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PrevenSida

Second Year Work Plan

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Acronyms

ASONVIHSIDA	Nicaraguan HIV/Aids Association
CDC	Center for Disease Control and Prevention
CEPRESI	Center of Education and Prevention of HIV/Aids
CIES	Center for research and health studies
CONISIDA	Nicaraguan Special Commission on Aids
NDRC	National Diagnosis and Referral Center
S&D	Stigma and discrimination
FY11	Fiscal Year 2011
FY12	Fiscal Year 2012
MSM	Men who have sex with men
IEC	Information, education y communication
STI	Sexually Transmitted Infection
CQI	Continuous Quality Improvement
CCM	Country Coordinating Mechanisms
M&E	Monitoring and Evaluation
MOH	Ministry of Health
NGO	Non-governmental organization
UNAIDS	Joint United Nations Programme on HIV/AIDS.
PASMO	Pan American Social Marketing Organization
PEPFAR	President's Emergency Plan for AIDS Relief
MARPS	Most at risk population
NSP	National Strategic Plan on STD, HIV/Aids 2006-2010
FP	Family Planning
PLWHA	People Living with HIV/Aids
RAAN	Northern Atlantic Autonomous Region
RAAS	Southern Atlantic Autonomous Region
SILAIS	MINSA's Local Integrated Health Care Systems
Aids	Acquired Immunodeficiency Syndrome
SMS	Short message service
TRANS	Transgender, transsexual, transvestite
SW	Sex Worker
UCA	Universidad Centroamericana

IDU	Intravenous drug user
UNGASS 2011	The United Nations General Assembly on HIV/AIDS
URC	University Research Co., LLC
USAID	United States Agency for International Development
USAID/PASCA	Program to Strengthen the Central American Response to HIV
USAID/ PrevenSida	Preventing transmission of HIV/AIDS from High risk groups in Nicaragua
HIV	Human Immunodeficiency Virus

I. Experiences in FY11 and challenges for FY12

USAID/PrevenSida is an innovative project, it is the first experience in Nicaragua on HIV/Aids prevention with this purpose and strategies, using a Continuum Quality Improving approach to strengthen institutional capacities of NGOs providing HIV preventative services to MARPS. This project attempts to increase civil society participation in the national response before the epidemic.

2011 (FY11), the first year of the Project, represents a period of knowledge and learning for all stakeholders in implementation, which has produced a set of experiences and learned lessons, which along with other elements, constitute the foundations for progress in FY 2012 towards deepening and sustainability of actions conducted in FY11. Among the most relevant actions are:

1. We have a unanimous positive response to participate in the Project, from NGOs convened.
2. The emphasis on NGOs institutional strengthening during the first nine months of the year, targeted limitations identified in the baseline, in terms of: structure and functioning, undefined functions of directive boards, outdated or absence of strategic and annual plans, weakness in accounting and internal control systems, in budget formulation and monitoring; as well as, limited monitoring systems, which lack clear and specific mechanisms for decision-making.
3. Most organizations have strengths in prevention; especially in peer approach methodologies and MARPS approach.
4. We need to continue addressing the gap in knowledge, related to HIV rapid test processing and, inclusion of family planning in HIV/Aids prevention counseling; as well as, methodologies to reduce S&D, campaigns development and follow-up to promote behavior change among MARPS and general population before HIV and Aids.
5. Adapting time according to participants' needs, in training provided by CIES and CEPRESI is necessary to allow more time for field mentoring activities.
6. Regarding retention of participants in training, their health status is a factor causing absences due to illness, since they are HIV carriers. To counteract this, various methods will be implemented providing more flexibility and options to address these situations. To solve the problem of absence from their jobs, due to training duration, mainly for people from the two regions of the Caribbean coast, the course was organized exclusively for them. This experience was extremely positive for the project and participants.
7. In 2011, the logistics of the courses improved constantly, once the dynamics and expectations of participants and teachers were understood.
8. It was demonstrated that programming for awarding grants must be consequent with execution times, in order to comply with expected goals. For the next period (year 2012), the terms of reference should focus on institutional strengthening activities in automated accounting systems and adapting financial-administrative manuals created by participant NGOs in this first period. In relation to prevention activities, these should focus on HIV rapid testing promotion and impact on S&D behavior, within the circle of influence of people with HIV and AIDS.
9. There are various ways of networking, with or without formal organizational structures, for this reason it is essential to document the result of this interaction of various NGOs working and improving the same management and prevention processes, in order to strengthen the culture of networking among them.

