.	93.0%	74.0%	N/A	N/A	93.0%

<b>Country:</b>		Nicaragua							
<b>Project</b>		USAID-PrevenSida							
<b>Agreement:</b>		AID-524-A-10-00003							
<b>Start date:</b>		September 20 <sup>th</sup> 2012							
<b>End date:</b>		September 19 <sup>th</sup> 2015							
Indicator		Baseline	Year	Data source	Benchmark	Target			
						Year 2	Year 3	Year 4	Year 5
30% decrease from baseline in the number of multiple partners among high risk population	% of MSM which have had penetrative sexual intercourse with two or more occasional partners in the last 12 months	65.0%	2009	ECVC 2009. CONISIDA-MINSA, CDC.UVG. Nicaragua.	45.0%	58.5%	N/A	N/A	45.0%
	% of MSM which have had penetrative sexual intercourse with concurrent partner in the last 12 months	25.0%	2009	ECVC 2009. CONISIDA-MINSA, CDC.UVG. Nicaragua.	17.5%	22.5%	N/A	N/A	17.5%
60% increase from baseline in the use of counseling and testing promotion among MARPs	% of MSM which received counseling and got tested for HIV in the last 12 months	38.0%	2010	ECVC 2009. CONISIDA-MINSA, CDC.UVG. Nicaragua.	60.8%	47.5%	N/A	N/A	60.8%
	% of SW which received counseling and got tested for HIV in the last 12 months	37.0%	2009	ECVC 2009. CONISIDA-MINSA, CDC.UVG. Nicaragua.	59.2%	46.3%	N/A	N/A	59.2%

Table 9. PEPFAR indicators. FY 2014.

<b>Partner</b>	<b>University Research Corporation (URC)</b>				
<b>Project</b>	<b>PrevenSida</b>				
<b>AOTR/COTR</b>	<b>Marianela Corriols</b>				
<b>Alternate</b>					
<b>Office Chief</b>	<b>Angela Cardenas</b>				
<b>Start Date</b>	<b>20/09/2010</b>				
<b>End Date</b>	<b>20/09/2016</b>				
<b>Indicator PEPFAR</b>	<b>FY14</b>				
	<b>Target</b>	<b>Q1 Reached</b>	<b>Total Reached</b>	<b>Percent Complete</b>	<b>Explanation for +10% or -10%</b>
P11.1.D Number of individuals who received HIV Testing and Counseling (HTC) services for HIV and received their test results	14,000	293	293	2.1%	Grant agreements were signed in December 2013. In October and November 2013 no activities were developed. Only 2 NGOs conducted tests.
P11.1.D-a Number of men	9,000	261	261	2.9%	Progress made in this period includes men predominantly and sex worker clients
P11.1.D-b Number of women	5,000	32	32	0.6%	
P11.1.D-c age (< 15 years old)	0	0	0		
P11.1.D-d age (15+ years old)	14,000	293	293	2.1%	
P11.1.D-e Positive	42	0	0	0.0%	
P11.1.D-f Negative	13,958	293	293	2.1%	
P11.1.D-g Individual	14,000	293	293	2.1%	
P11.1.D-h Couples	0	0	0		
P11.1.D-i By MARP type: CSW	700	16	16	2.3%	
P11.1.D-j By MARP type: IDU	0	0	0		

P11.1-D-k By MARP type: MSM	7,240	0	0	0.0%	
P11.1-D-l Custom By MARP type: MSM (Homosexual)	2,300	0	0	0.0%	
P11.1-D-m Custom By MARP type: MSM (Transgender)	1,640	0	0	0.0%	
P11.1-D-n Custom By MARP type: MSM (bisexual men)	3,300	0	0	0.0%	
P11.1-D-o By MARP type: Other vulnerable population.	6,060	277	277	4.6%	
P11.1-D-p Bisexual women		0	0		
P11.1-D-q Lesbian		0	0		
P11.1-D-r Men in Uniforms		0	0		
P11.1-D-s Prisoners		0	0		
P11.1-D-t Mobile populations		45	45		
P11.1-D-v Sexual worker clients		232	232		
P11.1-D-w Non IV drug users		0	0		
P11.1-D-x Women in GBV situations		0	0		
P11.1-D-y Youth at risk		0	0		
P11.1-D-z Others (specify)		0	0		
P8.3.D Number of MARP reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards required (contact)	109,000	2,661	2,661	2.4%	Grant agreements were signed in December 2013. In October and November 2013 no activities were developed. Only 6 NGOs out of 23 conducted prevention activities in December. The average contact per person is 1.1.
P8.3.D-a By MARP type: CSW	9,000	589	589	6.5%	
P8.3.D-b By MARP type: IDU	0		0		
P8.3.D. c By MARP type: MSM	58,860	736	736	1.3%	
P8.3.D-c Custom By MARP type: MSM (homosexuals)	22,000	334	334	1.5%	
P8.3.D-c Custom By MARP type: MSM (transgender)	5,000	149	149	3.0%	
P8.3.D-c Custom By MARP type: MSM (bisexual men)	31,860	253	253	0.8%	

