Sixth Year Work Plan

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
BCC	Behavior Change Communication
BSS	Behavioral Surveillance Survey
CAP	Capacity
CAR	Central American Region
CCP	Country Coordinating Mechanism
CDC	Centers for Disease Control and Prevention
CEPRESI	Center for Aids Education and Prevention
CHS	Center for Humane Services
CIES	Center for Health Research Studies
CoC	Continuum of Care
CONISIDA	Nicaraguan Aids Commission
CPC	Combination Prevention and Care
CQI	Continuous Quality Improvement
CSW	Commercial Sexual Worker
CURR	Current
DATIM	Data for Accountability, Transparency, and Impact
DDHH	Human Rights
DSD	Direct Service of Delivery
EMPR	Environmental Management Program Report
FSW	Female sexual worker
FY	Fiscal Year
GAM	Grupo de Ayuda Mutua (Mutual Help Group)
GEFE	Gender Equality and Female Empowerment
GBV	Gender Based Violence
HIV/AIDS	Human immunodeficiency virus / acquired immunodeficiency syndrome
GF	Global Fund
HIV	Human immunodeficiency virus
HR	Human Rights
HTC	HIV Testing and Counseling
ICT	Information and Communication Technologies
IDU	Injecting Drug User
IEC	Information, Education and Communication
KP	Key Population
KPCF	Key Population Challenge Funds
LAB	Laboratory
LGBT	Lesbian, Gay, Bisexual, Transgender
M&E	Monitoring and Evaluation
MARP	Most at Risk Populations
MOH	Ministry of Health
MOT	Mode of Transmission
MSM	Men who have sex with Men
NDRC	National Diagnosis and Reference Center
NGO	Non-Governmental Organization
NSP	National Strategic Plan for STI, HIV/Aids 2006-2012
OCAG	Office of the U.S. Global AIDS Coordinator
ONUSIDA	Programa Conjunto de las Naciones Unidas sobre el VIH/sida
PASMO	Pan American Social Marketing Organization
PLACE	Priorities for Local AIDS Control Efforts
PLHIV	People Living with HIV/AIDS
PEPFAR	President's Emergency Plan for AIDS Relief

POC	Point of Contact
PREV	Prevention
PwP	Prevention with PLHIV
QI	Quality Improvement
RAAN	Northern Atlantic Autonomous Region
RAAS	Southern Atlantic Autonomous Region
RSJ	Rio San Juan
S&D	Stigma and Discrimination
SI	Strategic Information
SILAIS	Local Integrated Health Care Systems
SMS	Short Message Service
STI	Sexually Transmitted Infections
SW	Sexual Worker
TRAINET	Training for Information and Results reporting system
TRANS	Transgender, transsexual, transvestite
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
URC	University Research Co., LLC
USAID	United States Agency for International Development
USAID|ASSIST	Applying Science to Strengthen and Improve Systems
USAID/DELIVER	Contraceptives Logistics Programme
USAID/PASCA	Program for Strengthening the Central American Response to
USAID/ PrevenSida	Prevention of HIV/AIDS transmission among High Risk Population Program
USG	United States Government
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

1. Executive summary

This annual operating plan corresponds to the sixth year of the USAID|PrevenSida project. Its objective is to increase healthy behaviors in order to reduce HIV/AIDS transmission among MARP. Cases of HIV in Nicaragua are concentrated among groups of individuals referred to as key populations (KPs). In 2013, HIV prevalence among men who have sex with men (MSM) was 7.5%, among female sex workers (FSW) was 1.9% and among female transgender people (FT) was 13.8% whereas in the general population it was 0.003%. [1]

To control the country's epidemic, the U.S. Agency for International Development (USAID) Nicaragua has funded the PrevenSida Project to reach KPs through building capacity and improving performance of Nicaraguan non-governmental organizations (NGOs) who provide services to KPs. PrevenSida is a 6-year project aimed at increasing healthy behavior among those most at risk of HIV/AIDS transmission. The Project is planned to conclude in September 2016. Its goals are to strengthen institutional capacities of NGOs working with KPs, improve access to and quality of HIV/AIDS preventive services, reduce stigma and discrimination among KPs and improve participation of NGOs working with KPs. The project grants funds to KP NGOs and works to improve data quality and continuity of care for those with HIV.[1]

Performance in FY15

NGOs exceeded their goals and consolidated their organizations' management processes. Their acquired capabilities to send technical and financial monthly reports meeting the required standard is noteworthy, they also consolidated their ability to generate cost sharing reports.

We complied with sharing and training on the use of the interactive teaching package, promoters' knowledge was updated regarding rapid testing in coordination with the National Diagnosis and Reference Center (NDRC) of the Ministry of Health (MOH).

An important issue regarding new skills development is learning to use GPS technology to geo-tag key populations.

The organization's learning phase for CD4 access through mobile equipment concluded during this period. This process included training mobile laboratory staff, strengthening promoters' knowledge on CD4 testing counseling, convoking people for testing, coordination with MOH for cases referral and validating analysis and recording tools.

Regarding the Combination Prevention and Care approach, the community based surveys goal based on World Health Organization (WHO) recommendations was complied with. In addition, NGOs educators working with positive people learned to analyze the adherence to antiretroviral therapy (ART) situation, health status of their beneficiaries, and are able to provide better guidance to improve the quality of life of people with HIV.

The cost and efficiency of PrevenSida is known and the goals of most PEPFAR and contract indicators were reached.

[1] MINSA. Study of sexual behavior surveillance and HIV and syphilis prevalence among vulnerable populations and at higher HIV risk.

Strategic approach for FY16

Combination Prevention and Care for people with HIV/Aids.

Continuum of Care Cascade

- Identifying key populations: use of the municipal key population's census and the meeting sites mapping enables planning and focusing prevention activities.
- Reaching key populations: providing combination prevention services through approaching peers and completing at least two contacts during the grant period**.**
- Sampling key populations: 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. During the first 5 years of the project, 60 NGOs have participated in training processes on management topics and have received coaching and in-service training to improve their administrative and financial processes through updating and implementing relevant manuals, strategic and annual planning, monitoring and evaluation plans and quality standards monitoring. This will contribute to improve technical skills of selected organizations. 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) and 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.

Result 1. Institutional strengthening
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 of strengthening management skills such as leadership and management of the response to HIV in the country, at the government, civil society, and local cooperation levels, and promoting the use of technical and managerial tools.

PrevenSida will continue supporting NGOs to increase competences of technical staff in HIV prevention and continuum of care. Which includes topics such as: updating knowledge on rapid testing, gender, stigma and discrimination reduction, gender-based violence, self-care and follow up to people with HIV, etc.

The target is 10 organizations strengthened and 5 organizations graduated

Result 2. Continuum of care in HIV

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

Prevention services among key populations
We will continue to provide prevention interventions individually or in small groups which have demonstrated to be effective in reducing risk behavior for HIV transmission. Accurate and targeted delivery of these interventions is an important component in the HIV combination prevention strategy.

People with HIV and Aids must receive a comprehensive package of services to improve their quality of life, extend their life and delay the need for antiretroviral treatment (ART). The goal will be to provide support in the 5 following areas: clinical, psychological, spiritual, social, and preventive.

Interventions focalization

We will focus our efforts on pinpointing the geographic areas at sub-national levels with the highest disease burden. We should be focusing on geographic areas with the greatest need for treatment and prevention.

Result 3. Stigma and discrimination

Epidemic control is not achieved only through biomedical interventions; Human Rights protection for sexual diversity populations and those affected by the disease is also required. The project will continue to work to expand access to non-discriminatory health care services by strengthening NGO capabilities to create suitable environments and promote gender equity in services for people with HIV and decrease gender-based violence.

In Gender we will continue with the training course on gender norms (10 hours) for NGO personnel and community leaders and promoters; the target is to train 350 people.

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

Strategic information will be shared continually with NGOs so they can keep informed participation in the national response to HIV. A series of research studies will be conducted in FY16:

- Baseline for CoC NGO model.
- Applied research on lessons learned on CoC provision by NGOs (CD4, community survey, CoC by NGOs, HIV determinants among key populations, QI assessment, NGO sustainability, IT use).
- Mid-term evaluation for CoC by NGOs

In addition we have planned two national forums on: BCC, S&D, GBV prevention, Combination Prevention and Care, HIV logistics and Quality Improvement.

We will work on Knowledge management through social networks to address S&D, GBV prevention, and adherence promotion.

The main ways to share information will be improvement collaborative learning sessions, monthly electronic bulletins, forums and the project's website.

Geo-tagged key sites.

