

**USAID** | PrevenSida  
DEL PUEBLO DE LOS ESTADOS  
UNIDOS DE AMÉRICA

# Third Year Work Plan

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## Acronyms

AIDS	Acquired Immune Deficiency Syndrome
CCP	Country Coordinating Mechanism
CDC	Centers for Disease Control and Prevention
CEPRESI	Center for Aids Education and Prevention
CIES	Center for Health Research Studies
CONISIDA	Nicaraguan Aids Commission
CQI	Continuous Quality Improvement
DR	Democracy and Governance
FSW	Female sexual worker
FY12	Fiscal Year 2012
FY13	Fiscal Year 2013
GBV	Gender Based Violence
GEFE	Gender Equality and Female Empowerment
HIV/AIDS	Human immunodeficiency virus/ acquired immunodeficiency syndrome
HR	Human Right
HRGP	Human Rights Grants Program
LGBT	Lesbian, Gay, Bisexual, and Transgender
MARP	Most at Risk Populations
MOH	Ministry of Health
MOT	Modelo de Modo de Transmisión. Transmission Mode Model
MSM	Men who have sex with Men
NDRC	National Diagnosis and Reference Center
NGO	Non-Governmental Organization
NSP	National Strategic Plan for STI, HIV/Aids 2006-2012
PASMO	Pan American Social Marketing Organization
PLWH	People Living with HIV
PEPFAR	President's Emergency Plan for AIDS Relief
RAAN	Northern Atlantic Autonomous Region
RAAS	Southern Atlantic Autonomous Region
RSJ	Rio San Juan
SILAIS	Local Integrated Health Care Systems
SMS	Short Message Service
STI	Sexually Transmitted Infections
SW	Sexual Worker
TRANS	Transgender, transsexual, transvestite
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
URC	University Research Co., LLC
USAID	United States Agency for International Development
USAID/DELIVER	Contraceptives Logistics Programme
USAID/PASCA	USAID Program for Strengthening the Central American Response to
USAID/ PrevenSida	Prevention of HIV/AIDS transmission among High Risk Population Program

## 1. Executive summary

This annual operating plan 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 three PEPFAR strategic components: institutional strengthening, prevention and strategic information.

During the first two years of the project, interventions were focused on outcomes 1, 2, 3 and 4: institutional strengthening, improved quality preventive services, reduction of stigma and discrimination and improved NGO participation respectively. In the year 2012, the project met most of PEPFAR and contract indicators. (Table 1 and 2 in annex)

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. We have reached 44 NGOs with academic training provided by CIES (management topics) and CEPRESI (prevention topics), USAID|PrevenSida staff, and others such as the National Diagnosis and Reference Center National (NDRC) of the Ministry of Health of Nicaragua (MOH).

Another approach taken to achieve these results was the delivery of grants to 18 NGOs with a total for the first two years of six hundred thirty-six thousand two hundred and seven U.S. dollars and thirty one cents (U.S. \$ 636,207.31).

Prevention activities undertaken by NGOs in FY12 were conducted applying combination HIV prevention and including gender based violence.

Another aspect that characterized FY12 was the use of the single record of people reached in prevention activities, which was used by USAID|PrevenSida grantee NGOs and by the Global Fund Main Recipient (GF) and sub-recipients. Three of the GF beneficiary organizations are already using it (RedTrans, ANICP+VIDA, and CEPRESI).

During FY13 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.

Stigma and discrimination and gender based violence experienced by men and women of the LGBT community starts in family relationships and extend to other aspects of society.

Despite the fact that there is a regulatory and political framework where there are no laws that prohibit homosexuality, law 641 established non-discrimination due to sexual orientation, article 204 from the Penal Code that established a sodomy penalty was removed., the Ministry of Health also established the Ministry Resolution 249-2009 pertaining to health care without discrimination due to sexual orientation; in practice, the social cultural context has hindered its

effective implementation. In order for the LGBT community to become a change agent in this reality, with HR funds through USAID|PrevenSida, they will receive technical and financial support to develop their leadership capabilities in human rights, advocacy plans design, law proposals related to their human rights and develop their organizational capabilities.

### **Strategic approach.**

*Institutional strengthening.* We will continue to provide support to NGOs in improving their administrative and financial processes through updating and implementing relevant manuals, strategic and annual planning, automating their accounting system, monitoring and evaluation plans and quality standards monitoring.

*Combination HIV prevention.* In order to more effectively program HIV prevention, care and treatment interventions, PrevenSida and its partners are developing and implementing a minimum package approach, a set of interventions. For 2013 we will deepen implementation of combination HIV prevention as the single strategy to behavior change, comprehensive care from the community, and the continuum of care linking the community with the public health and alternative centers network.

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

*Knowledge Management.* Along with USAID|PASCA and USAID|Combination Prevention, we will promote the flowing of knowledge from one organization to another, to recipients of prevention services and to the community.

*LGBT.* Through human rights integration into its HIV/AIDS program, USAID|Nicaragua will achieve the following objectives:

- 1) LGBT CSOs have the capacity, tools, and resources to better advocate for their constituents and claim their rights; and
- 2) Stigma, discrimination, and gender-based violence toward LGBT individuals in Nicaragua are reduced

Activities related to this topic are expected to be conducted with the LGBT Working Group and the Embassy Human Rights Officer USAID|PrevenSida will provide institutional strengthening to LGBT NGOs and social movements in three areas. The first is training leaders, advocacy, VBG, stigma and discrimination among other related topics. The second area corresponds to the consecution of the legal figure, creating or improving administrative and financial structures and the third is grant management to achieve political and legal changes.

*Project coverage.* For FY 13, we will cover 11 departments with the addition of Boaco (Leon, Chinandega, Managua, Masaya, Granada, Rivas, Rio San Juan, Chontales, Boaco, RAAN and RAAS). The Mission has reported, pending confirmation that additional funds would be available in FY 14 to expand coverage nationwide and consolidate in current territories. This will require an adjustment to the contract.

In the LGBT component, NGOs to participate could be selected from any department in the country

## **Result 1. Institutional strengthening**

CIES will complete the goal of trainees on management topics prioritizing those that require some modules to obtain certification. We will start a management and leadership course in RAAN targeting NGOs and URACAN University. In RAAN, PrevenSida will provide the Combination HIV prevention course, single record of beneficiaries and technical support to NGOs to update their financial and administrative manuals.

An interactive teaching package of combination HIV prevention will be developed.

We will continue providing support to NGOs to update or develop their administrative and financial manuals.

Seven new NGOs will be added to receive technical assistance to develop managerial and financial skills to manage sub-grants. The accumulative number of NGOs supported by the project is 43. (Table 3 in annex).

### *LGBT*

The Health and Education Office of USAID/Nicaragua has been working with the LGBT community for a number of years through its HIV/AIDS programs, supporting NGOs to advocate for reform in the health sector; developing studies on stigma, discrimination, and prevention related to HIV/AIDS; and improving technical competencies related to education methodologies and behavior change interventions, among others. However, while significant progress has been made through these programs, LGBT individuals remain among the most vulnerable in Nicaraguan society.

With the LGBT component we will comply with the objective of:

- LGBT CSOs have the capacity, tools, and resources to better advocate for their constituents and claim their rights

As noted in the 2012 USAID/Nicaragua Gender Analysis, “Women and girls, particularly from ethnic and linguistic minority groups, as well as members of the LGBT community, lack the confidence and knowledge to demand their rights; they need to be educated and empowered about what their legal rights are and how to claim them”.

With the LGBT community, in FY13, 7 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. The topics to include are:

- 1) Strategic and Annual Planning.
- 2) Financial Controls
- 3) Monitoring and Evaluation.
- 4) Strategic information and knowledge management

USAID|PrevenSida will provide support to 15 NGOs from the LGBT community (including those without legal status and those on the Caribbean Coast) to develop a more holistic program with a right-based approach; developing capabilities in topics that could be refined after the baseline and that could include the following:

- 1) Leadership and training leaders
- 2) Legal and regulatory framework of promotion and protection of human rights
- 3) Gender and prevention Gender based-violence

- 4) Legal advocacy
- 5) Stigma and Discrimination in LGBT communities
- 6) Coalition building
- 7) Volunteerism
- 8) Media outreach

These topics will be decided once we obtain a baseline on knowledge, attitudes and practices around human rights, advocacy and educational messages targeting population.

With these competencies, the LGBT community leaders will be able to conduct activities such as monitoring human rights violation, supporting human-rights defenders, and protecting and promoting the rights of the LGBT community.

## **Result 2. Prevention services to MARPs.**

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 FY13 that 17 NGOs will receive sub-grants and will achieve coverage in 11 departments with the addition of Boaco.

In the beginning of FY13, the technical staff of 43 NGOs was trained on prevention and 24 NGOs have received funds to implement prevention activities in key populations.

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

Another method to improve outreach of key populations will be video forums. We will continue to train facilitators in the use of technical specifications to discuss the videos (10) that are part of the series developed by Fundacion Luciernaga. Topics contained include gender-based violence, stigma and discrimination, and HIV prevention.

Another action is the coordination between NGO and VICITS clinics in order to ensure the continuing of the adult care such as HIV test, family planning, diagnostic and treatment of TSI, etc.

## **Result 3. Stigma and discrimination**

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

In the next round of grants, the RFA will include activities to reduce stigma and discrimination and gender-based violence through video forums and musical and theatrical expressions.

The videos displayed on movie forums have incorporate messages related to who affect the discrimination in the prevention of the HIV to people of sexual diversity and with HIV.

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

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

### ***Human Rights advocacy***

This component supports USAID's GEFE Policy by empowering LGBT individuals, who are most vulnerable to GBV, stigma, and discrimination in Nicaragua, to advocate on behalf of their constituents and claim their rights, while also supporting the LGBT Presidential Memorandum to "build respect for the human rights of LGBT persons."

With the LGBT component we will comply with the objective of:

- Stigma, discrimination, and gender-based violence toward LGBT individuals in Nicaragua are reduced.

