

**Quarter Progress Report: AIDSTAR-Two Honduras
January-March 2010
Increasing Local NGO Capacity in Honduras to Improve AIDS-
related Services and Address Structural Elements of the
HIV/AIDS Epidemic**

April 30, 2010

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AIDS Support and Technical
Assistance Resources



AIDSTAR-Two
capacity for impact

Quarterly Progress Report

AIDSTAR-Two/Honduras

January 01–March 31, 2010

*Increasing Local NGO Capacity in Honduras to Improve
AIDS-related Services and Address Structural Elements of
the HIV/AIDS Epidemic*

Submitted to USAID/Honduras by Management Sciences for Health.

DATE: April 30, 2010

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Acronym List

| | |
|-----------------|--|
| AHMF | Asociación Hondureña Mujer y Familia |
| AIDS | Acquired Immune Deficiency Syndrome |
| AIDSTAR | AIDS Support and Technical Assistance Resources |
| AS-Two | AIDSTAR-Two |
| BCC | Behavior change communications |
| BPHP | Business Planning for Health Program |
| CASM | Comisión de Acción Social Menonita |
| CHF | CHF International |
| COCSIDA | Centro de Orientación y Capacitación en SIDA |
| CSO | Civil society organization |
| CSW | Commercial sex worker |
| ECOSALUD Colón | Ecología y Salud localizado en el Departamento de Colón, Honduras |
| ECOSALUD Iriona | Ecología y Salud localizado en el Departamento de Iriona, Honduras |
| GFATM | Global Fund for AIDS, Tuberculosis, and Malaria |
| HIV | Human immunodeficiency virus |
| IQC | Indefinite Quantity Contract |
| IR | Intermediate result |
| KAP | Knowledge, attitudes, and practices |
| M&E | Monitoring and evaluation |
| MARP | Most-at-risk population |
| MOH | Ministry of Health |
| MOST | Management and Organizational Sustainability Tool |
| MSH | Management Sciences for Health |
| MSM | Men who have sex with men |
| NAP | National AIDS Program |
| NGO | Nongovernmental organization |
| PAHO | Pan American Health Organization |
| PEPFAR | President's Emergency Plan for AIDS Relief |
| PMP | Performance monitoring plan |
| PRODIM | Programa para el Desarrollo de la Infancia y la Mujer |
| STI | Sexually transmittable infection |
| TA | Technical assistance |
| TOT | Training of trainers |
| UNAIDS | The United Nations Joint Programme on HIV/AIDS |
| USAID | United States Agency for International Development |
| VCT | Voluntary counseling and testing |

I. Executive Summary

Under the Global HIV/AIDS Support and Technical Resources Sector II (AIDSTAR II) Indefinite Quantity Contract (IQC) Task 2 (AIDSTAR-Two), Management Sciences for Health (MSH) is increasing the ability of U.S. Government (USG) country teams, local civil society organizations, and host governments to provide critical HIV/AIDS services under the President's Emergency Plan for AIDS Relief (PEPFAR).

Financed by USAID/Honduras, the objective of AIDSTAR-Two is to reduce the HIV incidence among key most-at-risk populations (MARP), including men who have sex with men (MSM), commercial sex workers (CSW), and Garifunas.

AIDSTAR-Two Honduras (referred in this report as AS-Two Honduras) has activities built around three intermediate results (IRs):

- **IR1:** Enhanced organizational capacity to deliver prevention and care services.
- **IR2:** Improved enabling environment to facilitate access to prevention and care services.
- **IR3:** Provision of prevention and care services through local organizations.

This report covers the period of January 1 through March 31, 2010. AS-Two Honduras is pleased to report a highly productive three months of project activities and continued progress toward achieving the proposed program objectives.

Under IR1, AS-Two Honduras successfully applied the Management and Organizational Sustainability Tool (MOST), an organizational management capacity assessment instrument, to the six project grantees during this reporting period. Each grantee developed an action plan that responds to their specific capacity-building needs. From this assessment, three organizational development areas were identified as high priority by most of the grantees: (1) financial resource mobilization, (2) strengthening planning systems for program implementation, and (3) strengthening M&E skills and systems. Over the next two quarters, AS-Two will focus most of its technical assistance (TA) in those areas, but will also provide tailored assistance for other identified needs.

In February, the eight Global Fund Sub sub-recipient NGOs completed the four workshops of the Leadership Development Program (LDP) and are now implementing their action plans. The AS-Two team, in collaboration with CHF International, the Global Fund Principal Recipient, will be monitoring the implementation of the LDP action plans and providing TA (as needed) between March and August, 2010.

Since the launch of the small-scale social mobilization program in October 2009, the core group leading this effort has completed the analysis phase and began engaging key sectors. Two rounds of meetings with MSM, transgender and transvestite leaders as well as health sector representatives from Tegucigalpa, La Ceiba, Comayagua, and San Pedro Sula were conducted to identify, prioritize and build consensus regarding the structural and social barriers limiting the access to HIV/AIDS/STIs prevention, care, and treatment services for MSM, transgender and transvestite individuals. The results of this analysis have been included in a report. In March, AS-Two hosted an advocacy training designed to strengthen the skills and techniques of MSM, transgender and transvestite leaders to influence decision making and engage key sectors in the mobilization process. A follow-on training was conducted in early

April to develop a sector-level Engagement Plan, which was discussed and agreed upon with the core group. Five key sectors have been prioritized and in the next quarter, the core group and key community members from the four target cities will conduct outreach and advocacy activities to get sector-level commitments and align strategies to achieve the proposed objectives under IR2.

