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1. Main constraints and challenges

Epidemiological data show that the epidemic is concentrated in high-risk groups: MSM, FSW, transport workers and high - risk youth.

USAID Nicaragua has supported interventions to prevent the spread of the epidemic such as; free condom distribution –which has been currently assumed by MINSA-, condoms social marketing, behavior change communication (BCC) for high risk groups, voluntary counseling and testing (VCT) and BCC for indigenous male population.

Despite these interventions that have been successful and achieved to concentrate BCC activities in more than 180,000 high-risk men and women in 2007, there are still gaps and challenges to provide an effective national response to HIV/AIDS prevention, care and control.

Among the constraints and challenges are; Lack of prevalence knowledge, which prevents the Ministry of Health, USAID and other donors, from providing support in more focalized and cost-effective interventions. MINSA has concentrated on ART, confection management, PMTCT and very little on education and prevention. High rotation of staff at the regulatory level of MINSA in STI/HIV/AIDS Program, which impacts on guidelines and follow up at the local level and on coordination with Cooperation Agencies and Projects. There are some anecdotal mechanisms of effective NGO-health unit articulation for effective HIV positive patients as it happens in Chinandega, but is still not a generalized action, mainly in those departments with larger numbers of cases.

Global Fund sub-recipients with limited organizational and technical capabilities, which leads to slow projects´ execution. Moreover, there is a need to be visualized as the leading actor and lack of a joint articulated strategy to respond to the epidemic. Lack of a strategic information system and knowledge management processes, as well experiences exchange approaches, with evidence that proves to be effective, there is also lack of BCC materials multiplicity, and no framework to insure intervention quality. Stigma and discrimination in health care services and lack of a plan from NGOs to reduce it.

Program objectives/expected results:

Increase healthy behaviors in order to reduce HIV/AIDS transmission among MARPS and to the population at large. These healthy behaviors include increased condom use, reduced number of sexual partners and increased access to HIV testing and will be measured by the following indicators:

- Increase in 50% from baseline the consistent use of condoms among MARPS in all sexual contacts, including those with long-term partners, by the end of the Program.
- Decrease of 30% from baseline the number of multiple partners among MARPS by the end of the Program
- Increase of 60% from baseline in the use of HIV counseling and testing among MARPS by the end of the Program

2. Technical approach

The University Research CO., (URC) Team, comprised of partners The Center for Research and Health Studies (CIES) from the University of Nicaragua, and The Center for Education and Prevention of HIV/AIDS (CEPRESI), presents a comprehensive approach to the Preventing Transmission of HIV/AIDS from High Risk Groups in Nicaragua program utilizing the following approaches.

Improvement Collaboratives: The fundamental concept in modern improvement methods is that without change there can be no improvement.

This implies that in order to achieve the outcomes proposed in the Preventing Transmission of HIV/AIDS from High Risk Groups in Nicaragua Program, quality continuous improvement modern approaches should be applied to overcome the common barriers in the management of organizations and preventive services provision even in a difficult social context, in weak health systems and civil society organizations facing severe limitations of human and material resources.

There are a number of factors limiting the achievement of the desired results despite the availability of funding sources and proven to be effective strategies. Some of these factors contributing to poor civil society organizations and health systems performance are: lack of necessary supplies and equipment, lack of standards knowledge, insufficient providers' competencies, poor care organization, and lack of motivation and incentives for quality

Inefficient care organization is common in many scenarios, which results in providing poor quality services and wastage of resources. Culturally inappropriate care or poor interpersonal relationships also contribute to poor-quality care and negatively affect the acceptance and use of services, especially among underserved and poor social groups. For the implementation of this Program, we will apply the quality continuous improvement methodologies based on four principles: 1) understanding and focusing on customer needs, 2) understanding how the processes within the system work, 3) using data to measure results, 4) teamwork.

The selected NGOs participation in an improvement collaborative fosters networking in showing evidence of the benefits that this form of coordination and collaboration provides.

Two improvements collaborative will address two sets of aims:

1. Improving managerial capabilities. This is the NGO capacity building collaborative addressing management, finance, budgeting and accounting, human resource management, bids and procurements including proposal writing and grants management. The outcome of participating in this collaborative will be strong NGOs capable of continuing independently.
2. Improving access to quality preventive services. This collaborative will build on the successful experiences to date, bring new and additional knowledge and skills in managing HIV prevention for MARPS.

Knowledge Management: PrevenSida will provide support for knowledge and information to be shared with the right people at the right time and thus being able to make decisions. We will promote the flowing of knowledge from one organization to another, to recipients of prevention services and to the community.

Another approach will be *networking*, which will enable the achievement of project results related to institutional strengthening, improving the quality of preventive services provision and greater presence in national, departmental and local instances in the national response the epidemic.

3. Result one: Strengthened institutional capacity of at least 20 NGOs to participate in the HIV/AIDS national response plans by building capacities and promoting the networking model.

Current situation

The civil society organizations working on HIV/AIDS represent the interests of various groups: PLHIVs, MSM, women, youth, mobile populations, sex workers, religious groups, indigenous people and social networks. There has been failure to secure and strengthen the participation of the private sector and the National Assembly; both are characterized by systematic absences, especially CONISIDA, and in the national response in general. Currently there are 41 civil society organizations that distribute condoms as a preventive strategy for STIs and HIV/AIDS.