As noted in the 2012 USAID/Nicaragua Gender Analysis, "Gender-based violence that predominantly affects girls, women, boys, and members of the LGBT community in Nicaragua seriously restricts advancements in democratic governance and economic growth by fostering an environment and culture of inequality, intolerance, and violence that perpetuates the cycle of poverty. The LGBT and HIV/AIDS-affected community members are targets of verbal abuse and discrimination. For example, 15.8 percent of the men in Managua and 7.7 percent of the men in Chinandega have experienced some type of abuse or mistreatment due to their sexual orientation or for being transsexual."

To provide support to stigma and discrimination and reduction and violence against the LGBT community, 60 leaders from 15 LGBT NGOs will be trained on stigma and discrimination and gender based violence reduction, for which we will design a methodological model to provide training and address the topic.

#### **Result 4. Improved participation of NGOs in the National Response to HIV/AIDS**

To improve NGO involvement in the national response we will focus on facilitating knowledge and use of strategic information generated to be produced in FY13. Data integration in the national response with the collaboration of USAID/PASCA.

**Project coverage.** In FY 13, will cover the same 10 departments that were assisted in FY 12: RAAN, RAAS, Leon, Chinandega, Managua, Masaya, Granada, Rivas, Chontales and Rio San Juan with the addition of Boaco the number will increase to 11.

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

**Policy.** The LGBT NGOs staff will be trained on the design of short-term, high impact advocacy projects; which they will then have the opportunity to implement through the sub-grants mechanism. One of the laws that the LGBT NBOs could potentially work with is gender equality. The goal is to have at least a draft by the end of the current fund period.

The document contains a description of the current situation of HIV in Nicaragua, background and operation of the implementing mechanism on HIV, objectives, strategic PEPFAR components, main results and indicators and two sections; the technical part and the financial aspects.

The technical aspect includes the following topics:

1. General approach
2. Results and activities.

The financial aspect includes the following topics:

1. FY13 Budget
2. Description of direct costs
3. Sub Contracts/Grants
4. Indirect costs

## 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>1</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>2</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>3</sup>, Nicaragua has a concentrated type epidemic because prevalence is above 5% in key populations and less than 1% in overall population.

Since the first case was reported in Nicaragua in 1987 up to December 2012, there have been a total of 7.875 people diagnosed with HIV registered through the monitoring system of the Ministry of Health (MOH)<sup>4</sup>. 6.071 of these were captured on HIV status, and 1,019 have died. Prevalence rate is 0.21 per 100 people.

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

Graphic1: HIV per age group. 2012



According to the MOH quinquennial report (2007-2011)<sup>5</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.

Several studies related to prevalence of HIV in key populations describe. Trans people has a range of HIV of 4.4 to 18.8 with the highest rate in Managua; MSM a range of 2.8 to 9.8 with the highest in Masaya; FSW a range of 1.8 to 2.4 with the highest rate in Chinandega.(Table 4 in annex).

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

<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.]

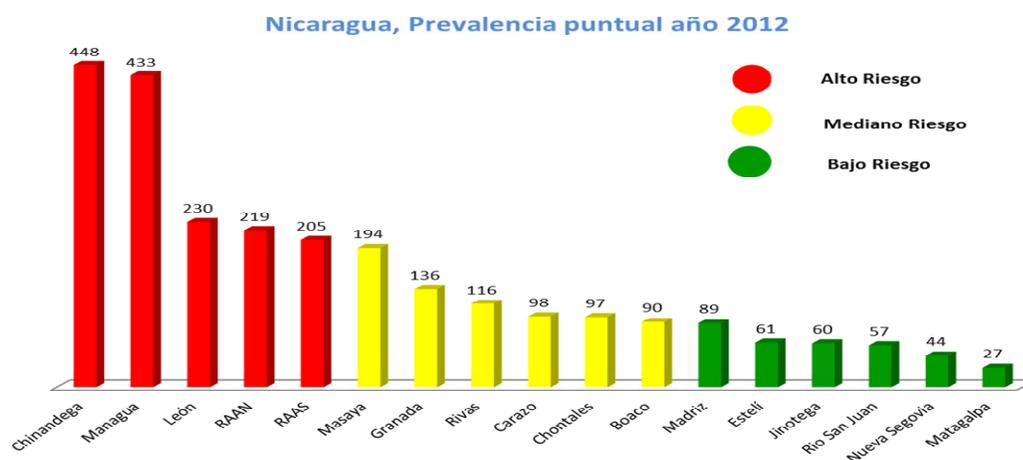
<sup>2</sup> Instituto Nacional de Información de Desarrollo, Nicaragua: “Estimaciones y Proyecciones de Población”, Período 1950-2050. <http://www.inide.gob.ni/Anuarios/Anuario2008.pdf>. [Acceso el 12 de octubre de 2012.]

<sup>3</sup> ONUSIDA, Orientaciones terminológicas de ONUSIDA, Versión revisada octubre del 2011, Ginebra, Suiza, ONUSIDA, 2011

<sup>4</sup> MINSA. Componente VIH y Sida. Base de datos de 2012.

<sup>5</sup> Ministerio de Salud. Situación Epidemiológica VIH y Sida, Quinquenio: 2007 – 2011. Managua, Nicaragua. MINSA. 2012.

Graphic2: HIV Prevalence. Nicaragua. 2012.



Source: MOH HIV/AIDS Component

The rapid HIV tests made by PrevenSida during the period October 2011 to 30 September 2012 recorded that of 481 gay were tested and obtained 7 positive for a percentage of 1.46. In Trans population, 218 tests were taken resulting 17 positive for a percentage of 7.8<sup>6</sup>.

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

Geographically, people with reactive rapid test results in USAID / PrevenSida, are located mainly in the Pacific of Nicaragua similar to the epidemiological surveillance report of 2011<sup>7</sup>.

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

In relation to the HIV prevalence and the USAID|PrevenSida coverage (Table 5 in annex) the lowest coverage by department and population is:

- MSM: RAAN, Chinandega, RAAS, RSJ and Chontales.
- Trans: RAAN, RAAS and RSJ.
- FSW: RSJ, RAAN, Chinandega, Rivas and Masaya.
- PLWH: Masaya, Chontales, Rio San Juan and Masaya.

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

<sup>6</sup> PrevenSida data base. October 11 to September 2012.

<sup>7</sup> Epidemiological Situation HIV and Aids quinquennial: 2007 – 2011. STI, HIV and Aids component, MINSA 2011

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

The National Aids Commission (CONISIDA) in their distribution analysis for new HIV infections and recommendations for prevention for 2012 (HIV Transmission Ways Model)<sup>8</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 6 in annex).

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

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 (GF) 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, and reducing risky sexual behaviors and discriminatory attitudes, and ensure quality information. The total of these strategic objectives are linked to the 4 results and indicators of the project, as detailed below.

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

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

University Research Co., LLC (URC)<sup>9</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.

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

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<sup>8</sup> COMISIÓN NICARAGUENSE DEL SIDA. Modelo de Modos de Transmisión del VIH Análisis de la distribución de nuevas infecciones por el VIH y recomendaciones para prevención. Abril del 2012. [http://www.pasca.org/sites/default/files/MoT\\_NICARAGUA\\_2011\\_finalB.pdf](http://www.pasca.org/sites/default/files/MoT_NICARAGUA_2011_finalB.pdf) [Acceso el 12 de octubre de 2012.]

<sup>9</sup> <http://www.urb-chs.com/>

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.

#### 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 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

See impact indicators in table 7 in annex.

#### **Strategic components impacted**

- a. **Prevention.** The goal is increasing healthy behavior among high risk population by using high impact prevention methodologies in order to reduce HIV transmission
- b. **Health system's strengthening.** The goal is to develop strengthened health systems to more effectively reach high risk populations
- c. **Strategic information.** To develop capacity of NGOs to use the information in order to take evidence – based decisions around the HIV epidemic.
- d. **Policies.** To develop capacities of NGOs to decrease structural barriers in the stigma and discrimination and gender based violence toward people living with HIV and the LGBT community.

## 5. Technical Report

### 5.1 Overview of Approach

***Institutional strengthening.*** In order to strengthen the institutional capacity of the NGOs working in HIV prevention with MARPS and NGOs working in Human Rights Advocacy, the selected NGO personnel will receive training and mentoring on a combination of organizational fundamentals such as clear vision, planning, solid financial and management practices, monitoring and evaluation (M&E), and commitment to leadership and relationships.

We will be providing the NGOs with the skills to develop the structures to strengthen their financial management processes, a necessary component for the sustainability of any organization. By providing the NGOs with the tools necessary to improve their financial tracking, budgeting, management, as well as linking them with funding sources, they will in turn be more able to attract and receive future funding, further increasing sustainability past the life of the project.

***Combination HIV prevention.*** For 2013 we will deepen implementation of HIV combination prevention as the single strategy to behavior change, comprehensive care from the community, and the continuum of care linking the community with the public health and alternative centers network. This is intended to expand prevention, care and treatment for MARP and positive people.

Among structural interventions of combination prevention we will work with NGOs to understand the relationship of gender-based violence and HIV, stigma and discrimination as a barrier for care and prevention, and violation of human rights of sexual diversity and positive people.

Among biomedical actions we will strengthen aspects related to adherence to antiretroviral therapy, either in self-help groups or home visits by NGOs with the profile of HIV care. We will also assess the need and contraception referral of people reached, evaluation of sexually transmitted infections (STIs), HIV testing and counseling.

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

***Improvement Collaborative.*** The fundamental concept in modern improvement methods is that without change there can be no improvement. In the second year of the project, 54 people from different NGOs have had experience with the concepts of continuous quality improvement (CQI), of which, 18 NGOs have received funding in the first two years, they have had the opportunity to make improvement approaches based on their administrative and financial gaps.

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

In FY13, two improvement collaboratives will address two goals:

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, bringing new and additional knowledge and skills in managing HIV prevention for MARPS.

The goal for the next period is to achieve systematization of good practice to document those organizational changes in skills or inputs that allowed or hindered improvement.

**Knowledge Management.** There are a number of good practices among NGOs generating knowledge in implementation of HIV evidence based prevention strategies. There are also experiences exchange spaces and dissemination of knowledge among peers. In addition, the results of studies on prevalence and behavior change have been shared, which has raised awareness among NGO senior and technical staff, to focus their prevention projects on MARPS.