P8.3.D-d By MARP type: Other Vulnerable Populations	41,140	1,336	1,336	3.2%	
P8.3.D-e Bisexual women		2	2		
P8.3.D-f Lesbian		1	1		
P8.3.D-g Men in Uniforms		11	11		
P8.3.D-h Prisoners			0		
P8.3.D-i Mobile populations			0		
P8.3.D-j Sexual worker clients		844	844		
P8.3.D-k Non IV drug users		60	60		
P8.3.D-l Women in GBV situations		373	373		
P8.3.D-m Youth at risk		45	45		
P8.3.D-n Others (specify)			0		
P8.3.D-o Number of Men	88,400	1,672	1,672	1.9%	
P8.3.D-p Number of Women	20,600	989	989	4.8%	
P8.3.D Number of MARP reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards required (individual)	54,500	2,400	2,400	4.4%	Grant agreements were signed in December 2013. In October and November 2013 no activities were developed. Only 6 NGOs out of 23 conducted prevention activities in December.
P8.3.D-a By MARP type: CSW	4,500	548	548	12.2%	
P8.3.D-b By MARP type: IDU	0	0	0		
P8.3.D. c By MARP type: MSM	29,430	689	689	2.3%	
P8.3.D-c Custom By MARP type: MSM (homosexuals)	11,000	306	306	2.8%	
P8.3.D-c Custom By MARP type: MSM (transgender)	2,500	145	145	5.8%	
P8.3.D-c Custom By MARP type: MSM (bisexual men)	15,930	238	238	1.5%	
P8.3.D-d By MARP type: Other Vulnerable Populations	20,570	1,163	1,163	5.7%	
P8.3.D-e Bisexual women		2	2		
P8.3.D-f Lesbian		1	1		
P8.3.D-g Men in Uniforms		11	11		
P8.3.D-h Prisoners			0		
P8.3.D-i Mobile populations			0		
P8.3.D-j Sexual worker clients		830	830		

P8.3.D-k Non IV drug users		43	43		
P8.3.D-l Women in GBV situations		232	232		
P8.3.D-m Youth at risk		44	44		
P8.3.D-n Others (specify)			0		
P8.3.D-o Number of Men	44,200	1,593	1,593	3.6%	
P8.3.D-p Number of Women	10,300	807	807	7.8%	
H1.1.D Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests	5	0	0	0.0%	For Q2 we have scheduled an intervention to strengthen clinical laboratories performing testing
H2.2.D Number of community health and para-social workers who successfully completed a pre-service training program	71	60	60	84.5%	Management and leadership courses will be completed on Q3, which will allow compliance with this indicator.
H2.3.D Number of health care workers who successfully completed an in-service training program within the reporting period	560	300	300	53.6%	According to the action plan, Q1 would be the period of greatest intensity in training, which was fulfilled. S&D, as well as adult care and support are planned to start in Q2. This is due to overload of training time in Q1.
H2.3.D-a Outreach with MARPs (Other Sexual Prevention)	300	266	266	88.7%	
H2.3.D-b Testing and Counseling	30	8	8	26.7%	
H2.3.D-c Adult care and support	70	0	0	0.0%	
H2.3.D-d Strategic information NGO Strengthening	60	26	26	43.3%	
H2.3.D-e Other (Stigma and discrimination)	100	0	0	0.0%	
P7.1.D Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of Prevention with PLHIV (PwP) interventions (individual)	500	9	9	1.8%	Grant agreements were signed in December 2013. Only one NGO began activities with PLWHA
P7.1.D-a Number of Men	250	5	5	2.0%	
P7.1.D-b Number of Women	250	4	4	1.6%	
P7.1.D-c Number reached in a clinic		1	1		
P7.1.D-d Number reached in a facility		1	1		

