

Nicaragua Fourth Year FY14 Annual Project Report

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Acronyms

ACCCS	Asociación Campaña Costeña con el Sida (Association Coastal Campaign to Fight Aids)
ADESENI	Asociación por los Derechos de la Diversidad Sexual Nicaragüense (Association for the Rights of Nicaraguan Sexual Diversity)
AIDS	Acquired Immune Deficiency Syndrome
AIDSTAR	AIDS Support and Technical Assistance resources
ANICP+VIDA	Asociación Nicaragüense de Personas Positivas Luchando por la Vida (Nicaraguan Association of Positive People Fighting for life)
ASSISST	Applying Science to Strengthen and Improve Systems
ASONVIHSIDA	Asociación Nicaragüense de Personas VIH SIDA (Nicaraguan Association of HIV Aids People)
CCM	Country Coordinating Mechanism
CEGODEM	Centro de Estudios para la Gobernabilidad y Democracia (Center of Studies for Governance and Democracy)
CDC	Centers for Disease Control and Prevention
CEPS	Centro de Estudios y Promoción Social (Center for Studies and Social Promotion)
CEPRESI	Center for Aids Education and Prevention
CHS	Center for Human Services
CIES	Center for Health Research Studies
CONISIDA	Nicaraguan Aids Commission
COP	Chief of Party
CORESIDA	Comisión Regional del Sida RAAS (Regional Aids Commission RAAS)
CORLUSIDA	Comisión Regional de Lucha Contra el VIH-sida RAAN (Regional Commission to Fight HIV-aids RAAN)
CQI	Continuous Quality Improvement
ECVC	Encuesta Centroamericana de Vigilancia de Comportamiento Sexual y Prevalencia de VIH e ITS en poblaciones vulnerables (Central American Survey of Sexual Behavior Surveillance and HIV and STI Prevalence in vulnerable populations)
ENDESA	Encuesta Nicaragüense de Demografía y Salud (Nicaraguan Survey of Demography and Health)
FADCANIC	Fundación para la Autonomía y el Desarrollo de la Costa Atlántica de Nicaragua (Foundation for Autonomy and Development of the Atlantic Coast of Nicaragua)
FSW	Female sexual worker
FY12	Fiscal Year 2012
FY13	Fiscal Year 2013
GF	Global Fund
HCI	Health Care Improvement
HIV/AIDS	Human immunodeficiency virus / acquired immunodeficiency syndrome
INIDE	National Development Information Institute
INSS	Instituto Nicaragüense de Seguridad Social (Nicaraguan Institute of Social Security)
IXCHEN/ANFAM	Asociación para el apoyo de la Nueva Familia en Nicaragua (Association to Support the New Family in Nicaragua)
KP	Key Population
KPCF	Key Population Challenge Funds

M&E	Monitoring and Evaluation
MARP	Most at Risk Populations
MINSAs	Ministerio de Salud (Nicaraguan Ministry of Health)
MOH	Ministry of Health
MSM	Men who have sex with Men
NDRC	National Diagnosis and Reference Center
NGO	Non-Governmental Organization
UNAIDS	Fondo de las Naciones Unidas para el Sida (United Nations Fund to Fight Aids)
NSP	National Strategic Plan for STI, HIV/Aids 2006-2012
PASMO	Pan American Social Marketing Organization
PLWH	People Living with HIV
PEPFAR	President's Emergency Plan for AIDS Relief
RHCS	Reproductive Health Commodity Security
RAAN	Northern Atlantic Autonomous Region
RAAS	Southern Atlantic Autonomous Region
S&D	Stigma and Discrimination
SILAIS	Local Integrated Health Care Systems
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
UNICEF	United Nations International Children's Emergency Fund
URC	University Research Co., LLC
USAID	United States Agency for International Development
USAID/DELIVER	Contraceptives Logistics Programme
USAID/PASCA	USAID Program for Strengthening the Central American Response to
USAID/ PrevenSida	Prevention of HIV/AIDS transmission among High Risk Population Program
WHO	World Health Organization

1. Executive Summary

This annual report corresponds to the fourth year of the USAID|PrevenSida project, FY14. Its objective is to increase healthy behaviors in order to reduce HIV/AIDS transmission among MARPS. The reason for the key populations focus is that Nicaragua has a concentrated epidemic type, i.e., prevalence above 5% in key populations (MSM, sex workers and other MARP) and less than 1% in general population.

Since October 2012, PrevenSida is part of the regional HIV program within the PEPFAR framework for the Central American region. PrevenSida provides support to 3 PEPFAR strategic components: institutional strengthening, prevention and strategic information.

During the first four years of the project, interventions were focused on outcomes 1, 2, 3 and 4: institutional strengthening and improved quality preventive services respectively, reduction of stigma and discrimination and improved participation of NGOs in the National Response to HIV/AIDS.

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

- *PEPFAR additional funds. Increase coverage of preventive services through NGOs in Nicaragua (October 2013-September 2016).* With these funds, PrevenSida increased 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
- *KPCF Component. Increase coverage of preventive services through NGOs in Nicaragua (October 2013-September 2014).* With these funds the goal was to expand coverage of preventive services to hidden or hard to reach KPs in eight new departments.
- *LGBT component. Reinforcing human rights approach contributing to the reduction of stigma and discrimination through NGO involvement (September 2013-May 2014).*

This year was to consolidate methodological approaches for training and recording participants, to develop a management culture of the beneficiary organization based on administrative and financial regulations, deepening their processes for project planning, monitoring and analyzing indicators, including the Human rights topic within HIV prevention activities, implementing continuous quality improvement rapid cycles, and they have a solid position at the local and national HIV/aids response levels.

On their part, USAID | PrevenSida was able to establish mutual cooperation partnerships with national coordination mechanisms, funding agents such as Global Fund, and permanent experiences and good practices exchange with the rest of HIV programs of USAID.

Regarding the PEPFAR indicators' goals, most of these were over complied with. Among the main reasons are the following: NGOs with improved management and implementation capabilities, greater accuracy in locating and mapping their target populations, ownership of the combination prevention strategy, greater access to HIV testing in sites where key populations are concentrated, greater ownership and interpretation of the Unique Recording System as a valuable coverage management and analysis tool as well as a strategic information tool.

For the reduction of Stigma and Discrimination, the project trained facilitators on each NGO and the 12 selected LGBT organizations implemented advocacy plans and agreements with local authorities to reduce stigma and discrimination. There is a National Plan of Citizenship available describing the barriers of access to social vindication and compliance with Human Rights of LGBT population.

NGOs receiving support from USAID | PrevenSida have systematically received strategic information generated by the USAID projects, social determinants analysis per type of population, access to USAID | PrevenSida's web site, electronic bulletins, population size, HIV epidemiological situation; which has enabled them to have a robust and evidence based participation.

For year 4 of the project, 24 NGOs were selected with a total of \$603,654.18 with a global per capita of \$6.92, which shows that this intervention remains cost effective. NGOs surpassed their goals for preventive services delivery to key populations. It is important to mention that the approach to men as priority target has been reached, which was not possible in the previous grant rounds. The 12 NGOs selected in the Human Rights grant for LGBT population with an amount of \$102,734 completed their projects with satisfactory goal compliance. In spite of the short execution time (4 months), this experience enabled organizations and groups to position themselves as referents in the promotion and demand of the LGBT population rights in their territories.

This way USAID | PrevenSida is contributing 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. The Project has achieved progress and complied satisfactorily with PEPFAR and contract indicators.

Main activities for year 2015

The training focus will be on training facilitators in the use of the interactive teaching package; which contains the management, finance, prevention and human rights topics.

Regarding geographical coverage of the Project by fiscal year 2015, up to 2013, intervention prioritization was completed at the departmental level. However, it is necessary to move forward in focalization towards minor administrative units: municipalities. To identify these municipalities, we reviewed the new cases report for 2011-2013 nationwide.

A new approach for care and prevention to be implemented in year 2015 will be the *Combination Prevention and Care* package for people with HIV. Among community based clinical care we will strengthen aspects related to antiretroviral therapy adherence, either in self-help groups or home visits by NGOs with the profile of HIV care, clinical assessment (WHO staging) and CD4 test. We will also assess the need and contraception referral of people reached, evaluation of sexually transmitted infections (STIs), HIV testing and counseling.

In behavioral interventions we will continue working with the combination prevention regional project for partner reduction, mutual monogamy, correct and consistent use of condoms, and prevention regarding alcohol and drugs. Approaches target motivating positive behavior change in individuals, couples, families, peer groups or networks.

By 2015, a new version of the unique record will be available; this will include recommendations from experts in order to include variables in the unique code. Other adaptations include adding the report of individuals that have received the minimum combination prevention package, in addition the capture mask for PLWH including variables for the continuum of care.

1.1 Demographic and HIV statistics.

Since the first case was reported in Nicaragua in 1987 up to Mach 2014, there have been a total of 9,125 people diagnosed with HIV registered through the monitoring system of the Ministry of Health (MOH)¹. 7,152 of these were captured on HIV status, and 1,076 have died. Prevalence rate is 0.24 per 100 people.

Rapid testing by PrevenSida during October 2011 to September 2014 recorded 18,684 gay men tested and obtained 103 positive results for a percentage of 0.55. Among Trans population, 1,404 people were tested with a result of 25 positive cases for a percentage of 1.78².

The USAID/PrevenSida report, between October 2011 and September 2014 includes 42,541 HIV tests: 134 with reactive results for a point prevalence rate of 0.31%.

1.2 HIV implementing mechanism in the country

University Research Co., LLC (URC)³ 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 U.S. Agency for International Development (USAID) PrevenSida project for the prevention of HIV/AIDS transmission among high-risk populations. It is a six-year project (September 20th 2010 To September 20th, 2015) and with a \$ 7 million investment. It is implemented through non-governmental organizations (NGOs) at nationwide.

1.3 Programs goals and strategic components

PrevenSida has input on three strategic PEPFAR components such as: institutional strengthening, prevention and use of strategic information and as part of the regional HIV program tracks the PEPFAR indicators.

Project coverage. Since October 2013 the coverage is nationwide due to 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 quality standards.

¹ MINSA. HIV and Aids Component. 2014 database.

² PrevenSida database. October 2011 to September 2014.

³ <http://www.unc-chs.com/>

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. Since October 2013, in a joint cooperation with HIV projects funded by USAID we have been delivering a monthly electronic newsletter to more than 280 contacts.

1.4 Technical report

The innovative design of the project has resulted in strengthening organizations at their management level; this in turn led to greater efficiency in implementing prevention activities.

Strengthening included: pre and in-service training on topics that came up from mapping the NGOs' strengthening needs; field tutoring where they received support to improve performance based on what they learned in courses related to management-finance and prevention; funding which enabled them to practice their planning, implementation and activity monitoring capabilities.

Table 2 shows annual PEPFAR indicator compliance and table 3 shows annual indicators established in the contract.

The main achievements are described below:

1.4.1 Result 1. Strengthened Institutional.

NGOS strengthened

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 aims at strengthening management skills such as leadership and management of the response to HIV in the country, at the government, civil society, and local cooperation levels, and promote the use of technical and managerial tools.

During the fourth year of the project, a total of 33 organizations (18 LGBT NGOs, 4 NGOS of people with HIV) participated in management, prevention and human rights courses.

24 grants were executed satisfactorily for an equal number of organizations for HIV prevention and 12 other grants were awarded for LGBT population Human Rights advocacy.

