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**PrevenSida**

# **Fifth Year Work Plan**

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## Acronyms

ADESENI	Asociación por los Derechos Humanos de la Diversidad Sexual Nicaragüense (Association for Human Rights of Nicaraguan Sexua Diversity)
AIDS	Acquired Immune Deficiency Syndrome
ADISNIC	Asociación Diversidad Sexual Nicaraguense (Nicaraguan Association of Sexual Diversity)
ADMUTRANS	Asociación de Mujeres Trans (Trans Women Association)
AMODISEC	Asociación Movimiento de la Diversidad Sexual Costeña (Association Movement of Coastal Sexual Diversity)
ANIT	Asociación Nicaragüense de Trans (Trans Nicaraguan Association)
ART	Antiretroviral Therapy
BSS	Behavioral Surveillance Survey
CAP	Capacity
CAR	Central American Region
CCP	Country Coordinating Mechanism
CDC	Centers for Disease Control and Prevention
CEPRESI	Center for Aids Education and Prevention
CHS	Center for Human Services
CPC	Combination Prevetion and Care
CoC	Continuum of Care
CIES	Center for Health Research Studies
CONISIDA	Nicaraguan Aids Commission
CSW	Commercial Sexual Worker
CURR	Current
CQI	Continuous Quality Improvement
HR	Human Rights
DR	Democracy and Governance
DSD	Direct Service of Delivery
FSW	Female sexual worker
FY12	Fiscal Year 2012
FY13	Fiscal Year 2013
FY14	Fiscal Year 2014
FY15	Fiscal Year 2015
GAM	Grupo de Ayuda Mutua (Mutual Help Group)
GBV	Gender Based Violence
GEFE	Gender Equality and Female Empowerment
GF	Global Fund
GFTAM	Global Fund Tuberculosis, Aids & Malaria
GPY	General Population and Youth
HCI	Health Care Improvement
HCW	Health Care Workers
HIV/AIDS	Human immunodeficiency virus/ acquired immunodeficiency syndrome
HR	Human Rights
HRGP	Human Rights Grants Program

HTC	HIV Testing and Counseling
ICT	Information and Communication Technologies
IDU	Injecting Drug User
KP	Key Population
KPCF	Key Population Challenge Funds
LAB	Laboratory
LGBT	Lesbian, Gay, Bisexual, and Transgender
M&E	Monitoring and Evaluation
MARP	Most at Risk Populations
MOH	Ministry of Health
MOT	Mode of Transmission
MSM	Men who have sex with Men
NDI	National Democratic Institute
NDRC	National Diagnosis and Reference Center
NGO	Non-Governmental Organization
NSP	National Strategic Plan for STI, HIV/Aids 2006-2012
OCAG	Office of the U.S. Global AIDS Coordinator
ONUSIDA	Programa Conjunto de las Naciones Unidas sobre el VIH/sida
PASMO	Pan American Social Marketing Organization
PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
PLACE	Priorities for Local AIDS Control Efforts
PREV	Prevention
PwP	Prevention with Positives
QI	Quality Improvement
RAAN	Northern Atlantic Autonomous Region
RAAS	Southern Atlantic Autonomous Region
RSJ	Rio San Juan
S&D	Stigma and Discrimination
SI	Strategic Information
SILAIS	Local Integrated Health Care Systems
SMS	Short Message Service
STI	Sexually Transmitted Infections
SW	Sexual Worker
T&C	Testing and Counseling
TRAINET	Training for Information and Results reporting system
TRANS	Transgender, transsexual, transvestite
UNAIDS	Joint United Nations Programme on HIV/AIDS
UN	United Nations
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
URC	University Research Co., LLC
USAID	United States Agency for International Development
USAID ASSIT	Applying Science to Strengthen and Improve Systems
USAID/DELIVER	Contraceptives Logistics Programme
USAID/PASCA	USAID Program for Strengthening the Central American Response to
USAID/ PrevenSida	Prevention of HIV/AIDS transmission among High Risk Population Program
USG	United States Government
WHO	World Health Organization

## 1. Executive summary

This annual operating plan corresponds to the Fifth Year of the USAID|PrevenSida project. Its objective is to increase healthy behaviors in order to reduce HIV/AIDS transmission among MARP. The reason for the key populations focus is that Nicaragua has a concentrated epidemic type, i.e., prevalence above 5% in key populations (MSM, Transgender, female sex workers and other MARP) and less than 1% in general population. The Project is planned to conclude in September 2016.

During Fiscal year 2014 (FY14) there were three types of additional funds received: KPCF, additional PEPFAR and LGBT.

With the KPCF funds (*October 2013-September 2014*): HIV preventive services coverage increased through NGOs with presence in territories not previously covered by PrevenSida such as: Carazo, Nueva Segovia, Madriz, Matagalpa, Boaco, Rio San Juan and Las Minas. In addition, selected NGOs received institutional capacity support and increased their number of beneficiaries.

With additional PEPFAR funds (*October 2013-September 2016*), PrevenSida increased the coverage of preventive services to KP by increasing the number and amount of sub-grants in geographical areas that had previously received institutional capacity strengthening for NGOs in Nicaragua (Managua, Masaya, Granada, Rivas, Leon, Chinandega, RAAN, and RAAS).

With LGBT funds from the Human Rights Program, PrevenSida built capacities in LGBT NGOs to improve institutional strengthening and provide training on some specific topics: legal advocacy, Gender Based Violence (GBV), communication, and stigma and discrimination.

For FY15, the main action lines will be: In-service training using the interactive teaching package for management, prevention. and Human Rights (HR); grants to offer preventive services focused on key populations and prioritized municipalities; implementing the unique recording system in USAID|PrevenSida grantee NGOs and GF recipients under the model of people which have received the minimum package and continuous strategic information.

### **Strategic approach.**

#### **Rationality of the Combination Prevention and Care for people with HIV/Aids.**

PEPFAR, the Office of the U.S. Global AIDS Coordinator (OCAG), UNAIDS and the Global Fund have established their priorities around prevention in key populations, for which in Nicaragua in the last three years there has been progress. However, care for people with HIV has not had the same development.

OCAG in the Central America Region (CAR) Operational Plan Report FY 2013 establishes the following among their top priorities: Behavioral Surveillance Survey (BSS- El Salvador, Nicaragua, Belize) results showed PLHIV with high rates of STIs and, after a visit by the PEPFAR Prevention Technical Working Group, it was suggested that outreach activities to

PLHIV could improve. In response, the USG is able to focus our program even better. The USG team has chosen to specifically strengthen prevention efforts for transgender women and PLHIV under Positive Health, Dignity and Prevention activities in FY13. These two KP represent the most stigmatized, the most vulnerable and those with the most risky behaviors. Prevention with Positives (PwP) will continue to be a strategic priority for the USG. In CAR, it is estimated that 2 out of 3 PLHIV do not know their HIV status or that of their partners. Improving identification of HIV-positive individuals and sero-discordant couples and offering early treatment to PLHIV will reduce the risk of transmission and reduce morbidity and mortality experienced by PLHIV. The USG will provide training on the minimum package of prevention services.

USG is funding programs in adult care and support, both facility-based and community-based activities for HIV-infected people, their families and their community. In January of 2014 there is a new set of PEPFAR indicators. Three of them are related to prevention and care for people with HIV. The purpose of the Care and Support indicator is that Care and Support programs provide a range of services across the continuum of care, addressing clinical and non-clinical needs of people living with HIV (PLHIV) in the pre-ART and ART phases of care. Clinical care is essential for all PLHIV, including periodic assessment of clinical and immune status; determination of eligibility for ART, timely initiation of ART for all eligible clients; and provision of other services known to reduce morbidity and mortality, such as screening and prophylaxis for opportunistic infections.

The HIV epidemic has concentrated in transgender population. BSS 2013 in Nicaragua reports HIV prevalence in transgender in Managua at 9.7% and in Chinandega at 27.8%. This population is sexually active, with low consistency in condom use with different partners reported, which exposes them both to STIs and HIV reinfection.

To provide support to care for people with HIV and especially transgender, the USAID|ASSIST and USAID|PrevenSida projects have adapted the blue print, which is a guide to provide care for transgender people. This adaptation process has developed with health professionals and transgender leaders.

With this new approach, NGOs providing care for people with HIV individually, should receive at least one of the following: clinical assessment (WHO staging) OR CD4 count to be included in the indicator.

USAID|PrevenSida has provided strong support to HIV prevention in key populations but in face of the new priorities targeting secondary prevention and care for people with HIV it will implement actions to strengthen Combination Prevention and Care (CPC). The main strategies are:

- Increase in coverage of PLHIV
- Integrating prevention and care
- Maintaining the focus of combined services defined in PEPFAR indicators
- Integrating data related to prevention, CD4, secondary care and prevention into the Unique Record
- Adapting the territories focusing prioritized municipalities
- Epidemiological re-analysis based on cases reported by department and municipality

*Institutional strengthening.* During the first 4 years of the project, 60 NGOs have participated in training processes on management topics and have received coaching and in-service training to improve their administrative and financial processes through updating and implementing relevant manuals, strategic and annual planning, monitoring and evaluation plans and quality standards monitoring. For 2015 there will be facilitators' training on the interactive teaching package for management in 32 NGOs in the Pacific and Caribbean, which will enable them to consolidate sustainability of processes in human resources training completed through CIES and USAID|PrevenSida facilitators.

