Nicaragua Fifth Year
FY15 Annual Project Report

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Acronyms

ACCCS	Asociación Campaña Costeña con el Sida (Association Coastal Campaign to Fight Aids)
ADESENI	Asociación por los Derechos de la Diversidad Sexual Nicaragüense (Association for the Rights of Nicaraguan Sexual Diversity)
AIDS	Acquired Immune Deficiency Syndrome
ANICP+VIDA	Asociación Nicaragüense de Personas Positivas Luchando por la Vida (Nicaraguan Association of Positive People Fighting for life)
ASSIST	Applying Science to Strengthen and Improve Systems
ASONVIHSIDA	Asociacion Nicaraguense de Personas VIH SIDA (Nicaraguan Association of People with HIV Aids)
CCM	Country Coordinating Mechanism
CEGODEM	Centro de Estudios para la Gobernabilidad y Democracia (Center of Studies for Governance and Democracy)
CDC	Centers for Disease Control and Prevention
CEPS	Centro de Estudios y Promoción Social (Center for Studies and Social Promotion)
CEPRESI	Center for Aids Education and Prevention
CHS	Center for Human Services
CIES	Center for Health Research Studies
CONISIDA	Nicaraguan Aids Commission
COP	Chief of Party
CQI	Continuous Quality Improvement
ECVC	Encuesta Centroamericana de Vigilancia de Comportamiento Sexual y Prevalencia de VIH e ITS en poblaciones vulnerables (Central American Survey of Sexual Behavior Surveillance and HIV and STI Prevalence in vulnerable populations)
EMMP	Environmental Mitigation and Monitoring Plan
ENDESA	Encuesta Nicaragüense de Demografía y Salud (Nicaraguan Survey of Demography and Health)
FSW	Female sexual worker
FY	Fiscal Year
GF	Global Fund
HCI	Health Care Improvement
HHRR	Human Rights
HIV/AIDS	Human immunodeficiency virus / acquired immunodeficiency syndrome
INIDE	National Development Information Institute
IXCHEN/ANFAM	Asociación para el apoyo de la Nueva Familia en Nicaragua (Association to Support the New Family in Nicaragua)
KP	Key Population
KPCF	Key Population Challenge Funds
M&E	Monitoring and Evaluation
MARP	Most at Risk Populations
MINSA	Ministerio de Salud (Nicaraguan Ministry of Health)
MOH	Ministry of Health
MSM	Men who have sex with Men
NDRC	National Diagnosis and Reference Center
NGO	Non-Government I Organization
UNAIDS	United Nations Fund to Fight Aids

NSP	National Strategic Plan for STI, HIV/Aids 2006-2012
PASMO	Pan American Social Marketing Organization
PLHIV	People Living with HIV
PEPFAR	President's Emergency Plan for AIDS Relief
RHCS	Reproductive Health Commodity Security
RAAN	Northern Atlantic Autonomous Region
RAAS	Southern Atlantic Autonomous Region
S&D	Stigma and Discrimination
SILAIS	Local Integrated Health Care Systems
SMS	Short Message Service
STI	Sexually Transmitted Infections
SW	Sexual Worker
TRANS	Transgender, transsexual, transvestite
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNICEF	United Nations International Children's Emergency Fund
URC	University Research Co., LLC
USAID	United States Agency for International Development
USAID/DELIVER	Contraceptives Logistics Programme
USAID/PASCA	USAID Program for Strengthening the Central American Response to
USAID/ PrevenSida	Prevention of HIV/AIDS transmission among High Risk Population Program
WHO	World Health Organization

1. Executive Summary

This annual report corresponds to the fifth year of the USAID|PrevenSida project, FY15. 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.

Since October 2012, PrevenSida is part of the regional HIV program within the PEPFAR framework for the Central American region. PrevenSida provides support to 3 PEPFAR strategic components: institutional strengthening, prevention and strategic information.

During the first five years of the project, interventions were focused on outcomes 1, 2, 3 and 4: institutional strengthening and improved quality preventive services respectively, reduction of stigma and discrimination and improved participation of NGOs in the National Response to HIV/AIDS.

This year was characterized by consolidating designed, validated and implemented processes. Deepening knowledge and experience included both the project and implementer NGOs, and comprised the following topics: NGO context adapted training methodologies with local multiplication feasibility; monitoring system for indicators and processes such as rapid testing and care for people with HIV; understanding and effectiveness of organization and execution of HIV combination prevention and community based care for people with HIV; integration of the Human Rights (HHRR) topic as part of HIV prevention actions and messages where topics such as gender and human trafficking were included; community based actions to reduce stigma and discrimination; strategic information management including knowledge of target populations' denominators.

Complied with 90% (27/30) of activities described in the action plan. The activity that was not executed is the forum to be completed along with PASCA and other activity is in documentation process; these correspond to quality improvement good practices.

Regarding PEPFAR indicators there was satisfactory compliance with training and prevention goals. 91.5 % of HIV rapid testing was achieved, the hindering factor to obtaining 100% was a planning problem at one NGO, although it is noticeable that testing was focused on men, above 80% of the MSM goal.

The scope of key populations with HIV prevention services and care for positives was satisfactory achieving 61% of individuals with the 4 services established by Global Fund.

Two new activities corresponding to prevention and care for people with HIV were promoted during this period, these are: community based clinical assessment based on WHO criteria and CD4 testing with mobile equipment with satisfactory indicator compliance for this first phase of experimentation and learning from this learning process.

4 research studies were completed and validated with beneficiaries who generated the information: performance evaluation of the HHRR-LGBT component, KPCF component assessment, evaluation of NGOs involvement in the National Response and the PrevenSida cost efficiency study.

Evaluations reported excellent achievement of objectives and goals of the HHRR components and KPCF funds implementation, as well as compliance with result 4 (participation in the national response), and cost effectiveness concluded that the project is extremely cost effective based on WHO standards in terms of institutional strengthening and prevention strategy.

14 NGOs implemented HIV prevention grants for a total amount of $ 260,777.87 with excellent performance, good management of administrative and financial processes, cost share and goals attainment. USAID|PrevenSida Project submitted the Environmental Management Performance Plan (EMPP) for 14 NGOs to USAID, and implemented the activities planned for training and compliance with environmental regulations.

The project maintained coordination with USAID partners, Peace Corps, Global Fund and CONISIDA.

This way USAID | PrevenSida is contributing to the Sustainability Strategy for the Comprehensive Response to HIV in Central America and the Dominican Republic, 2012-2015 to the specific objective which corresponds to strengthen management skills among leadership and HIV response management in the country, at the governmental level, civil society and local cooperation, and promoting the use of technical and managerial tools.

Main activities for year 2016

Combination Prevention and Care for people with HIV/Aids. Continuum of Care Cascade

- Community based HIV rapid testing with informed consent by NGO technical teams, with counseling before and after testing, ensuring result delivery.
- Link to health care services: people with reactive results to the HIV rapid test must be referred/led to by NGO members towards MOH health units to receive protocol compliant care and treatment.
- Treatment: NGOs working with PLHIV identify people requiring CD4 testing at the community level and refer them to the corresponding health unit or to the NGO providing the mobile CD4 service. If the PLHIV is not under treatment, they review the hindering or facilitating factors for future ART adherence and provide counseling.
- Retention: PLHIV receive at least two contacts for positive prevention services delivery, this can be completed at PLHIV homes, GAM or at MOH clinics. In addition, they apply the WHO adapted clinical assessment tool to identify danger signs. They provide counseling promoting adherence and self-care. In case of abandonment, coordination established with multidisciplinary teams at health units along with peer knowledge, enables the return of PLHIV into ART.
- Suppression: NGO technical teams provide counseling on the importance of ART adherence to reach viral suppression and viral load testing.

With this new approach, NGOs providing care for people with HIV individually, should receive at least one of the following: clinical assessment (WHO staging) OR CD4 count to be included in the indicator.

Institutional strengthening. By FY 16, with support from PrevenSida advisers, grantee NGO designated staff will learn to use training tools on administrative, financial, prevention and Human Rights topics. The grant's financial contribution will enable to multiply capabilities among the rest of the staff, thus assuring sustainability in human resources training.

Grants. The purpose is to provide financial and technical support to NGOs linked to the national response to HIV for institutional strengthening and HIV prevention activities implementation among key populations (MSM, Trans and SW), secondary prevention, and continuum of care among people with HIV at municipalities with the greatest incidence rates.

Knowledge Management. Along with USAID|PASCA, USAID|DELIVER, USAID|ASSIST and USAID|Combination Prevention, we will promote knowledge flowing from one organization to another, to prevention services recipients, and to the community. Some ways to disseminate knowledge are monthly electronic bulletins and the PrevenSida Web Site.

Project coverage.
The target for FY 16 will be 11,919 MSM/TRANS from 7 municipalities in Managua, which correspond to 80% of total estimated KP (MSM/TRANS) for the Managua department. Two municipalities were excluded from the target due to the low number of KP and expected cases at site level. In addition, and using FY14 funds, considering the transition plan to phase out from other nine departments not prioritized for ROP 15, we will report activities for 10 municipalities (9,362 KP, 20% of KP in those areas) with the highest HIV incidence, for which there were coverage agreements with national counterparts for this year.

1.1 Demographic and HIV statistics.

Since the first case was reported in Nicaragua in 1987 up to June 2015, there have been a total of 10,405 people diagnosed with HIV registered through the monitoring system of the Ministry of Health (MOH)[1]. 8,184 of these were captured in HIV status, and 1,199 have died. Prevalence rate is 0.26 per 100 people.

According to the same source, in the first semester of 2015, the most affected age groups are those from 20 to 34 years old (314/573 persons, 55%). Regarding sex, 63% (367) were men, 37% (317) are women.

1.2 HIV implementing mechanism in the country

University Research Co., LLC (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 six-year project (September 20th 2010 to September 20th 2016) with a $7 million investment. Implemented at nationwide.

1.3 Technical report

This report covers progress in meeting the 4 project, PEPFAR and contract indicators.

The institutional strengthening result was focused in this period on consolidating and sustaining achievements in terms of improving administrative, financial, planning, training and monitoring processes.

