



PEPFAR
U.S. President's Emergency Plan for AIDS Relief



USAID | PrevenSida
DEL PUEBLO DE LOS ESTADOS
UNIDOS DE AMÉRICA

Nicaragua Second Year FY12 Annual Project Report

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Acronyms

| | |
|-------------------|--|
| AIDS | Acquired Immune Deficiency Syndrome |
| CCP | Country Coordinating Mechanism |
| CDC | Centers for Disease Control and Prevention |
| CEPRESI | Center for Aids Education and Prevention |
| CIES | Center for Health Research Studies |
| CONISIDA | Nicaraguan Aids Commission |
| CQI | Continuous Quality Improvement |
| FY12 | Fiscal Year 2012 |
| FY13 | Fiscal Year 2013 |
| HIV/AIDS | Human immunodeficiency virus / acquired immunodeficiency syndrome |
| MARP | Most at Risk Populations |
| MOH | Ministry of Health |
| MSM | Men who have sex with Men |
| NDRC | National Diagnosis and Reference Center |
| NGO | Non-Governmental Organization |
| 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 |
| RAAN | Northern Atlantic Autonomous Region |
| RAAS | Southern Atlantic Autonomous Region |
| 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 |
| 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 |

1. Executive Summary

This report covers the activities and results of the second year of PrevenSida. In this period there were adjustments from lessons learned from the first year in terms of training, content and NGOs service monitoring tools in HIV prevention services.

1.1 Demographic and HIV statistics.

The National Development Information Institute (INIDE) reports that population estimated up to June 30th 2012 is 6,071,045¹ with a 1.66 population growth rate and 55% of them reside in urban areas, 49% of the population is male and 35% of the population is under 15 years old.

Since the first case was reported in Nicaragua in 1987 up to December 2012, there have been a total of 7.875 people diagnosed with HIV registered through the monitoring system of the Ministry of Health (MOH)². 6.071 of these were captured on HIV status, and 1,019 have died. Prevalence rate is 0.21 per 100 people.

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 five-year project (September 20th 2010 To September 20th, 2015) and with a \$ 5 million investment. It is implemented through non-governmental organizations (NGOs) in the departments of Chinandega, León, Managua, Masaya, Granada, Rivas, Rio San Juan, Chontales, RAAN and RAAS.

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.

¹ INIDE. Total population, estimated by June 30th, 2012.

<http://www.inide.gob.ni/estadisticas/Cifras%20municipales%20año%202012%20INIDE.pdf>. [Acces October 12th 2012.]

² MINSA. HIV and Aids Component. 2012 data base.

³ <http://www.urb-chs.com/>

Project coverage. In FY 12, the project covered 10 departments: RAAN, RAAS, Leon, Chinandega, Managua, Masaya, Granada, Rivas, Chontales and Rio San Juan.

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.

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. Along 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.

1.4 Technical report

Below are the main developments and achievements in each project result:

1.4.1 Result 1. Strengthened Institutional.

NGOS strengthened

We have reached 43 NGOs with academic training provided by CIES (management topics) and CEPRESI (prevention topics), USAID|PrevenSida staff, and others such as the National Diagnosis and Reference Center National (NDRC) of the Ministry of Health of Nicaragua (MOH).

The annual goal of NGOs with better institutional capabilities was 12 and was met by 100%. For the first two years of the project, the accumulated goal was 20, achieving 100% compliance. These organizations feature strategic and operational plans, institutional and project budgets and comply with policies established in their administrative and financial. The scope of this result allows NGOs to be sustainable by showing their improvements in management and administration capabilities to potential donors.

In FY12, NGOs were trained by CEPRESI in policies analysis and formulation reaching the established goal. For FY13 in coordination with USAID|PASCA, NGOs received support in the use of Workplace Policy Builder to design HIV policies for their workplace. For its construction there is an analysis of the epidemiological situation, quantitative and qualitative information on knowledge and behavior of their environment. All of this was developed within a participatory process.

8 NGOs developed HIV policies out of a total of 19; IXCHEN had developed it in 2011. In 2013, the PASCA methodology (Workplace Policy Builder) will be used to improve existing policies and make progress in pending NGOs.

People Trained

For a person to approve the course they need to have complied with the requirements established by CIES to obtain a certificate; which allows compliance with the PEPFAR indicator (H2.2.D) corresponding to community health staff who successfully complete their pre service training.

There was progress in compliance with NGOs administrative and financial teams' certification in management topics. 94 people out of 100 (94%) were certified. 100 was the annual goal of the contract indicator. The global contract goal is 200 people reaching 154 people by the end of 2012 for a 77%. The 46 people remaining will be captured in FY13. This has meant important progress in competences and organizational development of NGOs both from the Pacific and the Caribbean.

Regarding the indicator of health workers completing their in-service training, the annual goal was 500 and 733 were trained (147%) in diverse topics disaggregated as follows:

- Out of the annual 200 people goal in outreach, 589 (293%) were trained; which allowed massive sharing of the combination HIV prevention and single record topics; as well as the quality topic
- Out of the annual goal of 30 people trained in counseling and HIV testing, 44 (146%) were reached. 6 NGOs developed these capabilities increasing access to testing for key populations
- Out of the annual goal of 100 people trained in stigma and discrimination, 103 (103%) people were reached for an accumulated total of 205 in the first 2 years. The accumulated goal is 200 (102%), thus allowing NGOs to acquire knowledge to approach the S&D topic.

NGOs technical staff consolidated their understanding of the combination HIV prevention approach; which is the delivery of a minimum preventive services package comprising structural aspects such as stigma and discrimination and gender-based violence; behavioral and biomedical aspects. This approach was consolidated with the single record for beneficiary population; thus increasing access to quality prevention services for key populations.

Subgrants

In year 2, 12 NGOs received grants for \$252,871,00. In year 1 and 2 of the Project 18 NGOs executed funds through PrevenSida grants, 13 (72%) achieved an average score (administration and financial standards) above 3 points out 4 which is the highest possible. In year 2 the average of funds for institutional strengthening was 9% with a range between 3 and 25%. 68 people were hired out which 10 were HIV positive with \$5.68 per capita

4 NGOs that received technical assistance in the second year (ADESENI, CEGODEM, Fundacion San Lucas, and MOVITEP-FS) achieved standard compliance quicker than the ones in year one. This is due to the knowledge acquired from good practices and lessons learned in year one; as well as availability of master manuals for financial-administrative processes which have been very helpful for improvement rapid cycle implementation.

1.4.2 Result 2. Prevention services.

In year 2 the goal of people and contacts reached with a minimum prevention package was 35.000 MARP individuals; 155.000 contacts and 10.000 rapid tests with counseling and result delivery; 300 people with HIV and 600 of their contacts.

The results of this comprehensive prevention package in 2012 were.

1. Number of individuals which received the minimum package: 30.220 (86%).
2. Number of contacts which received the minimum package: 58.710 (38%)
3. Number of individuals which were tested and received their results: 6.472 (60%)
4. Number of people which received a minimum package: 404 (135%).
5. Number of HIV people's contacts which received a minimum package: 681 (114%)

We were not able to achieve 100% of tests, individuals, and contacts due to a delay in funding from 1 quarter (January to March 2012). To avoid this situation repeating itself we have planned to grant extensions to NGOs with good performance.

2012 was the first year along the life of the Project where the individuals indicator is included reinforced with the creation of the single registration system; which allowed coding of each person reached and disaggregated by sex and sexual orientation; thus establishing a milestone in Nicaragua's epidemic monitoring system.

Based on contact's reached and what was achieved along the year (58.710 -38%) with an accumulated of 200.449 (67%) in the firsts two years out of an accumulated goal of 300.000 contacts. In the beginning of the project, 3 to 5 contacts were planned for a person to receive all prevention services. However as the combination prevention approach was expanded in NGOs it was clear that a person needs from 2 to 3 contacts to be reached with combination prevention. For next year USAID Nicaragua will consider decreasing this contacts goal based on the prevention strategy delivered.

During Q4 in 2012, and average of 2,14 contacts per person reported was approached; which is above 1,09 from Q3. Using the mapping methodology community coaching from PrevenSida and quality improvement cycle implementation allowed NGO's reaching their installed capacity. Production and sharing videos for movie forums was delayed (September 12). On the other hand the rainy season limited community based activities.

Regarding positive people, the annual 300 people goal was overachieved for an accumulated 714 people in the first two years (119% out of an accumulated goal of 600 people). The main reason was the social base and the work experience of NGOs of people with HIV and improved recording of people.

There was a similar situation with contacts of people with HIV, the annual reach was positive (681-114%) for an accumulated 1.323 contacts in the first two years (100% of the 1.200 accumulated contacts goal).

The coordination with PASMO started in this period will reinforce teachers and promoters' competencies in the various behavior change methodologies existing for each specific population.

Improved outreach.

The SMS (Short Message Service) initiative targets specific populations (men who have sex with men, female sexual worker and transgender people) and it is currently in the expansion phase. At this stage we have developed a new list of 240 phone numbers per sexual diversity group, obtained from CEPRESI, CIES and PrevenSida training attendees.

1.4.3 Result 3. Reduction of stigma and discrimination.

In the first two years of the project we have completed training for NGO staff (103% based on the goal) for more than 20 organizations on the methodology to reduce stigma and discrimination among sexual diversity and positive people using the manuals developed by USAID|HCI. In this period, stigma and discrimination decrease turns into mainstream rather than specific activities.

Out of an annual 100 people trained in S&D goal, 103 people were reached (103%) with 205 accumulated people in the first two years for an accumulated goal of 200 (102%).

To provide support to NGOs we funded a series of printed materials with topics related to S&D for sexual orientation or HIV status, as well as gender-based violence.

Fundacion Luciernaga received a sub grant to gather a set of 10 videos, one of them produced by Trans population; which addresses their fight for promotion and defense of their human rights, thus producing the video: “rising from adversity”. This and the rest of videos are presented in different communities through movie-forums.

The videos displayed on movie forums have incorporated messages related to who is affected by discrimination in HIV prevention towards people of sexual diversity and with HIV.

The HIV combination prevention technical notes link the gender based violence topic and stigma and discrimination with the structural barriers that affect HIV prevention in key populations.

Reduction of stigma and discrimination and gender-based violence are crosscutting to all results and activities.

Support to NGOs to develop capabilities to create messages for broadcasting through media is pending, as well as sharing the legal framework defending human rights of sexual diversity people.

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

Activities implemented this year include training on effective participation techniques with 96% (118/123) of an accumulated goal in the first 2 years of 200 people. 255 personas (127%) have been trained in total. The training content targeted use of behavioral and epidemiological information to identify the effects of current public policies or lack thereof. There was also a focus on the participative process for dialogue and policy building to breach barriers in access to care and reducing S&D.

The 20 PrevenSida grantee NGOs participating in local and national coordination mechanisms goal was complied with (100%). These NGOs have received information on the epidemic's tendency, estimated population and coverage based on population estimated by the Global Fund; which allows for their participation with quality information in their coordination spaces.

The strategic information that came up from diverse sources such as PASMO, PASCA, CDC and CONSIDA was shared highlighting gaps to guide the local response to HIV.

Providing support to NGOs in developing advocacy plans to develop public policies that eliminate barriers affecting their comprehensive development is pending.

1.5 Challenges and lessons learned

1. Availability of master manuals for administration and finance produced during the first year of the project facilitated and reduced costs in the process of adapting these to NGOs without these instruments.
2. Baseline building for quality standards and quarterly monitoring is a valuable tool to identify progress and gaps in each NGO. It clearly identifies the process to improve.
3. The level of skills and capacities of NGOs is still very diverse. Those with greater limitations are the ones formed by people of sexual diversity. Technical assistance (TA) should be focused on these to reduce organizational and training gaps. Especially because these organizations are key to influence their peer populations.
4. NGOs that previously had no technical capacity to perform ambulatory HIV tests had difficulties to start testing because the design of the intervention did not include organizational aspects and additional supplies, training was not sufficient.
5. The passive period between completion and beginning of a new grant cycle has been 6 months for some NGOs and 4 months for others completing activities late. This produces a delay in prevention activities and it is enhanced by the decrease in the number of NGOs which receive Global Funds. Because of the previous reasons; there must be other ways of funding to ensure continuity of prevention activities that affect achievement of project goals
6. The proven benefits in using the single record managed to overcome initial resistance of organizations in developing a code, conducting the data inputting work, and preparation of a report. Benefits include that NGOs know the target population they are reaching, the gaps in goals, and have real time information they need for decision making and reporting to donors and other institutions that require it.
7. Combination prevention implementation as a comprehensive approach to prevention has allowed decreasing the number of contacts necessary to deliver the minimum prevention package from 4 to 2. HIV combination prevention also allowed offering comprehensive

services and coordinating with other agencies to refer people with care needs that cannot be met by NGOs

8. Coordination with another actor (PASMO) in the USAID Nicaragua PEPFAR program has strengthened NGOs and their staff's competencies in prevention by combining these two actors' expertise. PrevenSida in institutional strengthening and PASMO in behavior change.