Along with USAID|PASCA and USAID|Combination Prevention, we will promote the flowing of knowledge from one organization to another, to recipients of prevention services and to the community.

The challenge is to organize the capture of knowledge generated through various sources: Workshops, lectures, case studies, monitoring of prevention services production, reports from International experiences, operational research, second generation data surveillance, etc. PrevenSida will systematically collect all this knowledge and will organize it based on usefulness for decision-making. For example, epidemiological trend in HIV, prevention strategies, studies on behavior change, etc.

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

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

LGBT NGOs, through the sub-grants, will be able to implement in a joint way (networking) the actions described in the document "Action plan to provide healthcare for the female transgender population in Nicaragua". This information was collected by USAID|HCI Nicaragua in April 2013, using the social determinants of health.

## 5.2 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

During the second year of the project, a total of 38 organizations (Pacific and Caribbean) sent people to be trained on the courses provided by CIES and CEPRESI.

CIES will complete the three rounds of training in October 2012 and has planned to graduate 73% of the overall project goal. The remainder will be trained in 2013. CEPRESI recently completed all courses scheduled for 2012 and is projected to reach over 90 percent based on the overall project goal.

In relation to other courses provided by PrevenSida and through NGOs, such as: rapid testing, family planning, combination prevention, single registration, etc., we reached 240 percent above the goal.

In the administrative and financial area, 12 grantee NGOs underwent a pre-award evaluation and received technical assistance to cover gaps in aspects related to the directive board's operational issues, operational planning, internal control, purchasing and procurement, and support information.

For the third year of the project we will conduct institutional strengthening and specialized technical training to 15 LGBT NGOs engaged in Human Right advocacy.

### Activities

**Skills development.** For management topics the goal for 2013 is 40 people; participants are mainly those who need to complete the courses required for graduation and preferably from the Pacific area due to budgetary constraints.

The eight courses previously provided by CIES will be reduced to five. Management and Leadership will be joined with network training. Advocacy will be omitted for it will be developed by USAID/PASCA.

In the RAAN, we did not conclude effectively the training of NGOs staff based in this region. These organizations are working with people of sexual diversity and people with HIV. Therefore, we will begin in RAAN a round of training in leadership and management to those organizations including local university staff URACAN.

Topics to be provided by CIES in year 2013 are:

- Management, leadership and network training.
- Strategic and Annual Planning.
- Financial Controls.
- Monitoring and Evaluation.
- Strategic information and knowledge management.

With the LGBT component we will comply with the following objective:

- LGBT CSOs have the capacity, tools, and resources to better advocate for their constituents and claim their rights.

As noted in the 2012 USAID/Nicaragua Gender Analysis, “Women and girls, particularly from ethnic and linguistic minority groups, as well as members of the LGBT community, lack the confidence and knowledge to demand their rights; they need to be educated and empowered about what their legal rights are and how to claim them”.

With the LGBT community, in FY13, 7 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. The topics to include are:

- 1) Strategic and Annual Planning.
- 2) Financial Controls
- 3) Monitoring and Evaluation.
- 4) Strategic information and knowledge management

Participants in the institutional strengthening course will have to develop their performance by 60% compared to the base line built through measuring administrative and financial quality standards implemented by USAID|PrevenSida in NGOs which have received institutional strengthening.

The Health and Education Office of USAID/Nicaragua has been working with the LGBT community for a number of years through its HIV/AIDS programs, supporting NGOs to advocate for reform in the health sector; developing studies on stigma, discrimination, and prevention related to HIV/AIDS; and improving technical competencies related to education methodologies and behavior change interventions, among others. However, while significant progress has been made through these programs, LGBT individuals remain among the most vulnerable in Nicaraguan society.

USAID|PrevenSida will provide support to 15 LGBT NGOs, including 7 NGOs that have not yet received USAID/donor support and 8 NGOs that have already received institutional strengthening and demonstrate the potential and desire to benefit from additional specialized training ( including those without legal status and those on the Caribbean Coast) to develop a more holistic , right-based approach program developing capabilities in topics that will be defined after the baseline and that could include:

- 1) Legal and regulatory framework of promotion and protection of human rights
- 2) Gender and prevention Gender based-violence.
- 3) Legal advocacy.
- 4) Stigma and discrimination in LGBT communities
- 5) Coalition building.
- 6) Volunteerism.
- 7) Media outreach.

These topics will be decided once we obtain a baseline on knowledge, attitudes and practices around human rights, advocacy and educational messages targeting population.

With these competencies, the LGBT community leaders will be able to conduct activities such as monitoring human rights violation, supporting human-rights defenders, and protecting and promoting the rights of the LGBT community.

This course will be provided in three localities including: Managua. Bilwi and Bluefields.

The potential LGBT NGOs to be trained on advocacy are:

Type of Population	New NGOs	ONGs currently receiving support from the project
Lesbians	<ol style="list-style-type: none"> <li>1. SAFO</li> <li>2. MOVFEM</li> <li>3. ARTEMISA</li> </ol>	
Gays	<ol style="list-style-type: none"> <li>4. ANDISEX</li> <li>5. Movimiento de la diversidad sexual de Río San Juan</li> <li>6. IDSDH</li> <li>7. Grupo 8 de la RAAN</li> </ol>	<ol style="list-style-type: none"> <li>1. MODISEC RAAN</li> <li>2. MODISEC RAAS</li> <li>3. CEPRESI</li> <li>4. OVI</li> <li>5. ACALP-PELG</li> <li>6. CEGODEM</li> </ol>
Trans	<ol style="list-style-type: none"> <li>7. ANIT</li> <li>8. AVETRANS</li> </ol>	<ol style="list-style-type: none"> <li>7. REDTRANS</li> <li>8. ADESENI</li> </ol>

**Legal status of LGBT NGOs.** To strengthen their participation and empowerment in advocacy for their human rights and allowing social movements to be fund recipients, we will provide support to 6 organizations to obtaining their legal status: 1 lesbian organization, 4 gay organizations and 1 female Trans.

**Mentoring.** After the training session, CIES teachers will conduct mentoring to ensure that the learning objectives are translated into improved performance, especially in the areas of strategic and operational planning and financial control. An outcome of this activity is NGOs developing planning processes and implementing financial standards.

LGBT NGOs that receive training in Human Right advocacy will receive mentoring by a group of selected advisors to design their advocacy plans, develop laws and integrating into media and social marketing activities and topics on gender equality and gender-based violence.

**Monitoring and evaluation.** 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 reviewing and understanding M&E work plan implementation issues.

We will ensure that 100% of grantee NGOs has an institutional M&E guide and a grant program monitoring plan, technical assistance will be provided by the USAID|PrevenSida monitoring and evaluation consultant. In remaining NGOs, especially those who send staff to M&E training, mentoring from the CIES teacher will focus on building an M&E plan.

The single record system was created in ACCESS with over 50 reporting tables that are used to analyze goal compliance, coverage, MARP preventive services, and prevention with positives. This has allowed for NGOs to improve knowledge of risk populations and MARP approach sites.

PrevenSida is contributing to the national response with the automated single record which is used by the GF principal recipient and sub recipient NGOs to report key people reached.

Although there are specific project indicators established in the contract, there is a set of indicators agreed upon with the Mission as part of the bilateral program. These are subject to quarterly M&E, reporting and analysis.

These indicators have been harmonized as of this year with the regional indicators of the Partnership Framework for Central America. Since October 2012, the project is part of the regional portfolio and will report its indicators at that level. For the FY 2013, the project will implement the new indicators published in the PEPFAR next generation indicators reference guide, February 2013. (Table 8 in annex).

Managerial capacities improvement collaborative. From the experience gained in the first two years we 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.

We will conduct three learning sessions and in between them, teams will 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-sequent learning sessions. At the end of the year, we will systematize good practices that help participant NGOs for the fourth year, to reach standard compliance more quickly.

For LGBT NGOs working in Human Right Advocacy we will use the same monitoring system used by NGOs identifying those that report under the DRG Human Rights Grants Program funding.

The institutional strengthening quality index tool, which will be modified to document progress toward the specific objectives of HRGP funds.

Monitored indicators ( Table 9 in annex) are related to:

1. Number of human rights defenders trained and supported.
2. Number of civil society organizations (NGOs) receiving USG assistance engaged in advocacy interventions (\*includes media and human rights organizations).
3. Number of laws, policies, or procedures drafted, proposed or adopted to promote gender equality at the regional, national or local level.
4. Percentage of NGOs receiving USG institutional strengthening that achieve a 60% increase in performance from baseline.

### **5.3 Result Two: Improved Access to and Quality of HIV/AIDS Preventive Services for MARPS from NGO Preventive Services Providers**

During 2012, a total of 32 delegates from 10 NGOs in the Pacific area, and 29 people from six Caribbean NGOs developed capacities to implement HIV combination prevention in key populations and positive people. The link between gender-based violence as a structural intervention closely related to HIV transmission and filling out the forms for the single recording system for MARP and positive people.

Technical notes for each topic (combination HIV prevention in MARP, combination prevention for positive people, gender-based violence and single record) were built through systematization of evidence documented as effective interventions.

Participating NGOs were: Fundación Luciérnaga, MOVITEP-SF, AHCV, IXCHEN, ANICP+VIDA, CEGODEN, CEPRESI, REDTRANS, ADESENI, Fundación San Lucas, ACRIC, ACCCSIDA, FADCANIC, MDSRAAS, Acción medica cristiana and Grupo de gente positiva. A total of 247 people were trained by NGOs in combination prevention.

To June 2012, 202 people were trained in the following courses related to prevention: 76 on CEPRESI modules, 20 in clinical laboratory, 73 in stigma and discrimination, and 33 in single MARP record, PLHA and information systems management.

Taking into account the results of PrevenSida coverage by population and by department (Table 5 in annexes), the project will prioritize the approach of combined HIV prevention in the following:

MSM: Chinandega, Managua, Rivas, Chontales, RAAN, RAAS and RSJ.

Trans: RAAN, RAAS, RSJ and intensify in Masaya

FSW: Chinandega, Managua, Masaya, Granada, Rivas, RAAN and RSJ.

