

# Nicaragua Third Year FY13 Annual Project Report

Performance Period: October 1, 2012 - September 30, 2013

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## Acronyms

ACCCS	Asociación Campaña Costeña con el Sida
ADESENI	Asociación por los Derechos de la Diversidad Sexual Nicaragüense
AIDS	Acquired Immune Deficiency Syndrome
AIDSTAR	AIDS Support and Technical Assistance resources
ANICP+VIDA	Asociación Nicaragüense de Personas Positivas Luchando por la Vida
ASSISST	Applying Science to Strengthen and Improve Systems
ASONVIHSIDA	Asociación Nicaragüense de Personas VIH SIDA
CCM	Country Coordinating Mechanism
CEGODEM	Centro de Estudios para la Gobernabilidad y Democracia
CDC	Centers for Disease Control and Prevention
CEPS	Centro de Estudios y Promoción Social
CEPRESI	Center for Aids Education and Prevention
CHS	Center for Human Services
CIES	Center for Health Research Studies
CONSIDA	Nicaraguan Aids Commission
COP	Chief of Party
CORESIDA	Comisión Regional del Sida RAAS
CORLUSIDA	Comisión Regional de Lucha Contra el VIH-sida RAAN
CQI	Continuous Quality Improvement
ECVC	Encuesta Centroamericana de Vigilancia de Comportamiento Sexual y Prevalencia de VIH e ITS en poblaciones vulnerables
ENDESA	Encuesta Nicaragüense de Demografía y Salud
FADCANIC	Fundación para la Autonomía y el Desarrollo de la Costa Atlántica de Nicaragua
FSW	Female sexual worker
FY12	Fiscal Year 2012
FY13	Fiscal Year 2013
GF	Global Fund
HCI	Health Care Improvement
HIV/AIDS	Human immunodeficiency virus / acquired immunodeficiency syndrome
INIDE	National Development Information Institute
INSS	Instituto Nicaragüense de Seguridad Social
IXCHEN/ANFAM	Asociación para el apoyo de la Nueva Familia en Nicaragua
KP	Key Population
KPCF	Key Population Challenge Funds
M&E	Monitoring and Evaluation
MARP	Most at Risk Populations
MINSA	Ministerio de Salud
MOH	Ministry of Health
MSM	Men who have sex with Men
NDRC	National Diagnosis and Reference Center
NGO	Non-Governmental Organization
UNAIDS	Fondo de las Naciones Unidas para el Sida
NSP	National Strategic Plan for STI, HIV/Aids 2006-2012

PASMO	Pan American Social Marketing Organization
PLWH	People Living with HIV
PEPFAR	President's Emergency Plan for AIDS Relief
RHCS	Reproductive Health Commodity Security
RAAN	Northern Atlantic Autonomous Region
RAAS	Southern Atlantic Autonomous Region
S&D	Stigma and Discrimination
SILAIS	Local Integrated Health Care Systems
SMS	Short Message Service
STI	Sexually Transmitted Infections
SW	Sexual Worker
TRANS	Transgender, transsexual, transvestite
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNICEF	United Nations International Children's Emergency Fund
URC	University Research Co., LLC
USAID	United States Agency for International Development
USAID/DELIVER	Contraceptives Logistics Programme
USAID/PASCA	USAID Program for Strengthening the Central American Response to
USAID/ PrevenSida	Prevention of HIV/AIDS transmission among High Risk Population Program
WHO	World Health Organization

## 1. Executive Summary

This annual report corresponds to the third year of the USAID|PrevenSida project, FY13. Its objective is to increase healthy behaviors in order to reduce HIV/AIDS transmission among MARPS. The reason for the key populations focus is that Nicaragua has a concentrated epidemic type, i.e., prevalence above 5% in key populations (MSM, sex workers and other MARP) and less than 1% in general population.

For FY13, PrevenSida is part of the regional HIV program within the PEPFAR framework for the Central American region. PrevenSida provides support to two PEPFAR strategic components: institutional strengthening and prevention.

During the first three years of the project, interventions were focused on outcomes 1, 2 and 3: institutional strengthening, improved quality preventive services respectively and reduction of stigma and discrimination.

These results were achieved through the development of skills both in terms of organization and administrative and prevention staff skills through training, technical assistance and grants. (MOH).

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

This third year of the project fulfilled with the objective of consolidate the methodologies and instruments of organizational development and improvement of the competences of the administrative and technical staff in order to scale up to nationwide coverage in the next fiscal year

We continue with combination HIV prevention activities in partnership with the USAID|Combination Prevention regional project providing technical assistance on behavior change methodologies to implement the combination prevention strategy for grantee NGOs.

For FY14 (year 4) we will work on a new component: LGBT justified by the high level of discrimination expressed through verbal and physical violence towards the LGBT community; which limits their access to education, employment, social security and at times leads to hate crimes.

In Year Four, the program will increase coverage of preventive services through NGOs in Nicaragua expanding provision of preventive and care services to key populations (KP) by strengthening the institutional capacity of NGOs in Nicaragua with KPF funds.

Additional PEPFAR funds will be used in year four in order to increase the coverage of preventive services to KP. This will be achieved by increasing the number and amount of subgrants to NGOs in geographical areas that have previously benefited from institutional capacity strengthening (in Managua, Masaya, Granada, Rivas, Leon, Chinandega, RAAN,

RAAS) and provide prevention sub-grants to at least one NGO in each department where PrevenSida is not currently working.

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

The National Development Information Institute (INIDE) reports that population estimated up to June 30<sup>th</sup> 2012 is 6,071,045<sup>1</sup> with a 1.66 population growth rate and 55% of them reside in urban areas, 49% of the population are male and 35% of the population is under 15 years old.

Since the first case was reported in Nicaragua in 1987 up to June 2013, there have been a total of 8,278 people diagnosed with HIV registered through the monitoring system of the Ministry of Health (MOH)<sup>2</sup>. 6,457 of these were captured on HIV status, and 1,030 have died. Prevalence rate is 0.22 per 100 people.

### **1.2 HIV implementing mechanism in the country**

University Research Co., LLC (URC)<sup>3</sup> is a global company dedicated to improving the quality of health care, social services, and health education worldwide. With our non-profit affiliate, the Center for Human Services (CHS), URC manages projects in over 40 countries, including the United States, through management of large grants, contracts, and cooperative agreements on behalf of USAID, Global Fund, WHO, UNICEF, the Gates Foundation, regional development banks, local partners and other clients.

URC implements the U.S. Agency for International Development (USAID) PrevenSida project for the prevention of HIV/AIDS transmission among high-risk populations. It is a six-year project (September 20th 2010 To September 20th, 2015) and with a \$ 7 million investment. It is implemented through non-governmental organizations (NGOs) in the departments of Chinandega, León, Managua, Masaya, Granada, Rivas, Rio San Juan, Chontales, RAAN and RAAS. In FY 14, the coverage will be nationwide.

### **1.3 Programs goals and strategic components**

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

***Project coverage.*** In FY 13, 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.

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<sup>1</sup> 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.]

<sup>2</sup> MINSA. Componente VIH y Sida. Situacion del VIH primer trimestre 2013.

<sup>3</sup> <http://www.unc-chs.com/>

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

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

*Knowledge Management.* 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**

The PrevenSida's model has demonstrated to be effective and efficient for institutional strengthening combining several strategy such as: managerial and technical courses, coaching, grants and collaborative improvement.

### **1.4.1 Result 1. Strengthened Institutional.**

#### ***NGOS strengthened***

During the third year of the project, a total of 33 organizations (23 NGOs from Pacific and 10 from the Caribbean) sent people to be trained on the courses provided by CIES and USAID|PrevenSida staff, and others such as PASMO.

#### ***People Trained***

Administrative personnel training courses were completed; these were facilitated by CIES and 35 people were certified out of an annual target of 46 (76%). The total contract was 200 people achieving training for total of 189 (94.5%).

We have completed the training in strategic information with the participation of 68 people in the last quarter which gives an annual rate of 114% (114/100). During this period, NGOs shared data of the HIV epidemiological situation in the region, and the coverage of their estimated key populations, and this allowed staff to adjust their activities towards identified gaps in their coverage.

#### ***Subgrants***

In year three we held the third round of grants, 32 technical and financial proposals were received and 17 NGOs were approved and received grants for a total amount of \$323.564.00. The average of the amount is \$ 19.033.17. In the three rounds of grants, 24 NGOs executed 41 PrevenSida grants.

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

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

In year three the goal of people and contacts reached with a minimum package of prevention is 37.000 MARP individuals and 155.000 contacts. The cumulative results of the 4 quarters of Year 2013 are:

1. Number of individuals who received the minimum package: 69.425 (188%)
2. Number of contacts that received the minimum package: 119.314 (77%)

In the report of the Nicaragua Global Fund corresponding to the first semester of 2103, PrevenSida's contribution to the indicator of the HSH reached with preventive services was 40 % (13,999/34,938) and in female sexual worker was 43.7 % (5,076/11,609).