As part of IR3, AS-Two is pleased to report that the project's Grants Management System (including technical and financial processes and activities) was successfully rolled out in the previous quarter and is now fully operational. Seven projects managed by six NGOs¹ have been receiving funding and technical assistance through their grant agreements so they can deliver effective HIV/AIDS prevention services to key MARPs (Garífuna groups, MSM, and CSWs). AS-Two grantees have continued the delivery of community-based voluntary counseling and testing (VCT) services in close collaboration with the Ministry of Health (MOH). Between December 2009 and March 2010, a total of 1,920 individuals (1,187 women and 733 men) have been tested for HIV and received the corresponding pre and post-testing counseling. Of those tests, 13 had positive results (10 men and 3 women), which is a sero-prevalence of 0.68% in the total population that received VCT services.

Detailed descriptions of the AS-Two project elements follow. AS-Two is confident that this project will help local Honduran organizations expand and improve their services and address key structural drivers of the AIDS epidemic.

¹ The six AIDSTAR-Two grantees include: *Centro de Orientación y Capacitación en SIDA* (COCSIDA), *Programa para el Desarrollo de la Infancia y la Mujer* (PRODIM), *Asociación Hondureña Mujer y Familia* (AHMF), ECOSALUD Atlántida, ECOSALUD Colón, *Comisión de Acción Social Menonita* (CASM), and *Comunidad Gay Sampedrana* (CGSSI).

II. Progress towards Results

IR 1: Enhanced organizational capacity of local organizations to deliver prevention and care services.

A principal outcome of AS-Two is to strengthen the capacity of selected Honduran NGOs to lead and manage their organizations and implement effective and efficient HIV/AIDS programs. The project has been providing technical assistance to eight Sub sub-recipient NGOs of the Global Fund² that serve MARPS, as well as six local NGOs that receive funding and technical support from the USG through the AS-Two project. Under this intermediate result, AS-Two has defined and prioritized in a participatory manner the capacity-building needs of these NGOs, and planned and delivered capacity-building assistance through multiple channels. Throughout this process, the project has been monitoring and documenting the results and impact of these interventions. AS-Two is continuing to reinforce strong linkages between implementing agencies to ensure increased collaboration, and the sharing of promising practices and strategies to overcome obstacles to implementation.

In August 2009, AS-Two Honduras began the implementation of the Leadership Development Program (LDP) with eight Global Fund Sub sub-recipient NGOs. In February, a total of 37 board members from the eight NGOs participated in the last LDP workshop held in Tegucigalpa. During this session, each of the eight teams presented the outcomes of the LDP process (see summary in Annex 1). The last LDP TOT session was also held in February, training eight staff from AS-Two Honduras, CHF International, and the four Sub-recipient NGOs (Ceprosaf, Kukulkan, Liga de la Lactancia Materna and AMDA).

In between each of the four LDP workshops, the AS-Two team provided systematic follow-up and tailored TA. In January 2010, for instance, the local team conducted workshops in Tegucigalpa and La Ceiba to review LDP monitoring and evaluation plans with each participating NGO. Additional TA was provided virtually (via Skype, telephone and email).

Through August 2010, the NGOs will implement their own action plans to achieve their proposed outcomes, plans that were finalized during an M&E training at the end of March. CHF International, with the technical support of AS-Two Honduras, will be monitoring their progress and assisting with the documentation of the final results.

Given the importance of strengthening the Sub Sub-recipient NGOs' board of directors, AS-Two Honduras will conduct a workshop on board development in the month of May. The objectives of this workshop are to: 1) provide a balanced perspective on the structure, systems, and related governance processes; 2) share the characteristics of a solid structure for good governance; and 3) provide recommendations, tools and support for improvement.

² The six Global Fund Sub Sub-recipient NGOs are: *Colectivo Violeta*, OPROUCE, COCSIDA, *Patronato Triunfo de la Cruz*, *Patronato Tornabe*, and RIMAS. The two other NGOs receiving support from CHF are: *Jóvenes sin Frontera*, and *el Centro Nacional de Desarrollo Comunitario (CENADEC)*.

In addition to the activities described above, the AS-Two project has adapted and implemented a capacity-building assessment using the Management and Organizational Sustainability Tool (MOST) with the six grantee NGOs. The participatory application of MOST was completed in January, and as a result each NGO has assessed, identified, and prioritized their organizational capacity needs, documented in their action plans. Due to limited time, human resource, and financial constraints, most of AS-Two’s technical assistance will be focused on the three highest priorities and will be implemented in the between March and August 2010). These priorities are outlined in Table 1, below.

| Table 1: Capacity Building Priorities Identified in the NGOs’ Action Plan | |
|--|--|
| COCSIDA: <ul style="list-style-type: none"> • Decision making • Planning • Financial resources mobilization | ECOSALUD <ul style="list-style-type: none"> • Planning • Human Resource Management • Financial resources mobilization |
| CASM <ul style="list-style-type: none"> • Information management (data collection) • Information management (usage of data for planning, evaluating, and decision making) • Financial resources mobilization | CGSSI <ul style="list-style-type: none"> • Communications (internal and external) • Decision making • Financial resources mobilization |
| AHMF <ul style="list-style-type: none"> • Decision making • Links to potential clients • Financial resources mobilization | PRODIM <ul style="list-style-type: none"> • Communications • Supply quality • Financial resources mobilization |

As the MOST determined, one priority need that is common to all six NGOs is the mobilization of financial resources, including new revenue generation. Another two areas of importance are the strengthening of planning capacity for program implementation, and M&E skills and systems.

