

SIXTH YEAR WORK PLAN COOPERATIVE AGREEMENT NO.:AID-524-A-10-00003

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
BCC	Behavior Change Communication
BSS	Behavioral Surveillance Survey
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
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
OCAG	Office of the U.S. Global AIDS Coordinator
ONUSIDA	Programa Conjunto de las Naciones Unidas sobre el VIH/sida
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
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
URC	University Research Co., LLC
USAID	United States Agency for International Development
USAID ASSIST	Applying Science to Strengthen and Improve Systems
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

I. EXECUTIVE SUMMARY

PrevenSida has been supporting the National Response to HIV and AIDS prevention among key population, including men who have sex with men (MSM), transgender, and female sex workers in Nicaragua. This is to be accomplished by increasing healthy behaviors, such as: increasing the use of condoms, reducing the number of sexual partners MARPs have, and increasing access to HIV testing for these populations.

This PrevenSida project supports the country efforts to slow the spread of HIV/AIDS among MARPs to the broader population. The project focuses in four programmatic areas: institutional strengthening, preventative services, stigma and discrimination and participation in the HIV/AIDS national response. A new component is added to this extension year, strategic information for Nicaragua, and the operational research model will be expanded to 4 other countries (Guatemala, Honduras, El Salvador and Panama).

PrevenSida is currently in its sixth year of a six-year cooperative agreement (2010-2016) and USAID has requested an application for program extension (*September 20, 2010- December 29, 2017*) with the addition of the following new activities from different sources: Fiscal Year (FY) 2016 Regional Operational Plan (ROP) to implement HIV activities through PrevenSida in five prioritized Nicaraguan municipalities. Target populations are: gay, bisexual men and transgender population; additional FY 2015 ROP funds will be allocated to the PrevenSida project to implement the Strategic Information (SI) component, develop five applied research activities in Nicaragua and extend the SI Nicaraguan model to four other countries; additional FY 2015 ROP funds to design and implement a specific research protocol aimed to assessing the HIV epidemic among Garifuna people in Honduras and Nicaragua. This modification of the Cooperative Agreement is intended to align with the new Regional Development Cooperation Strategy (RDCS) and PEPFAR pivot for Central America, currently being approved.

PrevenSida has successfully implemented each of its activities and reached results' goals. The project has provided Technical assistance to 73 Non-Governmental Organizations (NGOs) for institutional strengthening exceeding the 50 NGOs goal. 13 NGOs are compliant with the 80% improvement from baseline goal, of their preventive services management and implementation capabilities; they are considered graduated from technical assistance. To date, 6,969 people from 73 NGOs have participated in the life of the project in the various courses provided by the project on Management, Finance, HIV Combination Prevention, Human Rights, Stigma and Discrimination (S&D), Gender-Based Violence (GBV), HIV Counseling and Rapid Testing, among other topics. This has enabled them to improve their skills to provide proper services with quality and in an effective manner. 36 NGOs have successfully implemented 102 Grants; which has been the main strategy for institutional strengthening of NGOs as essential part of the National Response to HIV/AIDS.

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

2. PROBLEM STATEMENT

According to the latest UNAIDS report (2014), an estimate 120,000 (114,200-183,700) people lived with HIV in the region. During the Regional Operational Plan (ROP) 2016 process, an analysis of the new demographic, epidemiological and response data led to updated geographical prioritization at the country, department and municipal levels (Table 1). Five countries have been prioritized for PEPFAR support: Guatemala, Honduras, Nicaragua, El Salvador and Panama, representing 88% of regional population, 91% of estimated key populations, and 90% of all estimated people living with HIV¹. (Table 2)

Table 1: HIV Prevalence Per Country and Population

	Adults %	FSW %	MSM%	TG%
El Salvador	0.5	2.5-5.7	8.8-10.8	25.8
Guatemala	0.6	1.1-3.7	2.8-8.9	23.8
Honduras	0.5	3.5-15.6	6.9-11.7	31.9
Nicaragua	0.2	1.8-2.4	2.8-7.5	27.8
Panama	0.7	0.7	18.7	37.6

Data reflects the latest information available in the country reported up to 12/31/2015

Table 2: Key Epidemiological and Demographic Regional Data. Key Population Size, General Population and Burden of Disease

Country	Population (a)	%	PLH (b)	%	New annual HIV infections (b)	KP Size (c)	%
Guatemala	15,468,000	34	49,000	37	2,900	130,724	30
Honduras	8,098,000	18	23,000	18	~1,000	73,729	17
Nicaragua	6,080,000	13	11,130	9	<1,000	80,278	18
El Salvador	6,340,000	14	20,874	16	<1,000	71,932	16
Panama	3,864,000	9	16,565	13	<1,000	40,391	9

Source: (a) estimates from the official census in 2014 (b) and (c) UNAIDS 2014; MOH reports in 2014

Since the first case was reported in Nicaragua in 1987 up to March 2016, there have been a total of 11,376 people diagnosed with HIV registered through the monitoring system of the Ministry of Health (MOH)². Of those, 1201 of these have died. The prevalence rate is 32 per 100,000 people and the incidence rate is 11.4 per 100,000 people. To date, PrevenSida has benefited 213,534 MARPs with prevention services (among them 83,429 are MSM, 9728 female Trans, and 3255 PLHIV), overachieving its targets (Table 3); 55,372 HIV rapid tests identifying 181 cases with reactive results, 0.33% in general, 1.28% of positive results among TG and 0.37% among MSM. According to PEPFAR guidelines for Central America, the program has adapted its target population. Initially benefited nine departments (2010-2012), reached national coverage with additional KPCF funds (2013), reduced coverage to nine departments (2014), and to one department (2015). In 2013, PrevenSida reached 43% of FTG, 42% of FSW and 40% of MSM estimated in the country by CONISIDA.

¹ PEPFAR. Review of the Regional Operational Plan 2016. Central America Summary. Available at:

² Ministry of Health of Nicaragua - MINSA. HIV and Aids Component. 2016 database. Nicaragua: MINSA; November 2015.

On September 30, 2015, the World Health Organization (WHO) released their “Guideline on when to start antiretroviral therapy and pre-exposure prophylaxis for HIV, which was followed in 2016 by the Consolidated Guidelines on the use of ARV drugs for treating and preventing HIV infection.” This guideline expands the eligibility criteria of life-saving treatment to all persons living with HIV (PLHIV) and highlights new developments in HIV combination prevention, including pre-exposure prophylaxis (PrEP).

The WHO guideline is transformative to achieving epidemic control³. Currently in Nicaragua, the ART start criteria is CD4 count under 500 which requires multiple visits to determine eligibility, delays and losses in ART initiation. This has been identified as the main bottle neck to link patients to care and treatment. In addition, diagnosis is late, 40% of patients admitted had CD4 counts under 200 cells/mm³.

ROP 2016 guidelines⁴ recommended rapidly adopting the new World Health Organization (WHO) guidelines on treatment for all (also referred to as Test and Start) and a mandate for alternative service delivery models that will improve retention and adherence. PEPFAR endorses the 90-90-90 targets by 2020 and has pivoted to focus on doing the right things in the right places right now. Addressing stigma and discrimination and engaging the community are prerequisites for a sustainable and successful response to HIV and essential to achieve the 90-90-90 targets. All implementing mechanism in Central America, including PrevenSida need to be adjusted to move immediately to Test and Start through the adoption and implementation of the new WHO guidelines, including those related to differentiated service delivery. Activities must reflect knowledge of the main gaps and barriers to reach targets established in the ROP 2016, reflecting Test and Start priorities and a new service delivery model with defined outcomes and activities to support the achievement of those outcomes.

3. GOAL AND OBJECTIVES

The PrevenSida program will work to increase healthy behaviors in order to reduce HIV/AIDS transmission among MARPs and the population at large, with an expected 50% increase from baseline in the consistent use of condoms among MARPs in all sexual contacts, including those with long-term partners; a decrease of 30% from baseline in the number of multiple partners among MARPs; and an increase of 60% from baseline in the use of HIV counseling and testing among MARPs by the end of the program.