In year three the goal of HIV positive persons and their contacts reached with a minimum package of prevention was 300 positive and 600 contacts. The results in the year 2013 in the delivery of the comprehensive prevention package were:

1. Number of individuals who received the minimum package: 780 (260%).
2. Number of contacts that received the minimum package: 1.849 (308%)

Overachievement was due to this round of grants including three NGOs with positive people and other two with vast experience in locating and approaching positive people.

In year 2013, a total of 54 reactors for a proportion of 0.43 (54/12,509). NGO had difficulties to reach the goals in population trans due to the night schedule in which they are available and in sites of high insecurity and one of the need is a major financier resources in order that the promoters could mobilize.

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

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

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

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

The annual goal of people trained in strategic information is 100 people and we achieved 114 (114%).The content of the training was related to epidemiological and behavioral data to identify the effects of current public policies or the lack thereof.

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

### **1.6.1 Subgrant**

Non-Governmental Organization (NGOs) totaling US\$ 959.771.32 in the first three years. Grants have developed capabilities in both management and HIV prevention services provision for MARPS.

To the date, 18 NGOs that have received financing for institutional strengthening and 8 of them have met the standards and are in criterion of graduation and other five only need to improve one of the areas such as: governance, finance control and training on behavioral change

methodology, for which, we are going to intensify the technical assistance in order that they could cover the identified gaps.

## 1.6.2 Coordination with other USAID programs and donors

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

## 1.7 Monitoring and evaluation plan

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

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

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

### **Process evaluation.**

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

Were met 99% of the planned activities allowing successfully achieve contract and PEPFAR indicators. Activities implemented from the annual plan satisfactorily complied with indicators related to PEPFAR and contract.

Those that were not met were:

- Assessment SMS: had a month without service by the supplier. It has been rescheduled for October 2013.
- No public policy was developed to reduce barriers to access to comprehensive care and to reduce stigma and discrimination. In FY14 with LGBT funds this activity will be achieved.

## 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

There was availability of funds obligated by USAID and URC transfers were not delayed. Since September 20, 2013, USAID incremented the total cost of the project from \$5,000,000 to \$7,000,000 with one year extension.

By the end of FY 2013, PrevenSida reached 97.27% execution based on approved annual budget equivalent to USD 979,496. The funds execution has been according with operational plan of the project.

## 2. Demographic and HIV statistics.

The National Development Information Institute (INIDE) reports that population estimated up to June 30<sup>th</sup> 2012 is 6,071,045<sup>4</sup> with a 1.66 population growth rate and 55% of them reside in urban areas. The document related to population estimation and projections by INIDE<sup>5</sup> describes that 49% of the population are male and 35% of the population is under 15 years old.

Based on the definition of UNAIDS<sup>6</sup>, Nicaragua has a concentrated type epidemic because prevalence is above 5% in key populations and less than 1% in overall population.

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<sup>4</sup> INIDE. Total Population, estimated by June 30th, 2012.

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

<sup>5</sup> Instituto Nacional de Información de Desarrollo, Nicaragua: "Population Estimations and Projections", 1950-2050. <http://www.inide.gob.ni/Anuarios/Anuario2008.pdf>. [Access October 12<sup>th</sup>, 2012.]

<sup>6</sup> UNAIDS, Terminology Guidelines, Version revised October 2011, Geneva, Switzerland, UNAIDS, 2011

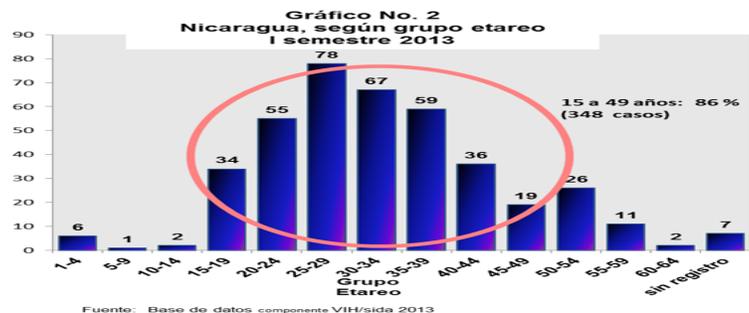
The National Aids Commission (CONSIDA) in their distribution analysis for new HIV infections and recommendations for prevention for 2012 (HIV Transmission Ways Model)<sup>7</sup>, describes that *the national incidence rate among population from 15 to 49 years old is 0.06% (61 x 100,000). The distribution of every 100 new cases for next year indicates that more than half (50.6%) will be among key populations. An important group of people are those with heterosexual casual sex practices that along with their stable partners represent 27.9% of new cases. 50.6% of new infections are among people who practice heterosexual sex. The highest 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 1 in annex).

## 2.1 HIV statistics generated by MoH

Since the first case was reported in Nicaragua in 1987 up to June 2013, there have been a total of 8.278 people diagnosed with HIV registered through the monitoring system of the Ministry of Health (MOH)<sup>8</sup>. 6.457 of these were captured on HIV status, and 1,030 have died. Prevalence rate is 0.22 per 100 people.

According to the same source, in first semester of 2013, the most affected age groups are those from 15 to 49 years old with 86% of cases (348 cases). Regarding sex, 68% were men, 28% are women and 4% of the data is unknown.

Graphic1: HIV per age group. First semester year 2013



According to the MOH quinquennial report (2007-2011)<sup>9</sup>, out of the total number of people with HIV; 91% reported to be heterosexual, 3% reported to be bisexual, and 4% are men who have sex with men (MSM). The MSM HIV prevalence is 7.5%, and HIV prevalence is 3.2% in sex workers.

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

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

Several studies related to HIV prevalence in key populations describe Trans people with an HIV range of 4.4 to 18.8 with the highest rate in Managua, MSM with a range of 2.8 to 9.8 with the highest in Masaya, FSW with a range of 1.8 to 2.4 with the highest rate in Chinandega. (See Table 2 in annexes).

<sup>7</sup> COMISIÓN NICARAGUENSE DEL SIDA. HIV Transmission Ways Analysis of new HIV infections' distribution and prevention recommendations. April 2012. [http://www.pasca.org/sites/default/files/MoT\\_NICARAGUA\\_2011\\_finalB.pdf](http://www.pasca.org/sites/default/files/MoT_NICARAGUA_2011_finalB.pdf) [Access October 12<sup>th</sup>, 2012.]

<sup>8</sup> MINSAs. HIV and Aids Component. 2013 data base.

<sup>9</sup> Ministry of Health, HIV and Aids Epidemiological Situation: 2007 – 2011. Managua, Nicaragua. MINSAs. 2012.

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

Graphic 2: HIV incidence. Nicaragua. First semester 2013.



Source: MOH HIV/AIDS Component

### 2.3 HVI statistics generated by PrevenSida

Rapid testing by PrevenSida during October 2011 to September 2013 recorded 3,188 gays men tested and obtained 21 positive results for a percentage of 0.7. Among Trans population, 499 people were tested resulting 20 positive cases for a percentage of 4.00<sup>10</sup>.

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

Geographically, people tested by USAID/PrevenSida with reactive rapid test results are located mainly in the Pacific of Nicaragua, similarly to epidemiological surveillance report of 2011<sup>11</sup>.

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

### 2.4 Estimated coverage for key population

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

Based on the data described above, the project has prioritized interventions for these populations by department through training leaders and/or facilitators on HIV combination prevention and skills development; funding targets these population groups at higher risk. PrevenSida's coverage in 11 departments and based on estimated population (Oct 12 to Sept 2013) has reached approximately 60% of MSM, 93% Trans and 82% of female sex workers. (See Table 3 in annex).

<sup>10</sup> PrevenSida data base. October 2011 to June 2013.

<sup>11</sup> HIV and Aids Epidemiological Situation: 2007 - 2011. STI, HIV and Aids Component, MINSA 2011

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

University Research Co., LLC (URC)<sup>12</sup> is a global company dedicated to improving the quality of health care, social services, and health education worldwide. With our non-profit affiliate, the Center for Human Services (CHS), URC manages projects in over 40 countries, including the United States, through management of large grants, contracts, and cooperative agreements on behalf of USAID, Global Fund, WHO, UNICEF, the Gates Foundation, regional development banks, local partners and other clients.

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

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

PrevenSida is administered by University Research Co., LLC (URC) under cooperative agreement number AID-524-A-10-00003. It is the project of the United States Agency for International Development (USAID) for HIV/Aids transmission prevention among high risk population. It is a six year project (September 20<sup>th</sup> 2010 to September 20<sup>th</sup> 2016) with a \$7 million investment implemented in Chinandega, Leon, Managua, Masaya, Granada, Rivas, Chontales, Río San Juan, Boaco, RAAN and RAAS. In FY14, the project will expand activities to nationwide.