[1] MINSA. HIV and Aids Component. First semester 2015 database.

As a result of project implementation we now have more robust NGOs to apply to other donors.

Table 2 shows annual PEPFAR indicator compliance and table 3 shows annual indicators established in the contract.

The main achievements are described below:

1.4.1 Result 1. Strengthened Institutional Capacity of NGOs

NGOS strengthened

PrevenSida contributes to the Sustainability Strategy for the Comprehensive Response to HIV in Central America and the Dominican Republic, 2012-2015 to the specific objective, which aims at strengthening management skills such as leadership and HIV response management in the country, at the government, civil society, and local cooperation levels, and promoting the use of technical and managerial tools.

During the fifth year of the project, a total of 33 organizations (18 LGBT NGOs, 4 NGOS of people with HIV and 11 NGOs providing care for other key populations) participated in management, prevention and human rights courses.

14 grants were executed satisfactorily for an equal number of organizations for HIV prevention.

Quality Management Program

USAID|PrevenSida selected 9 NGOs this year to support in developing and implementing the Quality Management Program, these are: ACCCsida and MDS from RACCS, FSL from Rio San Juan, CEPS from Nueva Segovia, ANICP+VIDA, ASONVIHSIDA, IXCHEN, CEGODEM, ICAS, OVI and CEPRESI from Managua. Progress to date is described below:

71 resources (promoters and technicians) from NGOs were trained on general quality concepts. 5 NGOs (CEPRESI, OVI, CEGODEM, IXCHEN and FSL) completed participative drafting of the Final Quality Management Program.

People Trained

There was no pre service goal for this period, 715 people were trained (458 male and 257 female) out of 33 NGOs which have received technical assistance by USAID|PrevenSida, regardless of them being grantee NGOs. For this FY15 the goal was facilitator training on the Teaching Package´s contents; developing the Quality Management Program and providing training on Geo-tagging to capture information and chart key population sites.

Indicators

- CE. 577. Number of health care workers who successfully completed an in-service training program within the reporting period: 630 (420%; 630/150)
- Gend Norm: Number of people completing an intervention pertaining to gender norms, that meets minimum criteria: 85 (125%; 85/68)

1.4.2 Result 2. Improved Access to and Quality of HIV/AIDS Preventive Services

In year five the goal of people and contacts reached with a minimum package of prevention is 37,000 MARP individuals and 74,000 contacts.

The goal of individuals reached was over complied with and there was good compliance with contacts. An average of 1.5 contacts per individual was achieved; the expected number was 2 contacts but the short grant implementation period does not allow reaching the goal.

Indicators:

1. Number of individuals who received the minimum package: 38,988 (105.4%).

1. Number of contacts that received the minimum package: 60,336 (81.5%).

Prevention with positives

In year five the goal of HIV positive people and their contacts reached with a minimum prevention package is 500 positive and 1,000 contacts.

The Community Prevention and Care strategy started this year, which is measured through indicators related to CD4 count, which includes referring cases with values under 500 and community clinical assessment which is based on WHO clinical staging to classify and provide care for people with HIV.

Regarding CD4 results, 338.7% (157/405) showed results below 350 cells, these cases were referred to MOH health units providing ART for medical evaluation and follow up.

Regarding clinical staging according to the WHO classification, 69% (1,616/2,332) are in stage 1, 9% (216/2,332) in stage II, 11% (265/2,332) and 10% (235/2,332) in stage III and IV respectively.

Indicators

1. Number of individuals who received the minimum package: 2,485 (497%; 2,485/500).

2. Number of contacts that received the minimum package: 5,007 (500.7%; 5,007/1,000).
3. CARE_CURR_DSD Number of HIV positive adults who received at least one of the following during the reporting period: clinical assessment OR CD4 count (DSD): 405 (81%; 405/500)
4. Community based clinical assessment to PLHIV: 2,332 (233.2%; 2,332/1000)

Rapid testing

This year, the goal for testing with counseling and results delivery is 10,000.
In this period 11 NGOs as Point-of-care Testing Sites (ACCCS, ADESENI, CEGODEM, CEPRESI, CEPS, FSL, ICAS, IXCHEN, MDS RAAAS, ODETRANS and OVI).
74.2% of tests were conducted among men, which is expected and 25.8% among women.

26 tests were positive (0.28%) and the positivity rate by department was: León 0.57% (2/350), Madriz 1% (1/100), Managua 0.26% (15/4,067), Masaya 0.21% (3/1,412), Nueva Segovia 0.25% (1/397), RACCS 0.35% (3/851), Río San Juan 0.10% (1/990).

Positivity rate by type of population: Gay 0.49% (11/2,252), Bisexual 0.14% (4/2,955), Trans 0.36% (2/561), Female Sexual worker 0.22% (4/1,842), other vulnerable population 0.32% (5/1,540)

The indicator result is:

1. Number of individuals who were tested and received their results 9,150 (91.5%).

1.4.3 Result 3. Reduction of stigma and discrimination.

The reduction of stigma and discrimination has been mainstream rather than specific activities crosscutting to all results and activities. 81 people were trained on stigma and discrimination.

4,607 people participated in video forums on gender-based violence and stigma and discrimination with 63% (2,899) female and 37% (1,708) male.

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

20 organizations which received support from PrevenSida within the framework of the project funded by USAID|PrevenSida currently participate in the CONISIDA space, governing body of the national response. Participation in this space is at the municipal, departmental and national level. NGOs participation has improved significantly in HIV response concertation spaces, given that they are constantly receiving strategic information from USAID projects, and they also have access to information published on the USAID|PrevenSida Web site and through electronic bulletins among others.

They are aware of the HIV epidemiological situation among key populations and the size of populations, they have experience in unique recording system management, data quality, which is translated in strategic information, thus enabling them to present evidence and strategies to local decision makers, therefore, organizations have shown effective and evidence-based participation in the CONISIDA space.

They have participated in these spaces as a regulation of Law 820, however, from the HIV project implementation they have gained greater recognition of their work on interventions completed with key populations. From training and technical assistance processes with USAID|PrevenSida, they have improved their capabilities for political dialogue and conversations with key actors in the HIV response, mainly in the CONISIDA space.

1.6 Cross-Cutting and Other Issues

1.6.1 Sub grant

For year 5 of the project, 14 NGOs were selected with a total of US$ 260,777.87 with a global per capita of $5.5. Fourteen organizations closed their projects with successful administrative results, spending 100% of the budgets. The cost share contribution planned by NGOs for this year is approximately US$ 173,862 dollars, by the end of June $ 202,776.43 have been received and its status is under review and analysis before submitting to USAID.

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.

Training is for 10 hours in compliance with the PEPFAR indicator.

Gender indicator

GEND_NORM: Number of people completing an intervention pertaining to gender norms that meets minimum criteria: 85 (125%; 85/68)

1.6.2 Coordination with other USAID programs and donors

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

1.7 Monitoring and evaluation plan

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

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

Process evaluation.

The midterm evaluation of USAID's HIV Program in Nicaragua aimed to assess the extent to which the objectives and targets for the 2008-2013 period reported that the PrevenSida project concentrated its efforts on overcoming accessibility gaps detected in key populations, and a clear alignment with the strategic national plan for HIV(AIDS 2011-2015. It has developed a combined prevention model based on working with a civil society organizations network in their own social life spaces (residence, work, socialization and recreation), working in a complementary way with the public services.

1.8 Annual plan compliance

90% of activities of the work plan have been completed.

1.9 Branding and Marking

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

1.10 Management and staffing

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

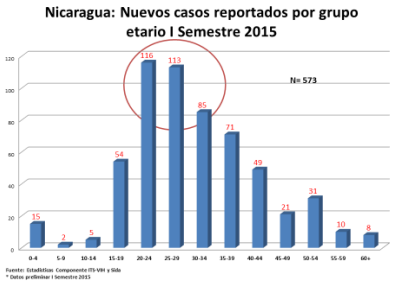
2. Demographic and HIV statistics.

Based on the definition of UNAIDS[2], Nicaragua has a concentrated type epidemic because prevalence is above 5% in key populations and less than 1% in overall population and according to the report of The National Aids Commission (CONISIDA) in their distribution analysis for new HIV infections and recommendations for prevention for 2012 (HIV Transmission Ways Model)[3].

2.1 HIV statistics generated by MoH

Since the first case was reported in Nicaragua in 1987 up to June 2015, there have been a total of 10,405 people diagnosed with HIV registered through the monitoring system of the Ministry of Health (MOH)[4]. 8,184 of these were captured in HIV status, and 1,199 have died. Prevalence rate is 0.26 per 100 people.

According to the same source, in the first semester of 2015, the most affected age groups are those from 20 to 34 years old (314/573 persons, 55%). Regarding sex, 63% (367) were men, 37% (317) are women.



Graphic1: HIV per age group. First semester year 2015

The predominant transmission way is sexual; corresponding to 99%, and 1% is vertical transmission.

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[2] UNAIDS, Terminology Guidelines, Version revised October 2011, Geneva, Switzerland, UNAIDS, 2011

[3] NICARAGUAN AIDS COMMISSION. HIV Transmission Ways Analysis of new HIV infections' distribution and prevention recommendations. April 2012. http://www.pasca.org/sites/default/files/MoT_NICARAGUA_2011_finalB.pdf [Access October 12th , 2012.]

[4] MINSA. HIV and Aids Component. First semester 2015 database.

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

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

2.3 HVI statistics generated by PrevenSida

Rapid testing by PrevenSida during October 2011 to September 2015 recorded 16,899 gay and bisexual men tested and obtained 58 positive results for a percentage of 0.34%. Among Trans population, 1,965 people were tested with a result of 27 positive cases for a percentage of 1.37%[1].

The USAID/PrevenSida report, between October 2011 and September 2015 includes 51,691 HIV tests: 160 with reactive results for a point prevalence rate of 0.31%. In the 12 months of FY15 there were 26 reactive cases (0.28%- 26/9,150).

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

University Research Co., LLC (URC)[5] is a global company dedicated to improving the quality of health care, social services, and health education worldwide. With our non-profit affiliate, the Center for Human Services (CHS), URC manages projects in over 40 countries, including the United States, through management of large grants, contracts, and cooperative agreements on behalf of USAID, Global Fund, WHO, UNICEF, the Gates Foundation, regional development banks, local partners and other clients.