1.6 Cross-Cutting and Other Issues

1.6.1 Subgrant

NGO Grants totaling US\$ 636,207.32 in the first 2 years constitute the main strategy of the Project to develop management capabilities in said organizations. During 2011, 12 NGOs implemented grants for a global amount of US\$383,335.54. 56% corresponded to investment in institutional strengthening with \$7.5 per capita. In 2012, 12 grants were approved with an amount of \$252,871.78. The average of funds for institutional strengthening was 9% with \$5.68 per capita, decreasing when compared with 2011 due to reducing the institutional strengthening component for 6 NGOs which had received it during the first round of 2011. Both rounds included successful implementation of other support technologies to NGOs work such as; popular theatre and design of a set of videos for movie-forums covering structural aspects such as S&D and gender-based violence.

1.6.2 Coordination with other USAID programs and donors

PrevenSida worked closely with USAID|PASCA, USAID|Combination Prevention, USAID|HCI and the Center for Disease Control, as well as 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 September 30th 2013. Coordination is based on strategic alliances action, advocacy and national strategic plan monitoring.

Center for Disease Control, The project coordinates to promote project beneficiary NGOs in the result dispersing as part of Knowledge management.

Global Fund HIV/AIDS program. The Project provided support to the Global Fund and sub-grantees in training facilitators to use the single record of people reached in combination prevention activities. GF sub-recipient NGOs. They have also been trained on combination prevention and along with the Main recipient's monitoring team (INSS) we have shared service production data generated by NGOs.

USAID|DELIVER as partner in Reproductive Health Commodity Security (RHCS).

USAID|HCI, the project coordinated to include the new knowledge into universities. Together we have contributed to strengthening Trans NGOs and planned to develop the comprehensive care plan for Trans population.

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

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 FY12, has been monitoring the PEPFAR indicators defined for Central America and these indicators have been implemented by the grantee NGOs’.

Program monitoring in PrevenSida there is a data base that consolidates the information that is gathered, inputted and analyzed in NGOs with the support of PrevenSida’s advisors. The evidence supporting the reports is filled electronically and physically for the systematic process done by the USAID Mission in Nicaragua for data quality assessment.

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

Process evaluation. The mid-term evaluation described in the program could not be completed during the FY 12. Due to several factors, such as: adjustments to the terms of reference requested by the Mission and pending approval of the last SOW submitted for revision.

The Mission informed us that two evaluations would be conducted by external consultants. One was for the health program evaluation and another for the regional PEPFAR program. There is one pending for the HIV bilateral program of the Mission, therefore the evaluation to be conducted by PrevenSida was deferred to take place whenever we are instructed to do so.

1.8 Annual plan compliance

The main achievement in this period is consolidating institutional strengthening and key populations approach; achieved by designing follow up tools for target populations reached, printing educational material, using PrevenSida’s website and training methodologies in a variety of subjects from combination prevention, stigma and discrimination to HIV rapid testing skills.

Contract indicators compliance:

1. People from NGOs, are trained and have received technical assistance for HIV: 94% (94/100).
2. NGO with institutional development plans. 100% (12/12).
3. Number of NGO personnel implementing key administrative/financial behaviors.: 95% (57/60)
4. People from NGOs trained in preventive services provision: 127% (127/100).
5. Organizations providing appropriate behavioral change communications, counseling and testing, condom provision and other preventive services: 60% (6/10).
6. NGO personnel, from twenty NGOs, trained in effective participation techniques and strategies: 118% (118/100).

Two contract indicators were not complied with, number of NGOs properly implementing behavior change approaches is one of them. This gap will be breached through PASMO collaboration.

The other indicator not complied with corresponds to result 4 and it the development of HIV related policies. PrevenSida initially included this topic in its training plan and it was not followed up with due to it being an activity that PASCA is implementing in the country as one of their main strategies.

PEPFAR indicators compliance

In spite NGOs not having funding available during one quarter, there were satisfactory goals achieved in individuals reached (86%) and in people whit HIV (135%) and their contacts (114%). The in-service training indicator had good results as well (147%).

The previous statement reflects the strength that NGOs have reached regarding project management, target population knowledge and skills in implementing combination prevention.

Regarding contacts reached; which was 38% for an average of 1.9 contacts per person reached, the Mission is considering reducing the number of contacts due to the combination prevention strategy demonstrating that 2 contacts is enough to provide the 6 combination prevention activities among MARP.

We have not been able to conduct the MSM evaluation due to discontinuing CEPRESI support; due to which we had to restart SMS software updates from PrevenSida with the administrating company, gathering phone numbers. This evaluation is planned for completion in FY13.

1.9 Branding and Marking

In every induction workshop for NGOs received institutional strengthening as well as informative workshops for grantee NGOs; we provide information on Branding and Marking compliance.

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

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

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

1.10 Management and staffing

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

1.11 Financial analysis

By the end of FY2013, PrevenSida reached 111.69% execution based on approved budget equivalent to USD 1,007,745.36; with an overdraft caused by intensity of training sessions opening courses at RAAN and RAAS which were not initially planned. PrevenSida has kept a pipeline under a month and by the second half of 2012 we had requested a new fund advance. This request was delayed (December 2012) which affected grant continuity and PEPFAR indicator compliance.

2. Demographic and HIV statistics.

The National Development Information Institute (INIDE) reports that population estimated up to June 30th 2012 is 6,071,045⁴ with a 1.66 population growth rate and 55% of them reside in urban areas. The document related to population estimation and projections by INIDE⁵ describes that 49% of the population are male and 35% of the population is under 15 years old.

Based on the definition of UNAIDS⁶, Nicaragua has a concentrated type epidemic because prevalence is above 5% in key populations and less than 1% in overall population.

The National Aids Commission (CONSIDA) in their distribution analysis for new HIV infections and recommendations for prevention for 2012 (HIV Transmission Ways Model)⁷, describes that *the national incidence rate among population from 15 to 49 years old is 0.06% (61 x 100,000). The distribution of every 100 new cases for next year indicates that more than half (50.6%) will be among key populations. An important group of people are those with heterosexual casual sex practices that along with their stable partners represent 27.9% of new cases. 50.6% of new infections are among people who practice heterosexual sex. The highest percentages in this group are for people who have heterosexual casual sex (21.0%) and the people in this group with heterosexual low risk practices (16.5%).*(Table 3 in annex).

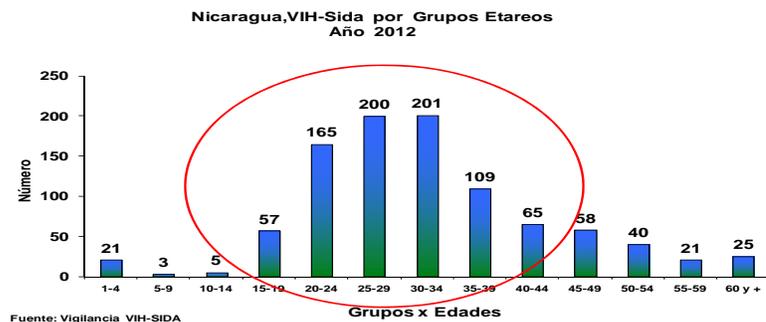
The highest HIV incidences are for Trans with 2,965 x 100,000 y MSM with 2,310 x 100,000.

2.1 HIV statistics generated by MoH

Since the first case was reported in Nicaragua in 1987 up to December 2012, there have been a total of 7.875 people diagnosed with HIV registered through the monitoring system of the Ministry of Health (MOH)⁸. 6.071 of these were captured on HIV status, and 1,019 have died. Prevalence rate is 0.21 per 100 people.

According to the same source, in year 2012, the most affected age groups are those from 15 to 44 years old with 82% of cases (797 cases). Regarding sex, 57% were men, 38% are women and 5% of the data is unknown.

Graphic1: HIV per age group. 2012



⁴ INIDE. Población Total, estimada al 30 de Junio del año 2012.

<http://www.inide.gob.ni/estadisticas/Cifras%20municipales%20año%202012%20INIDE.pdf>. [Acceso el 12 de octubre de 2012.]

⁵ Instituto Nacional de Información de Desarrollo, Nicaragua: “Estimaciones y Proyecciones de Población”, Período 1950-2050. <http://www.inide.gob.ni/Anuarios/Anuario2008.pdf>. [Acceso el 12 de octubre de 2012.]

⁶ ONUSIDA, Orientaciones terminológicas de ONUSIDA, Versión revisada octubre del 2011, Ginebra, Suiza, ONUSIDA, 2011

⁷ COMISIÓN NICARAGUENSE DEL SIDA. Modelo de Modos de Transmisión del VIH

Análisis de la distribución de nuevas infecciones por el VIH y recomendaciones para prevención. Abril del 2012.

http://www.pasca.org/sites/default/files/MoT_NICARAGUA_2011_finalB.pdf [Acceso el 12 de octubre de 2012.]

⁸ MINSA. Componente VIH y Sida. Base de datos de 2012.

According to the MOH quinquennial report (2007-2011)⁹, 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.

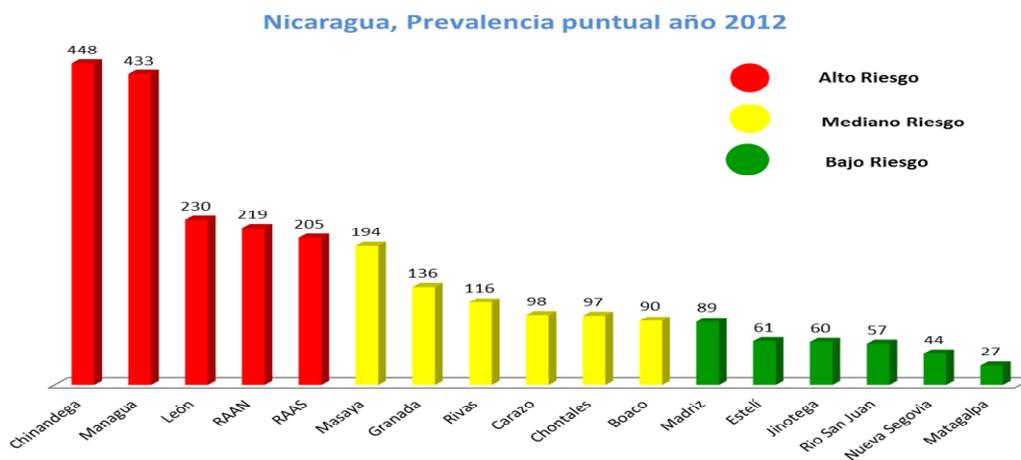
The predominant transmission way is sexual, corresponding to 98.8%, and 1.2% is vertical transmission.

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

Several studies related to prevalence of HIV in key populations describe. Trans people has a range of HIV of 4.4 to 18.8 with the highest rate in Managua; MSM a range of 2.8 to 9.8 with the highest in Masaya; FSW a range of 1.8 to 2.4 with the highest rate in Chinandega.(Table 1 in annex).

The Departments considered by MOH with high risk prevalence are: Chinandega, Managua, Leon, RAAS and RAAN. All these departments are covered by the project.

Graphic 2: HIV Prevalence. Nicaragua. 2012.



Source: MOH HIV/AIDS Component

2.3 HVI statistics generated by PrevenSida

The rapid HIV tests made by PrevenSida during the period October 2011 to 30 September 2012 recorded that of 481 gay were tested and obtained 7 positive for a percentage of 1.46. In Trans population, 218 people were tested resulting 17 positive for a percentage of 7.8¹⁰.

Report of the USAID / PrevenSida, between the months of October 2011 and September 2012 there has been a total of 6.472 HIV tests including 28 with reactive results for a point prevalence rate of 0.43% (0.00432).

Geographically, people with reactive rapid test results for USAID/PrevenSida are located mainly in the Pacific of Nicaragua, similar to the epidemiological surveillance report of 2011¹¹.

⁹ Ministerio de Salud. Situación Epidemiológica VIH y Sida, Quinquenio: 2007 – 2011. Managua, Nicaragua. MINSA. 2012.

¹⁰ Base de datos de PrevenSida. Octubre 11 a septiembre 2012.