3.1 GEOGRAPHICAL COVERAGE

For the extension period the project will cover the following departments and municipalities in Nicaragua: Managua (Managua and Tipitapa), Leon (Leon), Chinandega (Chinandega) and RACCN (Bilwi). In five countries (Nicaragua, Guatemala, Honduras, El Salvador and Panama) it will develop activities at national level related to applied research among MARPs.

4. STRATEGIC AND TECHNICAL APPROACH

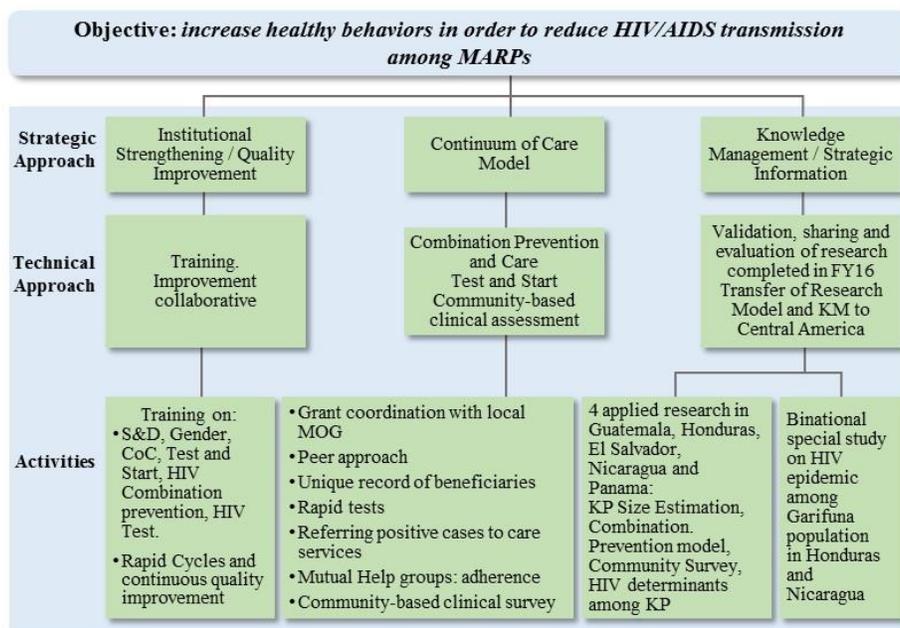
The program will contribute to the implementation of the Central America HIV sustainability strategy, in coordination with Global Fund to fight Against AIDS, Tuberculosis and Malaria (GFTAM) and United Nation Agencies. In universal access, PrevenSida will provide support to improve quality and coverage of CoC among key population in five high incidence municipalities. Regarding sustainability, the program 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.

³ World Health Organization. Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection. Second edition. Geneva: WHO; 2016. Available at: [who.int/iris/bitstream/10665/208825/1/9789241549684_eng.pdf?ua=1](http://www.who.int/iris/bitstream/10665/208825/1/9789241549684_eng.pdf?ua=1)

⁴ PEPFAR Technical Considerations for COP/ROP 2016. Available at: <http://www.pepfar.gov/documents/organization/252263.pdf>

The program will increase efforts on data quality improvement and the CoC, thus contributing to early integration of positive cases and ensuring adherence to avoid treatment failure. The approach is summarized in the following figure. (Fig 1)

Figure 1: PrevenSida's Extension Approach



4.1 INSTITUTIONAL STRENGTHENING AND QUALITY IMPROVEMENT:

During the first six years of the program, 73 NGOs have received training for institutional strengthening, 36 NGOs out of these received financial grants and coaching to improve their administrative and financial processes through updating and implementing relevant manuals, automating their accounting systems, strategic and annual planning, monitoring and evaluation plans and quality standards monitoring. In coordination with USAID's ASSIST Program, twelve NGOs received training to develop knowledge and skills for continuous quality improvement (CQI) and have designed and implemented their Quality Management Program (QMP).

The USAID/Nicaragua's HIV Training Component Evaluation (November 2015) evaluated positively the program's institutional strengthening component, compliance with training targets and the successful sustainability strategy through facilitator training at NGOs.¹ Due to the organizational growth reached by NGOs supported by PrevenSida, we will not continue strengthening aspects related to management and financial management.

During the extension period, PrevenSida will concentrate efforts on:

- Train staff on recent topics linked to the Continuum of Care, new WHO guides related to ART start, the new Test and Start approach, HIV rapid testing update, stigma and discrimination reduction, GBV prevention, advocacy and human rights.
- Provide support to improve quality and coverage of CoC (prevention, counseling and testing, community care) among key population in five high incidence municipalities, emphasizing the early integration of positive cases and ensuring adherence to avoid treatment failure.
- Collaborate with the implementation of the Central America HIV sustainability strategy, in coordination with Global Fund to fight Against AIDS, Tuberculosis and Malaria (GFTAM) and United Nation Agencies.
- Consolidate implementation of quality management programs as a crosscutting axis that ensures sustainability of processes which have reached quality in administrative, financial and HIV prevention

and care areas, including organizational climate improvement, user satisfaction measuring and improvement, and reducing quality gaps in prevention services provision.

4.2 CONTINUUM OF CARE (COC) MODEL:

These services include HIV combination prevention; HIV testing and linkage to care; managing opportunistic infections and other comorbid conditions and initiating, maintaining and monitoring ART.

Since 2005, the Ministry of Health (MoH) through its National HIV/STI Program has developed norms, protocols, and guidelines for comprehensive care of PHIV. These included the strategic framework on HIV testing and counseling published (WHO, 2012) that expressly emphasizes the importance of ensuring proper linkage between detection and counseling programs and prevention, treatment, care, and support programs that must be available for people with HIV and the recommendations on HIV clinical staging (WHO, 2013)⁵. Early diagnosis, timely treatment, and achieving viral suppression are part of the main interventions in the continuum of comprehensive care for people with HIV. These interventions require joint work from family members, health staff, community and organizations working to reduce HIV transmission.

From 2010 to 2013, PrevenSida implemented combination prevention. It included the following six interventions: Assessment of Sexual Activity, Condoms Provision and Counseling for Risk Reduction; Assessment of Serological Status of Partner, Testing and Referral; STIs Assessment; Assessment of Family Planning Needs; Adherence Assessment and Assessment of the Need for PLHIV support groups.

In 2014, PEPFAR started CoC implementation including actions to link people who had abandoned ART and those requiring referral due to their CD4 count or viral load into HIV care services. Since October 2014, following up with international recommendations, the program implemented the HIV CoC, which broadens actions towards community care for PHIV and included actions to identify health problems at the time of the support visit and referral of not adherent PHIV to ART and that require other types of services. PrevenSida has improved the access to preventive services, for example with CD4 testing through mobile equipment and surveys on HIV clinical staging in order to inform PHIV of their health status, raising awareness and education on self-care, ART adherence, attendance to medical appointments and lab tests, including CD4, viral load, and others. The program developed capabilities of the NGO CEPRESI to provide CD4 mobile tests and several NGOs were trained in community based clinical assessment survey based on WHO clinical staging to identify PLHIV at higher risk of opportunistic infections and advanced disease. (Table 3)

Table 3: PrevenSida's Continuum of Care Services per Population Type

<u>MSM</u>	<u>Trans</u>	<u>Care Services for PLHIV</u>
Ownership	Ownership	Clinical services: assessing pain, clinical staging, eligibility for Cotrimoxazole, or screening for TB
Behavior Change, IEC	Behavior Change, IEC	Clinical assessment (WHO staging) OR CD4 count OR viral load.
Providing HIV test or referring for HIV test with counseling	Providing HIV test or referring for HIV test with counseling	Counseling on risk reduction (reducing the number of sexual partners and correct and consistent condom and lubricant use)
Condom and lubricant	Condom and lubricant	Counseling for voluntary HIV testing for sero-discordant partner
Referral or STI treatment	Referral or STI treatment	Referral or 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	Referral for adherence and self-help groups

⁵ World Health Organization - WHO. Unified guidelines on the use of antiretroviral drugs in treatment and prevention of HIV infection. Recommendations for the public health approach. London: WHO; June 2013. [Accessed on December 25th 2015] Available at: http://apps.who.int/iris/bitstream/10665/129493/1/9789243505725_spa.pdf?ua=1&ua=1

In 2016, the WHO published the “Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection: recommendations for a public health approach”³. WHO recommends for the first time, that all people living with HIV be provided with ART. Key recommendations aim to improve the quality of HIV treatment and bring us closer to the universal health coverage ideals of integrated services, community-centered and community-led health care approaches, and shared responsibility for effective program delivery. With its “treat-all” recommendation, WHO removes all limitations on eligibility for ART among PHIV; all populations and age groups are now eligible for treatment, including pregnant women and children. The same once-per-day combination pill is now recommended for all adults living with HIV, including those with tuberculosis, hepatitis, and other co-infections. Additional recommendations in the guidelines aim to help programs deliver services closer to people’s homes; expedite reporting of test results; integrate HIV treatment more closely with antenatal, tuberculosis, drug dependence and other services; and use a wider range of health workers to administer treatment and follow-up care.

