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| **PrevenSida**

## Nicaragua First Year

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# FY11 Annual Project Report

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Performance Period:  
October 1, 2010–September 30, 2011

This report was produced for review by the United States Agency for International Development. It was prepared by University Research Co, LLC and was authored by Oscar Nunez.

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**DISCLAIMER**

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## Acronyms

ASONVIHSIDA	Nicaraguan HIV/Aids Association
CDC	Center for Disease Control and Prevention
CEPRESI	Center of Education and Prevention of HIV/Aids
CIES	Center for research and health studies
CONISIDA	Nicaraguan Special Commission on Aids
NDRC	National Diagnosis and Referral Center
S&D	Stigma and discrimination
FY11	Fiscal Year 2011
FY12	Fiscal Year 2012
MSM	Men who have sex with men
IEC	Information, education y communication
STI	Sexually Transmitted Infection
CQI	Continuous Quality Improvement
CCM	Country Coordinating Mechanisms
M&E	Monitoring and Evaluation
MOH	Ministry of Health
NGO	Non-governmental organization
UNAIDS	Joint United Nations Programme on HIV/AIDS.
PASMO	Pan American Social Marketing Organization
PEPFAR	President's Emergency Plan for AIDS Relief
MARPS	Most at risk population
NSP	National Strategic Plan on STD, HIV/Aids 2006-2010
FP	Family Planning
PLWHA	People Living with HIV/Aids
RAAN	Northern Atlantic Autonomous Region
RAAS	Southern Atlantic Autonomous Region
SILAIS	MINSA's Local Integrated Health Care Systems
Aids	Acquired Immunodeficiency Syndrome
SMS	Short message service

TRANS	Transgender, transsexual, transvestite
SW	Sex Worker
UCA	Universidad Centroamericana
IDU	Intravenous drug user
UNGASS 2011	The United Nations General Assembly on HIV/AIDS
URC	University Research Co., LLC
USAID	United States Agency for International Development
USAID/PASCA	Program to Strengthen the Central American Response to HIV
USAID/ PrevenSida	Preventing transmission of HIV/AIDS from High risk groups in Nicaragua
HIV	Human Immunodeficiency Virus

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## I Objectives and expected outcomes for FY11

The general objective of PrevenSida, on which we work annually is:

To increase healthy behaviors among most at risk population (MARPS), to reduce HIV/Aids transmission through condom use, reducing the number of sexual partners and increasing access to HIV counseling and testing promotion.

The objectives for FY11, taken from the Project document are:

1. To Increase by 50% (from baseline) consistent condom use in all sexual contacts, including those with long-term partners.
2. To decrease by 30% (from baseline) the number of multiple partners among high risk population.
3. To increase by 60% (from baseline) the use of HIV counseling and testing promotion.
4. To reach 155,000 people annually in prevention activities.
5. To provide counseling, testing and results to 10,000 people annually.

## II Key Project Results

**Result One:** Strengthened Institutional Capacity of at least 20 NGOs to participate in the HIV/AIDS National Response Plans by building capacities and promoting the networking model.

**Result Two:** Improved access to and quality of HIV/AIDS preventive services for MARPS from NGO preventive service providers.

**Result Three:** Reduction of Stigma and Discrimination directed against MARPS and PLHIVS.

**Result Four:** Improved participation of NGOs representing MARPS and PLHIV in the National Response to HIV/AIDS.

### III Experiences and challenges in FY11

USAID/PrevenSida is an innovative project, it is the first experience in Nicaragua on HIV/Aids prevention with this purpose and strategies, using a Continuum Quality Improving approach to strengthen institutional capacities of NGOs providing HIV preventative services to MARPS. This project attempts to increase civil society participation in the national response before the epidemic.

2011 (FY11), the first year of the Project, represents a period of knowledge and learning for all stakeholders in implementation, which has produced a set of experiences and learned lessons, which along with other elements, constitute the foundations for progress in FY 2012 towards deepening and sustainability of actions conducted in FY11.

The main challenges at the beginning of Year 1 of the Project were:

- Greater difficulty is focused in the administrative/Financial area
- 3 out of every 10 organizations operated without an organizational chart approved by their directive board, the same ratio is found in elements related to the lack of systematization in actions that the board develops, such as; agreement recording, follow up to agreements. This situation did not allow for NGOs to develop improvement processes with responsibilities among members, evaluating agreements compliance and pertinence of agreements.
- 50% of NGOs did not have Strategic Plans, which hinders organizational development toward institutional sustainability processes, which is the way to achieve goals that NGOs in particular established according to their objectives in a defined period of time. Another element that hinders standards compliance is the lack of an annual work plan, since organizations work targeting the life of funded projects.
- 91.7% of PrevenSida grantee NGOs in year 1 of the Project did not have an institutional M&E Plan and the data that they collected was based in gender and age, similar to the Strategic Plans' situation. Another element to point out is the lack of data analysis instruments among others, a chronological series of events that may show their organizational development.
- NGOs working on HIV prevention with MARPS and general population.
- Limited time availability by human resources for training.
- Logistical aspects for complex training events since participants came from different communities and the fact that they were not always reported by NGOs.
- NGOs staff did not know how to measure and improve quality of their administrative financial and prevention interventions.

Among the most relevant actions are:

1. The emphasis on NGOs institutional strengthening during the first nine months of the year, targeted limitations identified in the baseline, in terms of: structure and functioning, undefined functions of directive boards, outdated or absence of strategic and annual plans, weakness in accounting and internal control systems, in budget formulation and

monitoring; as well as, limited monitoring systems, which lack clear and specific mechanisms for decision-making.

2. Built a monitoring system based on grant proposed activities, considering disaggregation per MARPS and PLWHA.
3. Shared information on epidemiological surveillance in order to have incidence on NGO activities involving MARPS.
4. Adapting time according to participants' needs, in training provided by CIES and CEPRESI and giving more time for field mentoring activities.
5. Regarding retention of participants in training, their health status is a factor causing absences due to illness, since some of them are HIV carriers. To counteract this, various methods were implemented providing more flexibility and options to address these situations. To solve the problem of absence from their jobs, due to training duration, mainly for people from the two regions of the Caribbean Coast, the course was organized exclusively for them. This experience was extremely positive for the project and participants.
6. In 2011, the logistics of the courses improved constantly, once the dynamics and expectations of participants and teachers were understood.
7. Implementation of two improvement Collaboratives, one for Management and another for prevention.

#### **IV Main achievements**

- First grant cycle for 12 NGOs for US\$383,335.54:
  - 56% corresponds to investment on institutional strengthening.
  - 44% to HIV/Aids prevention activities targeting MARPS.
  - 264 NGO officials in training for institutional strengthening.
  - 98 temporary jobs, 44 of them for PLWHA.
  - The per capita cost of the intervention is \$9.5. The investment average amount per NGO is US\$31,000.00.
- 8 NGOs comply with administrative and financial standards:
  - Directive body with operation norms.
  - Financial administrative manuals.
  - Annual strategic plans.
  - Automated accounting system and annual budget.
  - Monitoring and Evaluation Plan.