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

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

PrevenSida is administered by University Research Co., LLC (URC) under cooperative agreement number AID-524-A-10-00003. It is the project of the United States Agency for International Development (USAID) for HIV/Aids transmission prevention among high-risk

[1] PrevenSida data base. October 2011 to June 2015.
[5] http://www.urc-chs.com/

population. It is a six year project (September 20th 2010 to September 20th 2016) with a $7 million investment implemented at nationwide.

4. Programs goals and strategic components within the PERFAR framework

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

Project coverage. Since October 2013 the coverage is nationwide.

Strategic approach.

PEPFAR, the Office of the U.S. Global AIDS Coordinator (OCAG), UNAIDS and the Global Fund have established their priorities around prevention in key populations, for which in Nicaragua in the last three years there has been progress. However, care for people with HIV has not had the same development.

The USG team has chosen to specifically strengthen prevention efforts for transgender women and PLHIV under Positive Health, Dignity and Prevention activities in FY13. These two KP represent the most stigmatized, the most vulnerable and those with the most risky behaviors. Prevention with Positives (PwP) will continue to be a strategic priority for the USG. In CAR, it is estimated that 2 out of 3 PLHIV do not know their HIV status or that of their partners. Improving identification of HIV-positive individuals and sero-discordant couples and offering early treatment to PLHIV will reduce the risk of transmission and reduce morbidity and mortality experienced by PLHIV. The USG will provide training on the minimum package of prevention services.

USG is funding programs in adult care and support, both facility-based and community-based activities for HIV-infected people, their families and their community. In January of 2014 there is a new set of PEPFAR indicators. Three of them are related to prevention and care for people with HIV.

The purpose of the Care and Support indicator is that Care and Support programs provide a range of services across the continuum of care, addressing clinical and non-clinical needs of people living with HIV (PLHIV) in the pre-ART and ART phases of care. Clinical care is essential for all PLHIV, including periodic assessment of clinical and immune status; determination of eligibility for ART, timely initiation of ART for all eligible clients; and provision of other services known to reduce morbidity and mortality, such as screening and prophylaxis for opportunistic infections.

To provide support to care for people with HIV and especially transgender, the USAID|ASSIST and USAID|PrevenSida projects have adapted the blue print, which is a guide to provide care for transgender people. This adaptation process has developed with health professionals and transgender leaders.

With this new approach, NGOs providing care for people with HIV individually, should receive at least one of the following: clinical assessment (WHO staging) OR CD4 count to be included in the indicator.

USAID|PrevenSida has provided strong support to HIV prevention in key populations but in face of the new priorities targeting secondary prevention and care for people with HIV it will implement actions to strengthen Combination Prevention and Care (CPC). The main strategies are:

- Increase in coverage of PLHIV
- Integrating prevention and care
- Maintaining the focus of combined services defined in PEPFAR indicators
- Integrating data related to prevention, CD4, secondary care and prevention into the Unique Record
- Adapting the territories focusing prioritized municipalities
- Epidemiological re-analysis based on cases reported by department and municipality

Institutional strengthening. The project provided support to NGOs in improving their administrative and financial processes' monitoring and evaluation plans and monitoring of quality standards.

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

See impact indicators in table 1 in annexes.

Strategic components impacted

1. **Prevention**. The goal is increasing healthy behavior among high-risk population by using high impact prevention methodologies in order to reduce HIV transmission.
2. **Health system's strengthening**. The goal is to develop strengthened health systems to more effectively reach high-risk populations.
3. **Strategic information.** To develop capacity of NGOs to use the information in order to make evidence based decisions around the HIV epidemic.

5. Technical Report

The Project has achieved its goals and complied satisfactorily with PEPFAR and contract indicators as shown in tables 2 and 3 in annexes.

NGOs have significantly improved their participation in HIV response concertation spaces. Improving their capabilities has enabled better participation as key actors in the response, this is a process which has continually developed since USAID|PrevenSida implementation.

Organizations acknowledge that training on knowledge management, networking, human rights and advocacy, has enabled them to improve their capability to speak with other key actors in the national response and have moved from activism into strategic advocacy.

The interdisciplinary approach among USAID partner programs (ASSIST, PASCA, PASMO, DELIVER and PrevenSida) to generate capabilities in organizations, has been a successful experience in terms of empowering them to create organizational strength and achieve effective participation in the HIV response in the different articulation spaces.

The project achieved their targets and showed progressive increases in MARP's coverage during the first five years of implementation, based on the widening of the base of implementing NGO's, which went from 12 during the first two years, to 24 by the fourth year.

Permanent coaching has been key for NGOs to implement aspects reviewed during courses. NGOs selected to receive grants with presence in USAID|PrevenSida coverage departments (Managua, Chinandega, León, Masaya, Rivas, Chontales, Matagalpa, Boaco, RAAS and Río San Juan) will received coaching by PrevenSida in order to ensure that learning continues and that the demonstrations of approach applications are used for further learning.

An outcome of this activity is NGOs developing planning processes and implementing administrative, financial and technical standards.

5.1 Result One: Strengthened Institutional Capacity of NGOs

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

People trained

During the October 2014 to the June 2015 period, 715 people were trained (458 male and 257 female) out of 33 NGOs which have received technical assistance by USAID|PrevenSida, regardless of them being grantee NGOs. For this FY15 the goal was facilitator training on the Teaching Package´s contents; developing the Quality Management Program and providing training on geo-tagging tools to capture information and chart key population sites.

Topics	Male	Fem	Total
Human Trafficking	52	30	82
Gender	53	32	85
Unique record	60	33	93
Geo-tagging	29	3	32
Prevention Combination and Care	80	48	128
Management, Leadership	34	15	49
Stigma, Discrimination and HHRR	52	29	81
Monitoring and Evaluation	21	9	30
Rapid Testing	26	10	36
Financial Management	16	12	28
Quality Assurance	35	36	71
Total	**458**	**257**	**715**

Quality Management Program (QMP)

USAID|PrevenSida selected 9 NGOs this year to support in developing and implementing the Quality Management Program at NGOs which received funding to implement projects targeting HIV transmission reduction, these are: ACCCsida and MDS from RACCS, FSL from Rio San Juan, CEPS from Nueva Segovia, ANICP+VIDA, ASONVIHSIDA, IXCHEN, CEGODEM, ICAS, OVI and CEPRESI from Managua.

Progress to date:

- 71 resources (promoters and technicians) from NGOs were trained on general quality concepts.
- 5 NGOs (CEPRESI, OVI, CEGODEM, IXCHEN and FSL) are already in the drafting phase of the Final Quality Management Program document. They have drafted 3 documents, which have been shared with the improvement team for adjustments.
- 5 remaining NGOs have completed diagnosis, drafted the activities plan, defined quality improvement team roles and functions and proposed the NGO referral framework, structure and all aspects related the quality assurance program's organization.

Difficulties found in QAP implementation:

- 1 NGO whose members were relocated to other activities outside of the NGO once the grant concluded; it was not possible to contact them afterwards. (ICAS).
- Various activities involving NGO members, which have hindered follow up to improvement activities
- Difficult access locations for NGOs such as: ACCCsida, MDS RACCS and CEPS, it has been difficult to contact them via telephone or Internet.

Progress in the HIV prevention course

In service training the goal was exceeded by improving geographical access to students on these courses implemented in their localities, and there was an increase on participant NGOs.

Achievement vs. target:

- 420% of compliance (630/5150).
    - Outreach with MARPs (Other Sexual Prevention): 385
    - Testing and Counseling: 36
    - Combination Prevention and Care: 128
    - Stigma and discrimination: 81

Indicators:

- CE. 577. Number of health care workers who successfully completed an in-service training program within the reporting period: 630 (420%; 630/150)
- Gend Norm: Number of people completing an intervention pertaining to gender norms, that meets minimum criteria: 85 (125%; 85/68)

Strengthened NGOs

The main strategy occurs through grants, which has a component of organizational capacity and administrative and technical staff skills development.

For year 5 of the project, 14 NGOs were selected with a total of US$ 260,777.87 with a global per capita of $5.5.
Fourteen organizations closed their projects with successful administrative results, spending 100% of the budgets. The cost share contribution planned by NGOs for this year is approximately US$ 173,862 dollars, by the end of June $ 202,776.43 have been received and its status is under review and analysis before submitting to USAID.

Mentoring.

The *organizational development* area completed 106 field visits to NGOs in the Pacific and Caribbean of Nicaragua to provide support in the following activities: Information analysis on compliance with grant activities and developing improvement rapid cycles for the present grant; Diagnosing the organizational situation and NGOs organizational climate survey; Adaptation of the HIV policy at the work place approved in previous years to keep it in a public place and discuss it with employees; Joint visit to SILAIS directors to explain the tasks developed by different NGOs and achieve proper coordination, where we were not able to contact SILAIS directors, we held a meeting with HIV component directors. Support in drafting the strategic NGOs plan. Support to NGOs working with PLHIV and key populations to define the new 2014-2015 grant tasks, which are centered in care for people with HIV. Coaching to NGOs to design the legal persona final proposal to be submitted to the National Assembly. Developing capabilities at NGOs ANICP+VIDA, GAO, ASONVIHDIDA, FSL and ACCCsida in the purpose and organization of the community based clinical assessment survey. Validating the organization of CD4 testing. Breaching gaps found in the SIMS survey completed by the USAID Nicaragua Mission.

The *M&E* area provided 51 field visits to 14 NGOs. These visits enabled data quality improvement, supervising the use of information collection tools and organizing and applying the data quality control guide, we can now say the coincidental data related aspect has improved.

- Scheduling and installing the Unique Record system at 14 NGOs and 24 stations uploading information in departments with grant funds executing organizations' presence.
- On site coaching for those in charge of monitoring and evaluation, data inputters and other staff involved in the automated record system's operation.
- Work sessions using the electronic communication system TIME VIEWER 10.0 to adjust the system's operation and data migration due to damage during the information inputting process.