2012 (FY12), second year of PrevenSida, will be the step to show the sustainability of the first changes in NGOs participating in the project. Since progress has been substantial, the Project takes on the following challenges:

1. Working with two groups of NGOs, group 1, consisting of those incorporated in FY11 and group 2, to be formed with those incorporated in FY12.
2. For group 1 of NGOs, continuing progress achieved and emphasize data management, related to their work. As well as, focusing mainly on improving quality of behavioral change promotion activities.
3. For group 2 of NGOs, working on developing management capabilities, which tends to be faster, since we already have monitoring and evaluation tools and teachers from CIES and CEPRESI have more resources for implementing field tutoring. We will also include from the beginning, training developed as extraordinary activities not included in initial planning, such as family planning and HIV rapid testing.
4. Making progress with Group 1 and starting with group 2, regarding CQI with the collaborative learning methodology, both in management and prevention, moving from the CQI experimenting stage (implementing improvements, identifying lessons learned, etc) to sharing best practices, through an accelerated learning process, in at least 23 NGOs working with MSM, gay, transgender people, young people at risk, highly vulnerable women and sex workers (SW).
5. Organizing knowledge management. Currently there is a community of people and organizations generating knowledge through practice, exchanging their experiences. It is necessary to structure, effectively, collection and systematization of evidence based and best practices in order to promote sharing through, various innovate ways to motivate replication in other NGOs or people.

Group 2 of ONGs for FY12

Selection for group 2 of NGOs was based on the following criteria: work in prevention along with MARPS, are Global Fund sub-recipients, are located in the project's action territory (Managua, Granada, Masaya, Leon, Chinandega, Rivas, Chontales, RAAS and RAAN) and are prioritized by main recipient and MOH. Below is a list of the 17 NGOs, with whom we will also work in 2012.

List of NGOs in group 2

No.	NGO	Target group	GF Sub recipient
01	Asociación Club de Vida Futura - Bilwi	PLWA	No
02	Asociación de Gente Positiva - Bluefields	PLWA	No
03	ADESENIC – Mateare	Trans, MSM and SW	No
04	Asociación Nicaragüense de Transgéneras	Trans	No
05	Transdeseo - Distrito 7, Managua	Trans	No
06	Grupo de la Diversidad Sexual - Bluefields	HSH, gays	No
07	Movimiento Intermunicipal Juvenil de los Derechos Humanos por la Diversidad Sexual Ciudad Sandino	HSH, gays	No
08	Movimiento de la Diversidad Sexual (MOVIDEX) - Bilwi	Trans, MSM and SW	No
09	Acción Médica Cristiana	Ethnic groups, Caribbean Coast MARPS	Yes
10	Asociación de Mujeres “Mary Barreda” -León	Sex workers, women in high vulnerability and violence situations	No
11	ICAS	HSH, TS, teenagers and Young people who are drug users	No
12	Asociación de Enfermeras/os de Nicaragua	MOH Health workers	Yes
13	ACAHUALT	Women in high vulnerability and violence situations	No
14	Centro Mujeres – Masaya	Women in high vulnerability and violence situations	No
15	Funsacion San Lucas	Women in high vulnerability and violence situations	No
16	Centro de Acción Juvenil CAL –PELG	Young people at risk	No
17	Asociación JODIC	Young people at risk	No

II. Objectives and expected outcomes for FY12

The general objective of PrevenSida, on which we will work annually is:

To increase healthy behaviors among most at risk population (MARPS), to reduce HIV/Aids transmission through condom use, reducing the number of sexual partners and increasing access to HIV counseling and testing promotion.

