



**USAID** | **PrevenSida**  
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# Fourth 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
CONSIDA	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
KPCF	Key Population Challenge Funds
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
NDI	National Democratic Institute
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 Fourth Year of the USAID|PrevenSida project. 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 this period PrevenSida will have funds from the Human Right Program to build capacities in LGBT NGOs to improve their institutional strengthening and training in some specific topics of legal advocacy, Gender Based Violence (GBV), communication and stigma and discrimination.

Other additional funds are those coming from Key Population Challenge Funds (KPCF) in order to extend the project's geographic coverage and increase the number of NGO receiving institutional capacity support and increase the number of beneficiaries.

An additional PEPFAR fund will be invested to intensify prevention activities in the nine departments where PrevenSida is currently working.

### **Strategic approach.**

*Institutional strengthening.* We will continue to provide support to 50 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 Year 2014 we have planned to launch the interactive teaching package and training facilitators in the NGO selected and with a nationwide coverage.

*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. Some ways to disseminate knowledge will be through monthly electronic bulletin and PrevenSida Web Site

*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.*

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

KPCF funds we will cover 10 departments where PrevenSida has not been working.

PEPFAR funds, we will intensify building capacities and subgrants to current and new NGOs on the 9 departments where PrevenSida has been working.

**Result 1. Institutional strengthening**

PrevenSida will continue supporting NGOs to improve their administrative and financial areas and increase the competence of the technical staff in HIV prevention and advocate for Human Rights. These courses will be given in collaboration with USAID|PASCA, NDI and CIES.

*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.**

PrevenSida will continue implementing combined HIV prevention according with the new PEPFAR indicator guidance released on February 2013. For MARPS the minimum package is delivered at the individual and/or small group level. These interventions are components of a comprehensive program. The minimum package has been adapted for different sub-groups especially vulnerable to HIV.

### ***Improve outreach.***

*KPCF funds:* This component will contribute to expand provision of preventive and care services to KP by providing sub-grants to NGOs working in new geographical areas in Nicaragua.

*PEPFAR additional funds:* This activity will contribute to increasing the coverage of preventive services to KP by increasing the number and amount of sub-grants in geographical areas previously benefited with strengthening institutional capacity of NGOs in Nicaragua and providing prevention sub-grants to at least one NGO in each department where we are not currently working.

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

NGOs staff will be trained in concepts and methodologies of the reduction of stigma and discriminations.

### ***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**

We will do a baseline about the health-related capacities of LGBT together with the National Democratic Institute ( NDI) in order to 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.

#### ***Evidence-Based Policy Analysis and Formulation***

PrevenSida will apply the model of strategic planning based on "Social Determinants health "as defined by the Commission on determinants of health, which was created by the WHO in 2005. The methodology applied by USAID|HCI with the transgender organization is a good practice that reinforces evidence-based policy analysis and formulation. PrevenSida will incorporate in its work plan those activities selected on the “Action plan to provide healthcare for the female transgender population in Nicaragua”.

PrevenSida will work with MSM, Lesbians, female sexual workers and with PLWA organizations in order to analyze the current evidence for strategic planning and policy formulation applying the social determinants for health for its design.

***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.

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

In join cooperation with 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

## 2. Demographic and HIV statistics.

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

**HIV statistics generated by MoH:** Since the first case of HIV was reported in Nicaragua in 1987, there have been a total of 8,278 people diagnosed with HIV registered through the monitoring system of the Ministry of Health (MOH) as of June 2013. Of these, 6,457 received their HIV status, and 1,030 have died. The prevalence rate is 0.22 per 100 people. According to the same source, in the first semester of 2013, the most affected age groups are 15 to 44 years old with 86% of cases (348 cases). Disaggregated by sex, 68% were men, 28% are women and 4% of the data is unknown.

**HIV statistics by seroprevalence studies (CDC, GF, Others):** Several studies related to HIV prevalence in key populations describe transgendered people with an HIV range of 4.4 to 18.8 with the highest rate in Managua, MSM with a range of 2.8 to 9.8 with the highest in Masaya, and Female Sex Workers (FSW) with a range of 1.8 to 2.4 with the highest rate in Chinandega.

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

**HIV statistics generated by USAID|PrevenSida Rapid testing by PrevenSida:** October 2011 to September 2013 recorded that Chontales has the highest rate of reactor to the rapid test (4/49-8.16%), Masaya (26/1,093- 2.38%), Rivas (2/193-1.04%) Chinandega (4/524-0.76%), RAAN (12/2,603-0.46%), Leon (6/1,834- 0.33%), Managua (35/12,223- 0.29%), Granada (2/973-0.21%), Rio San Juan (2/1,701-0.12%) and RAAS (6/7,041-0.09%).

A total of 9,496 MARPS were tested with 0.62% of reactors (gays 0.59% and trans 3.13%)

*Geographically*, people tested by USAID|PrevenSida with reactive rapid test results are located mainly in the Pacific of Nicaragua, similarly to the epidemiological surveillance report of 2011<sup>2</sup>.

Based on the data described above, the project has prioritized interventions for these populations by department through training leaders and/or facilitators on HIV combination prevention and skills development; funding targets these population groups at higher risk. PrevenSida's coverage in ten departments has reached approximately 21% of MSM, 66% of the transgendered population and 18% of female sex workers, based on estimated population.

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<sup>1</sup> ONUSIDA, Orientaciones terminológicas de ONUSIDA, Versión revisada octubre del 2011, Ginebra, Suiza, ONUSIDA, 2011

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

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

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

URC implements the PrevenSida project of the United States Agency for International Development (USAID) for HIV/Aids transmission prevention among high risk population. It is a five year project (September 20<sup>th</sup> 2010 to September 20<sup>th</sup> 2016) with a \$7 million investment. Implemented in all departments of Nicaragua.

## 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 pefar indicators in table 1 and impact indicators in table 3 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.