To address the financial resource mobilization needs, AS-Two Honduras will implement the *Business Planning for Health Program* (BPHP) in Spanish. The BPHP is a well-tested tool designed by MSH to strengthen NGOs’ skills in identifying and developing new business opportunities, identifying target markets and developing marketing strategies to generate new financial resources.

The BPHP modules have been adapted to the Honduras context and tailored to be delivered in a series of 3-4 workshops with three-week intervals in between each workshop to allow sufficient time to complete the required assignments. Each program module contains guided surveys, tasks and reference materials and culminates with the development and presentation of a business plan. A team of 5-7 staff from each grantee NGO will participate in all modules of the BPH program.

In January 2010, three AS-Two grantees (ECOSALUD, PRODIM, and AHMF) began the *Virtual Business Plan for Health Program* (VBPHP) offered through MSH’s Leadership, Management and Sustainability (LMS) Program. The costs incurred for participation in the VBPHP are being covered by LMS. This program contains the same modules as the face-to-face version, but it is implemented using a virtual platform. The three NGOs selected to participate in the VBPHP were chosen because they met the required pre-requisites (prior work experience in family planning, reproductive health issues and

HIV/AIDS). The virtual program is scheduled to be completed by the end of May, and AS-Two Honduras staff is providing the necessary follow-up and technical support to the participating NGOs. Two of the three organizations, PRODIM and AHMF, continue to progress with the program; the third, ECOSALUD, had technical difficulties (i.e., internet connectivity) that limited their ability to complete all the modules and respective assignments. They asked to drop their participation from the virtual program and instead be incorporated into the face-to-face BPH scheduled to begin in May. The three other grantee NGOs (CGS, CASM, and COCSIDA) will also participate in that program.

To ensure the local AS-Two team was equipped to apply the BPHP, a face-to-face training of trainers (TOT) workshop was conducted in April with five technical staff. These trained staff, with the virtual support of a consultant, will deliver the training and provide TA and follow-up to the teams in charge of developing the business plans in their respective NGOs. It is expected that by September 2010, all the grantees will have developed their business plans.

In addition to the BPHP, AS-Two grantees will receive TA to strengthen their M&E skills and systems and will be supported in the development/adaptation of data collection tools, improvement of data analysis skills, and the use of data for planning, monitoring and decision making throughout the life of the project. The project will also deliver one-on-one TA in priority areas identified through the MOST assessment (e.g., human resource management and decision making as outlined on Table 1 above). The goal is to assist the NGOs achieve the objectives set in their action plans. Throughout the entire capacity-building process, AS-Two Honduras will monitor the outputs and outcomes of each intervention delivered.

Anticipated Activities for the Next Quarter:

- 1) Hire a consultant and conduct training on Board Development for the eight Global Fund Sub Sub-recipient NGOs, as part of the TA provided under the LDP.
- 2) Monitor the implementation of the LDP action plans of the eight Global Fund Sub Sub-recipient NGOs.
- 3) Begin the implementation of the BPHP with the six AS-Two grantee NGOs.
- 4) Deliver one-on-one TA that respond to capacity-building needs of AS-Two grantees.

IR 2: Improved enabling environment to facilitate access to prevention and care services.

AS-Two Honduras continues to support the implementation of a small-scale social mobilization program to address social norms and structural barriers that increase vulnerability to HIV/AIDS/STI among key MARP groups. During the first phase of the social mobilization process, a participatory analysis involving MSM, transgender and transvestite groups as well as key health-sector representatives was conducted to identify the key social norms and barriers to be tackled. This analysis also served to identify and begin the engagement process with key sectors to facilitate strategic alliances between these groups.

In January, two regional training workshops were held in Tegucigalpa and San Pedro Sula, to strengthen the capacity of trained local facilitators. This group will conduct a second round of analysis in order to prioritize which social norms will be addressed through the program. A total of 13 facilitators from Tegucigalpa, San Pedro Sula, La Ceiba and Comayagua were selected to be trained. Specific criteria was

used to recruit these facilitators, including: (1) prior participation in at least one analysis meeting conducted in the first round, (2) experience working with the target groups (MSM, transgender and transvestite groups), and (3) demonstrating interest in and enthusiasm for participation in the training and analysis process.

These facilitators, in turn, conducted 11 community meetings across the target cities with their peers and other MSM, transgender and transvestite groups. They summarized the results of these meetings in a draft report which was discussed at the third meeting of the social mobilization core group³ in February. This meeting had a 95% attendance of the entire core group membership, demonstrating a strong interest in the social mobilization process. At this meeting, the core group reached a final consensus regarding the social norms to be addressed and the sectors⁴ to be involved on the planning and execution phase (see Table 2, below). The group also agreed that having multiple partners, using drugs and alcohol, and practicing risky sexual behaviors such as the lack of condom use, have become “social norms” among the MSM and transgender and transvestite groups.

Three sub-committees were organized within the core group to lead the review and finalization of the analysis report; develop an advocacy action plan to engage key sectors; and oversee the development of a qualitative research protocol and the implementation of this study that will be used to guide some of the interventions scheduled for the next project year.

| Table 2: Key Social Norms Identified and Prioritized by the Communities that Participated in the Analysis Phase of the Social Mobilization Program in Honduras | |
|---|------------------------------|
| Social Factors | Level |
| Machismo | Society, MSM community |
| Low self-esteem | Individual |
| Discrimination (homophobia) | Sociedad |
| Lack or limited sex-related education | Public policies and programs |
| Violence (family, with partners and community) | Society |

Another AS-Two accomplishment during this quarter was the delivery of an advocacy workshop. Eighteen MSM, transgender and transvestite group leaders participated in this training that focused on developing skills to promote open dialogue and the use of new strategies to engage key sectors. The workshop was based on a theoretical-practical approach designed to transfer knowledge and build the advocacy skills of participants, who had the opportunity to share lessons learned from previous advocacy activities they had undertaken. A follow-on workshop to develop the advocacy action plan was requested by participants and also executed in this quarter. This three-day session was attended by nine MSM, transgender and transvestite group leaders. Using participatory methodology, participants designed the plan and presented it to the core group, which approved it during their April 16 meeting.