### 4. Programs goals and strategic components within the PERFAR framework

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

**Project coverage.** In FY 13, the project covered 10 departments: RAAN, RAAS, Leon, Chinandega, Managua, Masaya, Granada, Rivas, Chontales and Rio San Juan.

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<sup>12</sup> <http://www.urc-chs.com/>

### ***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 50 NGOs**

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

We were able to consolidate the achievements in the areas of management, finance and prevention. 8 of 18 NGOs met (4 with grade of excellence) compliance with the standards and for that reason these NGOs are considered graduated of the Prevenida's technical assistance. Other 5 NGOs presents small gaps that will be closed in first quarter of FY14.

The holistic approach of USAID | PrevenSida has made a difference in supporting the strengthening of NGOs to improve processes not only in the skills of technical staff and promoters, but also those people working in the administrative areas. These processes have been improved with manuals, technical notes and instruments for monitoring performance of NGOs.

On September 23, USAID increased the total cost of the project from \$5,000,000 to \$7,000,000 with one –year extension. The additional funds will permit achieving to 50 NGOs at nationwide with both, technical and financial assistance for institutional strengthening.

### ***Strengthened NGOs***

During the third year of the project, a total of 33 organizations (23 NGOs from Pacific and 10 from the Caribbean) sent people to be trained on the courses provided by CIES and USAID/PrevenSida staff, and others such as PASMO.

The annual target of NGOs with better institutional capacity was 20 and 90% of it was met (18/20). For the first three years of the project, the accumulated goal was 40 NGOs, achieving 95% (38/40). These organizations have regulations, plans and monitoring systems which allows for sustainability in front of potential donors when it comes to their improvement in management and administration capabilities.

18 NGOs have received technical assistance and funding to develop improved organizational capabilities and competencies to enable them to meet the standards of administration, finance and prevention, of these NGOs, 8 NGOs have met the qualifying criteria will allows graduation: ACCCS, ANICP + VIDA, ASONVIHSIDA, CEPRESI, CEPS, FADCANIC, CEGODEM, and IXCHEN.

Other 5 ONGs (Fundacion San Lucas, ICAS, OVI, GAO and Gaviota) need to improve some process such as: educational plan for human resources, definition of competence of promoters and conclude monitoring and evaluation plans. However other 5 NGOs (REDTRANS, ACAJ-PELG, MDS RAAS, MDS RAAN y ADESENI) need strong technical assistance en governance and administration areas where they have weakness.

### ***People trained***

We met the annual target of training in both management and in the prevention of HIV. PrevenSida has gained experience in adapting the content and methodologies to the realities and capabilities of the NGOs and we are ready to develop a teaching package for replication of these courses by NGOs, ensuring the sustainability of the ongoing training of existing staff and those who will be new staff members.

One critical advance was obtained trough sharing strategic information between NGOS which allowed them to understand and learn how the epidemic is going on and what is their contribution. We have completed the training in strategic information with the participation of 68 people in the last quarter which gives an annual rate of 114% (114/100). During this period, NGOs shared data of the HIV epidemiological situation in the region, and the coverage of their estimated key populations, and this allowed staff to adjust their activities towards identified gaps in their coverage.

Administrative personnel training courses were completed; these were facilitated by CIES and 35 people were certified out of an annual target of 46 (76%). The total contract was 200 people achieving training for total of 189 (94.5%).

## ***Subgrants***

Grant is the primary mechanism for institutional strengthening of NGOs because it allows them to learn by doing, either in financial resource management, planning, monitoring and reporting of their activities and achievements.

Given the reduced funding from external cooperation, USAID | PrevenSida financing is an alternative but also a comprehensive approach that allows NGOs to become more competitive and on the other hand, supports social movements or organizations recently formed to go developing the foundation for gradually achieve basic standards.

In year three we held the third round of grants, 32 technical and financial proposals were received and 17 NGOs were approved and received grants for a total amount of \$323.564.00. The average of the amount is \$ 19.033.17. In the three rounds of grants, 24 NGOs executed 41 PrevenSida grants.

Of the 17 grants given in the third round, 6 corresponded to NGOs who were given and extension of their grants and just the 6% were designated for institutional strengthening, on the other hand, those NGOs who received first-time grant, the institutional strengthening percentages were in the range from 11 to 44. This corresponds with the project's technical approach that once the NGOs have improved organizational and technical capacities, they are able to improve their outcomes, which has been demonstrated with the report of the achievement of the indicators for year 2013.

Once the NGO has received a second grant, the percentage of the investment in institutional strengthening decreases making this mechanism cost-effective and more heavily on prevention activities once it has met the minimum requirements of their institutional strengthening.

For FY 2014, PrevenSida will provide with \$620,064.00 dollars from diverse sources such as: PEPFAR and Key Population Challenge Funds (KPCF).

This additional funding will allow the consolidation of institutional strengthening and prevention services in those departments where the project has been working on the first three years and the expansion to the rest of the country. For the component of Human Rights, with funding from the Bureau of Democracy, Conflict and Humanitarian Assistance of USAID, we will provide grants for a total amount of U.S. \$ 102, 734.00 for the institutional strengthening of 15 LGBT NGO both for institutional strengthening as for capacity building and advocacy activities of the human rights of the LGBT community.

## ***Mentoring.***

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

The emphasis has been on identified gaps and sharing good practices that have accelerated improvement of administrative and service delivery processes.

Gaps that have been closed through mentoring are those common to organizations such as: assessment of strategic and annual plans, follow-up to resolutions of the board of management; strengthening control internal data and analysis of preventive services.

Mentoring has been a crucial contribution to the NGOS which has allowed the development of skills through learning by doing and as the transmission mechanism of best practices and lessons learned between partners.

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

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

### 5.2.1 MARPs Prevention

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

NGOs supported by PrevenSida have learned and understood the type of epidemic that Nicaragua faces and what are the best evidence-based prevention strategies, which has allowed to focus their prevention efforts combined on most at risk populations, and on the other hand have learned to identify its estimated population, the level of coverage of prevention and the domain of the unique registration system, achieving their goals established in their grant technical applications.

This period has a higher number of NGOs (from 12 in the second round to 17) with financing without interruption, with more experience in implementing combination prevention and single record of beneficiaries (11 out of 17 NGOs). In addition we have 8 out of the 17 NGOs that work with sexual diversity population, who best know their peers.

### ***Individuals and contacts.***

In Year 2, NGOs faced the challenge of approaching MARPs by first updating most-frequented sites, creating an inventory of places where at-risk populations gather and the way they gather. In the case of female sex workers they identified new sexual commerce places such as dating houses and others. They then established mechanisms to optimize available financial resources creating routes of places to visit depending on the days when MARPs arrive. Biomedical services such as, HIV rapid testing, were integrated during approaches mostly in population concentration sites such as, bars, sex work places, and sexual diverse political incidence activities in municipalities.

In the beginning it was considered that there should be at least four contacts per person in order to deliver a minimum package of prevention for MARPs. 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 of 6 interventions, an average of 3 interventions per contact for MARPs and PLWA. This has proven to be effective with the unique registration system. The reduction in contact indicator (155,000 contacts annually) which was originally calculated on the basis of 4-5 contacts for each individual contacted in prevention activities is currently under consideration by USAID.

In year three the goal of people and contacts reached with a minimum package of prevention is 37.000 MARP individuals and 155.000 contacts. The cumulative results of the 4 quarters of Year 2013 are:

1. Number of individuals who received the minimum package: 69.425 (188%)
2. Number of contacts that received the minimum package: 119.314 (77%)

In the report of the Nicaragua Global Fund corresponding to the first semester of 2103, PrevenSida's contribution to the indicator of the HSH reached with preventive services was 40 % (13,999/34,938) and in female sexual worker was 43.7 % (5,076/11,609).

***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. Currently text messages are sent every day from Monday through Friday to a total of 472 people. On October 0213, we will evaluate the pilot to asses if there a change on knowledge, attitudes and behavior of users receiving messages.

### **5.2.2 Prevention with positives**

In year three the goal of HIV positive persons and their contacts reached with a minimum package of prevention was 300 positive and 600 contacts. The results in the year 2013 in the delivery of the comprehensive prevention package were:

1. Number of individuals who received the minimum package: 780 (260%).
2. Number of contacts that received the minimum package: 1.849 (308%)

Overachievement was due to this round of grants including three NGOs with positive people and other two with vast experience in locating and approaching positive people.

Up until the current reporting period we have complied with an accumulated percentage of 167% (1.501/900) of positive people. Regarding contacts, it has been 163% (2.937/1.800). 60 % of the PLHIV was approached in the health and 31 % in the NGOs.

### **5.2.3 Rapid Testing**

Having developed skills for rapid testing in 14 NGOs has improved the quality of prevention interventions and access to this service in the target population. As a result, NGOs were able to meet their goals. In this year, the goal for testing with counseling and results delivery was 10.000. The indicator result is:

1. Number of individuals who were tested and received their results 12.509 (125%).

In year 2013, we had a total of 54 reactors for a proportion of 0.43 (54/12,509). NGO had difficulties to reach the goals in population trans due to the night schedule in which they are available and in sites of high insecurity and one of the need is a major financier resources in order that the promoters could mobilize. In relation to these gaps we will review in the following round of Grants to plan enough funds for.

