



MONITORING AND EVALUATION PLAN

COOPERATIVE AGREEMENT NO.: AID-524-A-10-00003

EXECUTION PERIOD: SEPTEMBER 20TH 2010 TO DECEMBER 29TH 2017

UPDATED: FY 17

This document was produced by University Research Co., LLC. for review by the United States Agency for International Development (USAID). PREVENSIDA is made possible by the generous support of the American people through the U.S. Agency for International Development (USAID) and implemented under Cooperative Agreement No. AID-524-A-10-00003.

The views expressed by the authors of this document do not necessarily reflect the views of the United States Government or the Agency for International Development.

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
CDC/GAP	Centers for Disease Control/Global AIDS Program
CONISIDA	Nicaraguan Commission to Fight AIDS
GF	The Global <i>Fund to Fight AIDS</i> , Tuberculosis and Malaria
HCI	Health Care Improvement
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
KP	Key population
MARPS	Most at Risk Populations
MSM	Men who have sex with men
M&E	Monitoring and Evaluation
PASCA	Central America HIV/AIDS Prevention Program
PASMO	Pan American Social Marketing Organization
PLWH	People who live with HIV
UNAIDS	The Joint United Nations Programme on HIV/AIDS
URC	University Research Co., LLC
VCT	Voluntary Counseling and Testing
SW	Sexual Worker

Contents

1. INTRODUCTION	4
2. EXPECTED PROJECT RESULTS	5
4. M&E PLAN OBJECTIVES	6
5. PLAN GUIDING PRINCIPLES.....	11
6. ANNEX.....	13
ANNEX #1. M&E PLAN INDICATORS DEFINITION.....	13
ANNEX # 2. PERFORMANCE EVALUATION FRAMEWORK.....	16
ANNEX 3. PROCESS INDICATORS ACCORDING TO EXPECTED RESULT FOR SYSTEMATIC MONITORING	19
PEPFAR Indicators.....	19
Contract indicators.....	22

Table

Table I. Structure of M&E System	10
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I. INTRODUCTION

Since the first case was reported in Nicaragua in 1987 up to June 2016, there have been a total of 11,708 people diagnosed with HIV registered through the monitoring system of the Ministry of Health (MOH)¹. 1,313 of these have died. Prevalence rate is 8.2 per 100,000 people and Incidence rate is 19.5 per 100,000 people.

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.

Rapid testing by PrevenSida during October 2011 to September 2016, recorded 25,361 gays, bisexual men and trans tested and obtained 129 positive results for a percentage of 0.50%. Among Trans population, 3,010 people were tested with a result of 39 positive cases for a percentage of 1.29%².

Currently, the USAID PrevenSida Project is executing the seven of seven years of activities under a Cooperative Agreement (2010-2017). The PrevenSida program works to increase healthy behaviors in order to reduce HIV/AIDS transmission among MARPs, 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.

Modifications to the Cooperative Agreement for extension year (Year 7) are: Extend the completion date of the award from September 20, 2016 to December 29, 2017. Increase the Total Estimated Amount from \$7,000,000 to \$8,565,540. Additional component in Program Description: Strategic Information for the Central American Region (Guatemala, Honduras, El Salvador, Nicaragua and Panama) and the special studies for Garifuna population (Honduras and Nicaragua).

The PrevenSida project, with funding from the government of the United States of America, through the United States Agency for International Development (USAID) and targeting technical and financial assistance to NGOs working with key population (KP), for HIV, with an overall goal of promoting healthy lifestyle changes among the above described population through implementing specific strategies to strengthen the managerial aspects of civil society organizations, developing collaborative learning processes among them and advocating to improve the response capacity in prevention and promotion among the Men who have sex with men (MSM), Female Transgender, and people with HIV.

¹ MINSIA. HIV and Aids Component. 2016 database.

² PrevenSida data base

2. EXPECTED PROJECT RESULTS

PrevenSida has 5 results to achieve, these are:

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)
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)
3. Result Three: Reduction of Stigma and Discrimination Directed Against MARPs and PLHIV (October 1, 2016-September 30, 2017)
4. Result Four: Improved Participation of NGOs Representing MARPs and PLHIV in the National Response to HIV/AIDS (October 1, 2016-September 30, 2017)
5. Result 5: Improved Generation, Dissemination and use of HIV Strategic Information (October 1, 2016-December 29, 2017)

The monitoring scheme will be based on two pillars: a) integrality, b) institutional strengthening. The project involves the comprehensive development of monitoring and evaluation activities that are governed around a set of process, outcome and impact indicators that will measure actions among MARPS, HIV counseling and testing services provision, efficiency and efficacy of interventions, sustainability, norms compliance, health services and other provision areas strengthening.