P7.1.D-e Number reached in a community		7	7		
P7.1.D-f Number reached in a home		0	0		
P7.1.3.D-g By MARP type: CSW			0		
P7.1.D-h By MARP type: IDU			0		
P7.1.D-i By MARP type: MSM		2	2		
P7.1.D-i Custom By MARP type: MSM (homosexuals)		2	2		
P7.1.D-i Custom By MARP type: MSM (transgender)			0		
P7.1.D-i Custom By MARP type: MSM (bisexual men)			0		
P7.1.D-j By MARP type: Other Vulnerable Populations		7	7		
P7.1.D-k Bisexual women			0		
P7.1.D-l Lesbian		1	1		
P7.1.D-f Men in Uniforms			0		
P7.1.D-g Prisoners			0		
P7.1.D-h Mobile populations		4	4		
P7.1.D-i Sexual worker clients		2	2		
P7.1.D-j Non IV drug users			0		
P7.1.D-k Women in GBV situations			0		
P7.1.D-l Youth at risk			0		
P7.1.D-m Others (specify)			0		
Indicator #P7.1.D Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of Prevention with PLHIV (PwP) interventions (contact)	1,000	79	79	7.9%	Grant agreements were signed in December 2013. Only one NGO began activities with PLWHA
P7.1.D-a Number of Men	500	51	51	10.2%	
P7.1.D-b Number of Women	500	28	28	5.6%	
P7.1.D-c Number reached in a clinic		21	21		
P7.1.D-d Number reached in a facility		29	29		
P7.1.D-e Number reached in a community		29	29		
P7.1.D-f Number reached in a home		0	0		

P7.1.3.D-g By MARP type: CSW		0	0		
P7.1.D-h By MARP type: IDU		0	0		
P7.1.D-i By MARP type: MSM		27	27		
P7.1.D-i Custom By MARP type: MSM (homosexuals)		25	25		
P7.1.D-i Custom By MARP type: MSM (transgender)		1	1		
P7.1.D-i Custom By MARP type: MSM (bisexual men)		1	1		
P7.1.D-j By MARP type: Other Vulnerable Populations		52	52		
P7.1.D-k Bisexual women			0		
P7.1.D-l Lesbian		2	2		
P7.1.D-f Men in Uniforms			0		
P7.1.D-g Prisoners			0		
P7.1.D-h Mobile populations		43	43		
P7.1.D-i Sexual worker clients		3	3		
P7.1.D-j Non IV drug users			0		
P7.1.D-k Women in GBV situations			0		
P7.1.D-l Youth at risk		1	1		
P7.1.D-m Others (specify)		3	3		
CUSTOM: Number of local organizations provided with technical assistance for HIV-related institutional capacity building	50	43	43	86.0%	

Table 10. Contract indicators. FY2014

Project USAID|PrevenSida

	Fy14					
Indicator	Target	Q1	Total	Percent Complete	Explanation for +10% or -10%	Notes
<b>Result 1</b>						
71 people from NGOs, are trained and have received technical assistance for HIV related capacity development by the end of Program	71	60	60	84.5%	-15%	Management and leadership courses will be completed in Q3, which will enable compliance with this indicator.
20 NGO with institutional development plans and implement annually	20	23	23	115.0%	15%	New NGOs added to the grants enabled to exceed the goal. Worked on operational plans, budgets and skills development among their staff
A network of NGOs working on the issue of HIV / AIDS has begun in the first year of the program and from the second year design, implement and evaluate plans until completion of the program	1	1	1	100.0%	0%	
Number of NGO personnel implementing key administrative/financial behaviors at the end of the year.	60	0	0	0.0%	-100%	Because grant agreements were signed in December 2013, progress in meeting this indicator is planned from Q2.
<b>Result 2</b>						
At least 109,000 MARP reached yearly through community outreach that promotes HIV-AIDS prevention	109,000	2,661	2,661	2.4%	-98%	Grant agreements were signed in December 2013. In October and November 2013 no activities were developed. Only 6 NGOs out of 23