People Trained

The pre service training was given in conjunction with the School of Public Health and the goal was exceeded by improving geographical access to students on these courses implemented in their localities. This increase of access was due to the availability of KPCF funds. Participants were community health workers and members of the administrative team.

The goal of people trained during pre-service and in-service was complied with. These courses have improved the NGOs capabilities to manage their organizations; which has been evidenced by the different external evaluations completed by USAID.

For the HIV testing course, 12 organizations sent 46 delegates. In care for adults, 86 people from 5 organizations were trained. On the methodologies for behavioral change topic, provided by our partner of the Regional Program of combination prevention, a total of 149 people from 39 organizations were trained with USAID | PrevenSida funds.

In strategic information, 42 participants from 5 organizations had the opportunity to work on the design of documents, which generated strategic information.

Indicators

- H2.2.D Number of community health and para-social workers who successfully completed a pre-service training program: 128 (180.3%; 128/71)
- H2.3.D Number of health care workers who successfully completed an in-service training program within the reporting period: 1,044 (186.4%; 1,044/560)

1.4.2 Result 2. Prevention 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

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 goal of individuals reached was over complied with and there was good compliance with contacts. Populations mapping and monthly field activity planning for the promoters' network has contributed to the good performance. An average of 1.4 contacts per individual was achieved; the expected number was 2 contacts.

Key population: The total goal of key population was complied with by 125% and it was also over complied with by type of population: FSW 176% (7,952/4,500), MSM / TG 118% (34,684/29,430).

Of all MSM / TG: TG is 9% (3,093/34,684); Gay 36.6% (12705/34,684); Bisexual 54.4% (18,886 / 34,684)

Key Populations received prevention activities from 23 of 24 NGOs (except for COSEP which provided care for mobile population) covering 17 departments at 80 sites.

By age and sex: Both men and women, 49% are people between 25-49 years of age, 20% to over 50 years old, 16% between 15 -19 years old and 15% between 20 - 24 years.

The availability of KPCF funds, mapping populations, increased number and experience of NGOs in prevention, and focus to reach a greater number of men at increased risk has gradually improved along the life of the project.

Indicators:

1. Number of individuals who received the minimum package: 72,955 (133.9%; 72,955/54,500).
1. Number of contacts that received the minimum package: 105,558 (96.8%; 105,558/109,000).

Prevention with positives

In year four the goal of HIV positive people and their contacts reached with a minimum package of prevention is 500 positive and 1,000 contacts. Care and Support to people with HIV was through 5 NGOs provided Care in 8 departments in 14 sites.

Indicators

1. Number of individuals who received the minimum package: 1,125 (225.0%; 1,125/500).
2. Number of contacts that received the minimum package: 3,370 (337.0%; 3,370/1,000).

Rapid testing

This year, the goal for testing with counseling and results delivery is 14,000. On this period 17 NGOs worked in 14 departments in 51 sites delivering HIV Testing and Counseling. 14 NGOs acted as Point-of-care Testing Sites and seven as clinical laboratory facilities for a total of 21 of a target of 14.

68.85% of tests were conducted among men, which is expected and 31.15% among women.

102% of the target was achieved due to the following reasons: mapping key populations concentration sites, greater experience in planning and monitoring testing goals, monitoring goal compliance, implementing quality improvement methodology and higher quality in testing promotion by NGOs.

The indicator result is:

1. Number of individuals who were tested and received their results 14,305 (102.2%; 14,305/14,000).

1.4.3 Result 3. Reduction of stigma and discrimination.

The reduction of stigma and discrimination has been 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 this period, facilitator training in stigma and discrimination resulted in 104 people trained (104%, 104/100).

Advocacy.

The 12 selected LGBT organizations implemented advocacy plans and agreements with local authorities to reduce stigma and discrimination. There is a National Plan of Citizenship available describing the barriers to access to social vindication and compliance with Human Rights of LGBT population.

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

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

5 research studies were developed during this period: LGBT NGOs baseline, Analysis of the situation of female sexual workers, Action plan for comprehensive care of HIV to mixed, indigenous and African descent populations, populations at greater risk and people with HIV and aids at RAAN, Strategic plan for comprehensive care to people with HIV in Nicaragua, and the Strategic plan for comprehensive care to men who have sex with men in Nicaragua.

The annual goal of people trained on strategic information is 60 people and we achieved 52 (86.7%). The content of the training was related to gap analysis based on the social determinants of health.

Compliance with the goal of 20 NGOs participating in different decision-making spaces both locally and nationwide, remains. NGOs receiving support from USAID | PrevenSida have systematically received strategic information generated by the USAID projects, social determinants analysis per type of population, access to USAID | PrevenSida's web site, electronic bulletins, population size, HIV epidemiological situation; which has enabled them to have a robust and evidence based participation.

1.6 Cross-Cutting and Other Issues

1.6.1 Sub grant

For year 4 of the project, 24 NGOs were selected with a total of \$603,654.18 with a global per capita of \$6.92, which shows that this intervention remains cost effective. NGOs surpassed their goals for preventive services delivery to key populations. It is important to mention the approach to men as priority target has been reached, which was not possible in the previous grant rounds. In June 2014 we included NGO ODETRANS of trans people with the purpose of reaching the trans people goal, which was effective since this action contributed along with other trans NGOs to reaching 123.75 of the goal (3,093/2,500).

The 12 NGOs selected in the Human Rights grant for LGBT population with an amount of \$102,734 completed their projects with satisfactory goal compliance. In spite of the short execution time (4 months), this experience enabled organizations and groups to position themselves as referents in the promotion and demand of the LGBT population rights in their territories. We were able to share with USAID Missions officials leading

the gender topic. It was highly satisfactory for visitors to know the solidity of knowledge among sexual diversity populations on actions regarding the defense of their Human Rights.

Gender

During FY 2014, 24 NGOs implemented activities in Combination HIV prevention, which includes structural actions for the prevention of gender-based violence. Of the 72,955 people reached with a minimum package of combination HIV prevention, 12,974 people (17.8%) received services based on gender. It is disaggregated by type of services as follows:

- Only counseling: 11,265 people
- Counseling and referral: 1,670 people
- Counseling and servicing: 39 people

1.6.2 Coordination with other USAID programs and donors

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

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 at PrevenSida there is a database 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.

Indications of data quality improvement issued by external evaluators were complied with during this period through the following actions: updating the guide to use the recording system including the section on data quality, in-service training on data quality, standardizing forms for primary information's source, assuring confidentiality of information of people with HIV.

Process evaluation.

The external evaluators have provided general recommendations to PrevenSida on aspects to be improved and that are currently solved.

The final report of the Office of the Inspector General issued on June 18, 2014 describes a series of recommendations for URC related to: providing technical assistance, training, and guidelines to grantees on data verification and quality control, and documenting all such activities; to share with grantees best practices and lessons learned on using the database; updating TraiNet; establishing a process to validate data that implementers enter into TraiNet and giving all implementers the Counter-Trafficking in Persons Field Guide. The report concludes, "acknowledge the mission's management decision and final action on this recommendation". All the recommendations for URC have been met.

Currently the Mission is developing a coverage evaluation of USAID|PrevenSida, using the PLACE methodology; which consists on surveys to conglomerates of key populations in prioritized municipalities according to their HIV incidence and where the USAID|PrevenSida grantee NGOs are implementing HIV prevention actions. Report is pending.

1.8 Annual plan compliance

All activities of the work plan corresponding to the fourth quarter of the year have been completed.

1.9 Branding and Marking

Every induction workshop and informative workshops for grantee 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 in 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.

1.10 Management and staffing

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

2. Demographic and HIV statistics.

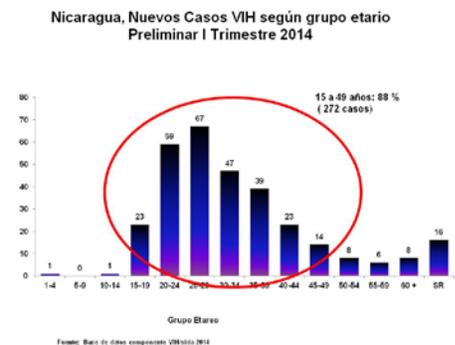
Based on the definition of UNAIDS⁴, Nicaragua has a concentrated type epidemic because prevalence is above 5% in key populations and less than 1% in overall population and according to the report of The National Aids Commission (CONISIDA) in their distribution analysis for new HIV infections and recommendations for prevention for 2012 (HIV Transmission Ways Model)⁵.

2.1 HIV statistics generated by MoH

Since the first case was reported in Nicaragua in 1987 up to March 2014, there have been a total of 9,125 people diagnosed with HIV registered through the monitoring system of the Ministry of Health (MOH)⁶. 7,152 of these were captured on HIV status, and 1,076 have died. Prevalence rate is 0.24 per 100 people.

According to the same source, in the first quarter of year 2014, the most affected age groups are those from 15 to 49 years old with 88% of cases (272 cases). Regarding sex, 53% (165) were men, 33% (104) are women and 14% (39) of the data is unknown.

Graphic1: HIV per age group. First semester year 2013



According to the MOH quinquennial report (2007-2011)⁷, 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.

⁴ UNAIDS, Terminology Guidelines, Version revised October 2011, Geneva, Switzerland, UNAIDS, 2011

⁵ NICARAGUAN AIDS COMMISSION. 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 [Access October 12th, 2012.]

⁶ MINSA. HIV and Aids Component. 2014 data base.

⁷ 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 2014 recorded 18,684 gay men tested and obtained 103 positive results for a percentage of 0.55. Among Trans population, 1,404 people were tested with a result of 25 positive cases for a percentage of 1.78⁸.

The USAID/PrevenSida report, between October 2011 and September 2014 includes 42,541 HIV tests: 134 with reactive results for a point prevalence rate of 0.31%.

Geographically, people tested by USAID/PrevenSida with reactive rapid test results are located mainly in the Pacific of Nicaragua (Managua, Chontales, Masaya) and RAAN, similar to the epidemiological surveillance report of 2013⁹.

In Fiscal Year 2014, PrevenSida detected 35 new cases (0.24%) in 09 departments and 11 municipalities with the highest incidence in Puerto Cabezas (2.05%), Tipitapa (1.16%), Leon (0.08%), Jinotega (0.72%), Chinandega (0.46%), Managua (0.32%), San Carlos (0.30%), El Rama (0.28) and Bluefields (0.20%).

2.4 Estimated coverage for key population

In the beginning of June 2014, along with CONSIDA and the Global Fund Principal Recipient we updated key populations per department, with the enumeration method (combination of PrevenSida and PEPFAR unique records) for the three key populations. The enumeration method (or census of users measured by record) was used for the departments where there is good coverage: Managua, Chinandega, Leon, Masaya, Granada, Carazo, Rivas, Boaco, Chontales, RAAN, RAAS and RSJ. In the departments where there is not good coverage (Esteli, Madriz, Nueva Segovia, Jinotega and Matagalpa) we applied the value of the department with less coverage from the previous group, in this case the values for Rio San Juan.

The population size established by PrevenSida is 3.5% for MSMS (denominator: men from 15 to 49 years old), in contrast, CONSIDA will manage 3.12%, for trans 0.34% (same denominator for MSM) and 1% for female sexual workers (denominator: women from 15 to 49 years old).

Up to 2014, intervention prioritization was completed at the departmental level. However, it is necessary to move forward in focalization towards minor administrative units: municipalities. To identify these municipalities, we reviewed the new cases report for 2011-2013 nationwide. See table 4.