*Grants.* In the first 4 years of project life, grants were awarded for HIV prevention in key populations for 31 NGOs and 5 new NGOs received funds for the HR component. For 2015 we expect to select at least 10 NGOs to execute HIV prevention activities in territories nationwide where cases incidence is equal or greater to 0.03% and coordinating with the GF to avoid duplicating actions in sites.

*Knowledge Management.* Along with USAID|PASCA, USAID|DELIVER and USAID|Combination Prevention, we will promote knowledge flowing from one organization to another, to prevention services recipients, and to the community. Some ways to disseminate knowledge will be through monthly electronic bulletins and the PrevenSida Web Site.

#### *Project coverage.*

Up to 2013, intervention prioritization was completed at the departmental level. However, it is necessary to move forward in focalization towards minor administrative units: municipalities. To identify these municipalities, we reviewed the new cases report for 2011-2013 nationwide.

Nicaragua has 153 municipalities distributed in 15 departments and two autonomous regions: RACS and RACN. In 67 municipalities (44% of the total) there have not been any positive cases reported in the period under study; 18 municipalities (12%) have reported at least one case; 22 municipalities have 0.01% incidence; 20 municipalities (13%) have 0.02% incidence; 10 municipalities have 0.03%, and 19 municipalities (12%) have incidences greater than 0.04%. These are annual approximate rates, taking the highest during this period as reference. If we take, **0.02% incidence as starting point to prioritize**, this is 1.3 times larger than the current incidence rate of 0.016%<sup>1</sup> among general population, USAID would provide assistance to 44 municipalities with rates >0.02% (excluding only MT and RACN).

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<sup>1</sup> USAID's own estimation, detailed in the beginning of the document

Table 1. Prioritization of municipalities according to annual incidence 2011-2013 for prevention

Department or Region	<b>Greater than 0.04% (2.6 times more)</b>	<b>0.03-0.02% (1.3 times more)</b>	<b>Less than 0.01% (&lt; or equal to the national rate)</b>	<b>Departmental coverage from</b>
Managua	Managua	Ciudad Sandino, Tipitapa, Mateare, Ticuantepe	EC, VCF, VC, SRS, SFL	GF, USAID
Chinandega	Chinandega,	Somotillo, Corinto, San Fco Norte, Villanueva, El Viejo, El Realejo, Puerto Morazan	CH, P, ST, CP, SPN	GF, USAID
Masaya	Masaya	Catarina	NIN, LC, MA, SJO, NA, TI, NIQ	GF, USAID
Leon	Leon		ES, LPC, AC, NA, JI, QU, LA, SRP, TE	GF, USAID
Granada			GR, DO, DA, NA	GF
Rivas	Altagracia	Rivas	BE, PO, BA, CA, MO, SJS, TO, SJ	USAID
Carazo	Dolores, Jinotepe	La Paz, El Rosario	DI, SM, LC, TE	USAID
RACN	Bilwi, Waspam, Bonanza	Prinzapolka	SI, RO, WA	GF
RACS	Corn Island, Karawala	Cukra Hill, Bluefields, El Ayote	LP, TO, RA, NG, DCRG, MB, PA	GF, USAID
Rio San Juan	San Carlos, Morrito	San Miguelito	EC, EA, SJN	USAID
Chontales	Juigalpa, Santo Domingo	Santo Tomas, La Libertad, Cuapa, Acoyapa	VS, CO, EC, SPL	USAID
Boaco	Boaco, San Jose de los Remates		TE, CA, SLO, SLU	USAID
Matagalpa	Mulukuku	Matagalpa	SE, LD, MA, RB, MM, TE, DA, ES, RG, SD, SI, SR	GF
Jinotega		Jinotega	YA, EC, LC, SJB, SRN, PA, WI	USAID
Nueva Segovia		Ocotol, Dipilto, Mozonte	JA, JI, CA, MA, MU, QI, SF, SM, WNS	USAID
Esteli		La Trinidad	ES, CO, PU, LI, SN	USAID
Madriz		Somoto	LS, PA, CU, SJRC, SL, TE, TO, YA	USAID

Source: created from new cases reported by municipality MINSA 2011-2013



In the planning process for the next phase, the GF along with the Main Recipient – INSS and CONISIDA, it was agreed to cover 20% of the population estimated for 2015 and 2016 in 10 departments (Table 1):

1. Managua
2. Chinandega
3. León
4. Masaya
5. Rivas
6. Chontales
7. Matagalpa
8. Boaco
9. RAAS
10. Río San Juan

Other departments may be added depending on country needs, epidemiological situation and by GF and CONISIDA coordination.

### **Result 1. Institutional strengthening**

PrevenSida will continue supporting NGOs to improve their administrative and financial areas and increase competences of technical staff in HIV prevention and advocacy for Human Rights. For 2015, the interactive teaching packages on management, combination prevention (updated), advocacy, HR, gender and human trafficking will be available.

Pre-service training has been completed for most NGOs with administrative and financial capabilities conducting prevention actions, which is why in-service training will continue, reinforcing knowledge on specific topics.

### **Result 2. Prevention services to MARPs and Combination Prevention and Care**

PrevenSida will continue to implement HIV combination prevention according to the new PEPFAR indicator guidelines released on February 2014. For MARPS the minimum package is delivered at the individual and/or small group level. These interventions are components of a comprehensive program. The minimum package has been adapted for different sub-groups especially vulnerable to HIV.

For this period we will emphasize on the continuum of care for people with HIV including CD4 and viral load follow up, integration in Mutual Help Groups (GAM), clinical assessment (WHO staging) and adherence. We have planned to provide one NGO with clinical laboratory capabilities to acquire portable CD4 equipment through the grant and to be able to complete 500 tests to start.

Together with USAID | ASSIST we will work on the validation of the guide of comprehensive care for transgender people which will be part of an advocacy plan of transgender associations

for submission to the Ministry of Health. In addition, we will design quality assurance programs in at least 5 NGOs (2 NGOs from people with HIV and 3 of sexual diversity 3).

### ***Interventions focalization***

We have completed the first approximation at the municipal level based on the positive cases incidence percentage from the 2011 to the 2013 period.

USAID|PrevenSida will focus on 10 departments and in those municipalities (20) with incidences equal or greater than 0.03%. Table 2.

Other departments may be added depending on country needs, epidemiological situation and by GF and CONISIDA coordination.

### **Result 3. Stigma and discrimination**

NGOs staff will be trained on concepts and methodologies to reduce stigma and discrimination. We will continue to implement video forums adding the video *Yo soy costeña*, made by PrevenSida in the HR component of LGBT population in the Caribbean Coast, which shows how a socially excluded community opened the way to spaces for incidence to reduce stigma and discrimination and LGBT population human rights defense.

### ***Human Rights advocacy***

This component will be included into HIV prevention. The facilitators' training now includes advocacy and other specific topics to improve competences among NGO promoters in specific topics.

In addition, the human trafficking topic has been included since the target population is very vulnerable to this crime and human rights violations as well as the gender and gender based violence (GBV) topics.

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

Strategic information will be shared continually with NGOs so they can keep informed participation in the national response to HIV. This information will come from the revision of the epidemiological situation; preventive services delivered by PrevenSida with emphasis on coverage analysis based on population size and HIV rapid test reactive cases. Other sources will be USAID programs such as USAID|PASCA and USAID|Combination Prevention as well as the one emerging from CONISIDA and GF.

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

### ***Evidence-Based Policy Analysis and Formulation***

PrevenSida will work with MSM, transgender, female sexual workers, and with PLWHA organizations in order to analyze the current strategic planning and policies developed based on

the social determinants of health during FY 14. This activity will be coordinated with USAID|ASSIST to share information with human resources training centers and with USAID|PASCA in their main role of supporting advocacy plans and public policies drafting.

**Policy.** NGOs staff will be trained on the design of short-term, high impact advocacy plans; which they will then have the opportunity to implement through the sub-grants mechanism related to HIV prevention.

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

In joint cooperation with the main receptor of the Global Fund and in coordination with the CCM, USAID|PrevenSida will provide ONUSIDA information to develop country reports. For this PrevenSida will take advantage of its participation space in the committee of Monitoring and Evaluation and will encourage the use of information related to key population.

For 2015, USAID|PrevenSida will cover approximately 20% of estimated key populations which will enable the country to comply with the joint focus to apply HIV/Aids in the Central American Region with the particular objective of reaching minimum coverage for prevention services of 80% among each key population before using it in other activities.

The project will continue to share preventive services production with the GF MR-INSS and CONSIDA and will adapt the unique recording system at GF recipients based on the new description of the indicator of people with combination prevention established for the next round.

## **2. Demographic and HIV statistics.**

Based on the definition of UNAIDS<sup>2</sup>, Nicaragua has a concentrated type epidemic because prevalence is above 5% in key populations and less than 1% in overall population and according to the report of The National Aids Commission (CONSIDA) in their distribution analysis for new HIV infections and recommendations for prevention for 2012 (HIV Transmission Ways Model)<sup>3</sup>,

### **2.1 HIV statistics generated by MoH**

Since the first case was reported in Nicaragua in 1987 up to March 2014, there have been a total of 9,125 people diagnosed with HIV registered through the monitoring system of the Ministry of Health (MOH)<sup>4</sup>. 7,152 of these were captured on HIV status, and 1,076 have died. Prevalence rate is 0.24 per 100 people.