PLWH: Chinandega, León, Masaya, Chontales.

In relation to HIV rapid test, the project will increase the number of in Chinandega, Chontales, RAAN and Masaya.

#### Activities

Starting on this period of activities, PrevenSida is part of the regional PERPFAR program and must be in line with the regional PERPFAR framework; which aims to reduce HIV and Aids incidence and prevalence in the Central American region joining efforts and coordinating initiatives in order to achieve a more affective and vigorous response to the epidemic in the region.

**Competencies Development.** During the first two years, PrevenSida has completed with the courses related to rapid testing in HIV/AIDS prevention services.

Apart from training on rapid testing, PrevenSida provided support to NGOs in organizing testing. This includes ensuring minimum inputs availability (reagents, alcohol, cotton, needles, informed consent and referral sheets), in compliance with MOH standards goal monitoring.

CEPRESI, as subcontractor received funds to develop the prevention courses fulfilling the goal of people to be trained in prevention.

During the second year, in July 2012, with participation from the Guatemala based HIV regional program, the USAID Mission in Nicaragua, USAID|Combination Prevention and USAID|PrevenSida officials, the negotiation to enable the country to have a single Combination Prevention Program with participation of the two actors presents in the county PrevenSida and PASMO took place achieving the following agreements<sup>10</sup>:

1. PrevenSida will continue with the following activities:
  - a. Institutional Strengthening:
    - Administrative, financial and prevention competencies development. Creating administrative and financial manuals.
    - Developing operational and strategic plans at NOGs.
  - b. Quality continuous improvement programs at NGOs
  - c. Prevention messages through SMS
  - d. Grantee NGOs Monitoring and Evaluation plans and guides
  - e. Implementing the prevention strategy through NGO grants (reaching target population and HIV testing)
  - f. Single recording system for people reached
2. PASMO will be responsible for:
  - a. Developing materials and methodologies (classroom, online, mobile devices), with emphasis on PWH, Trans and MSM
  - b. NGO training on the use of methodologies and materials
  - c. Methodological coaching for combination prevention actions
  - d. Promoting access to condoms and lubricants distributions spots
  - e. Developing the Nation Condoms Strategy
  - f. HIV diagnosis on Profamilia Clinics

NOTE: PASMO ceases to implement prevention actions directly and through NGOs, the HIV testing and reached population goals disappeared.

In conclusion, CEPRESI will not continue providing training or mentoring because the planned courses have been completed and the partnership with USAID|Combination Prevention will replace the role of CEPRESI when it comes to field mentoring. Furthermore, CEPRESI does not have the required combination prevention expertise.

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<sup>10</sup> Meeting minutes created by Giovanni Meléndez. HIV Prevention Specialist Health and Education Office Central America HIV/AIDS Regional Program USAID. E-mail from July 10<sup>th</sup> 2012.

USAID|PrevenSida will complete the updating and approval process of the MARP combination prevention technical notes and prevention with positives, gender-based violence and single record; which will allow for NGOs and other donors to have a teaching package linked to these topics.

***Services integration.*** The approach to increase access and integration of prevention services will be through the implementation of different interventions established in HIV combination prevention with both MARP and with positive people.

In coordination with the USAID|Combination prevention regional project we will implement interventions defined; thus achieving a single combination prevention program with two actors.

The role of USAID|PrevenSida will be to develop or enhance knowledge in at least 40 NGOs on topics related to the combination prevention concepts and recording and tracking of people reached in the different activities. The role of USAID|Combination Prevention will be that of field technical assistance in the same 40 NGOs, with their focus on different behavior change methodologies. These should promote risk assessment on a personal level, greater dialogue and sense of responsibility to encourage and support healthy and positive behaviors.

Behavior change is intended to increase condom use, greater VCT with higher quality and delivering results in a timely and appropriate manner, and the reduction of sexual partners.

***Quality prevention services.*** Validated and shared quality standards will be used in prevention services to build the baseline of organizations to enter the program in the third year, and monitoring those NGOs who have been closing service quality gaps. Through the improvement collaborative strategy, we will share success stories that allowed other NGOs to achieve expected quality standards. We will also promote the integration of FP during HIV counseling and gender-based violence as part of the quality and integration of services.

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

Another method to improve outreach of key populations will be video forums. We will continue to train facilitators in the use of technical specifications to discuss the videos (11) that are part of the series developed by Fundacion Luciérnaga. Topics contained include gender-based violence, stigma and discrimination, and HIV prevention.

***Peer education.*** Peer education has been in place since the beginning of the project because it is the most appropriate way to be heard by people and receive information about HIV/AIDS, thus

influencing current risk behavior. We do not rule out other modalities such as face to face, both one on one and in small groups.

## 5.4 Result Three: Reduction of Stigma and Discrimination Directed Against MARPS and PLHIVS

In the first two years of the project we have completed training for NGO staff (103% based on the goal) for more than 20 organizations on the methodology to reduce stigma and discrimination among sexual diversity and positive people.

The USAID|Combination Prevention project will implement their social movement strategy in 2013 to reduce stigma and discrimination.

The reduction of stigma and discrimination will be mainstream rather than specific activities. Activities.

***Cinema - forums.*** For this period we will have a series of videos that describe the situation of stigma and discrimination of Trans people and people living with HIV. These will be presented through NGOs using cinema forums, for which NGOs will have facilitators trained on the technical specifications to discuss the videos in the communities influenced by NGOs.

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

### ***LGBT.***

With the LGBT component we will comply with the following objective:

- Stigma, discrimination, and gender-based violence toward LGBT individuals in Nicaragua are reduced.

As noted in the 2012 USAID/Nicaragua Gender Analysis, “Gender-based violence that predominantly affects girls, women, boys, and members of the LGBT community in Nicaragua seriously restricts advancements in democratic governance and economic growth by fostering an environment and culture of inequality, intolerance, and violence that perpetuates the cycle of poverty. The LGBT and HIV/AIDS-affected community members are targets of verbal abuse and discrimination. For example, 15.8 percent of the men in Managua and 7.7 percent of the men in Chinandega have experienced some type of abuse or mistreatment due to their sexual orientation or for being transsexual.”.

To provide support to stigma and discrimination and reduction and violence against the LGBT community, 60 leaders from 15 LGBT NGOs will be trained on stigma and discrimination and

gender based violence reduction, for which we will design a methodological model to provide training and address the topic.

**Public awareness campaign.** Through small grant mechanism the LGBT organizations will be able to develop campaigns to reduce S&D and gender based violence and other illustrative activities such as; training journalists on topics related to current laws against violence and human rights of sexual diversity.

**Skills development to LGBT NGOs.** For training on S&D and violence against sexual diversity reduction, we will adapt current PHIV methodologies with an approach that integrates Nicaraguan legislation on human rights as well as the universal declaration; strategic information on violence and discrimination, positive communication and address violence at its root causes.

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

NGOs participation in the national response will be more effective as they improve their competencies in the new strategies for prevention, management of information related to the epidemiological trend of the epidemic, the regulatory framework in the country, development of a networking culture, and have more opportunities to exchange good evidence based practices.

The strategic approach for this result is to develop capabilities that enable NGO officials to implement changes in their action plans for target populations, HIV policy analysis, and to position their organizations in their areas of influence.

### Activities.

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

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

For FY13 NGO support on the development of their monitoring and evaluation manual and improvement of their staffs Excel knowledge will continue. Data from different sources such as ENDESA, Global Fund, PASMO tracking studies, PASCA and Universidad el Valle/CDC will

continue to be shared. The main sharing mechanism will be during the management improvement and prevention collaboratives learning sessions.

**Data Integration in the national response:** The USAID|PASCA regional program in coordination with USAID|PrevenSida will support NGOs in the integration of the data provided by said organizations in the national reports developed by national and regional CONISIDA.

Alongside the main receptor of the Global Fund and in coordination with the CCM, PrevenSida will provide ONUSIDA information to develop country reports, for this PrevenSida will take advantage of its participation space in the committee and will encourage 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 will promote the use of single record system by CONISIDA.

**Web site.** The purpose of the website is to share information and to be used as a tool for knowledge management, and to act as referral for NGOs to work with MARP. It was launched on July 2011. By the end of August 2012 there is a record of 7,299 visits to the website and 3,212 users. The most frequently visited areas are the news, partners and research report pages. The biggest interest articles were research reports related to PEMAR (MSM, SW and Trans), epidemiological surveillance reports and success stories.

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

In year 3 of the project actions targeted towards the maximization of web use will be taken into action, conducting discussion forums on the effects of the HIV epidemic in the PEMAR community, and on topics from quarterly polls conducted amongst NGO staff. For the very first time topics related to both financial and administrative aspects will be integrated such as application of fiscal laws that affect NGOs, amongst others. In year 3 of the project we will also emphasize sharing of the webs existence amongst PEMAR through the SMS system that is currently being executed.

Currently, PrevenSida is in Face Book and will open a twitter a twitter account to share strategic information, best practices, success stories and other relevant information

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

**Advocacy LGBT.** With the GBT community, once we have strengthened their capability for advocacy, we will provide support for coalition –building. One of the input of this common work will be the action plan for healthcare to transgender population in Nicaragua facilitated by USAID|HCI Nicaragua in April 2013 and developed by people of sexual diversity using the

social determinants for health for its design. This plan proposes a series of actions that coincide with the PrevenSida LGBT component, these include: awareness and education on gender based violence, S&D in the main discriminators that exert violence against sexual diversity people; public campaigns; public outreach of laws and ministry resolutions; design and present a public policy proposal such as the gender identity law; training sexual diversity leaders on human rights; political incidence for access to social programs and government education and promoting a Ministry of Labor regulation on no discrimination on access to employment.

## 5.6 Cross-Cutting and Other Issues

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

The PrevenSida program will, at its core, be focused on local capacity building and will provide subgrants to select NGOs to insure that they can translate their learning and newly acquired skills into concrete developmental changes in their organizations. By providing subgrants, this program will support continuity of the work of the NGOs and sustain them as organizations

NGO grants, which have reached an amount of 636,207.32 dollars in the first two years of the project, are the fundamental strategy for management capacity development in said organizations, and HIV prevention in MARP, in terms of access and quality of services, as well as access to information.