- Two ongoing improvement Collaboratives: Management and Prevention. In a period of 3 months, the teams conducted 8 improvement rapid cycles: 4 administrative and 4 in prevention.
- Improved competencies of 196 people in Management and Prevention.
- NGOs focused on MARPS prevention: use of data from the epidemiological surveillance system.
- Knowledge management:
  - Web site: 2000 visits up to date.
  - Sharing research results: NGOs Mapping and Stigma and Discrimination studies.

## V Results Progress in FY2011

### V.1 Compliance with PEPFAR indicators.

Reporting Date:  
FY 2011

	2011								
Indicator	Target	Q1	Q2	Q3	Q4	Total	Percentage Completed	Explanation for +10% or -10%	
3.1.1-24 Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results (PEPFAR Output - #P11.1.D)	10,000	1,401	1,403	1,672	4,779	9,255	92.6%		
3.1.1-24a Number of men	9,000	1,356	719	899	2,302	5,276	58.6%	NGOs do not have update mapping of league points for men and for that reason did not meet the indicator. This activity is in progress. Besides, none of the NGOs have a presence in Rivas and only Redtrans has recently a presence in Chontales. Of the total number of tests conducted: 56% were performed to men and 43% to women. Regarding goals per gender, promotion was more effective in women facing violence situations, young people at risk and female vulnerable population, this allowed for goal over-compliance.	
3.1.1-24b Number of women	1,000	45	684	773	2477	3,979	398%		

3.1.1-24d age (15+ years old)	10,000	1401	1,403	1,672	4,779	9,255	92.6%	
3.1.1- 50 Targeted condom service outlets (PEPFAR Output - #P8.4D)#P8.4D)	40	10	8	14	49	81	202.5%	Grants implemented a strategy consisting on placing condom delivery posts in base houses, this allowed for coverage increase.
3.1.1-68 Number of MARPS reached with individual and/or small group HIV preventive interventions that are based on evidence and/or meet the minimum required standards (PEPFAR Output - #P8.3.D)	155,000	1,603	12,885	82,630	44,621	141,739	91.4%	<b>Per contact.</b>
3.1.1-68a By MARP type: CSW	15,500	150	312	7,875	3,496	11,833	76.3%	None of the grantees have a presence in Rivas and Chontales. PrevenSida is not working directly with CSW organization in prevention which limits the reach of this population.
3.1.1-68b By MARP type: IDU	0	0	0	0	0	0	0.0%	The problems with recording user's sexual identity, creates difficulties to classify MSM population. Another factor is that grantees do not have updated mapping of dating spots for MSM.
3.1.1-68c By MARP type: MSM	57,350	555	3,823	26,528	8,564	39,470	68.8%	
3.1.1-68c By MARP type: MSM (gay)	54,250	525	1,245	16,927	7,132	25,829	47.6%	
3.1.1-68c By MARP type: MSM (transgender)	3,100	30	2,578	9,601	1,432	13,641	440.2%	The Red Trans organization and other NGOs significantly contribute to reaching Trans population, there is great awareness about HIV prevalence among Trans population, enhancing local intervention capacity
3.1.1-68d By MARP type: Other vulnerable Populations	82,150	898	8750	48,227	32,561	90,436	110.1%	This population group includes people who have sex with men but do not identify themselves as MSM
Number of Men	139,500	1,453	12,573	64,925	27,026	105,977	76.0%	Underestimation of population target (women) and implementation of HIV prevention services for women facing violence situations leads to goal over-compliance. The situation with men is similar to the explanation giving before.
Number of Women	15,500	150	312	17,705	17,595	35,762	230.7%	
3.1.1-79 Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests (PEPFAR Output - #H1.1.D)	4	0	0	5	0	5	125.0%	IXCHEN, ACCS, ACRIC and CEPS has been done rapid test and were trained in the CNDR. Latter, CEPRESI began testing and PrevenSida added in the NGO to be trained in the CNDR.

3.1.1-84 Number of health care workers who successfully completed an in-service training program within the reporting period (PEPFAR Output - #H2.3.D)	260	0	32	101	295	428	164.6 %	The first target only included those people trained by CIES, CEPRESI and S&D. With grants, the grantees trained their own promoters and PrevenSida began to train in FP to promoters (extraplan)
3.1.1-83 Number of community health and para-social workers who successfully completed a pre-service training program (PEPFAR Output - #H2.2.D)	60	0	0	0	37	37	61.6%	In service training includes the following health professionals: Nurses = 25 Physicians = 4 Psychologist = 3 Sociologist = 4 Nutritionist = 1 Grand total = 37. There is not so much health and para-social worker in the NGO.
Discontinued: Number of local organizations provided with technical assistance for HIV related institutional capacity building	12	13	0	0	0	13	108.3%	
Budget and Expenditures	\$1095,316.00	\$179,755.17	\$226,465.06	\$420,018.19	\$349,976.84	\$1176,215.26	+107.4 %	In some quarter we use the accrual. Current figures are the exact amount.

**Result One:** *Strengthened Institutional Capacity of at least 20 NGOs to participate in the HIV/AIDS National Response Plans by building capacities and promoting the networking model.*

<b>Country:</b>		Nicaragua						
<b>Project</b>		USAID-PrevenSida						
<b>Agreement:</b>		AID-524-A-10-00003						
<b>Start date:</b>		September 20th 2010						
<b>End Date:</b>		September 19th 2015						
<b>Reporting Date: Quarter 4, Year 1</b>								
<b>Processes Indicators</b>								
No.	Indicator	Meta annual	FY11					Comment
			Q1	Q2	Q3	Q4	%	
<b>Result 1: Strengthened institutional capacity of at least 20 NGOs in the national response to HIV and Aids through networking and capacity development.</b>								
1.1 (3.1.1-84)	100 people from NGOs, are trained and have received technical assistance for HIV related capacity development by the end of Program	100				60	60%	On November 11 around 20 people will be rescued
1.2 (3.1.1-83)	60 people from NGOs implementing key administrative and financial actions	60				56	93%	
1.3	8 NGO with institutional development plans and implement annually	8				8	100%	Criteria: legal constitution, a director board with functions, strategic and annual plan, annual budget, monitoring plan. CEPRESI, ACCCS, ACRIC, ANICIP+VIDA, GAO. IXCHEN. TESIS
1.4	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	100%	12 NGOs working collaboratively sharing good practice experiences.

During the year 2011, 60 administrative and financial staff members were involved in management and finance courses provided by CIES.