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<sup>2</sup> UNAIDS, Terminology Guidelines, Version revised October 2011, Geneva, Switzerland, UNAIDS, 2011

<sup>3</sup> COMISIÓN NICARAGUENSE DEL SIDA. HIV Transmission Ways

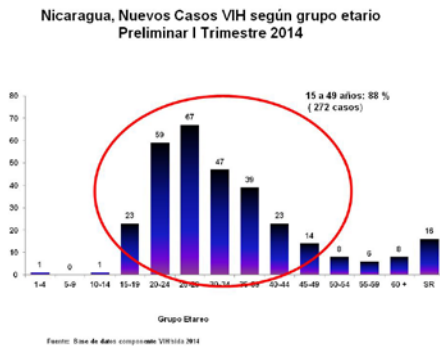
Analysis of new HIV infections' distribution and prevention recommendations. April 2012.

[http://www.pasca.org/sites/default/files/MoT\\_NICARAGUA\\_2011\\_finalB.pdf](http://www.pasca.org/sites/default/files/MoT_NICARAGUA_2011_finalB.pdf) [Access October 12<sup>th</sup>, 2012.]

<sup>4</sup> MINSA. HIV and Aids Component. 2014 data base.

According to the same source, in the first quarter of year 2014, the most affected age groups are those from 15 to 49 years old with 88% of cases (272 cases). Regarding sex, 53% (165) were men, 33% (104) were women and 14% (39) of the data is unknown.

Graphic1: HIV per age group. First quarter Year 2014.



According to the MOH quinquennial report (2007-2011)<sup>5</sup>, out of the total number of people with HIV; 91% reported to be heterosexual, 3% reported to be bisexual, and 4% are men who have sex with men (MSM). The MSM HIV prevalence is 7.5%, and HIV prevalence is 3.2% in sex workers.

The predominant transmission way is sexual; corresponding to 98.8%, and 1.2% is vertical transmission.

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

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

## 2.3 HVI statistics generated by PrevenSida

Rapid testing by PrevenSida during October 2011 to March 2014 recorded 5,122 gay men tested and obtained 25 positive results for a percentage of 0.49. Among Trans population, 921 people were tested with a result of 21 positive cases for a percentage of 2.28<sup>6</sup>.

The USAID/PrevenSida report, between October 2011 and March 2014 includes 32,201 HIV tests: 105 with reactive results for a point prevalence rate of 0.33%.

Geographically, people tested by USAID/PrevenSida with reactive rapid test results are located mainly in the Pacific of Nicaragua (Managua, Chontales, Masaya) and RAAN, similarly to the epidemiological surveillance report of 2013<sup>7</sup>.

In Fiscal Year 2014, PrevenSida detected 21 new cases (0.24%) in 12 departments and 46 municipalities with the highest incidence in Puerto Cabezas (2.51%), Tipitapa (0.62%),

<sup>5</sup> Ministry of Health, HIV and Aids Epidemiological Situation: 2007 – 2011. Managua, Nicaragua. MINSa. 2012.

<sup>6</sup> PrevenSida data base. October 2011 to March 2014.

<sup>7</sup> STI, HIV and Aids Component, MINSa 2014

Matagalpa (0.54%), Leon (0.47%), San Carlos (0.42%), Chinandega (0.32%), Bluefields (0.29%), El Rama (0.28%) and Managua (0.21%).

## 2.4 Estimated coverage for key population

In the beginning of June 2014, along with CONISIDA and the GF Main Recipient we updated key populations per department with the enumeration method (combination of unique PrevenSida and PEPFAR records) for the three key populations. The enumeration method (or census of users measured per record) was used for departments where there is good coverage: Managua, Chinandega, Leon, Masaya, Granada, Carazo, Rivas, Boaco, Chontales, RAAN, RAAS and RSJ. The value of the department with less coverage of the previous group was applied to departments where there is poor coverage, in this case the values for Rio San Juan.

The population size established by USAID|PrevenSida is 3.5% for MSM (denominator: men from 15 to 49 years of age), in turn CONISIDA will manage 3.12%; for Trans 0.34% (same denominator from MSM) and 1% for female sexual workers (denominator: women from 15 to 49 years of age).

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

University Research Co., LLC (URC)<sup>8</sup> is a global company dedicated to improving the quality of health care, social services, and health education worldwide. With our non-profit affiliate, the Center for Human Services (CHS), URC manages projects in over 40 countries, including the United States, through management of large grants, contracts, and cooperative agreements on behalf of USAID, Global Fund, WHO, UNICEF, the Gates Foundation, regional development banks, local partners and other clients.

URC focuses on finding ways to deliver proven approaches to health care problems, applying quality improvement (QI) methods, and conducting operations research to tailor those approaches to various settings. Recognizing implementation barriers unique to each setting, we train local managers and service providers to strengthen health systems, integrate system elements, and bring improvements to scale. URC also specializes in designing health messages and materials to educate target audiences about improving health behaviors.

Internationally, URC is engaged in improving access to and quality of maternal, newborn, and child health services; addressing infectious diseases including HIV/AIDS, TB, and malaria; and improving reproductive health and family planning services. In the United States, URC focuses on improving communication related to issues like substance abuse, with a particular focus on reaching underserved populations.

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<sup>8</sup> <http://www.urc-chs.com/>

PrevenSida is administered by University Research Co., LLC (URC) under cooperative agreement number AID-524-A-10-00003. It is the project of the United States Agency for International Development (USAID) for HIV/Aids transmission prevention among high-risk population. It is a six year project (September 20<sup>th</sup> 2010 to September 20<sup>th</sup> 2016) with a \$7 million investment implemented nationwide.

#### 4. Programs goals and strategic components within the PERFAR framework

The program goal is to increase healthy behaviors in order to reduce HIV/AIDS transmission among MARPS and to the population at large. These healthy behaviors include increased condom use, reduced number of sexual partners and increased access to HIV testing and will be measured by the following indicators:

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

See Impact indicators in table 3 and PEPFAR indicators in table 3 in annex.

#### Strategic components impacted

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

# 1. Technical Report

## 1.1 Overview of Approach

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

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

We will continue to provide technical assistance for institutional strengthening, combination prevention services provision, stigma and discrimination reduction, Gender Based Violence (GBV) prevention, and increasing NGOs participation in the national response. In addition: technical advice to the GFTAM Main Recipient in Unique Register System, and to CONISIDA in size estimation/enumeration at local /national level to estimate coverage. Direct Service of Delivery (DSD) of: HIV Testing and Counseling (HTC), Prevention, non clinical, and lab. The combination prevention package includes the family planning component integration.

### ***Institutional strengthening.***

During the first 4 years of the project, 60 NGOs have participated in training processes on management topics and have received coaching and in-service training to improve their administrative and financial processes through updating and implementing relevant manuals, strategic and annual planning, monitoring and evaluation plans and quality standards monitoring.

By 2015 facilitators will be trained on the management interactive teaching package in 32 NGOs of the Pacific and the Caribbean, which will allow to consolidate sustainability of processes implemented in human resources training through CIES and USAID|PrevenSida facilitators.

Due to increased demand from other NGOs not covered in previous years, the project will be maintaining its national coverage initiated in 2013, including GFTAM sub recipients for the institutional strengthening component.

### ***Combination HIV prevention.***

The Minister of Health and President signed the HIV Sustainability Strategy for Central America; the country will start gradually incorporating prevention services for key populations. Among structural interventions of combination prevention we will work with NGOs to understand the relationship of gender-based violence and HIV, stigma and discrimination as a barrier for care and prevention, and violation of human rights of sexual diversity and positive people.

***Combination Prevention and Care.*** Among community based clinical care we will strengthen aspects related to antiretroviral therapy adherence, either in self-help groups or home visits by NGOs with the profile of HIV care, clinical assessment (WHO staging) and CD4 test. We will also assess the need and contraception referral of people reached, evaluation of sexually transmitted infections (STIs), HIV testing and counseling.

In behavioral interventions we will work with the combination prevention regional project for partner reduction, mutual monogamy, correct and consistent use of condoms, and prevention regarding alcohol and drugs. Approaches target motivating positive behavior change in individuals, couples, families, peer groups or networks.

***Improvement Collaborative.***

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

In FY15, two improvement collaboratives will address two goals:

1. Improving managerial capabilities. This is the NGO capacity building collaborative addressing management, finance, budgeting and accounting, human resource management, bids and procurements; including proposal writing and grants management. The outcome of participating in this collaborative will be strong NGOs capable of continuing independently.
2. Improving access to quality preventive services and Human Rights Approach contributing to the reduction of stigma and discrimination. This collaborative will build on the successful experiences to date, bringing new and additional knowledge and skills in managing HIV prevention for MARPs.

The NGO will document quality improvement (QI) activities in the last 6 months that addresses HIV prevention interventions. This action corresponds to the DSD indicator of Quality Improvement (QI) interventions.