Quality Assurance. 41 visits related to building a culture of quality where the following aspects were addressed: Quality management diagnosis; SIMS survey evaluation; Developing roles and functions of NGO quality improvement teams; applying the organizational climate survey; definition of quality; drafting quality standards and indicators, and awareness workshops.

Financial management: 22 grant management monitoring and follow up visits, technical support tools application, bimonthly financial review, shared costs review; accounting files, capture masks, data quality, monitoring health supplies storage and management, etc. Permanent follow up to information from NGOs: capture masks, financial reporting, cost sharing, technical reports and invoices, according to agreements signed with URC.

5.2 Result Two: Improved Access of HIV/AIDS Preventive Services

Combination HIV prevention.

The Ministers of Health and President signed the HIV Sustainability Strategy for Central America; the countries have been gradually incorporating prevention services for key populations.
Among combination prevention structural interventions we worked 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.

The Combination Prevention approach promoted by USAID through their projects for the work with NGOs in Nicaragua is focused on training NGO staff and voluntary collaborators to provide a minimum HIV prevention package targeting key populations.

In behavioral interventions we worked with the Combination Prevention Regional project for partner reduction, mutual monogamy, correct and consistent condom use, and prevention regarding alcohol and drugs. Approaches target motivating positive behavior change in individuals, couples, families, peer groups or networks.

Combination Prevention and Care.

Among community based clinical care we have strengthened aspects related to antiretroviral therapy adherence, either in self-help groups or home visits by NGOs with the profile of HIV care, clinical assessment (WHO staging) and CD4 test. We assessed the need and contraception referral of people reached, evaluation of sexually transmitted infections (STIs), HIV testing and counseling. NGO educators working with people with HIV provided counseling on the importance of adherence to reach viral suppression and in case they need viral load testing, they will refer them to their corresponding health unit.

5.2.1 MARPs Prevention

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

In year five the goal of people and contacts reached with a minimum package of prevention is 37,000 MARP individuals and 74,000 contacts.

The goal of individuals reached was over complied with and there was good compliance with contacts. An average of 1.5 contacts per individual was achieved; the expected number was 2 contacts, but the short grant implementation time does not allow reaching the goal.

People and contacts reached.
The goal of individuals reached was over complied with and there was good compliance with contacts. An average of 1.54 contacts per individual were achieved; the expected number was 2 contacts.

Key population: The total goal of key population was complied with by 121% (28,616/23,500) and it was also over complied with by type of population: FSW 176.5% (6,178/3,500), MSM / TG 118% (22,436/20,000). We achieved the Trans goal: 93.6% (1,872/2,000)

Of all MSM / TG: TG is 8.4% (1,872/22,436); Gay 36% (8,083/22,436); Bisexual 55.6% (12,481 / 22,436)

Regarding the number of services received:

- 61% received 4 services

Other vulnerable population: The project achieved 76.8% (10,372/13,500) of the target.

Breakdown by type of population:

- 56% (5,838) are clients of sex workers
- 12%(1,262) mobile populations
- 26% (2,691) to women affected by sexual violence and youth at risk to a lesser percentage than the other categories.

Indicators:

1. Number of individuals who received the minimum package: 38,988 (105.4%; 38,988/37,000).

2. Number of contacts that received the minimum package: 60,336 (81.5%; 60,336/74,000).
3. Number of individuals who received 4 preventive services : 22,717 (61.4%; 22,717/37,000).

5.2.2 Prevention with positives

In year five the goal of HIV positive people and their contacts reached with a minimum prevention package is 500 positive and 1,000 contacts.

The Community Care and Prevention strategy began this year, which is measured by indicators related to CD4 count testing, including referral of cases with values under 500, and community based clinical assessment based on WHO clinical staging to classify and provide care for people with HIV.

The 5 NGOs that worked with positives (ANICP VIDA, ASONVIHSIDA, GAO, ACCCS and FSL) over complied goals, which reflects the strength of their community network and peer approach. This enabled implementation of the demonstrational experience of community based clinical assessment and organizing CD4 testing with the mobile equipment.

CD4

Point of Care (POC) CD4 testing is a critical intervention to reduce access barriers to ART. In Nicaragua CD4 is offered only in three laboratories in Managua, Chinandega and Bilwi (three departments out of seventeen). Blood samples are taken at health unit

level but patients have to wait four to six weeks to receive their results. Mobile CD4 (ALERE-PIMA[6]) equipment was installed in a NGO clinic, based in Managua but will be providing services to all seventeen departments.

We assessed the impact on referring non-ART and ART patients identified at community level through a NGO network (comprised of key populations and PLWA NGOs) to Ministry of Health facilities to continue receiving care and treatment services as part of the treatment cascade.
Of the 405 CD4 tests completed, 66.4% belong to male PLHIV, for a ratio of 1.9 man – woman, located in Chinandega, Estelí, Granada, Juigalpa, León, Managua, Masaya Nueva Segovia, RACCN, RACCS, Río San Juan, Rivas, representing 70.5% of the national territory.

Regarding CD4 results, 338.7% (157/405) showed results below 350 cells, these cases were referred to MOH health units providing ART for medical evaluation and follow up.

Community based clinical assessment survey

In the FY15 a total of 2,332 community based clinical assessments have accumulated. 61.3% of them corresponds to male PLHIV, with an age average of 36 years old, standard deviation ± 9.7 and a 34 years mode, 89.2% is between 16 to 49 years old and 30.9% referred they showed some symptoms in the last 6 months.

Regarding clinical staging according to the WHO classification, 69% (1,616/2332) are in stage I, 9% (216/2,332) in stage II, 11% (265/2,332) and 10% (235/2,332) in stage III and IV respectively.

Out of the expected 500 prevention approaches with positives, 2,458 (497%) were completed. NGOs have successfully met their goals; using peer approach has facilitated goal attainment.

People with HIV reached per type of care:

- Number reached in a clinic: 1,762
- Number reached in a facility: 163
- Number reached in a community: 110
- Number reached in a home: 450

Indicators

1. Number of individuals who received the minimum package: 2,485 (497%; 2,485/500).

2. Number of contacts that received the minimum package: 5,007 (500.7%; 5,007/1,000).

5.2.3 Rapid Testing

The project supports decentralization of testing to sites capable of performing rapid

[6] Información disponible en: http://www.distribuidoramuller.com.ar/equipos/alere/CD4%20PIMA.pdf

diagnostic tests in order to increase access.

This year, the goal for testing with counseling and results delivery is 10,000.
In this period 11 NGOs worked in 13 departments (38 municipals) delivering HIV Testing and Counseling which increased access to specific populations.

The percentage of reactors for Year 2015 was 0.28% that is almost double of that reported in the general population.

74.2% (6,793/9,150) of tests were conducted among men, which is expected and 25.8% (2,357/9,150) among women.

26 tests were positive (0.28%) and the positivity rate by department was: León 0.57% (2/350), Madriz 1% (1/100), Managua 0.26% (15/4,067), Masaya 0.21% (3/1,412), Nueva Segovia 0.25% (1/397), RACCS 0.35% (3/851), Río San Juan 0.10% (1/990).

Positivity rate by type of population: Gay 0.49% (11/2,252), Bisexual 0.14% (4/2,955), Trans 0.36% (2/561), Female Sexual worker 0.22% (4/1,842), other vulnerable population 0.32% (5/1,540).

The indicator result is:

1. Number of individuals who were tested and received their results 9,150 (91.5%; 9,150/10,000).

5.3 Result Three: Reduction of Stigma and Discrimination

The reduction of stigma and discrimination has been mainstream rather than specific activities, crosscutting to all results and activities. The stigma and discrimination topic is addressed initially in every training session provided by PrevenSida regardless of the central topic. 81 people were trained on stigma and discrimination.

4,607 people participated in video forums on gender-based violence and stigma and discrimination, 63% (2,899) was female and 37% (1,708) was male.

The audiovisual materials set produced and gathered by the project has been shared at universities through USAID|ASSIST.

Distributed informational material for Law 280, which defines rights and responsibilities of people with HIV and promotes defense of their HHRR.

5.4 Result Four: Improved Participation of NGOs

20 organizations which received support from USAID|PrevenSida within the framework of the project funded by USAID currently participate in the CONISIDA space, governing body of the national response. Participation in this space is at the municipal, departmental and national level. NGOs participation has improved significantly in HIV response concertation spaces, given that they are constantly receiving strategic information from USAID projects, and they also have access to information published on the USAID|PrevenSida Web site and through electronic bulletins among others.

They are aware of the HIV epidemiological situation among key populations and the size of populations, they have experience in unique recording system management, data quality, which is translated in strategic information, thus enabling them to present evidence and strategies to local decision makers, therefore, organizations have shown effective and evidence-based participation in the CONISIDA space.

They have participated in these spaces as a regulation of Law 820, however, from the HIV project implementation they have gained greater recognition of their work on interventions completed with key populations. From training and technical assistance processes with USAID|PrevenSida, they have improved their capabilities for political dialogue and conversations with key actors in the HIV response, mainly in the CONISIDA space.

Information sharing Strategies

The HIV National Response participation assessment of NGOs representing key populations and people with HIV, published in March 2015 by PrevenSida describes: *The strategic approach proposed by USAID1PrevenSida to improve presence and quality of NGOs nationwide, departmental and municipal participation through creating capabilities for networking, where NGOs have shared objectives and common goals to improve access to preventive services and share data and information. The logic of the program is that if organizations achieve a level of institutional development, they improve their capabilities to work with key populations and are able to participate effectively in municipal, departmental and national response articulation spaces, contributing evidence-based and strategic information on the reality of key populations. NGOs have been trained to have knowledge of the epidemic status locally, nationwide and regionally, they have also been trained to analyze and formulate evidence-based policies.*

Research

In April 2015 the Evaluation Report of Effectiveness and Efficiency of the USAID|PrevenSida in Nicaragua was published, which describes the following conclusion: *PrevenSida distributed about $600,000 in grants and used $230,000 to support 24 HIV/AIDS NGOs in 2014. Cost-effectiveness from the program perspective compared to no program was slightly over half of GDPPC per DALY averted, considered highly cost-effective by WHO criteria. Cost and efficiency varied by region, reflecting the number of people in KPs receiving services. Cost-sharing by NGOs improved cost-effectiveness from the program perspective and likely promotes sustainability. Focused interventions for KP service provision organizations can be acceptably efficient in this setting.*

Web site

The project website has accumulated 49,574 visits, of which 22,186 were recorded in the FY15 and 9,415 users for an average of 2.3 pages visited per user. 56% of them visited the web during January to June 2015. 65.3% are users of Nicaraguan origin, 6.91% in Mexico 2.67%, in Colombia 2.09%, in the US 1.85% in Brazil, 1.02% in Mexico, 1.45 Colombia

Between October 2014 and September 2015, 83.7% of them were new visitors. 54.00% of users were male and 61% are between 18-34 years old.