³ The core group is formed by eight leaders from the MSM, transgender and transvestite communities, and five representatives from various health-sector institutions that serve this population (UNAIDS, USAID, CDC, MOH and PAHO).

⁴ Five sectors have been prioritized: Health sector at national and local levels, education sector through the National Autonomous University of Honduras and the National Pedagogical University, legislative sector through the School of Judges and local and national attorneys, media through the School of Journalism and municipalities.

In addition, the first M&E workshop was conducted with 13 MSM, transgender and transvestite group leaders, to introduce community leaders with limited or no M&E experience to a participatory community M&E model they can use locally. In May, AS-Two will conduct a second M&E workshop where participants will review the advocacy action plan, and design the indicators for advocacy activities as well as the data collection instruments and process.

At the beginning of this quarter, AS-Two contracted an experienced researcher to design and implement a qualitative research study. The purpose of this study is to identify which of the social norms prioritized through the analysis phase (if any) is the predominant factor fueling the epidemic among MSM, transgender and transvestite groups in Honduras. A study like this has never been done before in Honduras with MSM, transgender and transvestite communities. A draft research protocol has been internally reviewed by AS-Two, MSH, and the core group. Given the limited experience many of the core group members have with this type of scientific research, AS-Two will be hosting a training session in May with the MOH's Department of HIV to discuss the elements of a research protocol and the review/approval process required in Honduras. Although the addition of this activity will delay the study's execution, AS-Two considers this a valuable capacity-building experience for local MSM, transgender and transvestite group leaders.

The draft research protocol was also submitted to USAID Honduras for review and input. Once the final protocol is approved by the Mission, it will be submitted to the Secretary of Health's Department of HIV and the Ethics Committee of the National Autonomous University of Honduras, which are the authorized entities to approve research with human subjects. It is estimated that the approval process by the Ethics Committee could take about eight weeks. Therefore, the data collection is expected to begin the first week of July 2010.

Anticipated Activities for the Next Quarter:

- 1) Using the advocacy action plan, MSM, transgender and transvestite group leaders will conduct various engagement and advocacy activities to enlist the commitment of representatives (champions) of the five sectors prioritized through the analysis phase.
- 2) Develop memorandums of understanding to be signed by the MSM, transgender and transvestite group organizations as well as the sectors engaged/committed to collaborate on the implementation of the social change mobilization plan.
- 3) Provide technical and logistics support (e.g., preparing presentations and materials, participating in the meetings, when requested, etc.) to the core group to hold at least 20 sector engagement events in the four targeted cities.
- 4) Continue monitoring and documenting all the activities and outcomes of the social mobilization program to assure quality and effectiveness.
- 5) Receive USAID Honduras approval of the qualitative research protocol.
- 6) Submit research protocol to the Secretary of Health's Department of HIV and the Ethics Committee of the National Autonomous University of Honduras for final approval and begin data collection process.
- 7) Develop the terms of reference, identify and hire a consultant to lead a participatory development process for the strategic plan for social change mobilization. A portion of this entire plan is expected to be implemented with funding for the next project year.
- 8) Host the workshop on the requirements of qualitative research in Honduras for the core group.

- 9) Host the second M&E workshop with the MSM, transgender and transvestite group leaders who will design a plan with indicators for advocacy activities, as well as the data collection instruments and clear process for the management of this data.

IR 3: Establishing a grants management infrastructure to provide prevention and care services through local organizations.

The activities described in this section allow local NGOs to deliver core HIV/AIDS prevention and care services through a competitive grant program. Programs funded are built on successful service delivery models and HIV prevention activities that have been implemented to-date. These activities provide an opportunity for NGOs to begin the adoption of additional strategies and techniques focusing on results.

Between January and March, AS-Two Honduras staff conducted six field trips to: (1) complete monthly closeouts; (2) review and approve the monthly and quarterly operational plans; (3) discuss the behavior change communication (BCC) activity reports and other deliverables developed by grantees; and (4) review grantees’ M&E data for quality assurance. The AS-Two team also conducted three additional field trips, one per month, to provide specific TA for the delivery of prevention-related activities.

ECOSALUD Colón and CASM conducted a Knowledge, Attitudes and Practices (KAP) survey in December 2009 and January 2010 to establish a baseline for the implementation of HIV prevention interventions. The survey took place in the Punta Piedra, Cusuna, Ciriboya, San José de la Punta and Iriona Viejo regions in the Department of Colón, and Travesía, Bajamar, Chifia and El Estero in the Department of Cortes. In the past five years, these areas have had very low access to HIV/AIDS/STI educational interventions, and unlike the other areas being reached through the other grantees, they lacked baseline information that could be used to tailor prevention messages and activities that resonate with the target audiences.⁵

The following pages highlight some findings from this survey. As illustrated in Table 3, the knowledge level of HIV prevention among adult Garífunas is high, but their perceived risk for HIV infection is low. Condom use is very low, and this data suggests the need for interventions that can help this population to develop skills in identifying personal risk and adopting safer sex practices. Additionally, low rates of HIV testing suggest the need to increase the promotion and adoption of VCT as a tool for HIV prevention.