***Knowledge Management.***

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

***Networking.***

NGOs selected to receive grants will network with common objectives and goals, spaces to share good practices and strategic information. Networking is important because the problems to address are too large for any organization to face on their own.



## 1.2 Result One: Strengthened Institutional Capacity of at least 32 NGOs

In 2014, the project is completing its goal of new health care workers (HCW) graduated from pre-service training. In the remaining period the project will continue with refreshment courses (in-service training) as part of its capacity building and quality improvement activities.

The URC Team will provide assistance to NGOs to strengthen their leadership capacities to effectively coordinate HIV prevention objectives and implement key policies to support incidence reduction.

The project will implement in-service training activities to improve their administrative, financial and technical capacities. All of these topics have been compiled into an interactive teaching package and its objective is for NGOs to have training tools in developing human resources without depending on external facilitators for training.

The management modules are: management, leadership and networking, annual and strategic planning, financial control, monitoring and evaluation, strategic information and knowledge management, and unique record for key populations.

The prevention modules are: BCC methodologies, combination prevention, HIV testing, gender-based violence, and stigma and discrimination.

The HR modules are: Human trafficking, legal framework, advocacy, effective communication and gender.

### Activities

#### ***Skills development.***

In the previous years, administrative and technical staff at NGOs had been trained under the pre-service criteria. In this new year, we will move to building local cascade training capabilities and drafting a methodological design to train facilitators in the use of the interactive teaching package, this is the generic design for the topics with the purpose of facilitators gaining ownership in the use of the training tool and reducing gaps in knowledge that may be detected at the time of facilitator training.

The training will be led by PrevenSida, with the coordination of USAID|Combination Prevention, USAID|PASCA and USAID|DELIVER.

With USAID|DELIVER we will continue to strengthen the storage and supplies logistics topics and with USAID|Combination Prevention, the communication for behavior change methodology. USAID|PASCA will provide support on advocacy and regulatory framework.

See training program in table 5.

#### ***Trainet***

USAID|PrevenSida, within the PEPFAR strategy guidelines (February 2013), resumed the definition of training as any learning activity that enables knowledge, skills and attitudes acquisition by participants through a designated teacher or facilitator, with learning objectives and results. In 2015, the type of training will be in-service corresponding to the development of

training programs targeting service providers in order to update knowledge and skills, as well as to add new contents or examples of good practices, which enables completion of competencies required to perform functions required by the position. During in-service training, knowledge and skills are updated or new ones are added.

Starting from good practices in organizing the training information recording, we have designed and shared the flow for documentation on training and technical assistance, which enabled us by the middle of the last semester of FY 14 to review, adjust and approve information before storing it in trained, thus ensuring data accuracy, transparency and quality. Updated and shared the training sessions catalogue which enabled standardized recording of activities. See training sessions catalogue in table 6.

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

### ***Mentoring:***

NGOs selected to receive grants with presence in USAID|PrevenSida coverage departments (Managua, Chinandega, León, Masaya, Rivas, Chontales, Matagalpa, Boaco, RAAS and Río San Juan) will receive coaching by PrevenSida in order to ensure that learning continues and that the demonstrations of approach applications are used for further learning.

An outcome of this activity is the NGOs developing planning processes and implementing administrative, financial and technical standards.

### ***Monitoring and Evaluation:***

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

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

The unique record system was created in ACCESS with over 50 reporting tables that are used to analyze goal compliance, coverage, MARP preventive services, and prevention with positives. This has allowed for NGOs to improve knowledge of risk populations and MARP approach sites.

By 2015, a new version of the unique record will be available; this will include recommendations from experts in order to include variables in the unique code, which will not be modified in time, pertinent modifications have been completed. Other adaptations include adding the report of individuals that have received the minimum combination prevention package, in addition the capture mask for PLWH including variables for the continuum of care.

Adding the report of individuals which have received a minimum combination prevention package corresponds to indications described in the Joint Approach for HIV/Aids in the Central American region and Dominican Republic before the Global Fund to fight Aids, TB and Malaria,

2014-2020 which established that prevention activities must be recorded based on the count of people reached with the minimum package and not the number of contacts reached.

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

Although there are specific project indicators established in the contract, there is a set of indicators agreed upon with the Mission as part of the bilateral program. These are subject to quarterly M&E, reporting and analysis.

These indicators have been harmonized with the regional indicators of the Partnership Framework for Central America. Since October 2012, the project is part of the regional portfolio and will report its indicators at that level. For the 2015 fiscal year, the project will implement the new indicators published in January 2014.

## Indicators

- Number of PEPFAR-supported DSD and TA sites (Goal 32).  
Number of people completing an intervention pertaining to gender norms that meets minimum criteria. Target 68.
- Number of PEPFAR-supported clinical service sites with a quality improvement activity completed that addresses clinical HIV programs and has documented process results in the last 6 months. Target 17.
- Number of health care workers who successfully completed an in-service training program. Target 150.
- A network of NGOs working with HIV/AIDS, initiated by the first year of the program, designing, implementing and evaluating plans from the second year to the end of the Program.
- Number of NGO personnel implementing key administrative/financial behaviors at the end of the year (including: expenditures and budgets monitored monthly, balanced budget, adherence to filing system (hard copy and/or electronic), etc.).
- At least 17 local organizations institutional capacity building plans developed and implemented by the end of the project.

## 1.3 Result Two: Improved Access to and Quality of HIV/AIDS Preventive Services

The technical approach implemented for HIV prevention among MARPs is HIV Combination Prevention, consisting of a set of behavioral, biomedical and structural actions. These prevention interventions are linked directly to the national response, with comprehensive approaches to HIV prevention from combined strategies. PrevenSida will continue implementing HIV combination prevention according to the new PEPFAR indicator guidance released on January 2014. For MARPS the minimum package is delivered at the individual and/or small group level. These interventions are components of a comprehensive program. The minimum package has been adapted for different sub-groups especially vulnerable to HIV.

### ***Combination Prevention and Care***

For PLWHA Combination Prevention and Care must be received during visits in a clinic/facility-based or community/home-based program.

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

Anyone who has HIV must receive clinical services that enable evaluation of TB symptoms, the need for prophylaxis to fight opportunistic infections or ART.

*Clinical services.* They may be provided at the health unit, community or home and can include interventions to evaluate for example: pain, clinical stage, and eligibility for prophylaxis for opportunistic infections or for TB sampling.

*Laboratory:* PEPFAR provides support for a proper number of sites for HIV testing and it is through the grant that we will provide support to mobile sites for HIV testing and we are planning to set up a facility with a clinical laboratory and mobile unit for CD4 tests.

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

Year 2012 was the first year along the life of the Project where the individuals indicator is included reinforced with the creation of the unique registration system; which allowed coding of each person reached and disaggregated by sex and sexual orientation; thus establishing a milestone in Nicaragua's epidemic monitoring system. By 2015, the number of individuals receiving the minimum package aligned with country established guidelines would be recorded.

Regarding the contacts indicator, in the beginning it was considered that there should be at least 4 contacts per person in order to deliver a minimum package of prevention for MARPS. However, as NGO staff gained ownership of the combination prevention strategy, it has been considered that a minimum of 2 contacts per person is necessary to deliver the minimum package of 6 interventions, an average of 3 interventions per contact for MARPS and PLWHA, it has been demonstrated through the unique recording system; situation under consideration by USAID the reduction of contact indicator (155,000 contacts annually) which was initially calculated on the basis of 4-5 contacts for each individual contacted in prevention activities.

Listed below are the main activities of each intervention:

Types of HIV interventions		
Structural	Biomedical	Behavioral
<ul style="list-style-type: none"> <li>• Workplace policies</li> <li>• Reduce access barriers to services</li> <li>• Reduction of stigma and discrimination</li> <li>• Addressing gender violence</li> <li>• Promotion of human rights</li> </ul>	<ul style="list-style-type: none"> <li>• HIV testing and counseling</li> <li>• Diagnosis and treatment of STIs</li> <li>• Antiretroviral therapy</li> <li>• Availability of condoms</li> <li>• Prevention of unwanted pregnancies</li> </ul>	<ul style="list-style-type: none"> <li>• Behavior Change</li> <li>• Peer Education</li> <li>• Reduce number of partners</li> <li>• Using condoms and lubricant</li> <li>• Preventing alcohol and drug use</li> </ul>

### Activities

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

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

These are considered key populations: MSM, Trans, female sexual workers and injection drug users.

Other priority populations are defined based on the HIV epidemiological situation and other strategic information. In Nicaragua, PEPFAR will focus on sexual worker clients.

These activities will mainly be completed through peers. Peer education has been in place since the beginning of the project because it is the most appropriate way to be heard by people and receive information about HIV/AIDS, thus influencing current risk behavior. We do not rule out other modalities such as face to face, one on one and small groups.

Working with NGOs of key population (KP) that currently provide combination prevention services, the project will continue providing training, monitoring and supervision to NGOs to offer, perform and provide results for HIV rapid tests as *Point-of-care Testing Sites (not a "traditional" laboratory)*.

