

**Work plan: AIDSTAR-Two Honduras
October 1 2009 – September 30, 2010
Increasing Local NGO Capacity in Honduras to Improve AIDS-
related Services and Address Structural Elements of the
HIV/AIDS Epidemic**

January 20, 2010

5 key words: HIV, prevention, capacity building, local NGO/CSO, work plan

This report was made possible through support provided by the US Agency for International Development, under the terms of Contract Number GHH-1-00-07-00068-01. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the US Agency for International Development.

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AIDS Support and Technical
Assistance Resources



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capacity for impact

AIDSTAR-Two/Honduras Work Plan

October 01, 2009–September 30, 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.

Revised: June 24, 2010

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Table of Contents

Acronyms	2
Executive Summary.....	3
Program Context and Objectives	5
HIV/AIDS in Honduras	5
Strategic Objective and Intermediate Results.....	5
Staffing and Organization.....	7
Program Intermediate Results and Activities	8
IR 1: Enhanced Organizational Capacity of Local Organizations to Deliver Prevention and Care Services.....	8
IR 2: Improved Enabling Environment to Facilitate Access to Prevention and Care Services.....	17
IR 3: Provision of Prevention and Care Services through Local Organizations	26
Monitoring and Evaluation.....	30
Annex 1: AIDSTAR-Two Honduras Results Framework.....	32
Annex 2: Report on the Outcomes of the MOST Assessment	33

Acronyms

AHMF	<i>Asociación Hondureña Mujer y Familia</i>
AIDSTAR	AIDS Support and Technical Assistance Resources
ART	Antiretroviral therapy
BCC	Behavior change communications
CASM	<i>Comisión de Acción Social Menonita</i>
CGSSI	<i>Comunidad Gay Sampedrana</i>
COCSIDA	<i>Centro de Orientación y Capacitación en SIDA</i>
COMCAVI	<i>Comunicando Cambio para la Vida</i>
CSO	Civil society organization
CSW	Commercial sex worker
FBO	Faith-based organization
GFATM	Global Fund for AIDS, Tuberculosis, and Malaria
IEC	Information, education, and communications
IQC	Indefinite quantity contract
IR	Intermediate result
KAP	Knowledge, attitudes, and practices
LDP	Leadership Development Program
M&E	Monitoring and evaluation
MARP	Most-at-risk population
MOH	Ministry of Health
MOST	Management and Organizational Sustainability Tool
MPSC	Mobilization plan for social change
MSH	Management Sciences for Health
MSM	Men who have sex with men
NGO	Nongovernmental organization
OPROUCE	<i>Organización Pro-Unión Ceibeña</i>
PEPFAR	President's Emergency Plan for AIDS Relief
PLWH	People living with HIV
PMP	Performance monitoring plan
PRODIM	<i>Programa para el Desarrollo de la Infancia y la Mujer</i>
RH	Reproductive health
RFP	Request for proposals
TA	Technical assistance
TG	Transgendered
ULAT	<i>Unidad Local de Asistencia Técnica</i> (Local Technical Assistance Unit)
TOT	Training of trainers
UNAIDS	Joint United Nations Program on HIV/AIDS
USAID	United States Agency for International Development
VCT	Voluntary counseling and testing

Executive Summary

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

The AIDSTAR-Two Consortium, led by MSH, proposes to USAID/Honduras a follow-on activity plan for October 1, 2009, to September 30, 2010. This work plan launches the next phase of AIDSTAR-Two technical assistance support to nongovernmental organizations (NGOs) that are leading HIV/AIDS interventions in Honduras. The overall objective of the AIDSTAR-Two project is to reduce HIV incidence among key most-at-risk populations (MARPs) including men who have sex with men (MSM), transgender and transsexual people, Garifuna, and commercial sex workers (CSWs). This objective will be accomplished through three intermediate results (IRs) including: a) enhanced organizational capacity of local organizations to deliver prevention and care services, b) improved enabling environment to facilitate access to prevention and care services, and c) support the provision of prevention and care services through local organizations.

Since July 2009, the AIDSTAR-Two project has been providing training and technical assistance to eight NGOs that deliver HIV services to MARPs and receive funding from non-USG sources. Using the results of a needs assessment conducted by AIDSTAR-Two, in consultation with CHF/Honduras (the Global Fund Principal Recipient), an action plan was developed to address three areas of greatest need for each of the eight NGOs: a) strengthening boards of directors in governance, leadership and organizational procedures, b) developing or updating strategic plans for the NGOs, and c) developing the skills of NGO staff to formulate project proposals to secure funding. In February 2010, the eight NGOs completed the Leadership Development Program (LDP) to strengthen their organizational processes and leadership. In May 2010, the AIDSTAR-Two project, in collaboration with CHF/Honduras, will host a workshop to strengthen the board of directors of these NGOs and between July and September 2010 the project will be following up on the outcome of the LDP.

Earlier in October 2009, the AIDSTAR-Two project launched a small-scale social mobilization program in close collaboration with key MARP groups (MSM, transvestites and transgendered people) in Tegucigalpa, La Ceiba, Comayagua, and San Pedro Sula. The social mobilization program aims to build consensus regarding structural and social barriers to MARPs accessing HIV/AIDS prevention, care and treatment services; identify and engage key sectors in Honduras that are central to the reduction of identified barriers; align strategies and activities of those sectors involved and support, both financially and technically; and implement activities to address the identified social and structural barriers to HIV/AIDS programs. These activities are co-funded through and closely coordinated with CHF/Honduras and all of its sub-sub recipients.

The AIDSTAR-Two grants management activities are currently under way. In October 2009 seven projects were awarded. Prevention-oriented activities are being executed by six NGOs (one NGO is executing two projects) that serve MARPs, specifically Garifuna, MSM, and CSWs. AIDSTAR-Two will continue providing financial resources and technical assistance to these local NGOs to ensure their activities and services are high quality and effective in reaching the intended audiences.

Program Context and Objectives

HIV/AIDS in Honduras

UNAIDS¹ estimated that more than 24,600 people were living with HIV/AIDS in Honduras between 1985 and the end of 2007. The ratio of new infections between men and women is 1:1. The estimated percentage of adults (ages 15-49) living with HIV/AIDS by the end of 2007 is 0.7%. This country of 7.5 million inhabitants has the second highest HIV/AIDS infection rate in Central America. The epidemic is concentrated in urban areas and along the North Coast, where HIV prevalence rates are highest among CSWs, MSM, transgendered people (TGs), and Garífuna populations. According to the Health Ministry, 2.6% of the CSW in Tegucigalpa were living with HIV/AIDS in 2006 (4.1% in San Pedro Sula). For MSM the numbers are, respectively, 6% and 10.1%. Honduras has seen a decline in infection rates since 1989-90 due to specific programs.

Based on these trends, USAID/Honduras has supported targeted interventions for MSM, TG, CSW, and Garífuna populations in the most-affected geographical regions (Tegucigalpa, San Pedro Sula, La Ceiba, and Tela), and implemented a prevention-based HIV/AIDS grants program. Other programs in Honduras, like *Comunicando Cambio para la Vida* (COMCAVI), have expanded coverage and helped change risky sexual behaviors of MARPs through the replication of successful prevention models. Behavioral data from knowledge, attitudes, and practices (KAP) surveys from one of the USAID's sub-grantees² show that condom use among CSWs is 99% with their clients although only 36-38% with their regular partners.

In addition to funding local initiatives, USAID/Honduras has provided local implementing organizations with technical assistance and behavior change communication (BCC) support. This strategy has complemented those being implemented by the Global Fund for AIDS, Tuberculosis, and Malaria (GFATM) and other donors, and has increased access to comprehensive prevention interventions for MARPs. Activities include peer to peer, outreach BCC, HIV counseling and testing, and use of media for dissemination of targeted messages. This model is built on the concept that the most effective intervention, particularly for MARPs, is targeted prevention.

Strategic Objective and Intermediate Results

The overarching strategic objective of this program is reduced HIV incidence among key MARPs including MSM, TGs, Garífuna populations, and CSWs. After decades of experience implementing HIV programs in Honduras, USAID, other donors, and the public health community have generally found that continued implementation of only individual-level behavior-change programs, are unlikely to effectively curtail the AIDS epidemic. The principal reason for this is that structural factors, such as deeply rooted stigma and

¹ UNAIDS Report for Honduras, 2008

² Prodim, 2008

discrimination against the key target groups, can compromise all facets of HIV/AIDS prevention, care, and treatment programs. As UNAIDS notes in the *2007 Report on the AIDS Epidemic*:

“The stigma associated with HIV and the resulting discrimination can be as devastating as the illness itself: abandonment by spouse and/or family, social ostracism, job and property loss, school expulsion, denial of medical services, lack of care and support, and violence. These consequences, or fear of them, mean that people are less likely to come in for HIV testing, disclose their HIV status to others, and adopt HIV-preventive behavior, or access treatment, care, and support. If they do, they could lose everything.”

The specific impact of stigma and discrimination include, but are by no means limited to:

- Lower uptake of HIV-prevention services, including testing and counseling
- Reduced and delayed disclosure of one’s HIV status
- Postponement or rejection of treatment, care, and support (due to fear of breached confidentiality)
- Violence (including rape and other physical abuse) targeting MARPs and thus further reinforcing reluctance to seek services and/or disclose HIV status.

In addition to these structural factors, not all NGOs have an adequate level of organizational capacity to implement or sustain effective interventions, or to absorb and use existing financial resources. As such, investing in strengthening their organizational management, leadership, governance and overall organizational capacity, while providing resources to implement programs, are essential components of this project.