The new guidelines support evidence-based interventions that can improve efficiency and effectiveness – so that more can be achieved with the resources at hand. Table 4 summarizes the recommendations.

Table 4: Recommendations for Public Health Approach in a Concentrated HIV Epidemic

Chapter	Recommendation
2. HIV Diagnosis	
2.4.1 Improving quality and efficiency	Retest all patients diagnosed HIV-positive with a second specimen and a second operator using the same testing strategy and algorithm before enrolling the patient in care and/or initiating ART, regardless of whether or not ART initiation depends on CD4 count. Lay providers who are trained and supervised can independently conduct safe and effective HIV testing using rapid diagnostic tests (RDTs) (strong recommendation, moderate-quality evidence).
2.4.2 HIV testing approaches. Facility-based HIV testing services and provider-initiated testing and counselling (PITC)	PITC should be offered for patients (adults, adolescents and children) in clinical settings who present with symptoms or medical conditions that could indicate HIV infection, including presumed and confirmed TB cases.
Community-based HIV testing services	WHO recommends community-based HIV testing services, with linkage to prevention, treatment and care, in addition to PITC for key populations (strong recommendation, low-quality evidence).
2.6.3 Couples and partners	Couples and partners should be offered voluntary HIV testing services with support for mutual disclosure. This applies also to couples and partners from key populations (strong recommendation, low-quality evidence).
2.6.5 Key populations	HIV testing services should be routinely offered to all key populations in the community, in closed settings such as prisons and in facility-based settings. Community-based HIV testing services for key populations linked to prevention, treatment and care services are recommended, in addition to routine facility-based HIV testing services, in all settings (strong recommendation, low-quality evidence).
4. Clinical Guidelines: Antiretroviral Therapy	
4.3.1 When to start ART in adults (>19 years old)	ART should be initiated in all adults living with HIV, regardless of WHO clinical stage and at any CD4 cell count (strong recommendation, moderate-quality evidence). As a priority, ART should be initiated in all adults with severe or advanced HIV clinical disease (WHO clinical stage 3 or 4) and adults with a CD4 count ≤ 350 cells/mm ³ (strong recommendation, moderate-quality evidence).

Chapter	Recommendation
5. Clinical Guidelines: Prevention, Screening and Management Of Common Coinfections And Comorbidities	
5.2.1 Co-trimoxazole prophylaxis	Co-trimoxazole prophylaxis is recommended for adults (including pregnant women) with severe or advanced HIV clinical disease (WHO stage 3 or 4) and/or with a CD4 count ≤ 350 cells/mm ³ (strong recommendation, moderate-quality evidence).
6. Service Delivery	
6.5 Retention in care	Programmes should provide community support for people living with HIV to improve retention in HIV care (strong recommendation, low-quality evidence). The following community-level interventions have demonstrated benefit in improving retention in care: -package of community based interventions (children low-quality and adults very low-quality evidence) -adherence clubs (moderate-quality evidence) -extra care for high-risk people (very low-quality evidence).
6.6 Adherence	Adherence support interventions should be provided to people on ART (strong recommendation, moderate-quality evidence). The following interventions have demonstrated benefit in improving adherence and viral suppression: -peer counsellors (moderate-quality evidence) -mobile phone text messages (moderate-quality evidence) -reminder devices (moderate-quality evidence) -cognitive-behavioral therapy (moderate-quality evidence) -behavioral skills training/medication adherence training (moderate-quality evidence) -fixed-dose combinations and once-daily regimens (moderate-quality evidence)
6.8 Task shifting and sharing	Trained and supervised community health workers can dispense ART between regular clinical visits (strong recommendation, moderate-quality evidence).

Source: WHO 2016 Guidelines.

To support the country in reaching the goal of universal treatment, the program will provide technical assistance to:

- Work with NGOs providing HIV CoC services, promoting human rights, combatting stigma and discrimination, identifying challenges to and gaps in health care delivery
- Improve the quality of community and peer-to-peer community support groups: HIV testing, ART dispensing (if the country makes that decision).
- Train promoters to provide peer's counseling, to link and refer patients to facilities, and to manage retention activities.
- Advocate with key stakeholders to adopt the new WHO Test and Start guidelines, which implies start all patients on ART as soon as possible (e.g., same day with a minimum of visits and steps before rapid initiation within one week for those who are ready). Where feasible, start ART immediately as part of care services. If not feasible to start immediately, then establish clear linkages from testing to ART initiation.
- Promote a choice of ART delivery options such as facility-based fast track and community-led models of ART provision; including community adherence groups (CAGs), community-led adherence clubs, and community drug delivery where feasible.

4.3 STRATEGIC INFORMATION/KNOWLEDGE MANAGEMENT

Knowledge Management (KM) is purposefully creating, gathering, synthesizing, sharing and using specific insights and experiences to improve work. These insights and experiences comprise knowledge, either embodied in individuals or embedded in organizational processes practice. In health care improvement, we are talking about knowledge of how to improve care, and about managing that knowledge to be able to spread it with many more health care providers.

It's important to recognize that while on one hand, this knowledge is embedded in our minds as individuals, in an activity like health care that it so dependent on human resources; it resides within

groups and organizations. Harnessing that knowledge is fundamentally a people-centered activity⁶. KM aims to gather, analyze, store and share knowledge and information within an organization. The primary purpose of KM is to improve efficiency by reducing the need to rediscover knowledge.

In its first six years, the program has focused on generating data and developing capabilities and tools to collect data, share, systematize and use strategic information obtained through several platforms (web, electronic bulletins, and improvement collaborative' learning sessions, health determinants assessments, etc.). The country has improved data generation and sharing, but the use of strategic information is still challenging. The program will promote turning KM in a truly integral part of organizations' activities.

In FY16, USAID Nicaragua developed a model of educational research, led by the Regional Strategic Information Advisor, with the purpose of making results available for beneficiary NGOs, national authorities and for the Central American Region. The research team is composed by USAID, program advisers and external researchers hired through public tender processes established by URC in compliance with USAIDs' regulations. Roles are distributed in the team and there is a joint analysis for the following actions: protocol drafting, bibliographic references, analysis plan design, drafting output tables and report for publication. Protocols are reviewed by the Ethics Committee at the Center for Health Research and Studies of the National Autonomous University of Nicaragua CIES / UNAN-Managua, to make sure the study meets the local standards from the ethical and cultural points of view, as well as for gender and research procedure. In addition to the interventions effectiveness and coverage evaluation, and validation of instruments completed by USAID external evaluations, the program has developed capabilities among NGOs to facilitate analysis of Social Determinants of Health for specific populations (TGF, MSM, PLHIV, FSW and Northern Caribbean Coast populations).

- USAID requires the dissemination of evaluation findings to ensure that information is accessible to the public. During this extension the following activities will be performed:
- Share best practices, lessons learned and promising experiences to promote information exchange.
- Develop, validate and transfer a series of SI reports enabling health policymakers, international donors, program managers, service providers and other health system stakeholders to rely on trustworthy data to make evidence-based decisions.
- Support four Central American countries (Guatemala, Honduras, El Salvador and Panama) in generating, sharing and using strategic information.