The project will support decentralization of testing to sites capable of performing rapid diagnostic tests in order to increase access to testing and improve HIV patient care. The criteria to measure this indicator are:

- These may be sites where non-laboratory personnel perform clinical laboratory tests.
- These may be sites using designated point-of-care tests, microscopy, or tests with the capacity to be performed by non-laboratory personnel
- Count testing sites that perform at least one type of clinical laboratory test for patient care

The patient will be referred to Ministry of Health (MoH) in case of need, following the defined procedures.

Working with NGOs of PLWHA that currently provide non clinical care, the project will initiate a pilot intervention with three NGOs to offer, perform and provide results for CD4 counting, using a mobile lab that provide results within one hour. The patient will be referred to MoH in case of need. This is a new activity to address the gap on CD4 tests. The project will increase the effort on data quality improvement and CoC.

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

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

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

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

Together with USAID | ASSIT we will work on the validation of the guide of comprehensive care for transgender people which will be part of an advocacy plan of transgender associations for submission to the Ministry of Health. In addition, we will design quality assurance programs in at least 5 NGOs (2 NGOs from people with HIV and 3 of sexual diversity 3).

### ***Improve outreach.***

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

In the previous year they sent text messages to cell phones of specific population, it did not result to be cost effective due to message recipients constantly changing their numbers due to losing their mobiles, though those who received them systematically referred that messages helped them improve their knowledge and attitude change during focus groups. This modality will be discontinued and replaced with the use of increasingly used social networks to broadcast educational messages.

## Indicators

- GPY-PREV-DSD. Number of the target population who completed a standardized HIV prevention intervention including the minimum components during the reporting period. Target 13,500.
- KP-PREV-DSD. Percentage of key populations reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required (DSD). Target 23,500.
- HTC-TST-DSD. Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results (DSD). Target 10,000
- Care- CURR-DSD. Number of HIV positive adults and children who received at least one of the following during the reporting period: clinical assessment (WHO staging) OR CD4 count OR viral load (DSD). Target 300
- LAB-CAP. Number of PEPFAR-supported testing facilities with capacity to perform clinical laboratory tests. Target 10.
- At least 150 individuals from 36 NGOs trained in preventive services provision according to national and international standards at the end of the project.
- At least 109,000 MARP individuals reached yearly through community outreach that promotes HIV/AIDS prevention.
- More than 10 organizations providing appropriate behavioral change communications, counseling and testing, condom provision and other preventive services to other members of high risk groups at the end of the project.

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

Selected NGOs will designate officials to be trained as facilitators in the use of the interactive teaching package, which contains concepts and methodologies to reduce stigma and discrimination. They will develop capabilities to include stigma and discrimination reduction strategies in their operational plans and advocate for the inclusion of this thematic approach in decision-making arenas nationally, departmentally and locally.

Implementation of video forums will continue and the video *Yo soy costeña*, developed by PrevenSida in the HR component of LGBT population will be added. This video was produced in the Caribbean Coast, it shows how a socially excluded community opened the way to participate in spaces where they have incidence in stigma and discrimination reduction in the defense of HR of LGBT population.

The reduction of stigma and discrimination will be mainstream rather than specific activities.  
Activities.

#### 2) **Institutional strengthening and specialized technical training.**

To provide support to stigma and discrimination, and reduction and violence against the LGBT community, promoters from NGOs will be trained on stigma and discrimination and gender based violence reduction, and we will continue applying the manual of reduction of stigma and discrimination in sexual diversity created by USAID|HCI and implemented by PrevenSida.

**Public awareness campaign.** Through the same prevention grant mechanism they will be able to develop campaigns on social networks to reduce stigma, discrimination and gender based violence.

**Skills development to LGBT NGOs.** For training on stigma, discrimination and violence against sexual diversity reduction, we will train on Nicaraguan legislation on human rights as well as the universal declaration; strategic information on violence and discrimination, positive communication and address violence at its root cause.

Schedule of LGBT activities:

- Month 1: Conduct baseline study and identify target NGOs
- Months 2-4: Provide institutional strengthening and specialized technical training to CSOs (simultaneous)
- Months 5-11: NGOs implement small grants programs
- Month 12: Program evaluation (based on baseline study)

**Cinema - forums.** PrevenSida has a series of videos that describe the situation of stigma and discrimination of transgender people and people living with HIV. These will be presented through NGOs using cinema forums, for which NGOs will have facilitators trained on the technical specifications to discuss the videos in the communities.

## Indicators

- At least 50 individuals from key NGOs trained in strategies and educational tools to reduce stigma and discrimination at the end of the first year.
- 17 NGOs implementing and evaluating annual plans to reduce stigma and discrimination (inside their organizations, at health services level, municipality level and other decision making environments).
- At least 50% of MARPs will increase their positive perceptions in reduction of stigma and discrimination in health services provision settings following project interventions, at the end of the project compared to the baseline.
- 100 NGO personnel, from 17 NGOs, trained in advocacy, human rights, and effective participation techniques and strategies.
- Approximately 17 NGOs provided with technical assistance for HIV-related policy development.
- Approximately 17 NGOs provided with technical assistance for advocacy interventions gender equality related policy development.
- 17 NGOs participating in national and local coordinating mechanisms with CONISIDA, CCM and/or other national, regional or local entities in promoting HIV advocacy, coordination and policy.
- At least six applied research studies carried out and findings disseminated used by key NGOs and MOH.
- One advocacy plan developed and implemented for removal of barriers to implementation of MARPs prevention programs through NGOs network.



## 1.5 Result Four: Improved Participation of NGOs

Compliance with the goal of 17 NGOs participating in different decision making spaces both locally and nationwide remains. NGOs receiving support from USAID|PrevenSida have systematically received strategic information generated by the USAID projects, social determinants analysis per type of population, access to USAID|PrevenSida's web, electronic bulletins, population size, HIV epidemiological situation; which has enabled them to have a robust and evidence based participation.

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

### ***Evidence-Based Policy Analysis and Formulation***

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

### Activities.

#### ***Research***

*Evaluation of the technical performance of the KPCF component.* In the first months of the fiscal year we will evaluate the HIV prevention component funded with KPCF funds. This report will enable to identify the most relevant factors that contributed to or hindered program results and establish recommendations to make adjustments to the prevention program in key populations implemented by USAID|PrevenSida and selected NGOs. This evaluation will enable learning and accountability for the donor and beneficiaries.

#### ***Strategic information.***

In the beginning of June 2014, along with CONISIDA and the World Fund Principal Recipient we updated key populations per department, with the enumeration method (combination of PrevenSida and PEPFAR unique records) for the three key populations. The enumeration method (or census of users measured by record) was used for the departments where there is good coverage: Managua, Chinandega, Leon, Masaya, Granada, Carazo, Rivas, Boaco, Chontales, RAAN, RAAS and RSJ. In the departments where there is not good coverage (Esteli, Madriz, Nueva Segovia, Jinotega and Matagalpa) we applied the value of the department with less coverage from the previous group, in this case the values for Rio San Juan.

The population size established by PrevenSida is 3.5% for MSMS (denominator: men from 15 to 49 years old), in contrast, CONSIDA will manage 3.12%, for trans 0.34% (same denominator for MSM) and 1% for female sexual workers (denominator: women from 15 to 49 years old).

One important way of sharing information has been the PrevenSida website. By the end of June 2014 there is a record of 31,301 visits; out of these 3,191 occurred in the third quarter. Of this last

number, 81.8% correspond to no visits, 54.2% of visitors are men and 60% are under 30 years old. The web as electronic tool of communication along with Facebook, have allowed sharing scientific information, to act as a source of documents or final research reports. Creating monthly informational bulletins has been relevant since they have enabled users to have access to documents, news and documents of interest shared from the web.

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

Strategic Information (SI) documents for KP size estimation and KP census for TG, MSM, TS and HIV, secondary analysis of VCT, will be developed as part of the HIV Sustainability Strategy 1. We expect to develop at least one document for Strategic Information with the national AIDS commission in 2015, and annual reports.

### ***M&E and sharing.***

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

Alongside with M&E trainings, NGOs have been supported on institutional strategic plan monitoring and evaluation design, on the job training on the use of Excel calculation sheets and the implementation of a unique MARP and PLWHA registration system, conducted HIV rapid testing, registration and training sessions.

By the year 2015 a 5.0 version will be available, adapted to the new country requirements and improvement to the automated record.

The 5.0 version of the Unique Record automated system will have applications such as the use of the list of pre-defined responses that will avoid errors in data inputting, a methodology for data quality control that will consist in verifying data recorded in primary, secondary forms, and electronic data bases. In addition we have included an application that will avoid duplicate count of people approached by two or more NGOs in the national territory.

The main changes are:

- *Unique code:* omission of variables that may be modified throughout time and used in previous years to create the unique code to identify people, substituting it for variables: 1) municipality of birth, 2) first letter of the first name and first last name, 3) month and year of birth, 4) sex, the latter with categories male, female and trans.
- Introducing epidemiological variables that will enable to analyze variables such as sexual orientation, occupation, and risk factors associated to HIV.
- The record of people reached along the time of the intervention with a minimum preventive services package consisting of: 1) counseling for behavior change, 2) condoms delivery, 3) counseling, referral or treatment of STIs, 4) counseling, referral or HIV testing.