We are going to generate an interactive CD for users who wish to have access to information on mapping sites and generating approach sites updated maps. This is in order to provide access for more people to geo-tagging and information technologies for approach sites planning processes, creating routes and defining intervention areas.

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

PrevenSida contributes to the sustainability strategy for the comprehensive response to HIV in Central America and Dominican Republic, 2012-2015 specifically aimed to strengthening targeted support to HIV information systems that enable data quality and according to regional decision-making needs.

Unique Record Update

In the second quarter of FY15´, adjustments were made to the unique record automated system, which has ensured non-duplication of data for people reached using personal data variables that do not change over time, such as: place of birth and date of birth. In addition, some processes were automated, such as age calculation and type of population, and included registration of risk factors and occupation. The Unique Register System allows filtering and avoiding duplication of data. Provides information by type of population, NGOs, municipality and type of services provided.

Close out activities

Project closeout is on September 20th 2016, administrative and financial procedures established by URC will be followed, as well as delivery of technical products established in the contract. Within this closeout plan we have foreseen grants and technical assistance through field visits to be completed in June 2016. July, August and September will be to draft final reports and organize the Project closeout ceremony. Funds have been allocated for closeout, staff severance pay, and lease and utilities cancelation.

This closeout plan includes an office equipment and furniture distribution plan to be submitted to USAID for approval in March 2016 for posterior delivery of items to selected organizations.

Planning of the final report timeline needs to begin at least 6 months prior to closeout due to the multiple revisions (by HQ and by USAID) that need to occur before the final submission.

Final Evaluation: At the end of PrevenSida, we will conduct a summative evaluation to identify which interventions were successfully implemented, to determine the extent to which targets were met, and to analyze and document the relationship between those results and the implemented interventions. During this evaluation, the focus will be on documenting intended or unintended effects of program activities, including impact on policies, and the relationships of specific interventions with the achieved targets.

2. Demographic and HIV statistics.

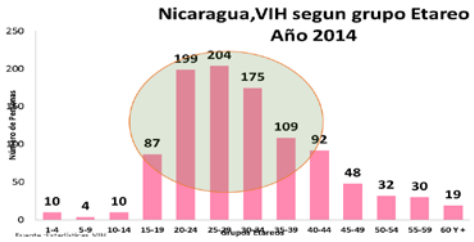
Based on the definition of UNAIDS[2], Nicaragua has a concentrated type epidemic because prevalence is above 5% in key populations and less than 1% in overall population and according to the report of The National Aids Commission (CONISIDA) in their distribution analysis for new HIV infections and recommendations 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 9,832 people diagnosed with HIV registered through the monitoring system of the Ministry of Health (MoH)[4]. 7,696 of these were captured on HIV status, and 1,124 have died. Prevalence rate is 0.24 per 100 people.

According to the same source, in 2014, the most affected age groups are those from 15 to 49 years old (914 persons, 84%). Regarding sex, 65% (657) were men, 35% (360) are women

Graphic 1: HIV per age group. Year 2014.



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

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

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

2.3 HVI statistics generated by PrevenSida

Rapid testing by PrevenSida during October 2011 to June 2015 recorded 16,567 gay and bisexual men tested and obtained 54 positive results for a percentage of 0.32. Among Trans population, 1,962 people were tested with a result of 27 positive cases for a percentage of 1.37%[5].

The USAID/PrevenSida report, between October 2011 and June 2015 includes 51,129 HIV tests: 172 with reactive results for a point prevalence rate of 0.33%.

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[2] UNAIDS, Terminology Guidelines, Version revised October 2011, Geneva, Switzerland, UNAIDS, 2011
[3] COMISIÓN NICARAGUENSE DEL SIDA. HIV Transmission Ways
Analysis of new HIV infections' distribution and prevention recommendations. April 2012.
http://www.pasca.org/sites/default/files/MoT_NICARAGUA_2011_finalB.pdf [Access October 12th , 2012.]
[4] MINSA. HIV and Aids Component. 2014 database.
[5] PrevenSida database. October 2011 to June 2015.

In the first 9 months of FY15 there were 21 reactive cases (0.24%- 21/8,588).

2.4 Estimated coverage for key population

USAID and Global Fund use the same Unique Register System. CONISIDA has merged databases from both projects to estimate the size of KP in each department. The denominator was estimated at site level considering the known proportion of KP at departmental level and the official estimated population at municipal level, applying the proportion of departmental KP to the estimated municipal population.

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.

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

University Research Co., LLC (URC)[6] 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

[6] http://www.urc-chs.com/

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 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 include increased condom use, reduced number of sexual partners and increased access to HIV testing and will be measured by the following indicators:

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

See Impact indicators in table 1 and PEPFAR indicators in table 2 in annexes.

Strategic components impacted

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

5. Technical Report

5.1 Overview of Approach

The project will contribute to the design of the HIV sustainability strategy, in coordination with GFTAM and UN Agencies. In Universal Access, USAID|PrevenSida will provide support to improve effectiveness of prevention focusing actions towards groups at greater risks. Regarding sustainability, the project will contribute to the national response reducing the number of new infections with evidence based prevention interventions that help slow down HIV's progression and avoid treatment failure. Another contribution is to improve access to HIV rapid testing for key populations.

The project will increase efforts on data quality improvement and the Continuum of Care (CoC) assuring Combination Prevention and Care, thus contributing to early integration of positive cases and ensuring adherence to avoid treatment failure.

We will continue to provide technical assistance for institutional strengthening, combination prevention services provision, stigma and discrimination reduction, Gender Based Violence (GBV) prevention, and increasing NGOs participation in the national response.

Institutional strengthening.

During the first quarter of FY 16 we will support training by NGO facilitators trained by USAID|PrevenSida on topics of NGO's interest included in the teaching package.
We will update M&E coordinators' skills to use the beneficiaries unique record version 6.0 established by USAID|PrevenSida, which is based on the PLHIV continuum of care and prevention activities monitoring matrix. This enables recording and making decisions based on the number of people reached, the number of times they have received the HIV prevention package, CD4 results and the referral and counter referral system strengthening.

We will continue to share best practices for storage through follow up in health supplies logistics.

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

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 will work 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 will strengthen 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 will also assess 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 will provide

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.

Improvement Collaborative.

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

In FY16, one improvement collaborative will address two goals:

1. The outcome of participating in this collaborative will be strong NGOs capable of continuing independently.
2. Improving access to quality preventive services and Human Rights Approach contributing to the reduction of stigma and discrimination. This collaborative will build on the successful experiences to date, bringing new and additional knowledge and skills in managing HIV prevention for MARPs.

The NGO will document Quality Improvement (QI) activities in the last 6 months addressing HIV prevention interventions.

Knowledge Management.

Along with USAID|PASCA, USAID|ASSIST, USAID|DELIVER and USAID|Combination Prevention and CDC we will promote the flowing of knowledge from one organization to another, to recipients of prevention services and to the community. The knowledge dissemination ways include an electronic bulletin, Facebook and the PrevenSida web site with the main newsworthy activities, releases, and success stories.

5.2 Result One: Strengthened Institutional Capacity of 10 NGOs

PrevenSida will continue supporting NGOs to increase technical staff competences in HIV prevention and continuum of care. Which includes topics such as: updating knowledge on rapid testing, gender, stigma and discrimination reduction, gender-based violence, self-care and follow up to people with HIV, strengthening cases referral and counter referral, documentation and recording, etc.

Skills development.

We will develop a training course on gender norms (10 hours) for NGO personnel, community leaders, and promoters with 350 participants (140 female and 210 male). Male participants include MSM/TRANS, because they suffer Gender-Based Violence.

We will support testing facilities with capacity to perform clinical laboratory tests. 10 laboratories for FY16: 4 facilities with clinical laboratory (with capacity/ infrastructure, personnel, and equipment) performing at least two of the types of tests (HIV diagnosis with rapid testing, care and treatment monitoring with CD4 testing and hematology). 6 POC testing

sites: Conduct clinical laboratory testing in a non-traditional laboratory setting and perform at least one type of clinical laboratory test for patient care (HIV rapid test).

The URC Team will provide assistance to NGOs to strengthen their leadership capacities to effectively coordinate HIV prevention objectives and implement key policies to support incidence reduction. The NGOs target is 10 organizations strengthened and 5 organizations graduated.

Training in behavior change methodologies.

This will be conducted in coordination with the USAID|Combination Prevention project implemented by PASMO. A promoter is considered to be trained once they have participated in the educational methodologies workshop and have received at least two technical field coaching visits by the USAID|Combination Prevention project.

Regulatory Framework for prevention services provision

We will promote sharing MoH protocols and norms by NGOs through the voluntary networks and among technical staff, thus improving support and counseling to prevention services beneficiary populations. They will also share knowledge on relevant aspects of Law No. 820 of Promotion, Protection and Defense of Human Rights before HIV and Aids, for prevention and care. The counseling manual for HIV approach, MoH Regulation 118.