| Table 3: HIV/AIDS KAP Survey Results for Garífuna Adults Ages 25 and Older (N=200) | |
|---|-----|
| Knew at least three ways to prevent the transmission of HIV | 89% |
| Perceived themselves at risk for HIV infection | 52% |
| Have been tested for HIV in the last year | 41% |
| Received a complete package of pre-post counseling | 57% |

⁵ During the closeout of the COMCAVI Project in March 2009, PRODIM, AHMF, CGS and ECOSALUD Atlántida implemented a similar KAP survey, which is now used as baseline for the AIDSTAR-Two project.

| | |
|---|-----------------|
| (46 out of 81 people tested) | |
| Used a condom during last sexual encounter by type of partner (for those who were sexually active 159 (80%) of the total sample) | Stable 28% |
| | Occasional 25 % |

In looking at youth ages 10-15, the survey showed that three-quarters of Garifuna youth reported delayed sexual initiation (see Table 4, below). The data also suggests the need for interventions that can help this population develop skills in identifying personal risk as well as adopting safer practices like continuing to delay their sex debut (primary abstinence) or adopting secondary abstinence.

| Table 4: HIV/AIDS KAP Survey Results for Garifuna Youth 10 to 15 years old (N=175) | |
|---|-----|
| Delayed sex initiation | 75% |
| Perceived themselves at risk for HIV infection | 34% |
| Knew at least three ways to prevent the transmission of HIV | 87% |

In looking at young adults aged 16-24, although almost 9 in 10 knew at least three ways of preventing the transmission of HIV, this group perceived themselves as being at low risk for HIV infection (see Table 5, below). This perception may be attributed to delayed sexual debut or lower rates of sexual activity, but the data suggests the need for interventions that help this population develop skills in identifying personal risk and adopting safer sex practices. The low rates of testing among the young adults might be explained by the fact that youth younger than age 18 need an official permit from their parents to undergo such testing (based on Honduran child protection law). Condom use among sexually active youth is very low, so the local grantees are implementing activities to promote the correct and consistent use of condoms among this group.

| Table 5: HIV/AIDS KAP Survey Results for Garifuna Young Adults Ages 16 to 24 (N=162) | |
|---|----------------|
| Knew at least three ways to prevent the transmission of HIV | 89% |
| Perceived themselves at risk for HIV infection | 45% |
| Have been tested for HIV in the last year | 38% |
| Received a complete package of pre-post counseling (38 out of 61 people tested) | 62% |
| Used a condom during last sexual encounter (for those who were sexually active 76 (47%) of the total sample) | Stable 40% |
| | Occasional 37% |

The technical staff from the NGOs has been trained in the formulation/adaptation of training curricula, using a results-based model. These curricula are designed based on the behavior change trans-theoretical model and seek to develop the knowledge of participants regarding prevention methods, identification of STI/HIV/AIDS symptoms, risky behaviors, as well as the development of skills

to adopt preventive measures such as delay of sexual debut among children, adolescents and young adults, and the promotion of the correct and consistent use of condoms.

Other topics that are addressed by these training materials are condom negotiation skills with life partners and clients of sex workers, faithfulness between partners, partner reduction, sustainability of healthy behaviors, analysis and reflection about how people's lives change over time and the development of emotional support systems. Methodologies such as peer to peer education and mentoring to new community members, which have previously been successfully applied in Honduras, are being tailored to the NGOs' target communities. Furthermore, the NGOs implemented various activities in commemoration of World AIDS Day, such theater presentations that reached wide audiences with specific prevention messages as shown in Table 6, below.

| Table 6: Number of People Reached Through Theater Group Presentations per NGO AIDSTAR-Two Honduras | | | | | |
|---|---------------------------------|--|---|--|---|
| ONG | POPULATION | COMMUNITIES | # OF THEATRE GROUPS | # OF PRESENTATIONS DECEMBER 2009 – MARCH 2010 | # OF PEOPLE REACHED |
| ECOSALUD ATLANTIDA | Garífuna | Corozal, Sambo Creeck, Nueva Armenia and Rio Esteban in Atlántida | 4 theatre groups (1 per community) | 10 | Dec 2009: 357 Jan 2010: 100 Feb 2010: 82 Mar 2010: 324 |
| ECOSALUD COLON | Garífuna | Punta Piedra, Cusuna, Ciriboya, San José de la Punta and Iriona Viejo in Colon | 5 theatre groups (1 per community) | 8 | Dec 2009: 315 Feb 2010: 111 Mar 2010: 164 |
| CASM | Garífuna | Travesía, Bajamar, Chifia and El Estero in San Pedro Sula | 2 theatre groups (Bajamar and Travesía) | 0 | None |
| PRODIM | CSW, partners and clients | Tegucigalpa | 1 theatre group | 3 | Mar 2010: 146 |
| TOTAL | | | 12 theatre groups | 21 presentations | 1,599 people reached |

In addition, grantees have carried out a number of activities focused on behavior change communications with the target groups. To see the total number of people reached with all these various interventions, see Annex 2.