As previously learned, there will be no non-grantee NGO time period, due to the fact that this causes a data void/hole in the projects' PEPFAR indicators. There for the two following modalities will be established;

1. Six NGOs' performing a good project execution during the current grant round, will be invited to send an extension request and financial ceiling increase, once approved they will be requested to develop a work plan and budget that will be subject to approval by USAID Nicaragua. Subsequently the URC contract office will either update their current contracts or create new contracts (only updating budgets and certain activities/scopes if necessary).
2. An open competition to NGOs working in HIV prevention in key populations and other vulnerable populations.

For this third round of sub grants, PrevenSida will support activities related to results 1 and 2. Among the activities to be supported to reduce stigma and discrimination, gender- based violence and HIV prevention, are the musical and theatrical expressions that allow awareness around the issues mentioned.

### ***Small Grants Mechanism to LGBT NGOs for advocacy.***

The Health and Education Office of USAID/Nicaragua has been working with the LGBT community for a number of years through its HIV/AIDS programs, supporting NGOs to advocate for reform in the health sector; developing studies on stigma, discrimination, and prevention related to HIV/AIDS; and improving technical competencies related to education methodologies and behavior change interventions, among others. However, while significant progress has been made through these programs, LGBT individuals remain among the most vulnerable in Nicaraguan society. On the other hand, LGBT NGOs have not had funding to

deploy advocacy efforts to lobby government to implement laws related to gender equality and gender-based violence.

Through the course of the specialized technical training, NGOs will have the opportunity to develop short-term, high impact advocacy projects, which they will then have the opportunity to implement through the sub-grants mechanism, improving their institutional capacity and credibility to manage projects and making them more competitive to receive donor funding in the future. Illustrative activities include advocacy for implementation of existing GBV and non-discrimination legislation, development of model laws and legal advocacy, and public awareness campaigns designed to combat stigma, GBV, and discrimination.

The human rights' approach to be used with grants currently introduces a window of opportunity since there is a regulatory and political framework that guarantees human rights of people of sexual diversity. However, this framework is not a priority; therefore its implementation is not effective in the LGBT community.

**Gender.** The gender approach in HIV prevention should include actions not only for men and women, but also for sexual diversity, such as: transgender, MSM and gay, as well as other highly exposed populations, such as: sex workers, drug users, groups of populations often marginalized for their sexual behavior or gender identities. The project has provided equitable opportunities to men, women and people of different sexual orientations to develop competencies and skills for their work and to have a healthy life. In terms of accessibility to prevention services, the Project has organized strategies to assure the continuum of care for people of sexual diversity through combination prevention implementation.

Gender and the reduction of the gender based violence will be mainstream rather than specific activities

#### ***Coordination with other USAID programs and donors***

In implementing the work plan, PrevenSida will work closely with USAID|PASCA, USAID|Combination Prevention, and Center for Disease Control and 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 September 30<sup>th</sup> 2013. Coordination will be based on strategic alliances action, advocacy and national strategic plan monitoring.

*Center for Disease Control*, The project will coordinate to promote project beneficiary NGOs in the result dispersing as part of Knowledge management and to improve the reference to VICITS clinics.

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

USAID|DELIVER as partner in DAISSR (Disposición adecuada de insumos de salud sexual y reproductiva)

USAID|HCI, the project will coordinate to include the new knowledge into de universities.

USAID| Alianzas, providing support in their HIV prevention activities in the private sector.

Democracy and Governance Office, to coordinate with the interagency LGBT Working Group, as well the Embassy Human Rights Officer, to complement activities currently funded bilaterally or regionally.

Peace Corp, the Project will continue to act as a link between Peace Corps volunteers and NGOs in common territories.

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

Germany Society for Cooperation, The Dutch Fund for Human Rights, FED-HIVOS, with the purpose of getting to know the coverage of their cooperation and establish cooperation lines of the topic of Human Rights in the LGBT community.

## 5.7 Results monitoring and evaluation plan.

PrevenSida, as part of the USAID HIV regional program, starting on October first 2012, and as bilateral since FY11 to FY12, has been monitoring the PEPFAR indicators defined for Central America and these indicators have been implemented by the grantee NGOs’.

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.

For the LGBT component we will adapt the baseline methodology and administrative, financial advocacy and defense of the LGBT community’s human rights standards. The success indicator is to achieve a 60% increase from baseline.

### ***Baseline study in LGBT NGOs.***

While much is known about the *health-related* capacities of LGBT NGOs, a more holistic assessment is needed to gauge the overall institutional and technical capacities of LGBT CSOs as they relate to HRs advocacy. To this end, a baseline study will be conducted of target BGOs, which will also examine donors engaged in the LGBT space, institutional strengthening and capacity-building efforts of LGBT CSOs to date, and spaces for effective engagement at the local and national levels. With this study, we will define knowledge gaps in leadership, administration advocacy, legal framework and communication campaigns as well as their current performance which will allow redefining the topics and the contents of training and mentoring. By the end of the project will be able to evaluate change in knowledge and practice of selected NGOs.

**Program monitoring** in PrevenSida there is a data base that consolidates the information that is gathered, inputted and analyzed in NGOs and human resources training institutions (CIES). 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 done by the USAID Mission in Nicaragua for data quality assessment.

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

For the LGBT component we will use the same monitoring system that PrevenSida uses with the change of being able to identify the funding source (DGHR).

**Process evaluation.** The mid-term evaluation described in the program will not be completed in FY13 due to the Mission will conduct two external evaluations through the PEPFAR regional program of HIV (June 2013) and the second one related to health program evaluation (May 2013).

For the FY14 a mid – term evaluation is planned. The main objective of the mid-term evaluation is to support the development of a more effective and efficient approach to achieve expected results and goals in delivering quality services aimed at MARPS and PLHA by NGOs supported by USAID | PrevenSida and document progress toward specific objectives of HRGO at no cost to HRPG.

For this mid-term evaluation we propose a participatory process for the PrevenSida project review, interviews with officials from other USAID funded projects, cooperation agencies, NGOs, funding mechanisms, such as the Global Fund, and that it also includes a consultation process with beneficiaries.

**External evaluation.** At the beginning of the project we built the baseline and performed the calculation of the project impact indicators. The sources were the MOH ECVC/CDC/ Universidad del Valle studies and CONISIDA studies.

For the mid-term external evaluation; studies are expected to be ready in the FY13. One of them is the ECVC study to be conducted by MOH/CDC/Universidad del Valle. A second report to be considered is the measurement 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 called 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. Other 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 Annual activities plan.

In the first quarter will be the selection of the NGOs that will receive technical assistance as part of institutional strengthening. Among these activities is the baseline on their administrative and prevention capacities, organization of management and leadership courses with CIES. During this period will begin the selection of NGOs that will receive grant. (Table 10 in annex).

We will also select the NGOs to receive funding for the HIV prevention activities among MARPS.

In the second quarter, the emphasis will be on the design of monitoring and evaluation guidelines, use of the unique registration system and improving the clinical laboratory capacities of NGOs.

In the third quarter, the project will organize the learning session's collaborative management and prevention.

In the fourth quarter is due to have established the structure and organization of knowledge management.

In the LGBT-Human Rights component in the first month we will select the technical representative; the baseline design; methodological approaches for LGBT advocacy and S&D and violence prevention among sexual diversity people and selecting NGOs/

In the second and fourth month: provide institutional strengthening and specialized technical training to NGOs (simultaneous).

In months 5 and 11: NGOs implement small grants programs.

Month 12: Program evaluation based on baseline study.

## 5.9 Branding and marking strategy compliance

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

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

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

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

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

The USAID|PrevenSida advisers team will monitor 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, support the PrevenSida program office and team, and be accountable for program results, management and financial control. URC will guide activities across all results. CIES will coordinate the trainings 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 working

## 7. Annexes

Table 1. Results of PEPFAR indicators. October 2011 to September 2012.

Indicators	FY12 Global Target	Achievement Q1FY 12	Achievement Q2FY 12	Achievement Q3FY 12	Achievement Q4FY 12	Accumulative	Global Percentage	Explanation fore =10% or /10%
3.1.1-24 Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results (PEPFAR Output - #P11.1.D)	10,745	732	0	1,173	4,567	6,472	60%	<p>A mediados de junio 12 las ONG adquirieron los reactivos para prueba. Las ONG con menor cumplimiento en las metas de pruebas rápidas son: AHCV, Red Trans y CEGODEM que tienen a la población Gay y Trans bajo cobertura. Para estas ONG es la primera ocasión que brindan estos servicios y su curva de aprendizaje ha sido lenta.</p> <p>En base al acumulativo de 12 meses (28 reactores) se tienen las siguientes proporciones: <b>Gay 1.46%</b> (7/481), <b>Trans 7.8</b> (17/ 218). En otras poblaciones en más riesgo <b>0.08%</b> (4/5014)</p> <p>En octubre 2012 las ONG continuarán con la realización de 4,273 pruebas rápidas, las que se encuentran disponibles en las ONG.</p>
3.1.1-24a Number of men	9,745	395	0	451	2338	3184	33%	
3.1.1-24b Number of women	1,000	337	0	722	2229	3288	329%	
3.1.1-24c age (< 15 years old)	0	0	0	0	0	0	0%	
3.1.1-24d age (15+ years old)	10,745	732	0	1173	4567	6472	60%	
3.1.1-24e By MARP type: CSW	500	59	0	141	557	757	151%	
3.1.1-24f By MARP type: IDU	0	0	0	0	4	4	0%	
3.1.1-24g By MARP type: MSM	3,000	137	0	51	511	699	23%	
3.1.1-24 h Custom By MARP type: MSM (Homosexual)	1,780	8	0	50	423	481	27%	
3.1.1-24 h Custom By MARP type: MSM (Transgender)	1,220	129	0	1	88	218	18%	
3.1.1-24 I 3.1.1-24 h By MARP type: Other vulnerable population.	7,245	536	0	981	3495	5012	69%	
3.1.1-68 Number of MARPS reached with individual and/or small group HIV preventive interventions that are based on evidence and/or meet the minimum required standards (PEPFAR Output - #P8.3.D) <b>Contact</b>	155,000	10369	0	10,105	38,236	58,710	38%	<p><b>En Q4</b> las ONG triplicaron el número de contactos abordados con prevención combinada producto de una mejor aplicación y registro de las intervenciones de la estrategia de prevención.. Para los 12 meses, el promedio de contactos es de 1.9 contacto por persona reportada.</p> <p>La utilización de la metodología de mapeo, el acompañamiento por parte de</p>
3.1.1-68a By MARP type: CSW	15,000	461	0	1,062	3,777	5,300	35%	
3.1.1-68b By MARP type: IDU			0	7	53	60	100%	