5. EXPECTED RESULTS

5.1 RESULT ONE, STRENGTHENED INSTITUTIONAL CAPACITY OF AT LEAST 6 NGOS TO PARTICIPATE IN THE HIV/AIDS NATIONAL RESPONSE PLANS BY BUILDING CAPACITIES (OCTOBER 1, 2016-SEPTEMBER 30, 2017)

PrevenSida will concentrate efforts on training staff from selected NGOs on the latest technical aspects of the CoC model, emphasizing the new Test and Start strategy. We will develop a training course on gender norms (10 hours) for NGO staff, community leaders, and promoters. For PEPFAR required topics for training and/or updating, the program has a teaching package containing methodical designs, technical contents, and visual aids to provide training on: HIV prevention, S&D reduction, GBV prevention, advocacy, and Human Rights. Selected NGOs will receive reinforcement on M&E skills, linking concepts learned in planning with those of M&E.

⁶ USAID|ASSIST. Managing Knowledge for Improvement. ISQua Education Webinar-May 26, 2016. Available at: https://www.usaidassist.org/sites/assist/files/isqua_webinar_managing_knowledge_for_improvement_w_notes.pdf

The program will continue to consolidate human resources training in the CoC model using the care cascade as an exercise to analyze local gaps in care for people with HIV. We will continue providing training on the new WHO recommendations regarding on treatment for all.²

Each topic has a methodological design, providing promoters and educators with a clear understanding of the long term and continuing benefits to be able to advocate with decision makers. We use participative methodologies (open dialogue) helping participants to understand and answering their questions, especially understanding how this impacts their lives, family and community. In 2017, 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. Courses will be provided in Managua in the first two months of fiscal year 2017.

PrevenSida will utilize mentoring sessions to ensure that learning continues. Mentoring emphasis will be on correct implementation and documentation of Continuum of Care activities, data analysis and quality, and use of evidence-based strategic information generated. Mentoring in M&E includes the application of a wide range of practices and working methods adapted to local realities in order to ensure sustainability that will result in efficient, effective and socially inclusive monitoring.

Continuous improvement rapid cycles have proven to be effective in rapid process improvement, whether to reach their targets or to satisfy their organizations' internal and external users. PrevenSida will continue providing technical assistance to six selected NGOs to consolidate implementation of their quality management program. USAID's ASSIST has made extraordinary progress in six NGOs and PrevenSida has worked with other five NGOs in QI. Quality criteria performance will continue to be monitored at the six selected NGOs in order to sustain achievements and continue to improve existing gaps in quality and reaching graduation from technical assistance by the end of program life.

The indicators are:

- 50 participants trained on the CoC model and Test and Start Strategy
- 50 participants trained on gender norms
- 50 participants trained on HIV Combination Prevention
- 10 participants trained on HIV rapid test

5.2 RESULT TWO, IMPROVED ACCESS TO AND QUALITY OF HIV/AIDS PREVENTIVE AND CARE SERVICES FOR MARPS FROM NGO PREVENTIVE SERVICE PROVIDERS (OCTOBER 1, 2016-SEPTEMBER 30, 2017)

The mechanism to reach target population is sub grants. NGOs working in four departments will be invited to apply for sub-grants using the PrevenSida program sub-grant mechanism. The project will continue providing HIV services at community level at different points of the CoC cascade:

- Identifying key populations: In 2013, CONSIDA and PrevenSida joined their databases to complete key population size. Since then is helping the country to update annually its key population estimations. During this extension the project will update the national and subnational estimates for year 2017.
- Reaching key populations: Key populations will continue be reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required. Key populations established for the extension year are: MSM and FTG.
- HIV counseling and testing: Key population in the selected municipalities, once receiving prevention services will receive counseling and testing delivered by mobile teams. HIV counseling and testing must be offered during the first contact. The test results are usually returned rapidly so that clinical decisions can be made in a timely and cost-effective manner.

- Link to health care services: There are two ways of being linked to care services. The first one is referring all reactors identified during the HIV counseling and testing services, and the second one is by identifying, at community level, non-treated, non-linked and non-adherent patients to the MoH health units.
- Community care: The program provides community care services through peers' NGOs. These NGOs supports people testing for CD4 and implement a community survey to PLHIV in order to identify their needs for prevention, treatment and care services as appropriate for their HIV status. This survey allows peer promoters to identify signs and symptoms and the basic risk classification to value referral/escort to MoH services. PLHIV receive secondary prevention services, participate in educational activities, and receives referrals and accompaniment to different services as needed to improve their quality of life and extend their life.
- Treatment: Refers to the use of a combination of three or more ARV drugs for treating HIV infection. ART involves lifelong treatment. The peers' NGOs will continue promoting patients' adherence.
- Retention in Care: Can be defined from the moment of initial engagement in care, when a PLHIV is linked successfully to services, to assessment for eligibility, initiation on ART and retention in lifelong ART care. Facilitators from NGOs working with PLHIV strengthen integration and interpersonal relations by using the educational manual on self-care for PHIV at Mutual Help Groups. They provide information on HIV, ART, adherence, nutrition, self-care, stigma and discrimination and violence towards people with HIV, among other topics.
- Suppression: Refers to a viral load below the detection threshold using viral assays. The peers; NGOs will refer and accompany PLHIV to perform their viral load tests in MOH facilities.

The indicators are:

- 2,298 prevention services provided to key population (gay, bisexual and female transgender), at least two contacts per person, one should be a counseling and testing activity
- 1,149 rapid tests performed as part of counseling and testing activities provided to key population (gay and bisexual men and transgender women)
- 1,773 community care services provided to people living with HIV (at least four contacts per person).

The distribution by municipality is as follows (Table 5):

Table 5: Specific Distribution of Expected Services by Geographical Area

Targets by municipalities	Key population prevention services	Key population testing and counseling	Community-based HIV services for people living with HIV
Managua	1298	649	1344
Leon	182	91	117
Chinandega	308	155	109
Bilwi	99	49	168
Tipitapa	411	205	35
Total	2298	1149	1773

Source: PEPFAR ROP 16

5.3 RESULT THREE, REDUCTION OF STIGMA AND DISCRIMINATION DIRECTED AGAINST MARPS AND PLHIV (OCTOBER 1, 2016-SEPTEMBER 30, 2017)

Stigma and discrimination towards sexual diversity had an increase effect on vulnerability and exclusion with the HIV epidemic. Fear and ignorance were powerful drivers for stigma and discrimination. People living with HIV/AIDS lost their jobs, their homes, and even their friends and families. Despite our progress in understanding and treating HIV, stigma and discrimination continue to be serious issues for people living with HIV/AIDS.

PrevenSida has included S&D and GBV reduction as a crosscutting activity implemented in each prevention and care service offered to target population by peers, training processes and awareness-raising sessions in community actions such as cinema forums. To date, 373 people have been trained on S&D reduction, 358 in GVB reduction, and 60 on advocacy and human rights. During this extension, selected NGOs will designate officials to receive updated information on concepts and methodologies to reduce stigma and discrimination. They will develop capabilities to include stigma and discrimination reduction strategies in operational plans and advocate for inclusion of this thematic approach in decision making arenas at all levels.

PrevenSida will continue using a series of videos that describe stigma and discrimination of transgender people and PLHIV in Nicaragua. These will be presented by NGOs using cinema forums, for which NGOs will have facilitators trained to lead discussions in the community on issues shown in the videos.

The indicators are:

- 50 participants trained on Stigma and Discrimination
- 50 participants trained on Gender-Based Violence
- 50 participants trained on Advocacy and Human Right

5.4 RESULT FOUR, IMPROVED PARTICIPATION OF NGOS REPRESENTING MARPS AND PLHIV IN THE NATIONAL RESPONSE TO HIV/AIDS (OCTOBER 1, 2016-SEPTEMBER 30, 2017)

Twenty organizations which received support from PrevenSida are currently participating in the CONISIDA space, governing body of the national response. Participation in this space is at the municipal, departmental and national level. Their participation has improved significantly in HIV response consensus spaces, given that they are constantly receiving strategic information from USAID programs, and they also have access to information published on the PrevenSida Web site and through electronic bulletins among others. They are aware of the HIV epidemiological situation among key populations and the size of populations, they have experience in unique recording system management, data quality, which is translated into strategic information, thus enabling them to present evidence and strategies to local decision makers, therefore, organizations have shown effective and evidence-based participation in the CONISIDA space.

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

and people with HIV (March 2015)⁷ describes: “the approach focused on sharing strategic information improved NGOs’ presence and quality in the different decision-making spaces in the national response, along with institutional strengthening of their management capabilities and results sharing, which consolidated their reputation”.