## 1. Technical Report

### 1.1 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 2014 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.***

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

In FY14, 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 and Human Rights Approach contributing to the reduction of stigma and discrimination. This collaborative will build on the successful experiences to date, bringing new and additional knowledge and skills in managing HIV prevention for MARPs.

### ***Knowledge Management.***

Along with USAID|PASCA, USAID|HCI, USAID|ASSIST, USAID|DELIVER 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. One of the way of dissemination of knowledge will be an electronic bulletin, Face Book and PrevenSida web site with the main newsworthy activities, publications and success stories. With our USAID partners we will spread applied research and results of the upcoming Nicaraguan Demographic and Health Survey (ENDESA-DHS).

## *Networking.*

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.

### **1.2 Result One: Strengthened Institutional Capacity of at least 50 NGOs to participate in the HIV/AIDS National Response Plans by Building Capacities and Promoting the Networking Model**

The NGOs working on HIV/AIDS in Nicaragua represent the interests of various groups: PLHIVs, MSM, female transgender, women and, youth at risk, mobile populations, FSWs, religious groups, and indigenous people.

The URC Team will provide assistance to 50 NGOs to strengthen their leadership capacities to effectively coordinate HIV prevention objectives and implement key policies to support incidence reduction. In the first 3 years of the project 24 NGO have received grants and 43 NGO have trained staff. See table 2 in annex

#### **KPCF Component**

**Increase coverage of preventive services through NGOs in Nicaragua (October 2013-September 2014):** This activity will contribute to expand provision of preventive and care services to KP by strengthening institutional capacity of NGOs in Nicaragua. Currently, USAID PrevenSida (2010 -2015) supports the country’s efforts to slow the spread of HIV/AIDS among KPs to the broader population. The project focuses in four programmatic areas: institutional strengthening, preventative services, stigma and discrimination and participation in the HIV/AIDS national response. The project is currently working in 9 out of 17 departments, (Managua, Chinandega, Leon, Masaya, Granada, Rivas, Chontales, R.A.A.N and R.A.A.S), implementing technical assistance for NGOs’ institutional strengthening, and providing prevention sub-grants. This grant will allow us to expand coverage of preventive services to hidden or hard to reach KPs in eight new departments (Carazo, Estelí, Nueva Segovia, Madriz, Matagalpa, Jinotega, Boaco Rio San Juan and Silais Las Minas). NGOs will provide technical assistance for institutional strengthening, and provide prevention sub-grants to at least one NGO in each department where we are currently not working in. This activity will be based on already existing platforms and will assist HIV country programs to scale up USAID PrevenSida model to the national level.

At least ten local NGOs will be selected to be strengthened. The project will implement training activities to improve their administrative, financial and technical capacities. The training modules were already designed and validated by PrevenSida and include: management and leadership, annual and strategic planning, financial control, monitoring and evaluation and strategic information, BCC methodologies, combined prevention approach, gender-based violence, stigma and discrimination and unique register for key populations. All the educational materials are ready to be printed. The trainers participating in this component are specialists from PrevenSida, Public Health School and PASMO/Combined Prevention Project.

NGOs working in the new departments will be invited to apply for sub-grants using the PrevenSida project sub-grant mechanism. (The sub-grants manual and application forms were

approved by the RCO for this project). After a public offer through newspapers, interested NGOs will receive TOR and will submit their application. An evaluation committee will select the best proposals and at least ten NGOs will receive sub-grants to implement combined prevention activities. The sub-grants will range from \$20,000 – \$40,000.

The sub-grant includes a Pre-Award Survey to identify the NGO's capacities in financial, managerial and technical areas. If any weakness is identified, it needs to be corrected before the NGO starts the technical implementation. Addressing these gaps is part of the institutional strengthening component financed via sub-grant. In our experience, many NGOs must acquire computers, software for an automated accounting system, administrative manuals, testing equipment, etc.

## **LGBT Component**

**Reinforcing human rights approach contributing to the institutional strengthening of LGBT NGOs (September 2013- May 2014):** The proposed 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."

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 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".

In year four a total of 81 people from seven LGBT NGOs or social movements will be invited for training on management in order to strengthen their organizational capabilities. The topics to include are:

- Strategic and Annual Planning
- Financial Controls
- Monitoring and Evaluation
- Strategic information and knowledge management

Indicator	Additional KPCF	LGBT funds
Geographical coverage	Eight new departments	It could include NGOs from all departments.
NGO benefitted	Ten new NGOs	15 NGOs (seven of them new)
Training in finances/management	50	21
Training in Combination Prevention	50	
Training in advocacy and human rights		60

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

PrevenSida will provide support to 15 LGBT NGOs, including seven NGOs that have not yet received USAID/donor support and eight NGOs that have already received institutional strengthening and demonstrate the potential and desire to benefit from additional specialized training (including those without legal status and those on the Caribbean Coast). These NGOs will develop more holistic, rights-based approach program-developing capabilities in topics that will be defined after the baseline and include: legal and regulatory framework of promotion and protection of human rights; gender and prevention of gender based-violence; legal advocacy; stigma and discrimination in LGBT communities; coalition building; volunteerism; and 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 the population. With these competencies, LGBT community leaders will be able to conduct activities, such as monitoring human rights violations, supporting human-rights defenders, and protecting and promoting the rights of the LGBT community.

**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 six organizations through grants in obtaining their legal status: one lesbian organization, four gay organizations and one female transgendered organization.

**Baseline Assessment:** At the beginning of the PrevenSida program, the URC Team conducted a baseline assessment to map the NGOs working with MARPs and the NGOs working in HIV/AIDS in general. The assessment included the activities currently being conducted by the NGOs, their reach, their potential involvement in the collaboratives, their potential to grow and their institutional strengths and weaknesses. This information was useful for the selection of the NGOs that participate as well as guide the emphasis of all proceeding PrevenSida program activities in order to tailor them to the specific needs and abilities of the NGOs to be involved. For the new NGOs to be included with KPCF and LGBT funds, PrevenSida will carry out the same mapping of NGOs in coordination with NDI in the case of the LGBT community NGOs

## Activities

### ***Skills development.***

The training will be led by PrevenSida, with the coordination of PASMO/Combined Prevention Project and CIES. It will last three days, with each NGO sending at least three senior participants.