Users visit the site more often on Tuesday and Wednesday with a maximum of 104 visits, followed by and 88 visits in one day respectively. Days with fewer visitors correspond to weekends. The most read documents were bulletins, Law 820, an article written by Deliver named “UNAN Leon medical sciences faculty successfully transfers skills to estimate medical

supplies", another element downloaded by users is the one referred to "Who we are" and various Successful Experiences.

M&E and sharing.

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

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

Both national CONISIDA and the Global Fund Main Recipient INSS are been kept informed on the production of preventive services by NGOs; which has allowed sharing the effect of PrevenSida's collaboration in the national response.
The Unique Register System allows filtering and avoiding duplication of data. It provides information by type of population, ages, NGOs, municipality and type of services provided, training, positive and negative rapid HIV test.

The Unique Register System has been used by the USAID|PrevenSida project and Global Fund in Nicaragua.

The PrevenSida M&E area has participated in building the conceptual note to be presented by the country to Global Fund, as well as during the budget clarifying and adjustment process and the Country Coordinating Mechanism (CCM) Strategic Monitoring and Evaluation Committee.

Peace Corps: shared information related to the use of DATIM and population size in Nicaragua, in order to facilitate the FY 16 goal planning process by the Peace Corps.

The population size built along with CONISIDA, MINSA, Global Fund and PrevenSida facilitated goal estimation for the project (numerator and denominator) for the FY 16 DATIM report.

FY 16 Unique Record Automated System Update: adjustments were made to the unique record system in order to respond to the new PEPFAR indicators, especially to those related to Combination Prevention and Care, the continuum of care and its reports. The system will have a data capture mask for community based clinical assessment and another to record CD4 results, with respective reports or output tables.

Approach sites geo-tagging: in order to strengthen NGOs working with key populations, in the reporting period, we have created an interactive CD containing the methodological tools to repeat the teaching process, update information on approach sites and chart them using the QGIS 2.X. system. It will be submitted to USAID for review in the first quarter of FY16.

5.6 Cross-Cutting and Other Issues

5.6.1 Local capacity building and sub- grants.

For year 5 of the project, 14 NGOs were selected with a total of US$ 260,777.87 with a global per capita of $5.5.

Fourteen organizations closed their projects with successful administrative results, spending the 100% of the budgets. These organizations had previous experience with USAID PrevenSida and have become the most important NGO in the HVI approach to MARPS using the Combined Prevention Strategy. The cost share contribution planned by NGOs for this year is approximately US$ 173,862 dollars, by the end of June $ 202,776.43 have been received and its status is under review and analysis before submitting to USAID.

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.

Training is for 10 hours in compliance with the PEPFAR indicator.

Gender indicator

GEND_NORM: Number of people completing an intervention pertaining to gender norms that meets minimum criteria: 85 (125%; 85/68)

5.6.2 Environmental Management Performance Plan FY 15 Activities Compliance.

In February 2015, USAID Nicaragua conducted the national workshop on Environmental Management and Regulation 216, in order for all implementing mechanisms to know Executive Order 12114, which requires all federal agencies working internationally, to develop US NEPA (National Environmental Policy Act) procedures. This establishes mandatory environmental revisions as part of previous requirements for USAID funded project approval.

The four basic components are: to identify potential environmental impact, to prevent impact applying good environmental practices, to implement monitoring to help mitigate potential impacts and systematic perspective towards the project.

After this workshop, the USAID|PrevenSida Project drafted the Environmental Management Performance Report (EMPR) for 14 NGOs and the following activities took place:

1. Drafting Environmental Mitigation Plan and Report for 14 NGOs that received grants during FY 15. 11 out of these have activities including management and disposal of medical waste for HIV rapid testing and CD4 count. According to Resolution 216, they fall in the Negative *Determination with Condition* category. 3 NGOs are located in the *Categorical Exclusion* category because their activities are more focused towards education, technical assistance or training. In addition, the EMPR for PrevenSida was drafted, which encompasses all activities to implement for environmental damage mitigation.
2. Designed a training module targeting NGO promoters on environmental impact Mitigation in the use of CD4 and rapid tests, regulatory framework on environmental

impact in the use of HIV rapid tests and guide to implementing partners in the use of the environmental plan and report USAID LAC (EMPR).

3. During field visits, advisers shared regulations provided by USAID on environmental management including Regulation 216 as well as their EMPR, with NGO technical teams.
4. Coordinated with the MOH National Diagnosis and Referral Center (CNDR) to develop two workshops on HIV rapid testing, assuring compliance with the biosafety norm and norm N-079. 37 people (27 men and 10 women) participated from NGOs from: CEPRESI, ODETRANS, OVI, CEGODEM, FSL, ACCCsida, MDS RACCS, FADCANIC, IXCHEN, CEPS, RED TRANS and ADESENI.

5. NGOs have coordinated with MOH, which has incinerators, and established agreements to make effective management of NGOs' medical waste. It is important to note that 2 NGOs (CEPRESI and IXCHEN) have a contract with a private enterprise ECOTRASA, which disposes of medical waste properly.
6. 11 NGOs received 41 containers (1 and 3 liters) for proper disposal of medical waste used during field CD4 and rapid testing field activities.
7. 38 posters were delivered on biosafety measures reminding relevant steps to comply with MOH norm 079, "Biosafety Manual for Health Sector Staff" in Care for People with HIV/aids.
8. Drafted quality standards and indicators to monitor compliance with grant execution activities, including a biosafety standard. Compliance monitoring criteria are: proper use of containers, EMMP follow up, staff trained on aforementioned norms and proper use of CD4 and rapid testing materials.

5.6.3 Coordination with other USAID programs and donors

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

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

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

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

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

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.

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

5.7 Monitoring and evaluation plan.

PrevenSida, as part of the USAID HIV regional program, starting on October first 2012, and as bilateral since FY11 to FY15, has been monitoring the PEPFAR indicators defined for Central America and these indicators have been implemented by grantee NGOs.

In PrevenSida there is a database that consolidates information gathered. The monitored indicators and data are those established in the URC-USAID contract. Evidence supporting the reports is filed electronically and physically for the systematic process done by the USAID/Nicaragua for data quality assessment. Database recording the preventive services delivered by NGOs through grants using an anonymous and unique code. No additional information is required for this study – it is done entirely with the routine data collected. This includes reports generated by the unique recording system provide information by age, gender, population type, type of service received, geographical site where the service was delivered, test results, among others.

External evaluation.

USAID Nicaragua completed the HIV Bilateral Program Mid Term Performance. Period 2007 – 2013 which included PrevenSida. Among the main conclusions are the following:

The project achieved their targets and showed progressive increases in MARP's coverage during the first three years of implementation, based on the widening of the base of implementing NGO's, which went from 12 during the first two years, to 18 by the third year. But most important, was to confirm its capacity to learn from experience and making the necessary adjustments to perfection the operational model – the CP model- that warrants KP access to HV services. The project addressed initially the challenge to operationalize the CP model, creating local capacities and reducing stigma and discrimination in a very complex environment, scaling up the experience at national level.

Prevention and care of people living with HIV:
The incorporation of five organizations with experience and associations with the PLWA and which assumed their accompaniment, allowed to broaden the territorial coverage, this being the base of the noticeable increase of people with HIV in respect the coverage of the 2nd year.

Association between exposure to previous prevention services and effective VCT: *There was significant association between previous preventive services exposure and the voluntary decision of getting the HIV test done.*

The URS is an innovative tool proposed by the PrevenSida project. It responded to the need of quality information to monitor and evaluate advances, especially the implementation of the CP model. It has been shared with the GF project and its joint implementation allowed the country to developed adjusted KP size estimations. It became a useful tool at different levels (field team, NGO management, project and program management, country strategy, Global Fund and CONISIDA).

Recommendations for PrevenSida:

1. *Validate the Combined Prevention model.*
2. *Adjust the Unique Register System.*
3. *Promote the integration of the universities into the network.*

4. Integrate the HSS training component.

5. Strengthen coordination and communication with CONISIDA USAID

6. Increase the CP model´s potential for sustainability.

5.8 Compliance with the 2014 annual plan.

90% of activities corresponding to the fifth year, were complied with. The activity that was not executed is the forum to be completed along with PASCA and other two activities are in documentation process; these correspond to quality improvement good practices.

Compliance with PEPFAR indicators (Table 2):

We satisfactorily complied with indicators related to approaching individuals, prevention with positives, rapid testing and training.

Compliance with contract indicators (Table 3):

- NGOs with institutional development plans. 14 (70%; 14/20).
- Number of NGO personnel implementing key administrative/financial behaviors: 55 (91.7%, 55/60).
- Organizations providing appropriate behavioral change communications, counseling and testing, condoms provision and other preventive services: 14 (70%; 14/20).

5.9 Branding and marking strategy compliance

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

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

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

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

5.10 Management and Staffing

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

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

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

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

7. Annexes

Table 1. PrevenSida impact indicators.