Indicators	FY12 Global Target	Achievement Q1FY 12	Achievement Q2FY 12	Achievement Q3FY 12	Achievement Q4FY 12	Accumulative	Global Percentage	Explanation fore =10% or /10%
3.1.1-68c By MARP type: MSM	45,000	1,115	0	2,506	7,669	11,290	25%	PrevenSida a nivel comunitario y la implementación de ciclos de mejoramiento de la calidad permitieron que las ONG llegaran a su capacidad instalada. La producción y divulgación de los videos para la realización de cine foros fue tardía (septiembre 12). Las ONG estuvieron más enfocadas en la captación de nuevas personas que en la de contactos. Por otro lado la estación de lluvia limitó las actividades en las comunidades.
3.1.1-68c By MARP type: MSM (gay)	35,000	688	0	1,808	5,227	7,723	22%	
3.1.1-68c By MARP type: MSM (transgender)	10,000	427	0	698	2,442	3,567	36%	
3.1.1-68d By MARP type: Other vulnerable Populations	95,000	8,793	0	6,530	26,737	42,060	44%	
Number of Men	130,000	4,957	0	5,455	23,350	33,762	26%	
Number of Women	25,000	5,412	0	4,650	14,886	24,948	100%	
3.1.1-68 Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required (PEPFAR Output - #P8.3.D) Number of people.	35,000	2,575	0	9,231	18,414	30,220	86%	En el mes de septiembre se iniciaron las actividades relacionadas con VBG con la modalidad de video-foros espacios de discusión que permiten abordar la temática de reducción de la violencia desde la diversidad sexual, posterior a la actividad las y los promotores de ONG brindan a las PEMAR el paquete mínimo de servicios preventivos, así como la oferta de la prueba de VIH.
3.1.1-68a By MARP type: CSW	3,000	115	0	977	1,833	2,925	98%	
3.1.1-68b By MARP type: IDU	0	0	0	7	32	39	100%	
3.1.1-68c By MARP type: MSM	7,000	262	0	2,238	4,060	6,560	94%	
3.1.1-68c Custom By MARP type: MSM (homosexuals)	5,500	90	0	1,634	2,773	4,497	82%	
3.1.1-68c Custom By MARP type: MSM (transgender)	1,500	172	0	604	1,287	2,063	138%	
3.1.1-68d By MARP type: Other Vulnerable Populations	25,000	2,198	0	6,009	12,489	20,696	83%	
Number of Men	28,000	1,236	0	4,931	10,979	17,146	61%	
Number of Women	7,000	1,339	0	4,300	7,435	13,074	187%	

Indicators	FY12 Global Target	Achievement Q1FY 12	Achievement Q2FY 12	Achievement Q3FY 12	Achievement Q4FY 12	Accumulative	Global Percentage	Explanation fore =10% or /10%
3.1.1-79 Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests (PEPFAR Output - #H1.1.D)	4	0	0	2	0	2	50%	En Q4 las ONG ADESENI, CEGODEM y RED TRANS continúan realizando pruebas rápidas de VIH a nivel comunitario, siendo la primera experiencia ha permitido que poblaciones como Gay, Trans y profesionales del sexo (PEMAR) tengan acceso a estos servicios en sus lugares de convivencia.
3.1.1-84 Number of health care workers who successfully completed an in-service training program within the reporting period (PEPFAR Output - #H2.3.D)	500	27	21	503	182	733	147%	733 (147%) personas capacitadas. - 94 en gerencia por el CIES. - 127 en prevención por CEPRESI - 102 en estigma y discriminación - 13 en planificación familiar - 44 en prueba rápida de VIH - 266 en prevención combinada  -54 en mejoramiento continuo de la calidad. - 33 en registro único.
P7.1.D Number of people who live with HIV-Aids provided care for with a minimum prevention intervention package for PLWHA (PcP).	300	70	0	169	165	404	135%	Atendidos bajo las modalidad de visitas a hogar, centros de atención u hospitales  Se brindó cobertura a los departamentos de Chontales, Rivas y Managua, los dos primeros con menor desarrollo organizacional por parte de los PVVIH que dificultó el acceso.
Number of Men	110	26	0	129	114	269	245%	
Number of Women	190	44	0	40	51	135	71%	El promedio de contacto es de 1.68
P7.1.D Number of people who live with HIV-Aids provided care for with a minimum prevention intervention package for PLWHA (PcP). Contact	600	113	0	219	349	681	114%	
Number of Men	220	59	0	164	239	462	210%	
Number of Women	380	54	0	55	110	219	58%	

Source: USAID|PrevenSida database.

Table 2. Contract indicators.

Indicator	FY 11		FY12		FY13	
	Target	Result	Target	Result	Target	Result
<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	100	60	100	94	0	
20 NGO with institutional development plans and implement annually	8	8	12	12	20	
A network of NGOs working on the issue of HIV / AIDS has begun in the first year of the program and from the second year design, implement and evaluate plans until completion of the program	1	1	1	1	1	
Number of NGO personnel implementing key administrative/financial behaviors at the end of the year.	60	56	60	57	60	
<b>Result 2</b>						
200 people from NGOs trained in preventive services provision according to national and international norms by the end of Program	100	77	100	127		
At least 155,000 MARP reached yearly through community outreach that promotes HIV-AIDS prevention	155,000	141,739	155,000	58710	155,000	
Number of USG assisted service delivery point providing FP counseling or services	6	4	8	6	10,000	
20 organizations providing 40olítico40te behavioral change communications, counseling and testing, condom provision and other preventive services to other members of high risk groups.	7	10	10	6	5	
<b>Result 3</b>						
200 people from NGOs have been trained in educational strategies and tools to reduce S&D.	100	103	100	102	100	
20 NGO with annual plans to reduce S&D towards MARPS, and are implementing them	8	4	12	0	16	
<b>Result 4</b>						

Indicator	FY 11		FY12		FY13	
	Target	Result	Target	Result	Target	Result
More than two hundred NGO personnel, from twenty NGOs, trained in effective participation techniques and strategies.	100	137	100	118		
20 NGO have received technical assistance for HIV related policies development.	8	1	1	0	19	
20 NGOs participating in local and national coordination mechanisms of the national response.	8	8	12	12	5	
5 applied research studies conducted, with results diffusion and used by key NGOs and MINSA.	5	0	0	2	1	
An advocacy plan developed and implemented to remove barriers in implementing prevention programs for people with higher vulnerability through networking	1	1	1	1	1	

**Table 3. List of NGOs with USAID|PrevenSida support in the first two program years**

No	NGO	GF Sub Recipient		PASC A 1 <sup>st</sup> year	PASM O	PrevenSida. 1 <sup>st</sup> year		PrevenSida, from year two		Subgrant 3 year
		Phase 1	Phase 2			Training	Sub grant	Training	Sub grant	
1	Accion Medica Cristiana	x	x	⊕				x		
2	Anic + Vida	x	x			x	x	x	x	x
3	ASART TeatroFenix					x	x	x		
4	Asociación Campaña Costeña de Lucha contra el Sida ACCCS					x	x	x	x	x
5	Asociación Centro Regional de Información y Consejería en ITS/VIH y Sida (ACRIC)					x	x	x		
6	Asociacion Club de vida futura RAAN							x		
7	Asociacion de desarrollo Social de Nicaragua (ADESENIC)							x	x	x

No	NGO	GF Sub Recipient		PASC A 1 <sup>st</sup> year	PASM O	PrevenSida. 1 <sup>st</sup> year		PrevenSida, from year two		Subgrant 3 year
		Phase 1	Phase 2			Training	Subgrant	Training	Subgrant	
8	Asociacion de Enfer. Nicaragua	x		⊡		x		x		
9	Asociación de hombres contra la violencia AHCV			⊡		x	x	x	x	
10	Asociación de Personas con VIH y Sida (ASONVIHSDA)	x	x			x	x			x
11	Asociación de Trabajadores para la Educación, Salud e Integración Social (TESIS)			⊡		x		x		
12	Asociacion Gente positiva RAAS							x		
13	Asociacion JODIC							x		
14	Asociación Mary Barreda							x		
15	Asociación Nicaraguense de Trans (ANIT)			⊡				x		
16	Asociación Promoción y Desarrollo de la Mujer Nicaraguense (ACAHUALT)			⊡				x		
17	CAJ PEG				x			x		x
18	CEGODEM							x	x	x
19	Centro Clínico Bilwi					x				
20	Centro de Estudios y Promoción Social (CEPS)	x				x	x	x		
21	Centro de mujeres de Masaya	x	x					x		

No	NGO	GF Sub Recipient		PASC A 1 <sup>st</sup> year	PASM O	PrevenSida. 1 <sup>st</sup> year		PrevenSida, from year two		Subgrant 3 year
		Phase 1	Phase 2			Training	Sub grant	Training	Sub grant	
22	Centro de Mujeres IXCHEN	x				x	x	x	x	x
23	Centro de Prevención del Sida (CEPRESI)	x	x			x		x	x	x
24	CIES	x	x					x		
25	Fadcanic					x	x	x	x	x
26	Fiat Pax					x	x	x		
27	FundacionLuciernaga							x	x	
28	Fundacion San Lucas							x	x	x
29	Grupo Artemisa							x		
30	Grupo de Autoayuda de Occidente de PVVS GAO					x	x	x		x
31	Grupo diversidad sexual RAAS							x		x
32	Grupo Safo							x		
33	ICAS	x						x		x
34	MOVFEM							x		
35	Movimiento de la diversidad sexual de Bilwi							x		x
36	Movimiento intermunicipal juvenil				x			x		
37	MOVITEP							x	x	
38	Red Trans de Nicaragua	x	x			x	x	x	x	x
39	Red Trasex			☐				x		
40	Trans deseo							x		
41	URACCAN			☐				x		
42	Gaviota									x