¹¹ Situación Epidemiológica VIH y Sida quinquenio: 2007 – 2011. Componente de ITS, VIH y sida, MINSA 2011

In the year 2012, PrevenSida detected 28 new cases (0.43%) in 5 departments and 6 municipalities being the highest prevalence in Juigalpa, Chontales (11.11%), Masaya (6, 2%), Tipitapa, Managua (0.72%), Granada (0.52%), San Carlos (0.16%) and Managua (0.09%)

2.4 Estimated coverage for key population

PrevenSida and the Global Fund are using the 3% for MSM and 0.2% for trans. MOD in its exercise of year 2012 has used 2.39% for MSM and 0.18% for Trans. In May of 2013, there will be a new Central American exercise to determine the population size estimation.

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

PrevenSida coverage in the 10 departments and based on the estimated population has reached 21% of MSM, 66% Trans and 18% female sex workers approximately.

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

University Research Co., LLC (URC)¹² 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.

Established in 1965, we offer a range of technical assistance to strengthen health and social systems and service quality by empowering communities and health workers to identify and scale up locally appropriate solutions to critical problems.

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.

¹² <http://www.urc-chs.com/>

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 five year project (September 20th 2010 to September 20th 2015) with a \$5 million investment implemented in Chinandega, Leon, Managua, Masaya, Granada, Rivas, Chontales, Río San Juan, RAAN and RAAS.

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. In FY 12, the project covered 10 departments: RAAN, RAAS, Leon, Chinandega, Managua, Masaya, Granada, Rivas, Chontales and Rio San Juan.

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 4 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 progress and complied satisfactorily with PEPFAR and contract indicators as shown in tables 5 and 6 in annexes.

5.1 Result One: Strengthened Institutional Capacity of at least 20 NGOs

The main progress in this result is regarding organization's strengths to administer their administrative structures and financial management; which enables them to be subject to other cooperating agencies' projects.

Strengthened NGOs

During the second year of the project, a total of 38 organizations (Pacific and Caribbean) sent people to be trained on the courses provided by CIES and CEPRESI. We have reached in the first two years 43 NGOs with academic training provided by CIES (management topics) and CEPRESI (prevention topics), USAID|PrevenSida staff, and others such as the National Diagnosis and Reference Center National (NDRC) of the Ministry of Health of Nicaragua (MOH).

The annual goal of NGOs with better institutional capabilities was 12 and 100% was complied with. For the first 2 years of the project, the accumulated goal was 20 and it was complied with by 100%. These organizations have operational and strategic plans, institutional and project budgets, and comply with policies established in their administrative and financial manuals. The scope of this result enables NGOs to be sustainable when showing potential donors their improvement in management and financial capabilities.

In FY12, NGOs were trained by CEPRESI in policies analysis and formulation reaching the established goal. For FY13 in coordination with USAID|PASCA, NGOs were supported in the use of Workplace Policy Builder to design HIV policies for their workplace. For its construction there is an analysis of the epidemiological situation, quantitative and qualitative information on knowledge and behavior of their environment. All of this was developed within a participatory process.

8 NGOs developed HIV policies out of a total of 19; IXCHEN had developed it in 2011. In 2013, the PASCA methodology (Workplace Policy Builder) will be used to improve existing policies and make progress in pending NGOs.

Quality standards in NGOs that received grants

In years 1 and 2 of the Project, 18 NGOs executed funds through PrevenSida grants, 13 (72%) reached an average score above 3 points out of 4; which is the highest possible.

4 NGOs that received technical assistance in the second year (ADESENI, CEGODEM, Fundacion San Lucas, and MOVITEP-FS) achieved standard compliance quicker than the ones in year one. This is due to the knowledge acquired from good practices and lessons learned in year one; as well as availability of master manuals for financial-administrative processes which have been very helpful for improvement rapid cycle implementation.

Management standards compliance

Four out of five standards with Project follow up show substantial improvement; the greatest improvement is shown in the directive council, strategic and annual planning and M&E.

The directive council standard represents one of the most important improvement areas in which NGOs have regulations to manage the directive council, tools to record agreements and follow up with them, as well as compliance by directive council members. Involvement of the directive body and better planning of the work are factors that facilitate this progress.

The monitoring and evaluation standard, in 10 out of the 18 NGOs there is important progress in M&E functions including monitoring and evaluation institutional plans, indicators, sources and data collection mechanisms defined, data base, charts and data analysis, as well as information flow design. For year 3 there will be emphasis in the use of information to improve interventions implementation.

Financial administrative standard. 77% of year 1 and 2 grantee NGOs show important progress in administrative processes product of regulations' implementation in purchasing and acquisitions, petty cash management, internal control and NGO functions. As well as better management in accountability processes, financial procedure management and automated accounting systems.

Another element that has contributed to administrative standards improvement is linking accounting processes with programmatic progress, overcoming communication gaps between the programmatic or field areas and finance and administration, as well as expansion of good practices from year 1.

Prevention standards include the communication for behavior change component, promoters, HIV counseling and testing and processes related to promotion and delivery of condoms. Progress is substantial in all areas due to implementing training processes for the combination prevention strategy; which was completed in year 2 using the cascade methodology. PrevenSida initially trained promoters that trained other members of their organization, implemented the combination prevention strategy as well as training provided by CEPRESI on prevention, trained human resources on HIV testing and constant motivation of NGOs to improve preventive services provided to MARPS.

People trained

For a person to approve the course they need to have complied with the requirements established by CIES to obtain a certificate; which allows compliance with the PEPFAR indicator (H2.2.D) corresponding to community health staff who successfully complete their pre service training.

There was progress in compliance with NGOs administrative and financial teams' certification in management topics. 94 people out of 100 (94%) were certified; which was the annual goal of the contract indicator. The global contract goal is 200 people reaching 154 people by the end of 2012 for a 77%. The 46 people remaining will be captured in FY13. This has meant important progress in competences and organizational development of NGOs both from the Pacific and the Caribbean. CIES will complete the three rounds of training in October 2012 and has planned to graduate 73% of the overall project goal. The remainder will be trained in 2013. CEPRESI recently completed all courses scheduled for 2012 and is projected to reach over 100 percent based on the overall project goal.

During 2012, a total of 32 delegates from 10 NGOs in the Pacific area, and 29 people from six Caribbean NGOs developed capacities to implement HIV combination prevention in key

populations and positive people. The link between gender-based violence as a structural intervention closely related to HIV transmission and filling out the forms for the single recording system for MARP and positive people.

Technical notes for each topic (combination prevention in MARP, combination prevention for positive people, gender-based violence and single record) were built through systematization of evidence documented as effective interventions. A total of 247 people were trained by NGOs in combination prevention. The NGOs were: Fundacion Luciernaga, MOVITEP-SF, AHCV, IXCHEN, ANICP+VIDA, CEGODEN, CEPRESI, REDTRANS, ADESENI, Fundacion San Lucas, ACRIC, ACCCSIDA, FADCANIC, MDSRAAS, Acci3n medica cristiana and Grupo de gente positiva.

Regarding the indicator of health workers completing their in-service training, the annual goal was 500 and 733 were trained (147%) in diverse topics disaggregated as follows:

- Out of the annual 200 people goal in outreach, 589 (293%) were trained; which allowed massive sharing of the combination prevention and single record topics; as well as the quality topic
- Out of the annual goal of 30 people trained in counseling and testing, 44 (146%) were reached. 6 NGOs developed these capabilities increasing access to testing for key populations
- Out of the annual goal of 100 people trained in stigma and discrimination, 103 (103%) people were reached for an accumulated total of 205 in the first 2 years. The accumulated goal is 200 (102%), thus allowing NGOs to acquire knowledge to approach the S&D topic.

NGOs technical staff consolidated their understanding of the combination prevention approach; which is the delivery of a minimum preventive services package comprising structural aspects such as stigma and discrimination and gender-based violence; behavioral and biomedical aspects. This approach was consolidated with the single record for beneficiary population; thus increasing access to quality prevention services for key populations.

During the first two years, PrevenSida has completed the courses related to rapid testing in HIV/AIDS prevention services. Besides of training on rapid testing, PrevenSida provided support to NGOs in organizing testing. This includes ensuring minimum inputs availability (reagents, alcohol, cotton, needles, informed consent and referral sheets), in compliance with MOH standards goal monitoring

Subgrants

In year 2 we developed the second stage of grants, 22 technical-financial proposals were received and 12 NGOs were approved; which received grants for a total amount of \$252,871.00. The average is \$21,072.64.

In years 1 and 2 of the Project 28 NGOs executed funds through 24 PrevenSida grants. In the administrative and financial area, 12 grantee NGOs underwent a pre-award evaluation and received technical assistance to cover gaps in aspects related to the directive board`s operational issues, operational planning, internal control, purchasing and procurement, and support information.

4 NGOs that received technical assistance in the second year (ADESENI, CEGODEM, Fundacion San Lucas, and MOVITEP-FS) achieved standard compliance quicker than the ones in year one. This is due to the knowledge acquired from good practices and lessons learned in year one; as well as availability of master manuals for financial-administrative processes which have been very helpful for improvement rapid cycle implementation. The average of funds for institutional strengthening was 9% with a range between 3 and 25%. 68 people were hired out which 10 were HIV positive with \$5.68 per capita

Mentoring. PrevenSida’s technical support for grant management and their contribution for institutional strengthening targeted ensuring a better financial and administrative management, in order to provide support to URC-USAID/PrevenSida project goal compliance. Emphasis of NGOs institutional strengthening actions during FY12 targeted limitations identified on organizational structure, accounting information recording system, financial reports, lack of organizational procedure manuals, administrative, financial, purchasing, petty cash and internal control manuals, budget administration, technical capabilities, planning and follow up to activities.

Regarding the indicator of 60 people completing key activities, this was achieved by 95%.

Based on gaps found in the pre-award, technical assistance was provided to five new organizations which received grants in FY12. These organizations created and adapted organizational procedure manuals, administrative, financial, petty cash, and purchasing and internal control manuals. Grantee NGOs were: CEGODEM, IXCHEN, Fundacion San Lucas, MOVITEP-SF and ADESENI.

As part of institutional strengthening, accounting operations recording was constantly monitored in order to make sure these are operating according to country laws and generally accepted accounting regulations.

Implemented the single record for MARPS at GF and PrevenSida grantee 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

Individuals and contacts.

In year two the goal of HIV positive persons and their contacts reached with a minimum package of prevention was 35.000 MARP individuals and 155.000 contacts. The results in 2012 in the delivery of the comprehensive prevention package were:

1. Number of individuals who received the minimum package: 30.220 (86%).
2. Number of contacts that received the minimum package: 58.710 (38%)

Year 2012 was the first year along the life of the Project where the individuals indicator is included reinforced with the creation of the single registration system; which allowed coding of each person reached and disaggregated by sex and sexual orientation; thus establishing a milestone in Nicaragua`s epidemic monitoring system.

30,220 people were reached with preventive services, contacted by an average of 1,9 times for a total of 58.710 contacts (38% of the annual goal). Along year 2 NGOs faced the challenge of approaching MARPS by first updating approaching sites, creating an inventory of places where risk populations gather, their ways of gathering. In the case of female sex workers they located new sexual commerce places such as dating houses and others. They afterwards established mechanisms to optimize available financial resources creating routes of places to visit depending on the days when MARPs arrive. Biomedical services were integrated such as HIV rapid testing during approaches mostly in population concentration sites such as, bars, sex work places, and sexual diversity political incidence activities in municipalities. If there had not been lack of funding during one quarter; the goal would have been reached.

35.6% of people reached are located in Managua, as well as the percentage of population estimated to live in said department. Departments with lower proportions compared to population estimation resulted to be Chinandega, Chontales, Rivas and RAAN. There are still 11 NGOs that will extend their activities to October 2012; which will allow to improve this indicator.

Regarding expected contacts (155,000), in Q2 there were no reports since there were no NGOs executing grants and once the second round started, there were 58,710 contacts. In Q4, NGOs tripled the number of contacts approached with combination prevention product of a better application and recording of prevention interventions.

There is a global average of 1.94 contacts recorded per person reached, disaggregated as follows:

- Female sex worker 1.81
- Gay 1.72
- Bisexual 1.54
- Trans 1.72
- Substance user 1.54
- Other MARPS with 2,03 contacts per person
 - Youth at risk 4.38
 - Inmates 2.76
 - Mobile populations 2.11
 - People in uniforms 1.72
 - Sex worker clients 1.52
 - Non-intravenous drug users 1.45
 - Women in violence situations 1.42

During Q4 in 2012, an average of 2,14 contacts per person reported was approached; which is above 1,09 from Q3. Using the mapping methodology community coaching from PrevenSida and quality improvement cycle implementation allowed NGO`s reaching their installed capacity. Production and sharing videos for movie forums was delayed (September 12). NGOs were more focused in capturing new people than contacts. On the other hand the rainy season limited community based activities.