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

University Research Co., LLC (URC)¹⁰ is a global company dedicated to improving the quality of health care, social services, and health education worldwide. With our non-profit affiliate, the

⁸ PrevenSida data base. October 2011 to March 2014.

⁹ STI, HIV and Aids Component, MINSA 2014

¹⁰ <http://www.urb-chs.com/>

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 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 20th 2010 to September 20th 2016) with a \$7 million investment implemented at nationwide.

4. Programs 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: increase 50% from baseline the consistent use of condoms, decrease of 30% from baseline the number of sexual partners and increase of 60% from baseline in the use of HIV testing and counseling and testing.

Project coverage. Since October 2013 the coverage is nationwide due to 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 1 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

The Project has achieved its goals and complied satisfactorily with PEPFAR and contract indicators as shown in tables 2 and 3 in annexes.

Training was completed reaching organizations and movements of sexual diversity populations present at nationwide. With additional PEPFAR funding we were able to reach more NGOs present in the initial coverage territory and with KPCF funding we reached nationwide coverage both for training and HIV prevention actions. With this model of technical assistance of USAID|PrevenSida, most of the NGOs have reached minimum standards for project management. Permanent coaching has been key for NGOs to implement aspects reviewed during courses, The USAID|PrevenSida advisors' team has accumulated experience in advisory and there are diverse administrative, financial and technical follow up tools available to ensure revision of agreements and change processes to complete for improvement of quality in revision processes.

This improvement in management capabilities resulted in NGOs over complying with their goals.

The Human Rights component also managed to comply satisfactorily with their training results for LGBT population in topics of advocacy, Human Rights regulatory framework, effective communication and conflict management. With these competences they were able to implement grants in a short period of time (4 months) and held local conversations with authorities and resolutions against stigma and discrimination, social network campaigns to acknowledge gender identity and a citizenship plan

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

USAID|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.

Strengthened NGOs

USAID|PrevenSida developed an Excel tool to build the baseline and follow up with quality criteria in the different areas.

This matrix has three areas and each one of them has a series of criteria summarized below:

- Management
 - Directive council
 - Annual and strategic planning
 - Monitoring and Evaluation
- Finance
 - Budget
 - Accounting
 - Internal control
- Prevention
 - IEC activities
 - Condom provision
 - HIV rapid testing and counseling

28 NGOs received technical assistance and grants with an amount included for institutional strengthening, PEPFAR, KPCF or HR funds.

Out of the 2 NGOs, 13 (46.4%) comply with the technical assistance graduation criteria: CEPRESI, IXCHEN, FADCANIC, GAO, OVI, ICAS, CEP, FSL, CEGODEM, ANICP VIDA, ASONVIHSIDA, ACCCS and Gaviota. See table 5 in annexes.

Other 6 NGOs are in the scale of needs improvement in a specific area, for most of the cases this is the management and finance area.

People trained

The pre service training was given in conjunction with the School of Public Health and the goal was exceeded by improving geographical access to students on these courses implemented in their localities. This increase of access was due to the availability of KPCF funds. Participants were community health workers and members of the administrative team.

Three requirements must be met to approve the course and become registered TRAINET:

- Training objectives are clearly defined and documented
- Participation in training is documented by sign-in sheets in am and pm
- Approved is defined when the participant meets the criteria of attendance, participation and post test score

Management, prevention and human rights teaching packages are currently under construction; with these we will conclude the local capacity and sustainability building process for training.

Progress in the management and finance course

Courses in the 6 rounds scheduled were complied with, which increased participant access. These rounds were completed in Managua, the West area, Rio San Juan, RAAS and RAAN. 54 people approved the courses in this period.

Progress in the HIV prevention course

In service training was provided in conjunction with USAID| PASCA, USAID|Combination prevention and USAID|DELIVER. The goal was exceeded by improving geographical access to students on these courses implemented in their localities, and there was an increase on participant NGOs. This increase of access and number of NGOs was due to the availability of KPCF funds.

Achievement vs. target:

- 186% of compliance (1044/560).
 - Outreach with MARPs (Other Sexual Prevention): 756
 - Testing and Counseling: 46
 - Adult care and support: 86
 - Strategic information NGO Strengthening: 52
 - Stigma and discrimination: 104

Indicators:

- H2.2.D Number of community health and para-social workers who successfully completed a pre-service training program: 128 (180.3%; 128/71)
- H2.3.D Number of health care workers who successfully completed an in-service training program within the reporting period: 1,044 (186.4%; 1,044/560)

Strengthened NGOs

The main strategy occurs through grants, which has a component of organizational capacity and administrative and technical staff skills development. It allows NGOs to learn by doing, either in financial resource management, planning, monitoring and reporting of their activities and achievements.

Technical field support from USAID | PrevenSida advisors is crucial to ensure proper performance and achieve established standards.

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.

The organizational development component completed 88 field visits to NGOs in the Pacific and Caribbean side of Nicaragua to support the following activities:

- Formulation of operational and strategic plans.
- Analysis of grant compliance.
- Plan design for the development of human talent.
- Development of video forums, individual and group approaches.
- Evaluation and adjustment of the strategic plan.
- Formulation of competencies for promoters.
- Formulation and analysis of technical reports.
- Operating mechanisms of NGOs.

- Identification and resolution on the causes of non-compliance of on-time reporting.
- Formulation of the proposal of legal status
- Analysis of grant compliance and support to breach gaps
- Drafting and follow up of improvement rapid cycles to obtain results expected according to contracts
- Support to evaluate NGOs operation mechanisms to identify ways to improve their performance
- Coaching for NGOs to visit MOH authorities to agree in mechanisms of joint work in HIV prevention
- Support to draft final reports for NGOs which have completed the month of June

The financial area completed 85 field visits to NGOs in the pacific and south of Nicaragua to provide advisory in the following topics:

- Drafting reports on monthly shared costs
- Bimonthly review of financial management for PEPFAR and LGBT grants
- Adjusting financial administrative manuals
- Drafting monthly goal compliance report (capture mask)
- Follow up to grant financial management according to accounting norms and USAID policies
- Monitoring budget follow up and financial execution of grants
- Monitoring recording of INSS provisions, INATEC and retentions
- Reviewing supporting documents for payments and safeguarding of financial information
- Follow up to management and storage of health supplies (use of stowage cards, kardex use, and supplies stowage according to regulations)
- Technical assistance in drafting grant financial narrative final reports
- Follow up to recording and sending data trough capture tools
- Monitoring management of information in the unique record at each organization
- Follow up to milestones compliance according to grant contracts for bill payment

The monitoring and evaluation component conducted 58 field work support where the following activities were performed:

- Construction of indicators for the monitoring plan and institutional evaluation of NGOs.
- Design monitoring guide.
- Site mapping development and update to address MARPS.
- Database maintenance for the unique record automated system of MARPS, testing and PVIH reached with preventive services.
- File handling evidence.
- Use of teaching package that includes the unique record topic.
- Quality improvement cycles implementation to overcome difficulties with the quality of data collected, recorded and analyzed.
- Use of informatics tools for virtual follow-up of the operation of the unique record automated system.
- Training on basic and intermediate Excel for people in charge of monitoring and evaluation.
- Charting Data.
- Training in the work place on use of the guide for Unique Record data quality control
- Evaluating processes related to the flow of information: collection, recording, digitalization and processing of prevention activities data
- Evaluation of grant indicators and scope of people reached per type of population, HIV rapid testing
- Coaching for the use of the indicator follow up table tool
- Discussing the epidemiological situation of the local levels and the national reports emphasizing on interpretation of prevalence, incidence and epidemiological surveillance chronological data

- comparison
- Virtual services for 24 NGOs on operating the single record automated system to improve user performance and use of exit reports

The Human Rights component completed 39 coaching activities complying with the following objectives:

- Support to execute the Human Rights project for LGBT population
- Drafting the training agenda for Human Rights for LGBT population; agenda for conversations to conduct with institutions such as MOH, National Police and The Ministry of Education
- Monitoring funds execution and providing support to draft monthly reports as support documents to request disbursement
- Coaching to draft advocacy plans on promotion and defense of human rights of LGBT population
- Organizing the I National Encounter with parents, family members and friends of TRANS people, where 54 people participated
- Support to organize an event to close the human rights grant to share results obtained through project execution from January to May 2014
- Gathering good practices and success stories to share among NGOs.

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:

Types of HIV interventions

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

Coordination with PASMO started in this period will allow reinforcing educators and promoters' competencies in the diverse behavioral change methodologies for each specific population.

5.2.1 MARPs Prevention

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.

NGOs have gained ownership of the combination prevention minimum package, improved planning, coverage and recording their target populations, which has contributed on the basis of what was expected to the national response in the fight against HIV and Aids.

People and contacts 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 goal of individuals reached was over complied with and there was good compliance with contacts. Populations mapping and monthly field activity planning for the promoters' network has contributed to the good performance. An average of 1.4 contacts per individual were achieved; the expected number was 2 contacts.

Key population: The total goal of key population was complied with by 125% and it was also over complied with by type of population: FSW 176% (7,952/4,500), MSM / TG 118% (34,684/29,430).

Of all MSM / TG: TG is 9% (3,093/34,684); Gay 36.6% (12705/34,684); Bisexual 54.4% (18,886 / 34,684)

Key Populations received care from 23 of 24 NGOs (except for COSEP which provided care for mobile population) covering 17 departments at 80 sites.

Regarding the number of services received:

- 8.25% received 1 service
- 21.68% received 2 services
- 44.21% received 3 services
- 17.51% received 4 services
- 3.75% received 5 services
- 0 4.6% received 6 services

Other vulnerable population: The project achieved 147% of the target. Of these 73% (22,175) were men and 27% (8,144) were women. Having captured a greater percentage of men at risk is a success for implementers, which focused their activities towards priority populations.

Breakdown by type of population:

- 50% are clients of sex workers
- 19.7% mobile populations
- 18.6% to women affected by sexual violence and youth at risk to a lesser percentage than the other categories.

By age and sex: Both men and women, 49% are people between 25-49 years of age, 20% to over 50 years old, 16% between 15 -19 years old and 15% between 20 - 24 years.

The availability of KPCF funds, mapping populations, increased number and experience of NGOs in prevention, and focus to reach a greater number of men at increased risk has gradually improved along the life of the project.

Indicators:

1. Number of individuals who received the minimum package: 72,955 (133.9%; 72,955/54,500).
2. Number of contacts that received the minimum package: 105,558 (96.8%; 105,558/109,000).

5.2.2 Prevention with positives

In year four the goal of HIV positive people and their contacts reached with a minimum package of prevention is 500 positive and 1,000 contacts.

5 NGOs have prevention with positives among their goals; three of these organizations are of people with HIV (GAO, ANICP + VIDA, ASONVISIDA) and two of them located on the Caribbean Coast (ACCCS and AMODISEC RAAN) in 8 departments in 14 sites.

The projects from 5 NGOs involving care for people with HIV add up to 1,584 individuals, these enabled to reach the individuals' indicators and they intend to complete 3,088 contacts.

These organizations have successfully met their goals; using peer approach has facilitated goal attainment.

People with HIV reached per type of care:

- Number reached in a clinic: 744
- Number reached in a facility: 211
- Number reached in a community: 89
- Number reached in a home: 81

Indicators

1. Number of individuals who received the minimum package: 1,125 (225.%; 1,125/500).
2. Number of contacts that received the minimum package: 3,370 (337.0%; 3,370/1,000).