An additional round of training is being provided to NGOs in the Caribbean Coast (NGO PLWA, sexual diversity groups, community based and faith-based organizations that work with MARPS.). This course will be completed by the end of the third quarter, thus approaching the goal of 100 people by year one of the project

The Institutional Strengthening component has 8 training modules:

- Management and leadership
- Strategic Planning
- Financial Control
- Strategic Information
- Monitoring and evaluation
- Knowledge Management
- Networking Training
- Advocacy

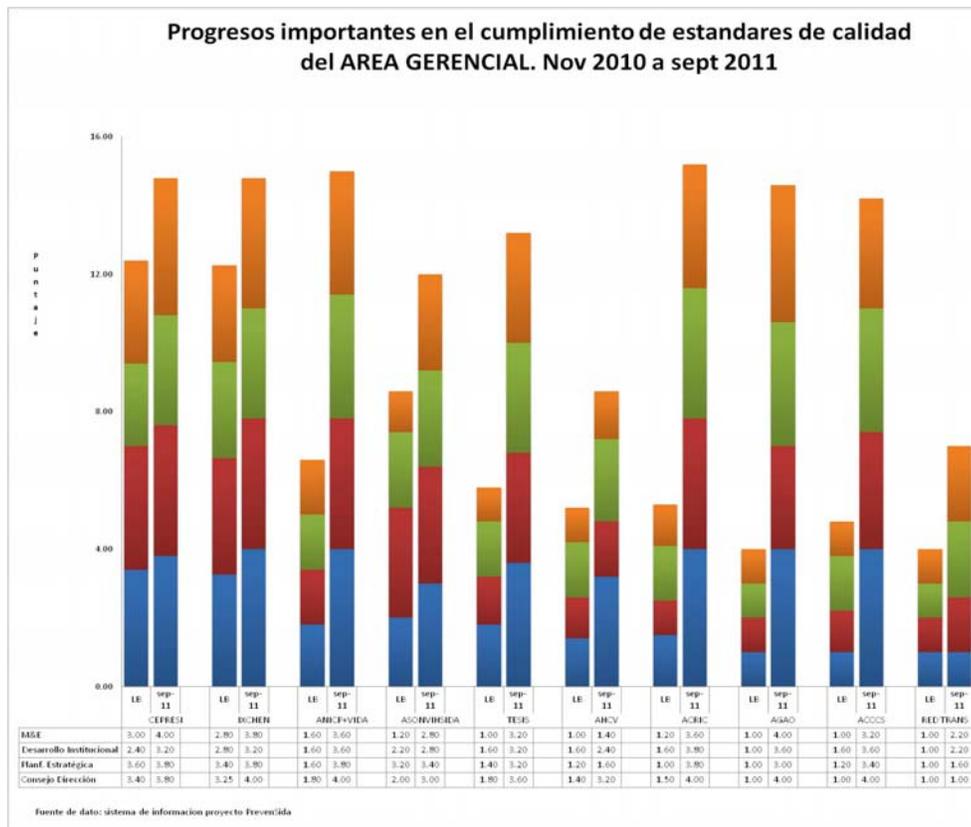
During this period, the management improvement collaborative began, allowing for key staff to learn and use quality improvement tools. This also reinforces the networking culture by keeping people connected, exchanging good practices and successful experiences.

## V.2 Quality standards compliance

### V.2.1 Management

In November of 2010, the baseline for quality standards compliance in 10 NGOs, with the most recent measuring in September 2011, shows improvement in performance of organizations, by breaching the gaps in directive councils operation, strategic planning and information system.

REDTRANS was the NGO with the lowest development and among the reasons for this are that they are a recently structured organization. The gaps to breach for them are in the planning component, Annual plan and intermediate evaluations. In monitoring they must improve systematic data collection and analysis.



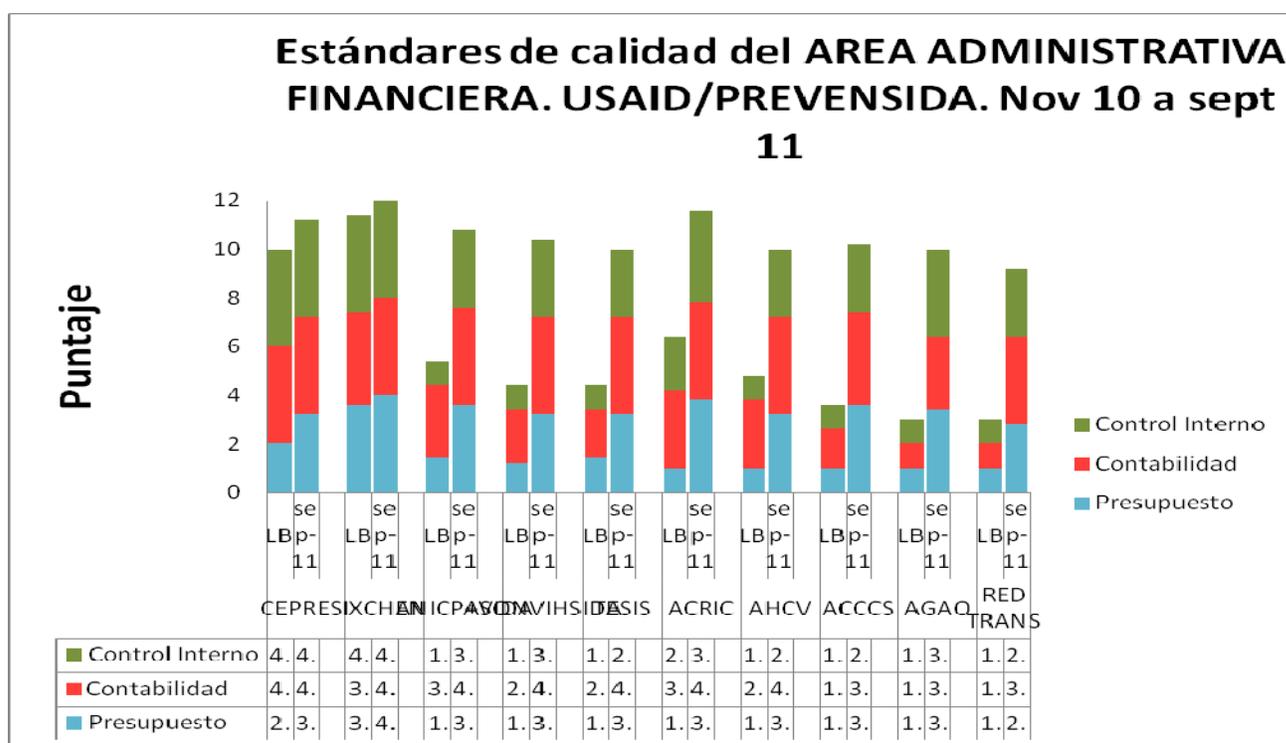
## V.2.2 Financial and Administrative

In the budget component, the components with greater improvement are:

- Annual budgeting, and approval by NGOs Directive board.
- Operations costing system.
- Monthly budget variation reports comparing them with budget execution.

IN Accounting for the 10 NGOs:

- 100% of NGOs have an automated accounting system operating in their institutions, where they record operations. This system was acquired through PrevenSida grants.
- 100% of NGOs have financial procedure manuals and human resources trained for its operation.



Continuous quality improvement rapid cycles in the management area were implemented in August and September 2011. Results of these interventions were shared among NGOs in the second training session; there was a space for exchange of best practices that enabled participants to accelerate improvement of administrative processes.

Improvement rapid cycles of the Management Improvement Collaborative.