The objectives for FY12, taken from the Project document are:

1. To Increase by 50% (from baseline) consistent condom use in all sexual contacts, including those with long-term partners.

2. To decrease by 30% (from baseline) the number of multiple partners among high risk population.
3. To increase by 60% (from baseline) the use of HIV counseling and testing promotion.
4. To reach 155,000 people annually in prevention activities.
5. To provide counseling, testing and results to 10,000 people annually.

III. Main activities per result for FY12

Result 1: **Strengthened institutional capacity of at least 20 NGOs to participate in the HIV/AIDS national response plans trough building capacities and promoting the networking model.**

Indicators

- 100 NGO officials have successfully completed an in service training program within the reporting period
- 60 people from NGOs implementing key administrative and financial actions, by the end of year 2 of the project.
- 20 NGOs have plans to develop institutional capacity and are implementing them by the end of year 2 of the project.

Activities:

1.1 Management Capacities Development:

CIES will continue to be in charge of training NGOs, through the management development course and field mentoring.

The course consists of the following modules:

1. Management and leadership
2. Strategic planning
3. Financial control
4. Strategic information
5. M&E
6. Knowledge Management
7. Networking
8. Advocacy

The methodology used in the financial control course to be provided in 3 blocks, will be improved given the importance of this topic to all organizations. This improvement is based on the diagnosis applied to organizations, which shows this is one of the areas in need of coaching. The adjustment of the methodology will allow better use of it from students.

For NGOs in group 2, we will asses along with participants, the aspects in need of strengthening, according to proposed content. Also, based on the experience acquired by teachers during field mentoring, they will address knowledge gaps, which are common to NGOs and will adapt field coaching to the participant needs.

Regarding field mentoring, for group 1 of NGOs, we will conduct those pending completion in programming. For group 2, we will begin implementation. In both cases, NGOs with lower managerial and organizational development will be prioritized. During these tutorials, we will define dates and identify specific needs of organizations.

1.2 Using the basic profile of 51 NGOs working on HIV/Aids with MARPS:

Outcomes of the work session to present results of studies on the institutional basic profile of 51 NGOs, will be used to improve planning and coordination with our partners: USAID/PASCA and USAID/Prevencion Combinada (PASMO); in order to use this information for planning actions targeting improvement of the work of organizations working with MARPS.

1.3 Monitoring and evaluation system strengthening:

For NGOs in group 2, we will conduct an assessment of staff competencies on database and Excel use, in order to complete their training. This will be achieved taking the M&E module as reference. They will also be trained in the use of time series graphs, to develop competencies in tendency analysis regarding change and results in the process.

We will share organizational practices that allowed NGOs in Group 1 to improve their data collection mechanisms and reports, with NGOs in group 2.

Another capacity to be developed is the assessment of projects and interventions in MARPS.

A tool for diagnosis of NGOs information systems will be designed and implemented, to foster a self evaluation process in the following aspects:

- a. Infrastructure
- b. Human Resources
- c. Information flow
- d. Information use and reporting system

Based on the diagnosis, NGOs must develop improvement plans focused on the topics listed above, which will enable them comply with the quality standard referred to monitoring and evaluation in a progressive manner, as well as, implement the process of institutional evaluation, using among others, current monitoring and evaluation strategic plans; for example, comparing goals with results achieved at the end of the year.

NGOs are linked to the coordination structures for the national response before HIV in their territories, therefore, they must include reports on preventive services provided to target population; and register: event by population type, types of services, etc. Subsequently they must submit the information to appropriate authorities. For example: number of HIV rapid tests, quantities of condoms delivered, number of people treated, etc. Currently, the project has valid formats, which will allow for rapid approval by those NGOs that have not organized their information system.