From October 2011 to September 2013, a total of 20,134 rapid tests of HIV have been realized turning out to be 83 reactors for a percentage of 0.4 % and its distribution for type of population is the following:

- Trans: 4/ (20/499).
- Gay: 0.7% (21/3188).
- Bisexual: 0.3% (9/2,707).
- Trabajadoras sexuales: 0.5% (12/2,483).
- Otras poblaciones vulnerables: 0.2% (21/9,360)

In the report of the Nicaragua Global Fund of Nicaragua corresponding to the first semester of 2103, PrevenSida's contribution to the indicator of rapid tests in MARPs was 31 % (4,516/14,567).

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

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

The NGOs staff has better domain and information about where and who is the major problem causing stigma and discrimination. Training has taken place in cascade education in order that the promoters know the topic and know how to approach it

Another activity developed by the NGOs was the design of their policies of HIV in the work place where the organization declares not stigma an discrimination in the work place neither sexual orientation or serological status.

During this period the activities targeting reduction of S&D have been reinforced through staff with better training in the topic and implementation of video forums which have used the set of videos compiled by PrevenSida where the Trans people video produced with PrevenSida funding. In year 2013, 22,001 (95%) people have participated in forums and the initial plan for

this round of grants was 23,105 people. The videos displayed on movie-forums have incorporated messages related to how discrimination affects HIV prevention for people with HIV and of sexual diversity.

**Advocacy.** In conjunction with USAID|HCI the development of the strategic plan for comprehensive care to the female transgender population in Nicaragua was facilitated based on the social determinants identifying barriers. One of the barriers is S&D for which we established actions were PrevenSida assumed technical and financial support to assist in achieving the results outlined in the plan.

The plan developed to reduce barriers in the attention of the key populations in RAAN, whose analysis was on the basis of the social determinants, was concluded and it is currently in review by USAID. For this plan, we analyzed and classified 109 evidences located in 21 studies of 63 that were consulted. They found that, 35 (32 %) are favorable and 74 (68 %) are limiting. Of the above mentioned limiting, 35 % corresponds to lifestyle; 19 % to conditions of health services; 16 % to biological and genetic factors; 14 % to socioeconomic conditions; 9 % to living conditions and work; and 7 % to social and community networks.

Additionally, the analysis of gaps in the MSM population was performed whose document is in process. 576 Studies on HSH were identified, at the end we selected 132 evidence located in 21 studies of those considered that have quantitative data.

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

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

The annual goal of people trained in strategic information is 100 people and we achieved 114 (114%). The content of the training was related to epidemiological and behavioral data to identify the effects of current public policies or the lack thereof.

Regarding the annual target of 5 NGOs participating in local and national coordination mechanisms, 7 (140%) are currently doing so. The target was reduced due to planning that at least 5 new NGOs were to be included in PrevenSida support and overachieved with by increasing the number of NGOs which received grants from 12 to 17.

Expressions of local participation are NGOs in RAAN and RAAS; which are involved in CORESIDA or CORLESIDA. Another NGO that has demonstrated organizational growth with PrevenSida has been ADESENI; a female Trans organization with effective participation at local levels with the publication of 5 municipal resolutions against S&D.

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

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

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

With PrevenSida NGOs, the epidemiological refuel generated by MINSA has continued; it is analyzed with results obtained by NGOs on target population access to combination prevention services.

Another way of sharing information has been the PrevenSida website. This tool has enabled organizations and web users to access the HIV epidemiology information in Nicaragua; as well as research reports related to MARPs. By the end of September 2013 there is a record of 20.324 visits. The most frequently visited areas are news and partner NGO information search. The article which has been accessed the most resulted to be "HIV and AIDS Situation in Nicaragua - Monitoring and evaluation of progress to contain the epidemic" hosted on the web since March 2013.

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

***M&E and sharing.*** NGOs have created monitoring and evaluation guides where M&E plans come from. The single registration system for beneficiaries has been updated and become friendlier to generate reports with less number of steps and it has been adjusted to the specific requirements of the Global Fund Main Recipient. Both NGOs directly supported by PrevenSida and GF sub-recipients have been trained in the new format.

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

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

Alongside the 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.

Both national CONISIDA and the Global Fund Main Recipient INSS are been kept informed on the production of preventive services by NGOs; which has allowed sharing the effect of

PrevenSida's collaboration in the national response. PrevenSida shared with the principal recipient of the Global Fund (INSS) with data collected by NGOs with grants.

In year 2012, GF reported 16,473 HIV rapid test and USAID|PrevenSida contributed with 6,580 HIV test (3,052 Males, 3,383 Females and 145 Trans), what is 40.42% of the total of HIV tests. In the indicator of GF related to female sex workers, PrevenSida contributed with the 33.38% (3,208) to the national data. For MSM achieved with prevention services, PrevenSida contribution was 44.6% (13,888/30,139 MSM).

In July 2013, PrevenSida in conjunction with the Global Fund shared the results of the indicators to be included in the country report for the first half of 2013. We are waiting for the resolution of the GF accepting or not the data. In the report of the GF corresponding to the first semester of Year 2013, PrevenSida contributed with the 40% of the indicator of MSM reached with preventive service (13,999/34,938). In female sexual workers was 43.7% (5,076/11,609) and with the indicator of rapid tests in MARPS was 31% (4,516/14,567). We are waiting for the resolution of the GF accepting or not the data of this period.

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

Completion of the annual forum where NGOs and other institutions could share strategic information generated in the country was pending during this period. The main reason was that expected studies were postponed for 2014. However, existing information was shared locally in the period.

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

On this period, the project developed with MSM NGO representatives a workshop to analyze the evidence applying the social determinants model. It is going to be a very useful report (in process) for action for GF, PrevenSida and other donors.

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

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

Non-Governmental Organization (NGOs) totaling US\$ 959.771.32 in the first three years.

Grants have developed capabilities in both management and HIV prevention services provision for MARPS.

To the date, 18 NGOs that have received financing for institutional strengthening and 8 of them have met the standards and are in criterion of graduation and other five only need to improve one of the areas such as: governance, finance control and training on behavioral change methodology, for which, we are going to intensify the technical assistance in order that they could cover the identified gaps.

Currently a model of both funding and capabilities improving for NGOs staff competencies is available; which will be consolidated in year 4 of the project with a national expansion in at least 10 new NGOs in the departments that have not yet been covered.

### 5.6.2 Coordination with other USAID programs and donors

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

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

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

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

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

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

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

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

### 5.7 Monitoring and evaluation plan.

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

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

***Quality standards compliance base line.*** There is an instrument that evaluates the criteria that an NGO must comply with in the administrative and prevention services areas. A base line is built whenever an NGO joins an institutional strengthening support program, the results are analyzed

with NGO officials, and once the gaps to be closed are prioritized, organizational changes for human resources formation of necessary inputs for processes improvement are decided, and a quarterly follow up is given to the quality standards criteria.

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

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

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

The Mission informed us that two evaluations have been conducted by external consultants funded by USAID. 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.

***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.

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

Were met 99% of the planned activities allowing successfully achieve contract and PEPFAR indicators.

Those that were not met were:

- Assessment SMS: had a month without service by the supplier. It has been rescheduled for October 2013.
- No public policy was developed to reduce barriers to access to comprehensive care and to reduce stigma and discrimination. In FY14 with LGBT funds this activity will be achieved.

### ***Compliance with Q4 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. Organizations providing appropriate behavioral change communications, counseling and testing, condom provision and other preventive services: 100% (5/5).
5. NGO personnel, from twenty NGOs, trained in effective participation techniques and strategies: 114% (114/100).

The 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***

Activities implemented from the annual plan satisfactorily complied with indicators related to training and the provision of preventive services. Although the number of contacts was not reached by an average of 1.7 contacts per person, although this average is considered good due to the combination prevention strategy has demonstrated that 2 contacts is sufficient to provide the 6 combination prevention activities among MARP.

## 5.9 Branding and marking strategy compliance

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

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

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

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

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

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

## 5.10 Management and Staffing

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

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

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

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

## 5.11 Main activities for the next fiscal year.

In Year Four, the program will increase coverage of preventive services through NGOs in

Nicaragua expanding provision of preventive and care services to key populations (KP) by strengthening the institutional capacity of NGOs in Nicaragua with KPF funds. The project is currently working in 9 departments out of 17 (Managua, Chinandega, Leon, Masaya, Granada, Rivas, Chontales, R.A.A.N and R.A.A.S), implementing technical assistance for NGOs' institutional strengthening and providing prevention sub-grants. PrevenSida will provide technical assistance for institutional strengthening, and provide prevention sub-grants to at least one NGO in each department where we are not currently working. This activity will be based on already existing platforms and will assist HIV country programs to scale up the USAID PrevenSida model to the national level.