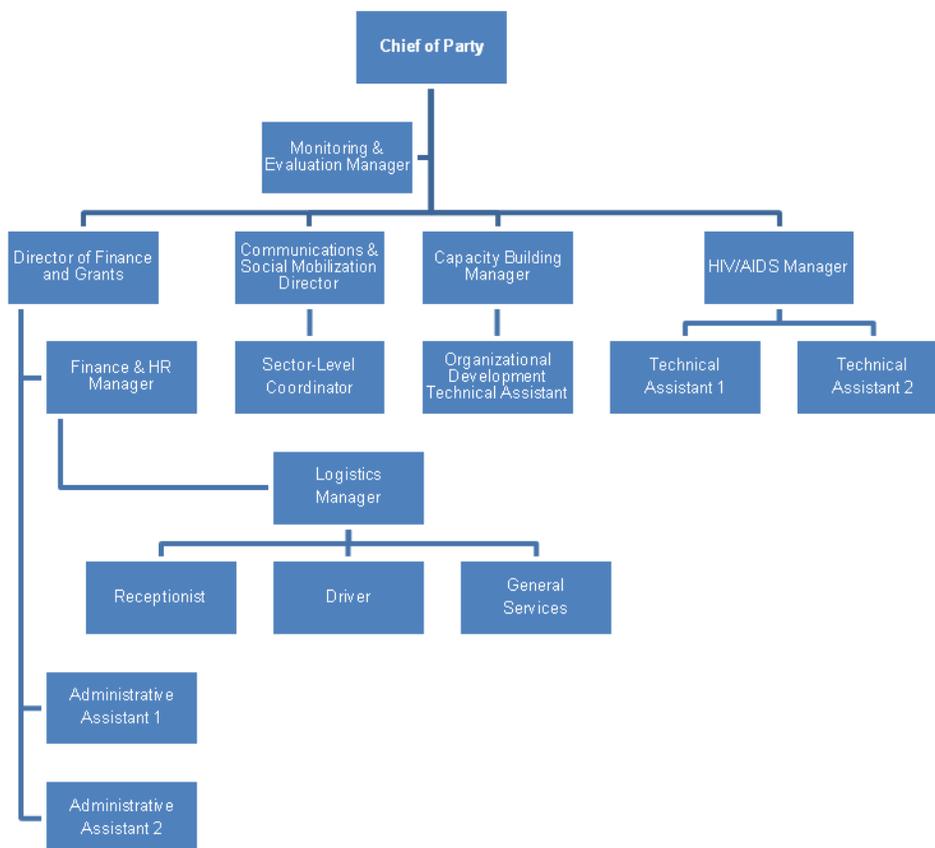
In consultation with USAID/Honduras, AIDSTAR-Two staff concluded that three intermediate results (IRs) must be achieved in order to fulfill the strategic objective. These include:

- **IR 1:** Enhanced organizational capacity of local organizations to deliver prevention and care services.
- **IR 2:** Improved enabling environment to facilitate access to prevention and care services.
- **IR 3:** Provision of prevention and care services through local organizations.

IR 1 and IR2 are critically important to improve access to HIV prevention and care services in the targeted communities. Without strengthening the organizational capacity of local NGOs through IR1 activities, these organizations that deliver services to MARPs are likely to face challenges in planning, managing of financial resources, reporting results, supporting their staff and governing their organizations efficiently and effectively and delivering needed services. Implementing a communication strategy for social change (SCC) that empowers and builds the capacity of MARP community leaders to address structural and social barriers that limit the access to services and increase their vulnerability to HIV (IR2) will reduce barriers to care services and to expand the prevention and behavior change interventions to reduce the spread of HIV (IR3).

Staffing and Organization

Since July 2009, the AIDSTAR-Two Honduras office has been fully staffed by a cadre of highly skilled and experienced professionals that manage, lead and support project activities. The AIDSTAR-Two Honduras team applied a rigorous selection process to identify the best resources, capacity building strategies and tools to ensure effective program implementation, monitoring and evaluation. MSH, as the prime contract holder, also provides ongoing training, technical assistance and mentorship to strengthen the management and technical capacity of local staff and encourage retention and professional development. Below is the organizational chart of the AIDSTAR-Two Honduras office.



The section that follows outlines the activities that support each of these IRs and the timing of those activities.

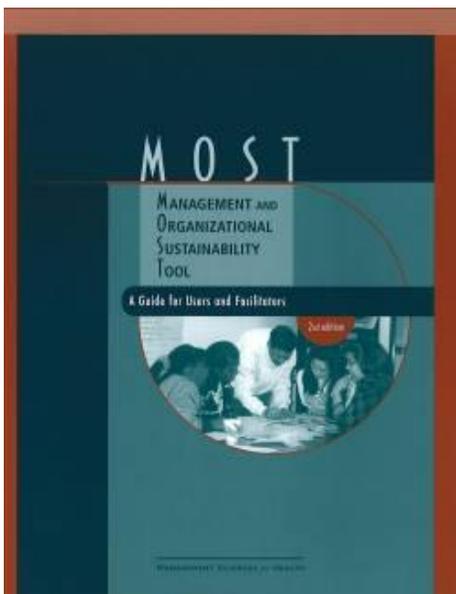
Program Intermediate Results and Activities

IR 1: Enhanced Organizational Capacity of Local Organizations to Deliver Prevention and Care Services

A principal outcome of this program is to assure that Honduran NGOs working in HIV/AIDS increase their capacity to manage their organizations and implement effective programs. This project aims to build the capacity of those NGOs that receive funding from USG for their activities, as well as those that are funded by the Global Fund. As described below, AIDSTAR-Two will: carefully define capacity-building needs for NGOs working to prevent HIV/AIDS among key high-risk groups, deliver capacity-building assistance through multiple channels, evaluate and document the impact of this assistance, and ensure strong linkages between implementing agencies to assure collaboration and sharing of solutions on best practices and strategies for overcoming obstacles to implementation.

Activity 1.1: Needs assessment of NGOs receiving support through matching grant system

During this year, the Honduras-based team will be conducting an organizational management capacity assessment of the six NGOs receiving financial and technical support from the AIDSTAR-Two project using the MOST (Management and Organizational Assessment Tool).



MOST is a structured, participatory process that allows organizations to assess their own management performance and develop a concrete action plan for organization-wide improvement. A unique feature of MOST is that the participatory self-assessment is conducted by the NGO staff members who use an instrument to assess the current state of various organizational management components from their own experience, immediately analyze the data, and use their analysis to develop a concrete, practical plan for improvement. This is a very different approach to traditional management assessments that rely on external evaluators and limit the level of ownership of the results among staff.

The MOST process begins with an engagement phase to determine if MOST is a good fit for the organization, continues with a preparation phase to identify and interview staff who will lead the process, focuses on the key activity—a facilitated assessment and planning workshop and concludes with follow-up activities to keep the changes moving ahead.

A three-day workshop is the central component of the process. It builds a collective perspective and plan out of individual experiences. It brings together, on an equal footing, managers from all parts and levels of the organization, from the managers of units or projects to the director and senior managers. During the workshop, participants:

- Recognize the importance of good management to its effectiveness and long-term survival.
- Assess the current status of 18 essential components of management.
- Identify feasible changes that will make the organization more effective.
- Develop specific plans to implement these changes.
- Generate the staff buy-in needed to support the management improvements.
- Monitor the results over time and adapt the plans to changing conditions and new demands.

Any organization can benefit from MOST if its director and senior managers meet two criteria:

- They are committed to open self-assessment and decision-making by consensus.
- They believe that the organization can take action to improve its management, even though there may be some constraints beyond their control.

MOST addresses the following management areas:

1. **Mission.** An organization's mission is its purpose, the reason it exists. It provides guidance, consistency, and meaning to decisions and activities at all levels. It answers the question: Why do we do what we do?
2. **Values.** An organization's values are the beliefs and ethical principles that underlie its mission. They give meaning to the organization's work and form the basis for staff commitment. They answer the question: What are the core beliefs and principles that we all share and that give direction to our work?
3. **Strategy.** An organization's strategies are the broad approaches used to define the programs and activities that will fulfill the organization's mission and goals. The strategies answer the question: How will we get to where we want to go?
4. **Structure.** Structure refers to the programs, projects, and offices that make up an organization. Structure answers the question: Are we organized in a way that facilitates what we want to do and where we want to go?
5. **Systems.** The systems are the interdependent functions that allow an organization to do its work. MOST addresses nine systems that are the key elements of management: planning, human resource management, monitoring and evaluation, information management (both data collection and use of information), quality assurance, financial management, revenue generation, and supply management. Organizational systems answer the question: What helps us to carry out our activities.

The organizations that complete the MOST process establish internal management improvement priorities, develop action plans that specify objectives and activities for making these changes, including identifying the people who will be responsible for implementing the plan and assessing their progress. For MOST to yield the greatest benefits, workshop participants must play a role that continues long after

the workshop. They must identify the need for change, commit themselves to the process, motivate their colleagues, and take the lead in implementing the improvements that emerge from the workshop. Finally, the MOST process recognizes that meaningful changes in management rarely occur through a single event; it includes a six-month or one-year follow-up MOST exercise to review progress and make any needed changes in the action plans.

The AIDSTAR-Two team has adapted the MOST instrument and process to the Honduras context. In the months of December 2009 and January 2010, the project team implemented this assessment with the six AIDSTAR-Two grantees (see IR 3 for additional details on the selection process). As a final product the NGOs assessed had multiple organizational capacity needs, which are reflected in their action plans (see Annex 1). Given the timeframe for implementation, each NGO identified the three highest organizational priorities they would like to focus on this year (see table 1).

Table 1: AIDSTAR-Two Honduras Grantees’ Organizational-Development Priorities	
<p>COCSIDA:</p> <ul style="list-style-type: none"> • Decision making • Planning • Financial resource mobilization 	<p>ECOSALUD</p> <ul style="list-style-type: none"> • Planning • Human resource management • Financial resource mobilization
<p>CASM</p> <ul style="list-style-type: none"> • Information management (data collection) • Information management (usage of data for planning, evaluating, and decision making) • Financial resource mobilization 	<p>CGSSI</p> <ul style="list-style-type: none"> • Communications (internal and external) • Decision making • Financial resource mobilization
<p>AHMF</p> <ul style="list-style-type: none"> • Decision making • Links to potential clients • Financial resource mobilization 	<p>PRODIM</p> <ul style="list-style-type: none"> • Communications • Supply quality • Financial resource mobilization

Activity 1.2: Provision of tailored organizational development assistance to USG grant recipient NGOs

Through the MOST assessment described above, the NGOs will develop their own action plans to address priority capacity-building needs (self-identified) in the subsequent six months. The AIDSTAR-Two team will work with the grantees to tailor training programs and technical assistance interventions that strengthen those priorities areas identified. We are confident that the delivery of this assistance can be highly cost-effective.

Based on the results of the MOST, there is one priority need that is common to the six NGOs: 1) Financial resource mobilization (including new revenue generation). Nevertheless, there is another area which is of importance for most of the NGOs and relates to the strengthening of their planning capacity for

implementation. Therefore, it is of importance to strengthen their M&E skills and systems, by providing TA and one-on-one support for the development of monitoring and evaluation plans, data collection tools, data analysis, and use of this information for planning, monitoring and decision making throughout the life of the project and beyond.

The grantees will also participate in a business plan program to strengthen their skills on assessing needs, financial planning and new resource development. MSH already has a virtual business plan training program that will be adapted to the needs and delivered to the AIDSTAR-Two grantees. The MSH *Virtual Business Plan for Health Program* consists of seven modules that are implemented over a 16-week period. Each module contains guided surveys, tasks and reference materials and culminates with the presentation of an entire section of the business plan. A team of 5-7 staff from the participating NGOs participate in all modules of the program.

The business plan developed by each grantee can be used for leveraging funding from donors, government or private sources in order to develop and implement a new product or service to be offered by the organization or to expand products and services the NGO now wants to offer to new and larger markets. Through the business planning program the NGOs will learn to collect and present new business opportunities, and to identify target markets and develop marketing strategies. The NGOs can also determine the most successful staff to exploit the opportunities of the environment and developing innovative solutions, managing the financial aspects of a business plan, develop and incorporate social projections of returns, and learn to formulate a strategy to address financiers and investors.