**Training Schedule:** The Program will implement the following training schedule with participant NGOs:

Training Subject	Partner Leading	Duration (in days)	NGO Personnel Involved (can vary depending on personnel available in each NGO)
NGO Leadership and Management	CIES	3	Directors
Strategic and Annual Planning	PrevenSida	3	Directors
Financial Controls	CIES/PrevenSida	3	Directors, Finance Advisors
Monitoring and Evaluation	PrevenSida	3	Director, M&E Advisors
Strategic Information	PrevenSida	2	Director, Technical Advisors
Knowledge Management	CIES	3	Directors,
Network training	CIES	1	Director, Technical Advisors
Collaborative Learning Session	URC	1	All
HIV/AIDS Training	PrevenSida	2	All
Combined Prevention	PrevenSida	3	Promoters
VCT Training	PrevenSida	3	Promoters
BCC Training	PASMO	4	Promoters
HIV Rapid test	PrevenSida	2	Promoters
Stigma and Discrimination	PrevenSida	3	Promoters
Legal and regulatory framework of promotion and protection of human rights	PrevenSida/NDI	1	Technical Advisors
Gender based-violence.	PrevenSida	2	Technical Advisors

Training Subject	Partner Leading	Duration (in days)	NGO Personnel Involved (can vary depending on personnel available in each NGO)
Legal advocacy	PrevenSida/PASCA	2	Technical Advisors
Stigma and discrimination in LGBT communities	PrevenSida	3	Technical Advisors
Coalition building	PrevenSida/NDI	1	Technical Advisors
Media outreach	PrevenSida/NDI	2	Technical Advisors
Dissemination of data in results, DHS, etc	URC	1	Directors/M&E Advisors/Administrative Personnel

**Mentoring:** The PrevenSida program team will utilize mentoring sessions to ensure that learning continues and that the demonstrations of applications of approaches are used to further learning. After the training session, PrevenSida advisors will conduct mentoring sessions to ensure that the learning objectives are translated into improved performance, especially in the areas of strategic and operational planning, monitoring and financial control. An outcome of this activity is the NGOs developing planning processes and implementing administrative, financial and technical standards. LGBT NGOs that receive training in Human Rights advocacy will receive mentoring by a group of selected advisors to design their advocacy plans, develop laws and integrate them into media and social marketing activities and topics on gender equality and gender-based violence.

**Monitoring and Evaluation:** 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 advisors.

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 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 2014 fiscal year, the project will implement the new indicators published in the PEPFAR's next generation indicators reference guide, February 2013.

For LGBT NGOs working in Human Rights 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 will be modified to document progress toward the specific objectives of HRGP funds.

Other partner associations that are currently supporting the national response to HIV and HIV/AIDS prevention will be contacted to participate in the diverse subjects, such as: PASCA for issues related to strategic alliances, advocacy, planning and monitoring of the National HIV/AIDS strategic plan; the Centers for Disease Control and Prevention (CDC) for knowledge management with the approach of the second generation surveillance system in which they are currently providing support to MINSA for its design.

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.

LGBT Monitored indicators are related to:

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

## Indicators

- A network of NGOs working with HIV/AIDS, initiated by the first year of the program, designing, implementing and evaluating plans from the second year to the end of the Program.
- Number of NGO personnel implementing key administrative/financial behaviors at the end of the year (including: expenditures and budgets monitored monthly, balanced budget, adherence to filing system (hard copy and/or electronic), etc.).
- More than 270 NGO personnel, from 50 NGOs, trained and provided with technical assistance for HIV related institutional capacity building by the end of the Program.
- More than 300 NGO personnel, from 20 NGOs, trained in Combination Prevention by the end of the Program.
- At least 50 local organizations institutional capacity building plans developed and implemented by the end of the project.

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

The technical approach implemented for HIV prevention among MARPs is Combined HIV Prevention, consisting of a set of behavioral, biomedical and structural actions. These prevention interventions are linked directly to the national response, with comprehensive approaches to HIV prevention from combined strategies. PrevenSida will continue implementing combined HIV prevention according with the new PEPFAR indicator guidance released on February 2013. For MARPS the minimum package is delivered at the individual and/or small group level. These interventions are components of a comprehensive program. The minimum package has been adapted for different sub-groups especially vulnerable to HIV.

For PLWA the minimum package must be received at last visits in a clinic/facility-based or community/home-based program.

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

Technical notes for each topic (combined prevention in MARP, combined prevention for positive people, gender-based violence and single record) were built through systematization of evidence documented as effective interventions. For this year we are going to develop the interactive teaching package and train on its implementation to selected NGOs.

In relation to contact's indicator, in the beginning it was considered that there should be at least 4 contacts per person in order to deliver a minimum package of prevention for MARPS. However; as NGO staff gained ownership of the combination prevention strategy, it has been considered that a minimum of 2 contacts per person is necessary to deliver the minimum package of 6 interventions, an average of 3 intervention per contact for MARPS and PLWA, it has been demonstrated through the single registration system; situation under consideration by USAID the reduction of contact indicator (155,000 contacts annually) which was initially calculated on the basis of 4-5 contacts for each individual contacted in prevention activities.

Listed below are the main activities of each intervention:

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

Coordination with PASMO has allowed 12 NGOs to understand behavior change methodologies and eight of them have had coaching from PASMO, which allowed them to identify specific aspects of behavior change to reinforce.