5.2.3 Rapid Testing

This year, the goal for testing with counseling and results delivery is 14,000.

On this period 17 NGOs worked in 14 departments in 51 sites delivering HIV Testing and Counseling which increased access to specific populations. 14 NGOs acted as Point-of-care Testing Sites and seven as clinical laboratory facility for a total of 21 of a target of 14. KPCF funds gave the opportunity to have more point of care testing sites in departments that were not previously covered.

The percentage of reactors for Year 2014 was 0.24% that is almost double of that reported in the general population. Last year the project had a positive percentage of 0.43% and this decrease is related to the possible trend of decreasing HIV cases that the Ministry of Health is reporting.

68.85% of tests were conducted among men, which is expected and 31.15% among women.

102% of the target was achieved due to the following reasons: mapping key populations concentration sites, greater experience in planning and monitoring testing goals, monitoring goal compliance, implementing quality improvement methodology and higher quality in testing promotion by NGOs.

Total of individuals who received HTC: 14,305		
Type of population	Number	Percentage
FSW	2,718	19
Gay	2,505	17.5
TG	765	5.3
Bisexual	2,924	20.4
Other vulnerable populations	5,393	37.8

The indicator result is:

1. Number of individuals who were tested and received their results 14,305 (102.2%; 14,305/14,000).

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 this period, facilitator training in stigma and discrimination resulted in 104 people trained (104%, 104/100).

Video forums are the main strategy used by NGOs in their communities to reflect and raise awareness in the communities about stigma, discrimination, and violence against sexual diversity people and people with HIV. In this year 7,015 people have participated in forums videos.

Advocacy.

The 12 selected LGBT organizations implemented advocacy plans and agreements with local authorities to reduce stigma and discrimination. There is a National Plan of Citizenship available describing the barriers to access to social vindication and compliance with Human Rights of LGBT population.

Human Rights and advocacy

Specific topic courses offered by NDI, USAID | PASCA and USAID | PrevenSida were completed in the first quarter of FY14.

As a result from the actions of the 12 NGOs with Human Rights funds there were:

- 17 advocacy plans
- 525 promoters trained on Human Rights
- 684 people participating in conversations on Human Rights
- 7 statements from municipal governments
- 6 agreements with institutions
- 1 national citizenship plan

Concluded the Human Rights grant, the following conclusions were obtained related to the advocacy activities completed by NGOs:

1. A best practice organizations must keep is the political dialogue with local Government institutions and municipal governments established in the grant framework. The organizations developed advocacy actions with actors which had not been identified as possible allies in their demands before, such as MDS-RAAS which for the first time approached the RAAS Municipal council
2. The conversations with health staff to promote compliance with Ministry Resolution 249-2009 and with the National Police to guarantee citizen safety of LGBT population. Conversations and dialogues are techniques that greatly facilitated an approach beyond conceptual information on human rights of LGBT population.
3. Organizations which completed lobbying actions have strengthened their effective and strategic communication skills with decision makers in their local environments

Hormone therapy forum

With technical assistance from USAID|HCI, the Strategic Plan for Care to Trans people was drafted, said document records the need to conduct a forum on the Hormone Therapy topic, which is why USAID|PrevenSida in coordination with ANIT, completed the First Forum on indications, risk, and effects of hormone therapy and injections on the health of transgender people, with participation of 47 transgender people. The purpose was to provide information through professionals specialized on this topic, thus improving trans people knowledge on this topic and reducing the self-medication practice with carries health risks for trans people.

Guide to provide care for Transgender population

One of the objectives of the strategic plan for female trans population is to improve quality and warmth of healthcare for transgender people. They defined as an action line, the design, and approval and sharing of a guide to care for female transgender population, which had as partners for creation, USAID and universities.

To draft this document, USAID Nicaragua, through their projects USAID|ASSIST and USAID|PrevenSida started a process to gather documents such as the guidelines for transgender population care contained in the WHO/PAHO Blueprint, the CEPRESI care guide, and other bibliographical sources created in Latin America.

During this year they reached the validation stage for the clinical guide. 23 health professionals participated, including psychiatrists, internists, gynecologists, obstetricians, psychologists, public health, sexual and reproductive health and nurses.

Video: Yo también soy costeña (I am from the coast too).

It is a USAID|PrevenSida production, showing the experiences of sexual diversity organizations in the Autonomous Regions of the Northern and Southern Caribbean, in their fight for Human Rights of the LGBT community in a society with deep roots in their cultural and religious traditions.

5.4 Result Four: Improved Participation of NGOs

Compliance with the goal of 20 NGOs participating in different decision-making spaces both locally and nationwide, remains. NGOs receiving support from USAID|PrevenSida have systematically received strategic information generated by the USAID projects, social determinants analysis per type of population, access to USAID|PrevenSida's web, electronic bulletins, population size, HIV epidemiological situation; which has enabled them to have a robust and evidence based participation.

Information sharing Strategies

In the beginning of June 2014, along with CONSIDA and the World Fund Principal Recipient we updated key populations per department, with the enumeration method (combination of PrevenSida and PEPFAR unique records) for the three key populations. The enumeration method (or census of users measured by record) was used for the departments where there is good coverage: Managua, Chinandega, Leon, Masaya, Granada, Carazo, Rivas, Boaco, Chontales, RAAN, RAAS and RSJ. In the departments where there is not good coverage (Esteli, Madriz, Nueva Segovia, Jinotega and Matagalpa) we applied the value of the department with less coverage from the previous group, in this case the values for Rio San Juan.

The population size established by PrevenSida is 3.5% for MSMS (denominator: men from 15 to 49 years old), in contrast, CONSIDA will manage 3.12%, for trans 0.34% (same denominator for MSM) and 1% for female sexual workers (denominator: women from 15 to 49 years old).

5 research studies were developed during this period: LGBT NGOs baseline, Analysis of the situation of female sexual workers, Action plan for comprehensive care of HIV to mixed, indigenous and African descent populations, populations at greater risk and people with HIV and aids at RAAN, Strategic plan for comprehensive care to people with HIV in Nicaragua, and the Strategic plan for comprehensive care to men who have sex with men in Nicaragua.

The annual goal of people trained in strategic information is 60 people and we achieved 52 (86.7%). The contents of the training were related to gap analysis based on the social determinants of health.

In relation to PrevenSida website, in the fourth year there is a record of 8,974 visits; with 29,897 sites within the web, the days with greater traffic were Monday, Wednesday and Thursday with a maximum of 86 visits in one day and a minimum of 5 visits corresponding to Sunday. 54% of visitors are male and 61% of total visitors are between the ages of 18 and 34, data is association with the characteristics of the project's target populations. An important fact is related documents downloaded by visitors, they are focused on with the monthly newsletter articles, details of partner NGOs and the instrument to measure organizational climate.

We continued sending the electronic bulletin reaching 367 recipients with news, success stories and publications made by the USAID Nicaragua HIV programs.

Currently, PrevenSida is on Facebook and shares strategic information, best practices, success stories and other relevant information.

M&E and sharing.

PrevenSida contributes with the sustainability strategy for 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.

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 June 2014, PrevenSida in conjunction with the Global Fund shared the results of the indicators to be included in order to calculate the population size.

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.

The Unique Register System allows filtering and avoiding duplication of data. It provides information by type of population, ages, NGOs, municipality and type of services provided, training, positive and negative rapid HIV test

The Unique Register System has been used by the USAID|PrevenSida project and Global Fund in Nicaragua. It has been implemented at nationwide. Databases from both projects have been used by CONISIDA, the structure in charge of the national response before HIV, to determine the size of key populations. This process has enabled, through the census method, to analyze nationwide coverage of Trans, MSM and SW populations, and this process included the following steps:

- a) Mapping meeting sites by fund executing NGOs
- b) Database clean up
- c) Using INIDE's population projection results we proceeded to calculate 1% of MSMS, Trans and SW population in relation to the population from 15 to 49 years old in the country and in each department in the year 2013

- d) Calculated the confidence interval through the OPENEPI software
http://www.openepi.com/v37/Menu/OE_Menu.htm, enabling population projection for years 2014 to 2016

This strategic information sharing exercise has positively impacted drafting of the conceptual note the country submitted to Global Fund, which at the time of this report is in its clarifying phase.

5.6 Cross-Cutting and Other Issues

5.6.1 Local capacity building and sub- grants.

HIV Prevention

The 24 NGOs successfully completed their grant projects, completing required information for project close out. Availability of KPCF funds enabled support for a greater number of NGOs to improve their administrative and technical competences.

Regarding the service provision sites, the project reached 137.93 % (80/58) of sites that meet the PEPFAR supported Direct Service Delivery indicator. These sites are community based service delivery points, which received direct support for service delivery and were routinely given support.

- HIV Testing and Counseling services sites: 17 NGOs worked in 14 departments in 51 sites (87.9% 51/58.).
- Care and Support: 5 NGOs provided Care in 8 departments in 14 sites (24.1%, 14/58). The goal was overestimated as not all NGOs DSD had care for people with HIV among its goals this year, only 5 of them did.
- Gen Pop Prevention: 23 of 24 NGO did DSD on this population (except MDS RAAS which provided care for Key Population only) covering 17 departments in 66 sites (113.8%, 66/58). This goal was over complied with for receiving additional KPCF funds, which enabled working in 17 departments (national coverage).
- Key Population: 23 of 24 NGOs (except COSEP which provided care for mobile population) covering 17 departments at 80 sites (137.9%, 80/58). The KPCF funds enabled nationwide coverage (9 departments last year to 17 departments this year).
- Lab- DSD: 150% of the target was achieved. 14 NGOs acted as Point-of-care Testing Sites and seven as clinical laboratory facility for a total of 21 out of a target of 14.

Small Grants Mechanism to LGBT NGOs for advocacy.

As part of the support offered to organizations working with LGBT populations, USAID|PrevenSida selected 12 organizations working with the LGBT community for the promotion and defense of human rights.

This LGBT grant program has concluded satisfactorily and most of the compliance percentage of results planned was above 60%. See table 6 and 7 in annex.

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.

During the 3 - days of combination prevention training, 8 hours of Gender are included with a reflective and participatory methodology. For the next fiscal year the course is being designed for the 10 hours required by this indicator. We are in a process of transition of methodology to meet the new requirement.

Achievements:

- 143 people trained
- By age:
 - 71% are over 25 years old
 - 25.2% between 20 to 24 years old
 - 3.5% between 15 to 19 years old
- By sex: 66.4% male, 33.6 female

During FY 2014, 24 NGOs implemented activities in HIV Combination prevention, which includes structural actions for the prevention of gender-based violence. Of the 72,955 people reached with a minimum package of HIV combination prevention, 12,974 people (17.8%) received services based on gender. It is disaggregated by type of services as follows:

- Only counseling: 11,265 people
- Counseling and referral: 1,670 people
- Counseling and servicing: 39 people

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 1st 2008 and will end on March 31th 2014. Coordination is based on strategic alliances actions; advocacy and national strategic plan monitoring.

Center for Disease Control, the project coordinates to promote project grantee NGOs during 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.

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.

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.

For program monitoring in PrevenSida there is a database 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 unique record of people reached in the 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 scope of the indicators with each NGO goal. Consolidated data and a report are provided to the USAID Nicaragua Mission and an analysis is completed in a joint revision on the progress in meeting the indicators.