No.	NGO	Issue	Solution	Result
1	TESIS	Delay in reports delivery to donors	1. Decentralize data processing. 2. Train human resources in Excel use. 3. Changes in time to receive monthly reports from branch offices.	Up to April 2011 they had a delay of 45 days. By June 15 <sup>th</sup> 2011 they had a delay of zero days.
2	IXCHEN	Low demand of HIV test of women at higher risk	1. Offering testing in a transversal way in all services provided by NGOs	1. Up to August 15, 2011 they had a monthly average of 100 HIV tests. 2. Up to September 30, 2011, 350 HIV tests were conducted in one month
3	CEPS	Low attendance of MARPS to massive promotion and testing activities	1. Use of e-mail to convoke the promoters' network. 2. Adjust planning activities to MARPS' available time. 3. Training HR in discriminating urgent and priority activities to ensure coordination to call the MARPS community	1. Up to July of 2011 they had a monthly average of 250 HIV tests. 2. In August and September they recorded 500 HIV tests respectively.
4	ANICP+VIDA	Delay in reports delivery to donors	1. Reschedule due dates for promoters reports. 2. Train promoters in information tools use. 3. Installation and implementation of a new accounting system. 4. Improve competencies of accounting staff.	1. Up to 8/22/2011, they had a delay in information delivery of 31 days. 2. By September 22 <sup>nd</sup> the delay time was zero days.
5	ACRIC	Lack of periodic monitoring to results progress, has led to late identification of problems in quality of services	Establishment of the Directive Councils with written norms.	1. Directive Council meeting conducted in 100% of the proposed dates. 2. 100% of agreements have been complied with in a month and a half from the rapid cycle implementation
6	ACCCSida	Low compliance with the rapid testing goal. 78 tests were carried out in 2 months	1. Promote testing during massive activities, radio programs and face-to-face approach. 2. Mobilize brigades to other municipalities to perform rapid testing.	HIV rapid testing to MARPS, going from 78 to 285 in a period of 45 days.
7	GAO	Poor participation of PLA relatives in training and reflection sessions	Modify calling mechanisms for training and reflection meetings for PLA's relatives based on people's possibilities.	1. 6% initial compliance in attendance to workshops. 2. 65% attendance compliance to meetings from GAO relatives

Improvement rapid cycles of the Management Improvement Collaborative.

No.	NGO	Issue	Solution	Result
8	FADCANIC	Late delivery of monthly financial reports from FADCANIC to PrevenSida with X donor days.	Accountant visits the communities to ensure quality of monthly reports.	Delivery time reduction of financial reports to donors, from 25 to 8 days in one month of rapid cycle

**Result Two: Improved access to and quality of HIV/AIDS preventive services for MARPS from NGO preventive service providers.**

No.	Indicator	Meta annual	FY1					%	Comment
			Q1	Q2	Q3	Q4			
<b>Result 2: Improved Access to quality preventive services</b>									
2.1 (3.1.1-83)	100 people from NGOs trained in preventive services provision according to national and international norms by the end of Program	100				77	77%	There is a rescue plan for Nov and December 11.	
2.6 (3.1.1-73)	Number of USG-ASSISTED service delivery point providing FP counseling or services	6		3	0	4	67%	Provide FP counseling: IXCHEN, CEPRESI, ACCCS, ACRIC. Two NGO refused to continue with the program (XOCHIQUETZAL and Clinica Bilwi).	
2.7	7 organizations provide behavior change communication activities, counseling and testing promotion, condom provision and other services in a proper way at the end of the first year.	7		1	2	10	143%	At the beginning the project had planned to work with 8 NGO but it turned out to be working with 1.4 Grants enabled NGOs for indicator criteria compliance	

The prevention component has 6 training modules:

- HIV and AIDS Information
- Peer work methodology
- Basic tools in HIV documentation and communication
- HIV Counseling
- MARPS approach methodology
- HIV policies design and analysis

During the year 2011, 77 (77%) officials, educators and community workers, working with project grantee NGOs, participate in the prevention courses provided by CEPRESI. Participants will have completed the six modules in the third quarter of 2011 (July-

The learning process is reinforced by mentoring field visits from teachers to NGOs in order to coach participants in implementing knowledge locally.

At the National Center for Diagnosis and Referral MINSA we provided training to 16 laboratory staff members from different NGOs working with PrevenSida, these are: ACCCSida Bluefields and territories of RAAS; CEPRESI with clinics in Managua and Chinandega and with their movisex, they take samples in Leon, Nueva Segovia, Masaya, Rivas and Chontales; IXCHEN with clinics in Masaya, Granada, Managua (Ciudad Sandino, Tipitapa, Villa Libertad and Managua), Leon and Bluefields, but also with their mobile units they take samples in RAAS, Municipalities of Leon, Rivas, Carazo and Chontales.

Another significant development was the upgrading of skills in the field of family planning and HIV. The NGO staff is very sensitive to the issue of HIV, but lacked information and expertise in the various contraceptive methods and their relation to HIV, human rights, among other things.

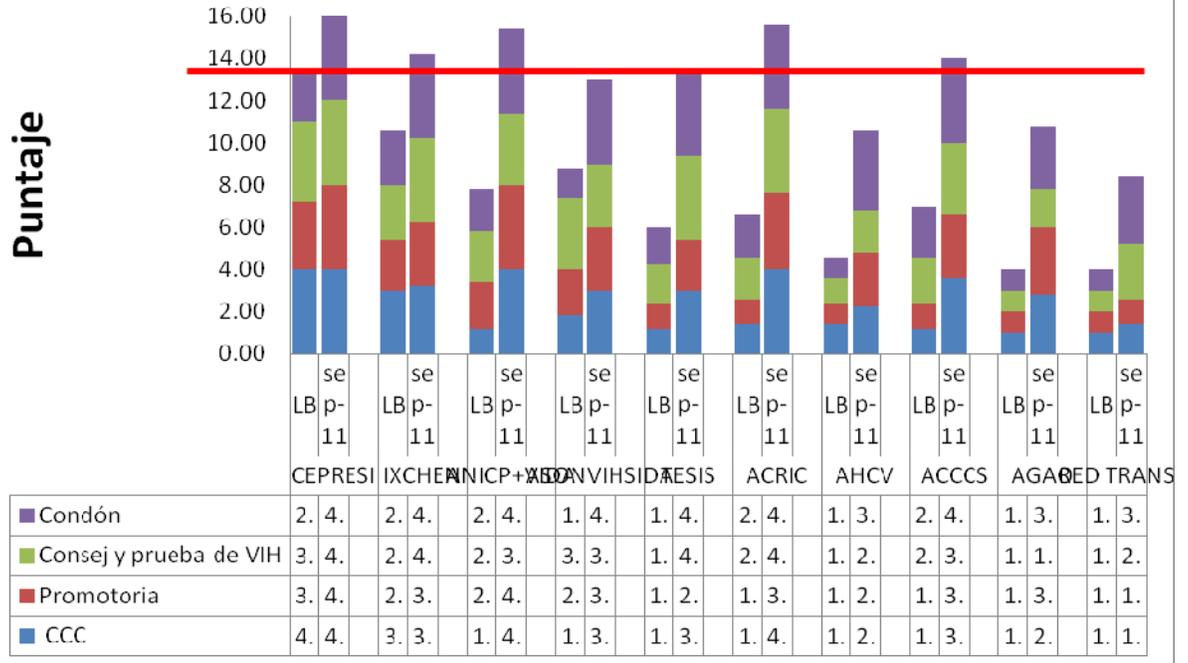
30,000 brochures and 12 banners on family planning and HIV/Aids were printed, 12 norms and 12 flipcharts on MINSASs' family planning were delivered to PrevenSida partner NGOs.