During December 2009, through another MSH project in Cambridge, three AIDSTAR-Two grantees (ECOSALUD, PRODIM, AHMF) were invited to participate in the *Virtual Business Plan for Health Program*. These three NGOs had previous experience working on family planning and reproductive health issues, as well as HIV/AIDS which are the prerequisite for participating. This virtual program was launched January 16, 2010. AIDSTAR-Two staff in Honduras provide follow-up and technical support to these NGOs in the implementation of this program.

Starting in April 2010, the other three grantee NGOs (CGS, CASM, COCSIDA) will participate in an adapted face-to-face version of the *Business Plan for Health Program*. An experienced MSH consultant, accompanied by AIDSTAR-Two staff, will tailor the training materials and deliver a training of trainers (TOT) workshop on this program to at least 4 technical AIDSTAR-Two staff based in Honduras. In addition, the MSH consultant will also provide virtual TA and follow-up to the staff in charge of replicating and facilitating the face-to-face program to the three NGOs. The TOT will include at least three workshops starting in April and continue within three-week intervals each. The AIDSTAR-Two team will be monitoring the process and progress of the grantees participating in the program.

The AIDSTAR-Two team will also provide one-on-one technical assistance in other key areas identified through the MOST assessment such as human resource management and decision making (see table above) in order to reach the objectives of the NGOs' action plans. During the entire process, AIDSTAR-Two will monitor the outputs, outcomes and results of each intervention.

Activity 1.3: Rapid assessment of non-USG recipient NGOs

A principal outcome of the AIDSTAR-Two project is to ensure that Honduran non-governmental organizations (NGOs) working on HIV/AIDS increase their capacity to implement effective programs. Therefore the project aims to build and strengthen the capacity of those NGOs that receive funding from the Global Fund and provide services to MARPs.

On June 8-19, 2009, the AIDSTAR-Two project carried out an assessment with 32 of the 35 Global Fund Sub Sub-Recipients to identify their organizational and managerial needs, particularly related to their mission, strategy and structure. This needs assessment was implemented through focus group discussions conducted by Ms. Lourdes de la Peza (MSH consultant). Based on this assessment, the areas of greatest need, not been addressed by the Global Fund Principal Recipient (CHF/Honduras) or the Sub-Recipient NGOs are:

- Strengthening of Boards of Directors in governance, leadership and organizational procedures.
- Developing or updating of strategic plans.
- Developing of project proposals to obtain additional funding.

AIDSTAR-Two team, in consultation with CHF/Honduras, has developed an action plan, described below, to address the identified needs of only seven Global Fund Sub Sub-recipient NGOs that provide services to MARP in Honduras (USAID target populations). These organizations are:

Table 2: Global Fund Sub Sub-Recipient NGOs that Receive TA From AIDSTAR-Two Honduras		
Global Fund Sub-Sub Recipient NGOs (SR)	Global Fund NGOs Receiving TA from AIDSTAR-Two	Population Being Served
Kukulcán	1. Colectivo Violeta 2. Colectivo TTT* 3. OPROUCE	FSW Transvestites Sexually diverse groups
CEPROSAF	4. COCSIDA 5. Patronato Triunfo de la Cruz 6. Patronato Tornabe	FSW Garífunas Garífunas
AMDA	7. RIMAS	FSW
Liga de la Lactancia Materna	8. Jóvenes sin Frontera** 9. CENADEC**	General youth population
<p><i>Notes:</i> *Colectivo TTT participated only in the first Leadership Development Program workshop. **CHF requested to include two NGOs that work with young people (Jóvenes sin Frontera and el Centro Nacional de Desarrollo Comunitario –CENADEC–), to participate in the LDP workshops. USAID Honduras and AIDSTAR-Two agreed to include them, without the commitment to provide follow-up after the completion of the LDP program.</p>		

Activity 1.4: Deliver capacity-building technical assistance to NGOs not receiving USG funds

The action plan described above is being implemented since August 2009 and is expected to be completed by July 2010. Arturo Kafati, the Capacity Building Specialist and Carlos Nuñez, the Capacity Building Technical Assistant from AIDSTAR-Two Honduras began conducting site visits to present the results of the assessment and plan the training and TA that the project has been providing to the target NGOs.

Activities to strengthen the NGOs' Boards of Directors' governance, leadership and organizational procedures began in August 2009 through the implementation of the Leadership Development Program (LDP). The LDP offers a process that develops people at all levels of the organization. Working in their real work teams, participants learn leading and managing practices that make it possible to face challenges and achieve measurable results. They bring what they learn back to their workplaces and inspire and teach their coworkers to apply these practices to real workplace challenges. AIDSTAR-Two staff that facilitate the LDP and local managers provide feedback and support throughout the process, which lasts roughly six months.

This approach to leadership development differs from traditional leadership training programs that introduce leadership theories and behaviors in a course setting. The LDP is a process for teams to link learning with measurable organizational results. The LDP is a process that over time, can transform how people use leading and managing practices to produce results that are important to achieve organizational success. It establishes a reliable way of initiating changes and monitoring the impact of those changes over time.

The LDP is a comprehensive program that can be used in any organization—private, nonprofit, or governmental. Organizations that implement an LDP own the process of developing people who can effectively lead and manage to carry out the mission of the organization. Through the LDP, teams learn a proven method of leading and managing. Team members, managers, and organizational sponsors all focus on achieving sustainable results. The LDP workshops are organized around the eight leading and managing practices: scan, focus, align and mobilize, inspire, plan, organize, implement, and monitor and evaluate. Each type of activity has intended outcomes that, when achieved, will move participating teams toward their desired results.

In summary, the LDP helps organizations to:

- Focus on achieving real organizational results;
- Develop leadership and management capability at all levels of an organization;
- Build ownership of the process by the sponsoring organization;
- Realize sustained impact by implementing new processes and achieving measurable results.

Participating teams learn to:

- Lead and manage to enable others to face challenges and achieve results;
- Apply reliable tools and processes for defining and addressing challenges;

- Produce measurable results that support the organizational mission and shared vision of the workgroup;
- Build a workgroup climate that supports commitment to continuous improvement.

The LDP methodology includes:

1. **Experiential learning.** In leadership workshops and team meetings, participants learn by doing and then reflecting on their experiences in leading and managing. In the workshops, they learn leading and managing practices that validate their own experiences. They apply these practices to real work challenges and engage in continuous reflection and improvement in their teams. This continuous cycle of application and reflection moves teams through the experiential learning cycle.
2. **Challenge, feedback, and support.** The LDP process provides challenge, feedback, and support to enable participants to develop their leadership and management capabilities. Teams choose the challenges they want to address, and receive feedback and support from facilitators, colleagues, and local managers as they work toward their results.
3. **Challenge Model.** Each team completes this model for its organization. The process of doing this guides the team to a fuller understanding of its organization's mission and creation of a shared vision. The team then identifies a measurable result that will move it closer to its vision. With an agreed upon result as a goal, the team can then make a plan of priority actions to achieve that result. Participants often write out a completed model in their own language and post it at their work sites to publicize their plans and progress.

On August 10-11, 2009, a two-day training of trainers (TOT) virtual LDP was facilitated by Ms. Lourdes de la Peza for 11 participants or local facilitators including representatives from four Global Fund Sub-recipient NGOs (Ceprosaf, Kukulkan, Liga de la Lactancia Materna and AMDA); one staff from CHF/Honduras; and four AIDSTAR-Two staff. This TOT provided an overview of the entire LDP process and built the skills of participants to facilitate the first LDP workshop.

On August 12-14, 2009, 37 board members of the nine Global Fund Sub Sub-recipient NGOs participated in the first LDP workshop. Arturo Kafati conducted follow-up to ensure participants completed their group assignments. Between August 31 and September 4, two AIDSTAR-Two staff conducted site visits to provide individualized TA to the NGOs as they worked toward strengthening their Board of Director's leadership through the assignments. The participating organizations have been very receptive throughout the process. The outcomes of this workshop include: 1) Developed challenge models that allow the project teams to foster leadership; 2) Presentation of their challenge models, practices learned on management leadership and shared their vision; and 3) Exploration and evaluation of the work environment.

On September 21-22, 2009, Lourdes de la Peza conducted a second virtual two-day TOT in preparation for the second LDP workshop. This TOT was delivered to six local facilitators, including two AIDSTAR-Two

staff. During this timeframe, Colectivo Travesti one of the nine participating NGOs decided to withdraw from the process, due to a decision made by their Board of Directors.

On October 22-23, 2009, the same 37 board members of the eight Global Fund NGOs participated in the second LDP workshop. The outcomes of this workshop were: 1) Completion of the priorities matrix (urgent and important issues), what participants learned about monitoring and evaluation (M&E) and planning, as well as their Challenge Model; 2) Initial development of the Action Plan Leadership Project; and 3) Formulation of the monitoring and evaluation plan.

On November 16-17, 2009, Lourdes de la Peza conducted virtual two-day TOT in preparation for the third LDP workshop with six local facilitators, including two AIDSTAR-Two staff. On November 18-19, 2009, the same 37 board members of the eight Global Fund NGOs participated in the third LDP workshop. The workshop outcomes included: 1) Shared knowledge learned from workshops 1 and 2 with the rest of the NGOs' teams; 2) Provided an update on the Leadership Project including: a) Action Plan, b) Key Actors Resource Mobilization Plan; c) M&E Plan, and d) Training Plan for Members of Boards of Directors; 3) Implemented the habit of congratulating or thanking recognizing someone every day (at home and at work) for a job well done.

On February 15 and 16, 2010 the same 37 board members of the eight Global Fund NGOs participated in the fourth LDP workshop. In this session, the teams of all the NGOs presented the outcomes of their actions plans (see annex 1). From March 17 to 25, an M&E workshop will be conducted to develop a follow-up plan to track the outcomes of the next six months. Two AIDSTAR-Two staff and other facilitators from the Sub-recipient NGOs will follow-up on the progress of the NGOs in the implementation of their action plans through August 2010.

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 to reduce stigma and discrimination toward sexually diverse community members.
Asociación Cultural Rimas	How to: <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?	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. By August 31, 2010, the organization will be legally registered and will count with its legal representation.
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 is considered similar to NGO.

IR 2: Improved Enabling Environment to Facilitate Access to Prevention and Care Services

AIDSTAR-Two will continue to support the development and implementation of a small-scale social mobilization program to address detrimental social norms that increase vulnerability among MARPs. The characteristics of the social mobilization process include the active participation of MARPs in the identification of social norms that limit their access to prevention and care services, involves key segment of the society, leads to the construction of alliances between these segments, and is a fully participatory process. Practitioners of social mobilization facilitate rather than direct outcomes, and strive to amplify messages from engaged actors, and create systems of accountability.

Activity 2.1: Launch a small-scale social mobilization program

In October 2009, the AIDSTAR-Two Project launched a small-scale social mobilization program in collaboration with key MARPs. The social mobilization program aims to build consensus regarding structural and/or social barriers to access HIV/AIDS prevention, care, and treatment services; identify and engage key sectors in Honduras that are central to the reduction of identified barriers; align strategies and activities of those sectors involved; and support, both financially and technically, the implementation of activities to address the social and structural barriers to HIV/AIDS programs. These activities will be co-funded through and closely coordinated with the Global Fund Principal Recipient, CHF/Honduras, and all of its sub-recipients.