For the extension year, grantee NGOs (KP and PHIV NGOs) as well as other NGOs which received support in previous years, will continue to participate in spaces to exchange experiences, good practices, and strategic information, thus enabling them to maintain solid participation in local and national spaces of the HIV Response. The NGO’s sub grants will include funding for knowledge management plans targeting key populations (MSM, Trans and PHIV), using new communication technology/social networks to direct messages on S&D and GBV reduction, BCC for HIV prevention and adherence promotion among PHIV.

The program will hold an annual forum with participation of key stakeholders and KP NGOs. The topics to discuss will be: Behavior Change Communication (BCC), S&D, GBV prevention, Combination Prevention and Care, HIV logistic and Quality Improvement, emphasizing the new WHO strategy Test and Start.

Along with USAID|PASCA we will promote knowledge flow from one organization to another, to CoC services recipients, and to the community.

The indicators are:

- 6 NGOs provided with technical assistance for HIV-related policy development.
- 6 NGOs participating in national and local coordinating mechanisms with CONISIDA, CCM and/or other national, regional or local entities to promote HIV advocacy, coordination and policy.
- Three advocacy plans developed and implemented for removal of barriers of HIV services for KP implemented by NGOs.
- 1 Annual Forum implemented with the participation of 120 key population and stake holders.

5.5 RESULT FIVE. IMPROVED GENERATION, DISSEMINATION AND USE OF HIV STRATEGIC INFORMATION (OCTOBER 1, 2016-DECEMBER 29, 2017)

5.5.1 SYSTEMATIZATION AND TRANSFER OF HIV COC COMMUNITY MODEL IN NICARAGUA

Recent external evaluations of the HIV program in Nicaragua, recommended systematizing, evaluating and transferring the successful technical model. In FY 16, the program will finalize the process of systematization, evaluation and transfer to local partners of the HIV combination prevention and care model in Nicaragua. The main ways to share information will be improvement collaborative learning sessions, monthly electronic bulletins, forums and the program’s website.

In FY16, several systematization activities are ongoing and need to be completed and its results transferred to local counterparts before the program ends: Assessing the Combination Prevention model, HIV Continuum of Care, Community Based HIV Counseling and Testing, CD4 mobile testing, Baseline and Final Evaluation of Logistic Capacities among KP NGOs and HIV Determinants among KP. In FY17, we will complete and disseminate the following reports to local counterparts using the applied research model design and development by a team of researchers: Effectiveness of the KP Continuum of Care Model, Mobile CD4, evaluation of HIV determinants plans, QI and NGO sustainability, Information and technology use.

5.5.2 STRATEGIC INFORMATION REGIONAL APPROACH

The operative research that is being implemented in Nicaragua will be adapted in other Central American countries. It is expected that PrevenSida will contract research institutions or individual

⁷ USAID|PrevenSida. Evaluation of participation of NGOs representing key populations and people with HIV in the National Response to HIV. Nicaragua: USAID|PrevenSida; March 2015. Available at: http://pdf.usaid.gov/pdf_docs/pa00kdp2.pdf

consultants that will implement the research protocols in close coordination with the USAID Regional program and each country's implementing partners: Guatemala, Honduras, El Salvador, Nicaragua and Panama. The topics are: Key Population Size Estimation, Combination Prevention model, Community Survey, Logistic Capabilities Assessment and HIV determinants among KP.

5.5.3 BINATIONAL STUDY IN HONDURAS AND NICARAGUA

The Garifuna population, 46,448 people, is one of the eight ethnic groups in Honduras. It is of African origin and most of them live in communities along the northern Caribbean shore. Several studies in Honduras have shown high HIV load among Garifuna population, as a result of individual behavior and social factors increasing the risk of HIV infection. The sexual behavior surveillance survey (ECVC, 2012) found 4.5% HIV prevalence among urban Garifuna population and 4.6% among rural population. This prevalence is significantly higher than the 0.5% prevalence in general population and the reasons for this higher burden of disease are unknown. In Nicaragua, 3,271 inhabitants were estimated (Census 2005), most of them living in Laguna de Perlas, representing 0.43% of regional population at the Nicaraguan Caribbean Coast. The HIV prevalence among them is unknown.

There will be a binational special study on HIV epidemic among the Garifuna population in Honduras and Nicaragua. In Honduras, the special study comprises four reports: HIV epidemiological profile in Garifuna population, Assessment of risk factors using community survey, Continuum of Care: HIV cascade in Garifuna population and Institutional capacities to prevent and control HIV among Garifuna population. In Nicaragua, there will be only one study: the assessment of risk factors.

The indicators for Nicaragua are:

- Five applied research reports disseminated on the HIV combination prevention and care model in Nicaragua (Community Survey, Mobile CD4, Evaluation of HIV Determinants Plans, Logistic Capabilities Assessment, QI and NGO Sustainability, Information and Technology Use).
- One research report on PrevenSida's final evaluation.

The indicators for other Central American countries are:

- Five applied research reports by country (Key Population Size Estimation, Combination Prevention model, Community Survey, Logistic Capabilities Assessment and HIV determinants among key populations).
- One binational special study on HIV epidemic among the Garifuna population in Honduras and Nicaragua.

6. CROSS-CUTTING AND OTHER ISSUES

6.1 LOCAL CAPACITY BUILDING AND SUB-GRANTS

In order to support implementation of prevention intervention activities, and stigma and discrimination responses, sub-grants will be awarded to select NGOs. By providing sub-grants, this program will support continuity of the work of the NGOs and sustain them as organizations, which will impact their ability to carry out their activities, strengthening the results tied to other funding, such as GF.

To this end, we will solicit grant proposals from local NGOs to support them in integrating their newly acquired knowledge into their organizations. The process for awarding grants will be competitive and transparent. We will help interested applicants respond to Requests for Applications (RFAs) by providing detailed guidance on application formats, expected results and budget requirements. A grant selection committee consisting of URC staff and USAID will evaluate proposals received based on the selection criteria provided in the Request for Application (RFA). URC finance and administrative staff will review the cost/business application to ensure that costs proposed are reasonable, allowable, and realistic for the proposed activity.

The Chief of Party (COP), Administrative Director will ensure that: a) sub-grants are awarded in accordance with URC's prime agreement and applicable USAID policies and regulations; b) activity design and implementation documents align with the Cooperative Agreement's objectives and expected

outcomes; c) all sub-grants adequately address financial matters; and d) all pre-agreement requirements are met, including a pre-award survey, if necessary.

The COP and Administrative Director will provide technical and administrative oversight to promote strong grantee performance. URC's Contracts Office will also provide grant management support, including review of the grants manual, RFAs, grant templates, grantee selection and closeout procedures, to ensure that grants are awarded and administered in accordance with URC's approved program grants manual and all applicable USAID policies, procedures and regulations. URC has experience in managing sub-grants in a number of programs around the world, including South Africa in our TB/HIV program.

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

6.2 ENVIRONMENTAL MITIGATION PLAN AND REPORT

All activities funded by USAID must conform to its environmental procedures outlined in 22 CFR 216, which require Initial Environmental Evaluations (IEE) to ensure that "environmental factors and values are integrated into the USAID decision-making process" and that "the environmental consequences of USAID-financed activities are identified and considered by USAID and the host country prior to a final decision to proceed and that appropriated environmental safeguards are adopted.

All USAID activities and programs funded through USAID's Latin America and the Caribbean (LAC) Missions are issued an Environmental Threshold Decision (ETD) by the Bureau Environmental Officer (BEO) pursuant to the IEE as per 22 CFR 216.3(a)2. The Environmental Mitigation Plan & Report (EMPR) initially categorizes activities into three risk categories: No Risk, Medium Risk, and High Risk. Those with No Risk can continue without further review upon completion of the screening form and review and approval of the risk analysis by the Agreement/Contract Officer's Representative (AOR/COR) and the Mission Environment Officer (MEO). The EMPR typically deals with those activities at Medium Risk.

All awardees that receive a Negative Determination with Conditions ETD will be required to fill out an Environmental Mitigation and Monitoring Plan (EMMP) per activity type that includes: Narrative (Justification/Background, Baseline Information/Existing Conditions, Description of Activities, and Social Considerations sections must be completed at a minimum); The Environmental Screening Form; The Environmental Mitigation Plan and The Environmental Monitoring Table.