Additional PEPFAR funds will be used in year four in order to increase the coverage of preventive services to KP. This will be achieved by increasing the number and amount of subgrants to NGOs in geographical areas that have previously benefited from institutional capacity strengthening (in Managua, Masaya, Granada, Rivas, Leon, Chinandega, RAAN, RAAS) and provide prevention sub-grants to at least one NGO in each department where PrevenSida is not currently working.

LGBT funds will be received and used in year four for institutional strengthening and/or specialized technical training. This will be provided to a total of 15 LGBT NGOs, including seven NGOs that have not yet received USAID/donor support and eight NGOs that have already received institutional strengthening and demonstrate the potential and desire to benefit from additional specialized training on priorities identified during strategic planning. Participating NGOs will be selected from any department in the country.

With the LGBT community, in FY14, NGOs or social movements will be invited for a total of 60 people, which have not received training on management in order to strengthen their organizational capabilities.

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

It is planned for FY14 that 23 NGOs will receive sub-grants for HIV prevention services and will achieve all the country.

## 7. Annexes

Table 1 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	Percentage 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	60	69%	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	5,214,336
Clients			64,973	0	64,973	0.97%	630	26.4%	53.5	15	75%	0.0025	0.0006	39	2.00	60	
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	0.95%	1,617		1	49.2	6.9%	0.0038	0.0009	136	6.92	29	
Low Risk Heterosexual			646,309	773,843	1,426,152	0.58%	8,244	0.04%	1	49.2	6.9%	0.0035	0.0009	325	16.52	23	
No Risk			148,962	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			3,163	3,234	6,464	0.70%	45		1	1	100%	NA	0.9	0	0.00	0	
<b>TOTAL ADULT POPULATION</b>	<b>0%</b>	<b>0%</b>	<b>1584705</b>	<b>1647175</b>	<b>3,231,880</b>	<b>0.70%</b>	<b>22,623</b>							<b>Total incidence</b>	<b>1,965</b>		<b>61</b>
														<b>Total incidence in partners of high-risk individuals</b>	<b>193</b>	<b>9.646</b>	<b>38</b>

Table 2. Prevalence of HIV in key population

Departments	MSM	Trans	FSW	Source	Year
Managua HIV Rate %	7.5	18.8	1.8	ECVC, CDC	2011
Masaya HIV Rate %	9.8	4.3		MINSA, UVG, CEPPRESI, FM	2011
Leon HIV Rate %	8.1			ECVC, CDC	2011
Chinandega HIV Rate %	2.8	14.6	2.4		

Table 3 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.  
(4) Estudio: Modelos de modos de transmisión del VIH. CONSIDA abril 2012. Pág 23  
(5) Fuente: Libro de la Defensa Nacional de Nicaragua. Documento preliminar para Consulta a la Nación. <http://www.resdal.org/ultimos-documentos/parte5->  
(6) Fuente: Policía Nacional. Anuario estadístico 2011 Nicaragua. Policía Nacional. <http://www.policia.gob.ni/cedoc/sector/estd/ae2011%20PN.pdf>  
(7) Dirección de prensa y relaciones públicas - juzgados de managua [http://www.prensa.poderjudicial.gob.ni/prensa/index.php?option=com\\_content&task=view&id=2318&Itemid=88](http://www.prensa.poderjudicial.gob.ni/prensa/index.php?option=com_content&task=view&id=2318&Itemid=88)  
(8) Encuesta Nicaragüense de Demografía y Salud. ENDESA 2006/07. Pág 43 <http://www.inide.gob.ni/endesa/InformeFinal07.pdf>  
(9) Fuente: Nicaragua, evaluación del progreso de control de drogas. 2005 -2006. OEA-CICAD. Pág 11 [http://www.cicad.oas.org/mem/reports/4/Full\\_Eval/Nicaragua%20-%20Fourth%20Round%20-%20ESP.pdf](http://www.cicad.oas.org/mem/reports/4/Full_Eval/Nicaragua%20-%20Fourth%20Round%20-%20ESP.pdf)  
(10) Juventud en riesgo en A.L. y el Caribe. The World Bank. Washintong, DC pag 8. <http://siteresources.worldbank.org/INTCY/Resources/395766-1242934660432/PromiseofYouthSpanish.pdf>  
(11) Encuesta Nicaragüense de Demografía y Salud. ENDESA 2006/07. Pág 43 <http://www.inide.gob.ni/endesa/InformeFinal07.pdf>  
(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 4. PrevenSida impact indicators.

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

<b>Country:</b>		Nicaragua							
<b>Project</b>		USAID-PrevenSida							
<b>Agreement:</b>		AID-524-A-10-00003							
<b>Start date:</b>		September 20 <sup>th</sup> 2012							
<b>End date:</b>		September 19 <sup>th</sup> 2015							
Indicator		Baseline	Year	Data source	Benchmark	Target			
						Year 2	Year 3	Year 4	Year 5
	% 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 2013.

Indicator	Target	Q1	Q2	Q3	Q4	Total	Percent Complete	Explanation for +10% or -10%	Notes
P11.1.D Number of individuals who received HIV Testing and Counseling (HTC) services for HIV and received their test results	10,000	2,013	2,941	6,701	854	12,509	125.1%	25%	<p>El sobre cumplimiento de meta de pruebas acumuladas se debe a que en el período Q1 se registran pruebas de VIH financiadas con fondos de FY12.</p> <p>De forma acumulativa en FY13 el 56%(5,446/12,509) de las pruebas fueron realizadas en personas del sexo masculino, de ellos el 77%(4,212/5,446) corresponden al grupo de HSH (Gay, Trans, Bisexual masculino)</p> <p>Durante el FY13 el número de casos reactivos fue de 54 para una proporción de casos reactivos de 0.43% (54/12,509).</p> <p>Las dificultades para realizar pruebas rápidas en la población Trans femenina están disponibles en horarios nocturnos lo que demanda mayor recursos financieros para movilización nocturna a los sitios de ligue de</p>
P11.1.D-a Number of men	9,000	859	1,375	4,122	707	7,063	78%		
P11.1.D-b Number of women	1,000	1,154	1,566	2,579	147	5,446	545%		
P11.1.D-c age (< 15 years old)	0	0	0	0	0	0	0%		
P11.1.D-d age (15+ years old)	10,000	2,013	2,941	6,701	854	12,509	125%		
P11.1.D-e Positive	30	16	8	25	5	54	180%		
P11.1.D-f Negative	9,970	1,997	2,933	6,676	849	12,455	125%		
P11.1.D-g Individual	10,000	2,013	2,941	6,676	854	12,484	125%		
P11.1.D-h Couples	0	0	0	0	0	0	0%		
P11.1.D-i By MARP type: CSW	500	131	506	953	64	1,654	331%		
P11.1.D-j By MARP type: IDU	0	0	5	0	0	5			
P11.1.D-k By MARP type: MSM	5,170	500	486	2,655	571	4,212	81%		
P11.1-D-l Custom By MARP type: MSM (Homosexual)	1,780	191	228	932	203	1,554	87%		
P11.1-D-m Custom By MARP type: MSM	1,220	57	49	159	16	281	23%		

Indicator	Target	Q1	Q2	Q3	Q4	Total	Percent Complete	Explanation for +10% or -10%	Notes
(Transgender)									las Trans.
P11.1-D-n Custom By MARP type: MSM (bisexual men)	2,170	252	209	1,564	352	2,377	110%		
P11.1-D-o By MARP type: Other vulnerable population.	4,330	1,382	1,944	3,093	219	6,638	153%		
P11.1-D-p Bisexual women		1	0	24	0	25			
P11.1-D-q Lésbica		37	10	8	1	56			
P11.1-D-r Uniformados		2	105	115	5	227			
P11.1-D-s Privados de libertad		0	63	274	0	337			
P11.1-D-t Poblaciones móviles		399	466	695	76	1,636			
P11.1-D-v Clientes de trabajadoras sexuales		46	253	483	97	879			
P11.1-D-w Usuarios de otras drogas no inyectables		17	40	113	0	170			
P11.1-D-x Mujeres en situación de VBG		140	665	757	31	1,593			
P11.1-D-y Jóvenes en riesgo		740	340	585	9	1,674			
P11.1-D-z Otros (especificar)		0	2	39	0	41			
P8.3.D Number of MARP reached with individual and/or small group level interventions that are based on evidence	155,000	17,802	37,188	52,044	12,280	119,314	77%	-23%	