This strategy includes a participatory analysis of the structural and social barriers which limit the prevention of HIV, commitment and programming with key sectors of the society and community,

alignment of mobilization activities for the different sectors, and the utilization of communication activities to expand and reinforce the scope of the mobilization efforts.

During the past ten years, the MSM population has been the target for different interventions on HIV prevention, using many methodologies for this purpose. Some of these results of these interventions include increased use of condom with stable and occasional partners, increased number of MSM accessing VCT services, improved knowledge of prevention/transmission forms, and others. Nevertheless, the MSM population continues to have the highest seroprevalence in the country (Secretary of Health/CDC). The results of the behavioral surveillance study (ECVC 2006) show that their HIV prevalence is on average 9.9%, which is the highest in the concentrated epidemic in Honduras. In addition, MSM populations have other vulnerability factors associated with their sexual behavior. Based on this epidemiological data, during this fiscal year (October 1, 2009 to September 30, 2010), the social mobilization program focuses on activities with MSM, transvestites, and transgenders in Tegucigalpa, La Ceiba, Comayagua, and San Pedro Sula.

In order to understand the focus of the mobilization plan to be implemented in targeted MSM communities in Honduras, it is necessary to clearly define what social norms are. A social norm can be considered as “the rules by which we live”; these norms determine if a behavior is correct or not, acceptable or not, allowed or forbidden. Therefore, the main purpose of this program is to identify these social norms which strongly “rule” the lives of the MSM, transvestites, and transgender communities and make them more vulnerable to HIV. Although some of these social norms come from the Honduran society, there are others very specific to MSM, transvestites, and transgender only. Some of the behavioral studies already conducted in the country allow us to anticipate some answers, but during the analysis phase and using participatory methods, key leaders of these communities will reach conclusions.

The overall goal of this small-scale mobilization program for social change is to reduce the transmission of HIV in MSM, transvestite, and transgender communities in Tegucigalpa, La Ceiba, Comayagua, and San Pedro Sula.

Activity 2.2: Convene MSM/key stakeholders to conduct problem analysis (identify key social norms/barriers)

The participatory analysis of the structural and social barriers that limit the prevention of HIV among MSM, transvestites, and transgender populations have started with the formation of a core group that includes key MSM and trans leaders and networks, as well as representatives from national and international public health institutions dealing the prevention efforts in Honduras. These representatives will become a steering group that will facilitate the process based on the input from the local communities and with the technical support of the AIDSTAR-Two team.

It is expected that the same individuals will continue supporting the core group work on a long-term basis even though development and government agencies tend to change their leaders from time to time. The project’s aim is to work closely with the affected communities to build a coordinated effort between health providers and targeted groups to overcome structural and/or social barriers to access HIV/AIDS prevention, care, and treatment services.

The core group is formed by 13 persons; 8 of them are representatives of the MSM/trans community from each of the four targeted cities (San Pedro Sula, La Ceiba, Comayagua, and Tegucigalpa) and the other five are representatives from local NGOs, government and other institutions involved in the prevention of HIV/AIDS. The chart below shows the members of the core group.

No.	Name	Representation
1	Javier Medina	COGAYLESH (Honduran Gay and Lesbian network)
2	Ramón Valladares	Representing the Gay Community at the Country Coordinating Mechanism of the Global Fund
3	Patricio Vindel	Leader from the Gay Community in La Ceiba
4	Oscar Carrion	Leader from the Gay Community in San Pedro Sula
5	Dany Rodríguez	Leader from the Gay Community in Tegucigalpa
6	Claudia Spellman	Leader Travesti Community in the North Coast
7	Donny Reyes	Leader Travesti Community in Tegucigalpa
8	José Maldonado	Leader from the Gay Community in Comayagua
9	Dr. Marco Urquia	STD/HIV/AIDS Program of the Ministry of Health
10	Dra. Karla Zepeda	PAHO – HIV Prevention Program in Honduras
11	Dra. Mayte Paredes	Expert on HIV at CHF (Global Fund Principal Recipient in Honduras)
12	Alberto Stella	UNAIDS
13	Freddy Tinajeros	CDC (Centers for Disease Control and Prevention)

The main functions of this core group are: 1) to make final decisions based upon local consensus built within the targeted communities; 2) conduct follow-up of the process; 3) serve as a community link; and 4) provide advice based on their own expertise working with these groups and regular feedback to the co-facilitators from the AIDSTAR-Two team.

Between October 19 and November 17, 2009, the MSM and trans leaders members from the core group, convened local analysis meetings in La Ceiba (with 21 participants), San Pedro Sula (with 20 participants), Comayagua (with 8 participants) and Tegucigalpa (with 31 participants) to initiate the social mobilization process. A total of 13 different meetings were held with the participation of MSM, transvestites and transgender leaders and technicians, from which, 81% were MSM and Trans themselves. For methodological reasons, meetings among gay men, trans, and technical staff from national and international organizations were convened separately which enabled a more trusting and open environment to share their opinions and experiences.

The analysis sessions lasted on average six hours each had between 8 and 12 participants for those with gay and Trans; and between 3-7 participants on those meetings with technical representatives. The participants analyzed the structural and social barriers that limit the prevention of HIV among MSM, transvestites, and transgender populations

The technical group included: health providers, social counseling staff, human rights defenders, law enforcement authorities and mental health provider. The technical staff group included participants from various professions: doctors, nurses, social workers, human rights defenders, police men and women, and psychologists.

The purpose of these meetings was to solicit MSM/trans views on the social and structural factors that fuel the HIV/AIDS epidemic in their communities. AIDSTAR-Two staff worked with MSM/trans leaders to create a uniform structure for these meetings during which key MSM/trans populations described the social and structural barriers they face, identified the source of these obstacles, and potential key sectors necessary to work with, in order to change these barriers. The results of this analysis will be the main input for the development of a mobilization plan for social change (MPSC) along with key actors and sectors of society.

The agenda for the first round of meetings was to inform attendees about the scope of the mobilization program, and the importance of their participation in the analysis of key destructive social norms which are making them more vulnerable to HIV transmission, in order to reach consensus regarding the specific social norm that will be addressed through the social mobilization efforts.

MSM and Trans members of the core group along with AIDSTAR-Two staff initiated the meetings with the MSM/trans community members in the four cities in November 2009. After many discussions to clearly define what a social norm is, they identified those norms that limit HIV-prevention efforts in their own MSM/trans community. A total of thirteen small groups were formed to conduct these individual analyses and presented their internal agreements.

The following charts show the analysis results by group and by city:

1. Identified Social Norms that Limit HIV Prevention Efforts:

Meetings with MSM population

No.	La Ceiba	San Pedro Sula	Comayagua
1	Risky sexual practices (no use of condoms)	No use of condoms with stable or occasional partners	Multiple sexual partners
2	Multiple sexual partners	Use of drugs and alcohol	Use of drugs and alcohol
3	Use of drugs and alcohol	Multiple sexual partners without using condoms	Risky sexual practices (no use of condoms)

No.	Tegucigalpa (Group N.1)	Tegucigalpa (Group No.2)
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1	Multiple sexual partners	Use of drugs and alcohol
2	Use of drugs and alcohol	Multiple sexual partners
3	Violence on behalf of the community (family, neighbors, partners, etc.)	Risky sexual practices (no use of condoms)

Meetings with Trans population

No.	La Ceiba	San Pedro Sula	Tegucigalpa
1	Multiple sexual partners	No use or incorrect use of condoms	Use of drugs and alcohol
2	Sex under the influence of drugs and alcohol	No use or incorrect use of condoms	Multiple sexual partners
3	Oral sex without a condom	Raped by the clients	No use of condoms

Meetings with technical staff from national and international organizations

No.	La Ceiba (Group No.1)	La Ceiba (Group No.2)	San Pedro Sula (Group No.1)	San Pedro Sula (Group No.2)
1	Risky sexual practices (no use of condoms)	Multiple sexual partners	Risky sexual practices (no use of condoms)	No use of condoms in any of their sexual relations
2	Multiple sexual partners	Use of drugs and alcohol	Multiple sexual partners	Not attending health services because of fear in being rejected.
3	Drugs and alcohol	Risky sexual practices (no use of condoms)	Not attending health services	Multiple sexual partners

No.	Tegucigalpa
1	Risk practices (including multiple sexual partners, alcohol and drugs, and no use of condoms)
2	Negative pressure from the same community (they do negative things in order to be accepted)
3	Self discrimination (the excluding secrecy among others, for example gay vs. trans)

Based on the analysis of the results from the first round of meetings conducted by the AIDSTAR-Two the most frequently mentioned social norms in order frequency are the following:

- Unsafe sex (no condom use)
- Multiple sexual partners
- Drug and alcohol use
- Family, spouse, and neighborhood violence
- Not attending health control

The risky sexual practices that were mentioned more frequently by the different groups include: the no use of condoms with stable or occasional partners during sexual intercourse as well as oral sex. In regards of the term “stable partner,” the participants from the MSM and trans groups indicated that after three encounters a “date” was considered a “stable” partner and usually this person remains in the relationship for about three or four months. In regards to multiple sexual partners and sexual work, the participants explained that even without doing sexual work, having multiple sexual partners was consistent in their realm of relationships.

The key leaders in the four cities concluded that the use of drugs and alcohol is a Honduran social norm deeply-rooted in social activities and it’s creating more concern among the MSM population, and very little is being done to prevent it as well as to rehabilitate those who are affected. The HIV prevention programs include as part of their activities informational materials about drug and alcohol abuse as a risk factor for HIV transmission, but there is no support to deal with this problem.

The main violence that sexually diverse populations suffer comes from the family, according to participants. Consequently it is hard to maintain emotional, economic, and social stability since in the majority of cases have been expelled to the streets by their parents once they found out that the child was an MSM or trans, and afterwards the abuse (mental and physical) continues with their partners and/or clients. Studies indicate that in relationships with partners, violence interferes with the ability to negotiate the use of condoms.

The small groups then prioritized three social norms that they would like to address. The three norms mentioned most frequently were:

- Unsafe sexual practices (no condom use)
- Multiple sexual partners
- Drug and alcohol abuse

The decisions and consensus made by the local groups were incorporated into a draft analysis document for discussion on the second meeting of the core group held on December 16th 2009. A wide open discussion of the issues regarding the social norms which limit HIV prevention resulted on the group’s conclusion that those norms are real behaviors that over time have become “norms” within the MSM and trans community.

As agreed during the last core group meeting, and with the purpose of developing local capacities and a sense of ownership among MSM and trans leaders, January 13-15, 2010, two regional workshops (one in

Tegucigalpa and another in San Pedro Sula) were held to train local facilitators for the second round of analysis that they would facilitate in meeting or workshop settings. Responding to specified selection criteria (including having: 1) participated in previous analysis meetings, 2) experience working with the target groups, and 3) interest and enthusiasm to participate in the training and analysis process), 13 facilitators from the four cities were trained.