By FY 17, PrevenSida will develop HIV prevention activities in four departments and five municipalities through six NGOs, three of them will conduct HIV rapid testing. 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. PrevenSida and all NGOs receiving sub grants fall in the category of negative with conditions and need to submit and implement an EMPR.

6.3 GENDER

The incorporation of gender has been a cross-cutting theme for USAID in HIV response. Therefore, KP in Nicaragua have been included in specific programs and activities that seek to improve access to prevention services, reduce S&D, promote and defend human rights, and strengthen the administration and management of the organizations.

The Evaluation of Training Component of USAID/Nicaragua's describes that the design of the program considered the integration of equity gender as a cross-cutting theme in each of the components, which has been materialized by incorporating LGBTI communities in the activities, training events and grants, not only strengthening their organizational capacity, but also their leadership. This has led to the

elaboration of strategic plans, municipal and national plans for reducing S&D and GBV, and participation in decision-making spaces of the national response.

Gender approaches in HIV prevention in Nicaragua address the needs and realities of not only males and females, but also populations such as transgendered people, MSM, and all groups who have their own needs and risks. The extensive experience of the PrevenSida program team in supporting MARPs and the organizations that work with them has made us keenly aware that gender equity underpins every aspect of HIV prevention, care, and support among MARPs in Nicaragua and will therefore be a starting point for all program interventions across all results.

In relation to the female transgender there is a generalized pattern of discrimination and prejudice within society. Both economic-social discrimination and experiencing violence are the result of a larger social climate that severely sanctions people for not conforming to society's norms concerning gender. PrevenSida works closely with people of sexual diversity especially transgender organizations to strengthen their organizational capacity, staff skills for the promotion and defense of human rights and to implement its action plan for comprehensive care for female transgender population in Nicaragua. PrevenSida has learned that the issue of gender-based violence, and stigma and discrimination towards sexual diversity are structural topics that must be streamlined into all skills development activities of staff and cross-cutting to all results and activities.

We will address vulnerabilities related to gender and sexual practices; the social, coercive, and, at times, violent aspects of commercial sex work; and the special HIV prevention needs of transgender, bisexual, and homosexual communities.

Through the collaborative and each training session, we will emphasize responsiveness and communication to allow NGOs to examine the role of gender in relation to health improvement in a natural and purposeful way. Gender considerations will be integrated with program objectives in a culturally acceptable manner.

6.4 COORDINATION WITH OTHER USAID PROGRAMS AND OTHER STAKEHOLDER

In FY17 the program will coordinate with:

- Centers for Disease Control: Coordination to promote program grantee NGOs' result sharing as part of Knowledge management. Strengthening referrals of NGO beneficiaries to VICITS clinics (Sexually Transmitted Infections Sentinel Surveillance - "Vigilancia Centinela de las Infecciones de Transmisión Sexual").
- CONSIDA: PrevenSida is a member of the M&E committee. Sharing preventive services production data generated by NGOs on a quarterly basis and participating in sessions where technical teams from cooperation programs share their progress. The Test and Start strategy will be promoted in this space, as well as adaptation of the HIV care guide based on the new WHO recommendations.
- Global Fund HIV/AIDS program. PrevenSida shares information on services production. We expect to join databases once again to know estimated key population coverage. We will present the Test and Start strategy, as long as the new WHO guides in order to build alliances and advocate with national health authorities.
- Country Coordinating Mechanism: PrevenSida is a member of the Strategic Committee for Monitoring and Evaluation of the Global Fund grant. In this space we provide advisory on how to improve performance of recipients and sub recipients.

7. MONITORING AND EVALUATION PLAN AND DISSEMINATION

In addition to the specific M&E plan established under the Cooperative Agreement, PrevenSida is being monitored using PEPFAR indicators since 2012. PrevenSida developed a unique record-keeping system in ACCESS with over 50 reporting tables that are used to analyze target compliance. This has enabled

NGOs to improve knowledge of risk populations and approach sites. In 2016, a 6.0 version of the unique record is available; it includes adaptations such as adding a report of individuals that have received the minimum combination prevention package, and the capture mask for PLHIV now includes continuum of care variables. *The Data Quality Assessment Report completed by Measure Evaluation for PEPFAR Central America* (June 2014) confirmed the program’s solid M&E System, which includes quality control mechanisms⁸.

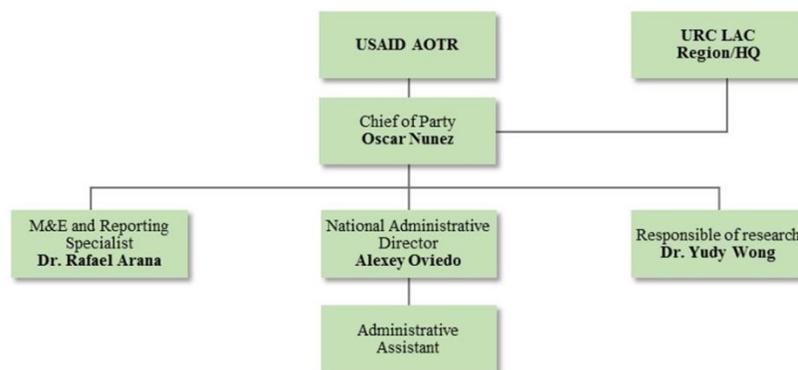
Table 6: Components of the M&E System and Dissemination

Monitoring	Evaluation	Dissemination
<ul style="list-style-type: none"> - Performance Monitoring Plan (PMP). - PEPFAR indicators - Database: unique record system for services provision - Data quality control - Training database - Trainet use - Banner use at NGO level to monitor performance - Excel matrix comparing target compliance with financial investment. 	<p>Internal</p> <ul style="list-style-type: none"> - Quality standards compliance - Coordination with CONSIDA, Global Fund to promote integrated and streamlined data collection and data analysis - Quarterly reports providing progress on Annual Action Plan <p>External:</p> <ul style="list-style-type: none"> - PEPFAR regional program evaluation (2013). - Mid-Term Performance Evaluation of USAID’s HIV Program in Nicaragua (2014) - Training Component Evaluation of USAID/Nicaragua’s HIV Program (2015). <p>Final Evaluation: Planned, it will be participative and funded with PrevenSida’s funds.</p>	<ul style="list-style-type: none"> - Monthly electronic bulleting - Sharing best practices in collaborative learning sessions - Sharing applied research in each country in validation and results return forums

8. PERSONNEL

There is no change in key personnel hired for current program extension. The Chief of Party and financial director will complete their contracts in December 2017 to ensure compliance with activities and results established in the annual plan in addition to closing out accounting books, bank accounts and close out payments. The M&E specialist will complete his contract in September 2017. Due to the high volume of research to complete in a 15-month period, a new position is opened, Research Coordinator. This contract will be completed in December 2017. Each technical advisor will have a specific job description related to: Coordination of the program, M&E, Research, Financial Director, Research position and a small support group (Figure 2).

Figure 2: PrevenSida’s Organizational Chart



⁸ PEPFAR Central America. Measure Evaluation. Data Quality Assessment of Eight USAID HIV Projects in Central America. PEPFAR; June 2014.

9. BRANDING AND MARKING STRATEGY COMPLIANCE

The public identity of all technical assistance activities under the USAID Nicaragua PrevenSida Project will be clearly linked to USAID through the naming of the project as USAID|PrevenSida. The activities of URC and its partners will not assume a public identity independent of that of USAID so that stakeholders, direct beneficiaries of the Nicaragua PrevenSida Project, and the general public in Nicaragua, recognize the work is made possible through the generosity of the American People through USAID—not as a URC project.

We understand that URC’s technical assistance activities are not to be referred to in any communications as a “URC project,” that URC’s corporate logo is not to appear on any program materials, and that no project logo or other visual identity for the contract will be developed apart from the identity “USAID Nicaragua PrevenSida Project” accompanied by the USAID logo. The origin of the assistance stated verbally, visually and/or textually will always be identified as “del pueblo de los Estados Unidos de América” or “from the American people” except when a determination is made by USAID that such identification is not required. URC’s graphic identity will not be included.