Country:		**Nicaragua**					
Project		**USAID-PrevenSida**					
Agreement:		**AID-524-A-10-00003**					
Fecha de inicio:		**September 20th 2012**					
Fecha de finalización:		**September 19th 2016**					
Indicator		**Baseline**	**Year**	**Data source**	**Benchmark (FY16)**	**Real Year 5**	**Data source FY15**
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%	49,1% (38,2 - 61,0)	Estudio de Vigilancia de Comportamiento Sexual y prevalencia del VIH y sífilis en poblaciones vulnerables y en mayor riesgo al VIH: hombres que tienen sexo con hombres, transgénero femeninas, trabajadoras sexuales, usuarios de drogas inyectables y personas con VIH en Nicaragua, 2013. Pág. 173
	% 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%	37,6% (26,5 - 48,3)	Estudio de Vigilancia de Comportamiento Sexual y prevalencia del VIH y sífilis en poblaciones vulnerables y en mayor riesgo al VIH: hombres que tienen sexo con hombres, transgénero femeninas, trabajadoras sexuales, usuarios de drogas inyectables y personas con VIH en Nicaragua, 2013. Pág. 172

Country:	**Nicaragua**
Project	**USAID-PrevenSida**
Agreement:	**AID-524-A-10-00003**
Fecha de inicio:	**September 20th 2012**
Fecha de finalización:	**September 19th 2016**

Indicator		**Baseline**	**Year**	**Data source**	**Benchmark (FY16)**	**Real Year 5**	**Data source FY15**
	% 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%	39.7%	Estudio TRaC de VIH/SIDA Trabajadoras Sexuales Femeninas en Masaya, Nueva Segovia y RAAS Managua y Chinandega. 3a Ronda nacional. Página 9. PASMO Nicaragua, sept. 2012
	% de SW 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%	94.7%	Estudio TRaC de VIH/SIDA Trabajadoras Sexuales Femeninas en Masaya, Nueva Segovia y RAAS Managua y Chinandega. 3a Ronda nacional. Página 9. PASMO Nicaragua, sept. 2013
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%	38,1% (32,2 - 42,7)	Estudio de Vigilancia de Comportamiento Sexual y prevalencia del VIH y sífilis en poblaciones vulnerables y en mayor riesgo al VIH: hombres que tienen sexo con hombres, transgénero femeninas, trabajadoras sexuales, usuarios de drogas inyectables y personas con VIH en Nicaragua, 2013. Pág. 173
	% of MSM which have had penetrative sexual intercourse with concurrent	25.0%	2009	ECVC 2009. CONISIDA-MINSA, CDC.UVG.	17.5%	Sin datos	En el estudio ECVC 2013, no se realizó el análisis de parejas concurrentes. En ECVC 2009 se define pareja concurrente

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Indicator		**Baseline**	**Year**	**Data source**	**Benchmark (FY16)**	**Real Year 5**	**Data source FY15**
	partner in the last 12 months			Nicaragua.			como tener dos o más parejas durante el mismo período de tiempo, definido como los 12 meses previos a la encuesta. Pág. 55.
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%	64.2%	Estudio TRaC de VIH/SIDA Hombres que tienen sexo con Hombres en Managua y Chinandega. 3a Ronda nacional. Página 9. PASMO, Nicaragua sept 2012
	% 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%	80.0%	Estudio TRaC de VIH/SIDA Trabajadoras Sexuales Femeninas en Masaya, Nueva Segovia, RAAS Managua y Chinandega. 3a Ronda nacional. Página 9. PASMO Nicaragua, sept. 2012

Table 2 PEPFAR indicators. FY 2015.

Indicator PEPFAR	FY15								
	Target	Q1 Alcanzado	Q2 Alcanzado	Q3 Alcanzado	Q4 Alcanzado	Total alcanzado	Percent Complete	Explanation for +10% or -10%	Notes
HTC_TST_DSD Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results (DSD)	10,000	1,058	3,366	4,164	562	9,150	91.5%		
HTC_TST_DSD-a Number of men	6,000	840	2,345	3,268	340	6,793	113.2%		En Q4 únicamente la ONG CEPRESI realizó pruebas rápidas de VIH. En el año se obtuvieron 26 positivos para una tasa de 0.28% Tasas de positividad por departamento: León 0.57% (2/350), Madriz 1% (1/100), Managua 0.26% (15/4,067), Masaya 0.21% (3/1,412), Nueva Segovia 0.25% (1/397), RACCS 0.35% (3/851), Río San Juan 0.10%
HTC_TST_DSD-b Number of women	4,000	218	1,021	896	222	2,357	58.9%		
HTC_TST_DSD-c age (< 15 years old)	0	0	0	0	0	0	0.0%		
HTC_TST_DSD-d age (15+ years old)	10,000	1,058	3,366	4,164	562	9,150	91.5%		
HTC_TST_DSD-e Positive	30	3	10	8	5	26	86.7%		
HTC_TST_DSD-f Negative	9,970	1,055	3,356	4,156	557	9,124	91.5%		
HTC_TST_DSD-g Individual	10,000	1,058	3,366	4,164	562	9,150	91.5%		
HTC_TST_DSD-h Couples	0	0	0	0	0	0	0.0%		
HTC_TST_DSD-i By MARP type: CSW	500	145	762	753	182	1,842	368.4%		
HTC_TST_DSD-j By MARP type: IDU	0	0	0	0	0	0			
HTC_TST_DSD-k By MARP type: MSM	7,000	569	1,917	2,947	335	5,768	82.4%		

HTC_TST_DSD-l Custom By MARP type: MSM (Homosexual)	2,500	209	759	1,151	133	2,252	90.1%		(1/990). Tasas de positividad por tipo de población: Global la tasa de positividad 0.28% (26/9,150), Gay 0.49% (11/2,252), Bisexual 0.14% (4/2,955), Trans 0.36% (2/561), Trabajadora Sexual 0.22% (4/1,842), otras Poblaciones Clave 0.32% (5/1,540)
HTC_TST_DSD-m Custom By MARP type: MSM (Transgender)	1,000	25	281	252	3	561	56.1%		
HTC_TST_DSD-n Custom By MARP type: MSM (bisexual men)	3,500	335	877	1,544	199	2,955	84.4%		
HTC_TST_DSD-o By MARP type: Other vulnerable population.	2,500	344	687	464	45	1,540	61.6%		
HTC_TST_DSD-p Bisexual women		0	50	29	0	79			
HTC_TST_DSD-q Lésbica		1	0	0	1	2			
HTC_TST_DSD-r Uniformados		0	0	0	0	0			
HTC_TST_DSD-s Privados de libertad		0	0	0	0	0			
HTC_TST_DSD-t Poblaciones móviles		80	131	108	13	332			
HTC_TST_DSD-v Clientes de trabajadoras sexuales		193	359	271	0	823			
HTC_TST_DSD-w Usuarios de otras drogas no inyectables		1	3	1	0	5			
HTC_TST_DSD-x Mujeres en situación de VBG		52	80	49	0	181			
HTC_TST_DSD-y Jóvenes en riesgo		0	0	0	30	30			
HTC_TST_DSD-z Otros (especificar)		17	64	6	1	88			

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)	74,000	8,939	29,404	21,431	562	60,336	81.5%		1.54 contactos por individuo. Se necesita mayor tiempo de subvención para completar los 2 contactos establecidos
P8.3.D-a By MARP type: CSW	7,000	1,701	4,940	1,953	182	8,776	125.4%		En Q4FY15 únicamente la ONG CEPRESI realizó actividades de prevención
P8.3.D-b By MARP type: IDU	0	1	1	0	0	2			
P8.3.D. c By MARP type: MSM	40,000	4,368	17,143	15,151	335	36,997	92.5%		
P8.3.D-c Custom By MARP type: MSM (homosexuals)	14,400	1,603	5,908	5,729	133	13,373	92.9%		
P8.3.D-c Custom By MARP type: MSM (transgender)	4,000	490	1,609	1,075	3	3,177	79.4%		
P8.3.D-c Custom By MARP type: MSM (bisexual men)	21,600	2,275	9,626	8,347	199	20,447	94.7%		
P8.3.D-d By MARP type: Other Vulnerable Populations	27,000	2,869	7,320	4,327	45	14,561	53.9%		
P8.3.D-e Bisexual women		153	202	35	0	390			
P8.3.D-f Lésbica		16	0	2	1	19			
P8.3.D-g Uniformados		0	0		0	0			
P8.3.D-h Privados de libertad		0	0		0	0			
P8.3.D-i Poblaciones móviles		453	1,017	866	13	2,349			
P8.3.D-j Clientes de trabajadoras sexuales		1,788	4,565	1,583	0	7,936			
P8.3.D-k Usuarios de otras drogas no inyectables		8	32	23	0	63			

P8.3.D-l Mujeres en situación de VBG		350	1,297	1,773	0	3,420			
P8.3.D-m Jóvenes en riesgo		2	3		30	35			
P8.3.D-n Otros (especificar)		99	204	45	1	349			
P8.3.D-o Number of Men	53,200	6,611	22,559	17,549	340	47,059	88.5%		
P8.3.D-p Number of Women	20,800	2,328	6,845	3,882	222	13,277	63.8%		
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 (individuall)	37,000	7,881	19,326	11,545	236	38,988	105.4%		
P8.3.D-a By MARP type: CSW	3,500	1,449	3,468	1,188	73	6,178	176.5%		
P8.3.D-b By MARP type: IDU	0	1	1	0	0	2	0.0%		
P8.3.D. c By MARP type: MSM	20,000	3,930	10,749	7,613	144	22,436	112.2%		
P8.3.D-c Custom By MARP type: MSM (homosexuals)	7,200	1,445	3,591	2,990	57	8,083	112.3%		
P8.3.D-c Custom By MARP type: MSM (transgender)	2,000	406	914	551	1	1,872	93.6%		
P8.3.D-c Custom By MARP type: MSM (bisexual men)	10,800	2,079	6,244	4,072	86	12,481	115.6%		
P8.3.D-d By MARP type: Other Vulnerable Populations	13,500	2,501	5,108	2,744	19	10,372	76.8%		
P8.3.D-e Bisexual women		148	84	30	0	262			
P8.3.D-f Lésbica		14	0	0	1	15			
P8.3.D-g Uniformados		0	0	0	0	0			
P8.3.D-h Privados de		0	0	0	0	0			

libertad									
P8.3.D-i Poblaciones móviles		338	541	375	8	1,262			
P8.3.D-j Clientes de trabajadoras sexuales		1,614	3,179	1,045	0	5,838			
P8.3.D-k Usuarios de otras drogas no inyectables		8	19	19	0	46			
P8.3.D-l Mujeres en situación de VBG		291	1,143	1,257	0	2,691			
P8.3.D-m Jóvenes en riesgo		2	3	0	10	15			
P8.3.D-n Otros (especificar)		86	139	18	0	243			
P8.3.D-o Number of Men	26,600	5,894	14,369	8,990	145	29,398	110.5%		
P8.3.D-p Number of Women	10,400	1,987	4,957	2,555	91	9,590	92.2%		
P8.3.D Numero de personas con 4 intervenciones definidas en la nota conceptual de Fondo Mundial. (individuos)	37,000	5,311	8,809	8,522	75	22,717	61.4%		El 61.4% de los individuos recibieron al menos 4 servicios preventivos (Comunicación para el cambio de comportamiento, entrega de condones, consejería en ITS y consejería para la realización de la prueba de VIH. Alcanzar el 60% de los individuos con los 4 servicios es la meta la cual fue alcanzada.
P8.3.D-a By MARP type: CSW	3,500	1,079	1,384	580	19	3,062	87.5%		
P8.3.D-b By MARP type: IDU	0	0	1	0	0	1			
P8.3.D. c By MARP type: MSM	20,000	2,288	4,833	6,078	44	13,243	66.2%		
P8.3.D-c Custom By MARP type: MSM (homosexuals)	7,200	960	1,833	2,325	15	5,133	71.3%		
P8.3.D-c Custom By MARP type: MSM	2,000	154	383	352	1	890	44.5%		