Between January 22-23 and February 10-16, 2010, a second round of feedback meetings with the same thirteen small groups was conducted. These meetings were facilitated by the trained leaders and were focused on discussing the initial draft analysis in order to reach a final consensus regarding the social norms to be addressed and the sectors to be involved in the desired change. This final step will allow them to proceed on with the second stage of the process which leads to sector engagements.

The third core group meeting was held February 19, 2010. The group coordinator (chosen during the last meeting) facilitated the discussion which included final decision making regarding the social norms to be addressed and the organization of different committees for the second stage of the process. This meeting had a 95% attendance of the entire core group. This is a clear expression of interest in the process.

In sum, the leaders from the MSM and Trans communities in the four cities agreed with the social norms described in the first draft: that risky sexual practices, having multiple partners and the abuse of drugs and alcohol are all risks, attitudes and behaviors that make them more vulnerable to HIV/AIDS. However, these behaviors have become “social norms” that are part of their daily lives, and accepted by everyone in their groups. It is the way of being part of their community (and being accepted).

The discussion in round two was oriented to explore among the leaders and technical representatives other determinants of these behaviors. Here is a summary of those findings:

Determinants factors	Level
Machism	Cultural/social norm Society MSM and trans community
Low self-esteem (auto-identification, auto-exclusion, emotional problems)	Individual
Discrimination (homofobia, violence)	Society
SRH Education	Public policy
Family (violence, economic, social, and emotional instability)	Community

In relation to priority sectors the groups would like to form alliances with for the mobilization plan are:

Sector	Target
Government: Health, education, IHSS	Doctors, counselors, nurses, psychologists, teachers
Private companies	Hotels, bars, discos, truck drivers, cab drivers
Communication media	Announcers, young entertainers (DJ), reporters
Municipalities	Police
NGO's	MSH and trans communities, family
Community base association	Community leaders
FBO	Religious leaders

The final agreement from the core group was that it is necessary to change stigma and discrimination as a social norm towards MSM and trans people, including machism as one of the main elements which worsen this situation. Although machism is the main social norm behind risky sexual behaviors, by itself represents a problem within the Honduras society, which may take years, if not decades to change (if possible). Therefore, through the AIDSTAR-Two Project the most feasible type of work is to address the discrimination that makes MSM and Trans to live in vulnerable situations especially on issues related to health, education and justice.

Another agreement of the core group was that the sectors to be involved in this plan should be the ones which have a closer relation to the MSM and Trans populations. These include: health, education and justice. On a second phase it will be necessary to continue with a more structured public policy approach to support all the effort for social change.

Two other sectors were included due to its importance in the general society; these are municipalities and mass media. For municipalities participants recommended leveraging the passage of public policies or laws regulating drugs, alcohol, and bars. For the media, participants felt that they could support advocacy work through popular DJs and journalists since they deliver messages to a great number of individuals and might be able to address issues such as homo-phobia and phobia to Trans, as well as discrimination towards the MSM and trans community.

In order to follow-up and participate in different activities to launch the second phase of the process (sectors engagements), three committees were organized by the core group in order to support the following: 1) final draft review, 2) qualitative research through in-depth interviews and, 3) development of an action plan. Each committee will have the technical support of the AIDSTAR-Two team. The first group will revise the third draft of the analysis document and develop the final version. The committee that follows will focus on the qualitative research proposed for the months of March and April 2010. The methodology to be used is in-depth interviews to identify the root causes for the social norms prioritized by the groups and what interventions may be able to address them. This research will complement the data collected through the meetings with community members and technical representatives.

Revision: The qualitative research proposed for March and April 2010, has been rescheduled to take place from July-September 2010. This timeline includes the final approval of the research protocol by

USAID/Honduras, the Health Secretary and the Bioethics Committee of the National University of Honduras, as well as the execution and analysis of this research and the dissemination of findings.

In order to engage different sectors, the third committee will develop a short-term action plan (March-June) that will include activities and a budget. This plan may include meetings, workshops, communication/information materials, technical advisors on certain issues, among others.

Activity 2.3: Engage key sectors to plan for change to produce sector-specific action plans

The second phase of this process begins in March 2010 and involves securing the commitment of leaders from key sectors which have been identified in the analysis phase and can make significant contributions to change the desired social norm. The specific results of this stage will be greater understanding related to the need for a social change, commitment with the social mobilization process, and coordination of their role in the process for changing the destructive social norm.

For this purpose, the committee organized by the core group will be preparing the action plan and a budget with the main activities to achieve the sectors commitment towards the mobilization plan.

This action plan will probably include meetings with key leaders of the target sectors to explain why their respective sector have been identified as target and have the potential of contributing to this social mobilization program, as well as to initiate the process for planning specific activities by each participating sector. This will be a participatory process and its success will depend on having the key actors from each sector make the process their own. The expected results from this phase include the commitment expressed by each sector to support the process for changing the target social norm, the commitment to dedicate time/resources to replicate the process within their respective sector, and the designation of a point of contact for their respective sector in support of the social mobilization program. Some members of the core group may be part of these activities, especially those who will participate in the incidence committee.

Between March and May 2010, the principal outcomes from this phase will be: an action plan to assure key sectors participation, and its implementation. During this phase communication materials will be developed to help local leaders with their various engagements, conversations, advocacy and sensitization work on the field.

Activity 2.4: Align sector-level plans to address barriers/norms

Between June and August 2010, the national mobilization plan to change the social norms will be developed by the MSM and Trans leaders of the core group and the key sectors engaged in the project. This will be a long-term plan, which will most likely be designed for a minimum of three years of implementation in order to achieve an impact in the communities and sectors involved. Activities and resources from sectors will be aligned to the plan's objectives and goals from the local to the national level with clear and shared responsibilities. This will be done through a participatory process.

Within the plan, AIDSTAR-Two will support only those activities directly related with social change communication in order to improve an enabling environment to facilitate access to prevention and care services. In addition, other expected outcomes of this phase, include shared understanding of various sectors' roles and responsibilities regarding removal of barriers to HIV programs and services, identification of opportunities for sectors to work together, and the creation of a venue/forum for representatives of MSM/trans groups to meet with multiple sectors to share their concerns and aspirations. The goal will be to achieve a general commitment with structures and processes to assure that the activities continue beyond the life of this project. The elaboration of this mobilization plan will include several planning meetings between sectors' representatives and core group members, with AIDSTAR-Two team support.

Activity 2.5: Implement/support sector-level plans and mobilization activities

In August and September 2010, it is expected that the core group will develop the scope of work for a future bidding process to identify the best institution(s) able to do the implementation of the plan.

Revision: To ensure fair competition on the bidding process, AIDSTAR-Two Honduras will develop the scope of work or RFP for the implementation of the social mobilization strategies designed to address the key social norms affecting MSM and transgender groups.

Activity 2.6: Monitor and evaluate

During the process, an M&E participatory team formed by at least two MSM and trans leaders will be organized in each of the four target cities. For this purpose, there will be three on-going training workshops (one in March, another in May, and a third one in August) to build and strengthen their data collection, analysis and evaluation skills. The M&E team will develop a monitoring and evaluation plan with the support of the AIDSTAR-Two team.

These teams will conduct follow-up of local activities around social mobilization, with the support of the core group and the AIDSTAR-Two team. This is intended to build proactive participation among key community members and to provide local support in areas of need during the process. To share these results with the MSM/trans community, will also add co-responsibility in the ownership of the process.

IR 3: Provision of Prevention and Care Services through Local Organizations

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

Activity 3.1: Establish grants management infrastructure

AIDSTAR-Two developed and implemented a rapid response mechanism to award grants to Honduran NGOs that will carry out HIV/AIDS prevention projects based on promising, or best practices with MARPs (CSW, MSM, transvestites, transgendered people, and Garifuna). Activities proposed and supported through the grants program must lead, contribute, or be complementary to longer-term efforts in the national response. The two-step grant-making process involved the development of all required documentation and templates (e.g., terms of reference, contractual documents, etc.), as well as a carefully planned selection and granting process (two selection committees, pre-award assessments).

Activity 3.2: Conduct competitive award process

MSH and its consortium partners have many years of experience balancing compliance with USAID rules and regulations with the flexibility, speed, and responsiveness required to deliver resources to reduce the prevalence and impact of HIV/AIDS. The AIDSTAR-Two Honduras grant management system has been adapted to reflect the type and experience of recipient organizations, and varying levels of financial and programmatic risk. The AIDSTAR-Two Honduras team was responsible for developing a request for proposals (RFP), soliciting and reviewing proposals, determining grant worthiness, issuing awards, and monitoring grants for compliance.

In July 2009, the RFP approved by USAID/Honduras, was officially released and advertised through the national newspapers. The purpose of this RFP was to provide funding and technical assistance to local NGOs in the Central and North Atlantic geographical areas in Honduras to deliver prevention and care services to MSM, transgender, CSWs, and Garifuna populations. To fairly evaluate the proposals received, the AIDSTAR-Two Honduras team organized an Internal Review Committee that followed the defined evaluation criteria, guidelines and procedures for scoring the proposals. In early September, the AIDSTAR-Two team conducted QuickStart assessments with a sample of applicants that had scores of 70 percent and above. The purpose of this assessment was to determine the level of NGO readiness to receive and manage grant funds. QuickStart assesses an organization’s internal financial and administrative systems and processes. The QuickStart instrument was adapted to the Honduras context to ensure its relevance to grantees.

On September 18, 2009 the AIDSTAR-Two team held an External Panel Committee meeting formed by technical staff from USAID/Honduras, CDC and other organizations to select the final grantees. Seven project proposals out of 39 received were chosen. Given the political unrest of the country, the final negotiations were delayed. The period of performance for the grants is October 26, 2009 to September 30, 2010.

Below is a chart showing the target population, organization name, geographic target area, and budget amounts in USD and lempiras.