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.

10. CLOSE OUT ACTIVITIES

Fiscal year 2017 will be the last period to this project, therefore it is necessary implement some close out activities to secure the handover of inventory and terminate all administrative and financial processes. Since the first quarter of the FY17 we will Notify team members/partners of closeout timeline

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 will also handle to review all documentation of finance supports and human resources files. Assign Staff Responsibilities for closeout activities. Monitor & Follow-up of overall progress of closeout plan. Submit to Mission the asset disposition plan for approval.

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. See Table 12.

11. ILLUSTRATIVE IMPLEMENTATION PLAN

The URC team is prepared to begin program implementation immediately upon signing the contract with USAID. This will be facilitated by the assistance of our current administrative staff in our office in Managua. See Table 7-11 for Training Calendar, Detailed Illustrative Implementation Plan, PEPFAR and Program Indicators, Year Seven Work Plan and Detailed Research Plan.

Table 7: Training Activities Calendar October to November 2016

Months	Oct-16				Nov-16			
Weeks	1s	2s	3s	4s	1s	2s	3s	4s
Topic								
GBV					2		16	
Gender					3		17	
					4		18	
Combined HIV Prevention/Test and star		11						
		14						
HIV Test			20					
			21					
Human Right				27			24	
Advocacy				28			25	
Stigma and Discrimination						9		28
						10		29

Table 8: PEPFAR Indicators FY17

PEPFAR Indicators	FY17					
	Target	Q1	Q2	Q3	Q4	Total
HTC_TST_DSD Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results (DSD)	1,149	383	383	383	0	1,149
HTC_TST_DSD-a Number of men	1,149	383	383	383	0	1,149
HTC_TST_DSD-d age (15+ years old)	1,149	383	383	383	0	1,149
HTC_TST_DSD-e Positive	63	21	21	21	0	63
HTC_TST_DSD-f Negative	1,086	362	362	362	0	1,086
HTC_TST_DSD-g Individual	1,149	383	383	383	0	1,149
HTC_TST_DSD-k By MARP type: MSM	1,149	383	383	383	0	1,149
HTC_TST_DSD-l Custom By MARP type: MSM (Homosexual)	340	114	114	112	0	340
HTC_TST_DSD-m Custom By MARP type: MSM (Transgender)	300	100	100	100	0	300
HTC_TST_DSD-n Custom By MARP type: MSM (bisexual men)	509	170	170	169	0	509
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 (individual)	2,298	766	766	766	0	2,298
P8.3.D. c By MARP type: MSM	2,298	770	770	758	0	2,298
P8.3.D-c Custom By MARP type: MSM (homosexuals)	700	235	235	230	0	700
P8.3.D-c Custom By MARP type: MSM (transgender)	584	195	195	194	0	584
P8.3.D-c Custom By MARP type: MSM (bisexual men)	1,014	340	340	334	0	1,014
P8.3.D-o Number of Men	2,298	770	770	758	0	2,298
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)	4,596	1,540	1,540	1,516	0	4,596

PEPFAR Indicators	FY17					
	Target	Q1	Q2	Q3	Q4	Total
P8.3.D. c By MARP type: MSM	4,596	1,540	1,540	1,516	0	4,596
P8.3.D-c Custom By MARP type: MSM (homosexuals)	1,400	470	470	460	0	1,400
P8.3.D-c Custom By MARP type: MSM (transgender)	1,168	390	390	388	0	1,168
P8.3.D-c Custom By MARP type: MSM (bisexual men)	2,028	680	680	668	0	2,028
P8.3.D-o Number of Men	4,596	1,540	1,540	1,516	0	4,596
CE.577 Number of health care workers who successfully completed an in-service training program within the reporting period	310	310	0	0	0	310
GEND_NORM: Number of people completing an intervention pertaining to gender norms, that meets minimum criteria	50	50	0	0	0	50
CE.577-b Testing and Counseling	10	10	0	0	0	10
Stigma and discrimination	50	50	0	0	0	50
CE.577-d Combined HIV Prevention	50	50	0	0	0	50
GBV prevention	50	50	0	0	0	50
Advocacy and human right	50	50	0	0	0	50
CE.577-e Other Continuing of Care model and Test and Start Strategy	50	50	0	0	0	50
CARE_COMM Number of HIV-positive adults and children receiving care and support services outside of the health facility (individual)	1,773	591	1,182	1,773	0	1,773
CE-575-a Number of Men	1,008	336	672	1,008	0	1,008
CE-575-b Number of Women	765	255	510	765	0	765
CARE_COMM Number of HIV-positive adults and children receiving care and support services outside of the health facility (contact)	7,092	2,364	4,728	7,092	0	7,092
CE-575-a Number of Men	4,032	1,344	2,688	4,032	0	4,032
CE-575-b Number of Women	3,060	1,020	2,040	3,060	0	3,060
CARE_CURR_DSD Number of HIV positive adults and children who received at least one of the following during the	1,773	591	1,182	1,773	0	1,773

PEPFAR Indicators	FY17					
	Target	Q1	Q2	Q3	Q4	Total
reporting period: clinical assessment (WHO staging) OR CD4 count OR viral load (DSD)						
By Sex: Male	1,008	336	672	1,008	0	1,008
By Sex: Female	765	255	510	765	0	765
CARE_NEW 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	63	21	42	63	0	63
By Sex: Male	63	21	42	63	0	63

Table 9: Contract Indicators: FY17

Indicator FY 17	Target	Q1	Q2	Q3	Q4	Total
Result 1						
NGO with institutional development plans and implement annually	6	6	0	0	0	6
Result 2						
MARP reached yearly through community outreach that promotes HIV-AIDS prevention	2,298	766	766	766	0	2,298
Number of individuals who received HIV Testing and Counseling (HTC) services for HIV and received their test results	1,149	383	383	383	0	1,149
Organizations providing appropriate behavioral change communications, counseling and testing, condom provision and other preventive services to other members of high risk groups.	6	6	6	0	0	6
Result 3						
Number of individuals' capacity on Stigma and Discrimination	50	50	0	0	0	50
NGO with annual plans to reduce S&D towards MARPS, and are implementing them	6	6	0	0	0	6
Three plans (one for each key population) implemented on knowledge management through social networks to address stigma and discrimination, gender-based violence, prevention, adherence promotion	3	0	0	3	0	3
Result 4						
NGO have received technical assistance for HIV related policies development.	6	6	0	0	0	6
NGOs participating in local and national coordination mechanisms of the national response.	6	6	0	0	0	6
An advocacy plan developed and implemented to remove barriers in implementing prevention programs for people with higher vulnerability through networking	1	1	0	0	0	1
1 Annual Forum	1	0		0	1	1
5. Strategic information component						
Five applied research reports disseminated on the HIV combination prevention and care model in Nicaragua.	5	0	0	5	0	5
Five applied research reports by country (Key Population Size Estimation, Combination Prevention model, Community Survey, logistic capacities among NGOs, HIV determinants among key populations) in Guatemala, El Salvador, Honduras and Panama	20	0	0	0	20	20
One binational special study on HIV epidemic among the Garifuna population in Honduras and Nicaragua	2	0	2	0	0	2
One research report on PrevenSida final evaluation	1	0	0	0	1	1