Monitoring and evaluation will be developed in order to: a) document and guide the progress achieved and to reorient interventions or actions, b) document the extent of compliance with the goals and objectives, c) establish a verifiable database for the eventual decision making.

This document, Monitoring and Evaluation Plan for the PrevenSida project, is intended as a dynamic work guide, which will be used as a reference document by the various stakeholders of the project. This document will allow them to move forward on a daily basis with confidence and certainty of the proceedings on evidence, tasks tracking, and information reporting and analysis.

3. PROJECT 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. M&E PLAN OBJECTIVES

GENERAL OBJECTIVE

To support resource management by implementing a monitoring and evaluation system that generates key information with quality and solidity, enabling the analysis and systematization of new learning during the PrevenSida project's life.

SPECIFIC OBJECTIVES

- To set the parameters to standardize, analyze and socialize the information generated by the different project actors in order to follow up with agreed indicators.
- To evaluate the impact and outcomes of the project related to increased condom use and implementation of HIV testing, reducing stigma and discrimination in MARPS population and improved institutional performance of the intervened organizations.
- To create a self-reflection work culture on the information related to the HIV epidemic at the local level and generating information for decision making to make the necessary adjustments along the life of the PrevenSida project.

PROJECT EXECUTION STRUCTURE

PrevenSida, as part of the USAID HIV regional program, starting on October 1, 2012 and as a bilateral since FY11 to FY12 has been monitoring PEPFAR indicators defined for Central America and these indicators have been implemented by grantee NGOs. This set of PEPFAR indicators is linked to result two of the project: Improved access to and quality of HIV/AIDS Preventive Services for MARPs from NGO preventive service providers.

In the past five years, Nicaragua has developed activities to strengthen the national response, including M&E. PrevenSida is part of the structure of the M&E Committee of the National Strategic Plan and member of the Strategic Committee for Monitoring and Evaluation of the Global Fund grant.

The PrevenSida project has a functional structure linked with activities execution, in an organized way, there are four key actors established: a) MARPS, b) Donor, b) Executor, c) Partners and other national and international actors.

DONOR: United States Agency for International Development program (USAID), federal agency of the Government of the United States of America and funder of the PrevenSida Project and main donor of the Global Fund.

IMPLEMENTER: University Research Co., LLC (URC) implements the PrevenSida project of the United States Agency for International Development (USAID) for HIV/Aids transmission prevention among high-risk population. It is a six-year project (September 20th 2010 to December 29th 2017) with a \$8,565,540 investment.

NON GOVERNMENTAL ORGANIZATIONS: through a transparent mechanism for selection, based on criteria such as: working with MARPS, currently operating, geographical coverage compatible with the USAID PrevenSida, number of population served and to be a Global Fund executor in the country, 8 NGOs will be selected to be subject to intervention and implement project activities that will be monitored and evaluated.

Additionally, the project establishes the open competition for funds targeting relevant impact on MARPS to affect their behavior in a positive, the activities to be funded will be monitored and evaluated by the USAID PrevenSida unit.

OTHER PROJECT PARTNER ORGANIZATIONS: formed by the Peace Corps. PASCA, PASMO, CDC/GAP, and ASSIST, which are funded by the U.S. government through USAID Nicaragua. Besides with CONISIDA and Global Fund. With these institutions, there will be coordinated and harmonious work in order to capitalize the experience and accumulated knowledge in monitoring and evaluation.

BENEFICIARIES, are the Key populations, the project's reason. These people will be reached through NGOs and their community promoters, health workers in the alternative care centers that offer HIV testing and other HIV healthy lifestyles promotion services.

In general information will be shared with decision makers through: 1) monthly, quarterly and annual reports, 2) designing newsletters, progress reports, midterm and final project evaluations, 3) use of Website, SMS (Short Message Service), text messaging for mobile phones, fairs, forums and wide dissemination of electronic information and publications.

Overall, the various project actors take responsibility with the purpose of achieving expected project results, implementation of interventions, monitoring and evaluation, the latter implemented in the framework of mutual learning between different actors, learning based on respect, transparency, participation and creating institutional capacity that are consistent with the objectives and indicators involved in the project.