1.4 Implementation of the Management Improvement Collaborative:

This strategy intends to provide NGOs staff with tools for improving the quality of administrative-financial management, in order to ensure efficiency and effectiveness of interventions, targeting containment of the epidemic in MARPS and satisfaction of target populations.

By FY12 we have the package of changes or approved improvements, as well as quality standards and indicators. The learning session for this period, with NGOs in Group 1 will address the good practices documentation.

NGOs in Group 2 will join in the expansion phase of the improvement collaborative. These have the advantage of having a package of changes and improvement practices, which will enable them to reach established quality standards more quickly.

Since the financial-administrative quality standards package has been validated, refined, understood and accepted by officials responsible for compliance with it, with NGOs in Group 2, we will conduct baseline building using standards measuring instruments and share with them best practices and experiences from other NGOs. This will be conducted through field technical coaching and during learning sessions.

PrevenSida, will also collect and document learning outcomes from the CQI process. PrevenSida will ensure sharing, emphasizing in their use. The result will be measured through the standards and quality indicators compliance level, before and after the organizational change is implemented, as well as the development of competencies achieved.

1.5 Networking Strengthening :

PrevenSida has set out to not only form a network, but to promote a culture of networking, without pressing on the organizational structures, but emphasizing on the process of building the common action space.

We will continue working to promote a dynamic and spirit of mutual learning. This involves willingness to share knowledge, but also, willingness to listen and learn from others. These spaces will be promoted through the improvement collaborative's learning sessions.

Therefore, in the last quarter of 2011, we will include in the learning session agenda, time to reflect on challenges of each NGO and identify what each can contribute based on relations, learning, specialization, etc. We will encourage delegates from NGOs to describe strategic goals and objectives they have in common, which will probably challenge mutual work. Common strategic goals and objectives must show results qualitatively different from those we have today.

The networking dynamizing factor will be the motivation generated by strategic objectives or goals, and not by networking itself, which is meaningless, meaning comes from that achieved through "networking", emphasizing in its efficiency and effectiveness.

Networking will have as a cross cutting aspect the respect and use of diversities. These constitute a factor for strengthening and enrichment, as they are respected, used and some particularities are not imposed on others.

We will encourage processes and mechanisms to systematize experiences: records, memories of activities, synthesize agreements, assess compliance, recording of plans and assessments, as well as achieved results.

Result 2: Improved Access to and Quality of HIV/Aids Preventive Services for MARPS from NGO preventive service providers.

Indicators:

- 260 social and community workers have successfully completed a training program.
- 10,000 individuals received HIV counseling and testing services and received their test results.
- 50 facilities providing condom delivery services.
- 155,000 MARPS reached individually or in groups with HIV prevention interventions based on evidence and/or meet the minimum standards required.
- 4 establishments (laboratories) performing tests, are able to perform clinical laboratory tests.
- 6 points of service provision assisted by the United States government, providing FP services or counseling.
- 20 organizations provide, in a proper manner, communication activities for behavior change, test promotion and counseling, condom delivery and other services, by end of year 1 of the project.

Activities:

2.1 Prevention Capacities Development:

In FY12, CEPRESI will provide three courses, of 6 modules each, instead of the two planned; due to increase on the number of NGOs for year 2. The new activity will be conducting a course on prevention in the Caribbean coast, to assure a greater number of participants and maintain trust from students in the course and improve cost-effectiveness of the investment in capacities building.

The prevention component consists of 6 training modules:

1. Scientific information on HIV/Aids
2. Peer work methodology
3. Basic tools for HIV documentation and communication
4. HIV Counseling
5. MARPS approach methodology
6. Design and analysis of HIV policies

Learning will be reinforced through field mentoring visits to NGOs, by CEPRESI teaching staff, in order to coach participants in local implementation of knowledge acquired during training.