Indicator	Target	Q1	Q2	Q3	Q4	Total	Percent Complete	Explanation for +10% or -10%	Notes
and/or meet the minimum standards required (contact)									donde hemos aprendido que con un promedio de 2 contactos por personas es factible entregar el paquete mínimo de servicios preventivos
P8.3.D-a By MARP type: CSW	14,000	1,272	3,813	5,221	1,269	11,575	83%		
P8.3.D-b By MARP type: IDU	0	45	10	15	0	70			
P8.3.D. c By MARP type: MSM	80,000	9,765	10,498	18,127	5,382	43,772	55%		
P8.3.D-c Custom By MARP type: MSM (homosexuals)	30,000	3,165	4,130	7,331	1,638	16,264	54%		
P8.3.D-c Custom By MARP type: MSM (transgender)	6,000	945	1,471	1,220	276	3,912	65%		
P8.3.D-c Custom By MARP type: MSM (bisexual men)	44,000	5,655	4,897	9,576	3,468	23,596	54%		
P8.3.D-d By MARP type: Other Vulnerable Populations	61,000	6,720	22,867	28,681	5,629	63,897	105%		
P8.3.D-e Bisexual women		10	33	68	23	134			
P8.3.D-f Lésbica		94	67	11	6	178			
P8.3.D-g Uniformados		81	548	1,318	216	2,163			
P8.3.D-h Privados de libertad		0	125	1,259	173	1,557			
P8.3.D-i Poblaciones móviles		2,075	5,522	5,434	1,809	14,840			
P8.3.D-j Clientes de trabajadoras sexuales		108	3,586	5,422	2,164	11,280			

Indicator	Target	Q1	Q2	Q3	Q4	Total	Percent Complete	Explanation for +10% or -10%	Notes
P8.3.D-k Usuarios de otras drogas no inyectables		263	313	1,387	73	2,036			
P8.3.D-l Mujeres en situación de VBG		562	7,362	6,719	292	14,935			
P8.3.D-m Jóvenes en riesgo		3,244	5,161	6,353	696	15,454			
P8.3.D-n Otros (especificar)		283	150	710	177	1,320			
P8.3.D-o Number of Men	130,000	13,278	21,486	33,643	9,425	77,832	60%		
P8.3.D-p Number of Women	25,000	4,524	15,702	18,401	2,855	41,482	166%		
P8.3.D Number of MARP reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards required (individual)	37,000	10,280	27,155	25,939	6,051	69,425	188%	88%	En el período FY13 se logró la meta en la población Gay, Trans y Bisexual, y el sobre cumplimiento se dió a expensas de otras poblaciones vulnerables entre ellas clientes de trabajadoras sexuales, población móvil, mujeres en situación de violencia y jóvenes en riesgo.
P8.3.D-a By MARP type: CSW	3,500	907	2,614	2,762	602	6,885	197%		
P8.3.D-b By MARP type: IDU	0	9	10	13	0	32			
P8.3.D. c By MARP type: MSM	20,000	5,010	7,112	7,578	1,903	21,603	108%		
P8.3.D-c Custom By MARP type: MSM (homosexuals)	7,500	1,477	2,753	3,047	761	8,038	107%		
P8.3.D-c Custom By MARP type: MSM	1,500	614	902	488	98	2,102	140%		

Indicator	Target	Q1	Q2	Q3	Q4	Total	Percent Complete	Explanation for +10% or -10%	Notes
(transgender)									
P8.3.D-c Custom By MARP type: MSM (bisexual men)	11,000	2,919	3,457	4,043	1,044	11,463	104%		
P8.3.D-d By MARP type: Other Vulnerable Populations	13,500	4,354	17,419	15,586	3,546	40,905	303%		
P8.3.D-e Bisexual women		10	30	56	3	99			
P8.3.D-f Lésbica		64	67	8	4	143			
P8.3.D-g Uniformados		52	420	585	114	1,171			
P8.3.D-h Privados de libertad		0	98	547	102	747			
P8.3.D-i Poblaciones móviles		1,781	4,268	2,680	786	9,515			
P8.3.D-j Clientes de trabajadoras sexuales		59	3,234	4,076	1,787	9,156			
P8.3.D-k Usuarios de otras drogas no inyectables		58	226	597	45	926			
P8.3.D-l Mujeres en situación de VBG		253	5,691	3,131	173	9,248			
P8.3.D-m Jóvenes en riesgo		1,801	3,237	3,419	388	8,845			
P8.3.D-n Otros (especificar)		276	148	487	144	1,055			
P8.3.D-o Number of Men	30,000	7,084	15,182	16,230	4,723	43,219	144%		
P8.3.D-p Number of Women	7,000	3,196	11,973	9,719	1,328	26,216	375%		

Indicator	Target	Q1	Q2	Q3	Q4	Total	Percent Complete	Explanation for +10% or -10%	Notes
H1.1.D Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests	5	0	0	8	0	8	160%	60%	En FY13 se realizó fortalecimiento institucional de los laboratorios a través de capacitación en los temas de bioseguridad y con la participación de 8 centros de laboratorio.
H2.2.D Number of community health and para-social workers who successfully completed a pre-service training program	46	0	18	17	0	35	76%	-24%	La meta en la vida del proyecto son 200 personas y se logró capacitar a 189 para un cumplimiento del 94.5%
H2.2.D-a Number of Men		0	11	10	0	21			
H2.2.D-b Number of Women		0	7	7	0	14			
H2.3.D Number of health care workers who successfully completed an in-service training program within the reporting period	500	61	379	286	68	794	159%	59%	El sobre cumplimiento se debe fundamentalmente a la capacidad generada por la ONG para entrenar a promotores en prevención combinada, proceso que contó con un diseño metodológico, procesos evaluativos pre y post capacitación entre otros.
H2.3.D-a Outreach with MARPs (Other Sexual Prevention)	200	61	303	53	0	417	209%	109%	
H2.3.D-b Testing and Counseling	30	0	39	29	0	68	227%	127%	
H2.3.D-c Adult care and support	70	0	0	85	0	85	121%	21%	

Indicator	Target	Q1	Q2	Q3	Q4	Total	Percent Complete	Explanation for +10% or -10%	Notes
H2.3.D-d Strategic information NGO Stengthening	100	0	37	9	68	114	114%	14%	
H2.3.D-e Other (Stigma and discrimination)	100	0	0	110	0	110	110%	10%	
P7.1.D Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of Prevention with PLHIV (PwP) interventions (individual)	300	0	261	516	3	780	260%	160%	Las participación de 5 ONG de PVIH permitió un sobre cumplimiento, mayor cobertura geográfica que incluyó los departamentos de Managua, León, Masaya, Granada, Chinandega, RAAS y RAAN ejecutaron actividades de PcP en PVIH. el 60% de los PVIH fueron abordados en los centros de atención y el 31% en los establecimientos de ONG.
P7.1.D-a Number of Men	150	0	166	336	1	503	335%		
P7.1.D-b Number of Women	150	0	95	180	2	277	185%		
P7.1.D-c Number reached in a clinic		0	136	334	2	472			
P7.1.D-d Number reached in a facility		0	105	137	0	242			
P7.1.D-e Number reached in a community		0	0	0	1	1			
P7.1.D-f Number reached in a home		0	20	45	0	65			
P7.1.3.D-g By MARP type: CSW		0	3	0	0	3			
P7.1.D-h By MARP type: IDU		0	0	1	0	1			
P7.1.D-i By MARP type: MSM		0	48	113	0	161			

Indicator	Target	Q1	Q2	Q3	Q4	Total	Percent Complete	Explanation for +10% or -10%	Notes
P7.1.D-i Custom By MARP type: MSM (homosexuals)		0	17	86	0	103			
P7.1.D-i Custom By MARP type: MSM (transgender)		0	3	4	0	7			
P7.1.D-i Custom By MARP type: MSM (bisexual men)		0	28	23	0	51			
P7.1.D-j By MARP type: Other Vulnerable Populations		0	210	402	3	615			
P7.1.D-k Bisexual women		0	1	0		1			
P7.1.D-l Lésbica		0	2	0	0	2			
P7.1.D-f Uniformados		0	0		0	0			
P7.1.D-g Privados de libertad		0	1	1	0	2			
P7.1.D-h Poblaciones móviles		0	0	46	3	49			
P7.1.D-i Clientes de trabajadoras sexuales		0	0	0	0	0			
P7.1.D-j Usuarios de otras drogas no inyectables		0	0	6	0	6			
P7.1.D-k Mujeres en situación de VBG		0	3	5	0	8			
P7.1.D-l Jóvenes en riesgo		0	0	13	0	13			
P7.1.D-m Otros (especificar)		0	203	331	0	534			