As of March 31, 2010, the average technical implementation rate, defined as the ratio of project activities implemented to the total implementation activities was 44% (see Table 7, below). ECOSALUD Atlántida had the highest implementation rates at 55%, followed by PRODIM (53%), AHMF (47%) and CGSSI (46%). CASM, COCSIDA, and ECOSALUD Colón had lower rates.

| Table 7: Average Implementation Rate per NGO | | | | |
|---|--------------------------------|-------------------|----------------------------|------------------|
| NGO | Total Budget (Lempiras) | Population | % of implementation | |
| | | | Technical | Financial |
| AHMF | 1,659,469 | CSW | 47% | 37% |
| CASM | 1,253,153 | Garífunas | 26% | 24% |
| ECOSALUD Atlantida | 1,539,636 | Garífunas | 55% | 31% |
| ECOSALUD Colon | 1,716,733 | Garífunas | 40% | 27% |
| CGSSI | 1,820,586 | MSM | 46% | 34% |
| COCSIDA | 1,736,352 | CSW | 39% | 27% |
| PRODIM | 1,498,126 | CSW | 53% | 34% |
| Total | 11,224,055 | - | 44% | 30% |

Voluntary Testing and Counseling

AS-Two Honduras has continued supporting community-based voluntary counseling and testing (VCT) services. Traditionally, VCT services have been offered through the MOH at medical centers, reproductive health clinics and hospitals. Confidentiality concerns and high levels of stigma and discrimination against members of the target populations with which AS-Two Honduras is working has hindered most at-risk groups from accessing these services.

To improve access to and quality of VCT services, AS-Two Honduras provides rapid test kits and technical assistance to the five grantee NGOs that have the capability to deliver these services to populations that have the highest HIV prevalence (MSM, CSW, and Garífunas). Furthermore, AS-Two Honduras has had NGO personnel working directly with the target populations. Provision of VCT by peers in non-traditional settings not only provides the target populations with access to secure, confidential, quality, and appropriate testing and counseling, but also helps reduce misinformation, stigma, and discrimination. AS-Two Honduras coordinates closely with the MOH, specifically the National AIDS Program (NAP), Central Laboratory, and Regulation Bureau, to ensure adherence to national VCT protocol and regulations. The NGOs that primarily serve primarily MSM and CSW also provide referrals to the VICITS Program (the HIV, Behavioral and STI Sentinel Surveillance).

Rapid test procurement and administration

Based upon MOH guidance, AS-Two Honduras is using *Determine* as the diagnostic test and *Bioline* as the confirmatory test. AS-Two buys the HIV test from local certified laboratories. As of March 2010, AS-Two procured 4,000 *Determine* and 200 *Bioline* test kits, from which 2,507 *Determine* tests and 35 *Bioline* tests have been distributed to the NGOs. A total of 1,920 tests had been administered (733 men and 1,187 women), as of March 31, 2010. There were 13 positive test results (10 men and 3 women) for a seroprevalence rate of 0.68%. See Tables 8 and 9, below.

| Table 8: Number of Men and Women who Received Pre and Post-Counseling and Testing for HIV per NGO | | | | | | | | |
|---|------------|-----------|--------------|-----------|-----------------|---------------------|----------------|------------|
| NGO | Men | Men (+) | Women | Women (+) | Women Pregnancy | Women Pregnancy (+) | Total Test HIV | Test HIV + |
| AHMF | 105 | 1 | 215 | 0 | 2 | 0 | 320 | 1 |
| CGSSI | 208 | 2 | 47 | 1 | 1 | 0 | 255 | 3 |
| COCSIDA | 207 | 3 | 329 | 0 | 25 | 0 | 536 | 3 |
| ECOSALUD Atlántida | 105 | 1 | 194 | 1 | 16 | 0 | 299 | 2 |
| ECOSALUD Colón | 37 | 1 | 149 | 0 | 1 | 0 | 186 | 1 |
| PRODIM | 71 | 2 | 253 | 1 | 7 | 0 | 324 | 3 |
| Total | 733 | 10 | 1,187 | 3 | 52 | - | 1,920 | 13 |

| Table 9: Number of Men and Women who Received Pre and Post-Counseling and Testing for HIV by Population Group | | | | | | | | |
|---|--------------|-----------|--------------|-----------|-----------------|---------------------|----------------|--------------|
| Population | Men | Men (+) | Women | Women (+) | Women Pregnancy | Women Pregnancy (+) | Total Test HIV | Test HIV + |
| Garifunas | 142 | 2 | 343 | 1 | 17 | 0 | 485 | 3 |
| MSM | 208 | 2 | 0 | 0 | 0 | 0 | 208 | 2 |
| CSW | 0 | 0 | 797 | 1 | 34 | 0 | 797 | 1 |
| General population | 383 | 6 | 47 | 1 | 1 | 0 | 430 | 7 |
| Total | 733 | 10 | 1,187 | 3 | 52 | 0 | 1,920 | 13 |
| Seroprevalence | 1.36% | | 0.25% | | | | | 0.68% |

Anticipated Activities for the Next Quarter

- 1) In April 2010, AS-Two Honduras will conduct a training workshop on gender equity and gender-base violence for the technical staff working in the six grantee NGOs.
- 2) In May 2010, AS-Two Honduras will collaborate with the HIV/AIDS/STI Unit of the MOH to conduct a five-day VCT workshop with new counseling and testing technical staff from the grantee NGOs that provide these services.
- 3) In June 2010, AS-Two will conduct a training workshop on catharsis (emotional relief) for the current counseling and testing technical staff from the grantee NGOs that provide these services.
- 4) In June 2010, AS-Two will conduct a training workshop on male social norms and behaviors, and masculinity issues related to HIV/AIDS with technical staff from the six grantee NGOs.

- 5) AS-Two will continue conducting field trips to carry out monthly closeouts, review/approve monthly and quarterly plans, technical reports, BCC reports, and other deliverables developed by grantees and it will give TA in specific areas.