Target Audience	Selected Grantee	Target Geographic Area	Grant Award (lempiras)	Grant Award (USD)
CSW	<i>Centro de Orientación y Capacitación en SIDA (COCSIDA)</i>	Tela	1.736.351,85	\$91,894.29

Target Audience	Selected Grantee	Target Geographic Area	Grant Award (lempiras)	Grant Award (USD)
	<i>Programa para el Desarrollo de la Infancia y la Mujer (PRODIM)</i>	Tegucigalpa and Comayagua	1.498.126,19	\$79,286.49
	<i>Asociación Hondureña Mujer y Familia (AHMF)</i>	San Pedro Sula, Puerto Cortes, Progreso and Comayagua	1.659.468,85	\$87,825.35
Garífuna	<i>ECOSALUD Atlántida</i>	Corozal, Nva. Armenia, Rio Esteban, and Sambo Creek	1.539.636,05	\$81,483.35
	<i>ECOSALUD Colón</i>	Iriona Viejo, Ciriboya, Cusuna, and Punta Piedra	1.717.332,64	\$90,887.72
	<i>Comisión de Acción Social Menonita (CASM)</i>	Cortés, Bajamar, Trevesia, Chifia, and El Estero	1.253.153,08	\$66,321.59
MSM	<i>Comunidad Gay Sampedrana (CGSSI)</i>	San Pedro Sula, Progreso, Chamelecon, Choloma, and La Lima	1.820.586,39	\$96,352.30
TOTAL			11.224.054,83	\$594,019.34

Activity 3.3: Monitor and evaluate grantee activity

The AIDSTAR-Two Honduras team has developed a solid, non-intrusive TA program and a grant monitoring process to identify and promptly address delays or difficulties faced by NGOs during the execution. While contractual and financial oversight will ensure that the organizational support systems of the NGOs are solid, AIDSTAR-Two counts with a Technical Support Unit, which provides them with consistent and timely guidance and technical assistance and supervision to the whole project's implementation process. This unit will provide face-to-face TA to support NGOs technical staff to analyze their monthly operation plans, provide advice on the course of action, and participate and monitor projects' activities through monthly field visits. They will also identify those areas that need support through feedback, materials and/or specific training. Monthly technical closings will take place during the last 5 working days of each month. During this process, revision and approval of documents such as activity reports, monthly technical reports, monthly monitoring plans, means of verification, monthly activity planning, records and controls of VCT activities performed and projects' deliverables will be undertaken prior to the delivery of requested monthly fund disbursement. The TA will ensure that projects are implemented as proposed, funds are properly expended, and that necessary project or budgetary adjustments through grant agreement modifications are timely and appropriate, counting with the support of the grants financial management staff on those issues related to budget.

In addition to the training workshop on the use of technical and administrative/financial forms and manuals, there are planned training workshops on specific technical areas including: a masculinity

workshop in April and in May a training on gender-base violence for the technical staff of the six grantees. Consistent with MSH's grant management protocols, all grants will be closed out within three months of the program's end date.

Between November and December 2009, AIDSTAR-Two staff with expertise in finance and administration conducted site visits to train grantees in the completion of administrative tables and development of budgets for monthly disbursements. Grantees were also trained on the AIDSTAR-Two administrative manual. A TA plan was also developed and it includes at least two monthly visits to each NGO to assist them with the analysis of their monthly operation plans and to monitor project activities on site. AIDSTAR-Two is tracking the TA being provided using a standardized form that enables monitoring of grantee activities and identifies areas in which grantees need additional assistance.

Voluntary counseling and testing (VCT)

Traditionally, VCT and other HIV-testing services have been offered through the Ministry of Health at medical centers including reproductive health clinics and hospitals. Confidentiality concerns and high levels of stigma and discrimination against members of the target populations that AIDSTAR-Two is working with have hindered these most-at-risk groups from accessing these services. To improve access to and quality of VCT services to these populations, AIDSTAR-Two provides rapid test kits and TA to five NGOs receiving grant funds (COCSIDA, ECOSALUD, PRODIM, AHMF, CGS). These five NGOs also worked on the COMCAVI project providing VCT services for five years. Therefore, they have both the technical and logistical capacity to provide these services.

With USAID's support, AIDSTAR-Two will continue a community-based VCT system in which NGOs working directly with the target populations are trained and provided with the necessary resources to offer HIV rapid testing and counseling. Provision of VCT by peers in non-traditional settings not only provides target populations with access to secure, quality, and appropriate testing and counseling, but also helps reduce ignorance, stigma, and discrimination. AIDSTAR-Two and its grantees will coordinate closely with the MOH, specifically the AIDS National Program, Central Laboratory, and Regulation Bureau, to ensure adherence to the national VCT protocol and regulations.

Currently among the five NGOs there are eight trained staff that can provide VCT services. The AIDSTAR-Two Project requested to the Secretary of Health the provision of a full counseling and testing training for at least five additional staff to be held in May 2010 (depending on the time of availability of the MOH). The project will also conduct a workshop on alleviation of emotional distress (catharsis) for the counselors.

Rapid test procurement and administration

Based upon MOH guidance, AIDSTAR-Two is using Determine as the diagnostic test and Biolane as the confirmatory test. AIDSTAR-Two is working with local vendors to provide licensed NGOs with both tests, conduct re-trainings of staff that delivers VCT services, and monitor client demand for testing.

Activity 3.4: Issue performance-based awards to intensify high-priority activities

Depending on USAID/Honduras funding for FY11 to support the continuation of AIDSTAR-Two activities, the project proposes to issue additional awards to those NGOs that have demonstrated outstanding performance. The purpose of these performance-based awards is to support continued scale up of high-priority program activities. It is likely that that some portion of these “incentive awards” will focus on social mobilization activities as described above.

Revisions: This activity will not be carried out as originally proposed with the current project grantees. Per the discussions with USAID/Honduras, AIDSTAR-Two will issue a competitive RFP for FY11 grants/sub-contracts partnering with local NGOs. The FY11 funding will be disbursed through a performance-based award mechanism, where payments will be executed based on results achieved. This financing methodology is in-line with those being proposed by the MOH as part of the Health Sector Reform in Honduras. Through these performance-based awards, AIDSTAR-Two will continue building the capacity of local NGOs serving MARPs to become more cost-efficient and accountable for achieving the results and outcomes proposed.

Due to the political climate in 2009-10, several project and grantee activities were rescheduled, thus affecting the proposed timeline and funding projections originally proposed. The funds unspent in FY10, will be carried over to FY11 to continue the implementation of the Garifuna communications component from ULAT that is being transferred to AIDSTAR-Two (more specifically the theater groups and the Information, Education and Communication Sub-Committee); open a satellite office in a geographic area where most grantees are located; and for the grants/sub-contracts component of the project.

Monitoring and Evaluation

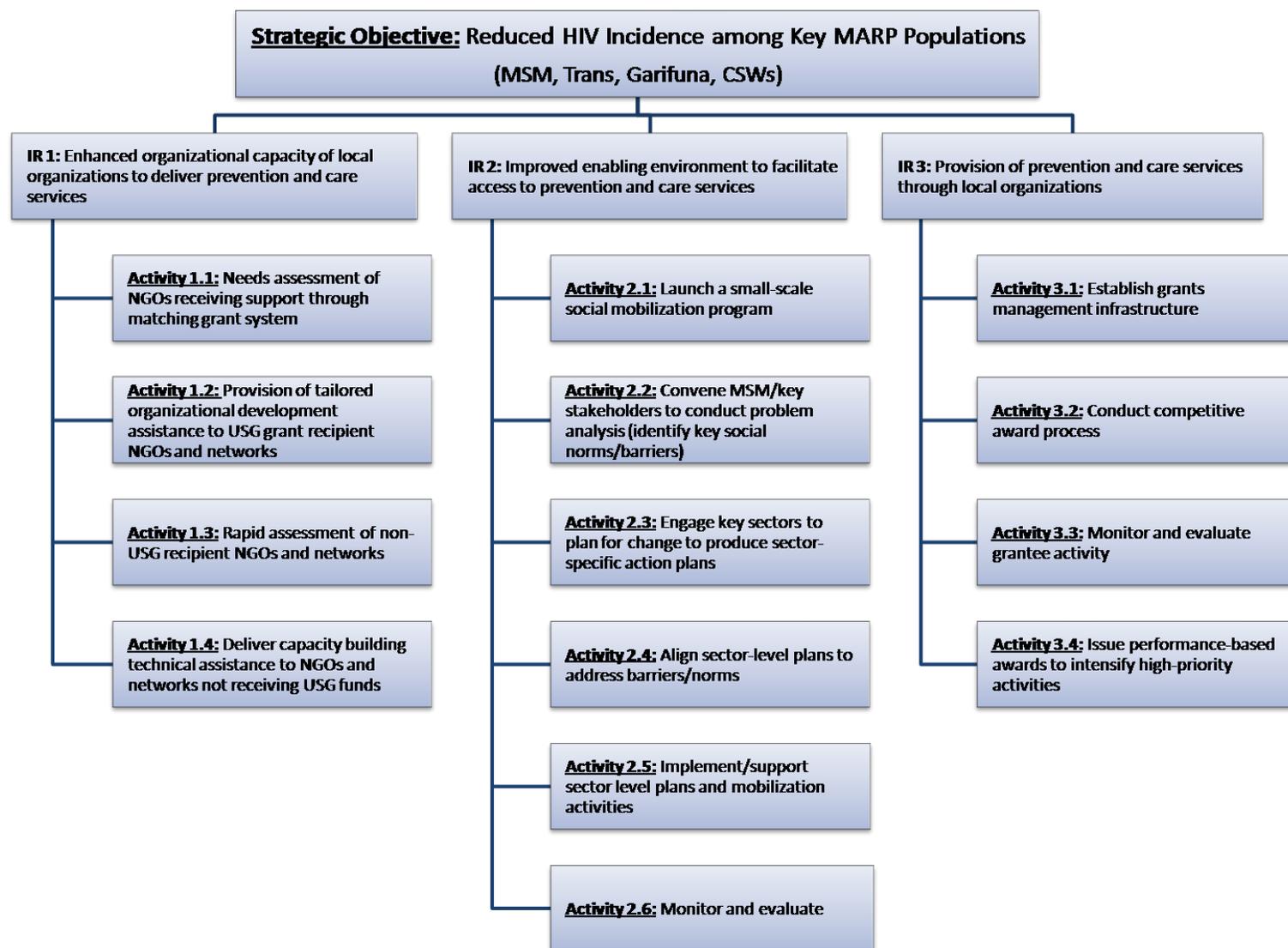
Since July 2009, the AIDSTAR-Two team has been working on the development of an M&E system to collect, consolidate, analyze, and report data from the various activities being implemented in support of each of the three intermediate results of the program. The M&E system is aligned with quantitative and qualitative indicators described in the performance monitoring plan (PMP), with the corresponding schedules as follows:

Development of conceptual design of the program’s M&E system and the grantees’ sub-systems (database), control instrument, and early warning system to monitor the administration of grants and the provision of technical assistance to support selected local NGOs.

- Monitor the monthly, quarterly, and annual reports submitted by the NGOs on the implementation and results of their indicators.

- Provide technical assistance to the selected NGOs so that they can implement M&E sub-systems (database) to keep track of their activities.
- Monitor the activities and results of the institutional capacity building component using the appropriate indicators to measure the impact of the LDP among targeted Global Fund NGOs, as well as the technical assistance resulting from the MOST with NGOs funded by AIDSTAR-Two.
- Monitor the activities and results of the social mobilization component.
- Monitor and evaluate the implementation of all the activities and results of the program and verify the provision of TA to the participating organizations.
- While the Projects' implementation process started in November, a KAP survey was undertaken in December 2009 by two projects (CASM, ECOSALUD Colon) as baseline from Garífuna populations, before starting the execution, given that the NGOs could not find available data in this geographical area. The rest of the NGOs, start out from the baseline delineated at the end of the COMCAVI project.
- A final KAP survey will be carry out to address the results of the year of the grants program, as well as the impact on the target populations.