### Activities

#### **KPCF component**

**Increase coverage of preventive services through NGOs in Nicaragua (October 2013-September 2014):** This component will contribute to expand provision of preventive and care services to KP by providing sub-grants to NGOs working in new geographical areas in Nicaragua. This grant will allow us to expand coverage of preventive services to hidden or hard to reach KP in eight new departments (Rio San Juan, Carazo, Estelí, Nueva Segovia, Madriz, Matagalpa, Jinotega and Boaco, including the new SILAIS de Las Minas that use to be part of RAAN) through NGOs, providing prevention sub-grants to at least one NGO in each department where we are not currently working. This activity will be based on already existing platforms and will assist HIV country programs to scale up the USAID PrevenSida model to the national level. NGOs working in the new departments will be invited to apply for sub-grants using the PrevenSida project sub-grant mechanism (Sub-grant manuals and application forms were approved by the RCO for this project). After a public offer through newspapers, interested NGOs will receive TOR and will submit their applications. An evaluation committee will select the best proposals and at least ten NGOs will receive sub-grants to implement combined prevention activities. These sub-grants will range from \$20,000 – \$40,000.

#### **PEPFAR additional funds**

**Increase coverage of preventive services through NGOs in Nicaragua (October 2013-September 2016):** This activity will contribute to increasing the coverage of preventive services to KP by increasing the number and amount of sub-grants in geographical areas previously benefited with strengthening institutional capacity of NGOs in Nicaragua (Managua, Masaya, Granada, Rivas, Leon, Chinandega, RAAN, RAAS), and providing prevention sub-grants to at least one NGO in each department where we are not currently working. NGOs working in these departments will be invited to apply for sub-grants using the PrevenSida project sub-grant mechanism. After a public offer through newspapers, interested NGOs will receive TOR and will submit their application. An evaluation committee will select the best proposals and at least ten NGOs will receive sub-grants to implement combined prevention activities. The sub-grants will range from \$20,000 – \$40,00

**Services integration.** In coordination with the USAID|Combination prevention regional project we will implement interventions defined; thus achieving a single combination prevention

Indicator	Additional PEPFAR funds for FY13-16	Additional KPCF
Geographical coverage	Intensify actions in 9 departments	Expansion to 8 departments
NGO benefitted	ONG apoyadas en la actualidad	10 new NGOs
# of MARPS benefitted	7,500	10,000
# of HIV rapid tests	1,500	2,500
Training in Management and Administration	50	50

program with two actors.

The role of USAID|PrevenSida will be to develop or enhance knowledge in at least 50 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 20 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.

**Improve outreach.** In November 2013 we will conduct a 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.

## Indicators

- For Year Four: At least 54,500 MARP individuals reached yearly through community outreach that promotes HIV/AIDS prevention. For years five and six: At least 37,000 MARP individuals reached yearly through community outreach that promotes HIV/AIDS prevention.
- For Year Four: At least 14,000 MARP individuals received counseling yearly along with testing for HIV and received their test results according to national standards. For years five and six: At least 11,500 MARP individuals received counseling yearly along with testing for HIV and received their test results according to national standards.
- At least 500 individuals from 50 NGOs trained in preventive services provision according to national and international standards at the end of the project.
- At least 109,000 MARP individuals reached yearly through community outreach that promotes HIV/AIDS prevention.
- More than 50 organizations providing appropriate behavioral change communications, counseling and testing, condom provision and other preventive services to other members of high risk groups at the end of the project.

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

Selected NGOs will designate officials to be trained in concepts and methodologies for the reduction of stigma and discrimination. They will develop capabilities to include stigma and discrimination reduction strategies in their operational plans and advocate for the inclusion of this thematic approach in decision making arenas nationally, departmentally and locally.

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

### LGBT component

**Reinforcing human rights approach contributing to the reduction of stigma and discrimination through NGO involvement (September 2013-May 2014):** The proposed 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 following objective:

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

USAID/Nicaragua proposes incorporating a Human Rights focus into its HIV/AIDS Program through the following activities that should be implemented in the period October 2013-September 2014:

- 1) **Baseline study.** 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 of the topics and the contents of training and mentoring.

- 2) **Institutional strengthening and specialized technical training.** Previous activities of the HE Office have reached only those NGOs working in HIV/AIDS prevention and education, while a number of LGBT NGOs engaged in HRs advocacy continue to have unmet institutional and technical needs. Institutional strengthening and/or specialized technical training will be provided to a total of 15 LGBT NGOs, including seven NGOs that have not yet received USAID/donor support and ten NGOs that have already received institutional strengthening and demonstrated the potential and desire to benefit from additional specialized training on priorities identified during strategic planning (e.g., human rights legal framework, legal advocacy, GBV prevention, coalition-building, public education, volunteerism, and media outreach).
- 3) **Small Grants Mechanism.** Through the course of the specialized technical training, NGOs will have the opportunity to develop short-term, high impact advocacy projects, to which they will 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.

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, 81 leaders (60 in advocacy and 21 in financial/managerial issues) from 15 LGBT NGOs will be trained on stigma and discrimination and gender based violence reduction, and we will continue applying the manual of reduction of stigma and discrimination in sexual diversity created by USAID/HCI and implemented by PrevenSida in the first two years of the project.

**Public awareness campaign.** Through a small grant mechanism the LGBT organizations will be able to develop campaigns to reduce stigma, discrimination 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 stigma, discrimination and violence against sexual diversity reduction, we will adapt current PLHIV 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 cause.

Schedule of LGBT activities:

- Month 1: Conduct baseline study and identify target NGOs
- Months 2-4: Provide institutional strengthening and specialized technical training to CSOs (simultaneous)
- Months 5-11: NGOs implement small grants programs

- Month 12: Program evaluation (based on baseline study)

The project will be monitored through PrevenSida’s existing M&E scheme and institutional strengthening quality index tool, which will be modified to document progress toward the specific objectives of HRGP funds. The project will be evaluated through PrevenSida’s mid-term evaluation at no cost to HRGP, which is planned for the 2014 fiscal year.