Technical staff conducting HIV rapid testing and CD4 with the mobile equipment must know the procedures Guide for HIV diagnosis and follow up, Nicaragua MoH Regulation 091 and the HIV Occupational and Non-Occupational prophylaxis Guide, 123 Regulation and the Adults with HIV Antiretroviral Therapy Guide.

Training generated at NGOs must be recorded in the unique record database and must comply with criteria established to be recorded and reported, which are:

- Clearly defined and documented training goals
- Documented participation in training (for example, through attendance control sheets or any other type of training that can be audited).
- Clearly defined training completion criteria (for example, attendance at least four days to a five day workshop, reaching key established competencies, obtaining an XX% score in final exam, etc.).

TraiNet

USAID|PrevenSida, within the PEPFAR strategy guidelines (February 2013), summarized the definition of training as any learning activity that enables knowledge, skills and attitudes acquisition by participants through a designated teacher or facilitator, with learning objectives and results. In 2016, the type of training will be in-service corresponding to the development of training programs targeting service providers in order to update knowledge and skills, as well as to add new contents or examples of good practices. This enables completion of competencies required to perform functions required by the position. During in-service training, knowledge and skills are updated or new ones are added. See the training program in table 3 in annexes.

Starting from good practices to organize the training information recording, we have designed and shared the flow for documentation on training and technical assistance, which enabled to review, adjust and approve information before storing it in TraiNet by the middle of the last semester of FY 14, thus ensuring data accuracy, transparency and quality. Updated and shared the training sessions catalogue which enabled standardized recording of activities. See training session's catalogue in table 4.

The report for each training session includes: training objectives, participation documentation and learning completion mode.

Mentoring:

NGOs selected to receive grants with presence in USAID|PrevenSida coverage departments will receive 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. One of the gaps identified in FY 15 and not yet resolved is the referral and counter referral system, which will be the focus on mentoring by USAID|PrevenSida in FY 16. The referral system established is crucial to keep the link between NGOs and health units, which is accomplished through effective communication between NGOs and the various local health actors in benefit of the target population.

Effective referral must be properly documented and filed at the NGO by properly filling in the tools created by the project such as: referral and counter referral card, informed consent, form for primary recording of the unique record of key population, PLHIV, HIV rapid testing and CD4. In addition they must record if the referral was completed with and escort, if they received care according to the problem for which they were referred, date of care and recommendations for community follow up. See flowchart for key populations' referral to health services in annexes.

At least on a monthly basis, NGO technical teams will analyze the referral system's performance with support from project advisers, using the documentation drafted in the period and recording analysis results and improvement plans in their minute book.

***Monitoring and Evaluation*:**

We will ensure that 100% of grantee NGOs has an institutional M&E guide and a grant program monitoring plan. Technical assistance will be provided by the USAID|PrevenSida monitoring and evaluation advisor.

USAID and Global Fund have close coordination to cover geographic areas; avoiding duplication explicitly in the sub grants design. Both use the same Unique Register System, and all data is systematically merged to identify duplication of individual records. The country (National AIDS Commission) prepares a quarterly unified report of the national response (excluding duplicate people to estimate coverage).

The unique record system was created in ACCESS with over 50 reporting tables that are used to analyze goal compliance, coverage, MARP preventive services, and prevention with positives.

This has allowed for NGOs to improve knowledge of risk populations and MARP approach sites.

By 2016, a new version 6.0 of the unique record will be available; this will include adaptations such as adding the report of individuals that have received the minimum combination prevention package, and the capture mask for PLHIV includes continuum of care variables.

Adding the report of individuals which have received a minimum combination prevention package corresponds to indications described in the Joint Approach for HIV/Aids in the Central American region and Dominican Republic before the Global Fund to fight Aids, TB and Malaria, 2014-2020; which established that prevention activities must be recorded based on the count of people reached with the minimum package and not the number of contacts reached.

This new version of the Unique Record will be integrated to GF Sub-recipients in Nicaragua working under the same joint approach.

Indicators

Number of people completing an intervention pertaining to gender norms that meets minimum criteria. Target 350.

- Number of NGO personnel implementing key administrative/financial behaviors at the end of the year (including: expenditures and budgets monitored on a monthly basis, balanced budget, adherence to filing system (hard copy and/or electronic, etc.).
- Institutional capacity building plans developed and implemented in at least 10 local organizations by the end of the project.

5.3 Result Two: HIV continuum of care

Continuum of Care Cascade

- Identifying key populations: use of the municipal key populations census and the meeting sites mapping enables planning and focusing prevention activities.
- Reaching key populations: providing combination prevention services through approaching peers and completing at least two contacts during the grant period**.**
- Sampling key populations: 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 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.

Within the continuum of care, once the person is reached with prevention services and they conduct rapid testing with counseling, if their results are reactive, they are referred to the Ministry of Health to insert them into health care services. They are also referred to other services such as: STIs management, TB, family planning, nutrition, psychology, chronic disease programs, substance abuse, etc. In addition, they participate in prevention activities for stigma and discrimination and gender-based violence.

Care for people with HIV

People with HIV and Aids must receive a comprehensive services package to improve their quality of life, extend their life and delay the need for ART. The goal must be to provide support in the following 5 areas: clinical, psychological, spiritual, social and preventive.

Mutual Help Groups

Facilitators from NGOs working with PLHIV strengthen integration and interpersonal relations by using the educational manual on self-care for people with HIV at Mutual Help Groups. They provide information on HIV, ART, adherence, nutrition and self-care, stigma and discrimination and violence towards people with HIV, among other topics.

Prevention and Diagnosis

Prevention services in key populations

Prevention interventions individually or in small groups have demonstrated to be effective in reducing risk behavior for HIV transmission. Accurate and targeted delivery of these interventions is an important component in the HIV combination prevention strategy implemented by the project. Below are the services to be delivered per specific population:

MSM	Trans	Female sexual workers
Empowerment	Empowerment	Empowerment
Behavior change, IEC	Behavior change, IEC	Behavior change, IEC
Refer for or provide HIV testing and counseling	Refer for or provide HIV testing and counseling	Refer for or provide HIV testing and counseling
Condom and lubricant	Condom and lubricant	Condom and lubricant
Referral for STI treatment	Referral for STI treatment	Referral for STI treatment
Referral to ART services if indicated	Referral to ART services if indicated	Referral to ART services if indicated
Prevention and referral for TB diagnosis and referral	Prevention and referral for TB diagnosis and referral	Prevention and referral for TB diagnosis and referral
		Referral to family planning services

The Unique Recording System of beneficiaries is the database where we record information on

individuals and contacts reached with prevention services. Individuals will be counted if they have received the 4 services defined by the country (behavior change, HIV testing, condom and lubricant, and STI referral).

Clinical and community based care

USAID|PrevenSida has provided strong support to prevention in key populations, but given the new priorities which have as target secondary prevention and care to people with HIV, we will implement actions to strengthen Combination Prevention and Care (CPC). The main strategies are:

- Increase in coverage and quality of PLHIV care, focusing on prioritized municipalities
- Integrating prevention and care services
- Continuing the combination prevention services provision approach
- Offering CD4 mobile testing and counseling services
- Community based clinical assessment (WHO staging) to improve referral to health units

Pre-adherence and adherence:

Because the PEPFAR priority is the continuum of care and the project's work environment is the community setting, we will work to strengthen competences among technical teams of NGOs working with PLHIV on pre-adherence and adherence.

Pre-adherence: It is crucial for PLHIV to receive care as soon as possible, this enables timely determination of ART eligibility and starting treatment at the ideal time, while facilitating access to interventions destined to avoid virus transmission, prevent other associated diseases and infections and prepare them for adherence. CD4 testing is critical in this period and NGOs will facilitate referral and access to testing for PLHIV, provide counseling on other tests and prepare them for adherence by strengthening healthy behavior.

Adherence: NGOs will strengthen the link between services and social settings of PLHIV, providing support to lifelong treatment adherence and reinforcing PLHIV retention within health services as much as possible.

Laboratory: PEPFAR provides support for existence of a proper number of sites for HIV testing and mobile HIV and CD4 testing sites will receive support through the grant.

NGOs working with PLHIV identify community-based people with CD4 testing needs to refer them to MoH services and if they have coordinated efforts, the CD4 mobile lab for counseling and testing with result delivery in 30 minutes. NGOs complete pre and post CD4 test counseling and escorts every person with CD4<500 through MOH referral. They additionally refer them to Mutual Help Groups based on community organizations.