These organizations accompany the distribution of condoms with BCC processes in the community. These organizations receive funding from agencies such as USAID and the Global Fund. PASMO is one of the main funders and condoms distributors NGOs in Nicaragua. Parallel to the distribution of condoms for prevention, the forming of clubs for adolescents and young people using pier methodology has been initiated, offering information about STIs, HIV, and the importance of delaying the beginning of sexual relations, caring for sexual and reproductive health among other issues.

One problem in terms of preventive work of NGOs is that their actions have been isolated and delivered to duplicate beneficiaries, in the same territory and with different approaches. In recent years there have been some alliances to address specific needs or projects on HIV/AIDS; however there are no sustainable NGO networks to share learning and experiences in the field of HIV/AIDS, to enable civil society to identify appropriate best practices and influencing public policy making and social audit in a more effective way.

Among the identified alliances, we can mention:

- a. The National Commission to Fight Against AIDS from Civil Society (CNLCSSC).*
- b. The Integrated Project to fight HIV / AIDS (2008- 2010).*
- c. The Initiative for strengthening the national response to HIV.*
- d. The Strategic Alliance for HIV response in childhood.*
- e. The Regional Network on HIV Human Rights, Nicaragua chapter.*

Activities.

The URC Team and its partners on the first year will provide assistance to 10 NGOs to strengthen their leadership capacities to effectively coordinate HIV prevention objectives and implement key policies to support incidence reduction.

NGOs selection: To select the firsts organizations to be beneficiaries for technical assistance we will use criteria such as: to be World Fund sub-recipients, to be based within the territory defined for the Project (Managua, Granada, Masaya, Leon, Chinandega, Rivas, Chontales and RAAN/RAAS), to work in HIV/Aids prevention with higher risk populations and prioritized by MOH and WF.

NGOs Mapping: In the first quarter of the first year we will conduct applied research to know the managerial and financial strengths of all NGOs to participate along the life of the project, their organizational structure, geographical location, population they serve, human resources they have and their competencies in preventive aspects and prevention services, programmatic approaches, weaknesses in projects execution and financial system, WF accountability capacity, financial sustainability mechanisms and organizational relationships with other NGOs.

Training process. CIES will be responsible for training NGOs managerial teams in subjects related to management, planning, financial control, etc. (please see table 1). For content design, they will conduct a quick evaluation of NGOs to know their training needs and adjust the study plan. They will define learning objectives to be evaluated at the end of each subject, among other criteria for certification of satisfactory results related to training. A team of monitors from CIES will provide field follow up in order to support compliance from performance teams. This performance will be evaluated through compliance with financial and administrative standards to be fulfilled above 80% and mainly associated to process indicators. In managerial capacities improvement collaborative learning sessions, teams will have the opportunity to exchange data and good practices that led them to pre-established processes improvement.

PrevenSida advisers will provide support to NGOs in identifying gaps in standards compliance, implementing improvement processes, charting and analyzing data and documenting organization and staff competencies changes that allow for processes improvement.

Table 1. Subjects for NGOs managerial capacities' strengthening.

Training Subject	Partner Leading	Duration (in days)	NGO Personnel Involved (can vary depending on personnel available in each NGO)
NGO Leadership and Management	CIES	3	Directors
Strategic and Annual Planning	CIES	3	Directors
Financial Controls	CIES	3	Directors, Finance Advisors
Monitoring and Evaluation	CIES	3	Director, M&E Advisors
Strategic Information	CIES	2	Director, Technical Advisors
Knowledge Management	CIES	3	Directors,
Network Training	CIES	3	Directors
Advocacy Training	CIES	3	Directors, Advocacy/Outreach Personnel
Collaborative Learning Session	URC	2	All
Dissemination of data in results, DHS, etc	URC	1	Directors/M&E Advisors/Administrative Personnel

Monitoring and evaluation system: PrevenSida team and its partners believe that a well-conceived Monitoring and Evaluation Plan is the key to guiding activities and ensuring a focus on achieving the promised results. In collaboration with USAID, the GON, NGOs and other stakeholders such as PASCA and Global Fund, the teams will identify indicators for continuous and systematic internal monitoring throughout the life of the Program to monitor progress and achievements. Data on all indicators will be collected and analyzed per gender to support the program's objective of ensuring gender equity.

The selected NGOs will receive training on M&E, linking the concepts learned in planning with those of M&E. During this training, they will enhance their own capacities for the use and application of matrices for M&E and tools like Excel database and time series charts. As a result of this training the participants will be able to: understand the rationale, key elements, and steps required to develop a M&E work plan, apply program goals and objectives in developing a M&E work plan, develop program M&E questions and indicators and review the issues related to program evaluation, including selection of data collection methodologies and review and understand M&E work plan implementation issues.

Managerial capacities improvement collaborative: This collaborative will have a set of quality standards and indicators for each managerial process and related to the subjects that participant NGOs directive teams were trained on. In the first learning session, teams will review standards and indicators with the purpose of knowing them, understanding them and committing to their compliance. We will conduct three learning sessions and in between them, teams will build their baseline, identify gaps, and propose changes, which they will test and measure to know their efficacy. During this stage, the PrevenSida team will provide close technical assistance for analyzing indicators, their improvement and documentation with the purpose of exchanging data and positive and negative experiences during sub-subsequent learning sessions. At the end of the year, we will systematize good practices that help participant NGOs for the second year, to reach standard compliance in a faster way.