<b>Fiscal Year</b>	<b>Foreign Assistance Framework Element</b>	<b>Indicator</b>	<b>Target</b>
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%

**Cinema - forums.** PrevenSida has a series of videos that describes the situation of stigma and discrimination of transgendered 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.

**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.

### Indicators

- At least 100 individuals from key NGOs trained in strategies and educational tools to reduce stigma and discrimination at the end of the first year.
- More than 20 NGOs implementing and evaluating annual plans to reduce stigma and discrimination (inside their organizations, at health services level, municipality level and other decision making environments).
- At least 50% of MARPs will increase their positive perceptions in reduction of stigma and discrimination in health services provision settings following project interventions, at the end of the project compared to the baseline.
- More than 280 NGO personnel, from 20 NGOs, trained in advocacy, human rights, and

effective participation techniques and strategies.

- Approximately 20 NGOs provided with technical assistance for HIV-related policy development.
- Approximately 15 NGOs provided with technical assistance for advocacy interventions gender equality related policy development.
- 20 NGOs participating in national and local coordinating mechanisms with CONISIDA, CCM and/or other national, regional or local entities in promoting HIV advocacy, coordination and policy.
- At least six applied research studies carried out and findings disseminated used by key NGOs and MOH.
- One advocacy plan developed and implemented for removal of barriers to implementation of MARPs prevention programs through NGOs network.

## **1.5 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.

#### ***Research***

*LGBT Baseline study.* While much is known about the health-related capacities of LGBT CSOs, 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 CSOs, which will 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.

#### ***Evidence-Based Policy Analysis and Formulation***

PrevenSida will apply the model of strategic planning based on "Social Determinants health "as defined by the Commission on determinants of health, which was created by the WHO in 2005. The methodology applied by USAID|HCI with the transgender organization is a good practice that reinforces evidence-based policy analysis and formulation. PrevenSida will incorporate in its work plan those activities selected on the "Action plan to provide healthcare for the female transgender population in Nicaragua" such as: awareness and education on gender based violence, stigma and discrimination as 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 and training sexual diversity leaders on human rights.

PrevenSida will work with MSM, Lesbians, female sexual workers and with PLWA organizations in order to analyze the current evidence for strategic planning and policy formulation applying the social determinants for health for its design.

**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 ready since the middle of 2013 and PrevenSida will carry on sharing mechanisms in coordination with USAID|DELIVER 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.

**LGBT Advocacy.** With the LGBT community, once PrevenSida has strengthened their capability for advocacy, PrevenSida will provide support for a coalition building. One of the inputs of this common work will be the action plan for healthcare to the transgendered population in Nicaragua facilitated by USAID|HCI Nicaragua in April 2013. It will be developed by the 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, which include: awareness and education on gender based violence, stigma and discrimination as 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

**M&E and sharing.** Alongside with M&E 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.

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

In a join cooperation with 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.

**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 middle of December 2013 there is a record of 23,655 visits to the website. The most frequently visited areas are the news and publications. Currently, PrevenSida is in Face Book.

## Indicators

- More than 200 NGO personnel, from 50 NGOs, trained in effective participation techniques and strategies.
- Approximately 50 NGOs provided with technical assistance for HIV-related policy development.
- 20 NGOs participating in national and local coordinating mechanisms with CONISIDA, CCM and/or other national, regional or local entities in promoting HIV advocacy, coordination and policy.
- At least six applied research studies carried out and findings disseminated and used by key NGOs and MOH.
- One advocacy plan developed and implemented for removal of barriers to implementation of MARPs prevention programs through NGOs network.

## 1.6 Cross-Cutting and Other Issues

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

NGO grants, , 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.

With additional PEPFAR and KPCF funds, we will able to support at least 23 NGOs working in HIV prevention at nationwide.

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

USAID|DELIVER as partner in DAISSR (Disposición adecuada de insumos de salud sexual y reproductiva). Coordination to provide support to NGOS in organizing supplies storage inventory.

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

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. Sharing preventive services production data generated by NGOs on a quarterly basis and participating in sessions where technical teams from cooperation projects share their progress.

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.

## 1.7 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.

In the past three years, Nicaragua has developed activities to strengthen the national response, including M&E.

***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.

**Process Evaluation:** The midterm evaluation was not carried out after 15 months as described in the program description because 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). Also the Mission has planned an evaluation of the bilateral HIV program in the last quarter of 2013. We will carry out the mid-term evaluation in 2014.

**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 CONSIDA studies.

For the mid-term external evaluation; studies are expected to be ready in the FY14. 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 on the year 2013.

## 1.8 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 4 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 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.

## 1.9 Branding and marking strategy compliance

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.

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 are given a printed version in Spanish about this requirement.

One of the Standard Provision included in contracts with NGOs 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.

All teachers will be provided with PowerPoint templates with the PEPFAR Central America and USAID|PrevenSida logos and their organization logos from the beginning of the project.

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.

## 1.10 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 in HIV/AIDS, and Dr. Carlos Jarquin, an experienced public health specialist. Besides, Mr. Roberto Gonzalez in the position of grant/finance associate

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

## 2. Annexes

Table 1. PEPFAR indicators. October 2013 to September 2013.

Indicator	FY14 Target
P11.1.D Number of individuals who received HIV Testing and Counseling (HTC) services for HIV and received their test results	14,000
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 (contact)	109,000
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 (inividual)	54,500
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	71
H2.3.D Number of health care workers who successfully completed an in-service training program within the reporting period	560
P7.1.D Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of Prevention with PLHIV (PwP) interventions (individual)	500
Indicator #P7.1.D Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of Prevention with PLHIV (PwP) interventions (contact)	1,000

Table 2. List of NGOs with USAID|PrevenSida support in the first three 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
8	Asociación 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		

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	
15	Asociación Nicaraguense de Trans (ANIT)			☐				x		
16	Asociación Promoción y Desarrollo de la Mujer Nicaraguense (ACAUALT)			☐				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		
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

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	
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
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 3 PrevenSida impact indicators.