Annex 1: AIDSTAR-Two Honduras Results Framework



Annex 2: Report on the Outcomes of the MOST Assessment



USAID
FROM THE AMERICAN PEOPLE

AIDS Support and
Technical Assistance
Resources



AIDSTAR-Two
capacity for impact

Informe de Entrega de Talleres MOST

Herramienta de Administración y Sustentabilidad Organizacional (Management and Organizational Sustainability Tool)

Un proceso participativo sostenible de evaluación y mejoramiento gerencial

Tegucigalpa, M.D.C.,

1º. de Marzo de 2010

Honduras, C.A.

INDICE

	<u>Página</u>
I. Preparación del equipo de facilitadores.....	35
1. Compromiso y Socialización.....	35
2. Realización del Taller.....	36
3. Seguimiento y Asistencia Técnica.....	37
II. Resultados.....	37
III. Planes de Acción.....	38
IV. Fotografías de los talleres por ONG.....	48

I. Preparación del Equipo de Facilitadores

Entre el 29 y 30 de octubre de 2009, los técnicos del proyecto de AIDSTAR-Two recibieron de manera virtual la capacitación de adiestramiento de facilitadores (TOT) de MOST de parte de MSH. Posteriormente este equipo adoptó la herramienta de MOST a Honduras.

Todo el proceso MOST se desarrolló en tres etapas:

1. Compromiso y Socialización
2. Realización del taller
3. Seguimiento (Monitoreo y evaluación)

1. Compromiso – Socialización

En el mes de noviembre de 2009, se realizó una visita de socialización de la herramienta MOST con los/as Directores/as de las seis ONGs que reciben fondos de AIDSTAR-Two (COCSIDA, ECOSALUD, CASM, AHMF, CGSSI y PRODIM), para mostrar la herramienta y obtener el compromiso de parte de las instituciones de participar con el recurso humano necesario y con responsabilidades gerenciales dentro de la ONG.

2. Realización del Taller

Los talleres MOST fueron impartidos por cuatro facilitadores de AIDSTAR-Two. Estos talleres tuvieron una duración de dos (2) días con cada ONG y participaron un promedio de 16 participantes.

El taller MOST en cada ONG agrupó a una amplia variedad de personas con responsabilidades gerenciales de todos los niveles de la organización: el/la director/a, los administradores de nivel superior y los gerentes de unidades organizacionales, administradores de funciones clave, incluidas las unidades de prestación de servicios, lo que permitió un análisis de raíz de los obstáculos que impiden el éxito en los procesos o acciones de la organización, las causas que originan ese estado, y las intervenciones necesarias para implementar los cambios que ayudarán a resolverlos.

Adicionalmente, los participantes reflexionan sobre sus percepciones personales acerca del rendimiento gerencial actual, compartieron esas percepciones sobre cambios que puedan mejorar el rendimiento y llegaron a un consenso que se logró en tres niveles de análisis y compromiso: 1- análisis individual, 2- análisis y consenso en grupo pequeño y 3- análisis y consenso en grupo grande o plenaria. Con el resultado se establecieron componentes prioritarios y se formuló un plan de acción que especifica esas prioridades y actividades para la ejecución de esos cambios. Para asegurar de que el plan se lleve a cabo, se eligieron un líder de cambio y un equipo de cambio que serán los responsables de impulsar la ejecución del plan.

A continuación se muestra el detalle de las ONGs capacitadas en MOST, las fechas de realización de los talleres y la ubicación geográfica.

ONG	Fecha	No de participantes	Lugar
COCSIDA	28 y 29 de diciembre de 2009	20	La Ceiba
ECOSALUD	12 y 13 de enero de 2010	14	La Ceiba

CGSSI	14 y 15 de enero de 2010	16	San Pedro sula
AHMF	15 y 16 de enero de 2010	22	San Pedro Sula
CASM	19 y 20 de enero de 2010	16	Tela
PRODIM	25 y 26 de enero de 2009	8	Tegucigalpa

3. Seguimiento y Asistencia Técnica

Se ha programado para el mes de marzo de 2010, realizar una visita de asistencia técnica (AT) a cada una de estas ONGs, coordinada con el/la Directora/a de la ONG y el Equipo de Cambio con el propósito de presentar la propuesta de Plan de Intervención para cada uno de los componentes priorizados, tomar acuerdos e implementar la AT.

II. Resultados

Como resultado de los talleres, las ONGs priorizaron entre tres y cuatro componentes en las cinco áreas gerenciales y los mismos se muestran a continuación:

Organizaciones y Componentes Priorizados en el Taller MOST

COCSIDA:

- Toma de decisiones
- Planificación
- Gestión de ingresos

ECOSALUD

- Planificación
- Administración de recursos humanos
- Gestión de ingresos

CASM

- Gerencia de la información (recolección de datos)
- Gerencia de la información (uso de la información para planificar, evaluar y tomar decisiones)
- Gestión de ingresos

CGSSI

- Comunicación (interna y externa)
- Toma de decisiones
- Gestión de ingresos

AHMF

- Toma de decisiones

- Vínculos a los clientes potenciales
- Gestión de ingresos

PRODIM

- Comunicación
- Garantía de la calidad
- Gestión de ingresos

III. Planes de Acción por ONG

ECOSALUD

Componente Gerencial: Planificación		
Objetivo	Medio de Verificación	Actividades
Elaborar un plan estratégico institucional que sirva de base para la elaboración de planes operativos adecuados y oportunos para junio 2010.	Documento del Plan Estratégico elaborado.	<ol style="list-style-type: none"> 1. Taller sobre Planificación Estratégica 2. Diseñar el Plan Estratégico 3. Socializar el Plan Estratégico

Componente Gerencial: Administración de Recursos Humanos		
Objetivo	Medio de Verificación	Actividades
Elaborar un manual de recursos humanos que contenga políticas y procedimientos de clasificación de puestos, sueldos, contrataciones y evaluaciones del desempeño del personal para mayo 2010.	Documento del manual de Recursos Humanos elaborado.	<ol style="list-style-type: none"> 1. Dos reuniones para redactar el Manual de Recursos Humanos. 2. Socializar el Manual de Recursos Humanos.

Componente Gerencial: Seguimiento y Evaluación		
Objetivo	Medio de Verificación	Actividades
Elaborar un Plan de Seguimiento y Evaluación Institucional hacia mediados del mes de septiembre de 2010.	Documento final del Plan de Seguimiento y Evaluación Institucional.	<ol style="list-style-type: none"> 1. Taller sobre Seguimiento y Evaluación Institucional. 2. Elaboración del Plan de Seguimiento y Evaluación.

Componente Gerencial: Gestión de Ingresos		
Objetivo	Medio de Verificación	Actividades
Diseñar un plan para la obtención de diferentes fuentes de financiamiento para agosto 2010.	Documento del plan para obtención de diferentes fuentes de financiamiento	<ol style="list-style-type: none"> 1. Creación de una página web de la organización que permita atraer nuevas fuentes de financiamiento. 2. Elaborar una cartera de perfiles de proyectos en base a las necesidades de la población. 3. Realizar alianzas estratégicas con instituciones públicas y privadas. 4. Elaborar una base de datos de las agencias y organismos de cooperación internacional.

AHMF

Componente Gerencial: Vínculo a los Clientes Potenciales		
Objetivo	Medio de Verificación	Actividades
Implementar un mecanismo que genere reportes oportunos que permitan detectar la demanda actual y eventual de clientes para julio 2010.	Mecanismo impletamentado.	<ol style="list-style-type: none"> 1. Revisión de reportes actuales. 2. Tiempo de generación de reportes actuales. 3. Elaborar e implementar un nuevo sistema de reportes.
Elaborar un plan estratégico para detectar la oferta y la demanda de los servicios que ofrece la competencia para marzo 2010.	Mecanismo impletamentado.	<ol style="list-style-type: none"> 1. Realizar un estudio interno para detectar la oferta y demanda actual. 2. Reunión de socialización con todas las clínicas para la implementación de los planes estratégicos. 3. Elaborar el plan estratégico de la oferta y demanda de los servicios.

Componente Gerencial: Toma de Decisiones		
Objetivo	Medio de Verificación	Actividades
Crear y fortalecer un Comité de Apoyo en la toma de decisiones importantes en los equipos para marzo 2010.	Comité creado y funcionando.	<ol style="list-style-type: none"> 1. Reunión con la Directora y coordinadores de clínicas, proyectos y administración y mediante consenso elegir las 3 personas que formaran el comité. 2. Notificación enviada a personal correspondiente.

Componte Gerencial: Garantía de Calidad		
Objetivo	Medio de Verificación	Actividades
Socializar el Manual Operativo de las Clínicas y crear un instrumento de evaluación continua de la calidad de los servicios para marzo 2010.	<p>Resultados de evaluación.</p> <p>Calendarización funcionando.</p>	<ol style="list-style-type: none"> 1. Reunión de los equipos de cada Clínica para socializar el Manual Operativo. 2. Elaborar calendarización de evaluación continua y busca de mejoras.

Componente Gerencial: Gestión de Ingresos		
Objetivo	Medio de Verificación	Actividades
Identificar oportunidades de aumento de ingresos para la elaboración de un plan estratégico a mediano y largo plazo en el mes de abril 2010.	<p>Informe del diagnóstico de clientes potenciales y oportunidades de nuevos ingresos.</p> <p>Plan operativo de 3 a 5 años.</p>	<ol style="list-style-type: none"> 1. Buscar apoyo en programas de financiamiento. 2. Desarrollar un taller con el equipo involucrado para capacitarlos en diferentes formas de gestión de fondos.