Networking: The first phase will include raising awareness in NGOs about the benefits of networking. Various activities will create the networking culture, these are: identifying in their planning processes, those NGOs they must coordinate with for, data and experiences exchange in learning sessions, success notes, strategic information management, design and use of an NGOs web and when they need it and express it, we will facilitate the discussion process for a mission, values, principles, structure and organization.

Indicators

- More than two hundred NGO personnel, from twenty NGOs, trained and provided with technical assistance for HIV-related institutional capacity building by the end of the Program.
- At least twenty local organizations institutional capacity building plans developed and implemented yearly.
- A network of NGOs working with HIV/AIDS, initiated by the first year of the program, designing, implementing and evaluating plans from the second year to the end of the Program.
- Number of NGO personnel implementing key administrative/financial behaviors at the end of the year (including: expenditures and budgets monitored monthly, balanced budget, adherence to filing system (hard copy and/or electronic), etc.).

4. Result Two: Improved Access to and Quality of HIV/AIDS Preventive Services for MARPS from NGO Preventive Service Providers

Current situation

Despite the efforts of NGOs with more than a decade of work in prevention and education actions, there are still underlying factors for the expansion of the epidemic; Multiple concurrent sexual partnerships; low condom usage; incorrect or inconsistent male condom usage; moderate level of knowledge of how HIV is transmitted; conflicting messages pertaining to HIV; cultural perceptions regarding sexual relations and condom use; socio-economic factors (contributing to intergenerational/transactional sex); early age of sexual debut for both boys and girls; unacceptably high levels of sexual violence (rape, incest & child abuse) and crime; high prevalence of single parent families; high prevalence of alcohol & drug abuse; poor sexual education in schools & tertiary education centers; and fear of stigmatization.

According to the UNGASS 2010 report, many communities in Nicaragua have already been exposed to multiple layers of HIV prevention messages and have participated in several generations of HIV prevention programs. Furthermore, many NGOs lack the capacity to develop and implement appropriate and effective prevention interventions targeting MARPS.

Activities.

In NGOs mapping, we will collect information on the type of preventive services and NGOs target population, promoters competencies, monitoring system for conducted activities, and mechanisms used to evaluate impact of their activities.

Preventive services improvement collaborative: In a similar way to the managerial capacities improvement collaborative, we will design and implement a collaborative related to prevention and care processes for MARPS.

HIV rapid testing promotion and counseling. In the first quarter of the Project we will conduct an evaluation of those NGOs that offer rapid testing in addition to counseling. This evaluation will allow for identifying their structure and organization, users' flow, monitoring and evaluation systems, available educational material, counselors and laboratories workers' competencies, reagent supplying and storage mechanisms. This will allow for knowing the differences and strengths of NGOs in that subject, standardizing services and assuring quality of care and data flow.

Integration of Services: PrevenSida in coordination with USAID/HCI will strengthen the capacity at local levels of MINSA in integrating HIV prevention with HIV care, treatment and support activities. In each site, the project will promote a network-based model linking government, private and NGO service providers to adopt and implement HIV and AIDS prevention strategies that target both high-risk groups and general populations as well as ensure availability of quality treatment and care services to PLHIVs.

In coordination also with USAID/HCI and MINSA, PrevenSida will review and improve the effective referral system to MINSA health facilities for STIs treatment and HIV positive and confirmatory tests.

Competencies Development: The Program will support NGOs to define the technical expertise of its staff, promoters and volunteers to have a training plan to strengthen their VCT skills and also select with them a set of standards and quality indicators for this activity. The NGOs that perform rapid testing and need to reinforce knowledge in testing protocol will be trained in coordination with the National Center for Diagnosis and Referral (NCDR) from MINSA, in addition, the staff that indicates the test will be trained in the testing algorithm and the mechanism for referral of positive or indeterminate cases.

An inventory of education and communication printed material that has been produced by MINSA, NGOs and other agencies and projects will be performed in order to have a standardized set of educational materials to be used by NGOs educators. NGOs staff will receive training in the use of these materials when provided with VCT training.

The modules to be used are those used by CEPRESI for training promoters: Political Incidence/Advocacy; Basic Tools for Documentation and Communication for support in HIV/AIDS, Human Rights and Citizenship exercise of sexual diversity groups and other HR and HIV Approach Methodologies with sexual diversity groups; HIV test counseling.

Table 2. Subjects for NGOs preventive services' improvement.

Training Subject	Partner Leading	Duration (in days)	NGO Personnel Involved (can vary depending on personnel available in each NGO)
HIV/AIDS Training	CEPRESI	1	All
VCT Training	CEPRESI	3	Promoters/Personnel engaged in VCT
BCC Training	CEPRESI	3	Promoters
Peer Education	CEPRESI	3	Promoters
Methodological approaches to addressing MARPS	CEPRESI	2	Promoters
Policy analysis and formulation.	CEPRESI	2	Directors/Advocacy Advisors

BCC Campaign: A main focus of the PrevenSida will be to help partners assess existing outlets for HIV prevention information, to improve the quality and content of messages, and expand their coverage. However, there is a clear need to develop new approaches that respond to changes in how people live and communicate. PrevenSida will work with partners at the local level to lead the development of innovative approaches to reach target audiences, drawing on best examples from other HIV endemic settings.

PrevenSida will work with existing partners to disseminate a standardized package of messages developed by Global fund, tailored for specific target groups, ensuring consistency and implementation of correct prevention messages.