M&E PLAN PILLARS

Monitoring and Evaluation is an important activity in the life of the PrevenSida project, operating around core elements in data recording, processing and transforming these into strategic information that helps in decision making. These data will require having quality, reliability and must be able to be verified by a third party if necessary.

The M&E Plan is based on two important pillars: Integrity and institutional strengthening. The first reflects a holistic approach that prevails in the co-mentoring and evaluation activities, developing a multi-causal approach to HIV, the person, family and society as a whole. The second pillar, institutional strengthening of sub-recipient NGOs benefiting, will have as a transversal axis, strengthening institutional capacities in the national response to HIV.

THE INTEGRALITY, M&E PLAN.

The M&E plan aims to strengthen national efforts in HIV/AIDS prevention in MARPs in Nicaragua. The implementation of interventions ineluctably requires monitoring of indicators of structure, processes, results and impact, and their level of progress in relation to the goals of short, medium and long term established in the context of performance over the life of the program.

The performance framework of the program will come from the development of the following elements: the construction of management tools for M&E and evaluation plan; promoting a work culture with feedback of information between the donor and fund administration, and between fund manager and project partners; early detection of potential detractors factors and facilitating

factors for the implementation of programmatic and financial activities; the development of human talent as the humanizing hub of donor investment in the country, which is a process that should lead to the acquisition of country capacities.

The programs' M&E system will guide the obtainment of information related to the implementation and results of activities that have been established for the program. Using information collection instruments we will process and analyze data into information for timely decision making, measuring the performance level achieved in the short, medium and long term. Activity Implementation Review is implemented quarterly with USAID.

The M&E Plan leads to strengthening the monitoring and evaluation system for the national response to HIV, feeding the information system in an ascending process, monitoring the civil society care alternative centers performance at the local level, reducing stigma and discrimination in health care providers at the municipalities, and conducting research.

The URC team will track and measure performance in achieving targets for indicators according to each of the four results by output, outcome, and impact indicators included in the Performance Monitoring Plan (PMP). A Unique Record System (URS) records the number of people reached with Combination Prevention. An automatic system has been created for PEPFAR indicators. This system runs on every NGO that monitors PEPFAR and PrevenSida indicators, which are analyzed on a monthly basis by cross referencing the reach of the indicators with each NGO goal.

For FY 17, during the streamlining process from MER 1.0 to MER 2.0, some indicators are being updated, the following were taken into consideration:

- Key populations
 - key populations have been separated MSM and transgender
 - key population have also been added as disaggregation to indicators in the clinical cascade including, HTS_TST
- KP type disaggregations changed: three testing service disaggregations were added, and HIV testing or referral of an individual to HIV testing services
 - (HTS) is required to be offered to those who are not known as diagnosed HIV positive.

This change in the indicator is a challenge that involves: adjust the database, modify data collection formats, retrain staff M & E, modify RFA for grants.

The team and NGOs will identify indicators for continuous and systematic internal monitoring throughout the life of the Program to monitor progress and achievements. Data on all indicators will be collected and analyzed per gender to support the program's objective of ensuring gender equity.

One of the key strategies to improve participation of NGOs representing KP and PLHIVs will be improvements in the processes of strategic information collection, dissemination, bridging information gaps, as well as establishing a monitoring and evaluation system.

Integrity and up-to-date information on key populations is acutely needed to guide local responses to HIV interventions. NGO mapping should be conducted and coverage targets set. High priority will be given to an extensive mapping of MARPs such as, MSM, and transgender in each

department, with the objective of identifying the size of each population, their location and general characteristics.

QUALITY STANDARDS COMPLIANCE BASELINE. There is an instrument that evaluates the criteria that an NGO must comply with in the administrative and prevention services areas. The results are analyzed with NGO officials, and once the gaps to be closed are prioritized, organizational changes for human resources formation of necessary inputs for processes improvement are decided, and a quarterly follow up is given to the quality standards criteria.

PROGRAM MONITORING: This aspect of URC's evaluation plan clearly addresses our commitment to base our strategic plans, program design and implementation on real-life evidence, and to quickly learn how activities can be continuously improved. It will also be a source of information for our performance accountability, and a good tool for USAID to quickly see, at any given time, the success of activities as they unfold.

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

A consolidation and report are provided to the USAID Nicaragua Mission and an analysis is completed in a joint revision on the progress in meeting the indicators.

INDICATOR FOLLOW UP.

The URC team will track and measure the performance in achieving targets for indicators according to each of the four results by output, outcome, and impact indicators included in the Performance Monitoring Plan (PMP). We have approved annual target for each indicator under all four results.