No	NGO	GF Sub Recipient		PASC A 1 <sup>st</sup> year	PASM O	PrevenSida. 1 <sup>st</sup> year		PrevenSida, from year two		Subgrant 3 year
		Phase 1	Phase 2			Training	Sub grant	Training	Sub grant	
43	OVI									X
Total		11	7	8	3	16	12	39	12	17

24 NGOs have received grants  
43 NGOs have trained staff  
Source: PrevenSida data base

Table 4. Prevalence of HIV en key population

Departamentos	MSM	Trans	FSW	Source	Year
Managua Tasa VIH %	7.5	18.8	1.8	ECVC, CDC	2011
Cobertura prev %	28.2	98.5	24		
Masaya Tasa VIH %	9.8	4.3		MINSA, UVG, CEPPRESI, FM	2011
Cobertura prev %	56.1	110.7			
Leon Tasa VIH %	8.1			ECVC, CDC	2011
Cobertura Prev %	69.7	259.4			
Chinandega tasa VIH %	2.8	14.6	2.4		
Cobertura Prev %	16.8	73.9	18		

Table 5. 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>

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(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-%20ZESP.pdf](http://www.cicad.oas.org/mem/reports/4/Full_Eval/Nicaragua%20-%20Fourth%20Round%20-%20ZESP.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/PromiseofYouthESSpanish.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 6. Modelo de Modos de Transmisión.

Use either method 1 or 2 to determine number with risk behaviour for each group (column F).																		
Method 1: Percent of population with risk behaviour (%)		Method 2: Population with risk behaviour				transmisión por acto de riesgo de exposición												
Adult Risk Behaviour	Male	Female	Male	Female	Total number with risk behaviour	Prevalence of HIV (%)	Number HIV+	Prevalence of STI (%)	Number of partners per year	Number of acts of exposure per partner	Percent age of acts protected (%)	with STI	No STI	Incidence	% of incidence	Incidence per 100,000	Checks	
Injecting Drug Use (IDU)			258	268	525	1.90%	10	13.50%	5.2	80	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	5,214,936	
Clients			64,973	0	64,973	0.97%	630	26.4%	53.5	15	75%	0.0025	0.0006	39	2.00	60	5,214,936	
Partners of Clients			0	36,385	36,385	0.49%	176		1	49.2	6.9%	0.0044	0.0011	30	1.51	82	100	
MSM			37,845	0	37,845	7.50%	2,838	17.6%	7.1	6.93	58%	0.0400	0.0100	874	44.49	2,310		
Trans			2,873	0	2,873	13.80%	396	41.1%	52.1	1	42%	0.0400	0.0100	85	4.34	2,965		
MSM female partners			0	5,247	5,247	3.75%	197		1	49.2	6.9%	0.0044	0.0011	28	1.40	525		
Casual Heterosexual Sex			529,291	275,078	804,370	0.70%	5,631	0.04%	2.65	43.2	16%	0.0031	0.0008	413	21.02	51		
Partners of CHS			154,044	308,088	462,131	0.35%	1,617		1	49.2	6.9%	0.0038	0.0009	136	6.92	29		
Low Risk Heterosexual			646,309	779,843	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			3,169	3,294	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>					Total incidence		<b>1,965</b>		<b>61</b>		
														Total incidence in partners of high-risk individuals		<b>193</b>	<b>9,846</b>	<b>38</b>

Table 7. 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

<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 8. PEPFAR indicators FY13**

Indicator	FY13 Target
P11.1.D Number of individuals who received HIV Testing and Counseling (HTC) services for HIV and received their test results	10,000
P11.1.D-a Number of men	9,000
P11.1.D-b Number of women	1,000
P11.1.D-c age (< 15 years old)	0
P11.1.D-d age (15+ years old)	10,000
P11.1.D-e Positive	
P11.1.D-f Negative	
P11.1.D-g Individual	10,000
P11.1.D-h Couples	0
P11.1.D-I By MARP type: CSW	500
P11.1.D-j By MARP type: IDU	0
P11.1.D-k By MARP type: MSM	5,170

Indicator	FY13 Target
P11.1-D-I Custom By MARP type: MSM (Homosexual)	1,780
P11.1-D-m Custom By MARP type: MSM (Transgender)	1,220
P11.1-D-n Custom By MARP type: MSM (bisexual men)	2,170
P11.1-D-o By MARP type: Other vulnerable population.	4,330
P11.1-D-p Bisexual women	
P11.1-D-q Lésbica	
P11.1-D-r Uniformados	
P11.1-D-s Privados de libertad	
P11.1-D-t Poblaciones móviles	
P11.1-D-v Clientes de trabajadoras sexuales	
P11.1-D-w Usuarios de otras drogas no inyectables	
P11.1-D-x Mujeres en situación de VBG	
P11.1-D-y Jóvenes en riesgo	
P11.1-D-z Otros (especificar)	
P8.3.D Number of MARP reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards required (contact)	155,000
P8.3.D-a By MARP type: CSW	14,000
P8.3.D-b By MARP type: IDU	0
3.1.1-68c By MARP type: MSM	80,000
P8.3.D-c Custom By MARP type: MSM (homosexuals)	30,000
P8.3.D-c Custom By MARP type: MSM (transgender)	6,000
P8.3.D-c Custom By MARP type: MSM (bisexual men)	44,000
P8.3.D-d By MARP type: Other Vulnerable Populations	61,000
P8.3.D-e Bisexual women	
P8.3.D-f Lésbica	
P8.3.D-g Uniformados	
P8.3.D-h Privados de libertad	
P8.3.D-i Poblaciones móviles	
P8.3.D-j Clientes de trabajadoras sexuales	
P8.3.D-k Usuarios de otras drogas no inyectables	
P8.3.D-l Mujeres en situación de VBG	
P8.3.D-m Jóvenes en riesgo	
P8.3.D-n Otros (especificar)	
P8.3.D-o Number of Men	130,000
P8.3.D-p Number of Women	25,000
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 (invidual)	37,000
P8.3.D-a By MARP type: CSW	3,500
P8.3.D-b By MARP type: IDU	0
3.1.1-68c By MARP type: MSM	20,000
P8.3.D-c Custom By MARP type: MSM (homosexuals)	7,500

Indicator	FY13 Target
P8.3.D-c Custom By MARP type: MSM (transgender)	1,500
P8.3.D-c Custom By MARP type: MSM (bisexual men)	11,000
P8.3.D-d By MARP type: Other Vulnerable Populations	13,500
P8.3.D-e Bisexual women	
P8.3.D-f Lésbica	
P8.3.D-g Uniformados	
P8.3.D-h Privados de libertad	
P8.3.D-i Poblaciones móviles	
P8.3.D-j Clientes de trabajadoras sexuales	
P8.3.D-k Usuarios de otras drogas no inyectables	
P8.3.D-l Mujeres en situación de VBG	
P8.3.D-m Jóvenes en riesgo	
P8.3.D-n Otros (especificar)	
P8.3.D-o Number of Men	30,000
P8.3.D-p Number of Women	7,000
H1.1.D Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests	5
H2.2.D Number of community health and para-social workers who successfully completed a pre-service training program	49
H2.2.D-a Number of Men	36
H2.2.D-b Number of Women	13
H2.3.D Number of health care workers who successfully completed an in-service training program within the reporting period	500
P7.1.D Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of Prevention with PLHIV (PwP) interventions (individual)	300
P7.1.D-a Number of Men	150
P7.1.D-b Number of Women	150
P7.1.D-c Number reached in a clinic	
P7.1.D-d Number reached in a facility	
P7.1.D-e Number reached in a community	
P7.1.D-f Number reached in a home	
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
P7.1.D-a Number of Men	300
P7.1.D-b Number of Women	300
P7.1.D-c Number reached in a clinic	
P7.1.D-d Number reached in a facility	
P7.1.D-e Number reached in a community	
P7.1.D-f Number reached in a home	

**Table 9.** HR Fund/Foreign Assistance Framework Element and Targets

Fiscal Year	Foreign Assistance Framework Element	Indicator	Target
FY12	2.1.4-7	Number of human rights defenders trained and supported	60
FY12	2.4.1-9	Number of civil society organizations (CSOs) receiving USG assistance engaged in advocacy interventions (*includes media and human rights organizations)	15
FY12	GNDR-1	Number of laws, policies, or procedures drafted, proposed or adopted to promote gender equality at the regional, national or local level	1
FY12	Custom	Percentage of CSOs receiving USG institutional strengthening that achieve a 60% increase in performance from baseline	80%

## PrevenSida – Annual Work Plan. October 2012 to September 2013

Table 10: Annual Work Plan

Preventing HIV Aids transmission among high risk groups in Nicaragua (PrevenSida)															
Annual Operational Plan. Oct. 2012 to Sept 2013															
Main Activities	Task	Result	Participants	Chronogram											
				Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
<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											
				Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Mejorar la	Adecuar el	Programa	Staff URC												

capacidad administrativa/gerencial y financiera de ONG seleccionadas	programa académico del componente gerencial a 5 módulos	académico ajustado a las necesidades actuales de los ONG	CIES															
	Seleccionar a los participantes que tienen módulos inconclusos para finalizarlos en el año 3	Participantes seleccionados conforme 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>																		
<b>Main Activities</b>	<b>Task</b>	<b>Result</b>	<b>Participants</b>	<b>Chronogram</b>														