People with HIV must receive prevention services (4 to 6 services previously described) at least in two contacts during the grant; delivery of these services must include adherence promotion. In addition they have to apply community based WHO staging to identify signs and symptoms and the basic risk classification to value referral/escort.

Community based clinical survey

During FY 16 we will continue to complete the WHO adapted community based clinical survey during peer visits. The promoter classifies the stage, referral and need to escort. This will serve to evaluate TB symptoms, the need for opportunistic infections prophylaxis or ART.

To record information of aspects related to the continuum of care for people with HIV, we will complete an individual survey to be entered into the Unique Record and to strengthen community based health care for people with HIV and referral to the corresponding health establishment.

Prevention and care PEPFAR indicators

Care Curr: It is related to 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. Target:

Of the total of current HIV cases, it is expected that 90% are receiving clinical care through clinical evaluation (WHO stages) or CD4 count or viral load. The number of expected cases in each of the 7 municipalities in Managua was calculated using the percentage of population estimated per municipality selected from the departments of Managua.

The goal of the project is to provide clinical services through community assessment or CD4 to 39% of the people with HIV in Managua, which currently receives health care and treatment. The goal for Managua is 1,820 people broken down into 40% female (730) and 60% male (1,090); 91% are between the ages of 20-49 years old. This sex and age ratio was obtained from the quarterly reports on community-based health care for people with HIV.

Care New: USG is critical for HIV positive individuals enrolled into HIV clinical care programs for the first time, registered at the facility and receiving at least one of the following at enrollment: clinical assessment (WHO staging) OR CD4 count OR viral load.

Target: 300 people with HIV will be enrolled for the first time to receive care and treatment services through CD4 count or clinical evaluation. 35% (105) of these are female and 65% (195) are male; 91% are between 20 and 49 years old. The sex and age ratio is based on clinical evaluations and CD4 count conducted in FY15. The calculation of the target corresponds to 30% of people with HIV to be reached with a minimum package of prevention (PwP) interventions and have a CD4 count between 350 and 500 (18%), and are not on antiretroviral therapy, and PLHIV who have never done CD4 or clinical evaluation (12%).

Care community. The purpose of this indicator is to measure how well community-based programs are reaching PLHIV with a minimum package of prevention interventions and services that includes evidenced based behavioral and biomedical interventions designed to protect the health of the infected person and reduce the spread of HIV to their sex partners and children.

Target: 1,638 PLHIV of 7 municipalities of Managua. Calculation is based on the current number of HIV cases in each of the selected municipalities in the department of Managua. Municipalities with the highest number of HIV cases were selected and estimated to reach 30% of current cases. Sex and age ratio was obtained from the quarterly reports on community-based health care for people with HIV.

HIV Testing and Counseling (HTC).

The target for FY16 will be 5,968 MSM/TRANS from 7 municipalities of Managua that will receive pre and post test counseling with results delivery through mobile units, which correspond to 50% of the KP target that will receive combination prevention services. The municipalities have been selected based on the highest number of HIV cases registered in the last three years, and because they are territories with touristic activity and key populations conglomerates. It has been calculated that 3% of the HIV rapid tests will be positive (179) and the remaining (5,789) will be negative. 86% of the tests will be conducted among people between 20 and 49 years old, this corresponds to the age group with the greatest number of cases.

Prevention in Key populations: The target for FY 16 will be 11,919 MSM/TRANS from 7 municipalities in Managua, which corresponds 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

The Global Fund has established that the minimum HIV prevention package corresponds to 4 activities in Nicaragua: Communication for behavior change, access to condoms and lubricants, STI referral, HIV voluntary testing with counseling and results delivery.

The project will keep collecting information on other activities such as GBV prevention and use of substances such as alcohol and drugs, and referral to support services if necessary.

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

The role of USAID|PrevenSida will be to develop or enhance knowledge at NGOs with grants on topics related to the combination prevention concepts and Combination Prevention and Care and recording and tracking people reached in the different activities. The role of USAID|Combination Prevention will be that of field technical assistance in the same NGOs, with their focus on different behavior change methodologies.

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

For people with HIV we will emphasize the Continuum of Care providing follow up through NGOs working with PLHIV to CD4 testing according to MoH protocol, clinical assessment (WHO staging), integration to Mutual Help Groups and if they are under antiretroviral treatment. In coordination with the USAID|Combination Prevention project we will reinforce knowledge among Mutual Help Groups for HIV, treatment, adult care, adherence, psychosocial support and drug and alcohol use management.

Improve outreach.

The experience obtained during implementation of the HR program where NGOs used Information and Communication Technologies (ICT) for occasions to advocate for human rights of LGBT population will be replicated in HIV prevention by NGOs with social networks. They will use the short message via video clips and iconography methodology.

For FY16 we will increase knowledge access for behavior change, improving care and adherence through 3 social networks, one for each type of specific population (MSM, Trans and PLHIV) expecting to reach 1,000 users.

Indicators

- KP-PREV-DSD. Percentage of key populations reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required.
- HTC-TST-DSD. Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results.
- 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.
- LAB-CAP. Number of PEPFAR-supported testing facilities with capacity to perform clinical laboratory tests.
- CARE NEW DSD: Number of HIV-positive adults and children newly enrolled in clinical care during the reporting period who received at least one of the following at enrollment: clinical assessment (WHO staging) OR CD4 count OR viral load
- CARE COMM DSD: Number of HIV-infected adults and children receiving care and support services outside of the health facility.

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

Epidemic control is not achieved only through biomedical interventions; Human Rights protection for sexual diversity populations and those affected by the disease is also required. The project will continue to work to expand access to non-discriminatory health care services through strengthening NGO capabilities to create suitable environments and promote gender equity in services for people with HIV and decrease gender-based violence.

These activities are a fundamental part of the USAID|PrevenSida HIV prevention program because these structural aspects contribute to increasing vulnerability of populations most exposed to HIV transmission. Training activities for management/administration and prevention will include addressing the stigma and discrimination topic. This activity should also be included during delivery of preventive services and the continuum of care. This is a cross cutting activity for previously described results and does not require additional funding.

We will encourage NGOs to use Information and Communication Technologies (ICT), such as Facebook, project websites, Twitter, mobile texts for HR advocacy actions.

Cinema - forums. PrevenSida has a series of videos that describe the situation of stigma and discrimination of transgender people and people living with HIV. These will be presented

through NGOs using cinema forums, for which NGOs will have facilitators trained on the technical specifications to discuss the videos at the communities.

In Gender we will continue with the training course on gender norms (10 hours) for NGO personnel and community leaders and promoters, the target is to train 350 people. We will include GBV and Human Trafficking to this course.

GBV and S&D Indicator

- Number of people trained on stigma and discrimination
- Number of people trained on gender-based violence

5.5 Result Four: Improved Participation of NGOs

Strategic information will be shared continually with NGOs so they can keep informed participation in the national response to HIV. A series of research studies will be completed in FY16:

- Baseline for CoC NGO model.
- Applied research on lessons learned on CoC provision by NGOs (CD4, community survey, CoC by NGOs, HIV determinants among key populations, QI assessment, NGO sustainability, IT use).
- Mid term evaluation for CoC by NGOs

In addition, two national forums are planned on: BCC, S&D, GBV prevention, Combination Prevention and Care, HIV logistics and Quality Improvement.

We will work on Knowledge management through social networks to address S&D, GBV prevention, and adherence promotion.

The main ways to share information will be improvement collaborative learning sessions, monthly electronic bulletins, forums and the project's website.

Geo-tagged key sites.

We are going to generate an interactive CD for users who wish to have access to information on mapping sites and generating approach sites updated maps. This is in order to provide access for more people to geo-tagging and information technologies for approach sites planning processes, creating routes and defining intervention areas.

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

PrevenSida contributes to the sustainability strategy for the comprehensive response to HIV in Central America and Dominican Republic, 2012-2015 specifically aimed to strengthening targeted support to HIV information systems that enable data quality and according to regional decision-making needs.

Unique Record Update

In the second quarter of FY15 adjustments were made to the unique record automated system, which has ensured non-duplication of data for people reached using personal data variables that do not change over time, such as: place of birth and date of birth. In addition, some processes were automated, such as age calculation and type of population, and included registration of risk factors and occupation. The unique Record System allows filtering and avoiding duplication of data. It provides information by type of population, NGOs, municipality and type of services provided.

We will continue to promote sharing service production reports from NGOs with local health authorities and in coordination spaces of their territories mainly at municipal and departmental CONISIDAS.

Evidence-Based Policy Analysis and Formulation

With USAID|PASCA we will maintain coordination to continue to build better capabilities among NGOs to analyze HIV policies and draft advocacy plans to reach their objectives as specific sexual diversity populations and their empowerment as civil society contributing to the national response to HIV/Aids.