						conducted prevention activities in December. The average contact per person is 1.1.
Number of individuals who received HIV Testing and Counseling (HTC) services for HIV and received their test results	14,000	293	293	2.1%	-98%	Grant agreements were signed in December 2013. In October and November 2013 no activities were developed. Only 2 NGOs conducted tests.
50 organizations providing appropriate behavioral change communications, counseling and testing, condom provision and other preventive services to other members of high risk groups.	50	43	43	86.0%	-14%	To be completed in Q2
<b>Result 3</b>						
100 people from NGOs have been trained in educational strategies and tools to reduce S&D.	100	0	0	0.0%	-100%	According to the action plan this training will start in Q2.
20 NGO with annual plans to reduce S&D towards MARPS, and are implementing them	20	23	23	115.0%	15%	The 23 grantee NGOs have actions related to S&D work in their communities and have videos set.
<b>Result 4</b>						
Approximately 50 NGOs provided with technical assistance for HIV-related policy development	50	43	43	86.0%	-14%	To be completed in Q2
20 NGOs participating in local and national coordination mechanisms of the national response.	20	19	19	95.0%	-5%	ACCCS, ADESENI, ADISNIC Chinandega, ADISNIC Matagalpa, AMODISEC RAAN, ANICP+VIDA, Asociación Club Vida Futura,

						ASONVIHSIDA, CEPS, Fundación San Lucas, GAO, GAVIOTA, IDSDH, IXCHEN, MDS RAAN, MDS RSJ, ODETRANS, OVI, CEPRESI.
At least six applied research studies carried out and findings disseminated and used by key NGOs and MOH	6	4	4	66.7%	-33%	1. Baseline of institutional and technical capabilities of LGBT community civil society organizations 2. Gap Analysis in MSM population. 3. Gap analysis PLHA. 3. Gap Analysis of comprehensive HIV care among RAAN population
An advocacy plan developed and implemented to remove barriers in implementing prevention programs for people with higher vulnerability through networking	1	1	1	100.0%	0%	

Table 11. Annual operating report. FY 14

Main Activities	Task	Result	Participants	Month			Compliance			Observations
				Oct	Nov	Dec	Achieved	In progress	No achieved	
<b>Result 1: Strengthened institutional capacity of at least 50 NGOs in the national response to HIV and Aids through networking and capacity development. (PEPFAR and KPCF)</b>										
Selecting NGOs to be included to improve institutional performance in year 4 of the project, including 10 KPCF NGOs and 15 LGBT NGOs.	Selecting and educating NGOs on their involvement with PrevenSida	NGOs selected and educated about their involvement with PrevenSida	URC Staff							
	Socializing baseline results among NGOs	Baseline socialized among NGOs	URC and new NGOs Staff							
Complete LGBT baseline examining NGOs and donors who have worked with LGBT, identify NGOs and determine spaces for effective work at local and national levels	Design and publish the terms of reference for the baseline and choose the person who will draft the document									
	Select NGOs to work on LGBT development									
Complete pre-award with selected NGOs to identify needs for technical improvement in financial, managerial and technical areas	Complete pre-award with selected NGOs to determine needs									

	for improvement in financial, managerial and technical areas (prevention, human rights and advocacy)									
	Define thematic areas to reinforce (institutional development and technical areas)									
<b>Competencies development – Institutional strengthening training. (CIES and PrevenSida)</b>										
Conduct training to improve administrative/managerial and financial capacity of selected NGOs, including LGBT NGOs	Adapting the academic program of the management component to the different participants	Academic program adapted to the needs of new participants	URC CIES Staff							
	Implement academic program to improve the financial administrative capacity of NGOs in year 4	Academic program developed according to contract	URC CIES Staff							
	Systematic evaluation of the fulfillment of training objectives and application of NGOs knowledge	Assured quality of the provided modules	URC CIES Staff							
Updating technical standards and organizing them into a teaching package	Upgrading technical notes on institutional strengthening	NGO staff updated in institutional strengthening	URC and NGOs Staff							
	Designing and reproducing	Institutional strengthening	URC CIES							