The course has been modified regarding contents, taking as reference the actual participant profile and their expectations. We have considered that, in general, they have different academic levels and little continuous training from their organizations; gaps in their competencies are large, especially those related to promotion of behavior change. We reinforced content related to counseling, including information that must be provided during it. We emphasized on sexual diversity, S&D, new vision of masculinity and sexuality. These will be innovative knowledge for participants. The course will be develop with a highly participatory teaching methodology, in order to achieve the planned learning objectives more effectively.

Regarding courses on to rapid testing and family planning integration to HIV and Aids prevention services, PrevenSida will be in charge of required coordination to develop and facilitate these

courses. We will continue to build on the openness and commitment of the National Diagnosis and Referral Center (NDRC), to train staff involved in the HIV rapid testing, in order to continue obtaining good results, not only in quality of training, but in the link established between the NGOs trained staff and the NDRC, allowing the reference of positive or indeterminate samples and quality control, and assures compliance with the testing algorithm regulated by MOH. This also facilitates people with "reactive" results to be referred to the corresponding health unit, PrevenSida will facilitate data from MOH health units providing care to these people.

On family planning we will continue to develop capacities among technical and volunteer staff, strengthening FP and HIV integration, and providing supporting with norms, flip charts and information material developed by MOH and other projects. NGOs staff is very sensitive and have information about HIV, contrary to what they know of FP in general, as part of sexual and reproductive rights of their target population, and even less, specifically on various contraceptive methods.

2.2 Quality in prevention services:

Prevention services quality standards shared and validated among NGOs in group 1, will be used in building the baseline of organizations to join in the second year. Through the improvement collaborative strategy, we will be share successful experiences that allowed other NGOs achieving expected quality based on established standards.

To increase access and scope of behavior change promotion activities, we will start up the short messages strategy via cell-phone (SMS, short message service), in 3 departments of Nicaragua (Managua, Masaya and Leon).

In addition, in the first quarter of 2012, we will share with NGOs integrated in both periods, the national communication strategy for addressing HIV and Aids, approved by National CONISIDA, taking this opportunity to emphasize the approach of messages to MARPS and proposed action lines, so that each NGO identifies their own correspondent lines, according to target population and geographic region.

2.3 Strengthening HIV rapid testing promotion and counseling:

NGOs staff will be trained, especially those organizations whose target population include people of sexual diversity (MSM, gay, trans), female SW and woman victims of violence, as well as young people at risk. All NGOs may include this activity in their grant projects.

In the absence of educational materials, norms and flip charts, PrevenSida will provide mechanisms for promoters and educators to have them, also funded through grants.

We intend that all staff working on rapid testing will be properly trained. Also, acquiring tests through grants, will enable organizations conducting testing to increase access by MARPS. We are seeking a solution for the lost opportunities problem exposed by NGOs that only provide counseling and test promotion, through referring patients to an alternate center or MOH, since peers agree to go to these centers.

2.4 Implementation of the preventive services collaborative:

The preventive services collaborative will be implemented with NGOs in Group 1. Improvement objectives will be the following:

- To reach 100% of target population (MARPS) in prevention interventions.
- To provide counseling with quality and promote rapid testing to 100% of target population.
- To implement behavior change campaigns, complying with established quality criteria.

In this respect we already have the package of quality standards and indicators for prevention services, as well as tools to document improved processes, in order to share positive and negative experiences. This collaborative is part of knowledge management and development of a networking culture.

As support for NGOs to meet their standards and goals, we will coordinate with the regional program USAID/Prevención Combinada and CONISIDA, in order to have a set of messages and information materials, that can be adapted by NGOs to promote behavior change.

For the procurement of condoms and establishing distribution spots, NGOs will have the required financial support, through grants from USAID/PrevenSida and other sources, such as Global Fund. NGOs will emphasize in educational work and data recording, regarding these services.

For Group 2 of NGOs we will improve competencies of staff involved in prevention activities and then, will begin the implementation of improvement cycles and experiences exchange.