Strategic information.

In the beginning of June 2014, along with CONISIDA and the Global Fund Principal Recipient we updated key populations per department, with the enumeration method (combination of PrevenSida and PEPFAR unique records) for the three key populations.

USAID|PrevenSida has updated key population estimates per municipality for all country departments using the 2015 estimated population calculation as a basis and weighing each sub national unit. This estimation will be shared with NGOs in order to know the population size of their territory and delivered preventive services coverage.

One important way of sharing information has been the PrevenSida website. The project website has accumulated 46,475 visits, of which 11,000 were recorded in the third quarter of FY15. 64% are users of Nicaraguan origin, 8% in the US, 3% in Mexico, and 2% in El Salvador and Colombia respectively.

We will continue sending the electronic bulletin reaching more than 300 recipients with news, success stories and publications made by the USAID Nicaragua HIV programs.

M&E and sharing.

PrevenSida contributes to the sustainability strategy for the comprehensive response to HIV in Central America and Dominican Republic, 2012-2014 strengthening information systems that allow data quality management according to national needs for decision-making.

By the year 2016 a 6.0 version will be available, adapted to the new country requirements and improvement to the automated record and the new Data for Accountability, Transparency, and Impact (DATIM) and new set of PEPFAR indicators

The main changes are:

For key populations

- Disaggregates current reports per type of population. Version 5.0 is generated by sexual identity and occupation.
- Improved population type calculation algorithm specifically the SW and SW clients group
- Field blocking filters for sex, sexual identity and occupation when entering data in order for the operator to make modifications in population categories.

For Testing

- Reports per type of population and responding to the DATIM report system requirements
- Disaggregating all testing reports per type of population
- Separate negative and positive tests reports according to age group and sex

For PLHIV

- PLHIV reports according to PEPFAR/DATIM indicators
- Integrated a new data capture mask for the CD4 testing activity, automated CD4 result classification, and staging per survey
- Migrated all reports per population type
- Application addressing PEPFAR indicator requirements related to the Clinical Services area.

Indicators

- Approximately 10 NGOs provided with technical assistance for HIV-related policy development.
- 10 NGOs participating in national and local coordinating mechanisms with CONISIDA, CCM and/or other national, regional or local entities in promoting HIV advocacy, coordination and policy.
- At least five applied research studies carried out and findings disseminated and used by key NGOs and MOH.

6. Cross-Cutting and Other Issues

6.1 Local capacity building and sub- grants.

Working with Key Population NGOs (MSM, TRANS, FSW) and PLHIV that provide combination prevention services and continue of care requiring technical assistance and financial support through sub grants.

NGO grants are the fundamental strategy for management capacity development in said organizations, and HIV prevention in MARP, in terms of access and quality of services, as well as access to information.

In the FY 16 grant there will be two types of funds available: FY14 and FY15. The latter will only be implemented in Managua, which is why we have designed two scenarios for NGO projects' implementation.

Period, territories and key population to reach with this grant:

Period: September 2015 - February 2016. FY14 Funds

No.	Department	Municipality	Number of key population			HIV Rapid Test
			MSM	Trans	Sexual Worker	
01	Chontales	Juigalpa	500	40	120	
02	Leon	Leon and Larreynaga	590	60	230	700
03	Chinandega	Chinandega	1,100	130	240	
04	Masaya	Masaya and Catarina	450	140	250	600
05	Southern Caribbean Autonomous Region	Bluefields	850	10	290	300
06	Rivas	Rivas	2,100	200	460	
07	Boaco	Boaco	1,260	70	220	
08	Rio San Juan	San Carlos	710	50	290	300

Period: November 2015 to June 2016. FY15 Funds

No.	Department	Municipality	Number of key population			HIV Rapid Test	CD4 Test
			MSM	Trans	PLHIV		
	Managua	1. Managua	8,046	606	1,322	4,333	390
		2. Cd. Sandino	734	55	120	395	50
		3. Tipitapa	1,043	78	171	561	40
		4. Mateare	362	27	60	195	10
		5. Ticuantepe	278	20	45	149	0
		6. San Rafael Sur	360	27	59	194	10
		7. Villa Carlos Fonseca	263	20	43	142	0

NGOs working in HIV prevention will be invited to apply for sub-grants using the PrevenSida project sub-grant mechanism. (The sub-grants manual and application forms were approved by the RCO for this project). After a public offer through newspapers, interested NGOs will receive TOR and will submit their application. An evaluation committee will select the best proposals and between ten to fifteen NGOs will receive sub-grants to implement combination

prevention activities. The sub-grants will range from $10,000 – $20,000.

The sub-grant includes a Pre-Award Survey to identify the NGO's capacities in financial, managerial and technical areas. If any weakness is identified, it needs to be corrected before the NGO starts technical implementation. Addressing these gaps is part of the institutional strengthening component financed via sub-grant.

6.2 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: female sex workers, drug users, groups of populations often marginalized for their sexual behavior or gender identities. The project has provided equitable opportunities to men, women and people of different sexual orientations to develop competencies and skills for their work and to have a healthy life. In terms of accessibility to prevention services, the Project has organized strategies to assure the continuum of care for people of sexual diversity through combination prevention implementation.
Gender and the reduction of the gender-based violence will be mainstream rather than specific activities.
In Nicaragua, gender equity is a national policy. For facilitator training we will develop new training material and methodologies.

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 31st 2014. Coordination is based on strategic alliances actions; advocacy and national strategic plan monitoring.

Center for Disease Control. Coordination to promote project grantee NGOs' result sharing as part of Knowledge management.

USAID|ASSIST, the project coordinated to transfer the new knowledge to 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, 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 unique record of people reached with combination prevention activities.

Country Coordinating Mechanism: PrevenSida is a member of the Strategic Committee for Monitoring and Evaluation of the Global Fund grant and as observer of the selection of possible sub recipients for the next phase.

7. Results monitoring and evaluation plan.

PrevenSida, as part of the USAID HIV regional program, starting on October 1st 2012, and as bilateral since FY11 to FY12, has been monitoring the PEPFAR indicators defined for Central America and these indicators have been implemented by the grantee NGOs'.

This set of PEPFAR indicators is linked to result 2 of the project: HIV Continuum of Care.

Quality standards compliance. At least 10 NGOs supported by the Project have exceeded the percentage of improvement in administrative and technical processes (above 80% from base line) and are ready for evaluation and completing graduation from USAID's technical assistance.

Program monitoring in PrevenSida there is a database that consolidates gathered, inputted and analyzed information in NGOs. Monitored indicators are those established in the URC-USAID contract. Evidence supporting reports is filed electronically and physically to comply with the data quality assessment systematic process of the USAID Mission in Nicaragua.

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

The Unique Record has been updated to record data related to Combination Prevention and Care among people with HIV. In the new version we will include in a single module: services received, data from the survey including clinical evaluation, follow up to CD4 laboratory and viral load.

Final Evaluation: At the end of PrevenSida, we will conduct a summative evaluation to identify which interventions were successfully implemented, to determine the extent to which targets were met, and to analyze and document the relationship between those results and the implemented interventions. During this evaluation, the focus will be on documenting intended or unintended effects of program activities, including impact on policies, and the relationships of specific interventions with the achieved targets.

8. Environmental Mitigation Plan and Report

8.1 Description of activities:

Most of the USAID|PrevenSida activities are in the categorical exclusion group because of their nature: training, mobilization, behavior changes, technical assistance and prevention and management good practices promotion. However, CD4 and HIV rapid testing by NGOs at the community level falls into the category of negative determination with conditions.

This indicates that there should not be adverse effects to the environment if these CD4 and HIV rapid testing activities are carried out according to specific prevention conditions.

By FY 16 USAID|PrevenSida will develop HIV prevention activities in 9 departments and 17 municipalities through 10 NGOs. 6 of these will conduct HIV rapid testing and one of them CD4 testing using mobile equipment.

Grant applications require applicants to identify their activities based on the environmental control form and when necessary to draft an environmental mitigation and monitoring plan with monthly reports and quarterly summaries on plan compliance. USAID funds will not be used to improve organizations' infrastructure.

8.2 Regulatory framework covering Health Section biosafety

The Health Section comprises public, private social security biosafety institutions and civil society organizations.

The MOH norm including biosafety and hazardous waste is Norm N-079, Biosafety Manual for Health Section staff to provide care for people with HIV, published in November 2011. This regulation covers topics related to the biosafety principles and guidelines, post exposure accidents, final disposal of hazardous waste and personal protection methods. USAID|PrevenSida has been providing training in coordination with the MoH National Diagnosis and Referral Center for NGO staff conducting HIV rapid testing. Training includes N-079 Norm related aspects. In addition, each NGO has received a soft and hard copy of the N-079 document.