Table 10: Performance Monitoring Plan

Indicator	Benchmark	Year 1 Target	Year 2 Target	Year 3 Target	Year 4 Target	Year 5 Target	Year 6 Target	Year 7 Target
Overall Program Indicators								
% increase from baseline the consistent use of condoms among MARPS in all sexual contacts	60%	5%	20%	30%	40%	50%	55%	60%
% decrease from baseline the number of multiple partners among MARPS	40%	5%	10%	15%	20%	30%	35%	40%
% increase from baseline the use of HIV CT among MARPS	70%	10%	25%	35%	50%	60%	65%	70%
Program Result 1: Strengthened Institutional Capability of at least 20 NGOs to Participate in the HIV/AIDS National Response Plans by Building Capacities and Promoting the Networking Model								
# of NGO personnel trained and provided with technical assistance for capacity building	271	100	100	0	60	0		
# local organizations developing and implementing institutional capacity building plans	20	8	12	20	20	20	11	6
# individuals from 20 NGOs trained in preventive services provision	200	100	100					0
# of NGO personnel implementing key administrative/financial behaviors at the end of the year.	60	60	60	60	60	60	33	0
# of NGO personnel trained on the Continuum of Care model and Test and START Strategy	50							50
# of NGO personnel trained on gender norms	50				92	68	350	50
# of NGO personnel trained on HIV Combination Prevention		200	120	70	70	100	20	50
# of NGO personnel trained on HIV rapid test		0	30	30	30	30	30	10
Program Result 2: Improved Access to and Quality of HIV/AIDS Preventive Services for MARPS from NGO Preventive Service Providers								
HTC_TST_DSD Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results (DSD)		10,000	10,000	10,000	14,000	10,000	7,868	1,149
KP .PREV: Number of key populations reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required (Individual)		35,000	35,000	37,000	54,000	37,000	21,281	2,298
KP .PREV: Number of key populations reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required (Contact)		155,000	155,000	155,000	109,000	74,000	46,562	4,596

CARE_COMM Number of HIV-positive adults and children receiving care and support services outside of the health facility (individual)		300	300	300	500	500	1638	1,773
CARE_COMM Number of HIV-positive adults and children receiving care and support services outside of the health facility (contact)		600	600	600	1000	1000	3276	7,092
CARE_NEW 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		0	0	0	0	0	300	63
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)		0	0	0	0	500	1,820	1,773
Program Result 3: Reduction of Stigma and Discrimination Directed Against MARPS and PLHIVS								
# individuals from key NGOs trained in strategies and educational tools to reduce stigma and discrimination	650	100	100	100	100	100	100	50
# individuals from key NGOs trained in on Advocacy and Humans Right		100	100	46	60	50	0	50
# NGOs implementing and evaluating annual plans to reduce stigma and discrimination	20	8	12	20	20	20	11	6
# plans (one for each key population) implemented on knowledge management through social networks to address stigma and discrimination, gender-based violence, prevention, adherence promotion	3							3
Program Result 4: Improved Participation of NGOs Representing MARPS and PLHIV in the National Response to HIV/AIDS								
# NGOs provided with technical assistance for HIV-related policy development	20	8	12	20	20	20	11	6
# NGOs participating in national and local coordinating mechanisms	20	8	20	20	20	20	11	6
# Advocacy plans developed for removing barriers to prevention programs through NGO network	1	1	1	1	1	1	1	1
Annual Forum	1							1
Program Result 5: Improved Generation, Dissemination and use of HIV KM/SI								
Nicaragua								
# Applied research studies carried out in FY16 and findings disseminated	4							4
PrevenSida final evaluation	1							1
Centroamerica								
4 applied research reports in each country (Guatemala, Honduras, El Salvador, Panama and Nicaragua)	20							20
Binational special study. Honduras-Nicaragua								
# special study on HIV epidemic among the Garifuna population in Honduras and Nicaragua	2							2

Table 11: Detailed Illustrative Implementation Plan

National. The CoC Activities. October 1, 2016-September 30, 2017	
Month 1:	Immediately after signing the contract we will share the grant terms of reference previously approved by USAID through print media. We will draft a detailed annual plan and submit to USAID for approval.
Month 2:	A Request for Agreement (RFA) of sub grants will be submitted to USAID for approval, as well as Environmental Mitigation Plans. After NGOs are selected, a pre-award will be conducted, a sub-grant training will be held, agreements will be signed and the advance of the first funds will be allocated.
Months 1-2:	Specific topics courses
Month 2:	Initiate sub grants mechanism
Months 2-8:	NGOs implement sub grants
Month 8:	Grant closeout
Month 9:	Asset disposition approval. Submit for approval June 2017
Months 2-12:	Monthly electronic bulletin
Month 12:	Annual Forum. Close-out
Month 12:	Human Resources, separation letter. Staff demobilization beginning in September 2017
Central America activities of SI. October 1, 2016-December 29, 2017	
Months 1:	Review and approval of protocols for the 6 operational research studies. Invitation to consulting firms to send technical and financial proposals.
Month 2:	Start of selection and training of consulting firms.
Months 4-8:	Data collection, information analysis and fist draft.
Month 9:	Results return to national counterparts. Drafting report for publication.
Month 12:	Dissemination of research studies
Month 12:	Program closing ceremony
Month 13 -14:	Finalize the process of systematization, evaluation and transfer to local partners
Month 15:	Human Resources, separation letter. Staff demobilization beginning in December 2017. Close bank account
Binational activities of SI. Honduras - Nicaragua	
Months 1:	Review and approval of protocols.
Month 1:	Start of selection and training of consulting firms.
Months 2-6:	Data collection, information analysis and fist draft.
Month 6:	Results return to national counterparts. Drafting report for publication.
Month 7:	Dissemination of research studies

Table 12: PrevenSida closeout Plan

PrevenSida Closeout Plan

I. PREPARATION FOR PROJECT CLOSEOUT	Oct-16	Mar-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
A. Review Contract Terms:									
Date of submission for deliverables									
Date of submission of final invoice									
Date and proper disposition date of project equipment									
B. Develop timeline for closeout									
Develop specific timelines for technical									
Notify team members/partners of closeout timeline (CONISIDA, subcontractors)									
Assign Staff Responsibilities for closeout activities									
C. Submit close-out plan to USAID									
II. DOCUMENTATION									
A. Mandatory Documentation									
Check that are included: signed contract amendments/ subcontracts/consultant agreements, and concurrences									
Check that copies of all deliverables & reports required under the contract (e.g. quarterly, annual and final reports, trip reports, milestone deliverables) are available									
B. Other Documentation									
Maintain and assure that all significant and relevant documents and materials are in the files									
Maintain and assure that all project M&E indicators documents are in the files									

C. Review of Files									
Ensure that the project files are made audit-ready									
Review Project Electronic files: Determine documentation to be retained, Save necessary documentation on CDs, Delete remaining files before transfer of computer equipment									
Shipping of project documents (archives) to URC headquarter (including electronic files) for storage/retention									
III. PERSONNEL									
A. Termination /Resignation Letters									
Written notification to employees of termination of employment (90 days notice)									
Termination of contracts; final payment									
B. Health Insurance									
Written notification to terminate social benefits for local staff (30 days notice)									
C. Travel Advances									
Reconcile all employee outstanding advances before final paychecks									
IV. FACILITIES/OFFICE									
A. Office closure - Nicaragua Office									
Disconnect phones/fax lines/internet lines and pay final bills									
Discontinue security service, guard services									
V. PROJECT PROCUREMENT									

A. Plan for Disposal:									
Limit Project Procurement Activities									
Update list of all nonexpendable furniture and equipment									
Check physical inventory of project property									
Submit property inventory listing to USAID									
Transfer all project property & equipment to appropriate partners									
Obtain appropriate signatures from partners for receipt of property									
Complete final inventory report with transfer documentation and submit to USAID									
VI. FINANCIAL CLOSEOUT									
A. Financial Closeout - Nicaragua Office									
Grant Closeout									
Notify vendors of project termination w/effective date for final billing (90 days before closing of accounts)									
Contact all vendors with regard to outstanding invoices									
Limit Staff Advances									
Reconcile Outstanding Advances									
Stop Project Program activities									
Internal Review of all field account files to ensure that all relevant documentation is included (Home office & Nicaragua Office)									
Submit final field accounts to home office									
Close out Bank Accounts									
B. Project Close-out Budget									

Funding and LOE projections for final months (upon finalization of workplan)									
Undertake financial reviews of work plan activities to ensure adequate spending of project budget with USAID									
Finalize Close-out Budget (to cover last 3 months of project)									
Prepare and submit a cashflow projection to the home office for final 3 months of project (including close-out costs)									
C. Preparation of Final Invoice (Home Office)									
Preparation of final invoice for submission within 60 days of project completion									
Preparation of final revised invoice for submission within one year of project completion									
Submit Contract Close-out Information Sheet with Final invoice									
Submit Contractor's Release (AID form 1420-40)									
VIII. OTHER USAID REQUIREMENTS									
Submit draft of final report to USAID									
Receive USAID comments									
Submit final project report									
Conduct final project debriefing with USAID									
Annual Forum. Close-out ceremony									