In the beginning it was considered that there should be 4 contacts per person. However; as NGO staff gained ownership of the combination prevention strategy, it has been considered that a minimum of 2 contacts per person is necessary to deliver the minimum package; situation under consideration by USAID.

Improve outreach. The SMS (Short Message Service) initiative targets specific populations (men who have sex with men, female sexual worker and transgender people) and it is currently in the validation phase. At this stage we have developed a new list of 240 phone numbers per sexual diversity group, obtained from CEPRESI, CIES and PrevenSida training attendees. The message to be sent was modified to ensure that all users could send their refusal to receive free messages. Messages are sent to the established list of users. PrevenSida has the software to send messages and will continue to use the local SMS provider services. For the expansion phase; NGOs will send a target population phone numbers list. In March 2013 we will conduct a new quick evaluation on a convenience sample to obtain qualitative information on messages acceptance and risk practices knowledge improvement.

5.2.2 Prevention with positives

In year 2 the goal of positive people and their contacts reached with a minimum prevention package was 300 and 600 respectively. 2012 results were:

3. Number of individuals which received the minimum package: 404 (135%).
4. Number of contacts which received the minimum package: 681 (114%)

Regarding positive people, there was overachievement with the annual 300 people goal for an accumulated 714 for the first 2 years (119% out of an accumulated goal of 600 people). The main reason is the social network and the work experience of NGOS of people with HIV, application of combination prevention with positives in a single visit or in mutual help groups, homes or hospitals along with a more precise recording of beneficiaries.

A similar situation happened with contacts of people with HIV, their annual reach was positive (681, 114%), for an accumulated 1,323 contacts in the first two years (110% of the accumulated goal of 1.200 contacts).

5.2.3 Rapid Testing

This year the goal of tests with counseling and results delivery was 10.000. The result was measured through this indicator:

1. Number of individuals who were tested and received their results: 6.472 (60%).

By mid-June 2012, NGOs acquired test reagents. NGOs with lower compliance in the rapid testing goal were: AHCV, Red Trans and CEGODEM which cover Gay and Trans population.

For these NGOs it is the first time providing these services and their learning curve has been high. 6,472 rapid tests (60%) were completed, 49% among men including male and Trans population and 51% among women.

These tests were completed by NGPs in the Caribbean coast of Nicaragua ACCCS and FADCANIC, organizations working with MSM and Trans such as Red Trans, CEGODEM AHCV and ADESENI, and others conducting interventions for other populations at risk such as IXCHEN and Fundacion San Lucas. The project had coverage in the 9 departments and 25 municipalities through grantee NGOs. 28 people obtained a reactive result to rapid tests in Juigalpa (3), Managua (1), Tipitapa (2), Masaya (19), Granada (2) and San Carlos; which resulted in the following proportions: Gay 1.46% (7/481), Trans 7.8 (17/ 218). In other populations more at risk 0.08% (4/5014). 93% of reagent tests were in men.

In October 2013, NGOs will continue to conduct 4,273 rapid tests, which are available at NGOs.

To increase MARPs Access to rapid testing with counseling and results delivery, 12 grantee NGOs acquired testing reagents. 6,472 rapid tests were conducted (60% out of 10,000 which was the annual goal).

5.3 Result Three: Reduction of Stigma and Discrimination

Out of an annual goal of 100 people trained in S&D, 103 people were reached (103%) with a 205 accumulated number in the first 2 years. The accumulated goal is 200 (102%).

Participants have been educators and promoters from more than 20 organizations among sexual diversity and positive people. The activities to reduce stigma and discrimination have been mainstream rather than specific and cross cutting to all results and activities.

To provide support to NGOs we funded a series of printed materials with topics related to S&D for sexual orientation or HIV status; as well as gender-based violence.

Fundacion Luciernaga received a sub grant to gather a set of 10 videos, one of them produced by Trans population; which addresses their fight for promotion and defense of their human rights, thus producing the video: “rising from adversity”. This and the rest of videos are presented in different communities through movie-forums. The contents of the video are related to gender-based violence and S&D against sexual diversity and HIV status. Each one has a teaching file with relevant aspects of the video and an educational guide to be used in video-forum sessions.

The video package comprises 10 unites, which are:

1. La pepena I
2. La pepena II
3. Ya no más
4. El último refugio
5. Positivos
6. Translatina
7. Diversidad a todo color
8. Donde está la diferencia
9. Nuestros cuerpos- nuestros derechos- nuestra ciudadanía
10. Surgiendo de la adversidad

The videos displayed on cine forums have incorporated messages related to who is affected by discrimination in HIV prevention to people of sexual diversity and with HIV.

The technical HIV combination prevention notes link the issue of gender based-violence and stigma and discrimination with the structural barriers that affect the HIV prevention in the key populations.

Theater through MOVITEP NGO used their experience in theater as a communication tool related to S&D towards people of sexual diversity and with HIV. With that purpose they conducted 25 theater presentations in coordination with other NGOs and will create 10 theater groups formed by young people and gay people.

Another form of approach for S&D reduction was sharing research developed by PASMO, PASCA and PrevenSida; this has been conducted both in the Pacific and RAAS.

Support to NGOs to develop capabilities to create messages for broadcasting through media is pending, as well as sharing the legal framework defending human rights of sexual diversity people.

Advocacy. PrevenSida developed an action plan using the recommendation of the research made in relation to stigma and discrimination against MARPS and people with HIV. In partnership with USAID|PASCA. The project enabled NGOs to develop their advocacy plans and those which select the reduction of stigma and discrimination topic. PrevenSida staff will provide follow up to complete their plan. We provided support to NGOs to develop an HIV policy that includes zero tolerance for stigma and discrimination in their organizations in coordination with USAID|PASCA. PrevenSida is applying the workplace policy builder PASCA tool.

5.4 Result Four: Improved Participation of NGOs

Activities implemented during this year include training on effective participation techniques, achieving 96% (118/123) of a cumulative goal in the first two years of 200 people with a cumulative total of 301 people (127%). The content of the training targeted the use of epidemiological and behavioral data to identify the effects of current public policies or lack thereof. There was also focus on the participative process for dialogue and building policies that decrease access barriers to care and reducing stigma & discrimination.

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

The goal of PrevenSida grantee NGOs participating in local and national coordination mechanisms was complied with by 100%. An expression of an NGO with effective national participation is REDTRANS; which with PrevenSida support went from a social movement to a leading organization in human rights promotion and fund management capabilities; it currently holds an executive position in national CONISIDA. NGOs currently have updated information on behavioral and epidemiological aspects, coverage of key populations versus estimated; which results in quality participation in local CONISIDAS.

Results from two research studies were shared in the Pacific and RAAS with participation of local authorities in the case of RAAS, NGO delegates and other donors; the shared studies were:

- a) Mapping 51 NGOs working with MARPS in Nicaragua, which has allowed to have an inventory of institutions of civil society with characterization of populations, structural conditions, topics approached and types of preventive services or care provided
- b) Stigma and Discrimination, which at the time of drafting this report it is in its final review phase to be published

Information sharing Strategies

Both national CONISIDA and the Global Fund Main Recipient INSS are kept informed on the production of preventive services by NGOs; which has allowed sharing the effect of PrevenSida's collaboration and to identify gaps based on key populations estimated in territories; which is useful information for decision makers.

At the local level, PrevenSida has been sharing with NGOs epidemiological responses generated by MOS and analyzed with results obtained by NGOs in access of target populations to combination prevention services.

Another way of sharing information has been the PrevenSida website. The purpose of the website is to share information and to be used as a tool for knowledge management, and to act as referral for NGOs to work with MARP. It was launched on July 2011. By the end of September 2012 there is a record of 8,615 visits to the website and 4,385 users. Pages visits were 16,354. The most frequently visited areas are the news, partners and research report pages. The biggest interest articles were research reports related to PEMAR (MSM, SW and Trans), epidemiological surveillance reports and success stories.

This tool has enabled organizations and web users to have access to the HIV epidemiology information in Nicaragua, as well as research reports related to MARPs. Among the highest requested documents are those related to higher risk populations; especially the document related to the difference between homosexuality, transvestism and intersexuality. The highest visited contents are news and documents.

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

M&E and sharing. In PrevenSida's first two years NGOs have focused on improving human resources knowledge through management and prevention training provided by CIES, the contents of which teach theoretical elements of monitoring and evaluation, use of information and program and project supervision. Alongside these trainings NGOs have been supported on institutional strategic plan monitoring and evaluation design, on job training on use of Excel calculation sheets and the implementation of a single PEMAR and PV-HIV registration system, conducted HIV rapid tests registration and trainings.

Provided support to CONISIDA to review and select indicators to monitor the national response and those monitored by PrevenSida were presented in order to include them in the UNGASS 2012 report.

In NGO Project partners the M&E approach has targeted improving and complying with quality standards where M&E functions are involved, such as:

- Reviewing the flow of information of activities conducted in each NGO in particular
- Creating capabilities in NGOs for evidence-based continuous quality improvement of services that provide input to NGO information sub-systems
- Implementing the single recording system for MAROs, management tool that implied in year 2, adaptation, validation and operationalization of an automated system to record biomedical and preventive services provided by NGOs
- Training human resources in excel as a data management, drafting and storage tool
- Designing the M&E guide at NGOs Fundacion San Lucas, ACCCS, CEGODEM, MOVITEP-SF, ANICP+VIDA and Red Trans; which have tools facilitating M&E plans design. Project evaluation or strategic plans.
- Creating M&E plans for institutional strategic plans with tools to follow up with strategic indicators; these will be used by NGOs in Q1 of year 3 for internal evaluation processes

Data Integration in the national response:

Alongside the main receptor of the Global Fund and in coordination with the CCM, PrevenSida provided ONUSIDA information to develop country reports, for this PrevenSida took advantage of its participation space in the committee and encouraged the use of information related to PEMAR and/or key population, such as amount of MSM (Gay, Trans, Bisexual), FSW, substance users, volunteer HIV tests, amongst others, that are reached by prevention services for behavioral change and with access to biomedical services and structural actions such as gender based violence.

PrevenSida promoted the use of single record system by CONISIDA.

Evidence - based policy analysis and formulation.

Starting in mid-June 2012, the Instituto Nacional de Información de Desarrollo (INIDE) in collaboration with MOH have been conducting the ENDESA 2011/12 in the entire national territory. Results are expected to be ready for sharing by the middle of 2013 and PrevenSida will carry on sharing mechanisms so that NGO staff is aware of them and analyze their results in the HIV prevention in key population framework. We will develop a series of workshops with the NGO in order to implement actions plans according to the recommendation generated by a series of researches that are going to be published on this year.

For this period, the annual forum where NGOs could share strategic information generated in the country was pending. The main reason was that expected studies were postponed to 2013. However, there was local sharing of information existing in the period.

5.5 Challenges and lessons learned

Adapting to the political context; it is currently changeable and can become a threat to the continuity of the project. Meanwhile, the project must be able to demonstrate its effectiveness and efficiency, both nationally and regionally.

1. Availability of master manuals for administration and finance produced during the first year of the project facilitated and reduced costs in the process of adapting these to NGOs without these instruments.
2. Baseline building for quality standards and quarterly monitoring is a valuable tool to identify progress and gaps in each NGO. It clearly identifies the process to improve.
3. The level of skills and capacities of NGOs is still very diverse. Those with greater limitations are the ones formed by people of sexual diversity. Technical assistance (TA) should be focused on these to reduce organizational and training gaps. Especially because these organizations are key to influence their peer populations.
4. NGOs that previously had no technical capacity to perform ambulatory HIV tests had difficulties to start testing because the design of the intervention did not include organizational aspects and additional supplies, training was not sufficient.
5. The passive period between completion and beginning of a new grant cycle has been 6 months for some NGOs and 4 months for others completing activities late. This produces a delay in prevention activities and it is enhanced by the decrease in the number of NGOs which receive Global Funds. Because of the previous reasons; there must be other ways of funding to ensure continuity of prevention activities that affect achievement of project goals
6. The proven benefits in using the single record managed to overcome initial resistance of organizations in developing a code, conducting the data inputting work, and preparation of a report. Benefits include that NGOs know the target population they are reaching, the gaps in goals, and have real time information they need for decision making and reporting to donors and other institutions that require it.
7. Implementation of combination prevention as a comprehensive prevention approach has allowed decreasing the number of contacts necessary to deliver the minimum package from 4 to 2. HIV combination prevention allowed offering comprehensive services and coordinating with other agencies to refer people with care needs that cannot be met by the NGO
8. Coordination with another actor (PASMO) in the USAID Nicaragua PEPFAR program has strengthened NGO competencies and their prevention staff when combining the expertise of these two actors. PrevenSida in institutional strengthening and PASMO in behavior change.