On March 27th 1996, the country approved General Law 217, of the Environment and Natural Resources. Its purpose is to establish norms for restoration, improvement, protection and conservation of the environment and the natural resources comprised in it, assuring their rational and sustainable use, according to the Political Constitution.

8.3 Potential environmental impact activities

All activities in results 1,3 and 4 are in categorical exclusion and correspond to training actions and technical assistance to improve administrative and financial capabilities, as well as technical HIV aspects, continuous quality improvement and stigma and discrimination reduction.

Result 2 corresponds to increasing access to HIV preventive services, which includes HIV rapid testing by NGOs in a community setting and at NGO CEPRESI, where they will complete 500 CD4 tests. This implies the use of needles, rapid test reagents, gloves, and cotton, which if not properly discarded may have an adverse effect on the environment and personal safety. This activity falls into the negative determination with condition category, therefore it is recommended to define activities for proper management and disposal of medical waste, which if not complied with may cause implications to the environment such as:

- Diseases or accidents affecting staff conducting CD4 and HIV rapid testing
- People may involuntarily manipulate medical waste, for example: a garbage collector exposed to acquiring a disease by accident through these materials
- On the other hand, if sharp objects are burned, this will affect environment conditions, causing the toxic chemical products to pollute the air. In addition, toxic ashes will affect the ground and there may be underground water contamination.
- The smoke produced by burning may also cause respiratory problems.
- If we address the gender topic in this aspect, there is no discrimination between woman or man; effects are equal in the probability of acquiring a respiratory disease.

8.4 Environmental mitigation actions

Negative Determination with Conditions establishes there are situations where medical waste is disposed of and manipulated. This EMPR identifies potential environmental impact categories arising from result 2 of the USAID|PrevenSida project.

This EMPR presents the process USAID|PrevenSida and implementing NGOs will follow before taking funding actions to detect possible environmental impact and the activity monitoring and mitigation plan. It also identifies possible mitigation actions and illustrative monitoring indicators, monitoring plans and costs.

NGOs to conduct HIV testing and municipal sites where testing will occur are identified. USAID|PrevenSida will present the mitigation and follow up plan to each grantee NGO and will organize planned activities reporting and monitoring.
The main actions with NGOs are:

- Training on national regulations for medical waste management established in Norm 079 and Nicaraguan Law 217. In addition, the United States Government regulation regarding environmental protection (Regulation 216)
- Developing capabilities to draft an Environmental Impact Plan and Report.
- Using monitoring and analysis tools for failure in plan compliance using continuous quality improvement rapid cycles
- Using medical waste designated containers and coordinating with local health units for proper waste disposal.
- Consolidating cooperation relations with health units for correct medical waste disposal.

USAID|PrevenSida will monitor the NGO group where they conduct HIV testing and include a section in quarterly reports summarizing Plan compliance. An updated EMPR will be submitted annually.

USAID|PrevenSida will use General Law 214, of the Environment and Natural Resources[7], The MoH Medical Waste Management Norm[8] and the WHO Health Care waste management guideline[9] as referral for training, drafting and administering the medical waste management plan.

8.5 Grant awarding process

USAID|PrevenSida will make sure selected grantee NGOs comply with USAID's Regulation 216, specifically with result 2 activities, which correspond to CD4 and HIV testing.

USAID|PrevenSida will support selected NGOs in determining the potential environmental impact, planning and implementing environmental monitoring and mitigation measures. The steps to this process are:

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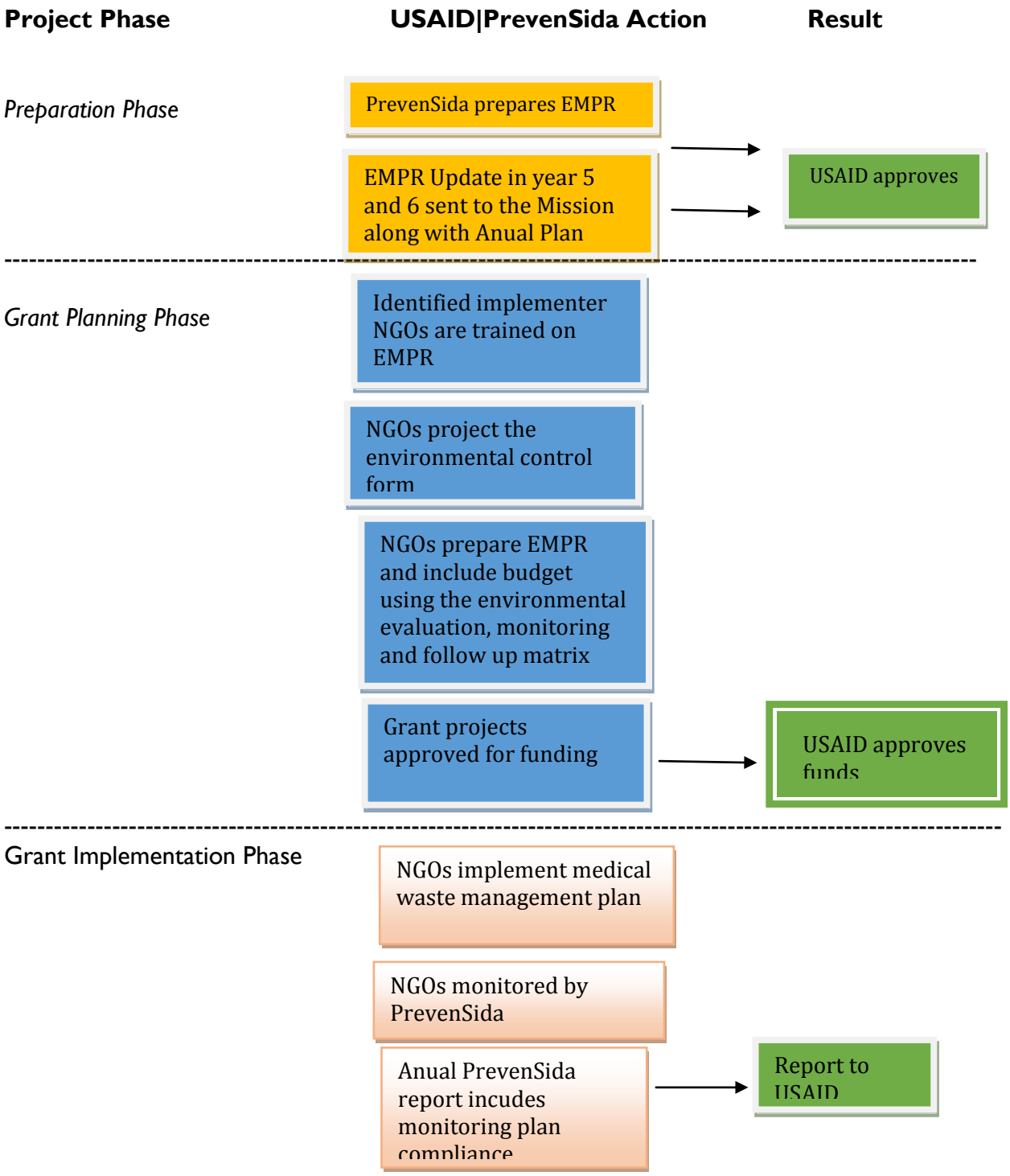
[7] Available at http://www.mem.gob.ni/media/ley%20217%20refundida.pdf

[8] Available at http://www.minsa.gob.ni/index.php/repository/Descargas-MINSA/Dirección-General-de-Regulación-Sanitaria/Normas-Protocolos-y-Manuales/Normas-2011/Normativa---079-Manual-de-Bioseguridad-para-el-Personal-del-Sector-Salud-en-la-Atención-de-Personas-con-VIH---Sida

[9] World Health Organization. Healthcare waste management guideline. Available at: http://apps.who.int/iris/bitstream/10665/85349/1/9789241548564_eng.pdf?ua=1

- Each NGO must complete the environmental control form to determine the action recommended to propose in the grant. If the recommended action is negative determination with condition, PrevenSida will require the application process to include filling out forms for the Environmental Mitigation Identification Plan and the Environmental Mitigation and Monitoring Plan, which will be approved by the Project.
- PrevenSida will provide technical assistance to each NGO and will train them on environmental regulation and mitigation measures. The environmental impact identification forms and mitigation and monitoring plans will be included in TOR for financial and technical applications request. NGOs will draft their mitigation and monitoring plan.
- The selected NGO will implement monitoring and reporting of results and activities compliance for each grant coverage site.
- The quarterly and annual report for USAID will include the mitigation measures' compliance level.