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

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

## PrevenSida – Annual Work Plan. October 2013 to September 2014

Table 4 Annual Work Plan

<b>Preventing HIV Aids transmission among high risk groups in Nicaragua (PrevenSida)?</b>															
<b>Annual Operational Plan. Oct. 2013 to Sept 2014</b>															
Main Activities	Task	Result	Participants	Chronogram											
				Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
<b>Resultado 1:</b> Strengthened institutional capacity of at least 50 NGOs in the national response to HIV and Aids through networking and capacity development. (PEPFAR and KPCF)															
Seleccionar a las ONG a ser incluida para mejorar su desempeño institucional en el año 4 del proyecto, incluidas 10 ONG de KPCF y 15 ONG de LGBT.	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												

Realizar línea de base LGBT, examinando los ONG y donantes que han trabajado con LGBT, identificar los ONG y determinar los espacios para realizar un trabajo eficaz en los niveles locales y nacionales	Diseñar y publicar los términos de referencia para realizar la línea de base y escoger a la persona que realizará el documento														
	Seleccionar las ONG que laboraran en el desarrollo LGBT														
Realizar pre-award con ONG seleccionadas para determinar necesidades de mejoramiento técnico en áreas financieras, directivas y técnicas	Realizar pre-award con ONG seleccionadas para determinar necesidades de mejoramiento en áreas financieras y técnicas (prevención, derechos humanos y advocacy)														
	Definir las áreas temática a reforzar (desarrollo institucional y áreas técnicas)														

**Desarrollo de competencias - Capacitaciones en fortalecimiento institucional. (CIES y PrevenSida)**

Main Activities	Task	Result	Participants	Chronogram											
				Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Realizar capacitaciones para mejorar la capacidad	Adecuar el programa académico del componente gerencial	Programa académico adecuado a las	Staff URC CIES												

administrativa/gerencial y financiera de ONG seleccionadas, incluidas las ONG LGBT	a los diferentes participantes	necesidades de nuevos participantes														
	Implementar programa académico para mejorar la capacidad administrativa financiera de ONG del año 4	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?													
Realizar actualización de normas técnicas y organizarlos en un paquete pedagógico	Actualización de las notas técnicas de fortalecimiento institucional	Personal de las ONG actualizados en fortalecimiento institucional	Staff de URC y ONG													
	Diseñar y reproducir los módulos del paquete pedagógico de fortalecimiento institucional	Paquete pedagógico de fortalecimiento institucional Diseñado y reproducido	Staff URC CIES													
<b>Capacitaciones en abogacía y derechos humanos. Capacitación de URC, PASCA y NDI</b>																

Realizar capacitaciones para mejorar la capacidad en el manejo del marco legal de los derechos humanos, abogacía, violencia basada en genero, prevención, construcción de alianzas y coaliciones, educación pública, voluntariado y difusión de información en medios masivos de comunicación	Diseñar y/o adecuar el programa académico del componente de abogacía y derechos humanos de 4 módulos (manejo de conflicto y coaliciones, marco legal, abogacía y comunicación efectiva	Programa académico del componente de abogacía y derechos humanos diseñado y/o adecuado.	Staff URC PASCA/DNI													
	Diseñar mecanismos de selección y seleccionar a los participantes de los ONG seleccionados	Mecanismos de selección y selección de los participantes de los ONG diseñados	Staff URC PASCA/DNI													
	Implementar programa académico para mejorar la capacidad en derechos humanos	Programa académico implementado	Staff URC PASCA/DNI													
	Evaluación sistemática del cumplimiento de objetivos formativos y aplicación de conocimientos de las ONG	Realizada la evaluación sistemática del cumplimiento de objetivos	Staff URC													
	Realizar mentoring de campo por parte de PrevenSida, PASCA y NDI a ONG para mejorar las competencias y la aplicación del conocimiento adquirido en el programa académico.	Mejoradas las competencias de los ONG mediante mentoring de campo	PASCA/DNI													
<b>Monitoreo y evaluación. Capacitación de URC</b>																

Chronogram															
Main Activities	Task	Result	Participants	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
				Brindar entrenamiento en monitoreo y evaluación a las nuevas ONG (LGBT y KPCF) seleccionadas para mejorar sus capacidades en el uso y aplicación de las matrices de M&E	Seleccionar a las personas a capacitar de cada ONG	Nuevas ONG seleccionadas	Staff de URC ONG								
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.	Staff de URC ONG													
<b>Colaborativos de mejoramiento – capacitación de URC</b>															
Implementar colaborativo de mejoramiento: estándares; indicadores, paquete de cambio, contenidos de las sesiones de aprendizaje con ONG del año 2014 (PEPFAR y KPCF)	Realizar línea de base de cumplimiento de estándares de calidad y resultados compartidos con nuevas ONG seleccionada para el año 4	ONG del año 4 fortalecidas y aplicando procesos de mejoramiento continuo de la calidad en aspectos administrativo/gerenciales y de prevención	Staff de URC y ONG												
	Realizar un primer colaborativo de mejoramiento con nuevas ONG del año 4 en aspectos administrativo/gerenciales y de prevención		Staff de URC y ONG												
	Realizar visitas de campo para compartir resultados de la		Staff de URC y ONG												

	medición de estándares y expansión de buenas prácticas y experiencias exitosas a ONG del año 4														
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	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 4	ONG del 4 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												
<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	Revista de PrevenSida	Staff de URC y ONG												