Conclusions

1. PrevenSida has positioned themselves as an efficient and effective option in the national response to HIV
2. Grants are a cost effective intervention focused on key populations where evidence-based interventions are implemented, such as: peer to peer, individual and groups approach
3. The minimum combination prevention package is an intervention that enables the continuum of care and has improved quality of prevention actions. T has also served as a vehicle for educators and promoters improve their knowledge and skills on several

combination prevention topics as well as structural topics as gender-based violence and S&D

4. Implementing the single recording system for MARP has enabled characterization of target populations, understanding and improving local interventions
5. The use of other forms of awareness and education such as producing videos and plays gave a new perspective for NGOs to make use of these tools that have resulted to be very attractive for final recipients

5.6 Cross-Cutting and Other Issues

5.6.1 Local capacity building and sub- grants.

NGO Grants totaling US\$ 636,207.32 in the first 2 years constitute the main strategy of the Project to develop management capabilities in said organizations. During 2011, 12 NGOs implemented grants for a global amount of US\$383,335.54. 56% corresponded to investment in institutional strengthening with \$7.5 per capita. In 2012, 12 grants were approved with an amount of \$252,871.78. The average of funds for institutional strengthening was 9% with \$5.68 per capita, decreasing when compared with 2011 due to reducing the institutional strengthening component for 6 NGOs which had received it during the first round of 2011. Both rounds included successful implementation of other support technologies to NGOs work such as; popular theatre and design of a set of videos for movie-forums covering structural aspects such as S&D and gender-based violence.

Implementation of movie-forums was an innovative modality in this period that enabled the community to have reflection and information spaces in topics related to S&D and gender-based violence.

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 September 30th 2013. Coordination is based on strategic alliances action, advocacy and national strategic plan monitoring.

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

USAID|HCI, 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.

USAID|HCI, the project coordinated to include the new knowledge into universities.

CONISIDA, as a member of the M&E committee.

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

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

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

About the funding provided by GF in phase 2, by 2012 this was reduced by 46% with an overall average for the remaining three years of 34%. This results in a high number of NGOs not receiving funding. USAID|PrevenSida currently is the only option to be eligible for GF funding for both institutional strengthening and increased coverage of preventive services.

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.

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

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

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

Nicaragua Mission and an analysis is completed in a joint revision on the progress in meeting the indicators.

Process evaluation. The mid-term evaluation described in the program could not be completed during the FY due to several factors, such as: adjustments to the terms of reference requested by the Mission, pending approval of the last SOW submitted for revision.

The Mission informed us that two evaluations would be conducted by external consultants. One was for the health program evaluation and another for the regional PEPFAR program. There is one pending for the HIV bilateral program of the Mission, therefore the evaluation to be conducted by PrevenSida was deferred to take place whenever we are instructed to do so.

The main objective of the mid-term evaluation is to support the development of a more effective and efficient approach to achieve expected results and goals in delivering quality services targeting MARPS and PLHA by NGOs supported by USAID|PrevenSida.

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 CONISIDA studies.

For the mid-term external evaluation; studies are expected to be ready in FY13. 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 CONISIDA with the support of USAID|PASCA. Another source of information will be the ENDESA 2012 that will be ready in the first quarter of the year 2013.

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

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

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

- The Trans, MSM, and sexual worker population mostly have a level of basic schooling. As a product of the circumstances of their environment, sexual orientation, and economic needs, interrupted their education. A very small group continues the education process

- HIV prevalence is concentrated in the MSM population. Among them, the transgender community is the most affected with prevalence up to 130 times more than the general population
- Consistent use of condoms with regular partners (in less than 20%) casual (46%) and new clients (97%) in sex workers
- Trans people bear the greatest burden of stigma and discrimination

5.8 Compliance with the 2012 annual plan.

The main achievement in this period is consolidating institutional strengthening and key populations' approach; achieved by designing follow up tools for target populations reached, printing educational material, using PrevenSida's website and training methodologies in a variety of subjects from combination prevention, stigma and discrimination to HIV rapid testing skills.

Compliance with Q3 contract indicators:

1. People from NGOs, are trained and have received technical assistance for HIV: 76% (35/46).
2. NGO with institutional development plans. 90% (18/20).
3. Number of NGO personnel implementing key administrative/financial behaviors: 111% (67/60)
4. People from NGOs trained implementing key administrative/financial behaviors: 111% (67/60).
5. Organizations providing appropriate behavioral change communications, counseling and testing, condom provision and other preventive services: 100% (5/5).
6. NGO personnel, from twenty NGOs, trained in effective participation techniques and strategies: 118% (118/100).

Two contract indicators were not complied with; number of NGOs properly implementing behavior change approaches is one of them. This gap will be breached through PASMO collaboration.

The other indicator not complied with corresponds to result 4 and it the development of HIV related policies. PrevenSida initially included this topic in its training plan and it was not followed up with due to it being an activity that PASCA is implementing in the country as one of their main strategies.

PEPFAR indicators compliance

In spite of NGOs not having funding available during one quarter, there were satisfactory goals achieved in individuals reached (86%) and in people with HIV (135%) and their contacts (114%). The in-service training indicator had good results as well (147%).

The previous statement reflects the strength that NGOs have reached regarding project management, target population knowledge and skills in implementing combination prevention.

Regarding contacts reached; which was 38% for an average of 1.9 contacts per person reached, the Mission is considering reducing the number of contacts due to the combination prevention strategy demonstrating that 2 contacts is enough to provide the 6 combination prevention activities among MARP.

The level of compliance with activities was above 95% of established activities. (Table 8 in annexes). We have not been able to conduct the MSM evaluation due to discontinuing CEPRESI support; due to which we had to restart SMS software updates from PrevenSida with the administrating company, gathering phone numbers. This evaluation is planned for completion in FY13.

Structuring the network was moved to 2013, even though in practice PrevenSida grantee NGOs share information and resources.

The mid-term evaluation activity was deferred by the Mission due to two external evaluations to be conducted in the first months of 2013.

5.9 Branding and marking strategy compliance

In every induction workshop for NGOs received institutional strengthening as well as informative workshops for grantee NGOs; we provide information on Branding and Marking compliance. They are also given a printed version in Spanish about this requirement.

One of the Standard Provision included in contracts with NGOs and contractors (CIES and CEPRESI) is Branding and Marking.

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

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

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

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

5.10 Management and Staffing

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

The Project Team is led by Dr. Oscar Nunez, MD, MHS, a senior technical and program leader. He will work closely with three key staff members: 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.

6 Financial Analysis

By the end of FY 2012, PrevenSida reached 111.69% execution based on approved budget equivalent to USD 1, 007,745.36; with an overdraft caused by intensity of training sessions opening courses at RAAN and RAAS which were not initially planned. PrevenSida has kept a pipeline under a month and by the second half of 2012 we had requested a new fund advance. This request was delayed (December 2012) which affected grant continuity and PEPFAR indicator compliance.

Funds execution comparative analysis per quarter in FY 2012.

The following table is a summary of quarterly execution of the USAID PrevenSida Project during FY 2012 and a comparative balance against budget approved for the same period.

Financial execution per quarter. FY 12.

| APPROVED BUDGET LINE ITEM | TOTAL OBLIGATED FY 2012 | PROJECT EXPENDITURES FOR THE REPORTED QUARTER | | | | | Total expenses for the period | Budget Balance |
|------------------------------|-------------------------------|---|------------------|------------------|------------------|--------------------------|--|--------------------|
| | | Q I | Q II | Q III | Q IV | TOTAL FOR THIS PERIOD | | |
| Salaries & fringe benefits | \$ 285,982 | \$ 92,577.41 | \$ 57,624.28 | \$ 62,068.50 | \$ 61,827.84 | \$ 181,521 | \$ 274,098 | \$ 11,884 |
| Other direct costs | \$ 193,729 | \$ 46,693.59 | \$ 60,920.48 | \$ 98,867.88 | \$ 67,487.01 | \$ 227,275 | \$ 273,969 | \$ (80,240) |
| Subcont/Subagree | \$ 375,523 | \$ 94,280.88 | \$ 36,244.74 | \$ 149,628.61 | \$ 127,006.95 | \$ 312,880 | \$ 407,161 | \$ (31,638) |
| Indirect costs | \$ 152,511 | \$ 46,596.25 | \$ 33,676.18 | \$ 48,669.20 | \$ 41,472.06 | \$ 123,817 | \$ 170,414 | \$ (17,903) |
| TOTAL | \$1007,745 | \$280,148 | \$188,466 | \$359,234 | \$297,794 | \$845,494 | \$1125,642 | (\$117,896) |

By the end of FY2013, PrevenSida reached 111.69% execution based on approved budget equivalent to USD 1, 007,745.36. By 2012, the “*Other direct costs*” item ended up being the highest amount invested given the consecution of NGO training courses provided by CIES and CEPRESI and that these cost increased with fuel, lodging and mobilization expenses.

The “*Grants*” item increased by the end of 2012 after having recorded the close out expenses from some grants in year 1 in October and November 2011, given approval of time extensions to culminate project close out activities, liquidate benefits and accounts payable. Definitively, the increase in direct costs and grants increases the indirect costs item; which is shown by over execution ascending to USD \$ 17,903.00.

It is important to mention that in July 2012 a new NICRA (*Negotiated Indirect Cost Rate Agreement*) is approved; which affects 2012 expenses retroactively up to October 2011.

Total Project funds execution comparative analysis 2011-2015.

For the PrevenSida Project, FY 2012 closes with a budget execution of USD 2, 301,857.00, corresponding to 46.03% of the total of funds approved for five years. This level and rhythm of execution, in percentage terms reflects efficiency in administration of resources directed towards reaching project goals.

Important progress in FY 2012.

Funds execution reflected in the comparative analysis table has facilitated reaching the following objectives:

1. Completing the workshop cycles for 6 groups of NGOs by CIES and CEPRESI.
2. Graduating students in CIES and CEPRESI workshops
3. Follow up and technical advisory to grantee NGO son the combination prevention strategy and its application in the context of each intervention
4. Delivering grants to 12 NGOs nationwide to implement institutional strengthening projects and prevention of the HIV epidemic.

7. Annexes

Table 1. Prevalence of HIV en key population

| Departments | MSM | Trans | FSW | Source | Year |
|-----------------------|------|-------|-----|--------------------------|------|
| Managua HIV Rate % | 7.5 | 18.8 | 1.8 | ECVC, CDC | 2011 |
| Prev coverage % | 28.2 | 98.5 | 24 | | |
| Masaya HIV Rate % | 9.8 | 4.3 | | MINSa, UVG, CEPPRESI, FM | 2011 |
| Prev coverage % | 56.1 | 110.7 | | | |
| Leon HIV Rate % | 8.1 | | | ECVC, CDC | 2011 |
| Prev coverage % | 69.7 | 259.4 | | | |
| Chinandega HIV Rate % | 2.8 | 14.6 | 2.4 | | |
| Prev coverage % | 16.8 | 73.9 | 18 | | |