Figure 1. Environmental compliance actions flowchart



9 Annual activities plan.

The selection of NGOs to receive technical assistance as part of institutional strengthening will occur in the first quarter. The selection of grantee NGOs will begin during this period, as well as induction into the grants management process and into the new unique recording system. (Table 5 in annexes).

In the second quarter, the emphasis will be on training facilitators in the use of training technologies developed by the project, field tutoring to breach gaps in technical and administrative competencies. In June 2016 all the grants have been finished,

In the third quarter, the project will organize a national forum and a prevention collaborative learning session.

In the fourth quarter, we will submit the final evaluation of the project.

In months 1 and 9: NGOs implement small grants programs.

10 Branding and marking strategy compliance

In August 2012, The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) Branding Guidance, updated 2012; was received, requiring use of the Regional 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 trainings where power point presentations are used.

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

One of the Standard Provisions included in contracts with NGOs is Branding and Marking.

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

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

The USAID|PrevenSida advisers team will monitor use of the PEPFAR and USAID|PrevenSida logos in all teaching activities conducted by NGOs and all printed material developed by the project will always be submitted to the Mission for review.

11 Management and Staffing

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

Dr. Oscar Nuñez, MD, MHS, a senior technical and program leader leads the Project Team. He will work closely with three key staff: Mr. Alexey Oviedo, a human resource management professional, Dr. Rafael Arana, MPH, a monitoring and evaluation expert with 13 years working in HIV/AIDS, and Dr. Carla Yudy Wong, experienced in Quality of Health Services, 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 National Administrative Director, the

M&E and Reporting Manager, grant associate and the technical responsible of the Continuum of care component will supplement the work of the COP.

CLOSE OUT ACTIVITIES

Fiscal year 2016 will be the last period to this project, therefor it is necessary implement some close out activities to secure the handover of inventory and terminate all administrative and financial processes.

9 months before closure: all financial statements, reports and projections are made to calculate the ending balance of the period. A revision of all contracts, subcontracts and staff hiring documentation take place to plan the pending closing rights and obligations. An audit activity I also handle to review all documentation of finance supports and human resources files.

6 months before closure: by this time the major activities are a pipeline update and budget adjustment, the inventory review, notify the property owner about the upcoming termination, make sure all consultants' reports and products are delivered, close all advances to staff, arrange the final technical meeting with clients and counterparts and project close out event.

3 months before closure: the main things to do are to monitor expenses to ensure project stays within budget, remove proprietary information from computers before disposition, dispose ALL assets as instructed by client, complete employee evaluations, conduct employee exit interviews, make final payments to all staff including household staff, review closing of local bank accounts with URC/B, close to end date as possible, retain bank statement for final field report, pay final expenses in cash, keeping all receipts.

1 month before closure: To the end, the final report and invoice have to be submitted and to deliver the office building to the property owner.

12 Annexes

Table 1. PrevenSida impact indicators.

Country:	**Nicaragua**
Project	**USAID-PrevenSida**
Agreement:	**AID-524-A-10-00003**
Start date:	**September 20th 2012**
End date:	**September 19th 2016**

Indicator		**Baseline**	**Year**	**Data source**	**Benchmark**	**Target**				
						Year 2	**Year 3**	**Year 4**	**Year 5**	**Year 6**
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	38.10%	2009	ECVC 2009. CONISIDA-MINSA, CDC.UVG. Nicaragua.	57.00%	45.00%	N/A	N/A	57.00%	57.00%
	% of MSM who use condoms consistently and correctly with stable male partner in the last 30 days	30.90%	2009	ECVC 2009. CONISIDA-MINSA, CDC.UVG. Nicaragua.	46.50%	37.00%	N/A	N/A	46.00%	46.00%
	% of SW who use condoms consistently and correctly with stable partner in the last 30 days	10.70%	2009	ECVC 2009. CONISIDA-MINSA, CDC.UVG. Nicaragua.	16.00%	13.00%	N/A	N/A	16.00%	40.00%
	% of SW who use condoms consistently and correctly with occasional partner in the last 30 days	62.00%	2009	ECVC 2009. CONISIDA-MINSA, CDC.UVG. Nicaragua.	93.00%	74.00%	N/A	N/A	93.00%	95.00%
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	65.00%	2009	ECVC 2009. CONISIDA-MINSA, CDC.UVG. Nicaragua.	45.00%	58.50%	N/A	N/A	45.00%	38.00%
	% of MSM which have had penetrative sexual intercourse with concurrent partner in the last 12 months	25.00%	2009	ECVC 2009. CONISIDA-MINSA, CDC.UVG. Nicaragua.	17.50%	22.50%	N/A	N/A	17.50%	17.50%
60% increase from baseline in the use of counseling	% of MSM which received counseling and got tested for HIV in the last 12 months	38.00%	2010	ECVC 2009. CONISIDA-MINSA, CDC.UVG. Nicaragua.	60.80%	47.50%	N/A	N/A	60.80%	65.00%

Country:	**Nicaragua**
Project	**USAID-PrevenSida**
Agreement:	**AID-524-A-10-00003**
Start date:	**September 20th 2012**
End date:	**September 19th 2016**

Indicator		Baseline	Year	Data source	Benchmark	Target				
						Year 2	Year 3	Year 4	Year 5	Year 6
and testing promotion among MARPs	% of SW which received counseling and got tested for HIV in the last 12 months	37.00%	2009	ECVC 2009. CONISIDA-MINSA, CDC.UVG. Nicaragua.	59.20%	46.30%	N/A	N/A	59.20%	80.00%

Table 2. PEPFAR indicators. October 2015 to September 2016.

Indicator PEPFAR	FY16							
	Target	Q1 Alcanzado	Q2 Alcanzado	Q3 Alcanzado	Q4 Alcanzado	Total alcanzado	Percent Complete	Explanation for +10% or -10%
HTC_TST_DSD Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results (DSD)	7,868	1,967	1,967	1,967	1,967	7,868		
HTC_TST_DSD-a Number of men	7,395	1,849	1,849	1,849	1,848	7,395		
HTC_TST_DSD-b Number of women	473	118	118	118	119	473		
HTC_TST_DSD-c age (< 15 years old)	0	0	0	0	0	0		
HTC_TST_DSD-d age (15+ years old)	7,868	1,967	1,967	1,967	1,967	7,868		
HTC_TST_DSD-e Positive	237	59	59	59	60	237		
HTC_TST_DSD-f Negative	7,631	1,908	1,908	1,908	1,907	7,631		
HTC_TST_DSD-g Individual	7,868	1,967	1,967	1,967	1,967	7,868		
HTC_TST_DSD-h Couples	0	0	0	0	0	0		
HTC_TST_DSD-i By MARP type: CSW	550	138	138	138	136	550		
HTC_TST_DSD-j By MARP type: IDU	0	0	0	0	0	0		
HTC_TST_DSD-k By MARP type: MSM	7,318	1,830	1,830	1,830	1,828	7,318		

HTC_TST_DSD-l Custom By MARP type: MSM (Homosexual)	2,600	650	650	650	650	2,600		
HTC_TST_DSD-m Custom By MARP type: MSM (Transgender)	1,100	275	275	275	275	1,100		
HTC_TST_DSD-n Custom By MARP type: MSM (bisexual men)	3,618	905	905	905	903	3,618		
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)	21,281	5,320	5,320	5,320	5,321	21,281		
P8.3.D-a By MARP type: CSW	1,916	479	479	479	479	1,916		
P8.3.D-b By MARP type: IDU	0	0	0	0	0	0		
P8.3.D. c By MARP type: MSM	19,365	4,841	4,841	4,841	4,842	19,365		
P8.3.D-c Custom By MARP type: MSM (homosexuals)	7,285	1,821	1,821	1,821	1,822	7,285		
P8.3.D-c Custom By MARP type: MSM (transgender)	1,180	295	295	295	295	1,180		
P8.3.D-c Custom By MARP type: MSM (bisexual men)	10,900	2,725	2,725	2,725	2,725	10,900		
P8.3.D-o Number of Men	19,365	4,841	4,841	4,841	4,842	19,365		
P8.3.D-p Number of Women	1,916	479	479	479	479	1,916		
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)	42,562	10,640	10,640	10,640	10,642	42,562		
P8.3.D-a By MARP type: CSW	3,832	958	958	958	958	3,832		
P8.3.D-b By MARP type: IDU	0	0	0	0	0	0		
P8.3.D. c By MARP type: MSM	38,730	9,682	9,682	9,682	9,684	38,730		