The objectives of the BCC campaign are: To implement activities targeting gay men and other MSM to promote counseling for personal risk assessment associated with sexual behaviors that include bisexual relationships, no condom use with steady partners and unprotected anal intercourse. To disseminate messages that provide knowledge, attitudes and causes health care favorable practices. To promote seeking health services for STIs and HIV early care.

PrevenSida will assist NGOs in interpretation and use of the best data available on prevalence and transmission patterns in their area to design and implement behavior change interventions for specific target groups, such as migrant workers or others.

Face to face approaches. Peer education: It is a personalized modality and the approach consists of rounds performed late in the afternoon or at night time, talking one on one. During the talks, aspects related to self-protection of personal risk, negotiation, effectiveness and resistance of condoms are addressed. It is intended that the approached persons are capable of expressing any of the following actions or attitudes: Deepen through questions about some of the issues discussed in the intervention: Requesting phones or reference sites to delve into the discussed topics; Speak about their own experience, regarding the mentioned information; Conducting demonstrations of condom use: Performing reading of written material.

Improve Outreach: In Nicaragua, where internet access is limited, cell phones can be used as another form of social media to promote positive social and behavioral change through sharing of messages through Short Message Service (SMS) or text messages. No existe experiencia en el uso de esta tecnología por lo que se realizará un pilotaje de un par de meses en una población determinada con el propósito de evaluar si su uso permite recordar los diversos mensajes enviados así como si esto motiva algún tipo de cambio en el comportamiento de los MARPS.

Indicators

- At least 155,000 MARP individuals reached yearly through community outreach that promotes HIV/AIDS prevention.
- At least 50,000 MARP individuals received counseling along with testing for HIV and received their test results according to national standards at the end of the Program.
- At least two hundred individuals from 20 NGOs trained in preventive services provision according to national and international standards at the end of the project.
- More than twenty organizations providing appropriate behavioral change communications, counseling and testing, condom provision and other preventive services to other members of high risk groups.

5. Result Three: Reduction of Stigma and Discrimination Directed Against MARPS and PLHIVS

Current situation

In Nicaragua, some organizations such as; CEPRESI, Xochiquetzal and ICAS have approached stigma and discrimination, and PASMO has developed some related research, however, they have not managed to approach the issue in a broad way targeting sexual diversity groups and specifically with health staff from both the public and private system.

Sexual diversity in the country is represented by organizations with wide experience in human rights promotion and defense, integrating Gay, MSM, Bisexuals, Transsexuals, and Travesties, Transgender, Lesbians and Intersex populations. These organizations do not have the necessary competencies and tools to include in their work plan, actions to reduce stigma and discrimination targeting family, community and health sector.

There have been positive steps related to the legal environment, for example, the foundations have been set for acknowledgement of human rights of people with sexual diversity when article 204 of the Penal Code was eliminated, which repressed homosexuality in Nicaragua. However, the elimination of sexuality as a felony does not erase the discrimination people who have a sexual or gender preference often suffer from in the Nicaraguan society.

At the beginning of November 2009, the Ministry of Health approved ministry resolution 249-2009, which states sexual orientation non-discrimination. This resolution comes from incidence of sexual diversity organizations and specifically from the leadership of the Trans population in demanding their right to health without stigma and discrimination. This political will from the Ministry of Health for improving health care for general population has not been corresponded to with specific actions, starting with the non-diffusion of this resolution to health workers and general population. They also haven't included strategies or actions in their institutional plan to make it effective in health units, considering that stigma and discrimination toward high risk populations have a negative impact on prevention and integrated care and on the epidemic's response.

Current campaigns are related to attitudes and behavior change targeting general population, not including or considering the different population groups, due to the absence of studies to measure the levels of stigma and discrimination among health providers towards sexual diversity, in addition, not having implemented any intervention plans from civil society organizations that work with this type of population or from health services both public and private. Civil society organizations so far have not implemented a monitoring and follow up system to evaluate the magnitude and impact of interventions developing in the country to reduce stigma and discrimination towards MARPS or PLHIVs.

Activities.

Training process: Selected NGOs will designate personnel to be trained in concepts and methodologies for the reduction of stigma and discrimination, who will develop capabilities to include stigma and discrimination reduction strategies in their operational plans and advocate for the inclusion of this thematic in decision making spaces nationally, departmentally and locally.

Training Subject	Partner Leading	Duration (in days)	NGO Personnel Involved (can vary depending on personnel available in each NGO)
Stigma and Discrimination	URC	3	Promoters

Workshop: PrevenSida team will promote co-facilitating of these workshops between USAID/HCI and NGOs on stigma and discrimination courses at health units from the Ministry and Social Security affiliated Provisional Medical Clinics. This way the organizational and attitude changes in health staff generated by workshop participation will be directly approached with NGO staff, thus building referral mechanisms to stigma free health establishments. The Peace Corps volunteers will be trained by NGOs with the purpose of developing competencies among the volunteers so that they can approach it from their influence communities. This training will be conducted at the time when trained facilitators replicate it within the organization. The methodological reference will be the course developed by USAID/HCI denominated “working with stigma and discrimination”. Everywhere an intervention is developed, a base measuring will be conducted on stigma and discrimination perception and a final evaluation to learn the obtained results will also be conducted. These competencies strengthening actions will be accompanied by BCC campaigns through radio spots and educational videos targeting MARPS and general population that have been produced by CEPRESI, whom have a broad variety of audio visual material, we will also perform inventory of all participant NGOs printed material targeting this thematic with the purpose of having a unique educational material package for information and education.