PRODIM

Componente Gerencial: Garantía de Calidad		
Objetivo	Medio de Verificación	Actividades
<ol style="list-style-type: none"> 1. Implementar y poner en funcionamiento un Departamento de Calidad Interno de la organización para junio de 2010. 2. Alcanzar niveles de 	<p>Perfil del encargado del departamento de calidad elaborado.</p> <p>Existe un Manual de Calidad.</p> <p>Taller de capacitación de</p>	<p>Preparación:</p> <p>Elaborar un perfil de los requerimientos mínimos que debe tener la persona encargada del departamento de calidad.</p>

<p>certificación de reconocimiento de calidad interno y externo en todos los procesos que realiza la organización en un periodo de un año.</p> <p>3. Crear un sistema de medición y de evaluación continua de los procesos que permitan hacer evaluaciones periódicas cada año para mejorar la calidad de servicios brindados.</p>	<p>calidad realizado.</p> <p>Existe un área asignada acondicionada con equipo básico de logística.</p> <p>Criterios de evaluación de calidad elaborados.</p> <p>Certificación de calidad de la institución.</p> <p>Taller sobre medición y evaluación desarrollada.</p> <p>Existe el sistema de medición y evaluación funcionando.</p> <p>Desarrollada la capacitación con el encargado.</p>	<p>Elaborar un manual sobre los criterios de calidad.</p> <p>Realizar un taller de capacitación de calidad conducido por un experto en calidad externo a la institución.</p> <p>Acondicionamiento e instalación del área asignada para el Departamento de Calidad.</p> <p>Ejecución Elaborar los criterios de evaluación de calidad para el personal, servicios y productos de la institución.</p> <p>Elaborar procesos de certificación para la institución.</p> <p>Seguimiento y Monitoreo Desarrollar un taller sobre medición y evaluación de la calidad.</p> <p>Crear un sistema de medición y evaluación con la asesoría externa.</p> <p>Desarrollar una capacitación para el encargado.</p>
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Componente Gerencial: Gestión de Ingresos		
Objetivo	Medio de Verificación	Actividades
<p>Elaboración de un plan de generación de ingresos que incluya un análisis del entorno, identificación de alianzas estratégicas, productos nuevos y medios de proyección en un periodo de 6 meses.</p>	<p>Equipo representativo de la institución integrado.</p> <p>Taller de capacitación desarrollado.</p> <p>Realizado el análisis del entorno.</p>	<p>Preparación Identificar e integrar un equipo representativo de la institución para la implementación del plan de generación de ingresos.</p> <p>Desarrollar un taller de capacitación por un experto</p>

	<p>Identificados los medios, productos y alianzas estratégicas.</p> <p>Un plan de generación de ingresos elaborado.</p> <p>Plan de generación de ingresos funcionado.</p> <p>Informe de resultados del seguimiento y evaluación realizados.</p> <p>Informe de logros obtenidos.</p>	<p>en gestión de recursos económicos.</p> <p>Realizar un análisis del entorno y posibles donantes.</p> <p>Identificar los medios, productos, alianzas estratégicas que favorezcan la gestión de fondos.</p> <p>Ejecución Elaboración del plan de generación de ingresos.</p> <p>Implementación o puesta en marcha del plan de generación de ingresos para la búsqueda o gestión de fondos.</p> <p>Monitoreo y evaluación Realizar seguimiento y evaluación periódica a las actividades de gestión llevadas a cabo a través de la implementación del plan.</p> <p>Evaluación de los logros obtenidos como parte de la gestión realizada.</p>
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Componente Gerencial: Comunicación		
Objetivo	Medio de Verificación	Actividades
<p>1. Construir un plan estratégico de comunicación que promocióne y que haga proactivos a los actores claves y a los proyectos que la institución realiza en un periodo de 6 meses.</p> <p>2. Crear un plan de visibilidad y promoción institucional externa que articulen e integren los proyectos.</p>	<p>Equipo institucional conformado.</p> <p>Contratado un experto.</p> <p>Taller de comunicación y visibilidad realizado.</p> <p>Acondicionado un área de comunicación con el equipo logístico necesario.</p> <p>Plan de comunicación elaborado.</p>	<p>Preparación: Identificar un equipo institucional encargado del plan de comunicación.</p> <p>Contratar un experto en comunicación, mercadeo y diseño gráfico.</p> <p>Comunicación y visibilidad desarrollado por un experto en el tema.</p> <p>Acondicionamiento de área de</p>

	<p>Materiales diseñados.</p> <p>Que los materiales son divulgados a través de los medios Informe de evaluación y monitoreo de la información divulgada.</p>	<p>comunicación con equipo logístico adecuado.</p> <p>Ejecución Elaboración de un plan de comunicación y divulgación.</p> <p>Diseño de los materiales.</p> <p>Divulgación de la información a través de los medios.</p> <p>Monitoreo y evaluación: Realizar evaluación y monitoreo de la información divulgada a través de los medios.</p>
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Componente Gerencial: Administración de Suministros		
Objetivo	Medio de Verificación	Actividades
<p>1. Crear un sistema de administración de suministros que permita generar de manera rápida inventarios para la adquisición de suministros tomando en cuenta la demanda para junio de 2010.</p> <p>2. Elaborar un manual para la administración de suministros para junio de 2010.</p>	<p>Experto en sistema de administración contratado.</p> <p>Taller de capacitación realizado.</p> <p>Manual de administración de suministros elaborados.</p> <p>Acondicionado el área asignada con todo el equipo logístico necesario (computadora con programa diseñado e instalado).</p> <p>Sistema de administración de suministros funcionando continuamente.</p> <p>Informe de monitoreo y evaluación realizado.</p>	<p>Preparación Contratar un experto externo para que diseñe el sistema de administración de servicios.</p> <p>Realizar un taller de capacitación sobre el manejo del sistema.</p> <p>Elaborar un manual de administración de suministros.</p> <p>Acondicionamiento e instalación del área asignada al sistema de suministros.</p> <p>Ejecución Implementación del sistema de administración y suministros.</p> <p>Monitoreo y evaluación Realizar monitoreo, seguimiento y evaluación del funcionamiento del sistema de administración de suministros.</p>

CASM

Componente Gerencial: Gestión de Ingresos		
Objetivo	Medio de Verificación	Actividades
Diseñar e institucionalizar una Estrategia de Recursos en un plazo de 6 meses.	Documentos diseñados. Familiarización con el equipo la estrategia.	1. Taller para la elaboración de Estrategia. 2. Jornada de socialización de la Estrategia en cada región. 3. Actualizar pagina Web. 4. Socializar la Estrategia con la Junta Directiva ampliada con otros miembros de asamblea.

Componte Gerencial: Administración de Recursos Humanos		
Objetivo	Medio de Verificación	Actividades
Hacer una retroalimentación de las políticas de la gerencia de personal en los diferentes niveles de la institución. Determinar y definir los problemas que se dan para la aplicación de las políticas de administración del talento humano. Definir acciones de seguimiento para asegurar la aplicación de políticas.	Recopilación de los diferentes documentos relacionados con la política del personal. Tener un sistema acceso específico que este accesible para todo los responsables. Problemas identificados y alternativos de solución. Plan de seguimiento.	1. Búsqueda en los niveles de diferencia. 2. Generación de espacios de socialización de los documentos recopilados. 3. Generar espacios para la identificación de los problemas y alternativas. 4. Alternativas y definición de un plan de acción para mejorar los procesos 5. Priorizarlos y fortalecerlos. 6. Hacer una distribución de los princíales procesos de personal entre los Miembros del EGA.

Componente Gerencial: Recolección de Datos		
Objetivo	Medio de Verificación	Actividades
1. Mejorar la capacidad de los equipos técnicos Central y Regional para la recopilación y manejo de la información preexistente de los	Base de datos regional. Estadísticas regionales. Documentos impresos y digitales.	1. Capacitar 30 personas de los Equipos Regionales para la implementar mecanismos para la recolección de Información.

<p>últimos 10 años.</p> <p>2. Definir nuevos mecanismos de recolección de información de las diferentes acciones que se realizan en las Regiones.</p>	<p>Mecanismo de recolección.</p>	<ol style="list-style-type: none"> 2. Inventariar y clasificar información preexistente implementando un Modelo de Proyecto. 3. Recolectar información Regional existente. 4. Ordenar y archivar la información recolectada. 5. Ordenar y archivar cada proyecto haciendo uso de los mecanismos de recolección. 6. Definir un mecanismo técnico y financiero para mantener actualizada la pagina Web y la memoria institucional.
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Componente Gerencial: Uso de la Información		
Objetivo	Medio de Verificación	Actividades
<p>Oficializar a mas tardar el tercer mes, un proceso de intercambio de información a todos los niveles institucionales.</p>	<p>Flujo grama diseñado y aprobado.</p> <p>Herramientas diseñadas.</p>	<ol style="list-style-type: none"> 1. Una reunión de trabajo para diseñar el proceso. 2. Diseñar un formato para el uso de la información (Boletín de Hojas Volantes). 3. Socialización del proceso del uso y mas manejo de información.

CGSSI

Componente Gerencial: Administración de RRHH		
Objetivo	Medio de Verificación	Actividades
1. Adaptar el manual de políticas de contratación de personal de acuerdo a los criterios de C.G.S.S.I para junio de 2010. 2. Evaluación de monitoreo para las reuniones.	Manual revisado. Manual de políticas. Invitación a participantes. Lista de Participantes. Informes. Lista de posibles cooperantes. Propuestas técnicas y financieras.	1. Socializar el manual. 2. Cuatro (4) reuniones para la revisión del manual. 3. Reuniones mensuales para la elaboración de propuestas.

Componente Gerencial: Comunicación		
Objetivo	Medio de Verificación	Actividades
Crear un canal de comunicación a partir de febrero que genere mayor información entre el equipo técnico y voluntariado de la C.G.S.S.I.	Listado de Participantes. Ayuda memoria en electrónico y en duro. Informes de cada reunión. Cambiar los correos electrónicos y socializarlo con los diferentes sectores. Elaborar el blog de internet. Bitácora.	1. Reuniones mensuales con equipo técnico y equipo de cambio. 2. Reuniones mensuales con equipo de cambio y voluntariado de los diferentes sectores. 3. Elaboración de un directorio que contenga la información general de cada uno de los voluntarios (correo electrónico, número de teléfono). 4. Elaborar un Blog de internet donde los técnicos y voluntariado puedan tener acceso a la información y actividades realizadas por la organización. 5. Contar con un comité de comunicación.

Componente Gerencial: Gestión de Ingresos		
Objetivo	Medio de Verificación	Actividades
<p>Elaborar un sistema de Identificación de Cooperantes para la presentación de propuesta de C.G.S.S.I para marzo de 2010.</p> <p>Incrementar la presentación de propuestas o proyectos a los diferentes cooperantes identificados para la sostenibilidad de las actividades de la ONG para junio de 2010.</p> <p>Crear Micro Empresas para generar recursos para lograr una sostenibilidad en la organización para junio de 2010</p>	<p>Cartilla de donantes elaboradas con toda la información necesaria.</p> <p>Propuestas presentadas.</p> <p>Elaborar un borrador propuesta de la creación de una micro empresa que incluya mercado, producto, proveedores y clientes.</p>	<ol style="list-style-type: none"> 1. Búsqueda de donantes por Internet, libros de contactos para la elaboración de la cartilla. 2. Información de propuestas anteriores y reuniones del equipo técnico y voluntarios. 3. Realizar un estudio de factibilidad. 4. Identificar clientes potenciales, precios, competencia y una zona específica. 5. Evaluación de monitoreo para las reuniones.

Componente Gerencial: Toma de Decisiones		
Objetivo	Medio de Verificación	Actividades
<p>Involucrar a los líderes en la toma de decisiones de la ONG de febrero a mayo de 2010.</p> <p>Socializar a los líderes el proceso de toma de decisiones en junio de 2010.</p>	<p>Copia de Agenda.</p> <p>Listado de Asistencia.</p> <p>Ayuda Memoria (Bitácora).</p> <p>Fotos.</p>	<ol style="list-style-type: none"> 1. Reunión mensual. 2. Reunión semestrales comenzando en el 2do trimestre.

Nota: El Plan de Acción de COCSIDA, está en revisión final por la Dirección y el Equipo de Cambio.

IV. Fotografías de los Talleres MOST por ONG

COCSIDA



ECOSALUD



CGSSI



AHMF



CASM



PRODIM