ACRIC, FADCANIC, FIAT - PAX AHCV, GAO, ANICP+VIDA.and ACCCSida were performing communication for behavior change activities, counseling and testing promotion, and condom provision activities.

### **V.2.3 Promotion and Prevention**

During baseline building, NGOs had greater strengths in Prevention, however we were able to find institutional improvement opportunities. Human Resources strengthening in promotion and prevention techniques, MARPS approach methodology for behavior change and Promotion of a basic package including consistent and correct condom use, HIV testing promotion and reducing the number of sexual partners, these were subjects that NGOs emphasized locally with target population.

## Estandares de calidad del área de PROMOCION Y PREVENCIÓN en VIH. USAID/PrevenSida. Nov 2010 - sept 2011



These improvement processes were complemented by technical assistance from PrevenSida officials and mentoring by CEPRESI, which allowed for developing skills in NGOs human resources.

- 80% of NGOs have a communication campaign for behavior change which has been implemented locally, for it NGOs have designed and validated communication materials and distributed them among target population according to a Plan.

Remaining quality gaps in AHCV, GAO and RDTRANS are: Definition of competencies among promoters, and regarding behavior change, defining indicators for their BCC strategies.

**Result Three: Reduction of Stigma and Discrimination directed against MARPS and PLHIVS.**

No.	Indicator	FY11				Comment	
		Q1	Q2	Q3	Q4		
<b>Result 3: Reduction of Stigma and Discrimination against population at higher risk and people with HIV.</b>							
3.1 (3.1.1-83)	100 people from NGOs have been trained in educational strategies and tools to reduce S&D.	Accum goal		50	50	100	
		Progress		32	64	103	
		Compliance %			128%	103%	
3.2	20 NGO with annual plans to reduce S&D towards MARPS, and are implementing them	Accum goal		1	4	8	A national strategic framework to reduce S&D and funding for activities implementation is pending and will be considered for FY12.
		Progress		1	4	4	
		Compliance %		100%	100%	50%	

The first facilitators on the stigma and discrimination reduction workshops were trained in order to develop capabilities in NGOs staff to replicate the methodology among peers. These NGOs facilitators conducted workshops to which attended 48 participants from 11 organizations involved in HIV prevention activities, promotion of human rights of people affected by HIV and sexual diversity.

In September 2011 we held the workshop to present results of research studies related to stigma and discrimination conducted by USAID|PASCA and USAID|PrevenSida and USAID|PrevenCion Combinada with the purpose of informing attendees of the results of the research studies and analyze the results of diagnostics in order to identify action lines for addressing S&D reduction towards MARPS.

The next step is sharing these results in RAAS in order to know the point of view of authorities and NGO staff regarding these results, which were mostly collected in the Pacific and see the reality of the Caribbean Coast.

Afterwards, the three USAID programs will develop a proposal for a strategic framework to address this subject in a joint manner.

**Result Four: Improved participation of NGOs representing MARPS and PLHIV in the National Response to HIV/AIDS.**

No.	Indicator	FY11				Comment	
		Q1	Q2	Q3	Q4		
<b>Result 4: Improved participation of NGOs in the national response to HIV and Aids.</b>							
4.1 (3.1.1-83)	100 people from NGO trained in effective participation strategies and techniques	Accum goal	0	0	0	100	People reported in R1 and R2. In both courses ate themes related to effective participation.
		Progress			69	137	
		Compliance %			100%	137%	
4.2	20 NGO have received technical assistance for HIV related policies development.	Accum goal		1	3	8	A policy construction exercise is under implementation in one NGO (IXCHEN) for replication; however the process has been slow.
		Progress		0	1	1	
		Compliance %		0%	33%	13%	
4.3	20 NGOs participating in local and national coordination mechanisms of the national response: CONISIDA, MCP and others, promoting advocacy, coordination and policies.	Accum goal		1	3	8	
		Progress		1	3	8	
		Compliance %		100%	100%	100%	
4.4	5 applied research studies conducted, with results diffusion and used by key NGOs and MINSA.	Accum goal		0	2	2	
		Progress			2	2	
		Compliance %			100%	100%	
4.5	An advocacy plan developed and implemented to remove barriers in implementing prevention programs for people with higher vulnerability through networking	Accum goal		0	0	1	People have being trained in FY11. For FY12 the NGO will develop an advocacy plan.

**Implementation of an HIV policy in NGO**

IXCHEN, is in the final phase of construction of its policy, this is innovative process in civil society since it is the first time this is happening in the country, They have relied on the International Labor Organization (ILO) principles to develop an HIV policy in work centers and a national HIV policy. In late October, before conducting two work sessions with 11 IXCHEN care centers located in equal number of departments, we expect to have an internal policy statement.

This experience will allow for expansion of this methodology to other NGOs involved with PrevenSida.

#### *Participation in the national response before HIV*

A total of 8 NGOs out of 12 which received support in year 1, participate in structure as CONISIDA, country coordinating mechanism of the Global Found, without forgetting that all these participate in coordinated actions by CONISIDA in the national and local response before HIV, they participate in activities such as: a) discussion of indicators basic packages, b) social mobilization, c) review of the strategic plan for STIs and HIV/Aids, among others.

#### *Monitoring and evaluation*

There is better development of NGOs information systems. This is evidenced by better recording of data related to MARPS preventive services in different categories, formats adjusted for data collection, improved information flow and data consolidation mechanisms and greater use of information for decision making.

Another important progress achieved by NGOs has been using Excel for database management, higher capability for creating time series graphs allowing analysis and decision making.

#### *NGOs with M&E plans*

Currently 10 out of 12 NGOs have institutional monitoring and evaluation plans, which is directly related to their strategic plans. The design process was carried out collectively where they selected indicators, defined goals, numerator, denominator, responsible for data collection and processing among others.

### **V.3 Web site.**

From July to September 2011, the PrevenSida website has been visited 2,000 times, for a total of 755 different user accounts. These visitors are from Nicaragua 82%, USA 5%, Peru 2% Mexico 2% and others 9%.

The content of the web hosts research results on HIV in Nicaragua and Central America. The documents with the highest download numbers are research reports such as the socioeconomic impact study that includes data from the MEGA study on HIV, studies on HIV epidemiologic surveillance and more recently socialization of HIV successful experiences, this is a result of application of CQI rapid cycles in management and financial processes, information system and others.