Result 3: Reduction of Stigma and Discrimination (S&D) against high risk population and people with HIV.

Indicators:

- 100 people from NGOs have been trained in educational strategies and tools, to reduce S&D by the end of Year 2 of the project.
- 20 NGOs implementing annual plans to reduce S&D towards MARPS.

Activities

3.1 Presenting research results and formulating an action plan:

Three USAID projects: PASCA, Prevención Combinada and PrevenSida have conducted studies on S&D, their objectives are complementary. There will be a working session, with representatives of NGOs, as participants in the study, to report the results of these diagnoses to NGOs working with MARPS on HIV prevention, as well as to analyze them, with the purpose of identifying action lines to address S&D reduction against MARPS. We expect that NGOs can have incidence on family, community, health facilities, and work and educational environment and in society in general.

Also, these action lines will be the framework of USAID projects to determine technical and financial support. USAID/Prevencion Combinada will implement these action lines in their behavior change promotion strategies; USAID/PASCA in policies and national plans; USAID/PrevenSida will support actions proposed by grantee NGOs.

3.2 Development of NGOs capacities to contribute to reducing S&D:

PrevenSida will continue to be responsible for organizing and facilitating trainings related to S&D, including training of facilitators of NGOs, so they can train their peers.

Replicating workshops at the Caribbean coast will be conducted by two facilitators trained in FY11; PrevenSida will co-facilitate the first sessions, in order to make methodological adjustments and assist in the accumulation of experience by the facilitators. Developing workshops at the Caribbean Coast is an intervention with good cost-effectiveness ratio, which also promotes building a networking culture.

For NGOs in group 2 located in the Pacific region, we will proceed with the same strategies applied to group 1.

At the end of the process, as a result of training, delegates from participant NGOs, will develop action plans to work on S&D reduction. NGOs financial constraints, for this type of replication, can be a barrier that may be breached in the next cycle of grants.

3.3 Strengthening advocacy processes:

CIES will train NGOs regarding how to formulate and implement an advocacy plan targeting S&D reduction in their circle of influence. Support will be provided through field mentoring to students in plan development; also, the collaborative's learning sessions will be the opportunity to exchange experiences.

Result 4: Improved participation of NGOs representing MARPS and PLHIV in the national response to HIV.

- 100 people from 20 NGOs trained on strategies and techniques for effective participation.
- 20 NGOs have received technical assistance to develop HIV related policies.
- 20 NGOs involved in local and national coordination mechanisms of the national response: CONISIDA, CCM and others, promoting advocacy, coordination and policies.
- 5 research studies conducted, results shared and used by key NGOs and MOH.

Activities:

As cross cutting activities are being implemented, such as: capacity building, CQI, knowledge management and networking, NGO's participation will improve in various local and national spaces in the national response before HIV and Aids. In the first year we established the foundation for these activities and in year 2 we will consolidate them.

4.1 Evidence based policies formulation and analysis:

We will ensure, for both NGO groups, monitoring and support to staff trained on effective participation and policy formulation.

Emphasis will be on documenting the dialogue processes and use of epidemiological data and behavior change for decision-making, and policy formulation. CEPRESI tutors will support

participants in courses related to this subject, to develop policies and campaigns targeting MARPS on topics related to prevention, HIV testing and S&D reduction.

Based on the experience of Ixchen regarding HIV policy formulation, the model applied by this organization will be replicated to other NGOs, sharing successful and not effective strategies. Thus, NGOs will have a clearer path for policies design and will reach achievements in a shorter period of time. CIES tutors, once the strategic and annual planning topic is addressed, will support policy development.

4.2 Knowledge management organization:

There is a community of practice among NGOs generating knowledge in implementation of HIV evidence based prevention strategies. Also, there are experiences exchange spaces and dissemination of knowledge among peers. In addition, the results of studies on prevalence and behavior change have been shared, which has raised awareness among NGO senior and technical staff, to focus their prevention projects on MARPS.