Indications of data quality improvement issued by external evaluators were complied with during this period through the following actions: updating the guide to use the recording system including the section on data quality, in-service training on data quality, standardizing forms for primary information source, assuring confidentiality of information of people with HIV.

Process evaluation.

The external evaluators have provided general recommendations to PrevenSida on aspects to be improved and that are currently solved.

The final report of the Office of the Inspector General issued on June 18, 2014 describes a series of recommendations for URC related to: providing technical assistance, training, and guidelines to grantees on data verification and quality control, and documenting all such activities; to share with grantees best practices and lessons learned on using the database; updating TraiNet; establishing a process to validate data that implementers enter into TraiNet and giving all

implementers the Counter-Trafficking in Persons Field Guide. The report concludes, “acknowledge the mission’s management decision and final action on this recommendation”. All the recommendations for URC have been met.

Currently the Mission is developing a coverage evaluation of USAID|PrevenSida, using the PLACE methodology; which consists on surveys to conglomerates of key populations in prioritized municipalities according to their HIV incidence and where the USAID|PrevenSida grantee NGOs are implementing HIV prevention actions. Report is pending.

External evaluation. At the beginning of the project we built the baseline and performed the calculation of the 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.

5.8 Compliance with the annual plan 2014.

6 All work plan activities corresponding to the fourth quarter of the year, were complied with.

Compliance with Q3 PEPFAR indicators (Table 2):

We satisfactorily complied with indicators related to approaching individuals, prevention with positives, rapid testing and training.

Compliance with Q1 contract indicators (Table 3):

- People from NGOs are trained and have received technical assistance for HIV: 128 (180.3%; 128/71).
- NGOs with institutional development plans. 23 (115%; 23/20).
- Number of NGO personnel implementing key administrative/financial behaviors: 84 (140%, 84/60).
- Organizations providing appropriate behavioral change communications, counseling and testing, condoms provision and other preventive services: 50 (100%; 50/50).
-

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. We coordinate with CIES 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.

5.11 Main activities for the next fiscal year.

We will continue with combination HIV prevention activities in partnership with the USAID|Combination Prevention regional project which will provide technical assistance on behavior change methodologies to implement the combination prevention strategy for both grantee NGOs and to those only receiving technical assistance.

It is planned for FY14 that 14 NGOs will receive sub-grants for HIV prevention services and will achieve all the country.

The most relevant actions for the next reporting period (October 2014 to September 2015) are:

- Selection and start of HIV prevention grants.
- Evaluation of KPCF grants.
- Concluding the HIV Prevention, Human Rights and Management teaching packages.
- Induction workshop of selected NGOs in standard provision, Unique Record, financial grant management, anti fraud measures, Nicaraguan labor laws
- Designing and implementing the strategy to provide care for people with HIV, Combination Prevention and Care.
- Completing a training course on HIV testing updates
- Starting to train facilitators in using the teaching package.
- Implementing the updated unique recording system
- Geo-tag key populations per care site

7. Annexes

Table 1. PrevenSida impact indicators.

Country:	Nicaragua						
Project	USAID-PrevenSida						
Agreement:	AID-524-A-10-00003						
Fecha de inicio:	September 20th 2012						
Fecha de finalización:	September 19th 2016						
Indicator	Baseline	Year	Data source	Benchmark	Real Year 4	Data source FY14	
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. CONSIDA-MINSA, CDC.UVG. Nicaragua.	57.0%	49,1% (38,2 - 61,0)	Estudio de Vigilancia de Comportamiento Sexual y prevalencia del VIH y sífilis en poblaciones vulnerables y en mayor riesgo al VIH: hombres que tienen sexo con hombres, transgénero femeninas, trabajadoras sexuales, usuarios de drogas inyectables y personas con VIH en Nicaragua, 2013. Pág. 173
	% of MSM who use condoms consistently and correctly with stable male partner in the last 30 days	30.9%	2009	ECVC 2009. CONSIDA-MINSA, CDC.UVG. Nicaragua.	46.5%	37,6% (26,5 - 48,3)	Estudio de Vigilancia de Comportamiento Sexual y prevalencia del VIH y sífilis en poblaciones vulnerables y en mayor riesgo al VIH: hombres que tienen sexo con hombres, transgénero femeninas, trabajadoras sexuales, usuarios de drogas inyectables y personas con VIH en Nicaragua, 2013. Pág. 172

	% 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%	39.7%	Estudio TRaC de VIH/SIDA Trabajadoras Sexuales Femeninas en Masaya, Nueva Segovia y RAAS Managua y Chinandega.3a Ronda nacional. Página 8. PASMO Nicaragua, sept. 2012
	% de SW 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%	94.7%	Estudio TRaC de VIH/SIDA Trabajadoras Sexuales Femeninas en Masaya, Nueva Segovia y RAAS Managua y Chinandega.3a Ronda nacional. Página 8. PASMO Nicaragua, sept. 2013
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%	38,1% (32,2 - 42,7)	Estudio de Vigilancia de Comportamiento Sexual y prevalencia del VIH y sífilis en poblaciones vulnerables y en mayor riesgo al VIH: hombres que tienen sexo con hombres, transgénero femeninas, trabajadoras sexuales, usuarios de drogas inyectables y personas con VIH en Nicaragua, 2013. Pág. 173
	% 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%	Sin datos	En el estudio ECVC 2013, no se realizó el análisis de parejas concurrentes. En ECVC 2009 se define pareja concurrente como tener dos o más parejas durante el mismo período de tiempo, definido como los 12 meses anteriores a la encuesta. Pág. 55.

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%	64.2%	Estudio TRaC de VIH/SIDA Hombres que tienen sexo con Hombres en Managua y Chinandega. 3a Ronda nacional. Página 8. PASMO, Nicaragua sept 2012
	% 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%	80.0%	Estudio TRaC de VIH/SIDA Trabajadoras Sexuales Femeninas en Masaya, Nueva Segovia y RAAS Managua y Chinandega.3a Ronda nacional. Pággina 8. PASMO Nicaragua, sept. 2012

Table 2 PEPFAR indicators. FY 2014.

Partner	University Research Corporation (URC)								
Project	Prevensida								
AOTR/COTR	Marianela Corriols								
Alternate									
Office Chief	Angela Cardenas								
Start Date	20/09/2010								
End Date	20/09/2016								
Indicator PEPFAR	FY14								
	Target	Q1 Alcanzado	Q2 Alcanzado	Q3 Alcanzado	Q4 Alcanzado	Total alcanzado	Percent Complete	Explanation for +10% or -10%	Notes
P11.1.D Number of individuals who received HIV Testing and Counseling (HTC) services for HIV and received their test results	14,000	293	3,672	4,797	5,543	14,305	102.2%	2%	
P11.1.D-a Number of men	9,000	261	2,462	3,198	3,929	9,850	109.4%	9%	
P11.1.D-b Number of women	5,000	32	1,210	1,599	1,614	4,455	89.1%	-11%	
P11.1.D-c age (< 15 years old)	0	0	0	0	0	0			
P11.1.D-d age (15+ years old)	14,000	293	3,672	4,797	5,543	14,305	102.2%	2%	
P11.1.D-e Positive	42	0	6	10	19	35	83.3%	-17%	
P11.1.D-f Negative	13,958	293	3,666	4,787	5,524	14,270	102.2%	2%	
P11.1.D-g Individual	14,000	293	3,672	4,797	5,543	14,305	102.2%	2%	

P11.1-D-h Couples	0	0	0	0	0	0			
P11.1-D-i By MARP type: CSW	700	16	698	1,085	919	2,718	388.3%	288%	
P11.1-D-j By MARP type: IDU	0	0	0	0	0	0			
P11.1-D-k By MARP type: MSM	7,240	0	1,424	2,452	2,318	6,194	85.6%	-14%	
P11.1-D-l Custom By MARP type: MSM (Homosexual)	2,300	0	518	1,062	925	2,505	108.9%	9%	
P11.1-D-m Custom By MARP type: MSM (Transgender)	1,640	0	63	219	483	765	46.6%	-53%	
P11.1-D-n Custom By MARP type: MSM (bisexual men)	3,300	0	843	1,171	910	2,924	88.6%	-11%	
P11.1-D-o By MARP type: Other vulnerable population.	6,060	277	1,550	1,260	2,306	5,393	89.0%	-11%	
P11.1-D-p Bisexual women		0	0	0	0	0			
P11.1-D-q Lésbica		0	3	20	14	37			
P11.1-D-r Uniformados		0	110	31	20	161			
P11.1-D-s Privados de libertad		0	0	0	0	0			
P11.1-D-t Poblaciones móviles		45	54	2	0	101			
P11.1-D-v Clientes de trabajadoras sexuales		232	901	731	1,486	3,350			
P11.1-D-w Usuarios de otras drogas no inyectables		0	16	0	0	16			
P11.1-D-x Mujeres en situación de VBG		0	405	415	436	1,256			
P11.1-D-y Jóvenes en riesgo		0	5	2	0	7			
P11.1-D-z Otros (especificar)		0	56	59	350	465			

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	40,393	45,448	17,056	105,558	96.8%	-3%	
P8.3.D-a By MARP type: CSW	9,000	589	5,522	4,001	1,963	12,075	134.2%	34%	
P8.3.D-b By MARP type: IDU	0	0	0	0	0	0		-100%	
P8.3.D. c By MARP type: MSM	58,860	736	19,504	20,790	9,461	50,491	85.8%	-14%	
P8.3.D-c Custom By MARP type: MSM (homosexuals)	22,000	334	7,099	8,354	3,176	18,963	86.2%	-14%	
P8.3.D-c Custom By MARP type: MSM (transgender)	5,000	149	1,324	1,440	1,748	4,661	93.2%	-7%	
P8.3.D-c Custom By MARP type: MSM (bisexual men)	31,860	253	11,081	10,996	4,537	26,867	84.3%	-16%	
P8.3.D-d By MARP type: Other Vulnerable Populations	41,140	1,336	15,367	20,657	5,632	42,992	104.5%	5%	
P8.3.D-e Bisexual women		2	165	229	38	434			
P8.3.D-f Lésbica		1	79	56	7	143			
P8.3.D-g Uniformados		11	68	87	1	167			
P8.3.D-h Privados de libertad			1	0	0	1			
P8.3.D-i Poblaciones móviles			1,329	5,011	475	6,815			
P8.3.D-j Clientes de trabajadoras sexuales		844	8,984	8,614	3,454	21,896			
P8.3.D-k Usuarios de otras drogas no inyectables		60	0	0	0	60			