	institutional strengthening teaching package modules	teaching package designed and reproduced	Staff							
<b>Training on advocacy and human rights. URC, PASCA and NDI training.</b>										
	Designing and/or adapting the curriculum of the human rights and advocacy component in 4 modules (coalitions and conflict management, legal framework, advocacy and effective communication)	Curriculum of the human rights and advocacy component designed and adapted	URC PASCA/ DNI Staff							
	Implement academic program to improve human rights capacity	Academic program implemented	URC PASCA/ DNI Staff							
	Systematic evaluation of the fulfillment of training objectives and application of NGOs knowledge	Completed systematic evaluation of the fulfillment of training objectives	URC Staff							
	Perform field mentoring by PrevenSida, NDI, and PASCA to NGOs to improve skills and application of knowledge acquired in the academic	Improved NGOs skills through field mentoring	PASCA/ DNI Staff							

	program.									
<b>Monitoring and Evaluation. URC Training</b>										
Providing training on monitoring and evaluation to new NGOs (LGBT and KPCF) selected to improve their skills in the use and implementation of M&E matrices	Selecting people to be trained from each NGO	New NGOs selected	URC NGOs Staff							
	Training new NGOs on M&E	New NGOs trained on M&E	URC NGOs Staff							
	Support new NGOs to have a guide and a plan for monitoring and evaluation of their grant project	New NGOs with grant M&E guide and plan.	URC NGOs Staff							
<b>Improvement collaboratives – URC training</b>										
Implementing improvement collaborative: standards, indicators, change package, learning sessions contents with NGOs in 2014 (PEPFAR and KPCF)	Implementing improvement collaborative: standards, indicators	Change package	Learning sessions contents with NGOs in year 2014 (PEPFAR and KPCF)							To be implemented in Q2
	Hold a first collaborative improvement with new NGOs from year 4 in administrative/managerial, and prevention aspects		URC NGOs Staff							To be implemented in Q2
	Conducted field visits to share results of standards		URC NGOs Staff							

	measurement and expansion of best practices and successful experiences to NGOs in year 4									
Systematizing good practices and documenting the organizational changes and identify the skills and/or inputs that allowed to obtain improvements	Hold second learning session of the quality improvement collaborative on prevention and the administrative area of the NGOs in year 4	NGOs in year 4 with improvement collaboratives in prevention and management completed and good practices documented	URC NGOs Staff							To be implemented in Q2
	Document good practices from continuous quality improvement cycles to be used by the new group of NGOs	Good practices documented and used with the new group of NGOs	URC NGOs Staff							To be implemented in Q2
<b>Knowledge Management</b>										
Promote the knowledge flow from one organization to another among NGOs providing prevention services and to the community.	Develop an annual forum to discuss the results of interventions with MARPs	Results of MARP interventions discussed at annual forum	URC NGOs Staff							To be implemented in Q2
	Update and monitor the website	Website monitored and constantly updated	URC NGOs Staff							
	Develop and share a quarterly PrevenSida and NGOs magazine	PrevenSida magazine published quarterly	URC NGOs Staff							

Networking									
Establish a functional network with common goals and objectives, sharing information and sharing or lending goods between NGOs as needed	Standardize objectives and goals with common strategies for NGOs	Objectives and goals of NGOs standardized in common strategies	URC NGOs Staff						
	NGOs Network prepared and executing interventions to improve the lives of MARPs and PLWHA	NGOs Network performing common tasks to improve the lives of MARPs and PLWHA	URC NGOs Staff						
Result 2: Improved Access to and Quality of HIV/AIDS Preventive Services for MARPS from NGO Preventive Services Providers									
Increase coverage of preventive services to key populations increasing the number of departments and NGOs providing HIV prevention services	Select and train new NGOs on their participation with PrevenSida	Selected NGOs educated about their participation with PrevenSida	URC Staff						
	Build new NGOs baseline	Baseline developed	URC and new NGOs Staff						
	Sharing the results of the baseline between NGOs	Baseline socialized among NGOs	URC and new NGOs Staff						
Improve the capacity of NGOs in developing prevention and promotion activities for HIV testing	Train NGO staff in processing HIV tests	NGOs staff trained on HIV testing	URC NGOs Staff						
	Maintain mechanisms to enable compliance	In compliance with the MOH algorithm and	URC NGOs Staff						