III. Monitoring and Evaluation

In addition to the training and technical assistance reported under each intermediate result above, AS-Two grantees count with a fully operational M&E system that allows them to collect, verify, report and use the data collected to make adjustments to their program interventions and operational plans.

AS-Two Honduras is also tracking the TA hours dedicated by the technical and administrative staff on key areas using a standardized form. This system enables the project to monitor LOE used to support AS-Two grantees, Global Fund Sub Sub-recipient NGOs, and social mobilization activities support, as well as assists identifying areas in which these organizations or groups may need additional assistance. As of end of March 2010, the Honduras-based staff provided a total of 1,787 hours of face-to-face TA to the various groups and organizations AS-Two supports. The primary areas of TA were: technical support to the project's grantees with 743 hours (42%), capacity building with 412 hours (23%), social mobilization with 329 hours (18%), and M&E with 128 hours (7%). Table 10 below provides a breakdown of the TA time spent per key area and grantee.

| Table 10: Technical Assistance Hours Spent by AS-Two Staff Distributed by NGO and type of TA June 2009 to March 2010 | | | | | | |
|---|--------------------------|----------------------------|--------------------|----------------|--------------------|------------------|
| NGO's | Capacity Building | Social mobilization | Grantees TA | M&E | Total Hours | % per NGO |
| AHMF | 16 | | 133 | 8 | 157 | 16% |
| PRODIM | 26 | | 44 | 8 | 78 | 8% |
| COCSIDA | 26 | | 87 | 9 | 141 | 15% |
| ECOSALUD Colon | 20 | | 88 | 8 | 104 | 11% |
| ECOSALUD Atlántida | 21 | | 70 | 9 | 87 | 9% |
| CASM | 26 | | 200 | 9 | 235 | 24% |
| CGSSI | 26 | | 121 | 9 | 162 | 17% |
| Global Fund NGOs | 251 | | | 68 | 319 | |
| Sub-total | 412 | 329 | 743 | 128 | 1,787 | |
| % per Area | 23% | 18% | 42% | 7% | | |

IV. Report on the Management and Supervision of the Project

In January, Maria-Elena Ramirez, Director of Finance and Grants, traveled from Honduras to MSH offices in Cambridge, MA and Arlington, VA for MSH orientation, where she attended meetings that covered an overview of administrative and financial processes, a summary of tools and operations, and the objectives of the AS-Two project. Ms. Ramirez also discussed the finances and operations of the AS-Two Honduras project and its progress, as well as sought guidance on knowledge management communications, publications, and social mobilization activities within AS-Two.

Also during this quarter, the AS-Two Honduras team hired a new receptionist, after the resignation of the previous staff member who held this position.

New Challenges Encountered in this Quarter

As noted earlier in this report, AS-Two Honduras will conduct a qualitative research study using in-depth interview methodology in the four target geographical areas. This research will be conducted by a consultant who has already been identified and contracted. In mid-March, USAID Honduras informed AS-Two that all research involving human subjects must be submitted to the Ethics Committee of the National Autonomous University of Honduras for review and approval. At the time of writing this report, the University had been closed and the local team is in conversations with the mission regarding the process the project should follow to either complete this work or reprogram this activity.

V. Financial Pipeline Report

| Description | US\$ |
|--|--------------|
| Pipeline as of 12/31/09 (final) | \$ 19,096 |
| Funds obligated since last report | \$ 1,575,000 |
| Expenditures for the period Jan/Mar2010 (estimated)* | \$ 670,482 |
| Pipeline as of 03/31/10 (estimated) | \$ 923,614 |
| Additional PY2 funds pending obligation | \$ 525,000 |
| Estimated burn rate for the third quarter of FY10 | \$ 724,307 |

Notes:

** Period ending Mar 10 not yet closed*

*** At projected spending rates, we will have a balance of around \$199,000 by the end of the 3rd quarter hence the need for the \$525,000 balance to be obligated before the start of the 4th quarter.*

VI. Annexes

Annex 1: Challenges and Measurable Results Identified by the Global Fund Sub-recipient

| NGO | CHALLENGE | MEASUREABLE RESULT |
|---|---|--|
| COCSIDA | How to achieve that all board members have clarified and agreed on the mission and vision according to the NGO's statutes and assumed their role in the NGO's structure by February 2010? | By February 2010, the Board of Director is currently functional with at least eight members of board that have clarified and agreed on the NGO's mission, vision, and assumed their role. They have met six (6) times with 80% of participation of the full board. |
| OPROUCE | How will to accomplish within a six-month period that the OPROUCE technical staff and the board of directors reinforce the topics of comprehensive health, human rights, and gender equity as organizational guidelines, and ensure that all board members actively participating in the NGO. | Thirteen (13) members of the PPROUCE (6 technical staff and 7 members of the board of directors) have participated in activities to strengthen their knowledge in topics related to comprehensive health, human rights and gender equity, as part of the NGO's guidelines through 4 small workshops programmed for February 1 st through July 30, 2010. |
| Patronato de El Triunfo de la Cruz * | How to elaborate the 2010 work plan in spite of the apathy from the NGO's board of directors and the opposition from another organization with legal status working in the same community? | By March 2010, the Patronato Triunfo de la Cruz will present and approve during an assembly of the board of directors their 2010 work plan, which will include the input of key actors that focus on three community priorities: <ul style="list-style-type: none"> • Health • Education • Security |
| Patronato de Tornabé | How can the work environment of the NGO be improved to be more integrated towards the development and prioritization of health, environmental sanitation, and security issues? | By January 31, 2010, the Patronato de Tornabe would have reunited their eleven (11) members of the Board of Directors in good/positive working environment. By June 2010, the Board of Directors will have developed the NGO's vision and community action plan for 2010. |
| Asociación Colectivo Violeta | How to reach 150 police members to be trained and educated to diminish/avoid discrimination and stigmatization toward the sexually diverse groups in the Central District area? | By June 30, 2010 the board of directors and technical staff would have carried out information, education, and communication activities targeting 150 police members of the Manchen Police Posts, Fourth Policy Station and El Eden Police Post through 10 informative and educative sessions in order |