We also propose to work with CONSIDA, Global Funds, and other partners to promote integrated and streamlined data collection and data analysis, and strengthen the use of data for program monitoring and planning focusing on achievements and results. We will ensure that the monitoring system is responsive to any additions and/or adjustments to the targets/indicators as agreed to. The Program team will consult with the AOTR, to review and modify the proposed PMP according to feedback

URC will also produce quarterly reports providing progress about Annual Action Plan, achieved results, constraints affecting implementation and proposed solutions, new problems and constraints, plans for the next quarter, etc. All of our evaluations will address direct services provided by this program, as well as the effectiveness of support provided to other stakeholders who will participate in reviewing the evaluation report before it is issued in order to contribute to its accuracy.

For compliance with indicator follow-up we will continue to use both at NGOs and PrevenSida, the banner containing indicator information and the chart recording the goal compliance level and its comparison to each grants' life time. In addition, we will use the excel matrix comparing goal compliance with financial investment.

URC will conduct periodic dissemination workshops to communicate results to various levels. In addition, a PrevenSida newsletter will be produced monthly in local languages for distribution to

health centers and other stakeholders. The URC team will organize at least one Annual Forum with donors, government, civil society and coordinating mechanisms to disperse results. The forum will encourage MARPs, NGOs, local business associations and civic leaders in their efforts to prevent the spread of HIV.

PARTICIPATIVE M&E: This 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.

The principle that the M&E Plan should have an Inclusive Approach in the National Response to HIV is an expression that at the operational level, it will be implemented through joint actions that grantee NGOs will develop in their territories. Monitoring of indicators that are expected and those that are binding in preventive services provision for MARPs, and their contributions in explaining phenomena related to HIV, will be important contributions to monitoring and evaluating the national response to HIV.

INFORMATION FLOW: The information system is organized in a three-tiered structure, described in the table below.

Table I. Structure of M&E System

First Level	Related to the primary information collection functions. This responsibility is allocated to NGOs to be considered for selection to be benefited by the project interventions.
Second Level	Corresponds to the USAID-PrevenSida M&E unit, comprised of human resources in the administration, financial and programmatic areas, in charge of consolidating at the national level, all data and information collected at the primary level, facilitating the information integration processes.
Third Level	Corresponds to the project regulating bodies, decision makers, among which there are donors, partners in the field of HIV that have USAID funding, government agencies including the Ministry of Health, institutions established around the national response to HIV, national and departmental CONISIDA, other national and international actors, and others for there will be an inventory of institutions for information dissemination.

The project will provide data and information for indicators in monitoring by USAID in the country, a process for which, the primary and secondary information records will be adjusted by introducing variables and scales that will facilitate the linking of the project in the national response to HIV.

EXTERNAL EVALUATION: The Mission conducted several external evaluations through the PEPFAR regional program of HIV (June 2013). Others were: The Mid-Term Performance Evaluation of USAID’s Bilateral VIH Program in Nicaragua (2014) and Evaluation of Training Component of USAID/Nicaragua’s HIV Bilateral Program (November 2015)

FINAL EVALUATION: At the end of PrevenSida, we will conduct a summative and participative 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 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. In particular, a series of methodologies will be used to document changes in knowledge, attitude, behavior, skills, norms, utilization of services, and health status of MARPs, compared to baseline estimates of these.

We foresee two specific challenges to the evaluation. One of the most important contributions any successful program can make is the effort to create sustainability. While ascertaining sustainability can be challenging, we will measure the extent to which successful interventions have been integrated within existing systems, and their likelihood of continuing once the project has closed. In terms of measuring impact, we recognize that this will not be the only source of support to the Government on HIV prevention and control; it will be challenging to attribute national-level changes to our activities. However, outcome data should give an idea of the contribution of this program to HIV incidence

5. PLAN GUIDING PRINCIPLES

Below are a set of principles that guide this M&E Plan, with the understanding that they will be internalized along the life of the project, in implementation of activities, information flow, reporting and dissemination.

INFORMATION FEEDBACK CONTINUOUS PROCESSES. Developing and implementing a work culture that will combine internal and external reflection exercises in NGOs, learning and adapting to a new horizontal communication work culture, systematically sharing successful experiences and work instruments or tools in providing prevention services in their territories, among others.