Table 2. Population per department and coverage of PrevenSida

| Departamento | Población estimada | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------------------|--|-------------|--|-------------|--|-------------|--------------------|-------------|------------------------------|-------------|--------------------------|-------------|---------------------------------|-------------|------------------------------------|-------------|---------------------|-------------|----------------------|-------------|----------------------|-------------|------------|-------------|-------|-----|
| | HSH. 3% del total de hombres han tenido sexo con otros hombres (1) | | Trans. 0.2% de del total de hombres se estiman trans (2) | | Trabajadoras sexuales. 1% del total de mujeres (3) | | Clientes de TS (4) | | Militares uniformados (5, 6) | | Privados de libertad (7) | | Usuario de drogas Inyectado (8) | | Usuario de drogas no inyectado (9) | | Jóv. en riesgo (10) | | Mujeres en SVBG (11) | | Población móvil (12) | | PVIH (13) | | | |
| | Estimación | % cobertura | Estimación | % cobertura | Estimación | % cobertura | Estimación | % cobertura | Estimación | % cobertura | Estimación | % cobertura | Estimación | % cobertura | Estimación | % cobertura | Estimación | % cobertura | Estimación | % cobertura | Estimación | % cobertura | Estimación | % cobertura | | |
| Chinandega | 3,266 | 17% | 218 | 74% | 1,123 | 18% | | | | | | | 22 | 27% | 2,875 | 2% | 10,163 | 2% | 21,334 | 0% | | | | | 968 | 1% |
| León | 3,198 | 70% | 213 | 259% | 1,104 | 61% | | | | | | | 22 | 0% | 2,821 | 0% | 9,706 | 2% | 20,977 | 2% | | | | | 493 | 2% |
| Managua | 11,406 | 28% | 760 | 99% | 4,170 | 24% | | | | | | | 80 | 11% | 10,364 | 2% | 32,932 | 5% | 79,239 | 4% | | | | | 3400 | 0% |
| Masaya | 2,778 | 56% | 185 | 111% | 973 | 17% | | | | | | | 19 | 68% | 2,469 | 1% | 8,383 | 2% | 18,484 | 3% | | | | | 359 | 1% |
| Granada | 1,559 | 53% | 104 | 160% | 530 | 22% | | | | | | | 10 | 29% | 1,364 | 1% | 4,729 | 2% | 10,071 | 14% | | | | | 143 | 4% |
| Rivas | 1,402 | 25% | 93 | 89% | 459 | 20% | | | | | | | 9 | 0% | 1,204 | 1% | 4,188 | 1% | 8,715 | 0% | | | | | 103 | 9% |
| Chontales | 1,471 | 25% | 98 | 84% | 515 | 37% | | | | | | | 10 | 0% | 1,307 | 2% | 4,589 | 0% | 9,781 | 3% | | | | | 109 | 2% |
| RAAN | 3,190 | 0% | 213 | 0% | 1,058 | 0% | | | | | | | 21 | 0% | 2,758 | 1% | 10,594 | 0% | 20,100 | 0% | | | | | 452 | 0% |
| RAAS | 2,768 | 18% | 185 | 33% | 935 | 51% | | | | | | | 19 | 43% | 2,414 | 17% | 9,124 | 3% | 17,756 | 3% | | | | | 357 | 15% |
| Río San Juan | 911 | 1% | 61 | 7% | 288 | 0% | | | | | | | 6 | 0% | 769 | 0% | 2,915 | 19% | 5,477 | 6% | | | | | 33 | 0% |
| Carazo | 1,463 | 0% | 98 | 0% | 514 | 0% | | | | | | | 10 | 0% | 1,303 | 0% | 4,466 | 0% | 9,774 | 0% | | | | | 98 | 6% |
| Matagalpa | 4,061 | 0% | 271 | 0% | 1,406 | 0% | | | | | | | 28 | 0% | 3,587 | 0% | 12,939 | 0% | 26,708 | 0% | | | | | 72 | 0% |
| Boaco | 1,307 | 0% | 87 | 0% | 452 | 0% | | | | | | | 9 | 0% | 1,155 | 0% | 4,186 | 0% | 8,593 | 0% | | | | | 80 | 0% |
| Nueva Segovia | 1,855 | 0% | 124 | 0% | 621 | 0% | | | | | | | 12 | 0% | 1,611 | 0% | 5,722 | 0% | 11,799 | 0% | | | | | 50 | 0% |
| Madriz | 1,212 | 0% | 81 | 0% | 398 | 0% | | | | | | | 8 | 0% | 1,042 | 0% | 3,691 | 0% | 7,560 | 0% | | | | | 70 | 0% |
| Jinotega | 3,032 | 0% | 202 | 0% | 1,002 | 0% | | | | | | | 20 | 0% | 2,617 | 0% | 9,679 | 0% | 19,047 | 0% | | | | | 123 | 0% |
| Estelí | 1,738 | 0% | 116 | 0% | 629 | 0% | | | | | | | 12 | 0% | 1,571 | 0% | 5,364 | 0% | 11,944 | 0% | | | | | 74 | 0% |
| Total | 46,618 | 21% | 3,108 | 66% | 16,177 | 18% | 64,973 | 1.3% | 23,832 | 2.2% | 8,500 | 3.5% | 317 | 12% | 41,231 | 2% | 143,371 | 2% | 307,360 | 2% | S/D | N/A | | | 6,984 | 6% |
| *Cobertura persona USAID/PrevenSida | 9,706 | | 2,063 | | 2,910 | | 870 | | 516 | | 295 | | 39 | | 825 | | 3,062 | | 6,748 | | | | 2,836 | | 404 | |

(1, 2, 3) Estimación oficial de país: MINSa, Fondo Mundial, OPS.
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(12) S/D = Sin dato
(13) Reporte de vigilancia epidemiológico de las ITS/VIH. MINSa, Nicaragua 1987 a 2012
* Sistema de información de registro único de PERMAR y PVIH. Proyecto USAID | PrevenSida. 2012

Table 3. Transmission Ways Model

| Use either method 1 or 2 to determine number with risk behaviour for each group (column F). | | | | | | | | | | | | | | | | | |
|---|---|-----------|--|----------------|----------------------------------|-----------------------|---------------|-----------------------|-----------------------------|--|-------------------------------|--|---|------------------------|----------------|-----------------------|-----------|
| Adult Risk Behaviour | Method 1: Percent of population with risk behaviour (%) | | Method 2: Population with risk behaviour | | Total number with risk behaviour | Prevalence of HIV (%) | Number HIV+ | Prevalence of STI (%) | Number of partners per year | Number of acts of exposure per partner | Percent of acts protected (%) | transmisión por acto de riesgo de exposición | | Incidence | % of incidence | Incidence per 100,000 | Checks |
| | Male | Female | Male | Female | | | | | | | | with STI | No STI | | | | |
| Injecting Drug Use (IDU) | | | 258 | 268 | 525 | 1.90% | 10 | 13.50% | 5.2 | 80 | 63% | NA | 0.01 | 11 | 0.57 | 2,149 | |
| Partners IDU | | | 150 | 150 | 300 | 0.95% | 3 | | 1 | 49.2 | 7% | 0.0044 | 0.0011 | 0 | 0.02 | 126 | |
| Sex workers | | | 0 | 11,512 | 11,512 | 1.94% | 223 | 52.8% | 302 | 15 | 75% | 0.0044 | 0.0011 | 24 | 1.22 | 209 | 5,214,936 |
| Clients | | | 64,973 | 0 | 64,973 | 0.97% | 630 | 26.4% | 53.5 | 15 | 75% | 0.0025 | 0.0006 | 39 | 2.00 | 60 | 5,214,936 |
| Partners of Clients | | | 0 | 36,385 | 36,385 | 0.49% | 176 | | 1 | 49.2 | 6.9% | 0.0044 | 0.0011 | 30 | 1.51 | 82 | 100 |
| MSM | | | 37,845 | 0 | 37,845 | 7.50% | 2,838 | 17.6% | 7.1 | 6.93 | 58% | 0.0400 | 0.0100 | 874 | 44.49 | 2,310 | |
| Trans | | | 2,873 | 0 | 2,873 | 13.80% | 396 | 41.1% | 52.1 | 1 | 42% | 0.0400 | 0.0100 | 85 | 4.34 | 2,965 | |
| MSM female partners | | | 0 | 5,247 | 5,247 | 3.75% | 197 | | 1 | 49.2 | 6.9% | 0.0044 | 0.0011 | 28 | 1.40 | 525 | |
| Casual Heterosexual Sex | | | 529,291 | 275,078 | 804,370 | 0.70% | 5,631 | 0.04% | 2.65 | 43.2 | 16% | 0.0031 | 0.0008 | 413 | 21.02 | 51 | |
| Partners of CHS | | | 154,044 | 308,088 | 462,131 | 0.35% | 1,617 | | 1 | 49.2 | 6.9% | 0.0038 | 0.0009 | 136 | 6.32 | 29 | |
| Low Risk Heterosexual | | | 646,309 | 773,843 | 1,420,152 | 0.58% | 8,244 | 0.04% | 1 | 49.2 | 6.9% | 0.0035 | 0.0009 | 325 | 16.52 | 23 | |
| No Risk | | | 140,962 | 230,605 | 379,567 | 0.70% | 2,657 | 0.00% | 0 | 0 | 0% | | | 0 | 0.00 | 0 | |
| Medical injections | | | 1,584,705 | 1,647,175 | 3,231,880 | 0.70% | 22,623 | | 2 | 1 | 100% | NA | 0.004 | 0 | 0.00 | 0 | |
| Blood Transfusions | | | 3,169 | 3,294 | 6,464 | 0.70% | 45 | | 1 | 1 | 100% | NA | 0.9 | 0 | 0.00 | 0 | |
| TOTAL ADULT POPULATION | 0% | 0% | 1584705 | 1647175 | 3,231,880 | 0.70% | 22,623 | | | | | | | Total incidence | 1,365 | 61 | |
| | | | | | | | | | | | | | Total incidence in partners of high-risk individuals | | 193 | 9,846 | 38 |

Table 4. PrevenSida impact indicators.

| Country: | | Nicaragua | | | | | | | |
|--|---|---------------------------------|------|--|-----------|--------|--------|--------|--------|
| Project | | USAID-PrevenSida | | | | | | | |
| Agreement: | | AID-524-A-10-00003 | | | | | | | |
| Start date: | | September 20 th 2012 | | | | | | | |
| End date: | | September 19 th 2015 | | | | | | | |
| Indicator | | Baseline | Year | Data source | Benchmark | Target | | | |
| | | | | | | Year 2 | Year 3 | Year 4 | Year 5 |
| 50% increase from BL in correct and consistent condom use in all sexual contacts including stable partners | % of MSM who use condoms consistently and correctly with occasional partner in the last 30 days | 38.1% | 2009 | ECVC 2009. CONISIDA-MINSA, CDC.UVG. Nicaragua. | 57.0% | 45.0% | N/A | N/A | 57.0% |
| | % of MSM who use condoms consistently and correctly with stable male partner in the last 30 days | 30.9% | 2009 | ECVC 2009. CONISIDA-MINSA, CDC.UVG. Nicaragua. | 46.5% | 37.0% | N/A | N/A | 46.0% |
| | % of SW who use condoms consistently and correctly with stable partner in the last 30 days | 10.7% | 2009 | ECVC 2009. CONISIDA-MINSA, CDC.UVG. Nicaragua. | 16.0% | 13.0% | N/A | N/A | 16.0% |
| | % de TS who use condoms consistently and correctly with occasional partner in the last 30 days | 62.0% | 2009 | ECVC 2009. CONISIDA-MINSA, CDC.UVG. Nicaragua. | 93.0% | 74.0% | N/A | N/A | 93.0% |
| 30% decrease from baseline in the number of multiple partners among high risk population | % of MSM which have had penetrative sexual intercourse with two or more occasional partners in the last 12 months | 65.0% | 2009 | ECVC 2009. CONISIDA-MINSA, CDC.UVG. Nicaragua. | 45.0% | 58.5% | N/A | N/A | 45.0% |

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

Table 5. PEPFAR indicators. FY 2012.

| Indicators | FY12 Global Target | Achievement Q1FY 12 | Achievement Q2FY 12 | Achievement Q3FY 12 | Achievement Q4FY 12 | Accumulative | Global Percentage | Explanation fore =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) | 10,745 | 732 | 0 | 1,173 | 4,567 | 6,472 | 60% | <p>A mediados de junio 12 las ONG adquirieron los reactivos para prueba. Las ONG con menor cumplimiento en las metas de pruebas rápidas son: AHCV, Red Trans y CEGODEM que tienen a las población Gay y Trans bajo cobertura. Para estas ONG es la primera ocasión que brindan estos servicios y su curva de aprendizaje ha sido lenta.</p> <p>En base al acumulativo de 12 meses (28 reactores) se tienen las siguientes proporciones: Gay 1.46% (7/481), Trans 7.8 (17/ 218). En otras poblaciones en más riesgo 0.08% (4/5014)</p> <p>En octubre 2012 las ONG continuarán con la realización de 4,273 pruebas rápidas, las que se encuentran disponibles en las ONG.</p> |
| 3.1.1-24a Number of men | 9,745 | 395 | 0 | 451 | 2338 | 3184 | 33% | |
| 3.1.1-24b Number of women | 1,000 | 337 | 0 | 722 | 2229 | 3288 | 329% | |
| 3.1.1-24c age (< 15 years old) | 0 | 0 | 0 | 0 | 0 | 0 | 0% | |
| 3.1.1-24d age (15+ years old) | 10,745 | 732 | 0 | 1173 | 4567 | 6472 | 60% | |
| 3.1.1-24e By MARP type: CSW | 500 | 59 | 0 | 141 | 557 | 757 | 151% | |
| 3.1.1-24f By MARP type: IDU | 0 | 0 | 0 | 0 | 4 | 4 | 0% | |
| 3.1.1-24g By MARP type: MSM | 3,000 | 137 | 0 | 51 | 511 | 699 | 23% | |
| 3.1.1-24 h Custom By MARP type: MSM (Homosexual) | 1,780 | 8 | 0 | 50 | 423 | 481 | 27% | |
| 3.1.1-24 h Custom By MARP type: MSM (Transgender) | 1,220 | 129 | 0 | 1 | 88 | 218 | 18% | |
| 3.1.1-24 i 3.1.1-24 h By MARP type: Other vulnerable population. | 7,245 | 536 | 0 | 981 | 3495 | 5012 | 69% | |
| 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) Contact | 155,000 | 10369 | 0 | 10,105 | 38,236 | 58,710 | 38% | <p>En Q4 las ONG triplicaron el número de contactos abordados con prevención combinada producto de una mejor aplicación y registro de las intervenciones de la estrategia de prevención.. Para los 12 meses, el promedio de contactos es de 1.9 contacto por persona reportada.</p> <p>La utilización de la metodología de mapeo, el acompañamiento por parte de PrevenSida a nivel comunitario y la implementación de ciclos de mejoramiento de la calidad permitieron que las ONG llegaran a su capacidad</p> |
| 3.1.1-68a By MARP type: CSW | 15,000 | 461 | 0 | 1,062 | 3,777 | 5,300 | 35% | |
| 3.1.1-68b By MARP type: IDU | | | 0 | 7 | 53 | 60 | 100% | |
| 3.1.1-68c By MARP type: MSM | 45,000 | 1,115 | 0 | 2,506 | 7,669 | 11,290 | 25% | |
| 3.1.1-68c By MARP type: MSM (gay) | 35,000 | 688 | 0 | 1,808 | 5,227 | 7,723 | 22% | |