Collaborative improvement: At the improvement collaborative learning sessions, there will be experience exchange on the practices that have proven to be effective, as well as learned lessons from those actions that were not effective. Effectiveness will be measured through base line and final data and it will be used to refine the implementation package.

Research: In order to have strategic information and to be able to channel interventions in the best way, PrevenSida will conduct the following research studies: Understand HIV and AIDS-related stigma and discrimination and its effects; in order to understand the underlying factors that cause and allow stigma and discrimination to occur. Analyze how stigma and discrimination are experienced by MARPS and PLHIVs and socioeconomic groups. Document how stigma and discrimination are manifested in various communities and institutional settings. Mapping out the consequences of stigma and discrimination for individuals and communities, including the impact on their use of HIV/AIDS services. The information obtained through this research will be shared with the participating NGOs and analyzed to understand not only the extent and breadth of stigma and discrimination in Nicaragua, but also to inform processes, guide the creation of targets, and inform the development of methods for NGOs to approach this issue.

Advocacy: This is a key tool in raising awareness in the general population about stigma and discrimination. At the end of first year, NGOs will have designed an advocacy plan and this competency strengthening action will be accompanied by BCC campaigns.

Indicators

- At least one hundred individuals from key NGOs trained in strategies and educational tools to reduce stigma and discrimination at the end of the first year.
- More than twenty NGOs implementing and evaluating annual plans to reduce stigma and discrimination (inside their organizations, at health services level, municipality level and other decision making environments).
- At least 50% of MARPS will increase their positive perceptions in reduction of stigma and discrimination in health services provision settings following project interventions, at the end of the project compared to the baseline.

6. Result Four: Improved Participation of NGOs Representing MARPS and PLHIV in the National Response to HIV/AIDS

Current situation

The CONSIDA as the governing body of the national response to HIV / AIDS approved in 2009 a Monitoring and Evaluation Plan and therefore the implementation of the national "Three One", however the preparation of these conditions at the local level is pending. At this point, the NGOs and civil society should take the lead particularly in terms of the formulation and implementation of the monitoring and evaluation component, as a key element of the social audit to the national response.

Since the last UNGASS report submitted by Nicaragua for the period 2006 - 2007, it is possible to identify a positive trend in the national response, whereas MINSA has directed all its efforts to improve the quality of health care, with the transformation and implementing of the New Model of Family and Community Health Care (MOSAFIC).

In 2007, at the V Central American Congress on STI, HIV and AIDS in Nicaragua, the Minister of Education signed a Statement of Education Authorities, which undertakes to include the issue of HIV and AIDS in formal education. This commitment was ratified in August 2008 at the World Forum on HIV and AIDS held in Mexico.

The Ministry of Education (MOE) has incorporated in the curricula of primary and secondary education, the transverse axes of Sex Education for the Prevention of STI and HIV/AIDS and Education for Equity and Diversity, considering at least 30 hours per course per year, but have failed to coordinate joint actions with NGOs to ensure that the preventive approach in schools is supplemented by community actions.

In the field of prevention, mechanisms and multi-sector participation spaces are being underused by civil society, and there is lack of consensus and sector representation in these bodies, weakening the true consensus to promote multi-sector strategies for Research, Education and Training. At present, these spaces are used by a small number of organizations that represent their own interests, thus validating undemocratic and exclusionary processes, promoting the dispersion and fragmentation of the interventions.

Activities.

Knowledge management: Comprehensive and up-to-date information on high-risk populations is acutely needed to guide local responses to HIV interventions. On the first year several of key strategies for improving the participation of NGOs representing MARPS and PLHIVs will be: Improvements in the processes of strategic information collection, dissemination, bridging information gaps, as well as establishment of a monitoring and evaluation system. NGOs mapping should be conducted and coverage targets set.

The highest priority should be given to an extensive mapping of MARPS such as FSWs, MSM, transportation workers and high-risk youth in each department, with the objective of identifying the size of each population, their location and general characteristics.

In the fifth month a network website will be developed with the purpose of providing NGOs, stakeholders, donors, government and general population with access to information coming from different sources, including ENDESA-DHS including second generation surveillance data.

At the end of the first year will be one Annual Forum with donors, government, civil society and coordinating mechanisms for dispersing of results. The forum will be responsible for encouraging MARPS, NGO, local business associations and civic leaders in their efforts to prevent the spread of HIV.

Research: All the planned researches will be designed, conducted and analyzed with the selected NGOs. Results from these research studies will be discussed in the collaborative learning sessions, where they will focus on the intervention strategies and various advocacy actions that will nurture the strategic and operational plans of NGOs will be determined. There will be coordination with PASCA in order to have the results of research be useful at the time for advocacy and policies planning. A determined effort should be made by the Project towards capacity building and revitalization of NGOs by coordinating the existing mechanisms and partnerships.

Provide training on evidence-based policy analysis and formulation: PrevenSida will train policy makers and NGOs (including MARPS groups, etc.) in policy analysis and formulation. The training will focus on how to use epidemiological, behavioral and program, and qualitative assessment information to identify the effects of current policies on access to HIV prevention services. The training will also focus on strategies to look at policy options through a participatory process of dialogue. A number of policy dialogue tools (nominal group technique, brain storming, among others) will be used to improve the skills of policy makers and other stakeholders.