Indicator	Target	Q1	Q2	Q3	Q4	Total	Percent Complete	Explanation for +10% or -10%	Notes
Indicator #P7.1.D Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of Prevention with PLHIV (PwP) interventions (contact)	600	0	336	1,278	235	1,849	308%	169%	En FY13 La concentración de contacto por persona alcanzada con PcP fue de 2.3 ligeramente al esperado en el programa de intervención (2 contactos por PVIH). El 58% de los PVIH fueron abordados en centros de atención, y el 29% en las ONG.
P7.1.D-a Number of Men	300	0	215	855	123	1,193	398%		
P7.1.D-b Number of Women	300	0	121	423	112	544	181%		
P7.1.D-c Number reached in a clinic		0	167	801	120	1,088			
P7.1.D-d Number reached in a facility		0	137	324	76	537			
P7.1.D-e Number reached in a community		0	0	0	29	29			
P7.1.D-f Number reached in a home		0	32	153	10	195			
P7.1.3.D-g By MARP type: CSW		0	3	4	0	7			
P7.1.D-h By MARP type: IDU		0	0	1	0	1			
P7.1.D-i By MARP type: MSM		0	57	271	25	353			
P7.1.D-i Custom By MARP type: MSM (homosexuals)		0	22	177	17	216			
P7.1.D-i Custom By MARP type:		0	5	13	1	19			

Indicator	Target	Q1	Q2	Q3	Q4	Total	Percent Complete	Explanation for +10% or -10%	Notes
MSM (transgender)									
P7.1.D-i Custom By MARP type: MSM (bisexual men)		0	30	81	7	118			
P7.1.D-j By MARP type: Other Vulnerable Populations		0	276	1,002	210	1,488			
P7.1.D-k Bisexual women		0	1	1	0	2			
P7.1.D-l Lésbica		0	2	3	0	5			
P7.1.D-f Uniformados		0	0	2	1	3			
P7.1.D-g Privados de libertad		0	1	4	0	5			
P7.1.D-h Poblaciones móviles		0	0	176	69	245			
P7.1.D-i Clientes de trabajadoras sexuales		0	0	2	0	2			
P7.1.D-j Usuarios de otras drogas no inyectables		0	0	9	0	9			
P7.1.D-k Mujeres en situación de VBG		0	4	24	7	35			
P7.1.D-l Jóvenes en riesgo		0	0	47	17	64			
P7.1.D-m Otros (especificar)		0	268	734	116	1,118			

Table 6. Contract indicators FY13.

Indicator	Target FY13	Q1	Q2	Q3	Q4	Total	Percent Complete	Explanation for +10% or -10%	Notes
<b>Result 1</b>									
200 people from NGOs, are trained and have received technical assistance for HIV related capacity development by the end of Program	46	0	18	17	0	35	76.1%	-24%	Se acumula en 3 años de proyecto 189 personas capacitadas por CIES para un cumplimiento del 94.5%
20 NGO with institutional development plans and implement annually	20	0	12	6	0	18	90.0%	-10%	
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	0	1	0	0	1	100.0%	0%	Las ONG implementan la prevención combinada bajo un enfoque de trabajo en Red, llevando los servicios preventivos a las poblaciones en más riesgo, compartiendo experiencias exitosas al aplicar los colaborativos de mejoramiento continuo de la calidad
Number of NGO personnel implementing key administrative/financial behaviors at the end of the year.	60	0	67	0	0	67	111.7%	11.0%	
<b>Result 2</b>									
At least 155,000 MARP reached yearly through community outreach that promotes HIV-AIDS prevention	155,000	17,812	37,188	52,044	12,280	119,324	77.0%	-23%	En el FY13 la concentración de contacto por persona fue de 1.71. lo que está en acorde con la implementación de la estrategia de prevención combinada, en

Indicator	Target FY13	Q1	Q2	Q3	Q4	Total	Percent Complete	Explanation for +10% or -10%	Notes
									donde hemos aprendido que con un promedio de 2 contactos por personas es factible entregar el paquete mínimo de servicios preventivos
Number of individuals who received HIV Testing and Counseling (HTC) services for HIV and received their test results	10,000	2,013	2,941	6,701	854	12,509	125.1%	25%	<p>El sobre cumplimiento de meta de pruebas acumuladas se debe a que en el período Q1 se registran pruebas de VIH financiadas con fondos de FY12.</p> <p>De forma acumulativa en FY13 el 56%(5,446/12,509) de las pruebas fueron realizadas en personas del sexo masculino, de ellos el 77%(4,212/5,446) corresponden al grupo de HSH (Gay, Trans, Bisexual masculino)</p> <p>Durante el FY13 el número de casos reactivos fue de 54 para una proporción de casos reactivos de 0.43% (54/12,509).</p> <p>Las dificultades</p>

Indicator	Target FY13	Q1	Q2	Q3	Q4	Total	Percent Complete	Explanation for +10% or -10%	Notes
									para realizar pruebas rápidas en la población Trans femenina estan disponibles en horarios nocturnos lo que demanda mayor recursos financieros para movilización nocturna a los sitios de ligue de las Trans.
20 organizations providing appropriate behavioral change communications, counseling and testing, condom provision and other preventive services to other members of high risk groups.	5	0	5	0	0	5	100.0%	0%	
<b>Result 3</b>									
200 people from NGOs have been trained in educational strategies and tools to reduce S&D.	100	0	0	110	0	110	110.0%	10%	
20 NGO with annual plans to reduce S&D towards MARPS, and are implementing them	16	0	15	0	0	15	93.8%	6%	

Indicator	Target FY13	Q1	Q2	Q3	Q4	Total	Percent Complete	Explanation for +10% or -10%	Notes
<b>Result 4</b>									
20 NGO have received technical assistance for HIV related policies development.	19	0	9	7	0	16	84.2%	16%	
20 NGOs participating in local and national coordination mechanisms of the national response.	5	0	7	0	0	7	140.0%	40%	
5 applied research studies conducted, with results diffusion and used by key NGOs and MINSA.	1	0	0	0	1	1	100.0%	100%	En proceso de revisión la investigación de brechas en base a determinantes sociales realizado en la RAAN.
An advocacy plan developed and implemented to remove barriers in implementing prevention programs for people with higher vulnerability through networking	1	0	1	0	0	1	100.0%	0%	

Table 7. Annual operating report. FY 13

Preventing HIV Aids transmission among high risk groups in Nicaragua (PrevenSida)																			
Annual Operational Report. Oct. 2012 to Sept 2013																			
Main Activities	Task	Result	Participants	Chronogram												Compliance			Observation
				Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Achieved	In progress	achieved	
<b>Result 1:</b> Strengthened institutional capacity of at least 20 NGOs in the national response to HIV and Aids through networking and capacity development.																			
Seleccionar a las ONG a ser incluida para mejorar su desempeño institucional en el año 3 del proyecto.	Seleccionar e instruir a las ONG sobre su participación con PrevenSida	ONG seleccionadas e instruidas sobre su participación con PrevenSida	Staff de URC																
	Desarrollar la línea de base de las nuevas ONG	Línea de base desarrollada	Staff de URC y nuevas ONG																
	Socializar los resultados de la línea de base entre los ONG	Línea de base socializada entre las ONG	Staff de URC y nuevas ONG																
<b>Desarrollo de competencias - Capacitaciones del CIES</b>																			
Main Activities	Task	Result	Participants	Chronogram												Compliance			Observation
				Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Achieved	In progress	achieved	
Mejorar la capacidad administrativa/gerencial y financiera de ONG seleccionadas	Adecuar el programa académico del componente gerencial a 5 módulos	Programa académico ajustado a las necesidades actuales de los ONG	Staff URC CIES																
	Seleccionar a los participantes que tienen	Participantes seleccionados conforme																	

	módulos inconclusos para finalizarlos en el año 3	parámetros																	
	Implementar programa académico para mejorar la capacidad administrativa financiera de ONG del año 3	Programa académico desarrollado conforme contrato	Staff URC CIES																
	Evaluación sistemática del cumplimiento de objetivos formativos y aplicación de conocimientos de las ONG	Asegurada la calidad de los módulos facilitados	Staff URC CIES																
	Mentoring de campo por parte de CIES a ONG para mejorar las competencias y la aplicación del conocimiento adquirido en el programa académico.	Mentoring de campo realizadas conforme calendario y objetivos de la tutoría de campo	CIES ONG																
<b>Monitoreo y evaluación</b>																			
Main Activities	Task	Result	Participants	Chronogram											Compliance			Observation	
				Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Acved	In progrss	achied	
Brindar entrenamiento en monitoreo y evaluación a las nuevas ONG seleccionadas para mejorar sus capacidades en el uso y aplicación de las matrices de M&E	Entrenamiento en M&E a las nuevas ONG	Nuevas ONG entrenadas en M&E	Staff de URC ONG																
	Apoyar a las nuevas ONG para que tengas una guía y un plan de monitoreo y evaluación de su proyecto de subvención	Nuevas ONG con guía y plan de monitoreo y evaluación de la subvención.  100% de ONG subvencionados tienen una guía y un plan de monitoreo	Staff de URC ONG																