| Indicators | FY12 Global Target | Achievement Q1FY 12 | Achievement Q2FY 12 | Achievement Q3FY 12 | Achievement Q4FY 12 | Accumulative | Global Percentage | Explanation fore =10% or /10% |
|---|--------------------|---------------------|---------------------|---------------------|---------------------|--------------|-------------------|--|
| 3.1.1-68c By MARP type: MSM (transgender) | 10,000 | 427 | 0 | 698 | 2,442 | 3,567 | 36% | instalada. La producción y divulgación de los videos para la realización de cine foros fue tardía (septiembre 12). Las ONG estuvieron más enfocadas en la captación de nuevas personas que en la de contactos. Por otro lado la estación de lluvia limitó las actividades en las comunidades. |
| 3.1.1-68d By MARP type: Other vulnerable Populations | 95,000 | 8,793 | 0 | 6,530 | 26,737 | 42,060 | 44% | |
| Number of Men | 130,000 | 4,957 | 0 | 5,455 | 23,350 | 33,762 | 26% | |
| Number of Women | 25,000 | 5,412 | 0 | 4,650 | 14,886 | 24,948 | 100% | |
| 3.1.1-68 Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required (PEPFAR Output - #P8.3.D) Number of people. | 35,000 | 2,575 | 0 | 9,231 | 18,414 | 30,220 | 86% | En el mes de septiembre se iniciaron las actividades relacionadas con VBG con la modalidad de video-foros espacios de discusión que permiten abordar la temática de reducción de la violencia desde la diversidad sexual, posterior a la actividad las y los promotores de ONG brindan a las PEMAR el paquete mínimo de servicios preventivos, así como la oferta de la prueba de VIH. |
| 3.1.1-68a By MARP type: CSW | 3,000 | 115 | 0 | 977 | 1,833 | 2,925 | 98% | |
| 3.1.1-68b By MARP type: IDU | 0 | 0 | 0 | 7 | 32 | 39 | 100% | |
| 3.1.1-68c By MARP type: MSM | 7,000 | 262 | 0 | 2,238 | 4,060 | 6,560 | 94% | |
| 3.1.1-68c Custom By MARP type: MSM (homosexuals) | 5,500 | 90 | 0 | 1,634 | 2,773 | 4,497 | 82% | |
| 3.1.1-68c Custom By MARP type: MSM (transgender) | 1,500 | 172 | 0 | 604 | 1,287 | 2,063 | 138% | |
| 3.1.1-68d By MARP type: Other Vulnerable Populations | 25,000 | 2,198 | 0 | 6,009 | 12,489 | 20,696 | 83% | |
| Number of Men | 28,000 | 1,236 | 0 | 4,931 | 10,979 | 17,146 | 61% | |
| Number of Women | 7,000 | 1,339 | 0 | 4,300 | 7,435 | 13,074 | 187% | |
| 3.1.1-79 Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests (PEPFAR Output - #H1.1.D) | 4 | 0 | 0 | 2 | 0 | 2 | 50% | |

| Indicators | FY12 Global Target | Achievement Q1FY 12 | Achievement Q2FY 12 | Achievement Q3FY 12 | Achievement Q4FY 12 | Accumulative | Global Percentage | Explanation fore =10% or /10% |
|--|--------------------|---------------------|---------------------|---------------------|---------------------|--------------|-------------------|--|
| 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) | 500 | 27 | 21 | 503 | 182 | 733 | 147% | 733 (147%) personas capacitadas. - 94 en gerencia por el CIES. - 127 en prevención por CEPRESI - 102 en estigma y discriminación - 13 en planificación familiar - 44 en prueba rápida de VIH - 266 en prevención combinada -54 en mejoramiento continuo de la calidad. - 33 en registro único. |
| P7.1.D Number of people who live with HIV-Aids provided care for with a minimum prevention intervention package for PLWHA (PcP). | 300 | 70 | 0 | 169 | 165 | 404 | 135% | Atendidos bajo las modalidad de visitas a hogar, centros de atención u hospitales Se brindó cobertura a los departamentos de Chontales, Rivas y Managua, los dos primeros con menor desarrollo organizacional por parte de los PVVIH que dificultó el acceso. |
| Number of Men | 110 | 26 | 0 | 129 | 114 | 269 | 245% | The contact average is 1.68 |
| Number of Women | 190 | 44 | 0 | 40 | 51 | 135 | 71% | |
| P7.1.D Number of people who live with HIV-Aids provided care for with a minimum prevention intervention package for PLWHA (PcP). Contact | 600 | 113 | 0 | 219 | 349 | 681 | 114% | |
| Number of Men | 220 | 59 | 0 | 164 | 239 | 462 | 210% | |
| Number of Women | 380 | 54 | 0 | 55 | 110 | 219 | 58% | |

Source: USAID|PrevenSida database.

Table 6. Contract indicators.

| Indicator | FY 11 | | Fy12 | | Fy13 | |
|---|---------|---------|---------|--------|---------|--------|
| | Target | Result | Target | Result | Target | Result |
| Result 1 | | | | | | |
| 200 people from NGOs, are trained and have received technical assistance for HIV related capacity development by the end of Program | 100 | 60 | 100 | 94 | 0 | |
| 20 NGO with institutional development plans and implement annually | 8 | 8 | 12 | 12 | 20 | |
| 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 | |
| Number of NGO personnel implementing key administrative/financial behaviors at the end of the year. | 60 | 56 | 60 | 57 | 60 | |
| Result 2 | | | | | | |
| 200 people from NGOs trained in preventive services provision according to national and international norms by the end of Program | 100 | 77 | 100 | 127 | | |
| At least 155,000 MARP reached yearly through community outreach that promotes HIV-AIDS prevention | 155,000 | 141,739 | 155,000 | 58710 | 155,000 | |
| Number of USG assisted service delivery point providing FP counseling or services | 6 | 4 | 8 | 6 | 10,000 | |
| 20 organizations providing appropriate behavioral change communications, counseling and testing, condom provision and other preventive services to other members of high risk groups. | 7 | 10 | 10 | 6 | 5 | |
| Result 3 | | | | | | |
| 200 people from NGOs have been trained in educational strategies and tools to reduce S&D. | 100 | 103 | 100 | 102 | 100 | |
| 20 NGO with annual plans to reduce S&D towards MARPS, and are implementing them | 8 | 4 | 12 | 0 | 16 | |
| Result 4 | | | | | | |
| More than two hundred NGO personnel, from twenty NGOs, trained in effective participation techniques and strategies. | 100 | 137 | 100 | 118 | | |

| Indicator | FY 11 | | Fy12 | | Fy13 | |
|---|--------|--------|--------|--------|--------|--------|
| | Target | Result | Target | Result | Target | Result |
| 20 NGO have received technical assistance for HIV related policies development. | 8 | 1 | 1 | 0 | 19 | |
| 20 NGOs participating in local and national coordination mechanisms of the national response. | 8 | 8 | 12 | 12 | 5 | |
| 5 applied research studies conducted, with results diffusion and used by key NGOs and MINSA. | 5 | 0 | 0 | 2 | 1 | |
| 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 | |

Table 7. List of NGOs with USAID|PrevenSida support in the first two program years

| No | NGO | PrevenSida. 1 st year | | PrevenSida, from year two | | Subgrant 3 year |
|----|--|----------------------------------|----------|---------------------------|----------|-----------------|
| | | Training | Subgrant | Training | Subgrant | |
| 1 | Accion Medica Cristiana | | | x | | |
| 2 | Anic + Vida | x | x | x | x | x |
| 3 | ASART TeatroFenix | x | x | x | | |
| 4 | Asociación Campaña Costeña de Lucha contra el Sida ACCCS | x | x | x | x | x |
| 5 | Asociación Centro Regional de Información y Consejería en ITS/VIH y Sida (ACRIC) | x | x | x | | |
| 6 | Asociacion Club de vida futura RAAN | | | x | | |
| 7 | Asociacion de desarrollo Social de Nicaragua (ADESENIC) | | | x | x | x |
| 8 | Asociacion de Enfer. Nicaragua | x | | x | | |
| 9 | Asociación de hombres contra la violencia AHCV | x | x | x | x | |

| No | NGO | PrevenSida. 1 st year | | PrevenSida, from year two | | Subgrant 3 year |
|----|--|----------------------------------|----------|---------------------------|----------|-----------------|
| | | Training | Subgrant | Training | Subgrant | |
| 10 | Asociación de Personas con VIH y Sida (ASONVIHSDA) | x | x | | | x |
| 11 | Asociación de Trabajadores para la Educación, Salud e Integración Social (TESIS) | x | | x | | |
| 12 | Asociación Gente positiva RAAS | | | x | | |
| 13 | Asociación JODIC | | | x | | |
| 14 | Asociación Mary Barreda | | | x | | |
| 15 | Asociación Nicaraguense de Trans (ANIT) | | | x | | |
| 16 | Asociación Promoción y Desarrollo de la Mujer Nicaraguense (ACAHUALT) | | | x | | |
| 17 | CAJ PEG | | | x | | x |
| 18 | CEGODEM | | | x | x | x |
| 19 | Centro Clínico Bilwi | x | | | | |
| 20 | Centro de Estudios y Promoción Social (CEPS) | x | x | x | | |
| 21 | Centro de mujeres de Masaya | | | x | | |
| 22 | Centro de Mujeres IXCHEN | x | x | x | x | x |
| 23 | Centro de Prevención del Sida (CEPRESI) | x | | x | x | x |

| No | NGO | PrevenSida. 1 st year | | PrevenSida, from year two | | Subgrant 3 year |
|-------|---|----------------------------------|----------|---------------------------|----------|-----------------|
| | | Training | Subgrant | Training | Subgrant | |
| 24 | CIES | | | x | | |
| 25 | Fadcanic | x | x | x | x | x |
| 26 | Fiat Pax | x | x | x | | |
| 27 | FundacionLuciernaga | | | x | x | |
| 28 | Fundacion San Lucas | | | x | x | x |
| 29 | Grupo Artemisa | | | x | | |
| 30 | Grupo de Autoayuda de Occidente de PVVS GAO | x | x | x | | x |
| 31 | Grupo diversidad sexual RAAS | | | x | | x |
| 32 | Grupo Safo | | | x | | |
| 33 | ICAS | | | x | | x |
| 34 | MOVFEM | | | x | | |
| 35 | Movimiento de la diversidad sexual de Bilwi | | | x | | x |
| 36 | Movimiento intermunicipal juvenil | | | x | | |
| 37 | MOVITEP | | | x | x | |
| 38 | Red Trans de Nicaragua | x | x | x | x | x |
| 39 | Red Trasex | | | x | | |
| 40 | Trans deseo | | | x | | |
| 41 | URACCAN | | | x | | |
| 42 | Gaviota | | | | | x |
| 43 | OVI | | | | | x |
| Total | | 16 | 12 | 39 | 12 | 17 |