National CONSIDA has decided to resume these four services for preventive services delivery in the Global Fund Project, reason why the unique recording automated system will be delivered to INSS for their potential use in the MARP unique record, PLWH and testing. Homologation of the minimum preventive services package will facilitate analysis of the national response to HIV

in prevention matters, by being able to unify databases of services delivered to key populations by PrevenSida and the country project funded by the Global Fund.

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

In joint cooperation with the main recipient of the Global Fund and in coordination with the CCM, PrevenSida will provide ONUSIDA information to develop country reports, for this PrevenSida will take advantage of its participation space in the committee and will encourage the use of information related to MARP and/or key population, such as number of MSM (Gay, Trans, Bisexual), FSW, substance users, volunteer HIV tests, amongst others, that are reached by prevention services for behavioral change and with access to biomedical services and structural actions such as gender based violence.

For 2015, USAID|PrevenSida will cover approximately 20% of estimated key populations which will enable the country to comply with the joint focus to apply HIV/Aids in the Central American Region with the particular objective of reaching minimum coverage for prevention services of 80% among each key population before using it in other activities.

The project will continue to share preventive services production with the Main Recipient-INSS and CONISIDA and will provide support to adapt the unique recording system at GF recipients based on the new description of the indicator of people with combination prevention established for the next round.

**Web site.** The purpose of the website is to share information and to be used as a tool for knowledge management, and to act as referral for NGOs to work with MARP. It was launched on July 2011. The web as electronic tool of communication along with Facebook, have allowed sharing scientific information, to act as a source of documents or final research reports. Creating monthly informational bulletins has been relevant since they have enabled users to have access to documents, news and documents of interest shared from the web.

We will continue to update scientific evidences and good practices that arise during the period, as well as monitoring the use of the web page and Facebook in order to identify usefulness or need for change or improvement in a timely manner.

### **Indicators**

- More than 100 NGO personnel, from 17 NGOs, trained in effective participation techniques and strategies.
- Approximately 17 NGOs provided with technical assistance for HIV-related policy development.
- 17 NGOs participating in national and local coordinating mechanisms with CONISIDA, CCM and/or other national, regional or local entities in promoting HIV advocacy, coordination and policy.
- At least six applied research studies carried out and findings disseminated and used by key NGOs and MOH.
- One advocacy plan developed and implemented for removal of barriers to implementation of MARPs prevention programs through NGOs network.

## 1.6 Cross-Cutting and Other Issues

### ***Local capacity building and sub- grants.***

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

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

NGOs working in the HIV prevention will be invited to apply for sub-grants using the PrevenSida project sub-grant mechanism. (The sub-grants manual and application forms were approved by the RCO for this project). After a public offer through newspapers, interested NGOs will receive TOR and will submit their application. An evaluation committee will select the best proposals and between ten to fifteen NGOs will receive sub-grants to implement combined prevention activities. The sub-grants will range from \$15,000 – \$20,000.

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

***Gender.*** The gender approach in HIV prevention should include actions not only for men and women, but also for sexual diversity, such as: transgender, MSM and gay, as well as other highly exposed populations, such as: female sex workers, drug users, groups of populations often marginalized for their sexual behavior or gender identities. The project has provided equitable opportunities to men, women and people of different sexual orientations to develop competencies and skills for their work and to have a healthy life. In terms of accessibility to prevention services, the Project has organized strategies to assure the continuum of care for people of sexual diversity through combination prevention implementation.

Gender and the reduction of the gender-based violence will be mainstream rather than specific activities.

In Nicaragua, Gender equity is a national policy. And for training of facilitators we will develop a new training material and methodologies.

### ***Coordination with other USAID programs and donors***

In implementing the work plan, PrevenSida will work closely with USAID|PASCA, USAID|Combination Prevention, USAID|ASSIST and Center for Disease Control and Global Fund HIV/AIDS program.

USAID|ASSIST, the project will continue coordinating to include the new knowledge into universities. Together they have contributed to strengthening Trans NGOs and foresee to develop the comprehensive care plan for Trans population in conjunction.

*PASCA* is USAID's program to strengthen the Central American HIV response. It is a six-year program that started on October 1<sup>st</sup> 2008 and will end on September 30<sup>th</sup> 2015. Coordination will be based on strategic alliances actions; advocacy and national strategic plan monitoring.

*Center for Disease Control*, The project will coordinate to promote project beneficiary NGOs in the result dispersing as part of Knowledge management and to improve the reference to VICITS clinics.

*Global Fund HIV/AIDS program*. The Project will support the Global Fund and sub-grantees in training facilitators to use the unique record of people reached in combination prevention activities. As part of the analysis of the context in which funding actions take place for HIV prevention; it is important to mention the Global Fund's contribution. This is in phase 2 and has three out of 4 strategic objectives that coincide with the project which are: to increase access to comprehensive care services to priority populations and people with HIV, institutional strengthening, reducing risky sexual behaviors and discriminatory attitudes and ensuring quality information. The total of these strategic objectives are linked to the 4 results and indicators of the project, as detailed below.

*USAID/DELIVER* as partner in DAISSR (Proper disposition of sexual and reproductive health supplies). Coordination to provide support to NGOS in organizing supplies storage inventory.

*USAID/Combination Prevention*. Coordination of capacity development among NGO promoters to apply diverse methodologies for behavior change per specific population.

*Peace Corps*, the Project will continue to act as a link between Peace Corps volunteers and NGOs in common territories.

*CONSIDA*, as a member of the M&E committee. Sharing preventive services production data generated by NGOs on a quarterly basis and participating in sessions where technical teams from cooperation projects share their progress.

## 1.7 Results monitoring and evaluation plan.

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

This set of PEPFAR indicators is linked to result 2 of the project: improved access to and quality of HIV/AIDS Preventive Services for MARPS from NGO preventive service providers.

In the past four years, Nicaragua has developed activities to strengthen the national response, including M&E.

***Quality standards compliance base line***. There is an instrument that evaluates the criteria that NGOs must comply with the administrative and prevention services areas. A base line is built whenever an NGO joins an institutional strengthening support program, the results are analyzed with NGO officials, and once the gaps to be closed are prioritized, organizational changes for human resources formation of necessary inputs for processes improvement are decided, and a quarterly follow up is given to the quality standards criteria.

**Program monitoring** in PrevenSida there is a data base that consolidates the information that is gathered, inputted and analyzed in NGOs and human resources training institutions (CIES). The monitored indicators are those established in the URC-USAID contract. The evidence supporting the reports is filled electronically and physically for the systematic process done by the USAID Mission in Nicaragua for data quality assessment.

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

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

### ***Process evaluation.***

The Mission has carried out a series of external evaluations linked to project performance and quality of data that have derived in a series of recommendations described in this report. One evaluation in the process of being appointed is that of training. The final reports of external evaluations will be published in 2015.

Currently the Mission is developing a coverage evaluation of USAID|PrevenSida, using the PLACE methodology; which consists on surveys to conglomerates of key populations in prioritized municipalities according to their HIV incidence and where the USAID|PrevenSida grantee NGOs are implementing HIV prevention actions.

## **1.8 Annual activities plan.**

The selection of NGOs to receive technical assistance as part of institutional strengthening will occur in the first quarter. These activities include building the baseline on their administrative and prevention capabilities, management organization, prevention and Human Rights courses and completion of training technologies. The selection of grantee NGOs will begin during this period, as well as induction into the grants management process and into the new unique recording system. (Table 7 in annexes).

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

In the third quarter, the project will organize the management and prevention collaborative's learning session.

In the fourth quarter, we will draft the 2016 annual plan, which consists of activities related to PrevenSida's close-out

In months 2 and 9: NGOs implement small grants programs.

## 1.9 Branding and marking strategy compliance

In August 2012, The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) Branding Guidance, updated 2012; was received, requiring use of the Regional logo of PEPFAR, due to the HIV program in Nicaragua being linked to the Regional Program. The corresponding logo will be requested to the USAID Mission in Nicaragua for its incorporation in all material developed with PEPFAR funds as well as in trainings where power point presentations are used.

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

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

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

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

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

## 1.10 Management and Staffing

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

The Project Team is led by Dr. Oscar Nunez, MD, MHS, a senior technical and program leader. He will work closely with three key staff: Mr. Alexey Oviedo, a human resource management professional, Dr. Rafael Arana, MPH, a monitoring and evaluation expert with 13 years working in HIV/AIDS, and Dr. Carlos Jarquin, an experienced public health specialist. Besides, Mr. Roberto Gonzalez in the position of grant/finance associate

**Lines of authority and responsibility:** The program team is located in Managua and is led by Dr. Oscar Nuñez. He oversees all work planning and implementation; provide technical direction and administrative and financial oversight. The work of the COP will be supplemented by the National Administrative Director, the M&E and Reporting Manager, the Organizational Development Specialist, grant associate and the technical responsible of the LGBT-HR component.