Dissemination: PrevenSida will conduct periodic dissemination workshops to communicate results to various levels. In addition, a newsletter will be produced quarterly for distribution to health centers, NGOs and other stakeholders.

Indicators

- More than two hundred NGO personnel, from twenty NGOs, trained in effective participation techniques and strategies.
- Approximately twenty NGOs provided with technical assistance for HIV-related policy development.
- Twenty NGOs participating in national and local coordinating mechanisms with CONSIDA, CCM and/or other national, regional or local entities in promoting HIV advocacy, coordination and policy.
- At least five applied research studies carried out and findings disseminated and used by key NGOs and MOH.
- One advocacy plan developed and implemented for removal of barriers to implementation of MARPS prevention programs through NGOs network.

7. Cross-Cutting activities.

7.1 Coordination with other USAID programs

In implementing the work plan, PrevenSida will work closely with PASCA, Center for Disease Control, Global Fund HIV/AIDS program and Peace Corps.

Pasca, is USAID's program to strengthen the Central American HIV response. It is a five-year program that started on October 1st 2008 and will end on September 30th 2013.

Coordination will be based on strategic alliances action, advocacy and national strategic plan monitoring and planning.

Center for Disease Control, The project will coordinate to promote project beneficiary NGOs participation in the various research studies that could be conducted such as sexual behavior surveillance surveys and HIV and STIs prevalence, as well as in the result dispersing as part of Knowledge management.

Global Fund HIV/AIDS program. The project will support and coordinate with the Country Coordinating Mechanism (CCM) to achieve the objective of guaranteeing universal access to HIV prevention, treatment, care and support services to prioritized population in the national response to the epidemic and in the human rights framework.

The Peace Corps program works to help Nicaraguans to improve their quality of life through five projects: small business development, health, environment, agriculture, and teaching English as a foreign language. The coordination will be established through the involvement of volunteers in prevention educational activities in the sites were they coincide with the NGOs participating in the Program.

7.2 Local Capacity Building and Sub-Grants

In order to support the implementation of the institutional strengthening techniques, prevention intervention activities, stigma and discrimination responses and participation in the national response of the NGOs, subgrants will be awarded to selected NGOs. The process for awarding grants will be competitive and transparent. By December 10, PrevenSida will help interested applicants respond to Requests for Applications (RFAs) by providing detailed guidance on application formats, expected results and budget requirements. On January 11, a grant selection committee consisting of URC staff, USAID and other stakeholders as appropriate will evaluate proposals received based on the selection criteria provided in the RFA.

URC finance and administrative staff will review the cost/business application to ensure that costs proposed are reasonable, allowable, and realistic for the proposed activity. The Chief of Party (COP), Administrative Director and Grants and Finance Associate will ensure that: a) subgrants are awarded in accordance with URC's prime agreement and applicable USAID policies and regulations; b) activity design and implementation documents align with the Cooperative Agreement's objectives and expected outcomes; c) all subgrants adequately address financial matters; and d) all pre-agreement requirements are met, including a pre-award survey, if necessary.

The COP and Administrative Director will provide technical and administrative oversight to promote strong grantee performance

8. Results Monitoring and Evaluation Plan

Current situation

In the past three years, Nicaragua has developed activities to strengthen the national response, including monitoring and evaluation. The structure of the Monitoring and Evaluation Committee of the National Strategic Plan (PEN) has been consolidated; however, productivity is very low and slow. This organizational structure of the Nicaraguan Committee for AIDS (CONISIDA), as part of the Multi-sector Action Strategic Framework, whose mission is the establishment of a Single System of Monitoring and Evaluation of Country.

The particularity of the political division of Nicaragua has strengthened regional responses through the development of expressions of CONISIDA in the Autonomous Regions, CORESIDA in RAAS and CORLUSIDA in RAAN. Both regions have developed their regional strategic plans and actively participate in meetings of national CONISIDA, 15 departmental CONISIDA have been reactivated and 9 municipal CONISIDA have been formed.

Similarly, CONISIDA, has established the Monitoring and Evaluation Unit of the National Response, structure currently under evaluation and capacity development that allows for insuring that in the short to medium term they can become a key actor for of capabilities that ensures that the short to medium term can be a key player for the management and synergy of the scattered efforts from different institutions involved in the fight against HIV / AIDS.

These country efforts are threatened in their sustainability and impact in face of the increasing human resource rotation and data dispersion that expose the non consecution of consolidated information coming from different sectors, governmental and nongovernmental institutions.

Another important to point out in the current situation of the Monitoring and Evaluation System of the National Response is the growing integration of new organizations in the implementation of activities, sub-recipients from civil society and government, with no previous experience on HIV / AIDS , and currently receiving funds from Global Fund, totaling approximately 60 million dollars, a situation in which for the first time, the country will have access to funds in a relevant way and can occasionally become a factor that increases relevant information collection processing or subject to envision its use and capitalizing its experience.

On the other hand, there are organizations with rich experience in M & E, but lacking spaces to share and accelerate the learning curve with each other, some of these activities could be related to the implementation of peer evaluation processes or in the spaces the improvement collaborative offers through learning sessions, that allow for mutual growth of both the evaluator and the recipient of the evaluation. This requires the standardization of evaluation instruments defined as quality standards that will exercise continuous and significant improvement in the quality of their internal M&E system of the performance of organizations involved in the program.