| NGO | CHALLENGE | MEASUREABLE RESULT |
|----------------------------------|---|--|
| | | to reduce stigma and discrimination toward sexually diverse community members. |
| Asociación Cultural Rimas | <p>How to:</p> <ul style="list-style-type: none"> • Extended coverage, • Increase service diversification, • Promote systematic reinforcement of technical staff skills, • Build new strategic alliances, and • Expand project development with other organizations? | By July 31, 2010, the NGO will have at least 2 approved projects with a duration of one year that include at least one of the following components: artistic areas, sports, sexual and reproductive health education, business development, community development, environmental development, violence prevention, or other related areas. |
| Jóvenes sin Fronteras | How to improve the working environment of the board of directors to become productive and effective? | <p>By January 31, 2010, the board of directors from Jóvenes Sin Fronteras (Youth Without Borders), composed of 7 members, will have the legal statutes of the organization elaborated and approved.</p> <p>By August 31, 2010, the organization will be legally registered and will count with its legal representation.</p> |
| CENADEC | How to increase the participation of board members to attend at least three meeting sessions (5 members or 80% participation) along with the NGO's management team to elaborate an action plan to obtain legal representation by August 2010? | By January 31, 2010 the CENADEC board of director will count with at least 5 active members and will carry out 3 meetings with the project's management team (80% of participation), to elaborate an action plan to obtain the legal representation by August 31, 2010. |

*For this document, Patronato Triunfo de la Cruz is considered similar to NGO.

**Annex 2: Population Reached with Prevention Interventions by NGO Grantee
December 2009 to March 2010
AIDSTAR-Two Honduras**

| NGO | Target Group | Total Primary Target | People Reached | | Total Reached as of 3/2010 | Total Secondary Target | People Reached | | Total Reached as of 3/2010 |
|--------------------------------|----------------------------------|----------------------|----------------|-------|----------------------------|------------------------|----------------|-------|----------------------------|
| | | | Men | Women | | | Men | Women | |
| CGSSI: | Men who have sex with men (MSM) | 360 | 310 | 50 | 360 | 3,100 | 2,028 | - | 2,028 |
| ECOSALUD Atlantida: | Garifuna youth ages 10-15 | 60 | 18 | 42 | 60 | 4,400 | | | - |
| | Garifuna youth ages 16-24 | 100 | 39 | 61 | 100 | | 478 | 795 | 1,273 |
| | Garífuna men ages 25 and older | No target | 8 | | 8 | 300 | 89 | | 89 |
| | Garifuna women ages 25 and older | 80 | | 80 | 80 | 360 | | 337 | 337 |
| ECOSALUD Colón: | Garifuna youth ages 10-15 | 75 | 31 | 44 | 75 | 2,000 | 41 | 58 | 99 |
| | Garifuna youth ages 16-24 | 75 | 28 | 47 | 75 | | 239 | 389 | 628 |
| | Garífuna men ages 25 and older | 75 | | | - | No target | | | - |
| | Garifuna women ages 25 and older | 75 | | 75 | 75 | No target | 11 | 16 | 27 |
| CASM: | Garifuna youth ages 10-15 | 128 | 52 | 76 | 128 | 2,700 | 0 | 0 | - |
| | Garifuna youth ages 16-24 | 135 | 59 | 76 | 135 | | | | - |
| | Garífuna men ages 25 and older | No target | | | - | No target | | | - |

| NGO | Target Group | Total Primary Target | People Reached | | Total Reached as of 3/2010 | Total Secondary Target | People Reached | | Total Reached as of 3/2010 |
|-----------------|----------------------------------|----------------------|----------------|-------|----------------------------|------------------------|----------------|-------|----------------------------|
| | | | Men | Women | | | Men | Women | |
| | Garifuna women ages 25 and older | 180 | 75 | 105 | 180 | No target | | | - |
| AHMF: | Commercial Sex Workers (CSW) | 185 | | 185 | 185 | 1,920 | - | 1,016 | 1,016 |
| | Clients and Partners | 50 | 50 | | 50 | 1,920 | 1,018 | - | 1,018 |
| PRODIM: | Commercial Sex Workers (CSW) | 80 | | 80 | 80 | 1,380 | - | 4,759 | 4,759 |
| | Clients and Partners | 20 | 20 | | 20 | 5,000 | 5,638 | - | 5,638 |
| COCSIDA: | Commercial Sex Workers (CSW) | 90 | | 90 | 90 | 180 | - | 862 | 862 |
| | Clients and Partners | N/A | | | - | 827 | 985 | - | 985 |
| TOTAL | | 1,768 | 690 | 1,011 | 1,701 | 24,087 | 10,527 | 8,232 | 18,759 |

Notes:

- Primary Target MSM are: Leaders and mentors
- Secondary Target MSM are: MSM Peers
- Prevention interventions include: 1) peer education; 2) training workshops specifically for group leaders, peer educators and mentors focused on different themes such as condom negotiation, self-esteem, risk reduction, etc.

- Primary Target CSW are: Leaders and mentors
- Secondary Target CSW are: CSW peers, their clients and stable partners.