	PrevenSida y los ONG	publicada trimestralmente													
<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 funcional con metas y objetivos comunes, compartiendo información e intercambio o préstamo de bienes entre ONG cuando se necesite	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 y PVIH	Red de ONG realizando tareas comunes para mejorar la vida de las PEMAR y PVIH	Staff de URC y ONG												
<b>Result 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
Aumentar la cobertura de servicios preventivos a poblaciones clave aumentando el número de departamentos y ONG que proporcionan	Seleccionar e instruir a las nuevas 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	Línea de base	Staff de URC y												

servicios de prevención del VIH	resultados de la línea de base entre los ONG	socializada entre las ONG	nuevas ONG														
Mejorar la capacidad de ONG en desarrollar actividades de prevención y promoción de la prueba de VIH	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. reactivos a las unidades del MINSA	Cumpléndose el algoritmo del MINSA y al sistema de referencia y contra referencia con el MINSA.	Staff de URC, y ONG														
	Asegurar los insumos para la prueba de VIH a los ONG subvencionados	Asegurado el flujo constante de insumos para la prueba de VIH	Staff de URC y ONG														
Realizar capacitaciones en consejería pre y post prueba, prevención combinada y violencia basada en género	Capacitar al personal de las ONG en consejería pre y post prueba	Personal de las ONG capacitados en consejería pre y post prueba	Staff de URC y ONG														
	Capacitar al personal de las ONG en el prevención combinada	Personal de las ONG capacitados en prevención combinada,	Staff de URC y ONG														
	Capacitar al personal de las ONG en el violencia basada en género	Personal de las ONG capacitados en violencia basada en género	Staff de URC y ONG														
Actualización y aprobación de las	Actualización y aprobación de las	Personal de las ONG	Staff de URC y ONG														

notas técnicas de, violencia basada en genero	normas técnicas de violencia basada en genero	actualizados en las normas sobre VBG													
<b>Integración de los servicios</b>															
Main Activities	Task	Result	Participants	Chronogram											
				Oct	Nov	Dec	Jan	Feb	Ma r	Apr	Ma y	Jun	Jul	Aug	Sep
Realizar capacitación sobre comunicación para el cambio de comportamiento al menos a 32 ONG (incrementar el uso de condón, consejería y realización de pruebas de VIH con entrega de resultados y reducción de parejas sexuales).	Capacitación al personal de al menos 40 ONG sobre técnicas para cambio de comportamiento (Perfil del educador, técnicas para el manejo de grupo y técnicas para el abordaje	Personal de al menos 40 ONG capacitado sobre técnicas para cambio de comportamiento	Staff de URC, ONG y PASMO												
	Realizar encuentros metodológica para el abordaje del cambio de comportamiento	Personal de las ONG han identificado las metodología para cambio de comportamiento y las necesidades de capacitación por PASMO	Staff de URC, ONG y PASMO												
Realizar capacitación sobre videos – foro y grupos pequeños en reducción de homofobia, violencia basada en genero y estigma y discriminación en	Realizar selección de ONG para capacitarlos en videos-foro	Personal de las ONG seleccionadas capacitadas en el manejo de videos –foro y grupos pequeños	Staff de URC, ONG y fundación Luciérnaga												
	Realizar la capacitación sobre videos -foro														

PVIH y diversidad sexual															
Realizar mentoring sobre comunicación para el cambio de comportamiento en al menos 32 ONG durante el periodo	Realizar visitas de campo a las ONG para realizar mentoring sobre cambio de comportamiento	Personal de las ONG mentoring para el cambio de comportamiento.	Staff de URC, ONG y PASMO												
Improve Outreach															
Main Activities	Task	Result	Participants	Chronogram											
				Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Ampliar las actividades de prevención del VIH a la población clave a través de la realización de videos-foro	Realizar video-fórum sobre temas de homofobia, violencia basada en genero y estigma y discriminación en PVIH y la diversidad sexual	Video-fórum realizados por las ONG para prevención del de homofobia, violencia basada en genero y estigma y discriminación en PVIH y la diversidad sexual	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	Mar	Apr	May	Jun	Jul	Aug	Sep

Desarrollo de una estrategia para la reducción del estigma y discriminación enfocada en la familia, comunidad, colegios e iglesias	Capacitar a los ONG sobre mitos, prejuicios y actitudes, autoestima, genero, sexualidad y estigma y discriminación	ONG capacitados sobre mitos, prejuicios y actitudes, autoestima, genero, sexualidad y estigma y discriminación	Staff de URC y ONG														
	Capacitar en el desarrollo de planes de advocacy que conduzcan a la reducción del estigma y la discriminación	ONG capacitados en el desarrollo de planes de advocacy que conduzcan a la reducción del estigma y la discriminación	Staff de URC, PASCA, NDI y ONG														
	Realizar visitas de campo a las ONG para realizar mentoring sobre desarrollo de planes para la reducción del estigma y discriminación	Personal de las ONG recibiendo visitas de campo para desarrollar planes de reducción de EyD mediante mentoring	Staff de URC, PASCA, NDI y ONG														
	Participar con PASMO en las acciones transversales para reducción del E & D	ONG con actividades transversales sobre reducción de E y D desarrolladas	Staff de URC, PASMO y ONG														
	Realización de video-fórum enfocados en estigma y discriminación en los	Video-fórum enfocados en estigma y discriminación	Staff de URC y ONG														

	territorios que atiende PrevenSida por los ONG subvencionados	desarrollados en los territorios que atiende PrevenSida													
<b>Result 4. Improved Participation of NGOs Representing MARPS and PLHIV in the National Response to HIV/AIDS</b>															
Main Activities	Task	Result	Participants	Chronogram											
				Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Información estratégica	Divulgación de los resultados de la encuesta nicaragüense de demografía y salud y apoyo para que las ONG analicen los resultados de la encuesta relativos a su población meta	Divulgados y analizados los resultados de la encuesta nicaragüense de demografía y salud sobre las poblaciones metas de PrevenSida	Staff de URC y Staff de ONG												
	PrevenSida participara en conjunto con PASCA en sesiones de análisis y seguimiento de la información estratégica producida en Nicaragua	Los ONG de PrevenSida en conjunto con PASCA han realizado análisis de la información estratégica producida en Nicaragua: - E&D - MEGAS - UNGASS - Estudios TRACS	PASCA, staff de URC y ONG												