### **V.4 Research studies**

#### **V.4.1 Mapping of NGOs working with MARPS**

On July 11 we presented the results of mapping of NGOs working with populations at most risk. More than 40 people from different governmental institutions participated in this activity. This activity was conducted in conjunction with USAID/PASCA and USAID/PASMO, whom presented two similar studies that complemented information provided to participants, allowing them to contribute with intervention strategies to follow from the obtained results. In group sessions, after the presentation of results, USAID's programs along with participants identified changes needed to fill the gaps in NGOs performance and coaching per program. The following table summarizes the main conclusions:

**Coaching proposals from USAID|PASCA, USAID|PrevenSida and USAID|Prevencion Combinada  
For changes proposed by groups**

Changes that NGOs have to implement to work with MARPS	Coaching from USAID's projects		
	USAID PASCA	USAID PrevenSida	USAID Prevencion Combinada
<b>Action Line: Organizational development of NGO working with MARPS</b>			
1. Organizations in general must eradicate S&D against sex workers, transphobia, lesbophobia. They must have staff that is aware, trained, efficient and ethical.	Design Policies for access to health services and justice for MARPS	NGO Grants	Media campaigns and advocacy with decision makers
2. Developing the organization's technological capabilities.		NGO Grants	
3. Staff capacity building regarding methodologies and techniques to address each specific MARPS type in order to conduct a comprehensive approach for interventions target populations.	Training on institutional strengthening with governmental and non-governmental entities working with MARPS that do not work with USAID PrevenSida or USAID Prevención Combinada	Organizational development, improved structure and operation of NGOs working with MARPS that do not work with USAID PASCA or USAID Prevencion Combinada	Capacity building with new methodologies to address MARPS for NGOs that do not work with USAID   PASCA or USAID   PrevenSida
4. Strengthening knowledge and practice of planning, M&E, HR management and project development and management. Each organization has M&E strategic and operational plans.	National strategic plans monitored, evaluated and with costing, national response operative plans	Technical assistance to develop plans	
<b>Action line: Access and approach to MARPS</b>			
1. NGOs working with MARPS implementing new communication and integration tools for HIV/Aids prevention, consistent condom use, access to HIV testing, and pre and post test counseling.		Quality Services in HIV testing counseling and promotion	Training on communication tools use for HIV prevention
2. Developing more efficient and effective strategies, targeting behavior changes		Activities implemented through the grant	Evidence based, methodologies development and strategies for BCC

starting with target groups and their geographical location.			
3. Staff capacity building regarding HIV and sexual and reproductive health subjects.		Training on HIV and family planning and delivery of national technical standards	Developing materials including HIV and sexual and reproductive health
4. Capacity building for promoters and counseling networks.		Capacity building to strengthen competencies of promoters and counseling networks in NGOs that do not work with USAID PrevenCion Combinada	Training promoters and counseling networks that do not work with USAID PrevenSida
5. Implementing reflection mechanisms and spaces between organizations working with MARPS to exchange experiences approaching them.	Strengthening networks for advocacy in public policies that improve access to health services and justice for MARPS	Spaces for experiences and good practices exchange	Forums to reflect on evidence
<b>Action line: Networking and political incidence</b>			
1. Promoting coordinated efforts between the various sectors in the national response to improve MARPS access	Promoting public policies that improve access to health services and justice for MARPS. Promoting integration of the private sector in policy development in the workplace.		Promoting integration of the private sector to improve access to clinical services for MARPS (laboratories and private clinics).
2. Strengthening networking for political incidence	Strengthening networks for advocacy in public policies that improve access to health services and justice for MARPS	Networking Promotion	Networking Promotion

#### V.4.2 Stigma and discrimination

At the end of quarter 4, the results of the S&D research conducted by USAID|Pasca, USAID|PrevenSida and USAID|PrevenCion combinada were shared in Managua, which concluded in prioritizing interventions at community and family level and some government institutions such as the National Police and health workers.

## VI Grants

Twelve NGOs received PrevenSida grants for up to US\$383,335.54 (three hundred eighty three thousand three hundred and thirty five and 54 cents). NGOs programmed activities targeting strengthening their institutions, described below:

*Result 1: Strengthened institutional capacity of at least 20 NGOs in the national response to HIV and Aids through networking and capacity development*

- **Acquiring an automated accounting system:** 100% (10 NGOs) scheduled to receive funds to acquire an automated accounting system to record accounting operations, which facilitates recording, processing and analysis of financial information. In addition to installation of this accounting software, human resources from the financial and administrative departments of these organizations received training to use said software.
- **Creating administrative financial manuals:** 10 NGOs created 6 administrative financial manuals, designed by NGO officials and a consultant team hired for this purpose. Availability of this instruments has direct incidence in transparent processes regarding acquisition, country law compliance, and international accounting norms compliance. The Manuals acquired with grants are:
  - Administrative Manual
  - Financial Manual
  - Procurement Manual.
  - Petty Cash Manual.
  - Internal Control Manual.
  - Institutional Operation and Organization Manual.
- **Strategic Plans Design:** Eight out of the 12 NGOs selected to receive grants, designed their strategic plans, these plans comply with international standards and institutional monitoring plans. By the end of September 2011, 2 organizations are in the design phase of their M&E plans and it is expected that they will complete them by the end of 2011.
- **Procurement of office equipment and furniture:** 100% of grantee NGOs executed purchasing of office equipment, which improved work conditions of organizations with little development and recently structured, especially in small PLWHA organizations such as
  - AGAO and Red Trans which due to the lack of funding and administrative conditions they did not have their own equipment. Among equipment purchased are: desks, chairs, computers, printers, teaching and office supplies among others.

*Result 2: Improved Access to quality preventive services*

- **Training for NGO son local capacity building to form a community promoters network to prevent HIV and Aids.** The 12 NGOs with grants during year 1 of the Project conducted

training on HIV, correct and consistent condom use, and peer and face to face methodologies, 103 promoters were trained.

- ***Strengthening Self and Mutual Help groups targeting adherence improvement on PLWA who abandon treatment.*** Three PLWHA organizations (ANICP+VIDA, ASONVIHSIDA and AGAO) received grants to design three manuals to facilitate the learning process to increase PLWHA adherence to ART.

To design manuals for self help groups' operation, ANICP+VIDA, ASONVIHSIDA and AGAO combined financial efforts and knowledge in the process of developing these instruments, thus showing evidence of networking among NGOs in order to improve quality of life of their target population. By late November, we will have said tools and respective training for self help leaders in these organizations. These organizations have committed to share and provide these tools with other organizations.

- ***Promoting healthy behavior and life styles through the face to face and peer methodologies, from a human rights approach and communication for development.*** 9 out of 12 NGOs implemented BCC activities targeting MARPS, promoting correct and consistent condom use, HIV testing promotion, and reducing the number of sexual partners.

The goals established in five organizations were over-achieved, due to PDSA cycles implementation in order to improve MARPS attendance to promotion and prevention activities, as well as improvement in organization internal coordination processes..

By the end of September 2011, four out of the nine organizations implementing this activity did not reach their goals, ASART TEATRO FENIX, AHCV, IXCHEN and FADCANIC. The greatest difficulty was centered on late implementation of this activity because of prior internal NGO conditions, and the need to create local coordination mechanisms with institutions such as MOH and others NGOs working on interventions territories..

- ***HIV testing***, in order to improve access to HIV testing for MARPS, 7 NGOs established and complied with VCT and result delivery. Their goals were reached, interaction between HIV testing promotion and local services offering had a positive effect on this. All organizations had human resources trained on HIV testing and positive cases flow, there was also previous coordination with MOH health units and CNDR for follow up and confirmatory testing.
- ***Condoms procurement and distribution.*** 110,000 condoms purchased with grants were distributed among MARPS during peer and face to face activities, workshop and groups, which represents 100% of the goals established. Condoms distribution was complemented with condom use demonstration.