The challenge is to organize the capture of knowledge generated through various sources: workshops, lectures, case studies, monitoring of prevention services production, reports from international experiences, operational research, surveillance second generation data, etc.

PrevenSida will systematically collect all this knowledge and will organize it based on usefulness for decision-making. For example, epidemiological trend in HIV, prevention strategies, studies on behavior change, etc.

To diffuse knowledge, we will use several ways, such as: PrevenSida webpage and/or forums, collaborative learning sessions, training courses, workshops, results presentation workshop, etc.

Networking with common goals and objectives, sharing data and information (knowledge management), institutional strengthening and NGOs' activities permanent monitoring and evaluation, will enable more informed participation in the national response to HIV and AIDS.

IV. Cross cutting activities

a. Coordination with USAID related programs and other donors

To implement FY12 activities, we will work closely with USAID/PASCA, USAID/ Prevención Combinada, Global Fund and the Center for Disease Control and Prevention (CDC).

USAID/PASCA: Coordination will be based on support to NGOs, in design and implementation of HIV policies, as well as advocacy plans formulation to reduce S&D. In addition, together we will provide support to CONSIDA in the completion of its National Strategic Plan (NSP2011 - 2015) and monitoring and evaluation system.

USAID/Prevención Combinada: Both projects will work to provide key messages to NGOs, to promote behavior change in MARPS, and also, in defining strategies for S&D reduction, to be implemented through media campaigns, in order to be incorporated into work plans of USAID projects grantee NGOs.

Global Fund (GB): PrevenSida will maintain close communication with the MR, reporting progress of sub-recipient NGOs and coordinating activities for institutional strengthening and prevention, to effective compliance with Round 8 goals.

CDC: The project will provide support to dissemination and use of results from studies on sexual behavior surveillance, HIV and STI prevalence and others to be conducted by CDC.

b. Developing capacities through grants

As part of achieved learning during the first year of the project, the terms of reference are going to be more focused on priority activities of the 4 results proposed in this document.

We will support institutional strengthening, mainly in the adaptation of administrative and financial manuals, as well as accounting systems automating.

In result 2, regarding prevention services, we will provide support to capacity building for HIV rapid testing promotion among MARPS, on increasing access to prevention and sustainability services, along with increasing condom distribution spots, as well as developing and printing materials to support counseling, integrating FP related messages.

Once NGOs define approaches to address original causes of S&D and main concerns of affected populations, as well as interventions in the different society strata (family, community, health, education, private sector), we will finance specific activities included in action plans of each NGO.

By the start of the next grants cycle, terms of reference will have been approved by USAID, and these will have been published in mass media, before the end of 2011. This will facilitate selection of grantee NGOs, in the first weeks of January 2012.

c. 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: sex workers, drug users, groups of populations often marginalized for their sexual behavior or gender identities.

However, if we aspire to men and women like other population groups affected, enjoy equal rights regarding sexual and reproductive health, and also share the burden of mitigating the impact of Aids at their homes and communities in an equitable way, strategies must be not only sensitive to gender, but should be gender transforming.

PrevenSida Grantee NGOs will take actions to enable all of their clients, regardless of sexual orientation or behavior, to have access to necessary services and support.

We will provide support to gender-sensitive interventions, such as: promoting networking and linkages between sexual diversity organizations and organizations advocating for HIV, in order to assure local and national HIV advocacy efforts, are gender sensitive. We will provide support to capacity building among civil society organizations, to advocate for policies and strategies targeting specific needs of sexual minorities, regarding HIV .

In addition we will provide support to participation of networks of people living with HIV/Aids, particularly those which have women and people of sexual diversity among its members, to attend to consultation forums and policy formulation in which strategies and programs for HIV are planned, discussed or reviewed.

Among gender transformer interventions, we will provide support to capacity building for groups of women and organizations of sexual diversity, in order to become spokespersons for needs and concerns of its members, through CONISIDA structures locally and nationally. We will do the same with interventions targeting assurance of representatives from vulnerable groups (e.g., sex workers, or sexual minorities) being able to express their views and play a significant role in development, governance and execution of programs implemented by NGOs.