(transgender)									
P8.3.D-c Custom By MARP type: MSM (bisexual men)	10,800	1,174	2,617	3,401	28	7,220	66.9%		
P8.3.D-d By MARP type: Other Vulnerable Populations	13,500	1,944	2,591	1,864	12	6,411	47.5%		
P8.3.D-e Bisexual women		112	54	18	0	184			
P8.3.D-f Lésbica		10	0	1	0	11			
P8.3.D-g Uniformados		0	0	0	0	0			
P8.3.D-h Privados de libertad		0	0	0	0	0			
P8.3.D-i Poblaciones móviles		314	341	367	2	1,024			
P8.3.D-j Clientes de trabajadoras sexuales		1,262	1,425	578	0	3,265			
P8.3.D-k Usuarios de otras drogas no inyectables		7	4	17	0	28			
P8.3.D-l Mujeres en situación de VBG		175	725	865	0	1,765			
P8.3.D-m Jóvenes en riesgo		1	0	0	10	11			
P8.3.D-n Otros (especificar)		63	42	18	0	123			
P8.3.D-o Number of Men	26,600	3,870	6,534	6,977	46	17,427			
P8.3.D-p Number of Women	10,400	1,441	2,275	1,545	29	5,290			
LAB_CAP: Number of PEPFAR-supported testing facilities with capacity to perform clinical laboratory tests	10	6	1	0	0	7	70.0%		Entre las ONG que recibieron asistencia técnica y financiera del proyecto no habían más de 7 que contasen con laboratorio que cumpliesen con el indicador de lab facility.

CE.577 Number of health care workers who successfully completed an in-service training program within the reporting period	150	177	293	160	0	630	420.0%		Los procesos de capacitación conluyeron en Q3. el sobrecumplimiento se debe a la introducción de nuevos temas.
CE.577-a Outreach with MARPs (Other Sexual Prevention)		99	228	58	0	385			
CE.577-b Testing and Counseling		0	20	16	0	36			
CE.577-c Adult care and support		0	0	0	0	0			
CE.577-d Prevención y atención combinada		78	31	19	0	128			
CE.577-e Other (Stigma and discrimination)		0	14	67	0	81			
CE. 575 Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of Prevention with PLHIV (PwP) (individual)	500	579	1,408	498	0	2,485	497.0%		Las ONG que trabajan con PVIH finalizaron actividades en Q3FY15.
CE-575-a Number of Men	250	296	810	307	0	1,413	565.2%		El sobrecumplimiento se debe a que la modificación del indicador que ahora establece que se debe de registrar todo PVIH con uno o más servicios de preevnción. Antes eran los 7 servicios recibidos para poder ser contado.
CE-575-b Number of Women	250	283	598	191	0	1,072	428.8%		
CE-575-c Number reached in a clinic		408	1,043	311	0	1,762			
CE-575-d Number reached in a facility		27	102	34	0	163			
CE-575-e Number reached in a community		34	68	8	0	110			
CE-575-f Number reached in a home		110	195	145	0	450			
P7.1.3.D-g By MARP type:		3	0	2	0	5			

CSW									
CE-575-h By MARP type: IDU		0	0	0	0	0			
CE-575-i By MARP type: MSM	0	119	238	102	0	459			
CE-575-i Custom By MARP type: MSM (homosexuals)		76	149	67	0	292			
CE-575-i Custom By MARP type: MSM (transgender)		14	19	4	0	37			
CE-575-i Custom By MARP type: MSM (bisexual men)		29	70	31	0	130			
CE-575-j By MARP type: Other Vulnerable Populations	0	457	1,170	394	0	2,021			
CE-575-k Bisexual women		2	0	0	0	2			
CE-575-l Lésbica		2	5	1	0	8			
CE-575-f Uniformados		5	11	3	0	19			
CE-575-g Privados de libertad		0	2	4	0	6			
CE-575-h Poblaciones móviles		58	46	15	0	119			
CE-575-i Clientes de trabajadoras sexuales		9	9	0	0	18			
CE-575-j Usuarios de otras drogas no inyectables		14	189	98	0	301			
CE-575-k Mujeres en situación de VBG		36	58	23	0	117			
CE-575-l Jóvenes en riesgo		3	5	0	0	8			
CE-575-m Otros (especificar)		328	845	250	0	1,423			

CE. 575 Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of Prevention with PLHIV (PwP) (contact)	1,000	828	2,849	1,330	0	5,007	500.7%		Se realizaron 2 contactos por individuo. Las 5 ONG que trabajaron con PVIH tienen una sólida red de beneficiarios que les facilita sobrecumplir las metas
CE-575-a Number of Men	500	426	1,662	817	0	2,905	581.0%		
CE-575-b Number of Women	500	402	1,187	513	0	2,102	420.4%		
CE-575-c Number reached in a clinic		535	1,958	777	0	3,270			
CE-575-d Number reached in a facility		81	121	112	0	314			
CE-575-e Number reached in a community		35	168	37	0	240			
CE-575-f Number reached in a home		177	602	404	0	1,183			
P7.1.3.D-g By MARP type: CSW		3	6	11	0	20			
CE-575-h By MARP type: IDU		0	1	0	0	1			
CE-575-i By MARP type: MSM		166	534	296	0	996			
CE-575-i Custom By MARP type: MSM (homosexuals)		112	323	181	0	616			
CE-575-i Custom By MARP type: MSM (transgender)		15	43	25	0	83			
CE-575-i Custom By MARP type: MSM (bisexual men)		39	168	90	0	297			
CE-575-j By MARP type: Other Vulnerable Populations		659	2,308	1,023	0	3,990			
CE-575-k Bisexual women		4	2	0	0	6			

CE-575-l Lésbica		2	9	1	0	12			
CE-575-f Uniformados		11	31	10	0	52			
CE-575-g Privados de libertad		0	7	7	0	14			
CE-575-h Poblaciones móviles		75	100	32	0	207			
CE-575-i Clientes de trabajadoras sexuales		14	32	2	0	48			
CE-575-j Usuarios de otras drogas no inyectables		16	355	190	0	561			
CE-575-k Mujeres en situación de VBG		51	114	80	0	245			
CE-575-l Jóvenes en riesgo		4	10	3	0	17			
CE-575-m Otros (especificar)		482	1,648	698	0	2,828			
CARE_CURR_DSD Number of HIV positive adults and children who received at least one of the following during the reporting period: clinical assessment (WHO staging) OR CD4 count OR viral load (DSD)	500	0	78	282	45	405	81.0%		No se logró alcanzar la meta por haber sido este período una etapa de aprendizaje y divulgación de la realización de la prueba por parte de una ONG. Además esta intervención solo se implemento en 4 meses (marzo a junio 2015).
By Sex: Male	250	0	43	194	32	269			
By Sex: Female	250	0	35	88	13	136			

Evaluación clínica comunitaria/Encuestas continuo de la atención (PVIH).	1,000	291	1,274	767	0	2,332	233.2%		5 ONG con gran cobertura de alcance de PVIH permitió sobre cumplir con la meta; además se corresponde con el logro de un mayor número de PVIH alcanzados.
CUSTOM:Number of local organizations provided with technical assistance for HIV-related insitutional capacity building	20	21	0	0	0	21	105.0%		
GEND_NORM: Number of people completing an intervention pertaining to gender norms, that meets minimum criteria	68	38	47	0	0	85	125.0%		La meta fue muy baja en relación a la demanda de formación en este tema
By Sex: Male		24	28	0	0	52			61% corresponden al sexo masculino.
By Sex: Female		14	19	0	0	33			

Table 3. Contract indicators FY15.