- **Promotion materials for condom use, reducing the number of sexual partner and HIV testing.** In total 8 organizations reproduced material with prevention messages targeting MARPS.

In the last quarter of 2011 we will conduct the post grant evaluation to know in detail the level of compliance of all grant projects.

## VII Budget in fiscal year 2011

The table below shows financial execution of USAID PrevenSida during the fiscal year 2011. Note the sum of cumulative expenditure to date with actual figures, meaning a 99% execution of planned expenditures for the period.

APPROVED BUDGET LINE ITEM	TOTAL OBLIGATED BUDGET	CUMULATIVE PROJECT EXPENDITURES THROUGH June 30th 2011	PROJECT EXPENDITURES FOR THE REPORTED QUARTER				Estimated cumulative project expenditures thru Sept 31st	Budget Balance
			Jul-11	ago-11	sep-11	TOTAL FOR THIS PERIOD		
Salaries & fringe benefits	\$ 270,145	\$ 183,837.19	\$ 20,082.08	\$ 19,905.15	\$ 20,728.24	\$ 60,715	\$ 244,553	\$ 25,592
Other direct costs	\$ 278,627	\$ 226,668.47	\$ 32,201.76	\$ 31,850.27	\$ 15,835.48	\$ 79,888	\$ 306,556	\$ (27,929)
Subcont/Subagree	\$ 668,527	\$ 296,889.59	\$ 26,216.34	\$ 96,742.48	\$ 43,561.18	\$ 166,520	\$ 463,410	\$ 205,117
Indirect costs	\$ 163,141	\$ 118,843.17	\$ 14,133.23	\$ 16,748.48	\$ 11,972.15	\$ 42,854	\$ 161,697	\$ 1,444
<b>TOTAL</b>	<b>\$1380,440</b>	<b>\$ 826,238</b>	<b>\$92,633</b>	<b>\$165,246</b>	<b>\$92,097</b>	<b>\$349,977</b>	<b>\$1176,215</b>	<b>\$204,225</b>

Funds execution reflected in the analysis table "Summary of Monthly Expenses IV quarter FY 2011," is primarily based on:

1. 100% execution of institutional strengthening training planned for the quarter.
2. Development of collaborative workshops for improving management and prevention areas.
3. Execution of sub grants and uninterrupted performance of NGO activities, that up to September were successfully developed and reached over 80% execution of the grant total approved for year I.

During the FY11 we complied with 100% of financial reports, sent to the USAID-Nicaragua mission and execution of planned funds was not affected by any external variable. We continued implementation of the emergency plan led by URC|W to improve security of project staff and facilities.

The URC|W office, in order to promote continuous improvement of administrative and financial processes in the project, during the last week of September 2011, trained project administrative staff on new financial tracking tools, filing sensitive information, staff security strategies and shared costs management.

## Sub grants, CIES and CEPRESI budget implementation by September 2011

No.	ORGANIZACIÓN	PRESUPUESTO APROBADO	EJECUCIÓN A LA FECHA	BALANCE A LA FECHA	% de Ejecución
1	ACCCS	C\$ 711,848.61	C\$ 590,565.78	C\$ 121,282.83	83%
2	ACCRIC	C\$ 867,555.83	C\$ 800,649.84	C\$ 66,905.99	92%
3	AHCV	C\$ 866,939.44	C\$ 762,792.81	C\$ 104,146.63	88%
4	ANICP+VIDA	C\$ 934,302.66	C\$ 729,090.74	C\$ 205,211.92	78%
5	ASART	C\$ 499,336.07	C\$ 484,612.27	C\$ 14,723.80	97%
6	ASONVIHSIDA	C\$ 773,018.39	C\$ 541,942.76	C\$ 231,075.63	70%
7	CEPS	C\$ 661,230.19	C\$ 661,248.15	-C\$ 17.96	100%
8	FADCANIC	C\$ 667,258.99	C\$ 448,776.89	C\$ 218,482.10	67%
9	FIAX-PATX	C\$ 563,918.43	C\$ 495,813.70	C\$ 68,104.73	88%
10	GAO	C\$ 493,812.56	C\$ 401,727.50	C\$ 92,085.06	81%
11	IXCHEN	C\$ 889,799.81	C\$ 318,741.66	C\$ 571,058.15	36%
12	RED TRANS	C\$ 598,393.46	C\$ 376,574.43	C\$ 221,819.03	63%
		C\$ 8527,414.44	C\$ 6612,536.53	C\$ 1914,877.91	77.54%
No.	ORGANIZACIÓN	PRESUPUESTO APROBADO	EJECUCIÓN A LA FECHA	BALANCE A LA FECHA	% de Ejecución
1	CEPRESI	C\$ 1777,770.72	C\$ 1787,869.04	-C\$ 10,098.32	101%
2	CIES	C\$ 1825,054.00	C\$ 1464,602.03	C\$ 360,451.97	80%
		C\$ 3602,824.72	C\$ 3252,471.07	C\$ 350,353.65	90.28%

Activities performed during this period.

Field support to NGOs in timely and proper development and delivery of financial reports and support documents, budget control and cash flow.

Follow-up to the practice and progress in NGOs administrative-financial management, comparing human resources files with relevant documentation, fixed assets inventory control correct recording, financial reports stored in good condition and properly filed, recording accounting transactions and budget execution and cash flow control.

Inventory of office equipment in NGOs purchased with USAID funds, encoding with URC numbering and identifying with USAID stickers. Grantee organizations in this category were: ASONVIHSIDA, CEPS, ACRICS, ACCCS, AHCV, GAO, ASART, RED TRANS and FIATPAX.

Advisory for NGOs on management changes package components implementation related to administrative and financial management, accounting, budgeting and internal control.

Follow up to installation and implementation of automated accounting financial systems in NGOs: ACCCS, ACRICS, ASART, ANICP+VIDA, RED TRANS, AHCV, FIATPAX and GAO, verifying introduction of accounts catalogs codes, inputting balances and closing,

entering transactions and issuing financial reports (balance sheet, income statement, trial balance, etc.).

Monitoring procedures manuals development in ACCCS, ACRICS, ANICP+VIDA, ASART, GAO, FIATPAX, RED TRANS, ASONVIHSIDA, CEPS and AHCV and participation in workshops for sharing and validating these manuals.

*Results:*

NGOs staff improved in administrative and financial capacity development through training on management, which allowed for better use of techniques that contributed to institutional strengthening.

Nine organizations have administrative, financial, petty cash, procurement and internal control procedure manuals, in such a way that staff involved in using these, knows them and has started implementation.

Human resources in finances area of eight NGOs were trained in use and management of the new accounting system that was provided to them and has updated accounts, recording properly coded information.

Organizations develop financial reports in accordance with USAID norms, filling and storing carefully.

NGOs develop budget, previously approved by the board and its execution is monitored through budgetary control and cash flow tools.

Management, administration and finance staff knows the norms and procurement procedures with reference to the organization's procedures manual, national laws and USAID regulations.

Organizations have internal control manuals and through and per mandate of the executive boards, the Executive Direction is starting implementation.