The main problem identified is the lack of an Information System for Monitoring and Evaluation of the National Response. For this reason, it is an urgent need recognized by all stakeholders in the national response and is currently being worked on: An initiative of diagnosis and strengthening the Single Information System as input into the System of Monitoring and Evaluation of the national response.

Another element found as a gap in the Information System of the National Response is that although the country has ensured follow up of the Millennium commitments, universal access, adopted during the High Level Review on AIDS in June 2006, a final report with proposals for operationalization, is not available, because of limitations in the information system needed for its design.

In recent years, estimates and projections of the size of vulnerable population groups have national indicators available that allow for a better approximation to reality, without obviating the use of the Spectrum methodology, technological resource that allows estimation of the HIV scenario projections in the country.

To summarize: M&E of HIV and AIDS programs and activities are characterized by certain limitations: Lack of uniformity in approaches, tools and methods used in developing M&E frameworks; Lack of standardized, on-going skill-building for M&E professionals; M&E plans not adequately budgeted.

Activities

The monitoring and evaluation plan for the USAID-PrevenSida Project has scheduled a series of activities that will allow for increasing NGOs institutional and human resources capacities in order to improve their performance and response level to information needs for timely decision making. These are described below:

M&E Plan Design and Execution: A monitoring and Evaluation plan will be designed and implemented with the strategic country vision. This will contribute to the collaborative work among civil society organizations and HIV national response entities, as well as at the local level, contributing with information for timely decision making. This M&E plan is based on two pillars a) institution strengthening through data collection, processing and analysis, measuring improvement processes to reach quality and institutional performance standards for prevention and promotion services with pre and post counseling, and b) integrated, considering the institutional management aspects, financial and programmatic performance, preventive services users' opinion, socioeconomic context and others, emphasizing on MARPs.

Reports: Selected NGOs for Project intervention, will be responsible for reporting back information to the PrevenSida M&E division, which will be in charge of consolidating information and submitting financial and programmatic execution reports to donors. In a parallel way, we will perform actions targeting diffusion and dissemination of information through website, quarterly bulletins and reproduction of applied research studies. At the local level, NGOs will have excel data bases and explore the possibility to apply software for databases creation and analysis, among others Epi-Info, SPSS, Nudis, this last one for qualitative data management.

Knowledge management: With the purpose of strengthening NGOs capacities for responding to services demands, the M&EP integrates training processes targeting human resources, managers and staff linked to data management, participative training processes using databases and information from research, data from ENDESA (Demographic and Health Survey), CENSO, UNGASS reports and others related to the national HIV response. One M&E module will be provided by CIES, with the objective to improve resources' capabilities and competencies substantially.

Mentoring: The PrevenSida, CIES and CEPRESI advisers team will provide coaching for NGOs in assuring learning of cognitive elements applied under a concept of accompanying them, and providing technical assistance in application of tools and instruments for information collection, analysis and use.

Human Talent: 200 people who work at NGOs will have access to knowledge of tools for information use, data collection, time series charts creation and analysis, epidemiological surveillance, tools for using qualitative and quantitative information about the HIV epidemiology at the local level. These training processes will allow for development of the "learn by doing" methodology using data bases and research information, S&D studies, institutional capacities diagnosis, evaluation of counseling, test promotion, and supply services organization and others.

Project indicators follow up: We will execute activities targeting follow up to compliance with activities that NGOs will execute in order to demonstrate sustainable and sufficient evidences to acknowledge their progress degree along the life of the project, result/impact and process indicators. The project performance referral frame will link financial aspect of funds execution and programmatic progress level.

Quality standards and indicators: We will create a set of quality standards and indicators to measure quality related to institutional performance, networking, prevention and promotion services for HIV test pre and post counseling. This will gradually show reached performance levels in time by NGOs. With a goal of standard compliance above 80% for NGOs to be certified as graduate institutions.

Systematization: The project's M&EP establishes good practices systematization as a relevant event, for it we will apply an instrument and methodology that will allow for theorization of those practices that have led institutions and improvement rapid cycles and quality circles participants to reaching quality standards in a constant way.

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Year 1

Main Activities	Tasks	Chronogram												Results	Executor	Participant			
		oct-10	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	sep-11						
Networking culture creation for NGOs																			
Networking culture promotion activities Implementation	To study national and international experiences on networking																NGOs acknowledge networking benefits.	URC Staff	URC Staff, Partners, PASCA
	Improved processes and data exchange sessions																		
	Reviewing values and principles, networking benefits																		
	Networking indicators and standards design																		
	Networking standards and indicators validation with NGOs																		
	Networking standards and indicators compliance follow up																		
	Success stories development																		
	To discuss Network's structure, operation norms																		

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		oct-10	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	sep-11			
Result 4: Improved NGOs participation in representing MARPs and PLWH in the national response to HIV		Indicators <ul style="list-style-type: none"> • 200 people from NGOs provided with technical assistance on HIV related policies application • 20 NGOs participating at the national and local level in a coordinated way in advocacy and promotion activities, HIV policies application • 5 NGOs applied results from conducted research and MOH disseminated results • An advocacy plan implemented to reduce barriers in implementation of prevention programs for MARPs through the NGOs network. 														
Information diffusion instruments designed and developed	Website design and validation for and with NGOs													Instrument for produced information dissemination designed and information in use by partner NGOs and	URC	Partners
	Explore use of SharePoint/intranet/blog															
	TO develop Quarterly Bulletins															
	Local level annual forums for result presentation															
Capacities building and sub grants	Sub grant manual approved by USAID													Instruments for access to sub grants designed, and NGOs trained	URC Staff	URC Staff, NGOs, Partners
	To develop ToR for Fund contest															
	Contest Notice															
	Homologation process with contestant NGOs															
	Reception of proposal for contest															
	Awarding committee session															
	Sub grants signing															
Induction workshop with selected NGOs																
TP provide coaching to NGOs for project interventions implementation	To develop project administrative-managerial interventions supervision guide in NGOs												Improved NGOs managerial-administrative performance	URC Staff	Partners	
	Supervision plan															
	Information systematization and supervision plans															
	To develop annual report for administrative-managerial interventions progress in NGOs															