	with MOH with HIV testing at NDRC and assurance of reactive patient referral to MOH units	the MOH referral and counter referral system.								
	Securing supplies for HIV testing to grantee NGOs	Constant HIV testing supplies flow assured	URC NGOs Staff							
Conduct training on pre and post-test counseling, combination prevention and gender-based violence	Training NGOs staff on pre and post-test counseling	NGOs staff trained on pre and posttest counseling	URC NGOs Staff							
	Training NGOs staff on combination prevention	NGOs staff trained on combination prevention	URC NGOs Staff							
Updated and approved technical notes on gender-based violence	Training NGOs staff on gender-based violence	NGOs staff trained on gender-based violence	URC NGOs Staff							
	Update and approve technical norms on gender-based violence	NGOs staff updated on GBV norms	URC NGOs Staff							
<b>Services Integration</b>										
Hold training on communication for behavior change with at least 32 NGOs (increase condom use, counseling and HIV testing with results delivery and reduction of sexual partners).	Training staff of at least 40 NGOs on behavior change techniques (Profile of the educator, techniques for group management and approach techniques)	Staff of at least 40 NGOs trained on behavior change techniques	URC, NGOs and PASMO Staff							
	Hold meetings	NGO staff	URC,							Planned for



Developing a strategy to reduce S&D focused on family, community, schools and churches	Training NGOs on myths, prejudice and attitudes, self-esteem, gender, sexuality and S&D	NGOs trained on myths, prejudice and attitudes, self-esteem, gender, sexuality and S&D	URC and NGOs Staff							
	Training on developing advocacy plans that lead to S&D reduction	NGOs trained on developing advocacy plans that lead to S&D reduction	URC, PASCA, NDI and NGOs Staff							
	Hold field visits to NGOs for mentoring on planes to reduce S&D	NGOs staff receiving field visits to develop S&D reduction plans through mentoring	URC, PASCA, NDI and NGOs Staff							
	Participating with PASMO in cross cutting actions for S&D reduction	NGO with cross cutting activities on S&D reduction developed	URC, PASMO and NGOs Staff							
	Hold video-forums focused on S&D in territories covered by PrevenSida by grantee NGOs	Video-forums focused on S&D developed in territories covered by PrevenSida	URC and NGOs Staff							

**Result 4. Improved Participation of NGOs Representing MARPS and PLHIV in the National Response to HIV/AIDS**

Strategic information	Sharing ENDESA results for NGOs to analyze results related to their target population	Shared and analyzed ENDESA results on PrevenSida target populations	URC and NGOs Staff							Pending the final ENDESA report
	PrevenSida will participate along with PASCA in sessions to analyze and follow up with strategic information produced in Nicaragua	PrevenSida NGOs along with PASCA held session to analyze strategic information produced in Nicaragua: - S&D - MEGAS - UNGAS - TRaC studies	PASCA, URC and NGOs Staff							
PrevenSida will continue to provide support to developing NGOs staff knowledge	Completing training courses on Excel for NGOs staff	Developed training courses on Excel for NGOs staff	URC and NGOs Staff							
The USAID/PASCA regional program in coordination with USAID/PrevenSida will provide support to NGOs to integrate information to the national CONISIDA report	Integrating data produced by PrevenSida NGOs to the national CONISIDA reports	Integrated data produced by PrevenSida NGOs to national CONISIDA reports	URC, CONISIDA and NGOs Staff							

	PrevenSida coordinated with the CCP will facilitate data integration for CONISIDA to develop country report	PrevenSida has facilitated information to CONISIDA for the country report	URC, MCO and NGOs Staff							
Web -site	Maximize website use through discussion forums on the effects of the HIV epidemic among MARP	Held discussion forums on the effects of the HIV epidemic on MARP	URC, NGOs Staff and website user population							
	Discussions on quarterly surveys among NGOs staff	Held discussions on quarterly survey results among NGO staff	URC, NGOs Staff and website user population							
	Sharing current messages to MARP on the website	SMS shared on website	URC, NGOs Staff and website user population							
<b>Cross –cutting and Other issues</b>										
Local capacity building and sub- grants	Drafting ToR for contest of funds for year 4 of the project for NGOs	Drafted ToR for contest of for year 4 of the project for NGOs with PEPFAR and KPCF funds	URC and NGOs Staff							
	Contest notice	Published contest notice	URC Staff							

	Sub grants approved	Sub grants approved and induction process completed	URC and USAID Staff							
<b>VII. Monitoring and Evaluation plan results</b>										
<b>Process evaluation</b>										
Mid-term Project evaluation	Participating in interviews and meetings required by evaluators									
LGBT Project evaluation	Drafting ToR for midterm Project evaluation	Drafted ToR for midterm Project evaluation	URC Staff							Para el Q2