				Oct	Nov	Dec	Jan	Feb	Mar	Apr	Ma	Jun	Jul	Aug	Sep
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 tengan 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												
<b>Colaborativos de mejoramiento – capacitación de URC</b>															
Sistematización de las buenas prácticas y documentar los cambios organizacionales e identificar las competencias y/o los insumos que permitieron llegar a obtener las mejoras a través de la subvención.	Realizar segunda sesión de aprendizaje del colaborativo de mejoramiento de la calidad para el área de prevención y el área administrativa de los ONG del año 2	ONG del 2 año con colaborativos de mejoramiento en prevención y administración realizados y documentadas las buenas practicas	Staff de URC ONG												
	Documentar buenas prácticas de los ciclos de mejoramiento continuo de la calidad para ser utilizado por el nuevo grupo de ONG	Buenas prácticas documentadas y siendo utilizadas con el nuevo grupo de ONG	Staff de URC y ONG												

Implementar colaborativo de mejoramiento: estándares; indicadores, paquete de cambio, contenidos de las sesiones de aprendizaje con ONG del año 2013	Realizar dos encuentros de colaborativo de mejoramiento con ONG del año 3 en aspectos administrativo/gerenciales y de prevención	ONG del año 3 fortalecidas y aplicando procesos de mejoramiento continuo de la calidad en aspectos administrativo/gerenciales y de prevención	Staff de URC y ONG																
	Realizar línea de base de cumplimiento de estándares de calidad y resultados compartidos con ONG seleccionada para el año 3		Staff de URC y ONG																
	Realizar visitas de campo para compartir resultados de la medición de estándares y expansión de buenas prácticas y experiencias exitosas a ONG del año 3		Staff de URC y ONG																
Fortalecimiento institucional a través de la subvención	Elaborar TDR incluyendo FI	Propuestas técnicas que incluyen FI	Staff URC																
	Evaluación pre award	Identificadas las brechas	Staff URC																
	Asistencia técnica para reducir brechas administrativas	Mejora en los estándares de calidad	Staff URC																

	financieras																
<b>LGBT Human Rights component</b>																	
Contratación de responsable de componente	Elaboración de TDR y someter a la misión	TDR aprobados para su divulgación	COP														
	Selección de responsable de componente.	Responsable contratado															
Selección de ONG	Diseño de línea de base	Instrumento aprobado	Responsable de componente														
	Levantamiento de línea de base	Necesidades de capacitación y de acciones de abogacía identificadas	Responsable del componente														
	Evaluación de estándares de calidad	Brechas administrativas y financieras identificadas	Staff de URC														
Metodologías de capacitación	Diseño de metodología de abogacía LGBT	Documentos elaborados	Responsable de componente														
	Diseño de manual de capacitación en estigma, discriminación y violencia																
Capacitación en fortalecimiento institucional y temas de derechos humanos y abogacía	Diseño del contenido de capacitación	Contenidos técnicos elaborados	Responsable de componente														
	Selección de los facilitadores	Staff de profesores contratados	Responsable de componente														
	Implementación de los cursos	Programa de los cursos en ejecución	Responsable de componente														
Personería jurídica	Selección de	ONG invitadas	Responsable														

de 6 ONG	ONG	a obtener su status legal	de componente													
	Contratación de abogado	Abogado seleccionado	Responsable de componente													
	Sesiones con las ONG para documentación	ONG elaborando documentos	Abogado													
<b>Gestión del conocimiento</b>																
Main Activities	Task	Result	Participants	Chronogram												
				Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	
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													
<b>Trabajo en red</b>																
Main Activities	Task	Result	Participants	Chronogram												
				Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	

Establecer una red de ONG con subvención de PrevenSida 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													
<b>Results 2: Improved Access to and Quality of HIV/AIDS Preventive Services for MARPS from NGO Preventive Services Providers</b>																
Main Activities	Task	Result	Participants	Chronogram												
				Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	
Continuar mejorado las capacidades de las ONG que van a recibir subvención y aquellas que no lo van a recibir con el propósito de 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 ptes reactores a las unidades del MINSA	Cumplíndose el algoritmo del MINSA y al sistema de referencia y contrarreferencia con el MINSA.	Staff de URC, y ONG													
	Asegurar los insumos para la prueba de VIH a los ONG	Asegurado el flujo constante de insumos para la prueba de VIH	Staff de URC y ONG													

	subvencionados															
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													

Integración de los servicios																
Main Activities	Task	Result	Participants	Chronogram												
				Oct	Nov	Dec	Jan	Feb	Ma	Apr	May	Jun	Jul	Aug	Sep	
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 ONG con subvencion de PrevenSida 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													
Realizar mentoring sobre comunicación para el cambio de comportamiento en al menos 40 ONG durante el periodo	Realizar visitas de campo a las ONG para realizar mentoring sobre cambio de comportamiento	Personal de las ONG recibiendo visitas de campo para reforzar mediante mentoring el cambio de comportamiento	Staff de URC, ONG y PASMO													
Improve Outreach																
Main Activities	Task	Result	Participants	Chronogram												

				Oct	Nov	Dec	Jan	Feb	Ma	Apr	Ma	Jun	Jul	Aug	Sep
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 para beneficiarios de ONG con subvención	Ampliado el SMS a otros PEMAR	Staff de URC y ONG												
Cine foros llevados a cabo por ONG con subvención	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											
				Oct	Nov	Dec	Jan	Feb	Ma	Apr	Ma	Jun	Jul	Aug	Sep
Desarrollo de la estrategia de movimiento social para la reducción del estigma y discriminación y violencia enfocada en la familia, comunidad, colegios e iglesias	Participar en conjunto con el proyecto USAID/Prevención combinada en el desarrollo de la estrategia de movimiento social para la reducción del estigma y discriminación	Estrategia de movimiento social para la reducción del estigma y discriminación desarrollada en conjunto con PASMO	Staff de URC, PASMO y ONG												
	Participar con PASMO en las acciones	ONG con actividades transversales	Staff de URC, PASMO y ONG												

	transversales para reducción del E & D	sobre reducción de E, D y violencia desarrolladas													
	Realización de video-fórum enfocados en estigma, discriminación y violencia en los territorios que atiende PrevenSida por los ONG subvencionados	Video-fórum enfocados en estigma y discriminación desarrollados en los territorios que atiende PrevenSida	Staff de URC, Fundación Luciérnaga y ONG												
	Capacitar a los ONG con subvención en Advocacy para la elaboración de planes que conduzcan a la reducción del estigma, discriminación y violencia.	ONG capacitados en Advocacy para la elaboración de planes que conduzcan a la reducción del estigma, discriminación y violencia, mediante el diseño de políticas de VIH que incluya cero tolerancia al estigma y discriminación en sus ONG	Staff de URC, PASCA y ONG												
<b>LGBT Human Rights component</b>															
Capacitación en estigma, discriminación y violencia	Organización del curso	Programa de capacitación	Responsable de componente												
	Implementación del curso	60 personas capacitadas	Responsable de												

			componente													
Formación de líderes en defensa de los humanos	Organización del curso	Programa de capacitación														
	Implementación del curso	60 personas capacitadas														
Public awareness campaign through small grant mechanism	Hacer plan de capacitación sobre legislación relacionado a discriminación y violencia basada en género		Responsable del componente													
Result 4. Improved Participation of NGOs Representing MARPS and PLHIV in the National Response to HIV/AIDS																
Main Activities	Task	Result	Participants	Chronogram												
				Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	
Análisis de información estratégica a ONG con subvención PEMAR para la toma de decisión e influir en políticas públicas.	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 participará en conjunto con PASCA en sesiones de análisis y seguimiento de la información estratégica	Los ONG de PrevenSida en conjunto con PASCA han realizado análisis de la información estratégica producida en	PASCA, Staff de URC y ONG													

	producida en Nicaragua	Nicaragua: - E&D - MEGAS - Modos de transmisión - UNGASS - ECVS - Estudios TRACS - Ambiente 63olitico - Otros												
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	PrevenSida a facilitado información a CONISIDA para elaborar el reporte del país	Staff de URC, MCO y ONG											



	decretos de derechos humanos	Identidad														
Implementación de plan de acción de la defensa de los derechos humanos de la diversidad sexual	Discutir el plan de acción elaborado por ONG de la diversidad sexual en abril de 2013	Plan adecuado a comunidad LGBT	Responsable de componente													
	Seguimiento a la implementación del plan de abogacía LGBT	Cumplimiento de las acciones a ser apoyadas PrevenSida														
<b>Cross –cutting and Other issues</b>																
<b>Main Activities</b>	<b>Task</b>	<b>Result</b>	<b>Participants</b>	<b>Chronogram</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>	
Local capacity building and sub-grants.	Invitar a 6 ONG destacadas en el cumplimiento de sus proyectos para participar en una extensión del presupuesto del año II, someter a su aprobación y facilitar la extensión financiera	Aprobada y ejecutada la extensión del presupuesto del año para 6 ONG del 2do año	Staff de URC y USAID													
	Elaborar TdR para concurso de fondos del año 3 del proyecto para 19 ONG	Elaborados los TdR para concurso de fondos del año 3 del proyecto para 19 ONG de la 1ra y 2da subvención	Staff de URC y ONG													

	Convocatoria de concurso	Convocatoria de concurso realizada	Staff de URC													
	Sub grants aprobados	Sub grants aprobados y realizado el proceso de inducción	Staff de URC y USAID													
<b>LGBT Human Rights component</b>																
Selección de ONG LGBT	Actualización de los TDR	TDR aprobados	COP													
	Convocatoria publica	Concurso publicado	COP													
	Selección y realización de contratos	ONG seleccionadas	COP													
	Inducción en procesos administrativos y financieros	ONG con conocimiento del programa PrevenSida y procesos admo y financieros	Responsable del programa													
	Acompañamiento técnico para cumplimiento de metas	ONG cumplen estándares y alcanzan sus metas	Responsable del programa													
Coordinación con otros donantes	Establecer colaboración técnica con otros donantes	Esfuerzo conjunto de apoyo a comunidad LGBT	Responsable del programa													
<b>VII. Resultados del plan de monitoreo y evaluación</b>																
<b>Process evaluation</b>																
<b>Main Activities</b>	<b>Task</b>	<b>Result</b>	<b>Participants</b>	<b>Chronogram</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>	

Evaluación del proyecto LGBT	Diseño de metodología de evaluaciones final	Diseñada la metodología de evaluaciones final	Responsable del componente															
	Elaborar TdR para selección de consultor	Elaborados los TdR para evaluación final	Responsable del componente															