Gestión del conocimiento																			
Main Activities	Task	Result	Participants	Chronogram												Compliance			Observation
				Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Achved	In progr	achied	
Promover el flujo del conocimiento a partir de una organización a otra de los ONG que brinda servicios de prevención, y a la comunidad.	Desarrollar un foro anual para discutir los resultados de las intervenciones con PEMAR	Resultados de las intervenciones con PEMAR discutidas en foro anual	Staff de URC y ONG																
	Actualizar y monitorear la pagina web	Pagina Web monitoreada y actualizada constantemente	Staff de URC																
	Desarrollar y compartir una revista trimestral de PrevenSida y los ONG	Revista de PrevenSida publicada trimestralmente	Staff de URC y ONG																
Trabajo en red																			
Main Activities	Task	Result	Participants	Chronogram												Compliance			Observation
				Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Achved	In progr	achied	
Establecer una red con metas y objetivos comunes, compartiendo datos e información y supervisión y evaluación de la permanente de las actividades de los NGO	Homologar los objetivos y metas con estrategias comunes para las ONG	Objetivos y metas de las ONG homologados en estrategias comunes	Staff de URC y ONG																
	Red de ONG preparadas y ejecutando intervenciones para mejorar la vida de las PEMAR	Red de ONG realizando tareas comunes para mejorar la vida de las PEMAR	Staff de URC y ONG																

**Results 2: Improved Access to and Quality of HIV/AIDS Preventive Services for MARPS from NGO Preventive Services Providers**

Main Activities	Task	Result	Participants	Chronogram												Compliance			Observation
				Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Achieved	In progress	Not achieved	
Continuar mejorado las capacidades de las ONG en desarrollar actividades de prevención y promoción de la prueba de VIH con consejería pre y post prueba	Capacitar a personal de las ONG en el procesamiento de la prueba de VIH	Personal de las ONG capacitados en la prueba de VIH	Staff de URC y ONG																
	Mantener los mecanismos que permitan el cumplimiento del algoritmo del MINSA con las pruebas de VIH en el CNDR y el aseguramiento de la referencia de los pts reactores a las unidades del MINSA	Cumpléndose el algoritmo del MINSA y al sistema de referencia y contra referencia con el MINSA.	Staff de URC, y ONG																
	Asegurar los insumos para la prueba de VIH a los ONG subvencionados	Asegurado el flujo constante de insumos para la prueba de VIH	Staff de URC y ONG																
Actualización y aprobación de las notas técnicas de prevención combinada en PEMAR y prevención con positivos, violencia basada en genero y registro único de identidad de usuarios de PrevenSida	Actualización en las notas técnicas de prevención combinada	Personal de las ONG actualizados en Prevención combinada	Staff de URC y ONG																
	Actualización y aprobación de las normas técnicas de violencia basada en genero	Personal de las ONG actualizados en las normas sobre VBG	Staff de URC y ONG																
	Capacitación en registro único de identidad a las ONG del 3er año de PrevenSida	Personal de las ONG del 3er año de PrevenSida capacitadas en registro único de identidad	Staff de URC y ONG																

Capacitar a ONG financiadas por el Fondo Global en prevención combinada y registro único de identidad	Realizar las coordinaciones con el INSS para asegurar convocatoria y reproducción de materiales para la capacitación	Personal de las ONG financiadas por el Fondo Global capacitados en Prevención combinada y registro único de identidad	Staff de URC, INSS y ONG financiadas por el Fondo Global															
	Realizar acompañamiento a las ONG financiadas por el Fondo Global en la implementación de la prevención combinada y registro único de identidad	Las ONG financiadas por el Fondo Global implementado adecuadamente la Prevención combinada y registro único	Staff de URC, INSS y ONG financiadas por el Fondo Global															
<b>Integración de los servicios</b>																		
<b>Main Activities</b>	<b>Task</b>	<b>Result</b>	<b>Participants</b>	<b>Chronogram</b>												<b>Compliance</b>		<b>Observation</b>
				<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Acved</b>	<b>In prograss</b>	<b>No ached</b>
Realizar capacitación sobre comunicación para el cambio de comportamiento al menos a 40 ONG (incrementar el uso de condón, consejería y realización de pruebas de VIH con entrega de resultados y reducción de parejas sexuales)	Realizar ferias metodológica para el abordaje del cambio de comportamiento	Personal de las ONG han identificado las metodología para cambio de comportamiento y las necesidades de capacitación por PASMO	Staff de URC, ONG y PASMO															
	Capacitación al personal de al menos 40 ONG sobre técnicas para cambio de comportamiento	Personal de al menos 40 ONG capacitado sobre técnicas para cambio de comportamiento	Staff de URC, ONG y PASMO															Se capacitó a 12 ONG
Realizar mentoring sobre comunicación	Realizar visitas de campo a las ONG para realizar	Personal de las ONG recibiendo visitas de	Staff de URC, ONG y															

para el cambio de comportamiento en al menos 40 ONG durante el periodo.	mentoring sobre cambio de comportamiento	campo para reforzar mediante mentoring el cambio de comportamiento	PASMO																
Improve Outreach																			
Main Activities	Task	Result	Participants	Chronogram												Compliance			Observation
				Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Acved	In progress	achied	
Ampliar la base de mensajes de prevención del VIH a la población clave a través del envío de SMS y realización de video-fórum	Ampliar el servicios de mensajes por teléfono inalámbrico	Ampliado el SMS a otros PEMAR	Staff de URC y ONG																
	Realizar video-fórum sobre temas de VBG, transfobia, estigma y discriminación y prevención del VIH	Video-fórum realizados por las ONG para prevención del VIH y reducir la VBG y E&D	Staff de URC. Fundacion Luciérnaga y ONG																
<b>Result 3. Reduction of Stigma and Discrimination Directed Against MARPS and PLHIVS</b>																			
Main Activities	Task	Result	Participants	Chronogram												Compliance			Observation
				Oct	Nov	Dec	Jan	Feb	Ma	Apr	Ma	Jun	Jul	Au	Sep	Aved	In press	to acved	
Acciones de sensibilización a la comunidad	Realización de video-fórum enfocados en estigma y discriminación en los territorios que	Video-fórum enfocados en estigma y discriminación desarrollados en los	Staff de URC, Fundacion Luciérnaga y ONG																

	atiende PrevenSida por los ONG subvencionados	territorios que atiende PrevenSida																	
	Capacitar a los ONG en Advocacy para la elaboración de planes que conduzcan a la reducción del estigma y la discriminación	ONG capacitados en Advocacy para la elaboración de planes que conduzcan a la reducción del estigma y la discriminación, mediante el diseño de políticas de VIH que incluya cero tolerancia al estigma y discriminación en sus ONG	Staff de URC, PASCA y ONG															Se capacitó en advocacy, pero no se concretaron los planes	
Result 4. Improved Participation of NGOs Representing MARPS and PLHIV in the National Response to HIV/AIDS																			
Main Activities	Task	Result	Participants	Chronogram												Compliance			Observation
				Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Acved	In progress	Not achieved	
Información estratégica	Divulgación de los resultados de la encuesta nicaragüense de demografía y salud y apoyo para que las ONG analicen los resultados de la encuesta relativos a su población meta	Divulgados y analizados los resultados de la encuesta nicaragüense de demografía y salud sobre las poblaciones metas de PrevenSida	Staff de URC y Staff de ONG																
	PrevenSida participara en conjunto con PASCA en sesiones de análisis y seguimiento de la información estratégica producida en Nicaragua	Los ONG de PrevenSida en conjunto con PASCA han realizado análisis de la información estratégica producida en Nicaragua: - E&D - MEGAS - Modos de transmisión - UNGASS - ECVS	PASCA, Staff de URC y ONG																

		<ul style="list-style-type: none"> <li>- Estudios TRACS</li> <li>- Ambiente político</li> <li>- Otros</li> </ul>																
PrevenSida continuará apoyando en el desarrollo de los manuales de evaluación, y desarrollando el conocimiento de sus Staff	Realizar cursos de entrenamiento sobre Excel para el personal de las ONG	Desarrollados los cursos de entrenamiento sobre Excel para el personal de las ONG	Staff de URC y ONG															
El programa regional de USAID/PASCA en coordinación con USAID/PrevenSida apoyara a los ONG para integrar la información al reporte nacional de CONISIDA	Integrar los datos producidos por los ONG de PrevenSida a los reportes nacionales de CONISIDA	Integrados los datos producidos por los ONG de PrevenSida a los reportes nacionales de CONISIDA	Staff de URC, CONISIDA y ONG															
	PrevenSida en coordinación con el mecanismo coordinador de país (MCP) facilitara la integración de los datos para que CONISIDA desarrolle el reporte de país	PrevenSida a facilitado información a CONISIDA para elaborar el reporte del país	Staff de URC, MCO y ONG															
Web -site	Maximizar el uso de la web -site mediante la conducción de foros de discusión sobre los efectos de la epidemia de VIH en PEMAR	Foros de discusión realizados sobre los efectos de la epidemia de VIH en PEMAR	Staff de URC, ONG población usuaria de web -site															
	Discusiones sobre encuestas realizadas trimestralmente entre personal de las ONG	Discusiones realizadas sobre resultados de encuestas realizadas trimestrales entre personal de ONG	Staff de URC, ONG población usuaria de web -site															