P8.3.D-c Custom By MARP type: MSM (homosexuals)	14,570	3,642	3,642	3,642	3,644	14,570		
P8.3.D-c Custom By MARP type: MSM (transgender)	2,360	590	590	590	590	2,360		
P8.3.D-c Custom By MARP type: MSM (bisexual men)	21,800	5,450	5,450	5,450	5,450	21,800		
P8.3.D-o Number of Men	38,730	9,682	9,682	9,682	9,684	38,730		
P8.3.D-p Number of Women	3,832	958	958	958	958	3,832		
LAB_CAP: Number of PEPFAR-supported testing facilities with capacity to perform clinical laboratory tests	11	6	5	0	0	11		
CE.577 Number of health care workers who successfully completed an in-service training program within the reporting period	350	116	116	118	0	350		
GEND_NORM: Number of people completing an intervention pertaining to gender norms, that meets minimum criteria	350	116	116	118	0	350		
CE.577-b Testing and Counseling						0		
CE.577-c Adult care and support						0		
CE.577-d Prevención y atención combinada						0		
CE.577-e Other (Stigma and discrimination)						0		
CE. 575 Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of Prevention with PLHIV (PwP) (individual)	1,638	410	410	410	408	1,638		
CE-575-a Number of Men	934	234	234	234	232	934		

CE-575-b Number of Women	704	176	176	176	176	704		
CE-575-c Number reached in a clinic						0		
CE-575-d Number reached in a facility						0		
CE-575-e Number reached in a community						0		
CE-575-f Number reached in a home						0		
CE. 575 Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of Prevention with PLHIV (PwP) (contact)	3,276	820	820	820	816	3,276		
CE-575-a Number of Men	1,868	468	468	468	464	1,868		
CE-575-b Number of Women	1,408	352	352	352	352	1,408		
CE-575-c Number reached in a clinic					0	0		
CE-575-d Number reached in a facility					0	0		
CE-575-e Number reached in a community					0	0		
CE-575-f Number reached in a home					0	0		
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)	1,820	456	456	456	452	1,820		
By Sex: Male	1,090	273	273	273	271	1,090		

By Sex: Female	730	183	183	183	181	730		
CARE_CURR_NEW: DSD Number of HIV-positive adults newly enrolled in clinical care during the reporting period who received at least one of the following at enrollment: clinical assessment (WHO staging) OR CD4 count OR viral load.	300	77	77	77	69	300		
By Sex: Male	195	50	50	50	45	195		
By Sex: Female	105	27	27	27	24	105		

Table 3. Training Schedule:

Training Subject	Partner Leading	Duration (in days)	NGO Personnel Involved (can vary depending on personnel available in each NGO)
NGO Leadership, Management and Networking	PrevenSida	2	Directors and administrative staff
Strategic and Annual Planning	PrevenSida	2	Directors and administrative staff
Financial Controls	PrevenSida	2	Directors, Finance Advisors
Monitoring and Evaluation	PrevenSida	2	Director, M&E Advisors
Strategic Information and Knowledge Management	PrevenSida	2	Director, Technical Advisors
Supplies Logistics	DELIVER	2	Directors and administrative staff
Combination Prevention	PrevenSida	3	Directors, promoters
BCC Training	PASMO/Combination Prevention	3	Director, promoters
HIV Rapid test	PrevenSida	2	Promoters
Gender	PrevenSida	1	All
Gender-Based Violence	PrevenSida	2	All
Stigma and Discrimination	PrevenSida	3	All
Human Trafficking	PrevenSida	1	All
Geo reference	PrevenSida	2	All
Media outreach	PrevenSida	1	All
Collaborative Learning Session/Quality Improvement	PrevenSida	1	All

Table 4. Training Sessions Catalogue FY 16

No.	Area	Topic
1	Financial Administrative	Management Collaborative
2		Management, leadership and networking
3		Logistics Management
4		Organizational Manuals
5		Financial Control
6		Shared Costs
7	Human Rights and Incidence	Advocacy
8		Effective Communication
9		Coalitions and Conflict Management
10		Legal Framework
11	Management	Strategic Information and Knowledge Management
12		Monitoring and evaluation
13		Annual and Strategic Planning
14		Policy Analysis and Design
15	Monitoring and Evaluation	M&E Plan Design
16		Intermediate Excel
17		M&E Guide
18		MARP and PLHIVIV Unique Record
19		Strategic Information Use
20	Preventive Services	Clinical Lab Bio-Safety
21		Prevention Collaborative
22		Communication for behavior change
23		Pre and Post test Counseling
24		Stigma and Discrimination
25		Self-help Groups
26		Combination Prevention
27		HIV Prevention
28		HIV Rapid Testing
29		Gender and Gender Based Violence
30		Human Trafficking

Table 5. Annual Work Plan. October 2015 to September 2016

Main Activities	Task	Participants	Chronogram											
			Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Strengthened Institutional to NGOs														
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 signed and first disbursement	URC and NGO Staff												
	Induction of NGOs to contract management, antifraud and labor laws topics	URC and NGO Staff												
Training on Gender norm	10 hours workshop													
Support testing facilities to improve performance in clinical test	Update on National Norms of laboratory													
Training on BCC	PASMO training on new methodologies of	PASMO												

Main Activities	Task	Participants	Chronogram											
			Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
	BCC													
Trainet reporting	Quarterly report of training loaded in Trainet	URC												
Coaching	Systematic evaluation of the fulfillment of training objectives and application of NGOs knowledge	URC and NGO Staff												
Monitoring and Evaluation. URC Training														
Providing training on monitoring and evaluation to NGOs on the new version of Unique Registration System.	Providing training on monitoring and evaluation to improve their skills in the use and implementation of M&E matrices	URC and NGO Staff												
	Support new NGOs to have a guide and a plan for monitoring and evaluation of their grant project	URC and NGO Staff												
Improvement collaboratives – URC training														
Implementing improvement collaborative: standards, indicators, change package, learning sessions	Prevention improvement collaborative Quality Management	URC and NGO Staff												

Main Activities	Task	Participants	Chronogram											
			Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
	Document good practices from continuous quality improvement cycles	URC												
Knowledge Management														
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												
Annual Forum on BCC, S&D, GBV prevention, Combination Prevention and Care, HIV logistic and Quality Improvement	Sharing knowñedge evidence based and best practice	URC and NGO staff												
Result 2: Continuum of HIV Care														
Improve the capacity of NGOs in developing Combination Prevention and Care	Train NGO staff in Combination Prevention and Care	URC and NGO staff												
	PVIH with CD4 count trough movil equipment													
Perform mentoring to reduce gaps con the quality of preventive service to key population	Hold field visits to NGOs for mentoring	URC												
Improve outreach trough social networks to address S&D, GBV prevention, adherence promotion,	Select NGO to be in charge of 3 networks	URC and NGOs												
Integration of services of	NGOs working	URC and												

Main Activities	Task	Participants	Chronogram											
			Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
people with HIV	with PLWHIV complete survey and assure the continuum of care	NGOs												
Result 3. Reduction of Stigma and Discrimination Directed Against MARPS and PIVH														
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	NGOs												
	Hold video-forums focused on S&D in territories covered by PrevenSida by grantee NGOs	NGO												
Result 4. Improved Participation of NGOs Representing MARPS and PLHIV in the National Response to HIV/AIDS														
Strategic information	PrevenSida will participate along with PASCA in sessions to analyze and follow up with strategic information produced in Nicaragua	URC. PASCA, NGO												
Strategic information developed in conjunction with NGO	Research for CoC model	URC and NGOs												
	Research of CD4 and community	URC and NGOs												

Main Activities	Task	Participants	Chronogram											
			Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
	survey													
	Research on HIV determinants among key population	URC and NGOs												
	QI assessment	URC and NGOs												
	NGO sustainability	URC and NGOs												
	IT use	URC and NGOs												
Geotagged key sites	Generate an interactive DVDV on mapping sites	URC and NGOs												
Cross –cutting and Other issues														
Local capacity building and sub- grants	Sub grants approved and implementation													
	Mentoring from PrevenSida													
Monitoring Plan and Report(EMPR)														
Assist NGOs to strengthen their capabilities to appreciate and effectively evaluate the potential environmental effects of proposed development activities	Training on National l National Norms and USAID Regulation-216													
	Monitoring and reporting of the monitoring plan													
Close out activities	Assign individual from Bethesda and Field to coordinate overall close out	URC												

Main Activities	Task	Participants	Chronogram											
			Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
	of project.													
	Set schedule of input from all staff and consultants for final report.													
	Audit/Review HO Files.													
	Update physical inventory list for project office and residences (supplies, equip, furniture, vehicles).													
	Submit to USAID the disposition plan of equipment and vehicle													
	Final evaluation													
	Submit final report to USAID.													
	Close our event													