P8.3.D-l Mujeres en situación de VBG		373	3,237	3,552	1,371	8,533			
P8.3.D-m Jóvenes en riesgo		45	43	159	10	257			
P8.3.D-n Otros (especificar)			1,461	2,949	276	4,686			
P8.3.D-o Number of Men	88,400	1,672	30,453	35,450	13,375	80,950	91.6%	-8%	
P8.3.D-p Number of Women	20,600	989	9,940	9,998	3,681	24,608	119.5%	19%	
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	30,471	31,083	9,001	72,955	133.9%	34%	
P8.3.D-a By MARP type: CSW	4,500	548	3,562	2,581	1,261	7,952	176.7%	77%	
P8.3.D-b By MARP type: IDU	0	0	0	0	0	0	0.0%	-100%	
P8.3.D. c By MARP type: MSM	29,430	689	14,777	13,688	5,165	34,319	116.6%	17%	
P8.3.D-c Custom By MARP type: MSM (homosexuals)	11,000	306	5,357	5,308	1,734	12,705	115.5%	16%	
P8.3.D-c Custom By MARP type: MSM (transgender)	2,500	145	924	842	1,182	3,093	123.7%	24%	
P8.3.D-c Custom By MARP type: MSM (bisexual men)	15,930	238	8,496	7,538	2,249	18,521	116.3%	16%	
P8.3.D-d By MARP type: Other Vulnerable Populations	20,570	1,163	12,132	14,814	2,575	30,684	149.2%	49%	
P8.3.D-e Bisexual women		2	147	181	35	365			
P8.3.D-f Lésbica		1	66	46	8	121			
P8.3.D-g Uniformados		11	53	76	1	141			
P8.3.D-h Privados de			1	0	0	1			

libertad									
P8.3.D-i Poblaciones móviles			1,297	4,273	405	5,975			
P8.3.D-j Clientes de trabajadoras sexuales		830	7,150	5,611	1,575	15,166			
P8.3.D-k Usuarios de otras drogas no inyectables		43	0	0	0	43			
P8.3.D-l Mujeres en situación de VBG		232	2,277	2,732	376	5,617			
P8.3.D-m Jóvenes en riesgo		44	40	125	2	211			
P8.3.D-n Otros (especificar)			1,101	1,770	173	3,044			
P8.3.D-o Number of Men	44,200	1,593	23,606	24,188	7,118	56,505	127.8%	28%	
P8.3.D-p Number of Women	10,300	807	6,865	6,895	1,883	16,450	159.7%	60%	
H1.1.D Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests	5	0	3	1	3	7	140.0%	40%	
H2.2.D Number of community health and para-social workers who successfully completed a pre-service training program	71	60	0	14	54	128	180.3%	80%	
Number of Men		38	0	9	30	77			
Number of Women		22	0	5	24	51			

H2.3.D Number of health care workers who successfully completed an in-service training program within the reporting period	560	300	290	364	90	1,044	186.4%	86%	
H2.3.D-a Outreach with MARPs (Other Sexual Prevention)	300	266	195	239	56	756	252.0%	152%	
H2.3.D-b Testing and Counseling	30	8	21	9	8	46	153.3%	53%	
H2.3.D-c Adult care and support	70	0	0	86	0	86	122.9%	23%	
H2.3.D-d Statagic inforamtion NGO Stengthening	60	26	26	0	0	52	86.7%	-13%	
H2.3.D-e Other (Stigma and discrimination)	100	0	48	30	26	104	104.0%	4%	
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	392	427	297	1,125	225.0%	125%	
P7.1.D-a Number of Men	250	5	222	273	177	677	270.8%	171%	
P7.1.D-b Number of Women	250	4	170	154	120	448	179.2%	79%	
P7.1.D-c Number reached in a clinic		1	247	255	241	744			
P7.1.D-d Number reached in a facility		1	98	75	37	211			

P7.1.D-e Number reached in a community		7	33	41	8	89			
P7.1.D-f Number reached in a home		0	14	56	11	81			
P7.1.3.D-g By MARP type: CSW			5	10	0	15			
P7.1.D-h By MARP type: IDU			0	0	0	0			
P7.1.D-i By MARP type: MSM		2	69	100	33	204			
P7.1.D-i Custom By MARP type: MSM (homosexuals)		2	44	69	25	140			
P7.1.D-i Custom By MARP type: MSM (transgender)			8	6	5	19			
P7.1.D-i Custom By MARP type: MSM (bisexual men)			17	25	3	45			
P7.1.D-j By MARP type: Other Vulnerable Populations		7	318	317	264	906			
P7.1.D-k Bisexual women			0	0	0	0			
P7.1.D-l Lésbica		1	1	1	0	3			
P7.1.D-f Uniformados			0	0	0	0			
P7.1.D-g Privados de libertad			0	0	0	0			
P7.1.D-h Poblaciones móviles		4	35	21	34	94			
P7.1.D-i Clientes de trabajadoras sexuales		2	21	8	13	44			
P7.1.D-j Usuarios de otras drogas no inyectables			0	0	0	0			
P7.1.D-k Mujeres en situación de VBG			15		5	20			
P7.1.D-l Jóvenes en riesgo			1	5	7	13			
P7.1.D-m Otros (especificar)			245	282	205	732			

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	1,158	1,172	961	3,370	337.0%	237%	
P7.1.D-a Number of Men	500	51	635	670	544	1,900	380.0%	280%	
P7.1.D-b Number of Women	500	28	523	502	417	1,470	294.0%	194%	
P7.1.D-c Number reached in a clinic		21	517	630	694	1,862			
P7.1.D-d Number reached in a facility		29	405	263	163	860			
P7.1.D-e Number reached in a community		29	95	164	77	365			
P7.1.D-f Number reached in a home		0	141	112	27	280			
P7.1.3.D-g By MARP type: CSW		0	13	20	5	38			
P7.1.D-h By MARP type: IDU		0	0	0	0	0			
P7.1.D-i By MARP type: MSM		27	217	210	118	572			
P7.1.D-i Custom By MARP type: MSM (homosexuals)		25	145	146	87	403			
P7.1.D-i Custom By MARP type: MSM (transgender)		1	24	13	15	53			
P7.1.D-i Custom By MARP type: MSM (bisexual men)		1	48	51	16	116			
P7.1.D-j By MARP type: Other Vulnerable Populations		52	928	942	838	2,760			
P7.1.D-k Bisexual women			2	0	0	2			
P7.1.D-l Lésbica		2	1	1	2	6			
P7.1.D-f Uniformados			0		0	0			
P7.1.D-g Privados de			0		0	0			

libertad									
P7.1.D-h Poblaciones móviles		43	41	212	132	428			
P7.1.D-i Clientes de trabajadoras sexuales		3	44	19	24	90			
P7.1.D-j Usuarios de otras drogas no inyectables			0	2	0	2			
P7.1.D-k Mujeres en situación de VBG			22	32	8	62			
P7.1.D-l Jóvenes en riesgo		1	2	24	7	34			
P7.1.D-m Otros (especificar)		3	816	652	665	2,136			
CUSTOM: Number of local organizations provided with technical assistance for HIV-related insitutional capacity building	50	43	0	5	0	48	96.0%	-4%	

Table 3. Contract indicators FY14.

Indicator	FY14								
	Target	Q1	Q2	Q3	Q4	Total	Percent Complete	Explanation for +10% or -10%	Notes
Result 1									
71 people from NGOs, are trained and have received technical assistance for HIV related capacity development by the end of Program	71	60	0	14	54	128	180.3%	80.3%	
20 NGO with institutional development plans and implement annually	20	23	0	0	0	23	115.0%	15.0%	
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	1	1	1	100.0%	0.0%	
Number of NGO personnel implementing key administrative/financial behaviors at the end of the year.	60	0	63	21	0	84	140.0%	40.0%	
Result 2									
At least 109,000 MARP reached yearly through community outreach that promotes HIV-AIDS prevention	109,000	2,661	40,393	45,448	17,056	105,558	96.8%	-3.2%	
Number of individuals who received HIV Testing and Counseling (HTC) services for HIV and received their test results	14,000	293	3,672	4,797	5,543	14,305	102.2%	2.2%	
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	0	6	1	50	100.0%	0.0%	
Result 3									

100 people from NGOs have been trained in educational strategies and tools to reduce S&D.	100	0	48	30	26	104	104.0%	4.0%	
20 NGO with annual plans to reduce S&D towards MARPS, and are implementing them	20	0	0	30	0	30	150.0%	50.0%	
Result 4									
Approximately 50 NGOs provided with technical assistance for HIV-related policy development	50	43	0	5	0	48	96.0%	-4%	
20 NGOs participating in local and national coordination mechanisms of the national response.	20	19	0	1	0	20	100.0%	0.0%	
At least six applied research studies carried out and findings disseminated and used by key NGOs and MOH	6	4	0	1	0	5	83.3%	-16.7%	
An advocacy plan developed and implemented to remove barriers in implementing prevention programs for people with higher vulnerability through networking	1	1	1	1	1	1	100.0%	0.0%	

Table 4. Municipios con tasas de incidencia de VIH en los últimos tres años

Department or Region	Greater than 0.04% (2.6 times more)	0.03-0.02% (1.3 times more)	Less than 0.01% (< or equal to the national rate)	Departmental coverage from
Managua	Managua	Ciudad Sandino, Tipitapa, Mateare, Ticuantepe	EC, VCF, VC, SRS, SFL	GF, USAID
Chinandega	Chinandega,	Somotillo, Corinto, San Fco Norte, Villanueva, El Viejo, El Realejo, Puerto Morazan	CH, P, ST, CP, SPN	GF, USAID
Masaya	Masaya	Catarina	NIN, LC, MA, SJO, NA, TI, NIQ	GF, USAID
Leon	Leon		ES, LPC, AC, NA, JI, QU, LA, SRP, TE	GF, USAID
Granada			GR, DO, DA, NA	GF
Rivas	Altagracia	Rivas	BE, PO, BA, CA, MO, SJS, TO, SJ	USAID
Carazo	Dolores, Jinotepe	La Paz, El Rosario	DI, SM, LC, TE	USAID
RACN	Bilwi, Waspam, Bonanza	Prinzapolka	SI, RO, WA	GF
RACS	Corn Island, Karawala	Cukra Hill, Bluefields, El Ayote	LP, TO, RA, NG, DCRG, MB, PA	GF, USAID
Rio San Juan	San Carlos, Morrito	San Miguelito	EC, EA, SJN	USAID
Chontales	Juigalpa, Santo Domingo	Santo Tomas, La Libertad, Cuapa, Acoyapa	VS, CO, EC, SPL	USAID
Boaco	Boaco, San Jose de los Remates		TE, CA, SLO, SLU	USAID
Matagalpa	Mulukuku	Matagalpa	SE, LD, MA, RB, MM, TE, DA, ES, RG, SD, SI, SR	GF
Jinotega		Jinotega	YA, EC, LC, SJB, SRN, PA, WI	USAID
Nueva Segovia		Ocotal, Dipilto, Mozonte	JA, JI, CA, MA, MU, QI, SF, SM, WNS	USAID
Esteli		La Trinidad	ES, CO, PU, LI, SN	USAID
Madriz		Somoto	LS, PA, CU, SJRC, SL, TE, TO, YA	USAID

Table 5. Cumplimiento de estándares en ONG con fortalecimiento institucional en FY 14