PrevenSida continuará apoyando en el desarrollo del conocimiento de sus staff de las ONG	Realizar cursos de entrenamiento sobre Excel para el personal de las ONG	Desarrollados los cursos de entrenamiento sobre Excel para el personal de las ONG	Staff de URC y ONG														
El programa regional de USAID/PASCA en coordinación con USAID/PrevenSida apoyara a los ONG para integrar la información al reporte nacional de CONISIDA	Integrar los datos producidos por los ONG de PrevenSida a los reportes nacionales de CONISIDA	Integrados los datos producidos por los ONG de PrevenSida a los reportes nacionales de CONISIDA	Staff de URC, CONISIDA y ONG														
	PrevenSida en coordinación con el mecanismo coordinador de país (MCP) facilitara la integración de los datos para que CONISIDA desarrolle el reporte de país	PrevenSida a facilitado información a CONISIDA para elaborar el reporte del país	Staff de URC, MCO y ONG														
Web -site	Maximizar el uso de la web -site mediante la conducción de foros de discusión sobre los efectos de la epidemia de VIH en PEMAR	Foros de discusión realizados sobre los efectos de la epidemia de VIH en PEMAR	Staff de URC, ONG población usuaria de web -site														
	Discusiones sobre encuestas realizadas trimestralmente entre personal de las ONG	Discusiones realizadas sobre resultados de encuestas realizadas trimestrales entre	Staff de URC, ONG población usuaria de web -site														

		personal de ONG													
	Compartir en las web los mensajes a PEMAR que actualmente se realiza	SMS compartidos en web -site	Staff de URC, ONG población usuaria de web -site												
<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>Ma y</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>
Local capacity building and sub-grants.	Elaborar TdR para concurso de fondos del año 4 del proyecto para ONG	Elaborados los TdR para concurso de fondos del año 4 del proyecto para ONG fondos PEPFAR Y KPCF	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 induccion	Staff de URC y USAID												
<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 de medio término del proyecto	Participar en las entrevistas y reuniones que los evaluadores requieran															
Evaluación del proyecto LGBT	Elaborar TdR para evaluación intermedia del proyecto	Elaborados los TdR para evaluación intermedia del proyecto	Staff de URC													
	Licitación de servicios profesionales para evaluación externa	Realizada la licitación de servicios profesionales para evaluación externa	Staff de URC													
	Realizar evaluación y entregar informe de evaluación	Realizada la evaluación del proyecto LGBT y entregado el informe final	Staff de URC													

Table 5: operating budget FY 2013. Preventing transmission of HIV from MARPS

University Research Co., LLC Center for Human Services Operating Budget YE 9/30/2013		URC Contract #	6960				SBU					QPI				
		Contract Name	Nicaragua PrevenSida				Period of Performance	Sept 20, 2010 - Sept 20, 2016								
		Project Manager	Oscar Nuñez				Contract Award	7,000,000								
		Thru													FY 2014	Project
		FY 2014	oct-13	nov-13	dic-13	ene-14	feb-14	mar-14	abr-14	may-14	jun-14	jul-14	ago-14	sep-14	Total	To Date
39	Dir. Labor - Class I & II	-	1,335	1,335	1,335	1,335	1,335	1,335	1,335	1,335	1,320	1,312	1,306	1,306	15,924	15,924
40	Dir. Lab.-Cl. V & Cons.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
41	Consultants (no o/h)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Labor Cost		-	1,335	1,335	1,335	1,335	1,335	1,335	1,335	1,335	1,320	1,312	1,306	1,306	15,924	15,924
43	Allow. & HCN Lab/Ben	-	26,225	40,931	54,865	32,401	32,401	34,318	34,318	34,318	31,179	31,179	31,179	31,179	414,493	414,493
44	Consultant w/o OH	-	-	2,667	2,667	2,667	2,667	2,667	2,667	-	-	-	-	-	16,000	16,000
45	Travel	-	5,848	5,848	5,848	5,848	5,848	5,848	5,848	8,628	5,848	5,848	5,848	5,848	72,960	72,960
46	Other Direct Costs	-	35,633	47,951	35,303	35,303	35,853	35,303	11,180	11,180	11,180	11,180	11,180	11,180	292,425	292,425
47	Subcontract (All)	-	-	-	97,433	97,433	97,433	97,433	97,433	97,433	54,399	54,399	29,399	-	722,798	722,798
56	Recoveries	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Other Direct Cost		-	67,706	97,396	196,116	173,651	174,201	175,569	151,446	151,560	102,607	102,607	77,607	48,208	1518,675	1518,675
		-														
37.99%	Fringe - Full/Part Time	-	507	507	507	507	507	507	507	507	501	498	496	496	6,050	6,050
12.00%	Fringe - Statutory	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
14.00%	Overhead	-	3,929	5,988	7,939	4,794	4,794	5,062	5,062	5,062	4,620	4,618	4,617	4,617	61,105	61,105
18.62%	G&A	-	13,682	19,593	21,054	16,286	16,388	16,693	12,201	12,222	10,655	10,652	10,430	10,172	170,028	170,028
4.73%	S/C Handling G&A	-	-	-	4,609	4,609	4,609	4,609	4,609	4,609	2,573	2,573	1,391	-	34,188	34,188
Total Indirect Expense		-	18,118	26,088	34,109	26,195	26,298	26,871	22,379	22,400	18,349	18,342	16,934	15,285	271,371	271,371
Total Contract Costs		-	87,159	124,820	231,559	201,182	201,834	203,774	175,160	175,295	122,276	122,261	95,848	64,799	1805,970	1805,970
0.00%	Base Fee	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
0.00%	Award Fee	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Contract Costs & Fee		-	87,159	124,820	231,559	201,182	201,834	203,774	175,160	175,295	122,276	122,261	95,848	64,799	1805,970	1805,970