	FY15								
Indicator FY 15	**Target**	**Q1**	**Q2**	**Q3**	**Q4**	**Total**	**Percent Complete**	**Explanation for +10% or -10%**	**Notes**
Result 1									

20 NGO with institutional development plans and implement annually	20	14	0	0	0	14	70.0%		No se adicionan nuevas ONG, la brecha de 20% se relaciona al hecho que solo 14 ONG fueron sujetas de financiación en FY15.
A network of NGOs working on the issue of HIV / AIDS has begun in the first year of the program and from the second year design, implement and evaluate plans until completion of the program	1	1	1	1	1	1	100.0%		
Number of NGO personnel implementing key administrative/financial behaviors at the end of the year.	60	0	50	0	5	55	91.7%		Se adicionan en Q4, 5 personas claves del área administrativa y que recbieron asistencia técnica de las ONG ANICP+VIDA (1), CEGODEM (1), CEPRESI (2), OVI (1)
Result 2									
At least 155,000 MARP reached yearly through community outreach that promotes HIV-AIDS prevention	74,000	8,939	29,404	21,431	562	60,336	81.5%		El tiempo de duración de las subvenciones de las ONG es muy corto (6 meses) dificultando cumplir con la meta de contactos programados.
Number of individuals who received HIV Testing and Counseling (HTC) services for HIV and received their test results	10,000	1,058	3,366	4,164	562	9,150	91.5%		
20 organizations providing appropiate behavioral change communications, counseling and testing, condom provision and other preventive services to other members of high risk groups.	20	13	1	0	0	14	70.0%		Solo 14 ONG recibieron asistencia técnica y financiera (grants)
Result 3									
200 people from NGOs have been trained in educational strategies and tools to reduce S&D.	0	0	14	67	0	81	N/A		
20 NGO with annual plans to reduce S&D towards MARPS, and are implementing them	20	14	0	0	0	14	70.0%		Solo 14 ONG recibieron asistencia técnica y financiera (grants)

Result 4									
20 NGO have received technical assistance for HIV related policies development.	20	0	5	9	0	14	70.0%		Solo 14 ONG recibieron asistencia técnica y financiera (grants)
20 NGOs participating in local and national coordination mechanisms of the national response.	20	12	0	0	0	12	60.0%		Solo 14 ONG recibieron asistencia técnica y financiera (grants), dos de ellas no están vinculadas a las CONSIDAS
5 applied research studies conducted, with results diffusion and used by key NGOs and MINSA.	1	0	0	1	0	1	100.0%		Costo efeciencia de PrevenSida
An advocacy plan developed and implemented to remove barriers in implementing prevention programs for people with higher vulnerability through networking	1	0	0	1	0	1	100.0%		

Table 4. Cumplimiento de estándares en ONG con fortalecimiento institucional en FY 15

No.		LB				Evaluación a diciembre 2014				Calificación
		Gerencia	Admón y finanzas	Serv. Preventivos	Global	Gerencia sept 14	Admón y finanzas sept 14	Serv. Preventivos sept 14	Global dic 14	
1	CEPRESI	80.0%	83.3%	83.8%	82.3%	100.0%	100.0%	100.0%	100.0%	Excelente
2	IXCHEN	70.0%	95.0%	68.0%	94.8%	100.0%	100.0%	100.0%	100.0%	Excelente
3	FADCANIC	77.5%	100.0%	33.0%	64.6%	100.0%	100.0%	99.0%	99.6%	Excelente
4	GAO	25.0%	25.0%	25.0%	25.0%	100.0%	100.0%	100.0%	99.6%	Excelente
5	OVI	41.3%	61.7%	56.0%	52.5%	100.0%	99.0%	100.0%	99.6%	Excelente
6	ICAS	62.5%	90.0%	57.0%	67.1%	100.0%	98.3%	99.0%	99.2%	Excelente
7	CEPS	91.3%	88.3%	95.0%	91.5%	93.8%	97.0%	100.0%	96.7%	Excelente
8	FSL	51.3%	61.7%	26.0%	42.7%	93.8%	100.0%	100.0%	96.3%	Excelente
9	CEGODEM	35.0%	25.0%	25.0%	28.3%	97.5%	95.0%	94.0%	95.4%	Excelente
10	ANICP+VIDA	40.0%	53.3%	37.5%	42.7%	100.0%	100.0%	94.0%	95.4%	Excelente
11	ASONVIHISDA	52.5%	36.7%	56.3%	41.4%	91.3%	100.0%	91.3%	95.4%	Excelente
12	ACCCS	27.5%	30.0%	43.8%	34.1%	100.0%	93.3%	100.0%	93.3%	Excelente
13	GAVIOTA	51.3%	61.7%	26.0%	42.7%	90.0%	93.3%	86.0%	89.0%	Graduada
14	MDS-RAAS	25.0%	25.0%	25.0%	25.0%	100.0%	70.0%	98.0%	91.7%	Necesita mejoramiento
15	ADESENI	30.0%	41.7%	36.3%	35.5%	78.8%	70.0%	90.0%	81.7%	Necesita mejoramiento
16	MODISEC RAAN	32.5%	25.0%	25.0%	27.5%	88.8%	89.0%	56.7%	82.0%	Necesita mejoramiento
17	IDSDH	50.0%	63.3%	52.0%	60.1%	61.3%	63.3%	88.8%	72.3%	Necesita mejoramiento
18	RDS	62.5%	66.6%	61.3%	64.5%	62.5%	93.3%	71.3%	74.5%	Necesita mejoramiento
19	AGENTE DE CAMBIO	32.5%	31.7%	51.0%	40.3%	57.5%	90.0%	87.0%	77.1%	Necesita mejoramiento
20	ADISNIC Matagalpa	43.8%	50.0%	25.0%	40.0%	57.5%	80.0%	70.0%	69.5%	Necesita mejoramiento
21	MOVIDESEX RSJ	25.0%	25.0%	25.0%	25.0%	63.8%	46.7%	77.5%	64.0%	Necesita mejoramiento
22	ODETRANS	27.5%	25.0%	56.3%	35.3%	58.8%	41.7%	75.0%	56.7%	Necesita intensa AT
23	ADISNIC Chinandega	36.3%	25.0%	41.3%	36.0%	43.8%	43.8%	35.0%	53.8%	Necesita intensa AT
24	ACAJ-PELG	36.3%	25.0%	33.0%	30.9%	43.8%	60.0%	43.8%	52.3%	Necesita intensa AT

25	ANIT	26.3%	25.0%	32.5%	28.6%	40.0%	73.3%	53.8%	50.3%	Necesita intensa AT
26	HIJAS DE LA LUNA	25.0%	38.3%	40.0%	34.3%	42.5%	41.7%	45.0%	43.3%	Necesita intensa AT
27	Digeorsex	25.0%	25.0%	25.0%	46.3%	42.5%	30.0%	46.3%	42.0%	Necesita intensa AT
28	MOJUDS	25.0%	25.0%	42.0%	32.7%	31.3%	31.7%	53.8%	38.0%	Necesita intensa AT

Table 5. Annual Operating Report. FY 15

Main Activities	Task	Participants	Chronogram	Compliance

			Oct 2014	Nov	Dec	March 2015	June 2015	Sept 2015	Achieved	In progress	No achieved
NGOs selected to receive institutional strengthening through grant awarding	Selection committee approves grantee NGOs to receive	URC, USAID Staff									
	Complete pre-award with selected NGOs to identify needs for technical improvement in financial, managerial and technical areas	URC and NGO Staff									
	Contracts signage and first disbursement	URC and NGO Staff									
	Induction of NGOs to contract management, antifraud and labor laws topics	URC and NGO Staff									
Training facilitators on the use of training technology to improve administrative/managerial and technical capabilities of selected NGOs	Management courses	URC and NGO Staff									
	Prevention Courses	URC and NGO Staff									
	HR Courses	URC and NGO Staff									
	Systematic evaluation of the fulfillment of training objectives and application of NGOs knowledge										
Providing training on monitoring and evaluation to NGOs on the new version of Unique Registration	Providing training on monitoring and evaluation to improve their skills in the use	URC and NGO Staff									

Main Activities	Task	Participants	Chronogram						Compliance		
			Oct 2014	Nov	Dec	March 2015	June 2015	Sept 2015	Achieved	In progress	No achieved
System.	and implementation of M&E matrices										
	Support new NGOs to have a guide and a plan for monitoring and evaluation of their grant project	URC and NGO Staff									
Implementing improvement collaborative: standards, indicators, change package, learning sessions	Implementing improvement collaborative: standards, indicators- Data Quality Management	URC and NGO Staff									
	Prevention improvement collaborative	URC and NGO Staff									
	Document good practices from continuous quality improvement cycles	URC									
Promote the knowledge flow from one organization to another among NGOs providing prevention services and to the community.	Update and monitor the website	URC									
	Sharing monthly electronic bulletin	URC									

Main Activities	Task	Participants	Chronogram						Compliance		
			Oct 2014	Nov	Dec	March 2015	June 2015	Sept 2015	Achieved	In progress	No achieved
NGOs networking with common objectives and goals, sharing information	Promoting sharing good practices linked to common goals of grantee NGOs	URC									
Improve the capacity of NGOs in developing prevention and promotion activities for HIV testing	Train NGO staff in processing HIV tests	URC									
	Acquiring Mobile CD4 unit by selected NGO	URC, selected NGO									
Hold training on communication for behavior change with at least 32 NGOs (increase condom use, counseling and HIV testing with results delivery and reduction of sexual partners).	Training staff of at least 12 NGOs on behavior change techniques	URC, PASMO									
Perform mentoring to reduce gaps con the quality of preventive service to MARPS	Hold field visits to NGOs for mentoring	URC									
Improve outreach	NGOs use information and communication technologies	URC and NGOs									
Integration of services of people with HIV	NGOs working with PLWHIV complete survey and assure the continuum of care	URC and NGOs									

Main Activities	Task	Participants	Chronogram						Compliance		
			Oct 2014	Nov	Dec	March 2015	June 2015	Sept 2015	Achieved	In progress	No achieved
Improving NGO capabilities for stigma and discrimination reduction actions	Training on video-forum and small groups in reducing homophobia, gender-based violence, stigma and discrimination towards PLWHA and sexual diversity	URC and NGOs									
	Hold video-forums focused on S&D in territories covered by PrevenSida by grantee NGOs	NGO									
	Training NGOs on myths, prejudice and attitudes, self-esteem, gender, sexuality and S&D	URC and NGOs									
Strategic information	PrevenSida will participate along with PASCA in sessions to analyze and follow up with strategic information produced in Nicaragua	URC. PASCA, NGO									
USAID/PrevenSida will provide support to NGOs to integrate information to the national CONISIDA report	Integrating data produced by PrevenSida NGOs to local CONISIDA reports	URC and NGOs									

Main Activities	Task	Participants	Chronogram						Compliance		
			Oct 2014	Nov	Dec	March 2015	June 2015	Sept 2015	Achieved	In progress	No achieved
	PrevenSida coordinated with the CCP will facilitate data integration for CONISIDA to develop country report	URC and NGOs									
Policy analysis and formulation training	NGOs participate in courses on policies for human rights promotion for LGBT	URC and NGOs									
Local capacity building and sub-grants	Sub grants approved and implementation										
	Mentoring from PrevenSida										