No.		LB				Evaluación a sept 2014				Calificación
		Gerencia	Admón y finanzas	Serv. Preventivos	Global	Gerencia sept 14	Admón y finanzas sept 14	Serv. Preventivos sept 14	Global sept 14	
1	CEPRESI	80.0%	83.3%	83.8%	82.3%	100.0%	100.0%	100.0%	100.0%	Excelente
2	IXCHEN	70.0%	95.0%	68.0%	94.8%	100.0%	100.0%	100.0%	100.0%	Excelente
3	FADCANIC	77.5%	100.0%	33.0%	64.6%	100.0%	100.0%	99.0%	99.6%	Excelente
4	GAO	25.0%	25.0%	25.0%	25.0%	100.0%	100.0%	100.0%	99.6%	Excelente
5	OVI	41.3%	61.7%	56.0%	52.5%	100.0%	99.0%	100.0%	99.6%	Excelente
6	ICAS	62.5%	90.0%	57.0%	67.1%	100.0%	98.3%	99.0%	99.2%	Excelente
7	CEPS	91.3%	88.3%	95.0%	91.5%	93.8%	97.0%	100.0%	96.7%	Excelente
8	FSL	51.3%	61.7%	26.0%	42.7%	93.8%	100.0%	100.0%	96.3%	Excelente
9	CEGODEM	35.0%	25.0%	25.0%	28.3%	97.5%	95.0%	94.0%	95.4%	Excelente
10	ANICP+VIDA	40.0%	53.3%	37.5%	42.7%	100.0%	100.0%	94.0%	95.4%	Excelente
11	ASONVIHISDA	52.5%	36.7%	56.3%	41.4%	91.3%	100.0%	91.3%	95.4%	Excelente
12	ACCCS	27.5%	30.0%	43.8%	34.1%	100.0%	93.3%	100.0%	93.3%	Excelente
13	GAVIOTA	51.3%	61.7%	26.0%	42.7%	90.0%	93.3%	86.0%	89.0%	Graduada
14	MDS-RAAS	25.0%	25.0%	25.0%	25.0%	100.0%	70.0%	98.0%	91.7%	Necesita mejoramiento
15	ADESENI	30.0%	41.7%	36.3%	35.5%	78.8%	70.0%	90.0%	81.7%	Necesita mejoramiento
16	MODISEC RAAN	32.5%	25.0%	25.0%	27.5%	88.8%	89.0%	56.7%	82.0%	Necesita mejoramiento
17	IDSDH	50.0%	63.3%	52.0%	60.1%	61.3%	63.3%	88.8%	72.3%	Necesita mejoramiento
18	RDS	62.5%	66.6%	61.3%	64.5%	62.5%	93.3%	71.3%	74.5%	Necesita mejoramiento
19	AGENTE DE CAMBIO	32.5%	31.7%	51.0%	40.3%	57.5%	90.0%	87.0%	77.1%	Necesita mejoramiento
20	ADISNIC Matagalpa	43.8%	50.0%	25.0%	40.0%	57.5%	80.0%	70.0%	69.5%	Necesita mejoramiento
21	MOVIDEX RSJ	25.0%	25.0%	25.0%	25.0%	63.8%	46.7%	77.5%	64.0%	Necesita mejoramiento
22	ODETRANS	27.5%	25.0%	56.3%	35.3%	58.8%	41.7%	75.0%	56.7%	Necesita intensa AT
23	ADISNIC Chinandega	36.3%	25.0%	41.3%	36.0%	43.8%	43.8%	35.0%	53.8%	Necesita intensa AT
24	ACAJ-PELG	36.3%	25.0%	33.0%	30.9%	43.8%	60.0%	43.8%	52.3%	Necesita intensa AT

25	ANIT	26.3%	25.0%	32.5%	28.6%	40.0%	73.3%	53.8%	50.3%	Necesita intensa AT
26	HIJAS DE LA LUNA	25.0%	38.3%	40.0%	34.3%	42.5%	41.7%	45.0%	43.3%	Necesita intensa AT
27	Digeorsex	25.0%	25.0%	25.0%	46.3%	42.5%	30.0%	46.3%	42.0%	Necesita intensa AT
28	MOJUDS	25.0%	25.0%	42.0%	32.7%	31.3%	31.7%	53.8%	38.0%	Necesita intensa AT

Table 6. Human Rights grant results compliance percentage

Activity	Compliance	Percentage
1 Integrated citizenship plan for LGBT population.	1 CEPRESI	100
2 political declarations with municipal governments.	1 public policy of MDS RAAS	50
13 agreements with public institutions (MOH, Ministry of Education and National Police).	7	53
10 advocacy plans designed and implemented by LGBT populations locally.	9	90
8 advocacy plans with municipal governments.	13	162
2 Compliance reports on municipal resolutions drafted previously.	2	100

Table 7. Compliance with people to be trained on Human Rights

Prioritized topics	Total people to be trained	People reached	Compliance percentage
Conflict management and coalition formation	111	36	32%
Regulatory Framework	451	639	130%
Advocacy to draft public policies	596	639	107%
Effective communication	21	21	100%
Stigma and Discrimination	291	639	154%
Gender based violence	76	639	211%
Conversations for incidence	1,099	684	62%
Total	2,645	2658	101%

Table 8. Annual operating report. FY 14

Main Activities	Task	Result	Participants	Month												Compliance			Observ
				Oct	Nov	Dec	Jan	Febr	Mar	April	June	September	Achieved	In progress	No achieved				
Resultado 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)																			
Seleccionar a las ONG a ser incluida para mejorar su desempeño institucional en el año 4 del proyecto, incluidas 10 ONG de KPCF y 15 ONG de LGBT.	Seleccionar e instruir a las ONG sobre su participación con PrevenSida	ONG seleccionadas e instruidas sobre su participación con PrevenSida	Staff de URC																
	Socializar los resultados de la línea de base entre los ONG	Línea de base socializada entre las ONG	Staff de URC y nuevas ONG																
Realizar línea de base LGBT, examinando los ONG y donantes que han trabajado con LGBT, identificar los ONG y	Diseñar y publicar los términos de referencia para realizar la línea de base y escoger a la persona que																		

Main Activities	Task	Result	Participants	Month												Compliance			Observ
				Oct	Nov	Dec	Jan	Febr	Mar	April	June	September	Achieved	In progress	No achieved				
determinar los espacios para realizar un trabajo eficaz en los niveles locales y nacionales	realizará el documento																		
	Seleccionar las ONG que laboraran en el desarrollo LGBT																		
Realizar pre-award con ONG seleccionadas para determinar necesidades de mejoramiento técnico en áreas financieras, directivas y técnicas	Realizar pre-award con ONG seleccionadas para determinar necesidades de mejoramiento en áreas financieras y técnicas (prevención, derechos humanos y advocacy																		
	Definir las áreas temática a reforzar (desarrollo institucional y áreas técnicas)																		
Desarrollo de competencias - Capacitaciones en fortalecimiento institucional. (CIES y PrevenSida)																			
Realizar capacitaciones para mejorar la	Adecuar el programa académico del	Programa académico adecuado	Staff URC																

Main Activities	Task	Result	Participants	Month												Compliance			Observations
				Oct	Nov	Dec	Jan	Febr	Mar	April	June	September	Achieved	In progress	No achieved				
capacidad administrativa/gerencial y financiera de ONG seleccionadas, incluidas las ONG LGBT	componente gerencial a los diferentes participantes	a las necesidades de nuevos participantes	CIES																
	Implementar programa académico para mejorar la capacidad administrativa financiera de ONG del año 4	Programa académico desarrollado conforme contrato	Staff URC CIES																
	Evaluación sistemática del cumplimiento de objetivos formativos y aplicación de conocimientos de las ONG	Asegurada la calidad de los módulos facilitados	Staff URC CIES																
	Mentoring de campo por parte de PrevnSida a ONG para mejorar las competencias y la aplicación del	Mentoring de campo realizadas conforme calendario y objetivos de la	CIES ONG																

Main Activities	Task	Result	Participants	Month												Compliance			Observ
				Oct	Nov	Dec	Jan	Febr	Mar	April	June	September	Achieved	In progress	No achieved				
	conocimiento adquirido en el programa académico.	tutoría de campo																	
Realizar actualización de normas técnicas y organizarlos en un paquete pedagógico	Actualización de las notas técnicas de fortalecimiento institucional	Personal de las ONG actualizados en fortalecimiento institucional	Staff de URC y ONG																
	Diseñar y reproducir los módulos del paquete pedagógico de fortalecimiento institucional	Paquete pedagógico de fortalecimiento institucional Diseñado y reproducido	Staff URC CIES																En estos momentos las notas técnicas están en diagramación
Capacitaciones en abogacía y derechos humanos. Capacitación de URC, PASCA y NDI																			
Realizar capacitaciones para mejorar la capacidad en el	Diseñar y/o adecuar el programa académico del	Programa académico del componen	Staff URC PASCA																

Main Activities	Task	Result	Participants	Month												Compliance			Observ
				Oct	Nov	Dec	Jan	Febr	Mar	April	June	September	Achieved	In progress	No achieved				
manejo del marco legal de los derechos humanos, abogacía, violencia basada en genero, prevención, construcción de alianzas y coaliciones, educación pública, voluntariado y difusión de información en medios masivos de comunicación	componente de abogacía y derechos humanos de 4 módulos (manejo de conflicto y coaliciones, marco legal, abogacía y comunicación efectiva	te de abogacía y derechos humanos diseñado y/o adecuado.	/DNI																
	Diseñar y/o adecuar el programa académico del componente de abogacía y derechos humanos de 4 módulos (manejo de conflicto y coaliciones, marco legal, abogacía y comunicación efectiva	Programa académico del componente de abogacía y derechos humanos diseñado y/o adecuado.	Staff URC PASCA /DNI																
	Implementar programa	Programa académico	Staff URC																

Main Activities	Task	Result	Participants	Month												Compliance			Observations
				Oct	Nov	Dec	Jan	Febr	Mar	April	June	September	Achieved	In progress	No achieved				
	académico para mejorar la capacidad en derechos humanos	implementado	PASCA /DNI																
	Evaluación sistemática del cumplimiento de objetivos formativos y aplicación de conocimientos de las ONG	Realizada la evaluación sistemática del cumplimiento de objetivos	Staff URC																
	Realizar mentoring de campo por parte de PrevenSida, PASCA y NDI a ONG para mejorar las competencias y la aplicación del conocimiento adquirido en el programa académico.	Mejoradas las competencias de los ONG mediante mentoring de campo	PASCA /DNI																En conjunto NDI y PrevenSida realizan mentoring a los ONG
Monitoreo y evaluación. Capacitación de URC																			
Brindar entrenamiento en	Seleccionar a las personas a	Nuevas ONG	Staff de																

Main Activities	Task	Result	Participants	Month												Compliance			Observ
				Oct	Nov	Dec	Jan	Febr	Mar	April	June	September	Achieved	In progress	No achieved				
monitoreo y evaluación a las nuevas ONG (LGBT y KPCF) seleccionadas para mejorar sus capacidades en el uso y aplicación de las matrices de M&E	capacitar de cada ONG	seleccionadas	URC ONG																
	Entrenamiento en M&E a las nuevas ONG	Nuevas ONG entrenadas en M&E	Staff de URC ONG																
	Apoyar a las nuevas ONG para que tengas una guía y un plan de monitoreo y evaluación de su proyecto de subvención	Nuevas ONG con guía y plan de monitoreo y evaluación de la subvención.	Staff de URC ONG																
Colaborativos de mejoramiento – capacitación de URC																			
Implementar colaborativo de mejoramiento: estándares; indicadores, paquete de cambio, contenidos de las sesiones de aprendizaje con ONG del año	Implementar colaborativo de mejoramiento: estándares; indicadores	paquete de cambio	contenidos de las sesiones de aprendizaje con ONG del año 2014 (PEPFA)																