Management improvement collaboratives: We carried out the second learning session in which we shared improvement processes experiences, we improved the ability to produce time series charts for data analysis and agreed that the next session will be for systematization of good practices.

## VIII Main activities per result for FY12

### Result 1:

#### *1.1 Management Capacities Development:*

CIES will continue to be in charge of training NGOs, through the management development course and field mentoring.

For NGOs in group 2, we will assess along with participants, the aspects in need of strengthening, according to proposed content. Also, based on the experience acquired by teachers during field mentoring, they will address knowledge gaps, which are common to NGOs and will adapt field coaching to the participant needs.

#### *1.2 Using the basic profile of 51 NGOs working on HIV/Aids with MARPS:*

Outcomes of the work session to present results of studies on the institutional basic profile of 51 NGOs, will be used to improve planning and coordination with our partners: USAID/PASCA and USAID/Prevencion Combinada (PASMO); in order to use this information for planning actions targeting improvement of the work of organizations working with MARPS.

#### *1.3 Monitoring and evaluation system strengthening:*

For NGOs in group 2, we will conduct an assessment of staff competencies on database and Excel use, in order to complete their training. This will be achieved taking the M&E module as reference. They will also be trained in the use of time series graphs, to develop competencies in tendency analysis regarding change and results in the process.

We will share organizational practices that allowed NGOs in Group 1 to improve their data collection mechanisms and reports, with NGOs in group 2.

#### *1.4 Implementation of the Management Improvement Collaborative:*

This strategy intends to provide NGOs staff with tools for improving the quality of administrative-financial management, in order to ensure efficiency and effectiveness of interventions, targeting containment of the epidemic in MARPS and satisfaction of target populations.

By FY12 we have the package of changes or approved improvements, as well as quality standards and indicators. The learning session for this period, with NGOs in Group 1 will address the good practices documentation.

NGOs in Group 2 will join in the expansion phase of the improvement collaborative. These have the advantage of having a package of changes and improvement practices, which will enable them to reach established quality standards more quickly.

#### *1.5 Networking Strengthening :*

PrevenSida has set out to not only form a network, but to promote a culture of networking, without pressing on the organizational structures, but emphasizing on the process of building the common action space.

We will continue working to promote a dynamic and spirit of mutual learning. This involves willingness to share knowledge, but also, willingness to listen and learn from others. These spaces will be promoted through the improvement collaborative's learning sessions.

## Result 2

### *2.1 Prevention Capacities Development:*

In FY12, CEPRESI will provide three courses, of 6 modules each, instead of the two planned; due to increase on the number of NGOs for year 2. The new activity will be conducting a course on prevention in the Caribbean coast, to assure a greater number of participants and maintain trust from students in the course and improve cost-effectiveness of the investment in capacities building.

Learning will be reinforced through field mentoring visits to NGOs, by CEPRESI teaching staff, in order to coach participants in local implementation of knowledge acquired during training.

Regarding courses on to rapid testing and family planning integration to HIV and Aids prevention services, PrevenSida will be in charge of required coordination to develop and facilitate these courses. We will continue to build on the openness and commitment of the National Diagnosis and Referral Center (NDRC), to train staff involved in the HIV rapid testing, in order to continue obtaining good results, not only in quality of training, but in the link established between the NGOs trained staff and the NDRC, allowing the reference of positive or indeterminate samples and quality control, and assures compliance with the testing algorithm regulated by MOH.

On family planning we will continue to develop capacities among technical and volunteer staff, strengthening FP and HIV integration, and providing supporting with norms, flip charts and information material developed by MOH and other projects. NGOs staff will receive information on U.S. Family Planning Statutory and Policy Requirements.

### *2.2 Quality in prevention services:*

Prevention services quality standards shared and validated among NGOs in group 1, will be used in building the baseline of organizations to join in the second year. Through the improvement collaborative strategy, we will be share successful experiences that allowed other NGOs achieving expected quality based on established standards.

To increase access and scope of behavior change promotion activities, we will start up the short messages strategy via cell-phone (SMS, short message service), in 3 departments of

Nicaragua (Managua, Masaya and Leon).

In addition, in the first quarter of 2012, we will share with NGOs integrated in both periods, the national communication strategy for addressing HIV and Aids, approved by National CONISIDA, taking this opportunity to emphasize the approach of messages to MARPS and proposed action lines, so that each NGO identifies their own correspondent lines, according to target population and geographic region.

### *2.3 Strengthening HIV rapid testing promotion and counseling:*

NGOs staff will be trained, especially those organizations whose target population include people of sexual diversity (MSM, gay, trans), female SW and woman victims of violence, as well as young people at risk. All NGOs may include this activity in their grant projects.

## Result 3.

### *3.1 Presenting research results and formulating an action plan:*

Three USAID projects: PASCA, Prevención Combinada and PrevenSida have conducted studies on S&D, their objectives are complementary. There will be a working session, with representatives of NGOs, as participants in the study, to report the results of these diagnoses to NGOs working with MARPS on HIV prevention, as well as to analyze them, with the purpose of identifying action lines to address S&D reduction against MARPS. We expect that NGOs can have incidence on family, community, health facilities, and work and educational environment and in society in general.

Also, these action lines will be the framework of USAID projects to determine technical and financial support. USAID/Prevencion Combinada will implement these action lines in their behavior change promotion strategies; USAID/PASCA in policies and national plans; USAID/PrevenSida will support actions proposed by grantee NGOs.

### *3.2 Development of NGOs capacities to contribute to reducing S&D:*

PrevenSida will continue to be responsible for organizing and facilitating trainings related to S&D, including training of facilitators of NGOs, so they can train their peers.

### *3.3 Strengthening advocacy processes:*

CIES will train NGOs regarding how to formulate and implement an advocacy plan targeting S&D reduction in their circle of influence. Support will be provided through field mentoring to students in plan development; also, the collaborative's learning sessions will be the opportunity to exchange experiences.

## Result 4.

#### *4.1 Evidence based policies formulation and analysis:*

We will ensure, for both NGO groups, monitoring and support to staff trained on effective participation and policy formulation.

Based on the experience of Ixchen regarding HIV policy formulation, the model applied by this organization will be replicated to other NGOs, sharing successful and not effective strategies. Thus, NGOs will have a clearer path for policies design and will reach achievements in a shorter period of time. CIES tutors, once the strategic and annual planning topic is addressed, will support policy development.

#### *4.2 Knowledge management organization:*

The challenge is to organize the capture of knowledge generated through various sources: workshops, lectures, case studies, monitoring of prevention services production, reports from international experiences, operational research, surveillance second generation data, etc.

PrevenSida will systematically collect all this knowledge and will organize it based on usefulness for decision-making. For example, epidemiological trend in HIV, prevention strategies, studies on behavior change, etc.

To diffuse knowledge, we will use several ways, such as: PrevenSida webpage and/or forums, collaborative learning sessions, training courses, workshops, results presentation workshop, etc.

Networking with common goals and objectives, sharing data and information (knowledge management), institutional strengthening and NGOs' activities permanent monitoring and evaluation, will enable more informed participation in the national response to HIV and AIDS.