TARGETING INFORMATION SOCIALIZATION. The M&E Plan takes as a work reference, socialization of information, facilitating the information access, distribution and dissemination mechanism

QUALITY OF CARE. It consist on developing capabilities to monitor and supervise the set of properties inherent in meeting quality standards, attributes that will show the ability to satisfy those needs of kep population that have or not have been perceived, for which the M&E Plan will collect and process data in order to demonstrate the degree of progress in continuous improvement processes that NGOs perform in terms of generating optimal organizational climates, conducive to the achievement of expected results in the mission and vision of organizations, a fundamental starting point to improving services provision for their preventive services clients or users, monitoring the results of interventions around implementation of quality improvement projects for preventive services in NGOs.

DATA QUALITY. Based on recognizing the elements of integrity and objectivity in data collection, compilation and dissemination of information, high-quality in the methodology following international, national standards and with acceptable practices and guidelines from the technical and ethical perspective. Certainty and reliability, timeliness, consistency, relevance and accessibility in equity of opportunity.

UNIVERSAL CARE AND EQUITABLE IMPLEMENTATION. Universal care is a principle to develop in the implementation of the M&E Plan, to that end, there will be monitoring instruments that will allow to know in a holistic manner the factors that may or may not facilitate equitable provision of services, providing information for decision making in order to reduce the barriers in services provision for MARPS.

COST-BENEFIT. The M&E Plan focuses its actions in implementing activities optimizing financial resources, applying the concept of generating maximum benefits at the lowest possible cost, developing local capabilities, providing modern and useful technologies in life and in the reason of each organization.

PARTICIPATIVE MONITORING AND EVALUATION. This 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.

The principle that the M&E Plan should have an Inclusive Approach in the National Response to HIV, is an expression that at the operational level, will be implemented through joint actions that grantee NGOs will develop in their territories. Monitoring of indicators that are expected and those that are binding in preventive services provision for MARPS, and their contributions in explaining phenomena related to HIV, will be important contributions to monitoring and evaluating the national response to HIV.

STRENGTHENING THE GOVERNMENT PREVENTION STRATEGY FOR POPULATION TO HIV. Systematic monitoring of population behavior, epidemiological surveillance of the epidemic in the country and in Central America, its quantitative data will be associated with qualitative aspects demonstrating behavior change around healthy practices in MARPS, safe sexual practices, safe sex, reducing the number of partners, promoting self care and mutual care, promoting HIV testing.

ETHICS. Implementation of monitoring and evaluation activities will consider ethics principles: a) self-determination, b) beneficence, c) non-maleficence d) respecting the enforcement of the laws, are transversal elements to comply with in conducting research, data collection, others, in which institutions and people become subjects and not objects of intervention.

At the **managerial, administrative and financial** level, monitoring consists on strengthening institutional capabilities of selected NGOs, for which the USAID-URC team, will provide technical assistance, coaching in implementing quality improvement rapid cycles, quality teams, tracing data series behavior and analyzing them in order to find the factors that hinder the rapid progress in meeting quality standards, which will be constructed by NGOs, for it we will consider:

- Understanding the financial reporting information of projects and/or own funds the institution has.
- Verification of financial reports.
- Implementation of regulations or norms in procurement, organizational climate, human resource skills developed.
- Compliance with recommendations of external evaluations in NGOs among other audit findings.
- Assessing the financial information results.

6. ANNEX

ANNEX #I. M&E PLAN INDICATORS DEFINITION

Next, we describe the indicators agreed in the Outcome/Impact and Process grant agreement

Result Indicators/Impact						
Indicator	Indicator construction	Disintegration	Measurement method	Source	Periodicity	
50% Increase (BL) of consistent condom use in all sexual contacts including stable partners	% Of MSM who use condoms in a correct and consistent way with occasional partner in the last 30 days	Numerator: Number of interviewed MSM who reported having used condoms correctly and consistently in all penetrative sex with casual partners in the last 30 days Denominator: Number of interviewed MSM who reported having had penetrative sex with casual partners in the last 30 days	Partner type: occasional	Sexual behavior survey in MARPS	ECVC. CDC/MINSA/ CONUSIDA	Biannual (2012, 2015, 2017)
	% Of MSM who use condoms in a correct and consistent way with stable male partner in the last 30 days	Numerator: Number of interviewed MSM who reported having used condoms correctly and consistently in all penetrative sexual intercourse with a regular partner in the last 30 days Denominator: Number of interviewed MSM who reported having had penetrative sex with a regular partner in the last 30 days	Partner type: Regular	Sexual behavior survey in MARP	ECVC. CDC/MINSA/ CONSIIDA	Biannual (2012, 2015, 2017)
	SW % who use condoms in a correct and consistent way with occasional partner in the last 30 days	Numerator: Number of interviewed SW who report having used condoms correctly and consistently in all penetrative sex with casual partner in the last 30 days prior to the inter-view. Denominator: Number of interviewed SW who reported having had penetrative sex with casual partner in the last 30 days prior to the survey	Partner type: occasional	Sexual behavior survey in MARP	ECVC. CDC/MINSA/ CONSIIDA	Biannual (2012, 2015, 2017)