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					Oct.	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		
Technical team conformation and monthly work plans development		Contracts	Formed team	CEPRESI														
		Monthly chronogram development	Monthly chronogram developed	CEPRESI														
		Participation in development and validation of instrument to diagnose selected NGOs for training process	Organization's diagnoses designed	CEPRESI/CIES/URC														
		Development of graduation criteria for training processes' participants	Graduation criteria developed	CEPRESI/URC														
		Development of training process' participants profile	Participants profile developed and validated	CEPRESI														
Training program updating for participant NGOs in the first year of the Program		Updating the academic program according to needs	Training content approved	CEPRESI														
		Modules Development		CEPRESI														
		Academic modules printing		CEPRESI														
		Educational materials acquisition		CEPRESI														
Academic program Implementation		1st HIV/STI Course (1 workshop)	40 NGOs technicians trained	CEPRESI														
		Peer Education curses (facilitators training) 2 workshops	80 partner NGOs technicians trained	CEPRESI														
		HIV Documentation and communication Basic tools courses. 2 workshops	80 partner NGOs technicians trained	CEPRESI														
		HIV counseling course. 2 workshops	80 partner NGOs technicians trained	CEPRESI														
		MARPs Approach Methodologies Courses. 2 Workshops	80 partner NGOs technicians trained	CEPRESI														
		Political Incidence and advocacy Courses	40 partner NGOs technicians trained	CEPRESI														
Monitoring system Definition for technical capacities development		Monitoring chronogram definition	Education monitoring System	CEPRESI														
		monitoring guides development		CEPRESI														
		mentor teams creation	Mentors team formed	CEPRESI														
		Technical coaching and monitoring visits	Monitoring visits plan	CEPRESI														
Coordination meetings between partners				CEPRESI														
Technical reports development																		

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Result 1: To strengthen institutional capacity of at least 20 NGOs to participate in the HIV/AIDS national response plans by building capacities and promoting the networking model.		Indicators <ul style="list-style-type: none"> • More than two hundred NGO personnel, from 20 NGOs, trained and provided with technical assistance for HIV-related institutional capacity building, by the end of the Program. • At least 20 NGOs have institutional capacity building plans and implement them yearly. • A network of NGOs working with HIV/AIDS, initiated by the first year of the program, designing, implementing and evaluating plans from the second year to the end of the Program. • 120 NGO personnel implementing key administrative/financial actions (including: expenditures and budgets monitored monthly, balanced budget, adherence to filing system (hard copy and/or electronic), etc.). 														
Main Activities	Tasks	Results	Participant	Chronogram												
				Oct. 10	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep. 11	
Technical team conformation	Contracts development	Formed tram	CIES													
Managerial capacities diagnosis	Instrument definition	Diagnostic instrument defined	CIES													
	Instrument validation	Validated instrument	CIES													
	Evaluators' training	Evaluators team trained	CIES													
	Information collection	information collected	CIES													
	Information processing	information processed	CIES													
	Final report elaboration	Final report developed	CIES													
	Final report presentation	Report presented	CIES													
	Managerial indicators definition	Monitoring indicators defined	CIES													

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Main Activities	Tasks	Results	Participant	Chronogram											
				Oct. 10	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep. 11
Organizational Strengthening Program Design for NGOs participant in the first year of the Program.	Academic program design	training contend approved	CIES												
	Modules development		CIES												
	Academic modules printing		CIES												
	educational materials acquisition		CIES												
Academic Program implementation	3 Courses on Management and Leadership	90 partner NGOs leaders trained	CIES												
	3 courses on Operational and Strategic Planning	90 partner NGOs leaders trained	CIES												
	2 Courses on Financial control	60 partner NGOs leaders trained	CIES												
	3 courses on M&E	90 partner NGOs leaders trained	CIES												
	3 Courses on strategic information	90 partner NGOs leaders trained	CIES												
	3 Courses on Networking and advocacy	90 partner NGOs leaders trained	CIES												
	3 Courses on knowledge management	90 partner NGOs leaders trained	CIES												
	3 Courses on Human Talent Development	90 partner NGOs leaders trained	CIES												

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Main Activities	Tasks	Results	Participant	Chronogram											
				Oct. 10	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep. 11
organizational capacities development monitoring system Definition	Definition of Monitoring Chronogram	Monitoring System for managerial tools implementation	CIES												
	Monitoring guides development		CIES												
	Mentors team conformation	Mentors team formed	CIES												
	managerial mentors training	Mentorization system standardized													
	monitoring visits	At menos 2 field visit by each NGO	CIES												
	interactive forums systematic development	A permanent open forum for managerial consult	CIES												
	virtual seminar on management	A monthly seminar	CIES												
Coordination meetings between partners			CIES												
Technical reports development			CIES												