Table 8. Annual operating report. FY 12

| Main Activities | Task | Result | Participants | Cost | Timetable | | | | | | | | | | | | Compliance | | | Comment | | | |
|--|---|--|--------------|------|-----------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|------------|-------------|-------------|---------|--|--|--|
| | | | | | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Achieved | In progress | No achieved | | | | |
| Management activities to guarantee Project execution in year 2 | Develop AOP and Budget year 2 | Continuous Project execution | URC Staff | | | | | | | | | | | | | | | | | | | | |
| | Approve AOP year 2 by USAID | | | | | | | | | | | | | | | | | | | | | | |
| | Adjust process indicator goal for year 2 according to goals reached in year 1 | | | | | | | | | | | | | | | | | | | | | | |
| Result 1: Strengthened institutional capabilities of at least 20 NGOs to participate in the national response to HIV – Aids through capacity building and promoting a networking model. | | Indicators • 100 NGO workers successfully completed an in-service training program within the reporting period • 60 people from NSOs implementing key actions at the financial-administrative level by the end of year 2 of the project • 12 new NGOs with institutional development plans and implementing them by the end of year 2 of the project | | | | | | | | | | | | | | | | | | | | | |
| Selecting NGOs to be included for institutional performance improvement in year 2 of the project. | Updating the list of NGOs to participate in the second year of PrevenSida according to selection criteria | NGOs selected, informed and instructed about their participation | URC Staff | | | | | | | | | | | | | | | | | | | | |
| | NGOs selected, informed and instructed about their participation | | | | | | | | | | | | | | | | | | | | | | |

| Main Activities | Task | Result | Participants | Cost | Timetable | | | | | | | | | | Compliance | | | Comment | | | |
|---|--|---|-----------------------------|------|-----------|--|--|--|--|--|--|--|--|--|------------|--|--|---------|--|--|--|
| | Documenting good practices from continuous quality improvement cycles to be used for expansion to the new NGO group | NGOs of year 2 implementing good practices | URC Staff and Partners | | | | | | | | | | | | | | | | | | |
| Implementing collaborative: standards; indicators, changes package, learning sessions content with NGOs in year 2 | First collaborative encounter with NGOs in year 2 | NGOs in year 2 strengthened and applying continuous quality improvement processes | NGO of year 2 and URC Staff | | | | | | | | | | | | | | | | | | |
| | Completing baseline for quality standards compliance and results shared with NGOs selected for year 2 | | | | | | | | | | | | | | | | | | | | |
| | Conducting field visits to share results from standards measuring and expansion of good practices and successful experiences to NGOs in year 2 | | | | | | | | | | | | | | | | | | | | |
| Creating a culture of Networking among NGOs | | | | | | | | | | | | | | | | | | | | | |
| An NGOs Network implementing joint actions | NGOs Objectives and strategic goals agreement process for networking | Objectives, strategic goals and successful experiences shared in NGOs Network | NGO, Partners and URC Staff | | | | | | | | | | | | | | | | | | |
| | Work session with NGOs to develop work plan for networking, sharing expertise and knowledge on work with MARPs | | | | | | | | | | | | | | | | | | | | |
| | Networking NGOs executing interventions targeting improving MARPs' quality of life | | | | | | | | | | | | | | | | | | | | |

| Main Activities | Task | Result | Participants | Cost | Timetable | | | | | | | | | | Compliance | Comment | | | |
|---|--|--|------------------------|------|-----------|--|--|--|--|--|--|--|--|--|------------|---------|--|--|--|
| Result 2: Improved Access to quality preventive services. | | Indicators <ul style="list-style-type: none"> • 130 educators, promoters, facilitators and community workers completed satisfactorily a training program • 10,000 individuals received HIV counseling and testing services and received test results • 50 establishments providing condom delivery services • 155,000 MARPs reached with HIV evidence-based preventive interventions and that comply with minimum required standards, individually or in groups • 4 establishments conducting laboratory testing (laboratories) with capacity to conduct clinical laboratory testing. (8 people) • 6 service provision points assisted by the US government providing FP services or counseling • 12 additional organizations providing behavior change communication activities, counseling and testing promotion, condom provision and other services in an adequate manner by the end of year 1 of the project | | | | | | | | | | | | | | | | | |
| Completing NGO capabilities' diagnosis and develop prevention and HIV testing promotion activities with pre and post-test counseling | Applying quality standards tool for prevention and promotion of HIV testing among MARPs to grantee NGOs in year 2 of the project | An NGO capabilities' diagnosis | URC | | | | | | | | | | | | | | | | |
| | Executing continuous quality improvement plans in order to breach gaps for standards' compliance in HIV testing promotion | | | | | | | | | | | | | | | | | | |
| | Drafting Tiahrt amendment and quality standards' compliance quarterly and annual report | | | | | | | | | | | | | | | | | | |
| Improving NGOs capabilities to develop activities related to prevention and HIV testing promotion with pre and post-test counseling, developing messages and implementing communication campaigns | Determining potential changes in contents for topics to develop in educational process in year 2 | Academic program of the prevention component executed | CEPRESI, URC, PARTNERS | | | | | | | | | | | | | | | | |
| | Updating the academic program for the prevention component, considering mentoring activities implemented by CEPRESI | | | | | | | | | | | | | | | | | | |

| Main Activities | Task | Result | Participants | Cost | Timetable | | | | | | | | | | Compliance | | | Comment |
|--|---|---|------------------------|------|-----------|--|--|--|--|--|--|--|--|--|------------|--|--|--------------------|
| among MARPs. | Executing the academic program of preventive services provision of 3 courses from 6 modules to NGOs in year 2 | | | | | | | | | | | | | | | | | |
| | Training year 2 NGOs human resources in family planning integration into HIV preventive services | | | | | | | | | | | | | | | | | |
| | Evaluating compliance with training and knowledge application objectives of NGOs | | | | | | | | | | | | | | | | | |
| | Mentoring visits from CEPRESI to NGOs to improve competencies and application of knowledge acquired in the academic program of the prevention component | | | | | | | | | | | | | | | | | |
| Developing capabilities in NGOs and implementing IEC campaigns targeting MARPs | Designing and implementing communication for behavior change activities targeting MARPs at the local level based on CONSIDA's national communication strategy | Agreement on IEC materials to be used along the life of the project | URC, CEPRESI, PARTNERS | | | | | | | | | | | | | | | |
| | Sharing the message through the SMS system to promote correct and consistent condom use and HIV testing | Campaign designed and implemented by all partners | URC, CEPRESI, PARTNERS | | | | | | | | | | | | | | | |
| | Evaluating the SMS communication strategy | | | | | | | | | | | | | | | | | Moved to next year |

| Main Activities | Task | Result | Participants | Cost | Timetable | | | | | | | | | | | | Compliance | | | Comment |
|---|--|--|----------------------|------|-----------|--|--|--|--|--|--|--|--|--|--|--|------------|--|--|---------|
| Coordinating with MINSA and USAID/HCI for positive HIV and STI cases | Training human resources in clinical laboratories at NGOs in year 2 in rapid HIV testing according to national standards | Positive HIV and STI cases referral established and operating properly | URC, MINSA, PARTNERS | | | | | | | | | | | | | | | | | |
| | Conducting coaching and follow up visits for taking, processing and analyzing HIV tests in alternative centers of NGOs in year 1 and 2 | | | | | | | | | | | | | | | | | | | |
| | Following up with HIV testing and results referral and counter referral standards compliance in NGOs from years 1 and 2 | | | | | | | | | | | | | | | | | | | |
| Training on prevention services M&E | Adjusting the training module on monitoring and evaluation of services for prevention, analysis and use of information | NGOs implementing M&E methodology in prevention services | URC, Partners | | | | | | | | | | | | | | | | | |
| | Providing training on prevention services M&E | | | | | | | | | | | | | | | | | | | |
| | Follow up to NGOs on prevention services M&E techniques application | | | | | | | | | | | | | | | | | | | |
| Result 3: Reducing Stigma and discrimination against high risk population and people with HIV/Aids | | Indicators• 100 people from NGOs have been trained on strategies and educational tools to reduce S&D by the end of year 2 of the project. • 12 additional NGOs implementing and with annual plans to reduce S&D towards MARPS | | | | | | | | | | | | | | | | | | |
| Design and execution of S&D reduction action plan. | Socializing results of the research on S&D to MARPs | Action lines defined and executed | NGO and URC Staff | | | | | | | | | | | | | | | | | |
| | Design and implement NGO Action Lines to reduce S&D based on S& research results | | | | | | | | | | | | | | | | | | | |

| Main Activities | Task | Result | Participants | Cost | Timetable | | | | | | | | | | | | Compliance | | | Comment |
|---|---|---------------------------------------|--------------------------------|------|-----------|--|--|--|--|--|--|--|--|--|--|--|------------|--|--------------------|---------|
| | Implementing and following up with campaign to reduce S&D to MARPs at the local level | | | | | | | | | | | | | | | | | | | |
| | Reproducing materials for the S&D course | Communication campaigns to reduce S&D | NGO, Partners and URC Staff | | | | | | | | | | | | | | | | | |
| | Providing technical assistance to NGOs in year 2 for MARP S&D reduction | E&D executed | | | | | | | | | | | | | | | | | | |
| Developing S&D capabilities among NGOs | S&D training of trainers of NGOs in year 2 | Human resources trained on S&D | HCI and URC Staff | | | | | | | | | | | | | | | | | |
| Co-facilitating S&D workshops to MINSA and IPPSS health units | Raising awareness on S&D per NGO in coordination with MINSA in the 9 departments in scope | | HCI and URC Staff | | | | | | | | | | | | | | | | Moved to next year | |
| | Following up with NGO S&D plans compliance | | | | | | | | | | | | | | | | | | | |
| Developing advocacy interventions | Training NGOs in advocacy and developing intervention plans | NGOs implementing advocacy actions | CIES, NGO URC Staff, Partners. | | | | | | | | | | | | | | | | | |
| | NGO human resources receiving mentoring and technical assistance to implement advocacy activities | | | | | | | | | | | | | | | | | | | |
| | Completing advocacy related materials inventory | | | | | | | | | | | | | | | | | | | |
| | Implementing advocacy CQI cycles | | | | | | | | | | | | | | | | | | | |

| Main Activities | Task | Result | Participants | Cost | Timetable | | | | | | | | | | Compliance | Comment | | | | |
|--|--|---|----------------|------|-----------|--|--|--|--|--|--|--|--|--|------------|---------|--|--|--|--|
| Result 4: Improved participation of NGOs representing high risk population and people with HIV/Aids in the national response to HIV | | Indicators• 100 people from 20 NGOs trained on effective participation strategies and techniques. • 20 NGOs received technical assistance to develop HIV related policies • 20 NGOs participating in local and national coordinating mechanisms in the national response: CONISIDA, CCP and others, promoting advocacy, coordination and policies. • 5 applied research studies completed, sharing results and used by key NGOs and MOH. | | | | | | | | | | | | | | | | | | |
| Creating and analyzing evidence based policies | Implementing the HIV policies analysis and design module | NGOs implementing institutional policy on HIV | CEPRESI, NGO | | | | | | | | | | | | | | | | | |
| | Expanding IXCHEN experiences regarding the application of an institutional policy on HIV | | | | | | | | | | | | | | | | | | | |
| Knowledge management | Annual forums to discuss MARP intervention results | NGOs improving analysis and use of strategic information in HIV | NGO, URC Staff | | | | | | | | | | | | | | | | | |
| | Creating spaces to share and discuss information resulted from operational and thematic research related to MARPs, workshops, conferences, case studies, international reports and HIV epidemiological surveillance data in Nicaragua. | | | | | | | | | | | | | | | | | | | |
| | Creating and sharing quarterly bulletin on NGO grants and PrevenSida Project progress | | | | | | | | | | | | | | | | | | | |

| Main Activities | Task | Result | Participants | Cost | Timetable | | | | | | | | | | Compliance | | | Comment | | | | |
|---|--|---|--------------------------------------|------|-----------|--|--|--|--|--|--|--|--|--|------------|--|--|---------|--|--|--|--|
| | Monthly and quarterly performance reports | | | | | | | | | | | | | | | | | | | | | |
| | Quarterly financial report | | | | | | | | | | | | | | | | | | | | | |
| | Annual report | | | | | | | | | | | | | | | | | | | | | |
| | Information sharing | | | | | | | | | | | | | | | | | | | | | |
| Improving NGO performance in their information system's operation | Developing NGO self-evaluation instrument on operation of the information system a. Infrastructure b. Human Resources c. Information Flow d. Data usage and reporting system | NGOs with information system operating according to quality standards | URC Staff, NGO | | | | | | | | | | | | | | | | | | | |
| | Developed work plan to breach gaps in the NGO information system's operation | | | | | | | | | | | | | | | | | | | | | |
| | NGOs implementing actions to improve information systems performance | | | | | | | | | | | | | | | | | | | | | |
| Evaluation: mid-term and final Project evaluation | | | | | | | | | | | | | | | | | | | | | | |
| Formative assessment of PrevenSida's implementation strategies. | Formative assessment methodology design | Getting to know successes and failures in strategies to re- | PrevenSida Staff, NGO, CIES, CEPRESI | | | | | | | | | | | | | | | | | | | |
| | Develop ToR | | | | | | | | | | | | | | | | | | | | | |