Result Indicators/Impact						
Indicator		Indicator construction	Disintegration	Measurement method	Source	Periodicity
	SW % who use condoms in a correct and consistent way with a stable partner in the last 30 days	Numerator: Number of interviewed SW who report having used condoms correctly and consistently in all penetrative sex with stable partner in the last 30 days prior to the inter-view. Denominator: Number of interviewed SW who reported having had penetrative sex with stable partner in the last 30 days prior to the survey	Partner type: Regular	Sexual behavior survey in MARP	ECVC. CDC/MINSA/ CONSIIDA	Biannual (2012, 2015, 2017)
30% Decrease (BL) in the number of multiple partners among high-risk population	MSM % who have had penetrative sex with multiple part-ners in the past 12 months	Numerator: Number of interviewed MSM who have had penetrative sex with more than one person or occasional, stable or other sexual partner in the last 12 months Denominator: Total number of interviewed MSM who have had at least one penetrative sexual intercourse in the last year	Number of occasional partners: - no - one - 2 or more	Sexual behavior survey in MARP	ECVC. CDC/MINSA/ CONSIIDA	Biannual (2012, 2015, 2017)
	% of MSM who have had penetrative sex with a concurrent partner in the last 12 months	Numerator: Number of interviewed MSM who report having had sex with another person who is not a stable partner in the last twelve months Denominator: Total number of interviewed MSM two who have had penetrative sex	Partner type: Concurrent partners	Sexual behavior survey in MARP	ECVC. CDC/MINSA/ CONSIIDA	Biannual (2012, 2015, 2017)
60% increase (BL) in the use of counseling and test promotion in MARPS	% Of MSM who received counseling and got tested for HIV in the last 12 months	Numerator: Number of interviewed MSM who have been tested for HIV with counseling in the past 12 months and know the results Denominator: Number of interviewed MSM	N/A	Sexual behavior survey in MARP	ECVC. CDC/MINSA/ CONSIIDA	Biannual (2012, 2015, 2017)

Result Indicators/Impact					
Indicator	Indicator construction	Disintegration	Measurement method	Source	Periodicity
% of sex workers who received counseling and got tested for HIV in the last 12 months	Numerator: Number of interviewed SW who have been tested for HIV and received counseling in the past 12 months and know the results Denominator: Number of interviewed SW	N/A	Sexual behavior survey in MARP	ECVC. CDC/MINSA/ CONSIIDA	Biannual (2012, 2015, 2017)

ANNEX # 2. PERFORMANCE EVALUATION FRAMEWORK

For the USAID-PrevenSida project monitoring and evaluation, we have considered Outcome/Impact indicators to be monitored annually and at the end of the project, in order to determine the level of progress in meeting the goals and facilitating and hindering compliance factors, next, indicators that will measure the impact of interventions are described:

USAID PrevenSida. Performance Monitoring Plan

Indicator	Bench- mark	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 I: 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	1,638	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	1,000	1,000	3,276	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

ANNEX 3. PROCESS INDICATORS ACCORDING TO EXPECTED RESULT FOR SYSTEMATIC MONITORING

PEPFAR Indicators

Indicator PEPFAR	FY17					
	Target	Q1 Alcanzado	Q2 Alcanzado	Q3 Alcanzado	Q4 Alcanzado	Total alcanzado
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-h Couples	0	0	0	0	0	0
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 (individually)	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
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 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 who received at least one of the following during the reporting period: clinical assessment (WHO staging) OR CD4 count (DSD)	1,773	591	1,182	1,773	0	1,773
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 newly enrolled in clinical care during the reporting period who received at least one of the following at enrollment: clinical assessment (WHO staging)	63	21	42	63	0	63
By Sex: Male	44	15	30	44		44
By sex: Female	19	6	12	19		19

Contract indicators

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

Indicator FY 17	Target	Q1	Q2	Q3	Q4	Total
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