Main Activities	Task	Result	Participants	Month									Compliance			Observ	
				Oct	Nov	Dec	Jan	Febr	Mar	April	June	September	Achieved	In progress	No achieved		
2014 (PEPFAR y KPCF)			R y KPCF)														
	Realizar un primer colaborativo de mejoramiento con nuevas ONG del año 4 en aspectos administrativo/gerenciales y de prevención		Staff de URC y ONG														
	Realizar visitas de campo para compartir resultados de la medición de estándares y expansión de buenas prácticas y experiencias exitosas a ONG del año 4		Staff de URC y ONG														
Sistematización de las buenas prácticas y documentar los cambios organizacionales e	Realizar segunda sesión de aprendizaje del colaborativo de mejoramiento de la calidad para el	ONG del 4 año con colaborativos de mejoramiento en	Staff de URC y ONG														

Main Activities	Task	Result	Participants	Month												Compliance			Observ
				Oct	Nov	Dec	Jan	Febr	Mar	April	June	September	Achieved	In progress	No achieved				
identificar las competencias y/o los insumos que permitieron llegar a obtener las mejoras	área de prevención y el área administrativa de los ONG del año 4	prevención y administración realizados y documentadas las buenas practicas																	
	Documentar buenas prácticas de los ciclos de mejoramiento continuo de la calidad para ser utilizado por el nuevo grupo de ONG	Buenas prácticas documentadas y siendo utilizadas con el nuevo grupo de ONG	Staff de URC y ONG																
Gestión del conocimiento																			
Promover el flujo del conocimiento a partir de una organización a otra de los ONG que brinda servicios de prevención, y a la	Actualizar y monitorear la pagina web	Pagina Web monitoreada y actualizada constantemente	Staff de URC																

Main Activities	Task	Result	Participants	Month									Compliance			Observ	
				Oct	Nov	Dec	Jan	Febr	Mar	April	June	September	Achieved	In progress	No achieved		
comunidad.																	
	Desarrollar y compartir una revista trimestral de PrevenSida y los ONG	Revista de PrevenSida publicada trimestralmente	Staff de URC y ONG														
Establecer una red funcional con metas y objetivos comunes, compartiendo información e intercambio o préstamo de bienes entre ONG cuando se necesite	Red de ONG preparadas y ejecutando intervenciones para mejorar la vida de las PEMAR y PVIH	Red de ONG realizando tareas comunes para mejorar la vida de las PEMAR y PVIH	Staff de URC y ONG														
Result 2: Improved Access to and Quality of HIV/AIDS Preventive Services for MARPS from NGOs preventive service providers																	
Aumentar la cobertura de servicios preventivos a poblaciones clave aumentando el	Desarrollar la línea de base de las nuevas ONG	Línea de base desarrollada	Staff de URC y nuevas ONG														
	Socializar los resultados de la	Línea de base	Staff de URC y														

Main Activities	Task	Result	Participants	Month												Compliance			Observ
				Oct	Nov	Dec	Jan	Febr	Mar	April	June	September	Achieved	In progress	No achieved				
número de departamentos y ONG que proporcionan servicios de prevención del VIH	línea de base entre los ONG	socializada entre las ONG	nuevas ONG													Achieved			
	Capacitar a personal de las ONG en el procesamiento de la prueba de VIH	Personal de las ONG capacitados en la prueba de VIH	Staff de URC y ONG													Achieved			
Mejorar la capacidad de ONG en desarrollar actividades de prevención y promoción de la prueba de VIH	Mantener los mecanismos que permitan el cumplimiento del algoritmo del MINSA con las pruebas de VIH en el CNDR y el aseguramiento de la referencia de los ptes. reactores a las unidades del MINSA	Cumplíndose el algoritmo del MINSA y al sistema de referencia y contra referencia con el MINSA.	Staff de URC, y ONG												Achieved				
	Asegurar los insumos para la prueba de VIH a los ONG subvencionados	Asegurado el flujo constante de insumos	Staff de URC y ONG												Achieved				

Main Activities	Task	Result	Particip ants	Month												Compliance			Observ
				Oct	Nov	Dec	Jan	Febr	Mar	April	June	September	Achieved	In progress	No achieved				
		para la prueba de VIH																	
	Capacitar al personal de las ONG en consejería pre y post prueba	Personal de las ONG capacitados en consejería pre y post prueba	Staff de URC y ONG																
Realizar capacitaciones en consejería pre y post prueba, prevención combinada y violencia basada en género	Capacitar al personal de las ONG en el prevención combinada	Personal de las ONG capacitados en prevención combinada	Staff de URC y ONG																
	Capacitar al personal de las ONG en el violencia basada en género	Personal de las ONG capacitados en violencia basada en género	Staff de URC y ONG																

Main Activities	Task	Result	Participants	Month									Compliance			Observ			
				Oct	Nov	Dec	Jan	Febr	Mar	April	June	September	Achieved	In progress	No achieved				
Actualización y aprobación de las notas técnicas de, violencia basada en genero	Actualización y aprobación de las normas técnicas de violencia basada en genero	Personal de las ONG actualizados en las normas sobre VBG	Staff de URC y ONG																En proceso de diagramación
Realizar capacitación sobre comunicación para el cambio de comportamiento al menos a 32 ONG (incrementar el uso de condón, consejería y realización de pruebas de VIH con entrega de resultados y reducción de parejas sexuales).	Realizar encuentros metodológica para el abordaje del cambio de comportamiento	Personal de las ONG han identificado las metodologías para cambio de comportamiento y las necesidades de capacitación por PASMO	Staff de URC, ONG y PASMO																
	Realizar selección de ONG para capacitarlos en	Personal de las ONG seleccionados	Staff de URC, ONG y fundaci																

Main Activities	Task	Result	Participants	Month												Compliance			Observ
				Oct	Nov	Dec	Jan	Febr	Mar	April	June	September	Achieved	In progress	No achieved				
	videos-foro	das capacitadas en el manejo de videos – foro y grupos pequeños	ón Luciérnaga																
Capacitación sobre videos – foro y grupos pequeños en reducción de homofobia, violencia basada en genero y estigma y discriminación en PVIH y diversidad sexual	Realizar la capacitación sobre videos - foro	Personal de las ONG mentoring para el cambio de comportamiento.																	
	Realizar visitas de campo a las ONG para realizar mentoring sobre cambio de comportamiento		Staff de URC, ONG y PASM O																
Realizar mentoring sobre																			

Main Activities	Task	Result	Particip ants	Month									Compliance			Observ	
				Oct	Nov	Dec	Jan	Febr	Mar	April	June	September	Achieved	In progress	No achieved		
comunicación para el cambio de comportamiento en al menos 32 ONG durante el periodo																	
Ampliar las actividades de prevención del VIH a la población clave a través de la realización de videos-foro																	
Desarrollo de una estrategia para la reducción del estigma y discriminación enfocada en la familia, comunidad, colegios e iglesias	Capacitar en el desarrollo de planes de advocacy que conduzcan a la reducción del estigma y la discriminación	ONG capacitados en el desarrollo de planes de advocacy que conduzcan a la reducción del estigma y la discriminación	Staff de URC, PASCA, NDI y ONG														

Main Activities	Task	Result	Participants	Month									Compliance			Observ		
				Oct	Nov	Dec	Jan	Febr	Mar	April	June	September	Achieved	In progress	No achieved			
	Realizar visitas de campo a las ONG para realizar mentoring sobre desarrollo de planes para la reducción del estigma y discriminación	Personal de las ONG recibiendo visitas de campo para desarrollar planes de reducción de EyD mediante mentoring	Staff de URC, PASCA, NDI y ONG															
	Participar con PASMO en las acciones transversales para reducción del E & D	ONG con actividades transversales sobre reducción de E y D desarrolladas	Staff de URC, PASMO y ONG															
	Realización de video-fórum enfocados en estigma y discriminación en los territorios que atiende PrevenSida por	Video-fórum enfocados en estigma y discriminación desarrolladas	Staff de URC y ONG															

Main Activities	Task	Result	Participants	Month									Compliance			Observ	
				Oct	Nov	Dec	Jan	Febr	Mar	April	June	September	Achieved	In progress	No achieved		
	los ONG subvencionados	dos en los territorios que atiende PrevenSida															
Result 4. Improved Participation of NGOs Representing MARPS and PLHIV in the National Response to HIV/AIDS																	
Informacion estratégica	PrevenSida participara en conjunto con PASCA en sesiones de análisis y seguimiento de la información estratégica producida en Nicaragua	Los ONG de PrevenSida en conjunto con PASCA han realizado análisis de la información estratégica producida en Nicaragua: E&D MEGAS	PASCA , staff de URC y ONG														

Main Activities	Task	Result	Particip ants	Month												Compliance			Observ
				Oct	Nov	Dec	Jan	Febr	Mar	April	June	September	Achieved	In progress	No achieved				
		UNGASS Estudios TRACS																	
	Realizar cursos de entrenamiento sobre Excel para el personal de las ONG	Desarrolla dos los cursos de entrenamiento sobre Excel para el personal de las ONG	Staff de URC y ONG																
PrevenSida continuará apoyando en el desarrollo del conocimiento de sus staff de las ONG	Integrar los datos producidos por los ONG de PrevenSida a los reportes nacionales de CONISIDA	Integrados los datos producidos por los ONG de PrevenSida a los reportes nacionales de CONISIDA	Staff de URC, CONISIDA y ONG																
El programa regional de USAID/PASCA	PrevenSida en coordinación con el	PrevenSida a a facilitado	Staff de URC, MCO y																

Main Activities	Task	Result	Particip ants	Month												Compliance			Observ
				Oct	Nov	Dec	Jan	Febr	Mar	April	June	September	Achieved	In progress	No achieved				
en coordinación con USAID/PrevenSi da apoyara a los ONG para integrar la información al reporte nacional de CONISIDA	mecanismo coordinador de país (MCP) facilitara la integración de los datos para que CONISIDA desarrolle el reporte de país	información a CONISIDA para elaborar el reporte del país	ONG																
	Maximizar el uso de la web – site mediante la conducción de foros de discusión sobre los efectos de la epidemia de VIH en PEMAR	Foros de discusión realizados sobre los efectos de la epidemia de VIH en PEMAR	Staff de URC, ONG población usuaria de web -site																
Web -site	Compartir en las web los mensajes a PEMAR que actualmente se realiza	SMS compartidos en web -site	Staff de URC, ONG población usuaria de web -site																
Cross –cutting and Other issues																			
Local capacity building and sub-	Convocatoria de	Convocatoria de	Staff de																

Main Activities	Task	Result	Participants	Month									Compliance			Observ	
				Oct	Nov	Dec	Jan	Febr	Mar	April	June	September	Achieved	In progress	No achieved		
grants	concurso	concurso realizada	URC														
	Sub grants aprobados	Sub grants aprobados y realizado el proceso de induccion	Staff de URC y USAID														
			VII. Resultados del plan de monitoreo y evaluación														
Process evaluation																	
Evaluación de medio término del proyecto	Elaborar TdR para evaluación intermedia del proyecto	Elaborados los TdR para evaluación intermedia del proyecto	Staff de URC														Evaluación realizada por USAID Nicaragua
Evaluación del	Licitación de servicios	Realizada la	Staff de														Evaluación

Main Activities	Task	Result	Particip ants	Month									Compliance			Observ		
				Oct	Nov	Dec	Jan	Febr	Mar	April	June	September	Achieved	In progress	No achieved			
proyecto LGBT	profesionales para evaluación externa	licitación de servicios profesionales para evaluación externa	URC															realizad a por USAID Nicaragua
	Realizar evaluación y entregar informe de evaluación	Realizada la evaluación del proyecto LGBT y entregado el informe final	Staff de URC															Evaluación realizad a por USAID Nicaragua