## 2. Annexes

**Table 2. PrevenSida's contribution to national coverage of primary prevention services for key populations and positive people.**

No.	Department	MSM	Trans	FSW	PLWH
	<b>Goal</b>	<b>13022</b>	<b>1180</b>	<b>4372</b>	<b>500</b>
1	Managua	3200	232	1544	300
2	Chinandega	1100	129	239	100
3	León	590	57	222	100
4	Masaya	450	140	244	
5	Granada				
6	Carazo				
7	Rivas	2114	201	462	
8	Chontales	496	38	116	
9	Esteli				
10	Jinotega				
11	Matagalpa	2247	246	731	
12	Boaco	1260	72	229	
13	Nueva Segovia				
14	Madriz				
15	RAAN				
16	RAAS	850	10	289	
17	Río San Juan	715	55	296	
	<b>Total</b>	<b>13022</b>	<b>1180</b>	<b>4372</b>	<b>500</b>

Drafted: July 10, 2014



Table 3. Prevention Prioritization in key population in HIV by Silais and municipalities according to incidence 2011-2013

Incidence (%) period 2011-2013												
Ord	Silais	0.09 or more	0.08	0.07	0.06	0.05	0.04	0.03	0.02	0.01	0, with at least 1 case	No cases in period 2011-2013
	Managua				Managua				Mateare, Ticuantepe	El Crucero, VCFA/V C, SRS		Sn Fco Libre
								Cd. Sandino, Tipitapa				
	Chinandega	Chinandega						Somotillo	Corinto, SFN, Villanueva, El Viejo, Realejo, Puerto Morazan	Chichigalpa, Posoltega		Sto Tomas, Cinco Pinos, Sn Pedro del Norte,
	Masaya					Masaya		Monimbo ?	Catarina		Nindirí, La Concha, Masatepe	San Juan de Oriente, Tisma, Nandasmo, Niquinohomo
	Leon						Leon				El Sauce, La Paz Centro, Achua pa, Nagarte	El Jicaral, Quezalguaque, Larreynaga, SRP, Telica
	Granada									Granada, Diriomo		Diria, Nandaime
	Rivas	Altagracia							Rivas	Belen, Potosi		Buenos Aires, Cardenas, Moyogalpa, SJS, Tola, San Jorge
	Carazo					Dolores	Jinotepe	La Paz	El Rosario		Diriamba, San Marcos	La Conquista, Sta Teresa

	<b>RAAN</b>	Bilwi	Waspa m	Bona nza					Prinzap olka	Siuna	Rosita, Waslala	
	<b>RAAS</b>		Corn Island					Karaw ala	Cukra Hill	Bluefiel ds, El Ayote	CRG, Tortug ero, El Rama, Nueva Guinea	Laguna de Perlas, DCRG , Muelle Bueyes, Paiwas
	<b>Rio San Juan</b>							San Miguelito				El Castillo, El Almendo, San Juan del Norte
	<b>Chontales</b>									Santo Tomas, La Liberta d, Cuapa, Acoyap a	Villa Sandino , Comala pa	El Coral, Sn Pedro Lovago, Sto Domingo
	<b>Boaco</b>	San Jose de los Remate s									Teustep e, Camoap a	San Lorenzo, Santa Lucia
	<b>Matagalpa</b>											
	<b>Matagalpa</b>											
	<b>Jinotega</b>											
	<b>Jinotega</b>											
	<b>Nueva Segovia</b>											
	<b>Nueva Segovia</b>											
	<b>Esteli</b>											
	<b>Esteli</b>											
	<b>Madriz</b>											
	<b>Madriz</b>											
	<b>Total</b>	4	2	1	1	3	8	10	20	22	18	62.0

Table 4. PrevenSida impact indicators.

<b>Country:</b>		Nicaragua							
<b>Project</b>		USAID-PrevenSida							
<b>Agreement:</b>		AID-524-A-10-00003							
<b>Start date:</b>		September 20 <sup>th</sup> 2012							
<b>End date:</b>		September 19 <sup>th</sup> 2015							
Indicator		Baseline	Year	Data source	Benchmark	Target			
						Year 2	Year 3	Year 4	Year 5
50% increase from BL in correct and consistent condom use in all sexual contacts including stable partners	% of MSM who use condoms consistently and correctly with occasional partner in the last 30 days	38.1%	2009	ECVC 2009. CONISIDA-MINSA, CDC.UVG. Nicaragua.	57.0%	45.0%	N/A	N/A	57.0%
	% of MSM who use condoms consistently and correctly with stable male partner in the last 30 days	30.9%	2009	ECVC 2009. CONISIDA-MINSA, CDC.UVG. Nicaragua.	46.5%	37.0%	N/A	N/A	46.0%
	% of SW who use condoms consistently and correctly with stable partner in the last 30 days	10.7%	2009	ECVC 2009. CONISIDA-MINSA, CDC.UVG. Nicaragua.	16.0%	13.0%	N/A	N/A	16.0%
	% of SW who use condoms consistently and correctly with occasional partner in the last 30 days	62.0%	2009	ECVC 2009. CONISIDA-MINSA, CDC.UVG. Nicaragua.	93.0%	74.0%	N/A	N/A	93.0%

<b>Country:</b>		Nicaragua							
<b>Project</b>		USAID-PrevenSida							
<b>Agreement:</b>		AID-524-A-10-00003							
<b>Start date:</b>		September 20 <sup>th</sup> 2012							
<b>End date:</b>		September 19 <sup>th</sup> 2015							
Indicator		Baseline	Year	Data source	Benchmark	Target			
						Year 2	Year 3	Year 4	Year 5
30% decrease from baseline in the number of multiple partners among high risk population	% of MSM which have had penetrative sexual intercourse with two or more occasional partners in the last 12 months	65.0%	2009	ECVC 2009. CONISIDA-MINSA, CDC.UVG. Nicaragua.	45.0%	58.5%	N/A	N/A	45.0%
	% of MSM which have had penetrative sexual intercourse with concurrent partner in the last 12 months	25.0%	2009	ECVC 2009. CONISIDA-MINSA, CDC.UVG. Nicaragua.	17.5%	22.5%	N/A	N/A	17.5%
60% increase from baseline in the use of counseling and testing promotion among MARPs	% of MSM which received counseling and got tested for HIV in the last 12 months	38.0%	2010	ECVC 2009. CONISIDA-MINSA, CDC.UVG. Nicaragua.	60.8%	47.5%	N/A	N/A	60.8%
	% of SW which received counseling and got tested for HIV in the last 12 months	37.0%	2009	ECVC 2009. CONISIDA-MINSA, CDC.UVG. Nicaragua.	59.2%	46.3%	N/A	N/A	59.2%

Table 5. PEPFAR indicators. October 2014 to September 2015.

FY 2014 COP Implementing Mechanism Indicator Targets: Nicaragua- PrevenSida						
Indicator No.	Indicator Label	2013	2014	2015	2016	Planning Budget Targets
SITE_SUPP	<b>Number of PEPFAR-supported DSD and TA sites</b>					
	By program area/support type: HTC Direct Service Delivery (DSD)		58	32	24	
	By program area/support type: Treatment Technical Assistance-only (TA)					
	By program area/support type: Care and Support Direct Service Delivery (DSD)		58	32	24	
	By program area/support type: General Population Prevention Direct Service Delivery (DSD)		58	32	24	
	By program area/support type: Key Populations Prevention Direct Service Delivery (DSD)		58	32	24	
	By program area/support type: PHDP/Family Planning & Integration Direct Service Delivery (DSD)		58	32	24	
	By program area/support type: Lab Direct Service Delivery (DSD)		14	10	10	
	By program area/support type: Lab Technical Assistance-only (TA)					
GPY_PREV_DSD	<b>Percentage of the target population who completed a standardized HIV prevention intervention including the minimum components during the reporting period (DSD)</b>					
	Numerator: Number of the target population who completed a standardized HIV prevention intervention including the minimum components during the reporting period.		20570	13500	10000	189,000

	<b>Denominator: Total number of people in the target population</b>					
	Age/sex: 10-14 Male					
	Age/sex: 15-19 Male		1613	1058	784	
	Age/sex: 20-24 Male		1512	992	735	
	Age/sex: 25-49 Male		4939	3241	2401	
	Age/sex: 50+ Male		2016	1323	980	
	Age/sex: 10-14 Female					
	Age/sex: 15-19 Female		1679	1102	816	
	Age/sex: 20-24 Female		1574	1033	765	
	Age/sex: 25-49 Female		5140	3374	2499	
	Age/sex: 50+ Female		2097	1377	1020	189,000
	Sum of Age/Sex disaggregates	0	20570	13500	10000	189000
<b>KP_PREV_DSD</b>	<b>Percentage of key populations reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required (DSD)</b>		33,930	23,500	17625	333,934
	By key population type: Female sex workers (FSW)		4500	3500	2625	36,750
	By key population type: Males who inject drugs ( Male PWID)					
	By key population type: Females who inject drugs (Female PWID)					
	By key population type: Men who have sex with men/Transgender (MSM/TG)		29430	20000	15000	297,184
	By key population type: MSM/TG who are male sex workers (subset MSM/TG)					
<b>HTC_TST_DSD</b>	<b>Number of individuals who received Testing and Counseling (T&amp;C) services for HIV and received their test results (DSD)</b>		14,000	10,000	7,500	100,000
	By Test Result: Negative		13958	9970	7479	
	By Test Result: Positive		42	30	21	
	Sum of Test Result disaggregates	0	14000	10000	7500	0

	Age/sex: 15-19 Male		63	42	34	
	Age/sex: 20-24 Male		3240	2160	1728	
	Age/sex: 25-49 Male		4860	3240	2592	
	Age/sex: 50+ Male		837	558	446	
	Age/sex: 15-19 Female		35	28	19	
	Age/sex: 20-24 Female		1800	1440	972	
	Age/sex: 25-49 Female		2700	2160	1458	
	Age/sex: 50+ Female		465	372	251	
	Sum of Age/Sex disaggregates	0	14000	10000	7500	0
	Aggregated Age/sex: <15 Male		0			
	Aggregated Age/sex: 15+ Male		9000	6000	4800	
	Aggregated Age/sex: <15 Female		0		2700	
	Aggregated Age/sex: 15+ Female		5000	4000		
	Sum of Aggregated Age/Sex disaggregates	0	14000	10000	7500	0

<b>GEND_NORM</b>	<b>Number of people completing an intervention pertaining to gender norms, that meets minimum criteria</b>		92	68	48	20,000
	By Age: 25+		92	68	48	
	Sum of Age disaggregates	0	92	68	48	0
	By Sex: Male		46	34	24	
	By Sex: Female		46	34	24	
	Sum of Sex disaggregates	0	92	68	48	0
	By type of activity: Individual					
	By type of activity: Small Group					
	By type of activity: Community-level		92	68	48	

**Narrative:**

<b>CARE_CURR_DSD</b>	<b>Number of HIV positive adults and children who received at least one of the following during the reporting period: clinical assessment (WHO staging) OR CD4 count OR viral load (DSD)</b>			300	500	20000
	Age/sex: 15-19 Male			7	13	
	Age/sex: 20-24 Male			24	40	
	Age/sex: 25-49 Male			104	172	
	Age/sex: 50+ Male			15	25	
	Age/sex: 15-19 Female			7	13	
	Age/sex: 20-24 Female			24	40	
	Age/sex: 25-49 Female			104	172	
	Age/sex: 50+ Female			15	25	
	Sun of Age/Sex disaggregates	0	0	300	500	0
	Aggregated Age/sex: <15 Male					
	Aggregated Age/sex: 15+ Male			150	250	
	Aggregated Age/sex: <15 Female					
	Aggregated Age/sex: 15+ Female			150	250	
Sum of Aggregated Age/Sex disaggregates	0	0	300	500	0	

<b>LAB_CAP</b>	<b>Number of PEPFAR-supported testing facilities with capacity to perform clinical laboratory tests</b>		14	10	10	10000
	By clinical laboratories					
	By Point-of-care testing sites		14	10	10	
	By site support type: Direct Service Delivery (DSD)		14	10	10	
	By site support type: Technical Assistance-only (TA)					
	Sum of Site Support Type disaggregates	0	14	10	10	0



<b>HRH_PRE</b>	<b>Number of new HCW who graduated from a pre-service training institution or program as a result of PEPFAR-supported strengthening efforts, within the reporting period, by select cadre</b>								
	By Graduates: Other	100							0
	Sum of Graduates disaggregates	0	100	0	0				0
<b>QI_SITE</b>	<b>Percentage of PEPFAR-supported clinical service sites with quality improvement activities implemented that address clinical HIV program processes or outcomes and have documented process results in the last 6 months</b>								
	Numerator: Number of PEPFAR-supported clinical service sites with a quality improvement activity completed that addresses clinical HIV programs and has documented process results in the last 6 months								
	Denominator: Total number of PEPFAR-supported sites for any HIV clinical service including HIV Care, HIV Treatment, TB care, PMTCT, VMMC, and HTC	23	17	12					30,000
	By site support type: Direct Service Delivery (DSD): Number of PEPFAR-supported clinical service sites with a quality improvement activity completed that addresses clinical HIV programs and has documented results in the last 6 months								
	By site support type: Technical Assistance-only (TA): Number of PEPFAR-supported clinical service sites with a quality improvement activity completed that addresses clinical HIV programs and has documented results in the last 6 months	23	17	12					
	Sum of Numerator Site Support Type disaggregates	0	23	17	12				0

<b>CE.280</b>	<b>Number of Strategic Information (M&amp;E, SS, HIS) related documents (Plans and Reports) developed by the National AIDS Programs as a result of the technical assistance provided by USG Implementing Partners</b>		1	1		100000
<b>CE.575</b>	<b>Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of Prevention with PLHIV (PwP)</b>		500	300	250	30000
<b>CE.577</b>	<b>Number of health care workers who successfully completed an in-service training program</b>		560	150	100	50000
<b>CE.579</b>	<b>Number of PEPFAR-supported above-sites that received technical assistance to address HIV program processes or outcomes and have documented results in the last 6 months</b>		23	17	12	30,000

**Table 6. Training Schedule:**

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

**Table 7. Training Sessions Catalogue FY 15**

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

Table 8. Annual Work Plan. October 2014 to September 2015

Main Activities	Task	Participants	Chronogram											
			Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
<b>Strengthened Institutional to NGOs</b>														
NGOs selected to receive institutional strengthening through grant awarding	Selection committee approves grantee NGOs to receive	URC, USAID Staff												
	Complete pre-award with selected NGOs to identify needs for technical improvement in financial, managerial and technical areas	URC and NGO Staff												
	Contracts signage and first disbursement	URC and NGO Staff												
	Induction of NGOs to contract management, antifraud and labor laws topics	URC and NGO Staff												
Training facilitators on the use of training technology to improve administrative/managerial and technical capabilities of selected NGOs	Management courses	URC and NGO Staff												
	Prevention Courses	URC and NGO Staff												
	HR Courses	URC and NGO Staff												
	Systematic evaluation of the													

Main Activities	Task	Participants	Chronogram											
			Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
	fulfillment of training objectives and application of NGOs knowledge													
<b>Monitoring and Evaluation. URC Training</b>														
Providing training on monitoring and evaluation to NGOs on the new version of Unique Registration System.	Providing training on monitoring and evaluation to improve their skills in the use and implementation of M&E matrices	URC and NGO Staff												
	Support new NGOs to have a guide and a plan for monitoring and evaluation of their grant project	URC and NGO Staff												
<b>Improvement collaboratives – URC training</b>														
Implementing improvement collaborative: standards, indicators, change package, learning sessions	Implementing improvement collaborative: standards, indicators- Data Quality Management	URC and NGO Staff												
	Prevention improvement collaborative	URC and NGO Staff												
	Document good practices from continuous quality	URC												

Main Activities	Task	Participants	Chronogram											
			Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
	improvement cycles													
<b>Knowledge Management</b>														
Promote the knowledge flow from one organization to another among NGOs providing prevention services and to the community.	Update and monitor the website	URC												
	Sharing monthly electronic bulletin	URC												
<b>Networking</b>														
NGOs networking with common objectives and goals, sharing information	Promoting sharing good practices linked to common goals of grantee NGOs	URC												
<b>Result 2: Improved Access to and Quality of HIV/AIDS Preventive Services for MARPS from NGO Preventive Services Providers</b>														
Improve the capacity of NGOs in developing prevention and promotion activities for HIV testing	Train NGO staff in processing HIV tests	URC												
	Acquiring Mobile CD4 unit by selected NGO	URC, selected NGO												
Hold training on communication for behavior change with at least 32 NGOs (increase condom use, counseling and HIV testing with results delivery and reduction of sexual partners).	Training staff of at least 12 NGOs on behavior change techniques	URC, PASMO												
Perform mentoring to	Hold field visits to	URC												

Main Activities	Task	Participants	Chronogram											
			Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
reduce gaps con the quality of preventive service to MARPS	NGOs for mentoring													
Improve outreach	NGOs use information and communication technologies	URC and NGOs												
Integration of services of people with HIV	NGOs working with PLWHIV complete survey and assure the continuum of care	URC and NGOs												
<b>Result 3. Reduction of Stigma and Discrimination Directed Against MARPS and PIVH</b>														
Improving NGO capabilities for stigma and discrimination reduction actions	Training on video-forum and small groups in reducing homophobia, gender-based violence, stigma and discrimination towards PLWHA and sexual diversity	URC and NGOs												
	Hold video-forums focused on S&D in territories covered by PrevenSida by grantee NGOs	NGO												
	Training NGOs on myths, prejudice and attitudes, self-esteem, gender, sexuality and S&D	URC and NGOs												



Main Activities	Task	Participants	Chronogram											
			Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
<b>Result 4. Improved Participation of NGOs Representing MARPS and PLHIV in the National Response to HIV/AIDS</b>														
Strategic information	PrevenSida will participate along with PASCA in sessions to analyze and follow up with strategic information produced in Nicaragua	URC, PASCA, NGO												
USAID/PrevenSida will provide support to NGOs to integrate information to the national CONISIDA report	Integrating data produced by PrevenSida NGOs to local CONISIDA reports	URC and NGOs												
	PrevenSida coordinated with the CCP will facilitate data integration for CONISIDA to develop country report	URC and NGOs												
Policy analysis and formulation training	NGOs participate in courses on policies for human rights promotion for LGBT	URC and NGOs												
<b>Cross –cutting and Other issues</b>														
Local capacity building and sub- grants	Sub grants approved and implementation													
	Mentoring from PrevenSida													