In prevention services improvement learning sessions we will address the most gender sensitive aspects leading to identifying specific gender concerns of the target population group, in order to take action and implement improvements to ensure that these concerns are addressed mitigating any potential gender barrier that might hinder the participation of these population groups.

V. Results monitoring and evaluation plan

1. Monitoring:

Indicators to monitor in year 2 of the project are continued from year 1. In general, the goals of the indicators have been duplicated in its scope and scope, considering a substantial increase in the number of NGOs, which will increase MARPS coverage.

Information sources are databases designed and validated in the first year, which will also be implemented by NGOs in group 2. These, as a primary information source, will conduct analysis of gaps and will develop improvement rapid cycles.

Quarterly reports will be developed with the purpose of informing the donor and the community working with HIV among MARPS. These will include quantitative and qualitative analysis of progress in management, administrative-financial and services provision, product of actions carried out by NGOs in year 2 of the project.

2. PEPFAR Indicators:

The project contributes to PEPFAR indicators monitoring, which allows to know the national response to HIV in Nicaragua. PrevenSida contributes to seven PEPFAR indicators, which are related to human resources formation for NGOs institutional strengthening working with MARPS, as well as structural aspects in preventive services provision, such as: laboratories and condom distribution fixed spots; as well as those oriented to processes, such as those related to HIV testing, delivering results and MARPS reached with messages for behavior change. (See table of PEPFAR indicators and goals in annexes).

3. *Impact indicators:*

These indicators will be monitored from existing information in the country, product of research studies conducted among MARPS, regarding knowledge, attitudes and sexual practices, as well as measuring S&D reduction in health services. (See table in annexes.)

4. *Evaluation process:*

After 15 months of starting PrevenSida activities, an assessment will be conducted to determine how effective have the strategies used by the project been, to achieve expected results and, thus, be able to make the necessary adjustments and changes to improve implementation, efficiency and effectiveness of the project.

The assessment will cover all technical aspects of the project, in the full intervention territory. Different methodologies for assessment will be applied, such as: in depth interviews with key informants, focus groups and information organization, through a process of ranking collected data.

Aspects to be assessed are:

- Effective application of acquired knowledge by participants in management modules, as well as, prevention, stigma and discrimination, and implementing organizational changes.
- Integration extent of NGOs in the national response to HIV.
- Applicability and results of collaboratives, planning tools and improvement cycles methodology.
- Changes around the working culture of each organization, referred to: a) directive board operation, b) projects' execution, c) prevention and promotion services provision, and d) institutional monitoring and evaluation.
- Effectiveness of field mentoring implemented by CIES and CEPRESI, as well as direct technical assistance by PrevenSida.
- Grants and their potential impact on MARPS sexual practices, with emphasis on MSM and SW.

5. *Midterm external evaluation:*

By the end of Year 2, a midterm assessment will be conducted using as source, data and information generated by MOH, CONISIDA, Global Fund, USAID/PASCA, USAID/ Prevención Combinada, CDC and UNAIDS.

The referral studies that will be used as documental source to assess project impact are:

- a) MEGA 2010 research study
- b) UNGASS 2011 Report
- c) County report on universal access
- i. Results of research studies funded by GB
 - ii. Resources gaps and needs to achieve universal access
 - iii. Research study on HIV seroprevalence in MARPS (Trans, IDU, MSM, SW and clients)

- iv. Annual report on HIV vertical transmission
 - v. Midterm evaluation on S&D against HIV, in service provider health units.
 - vi. Evaluation of coverage of Round 8 project's interventions among MSM, SW
 - vii. Research study on correct and consistent condom use among SW and MSM
- d) Pasmó Final report on condom social marketing study
 - e) Evaluation of HIV policy implementation
 - f) Studies conducted by CDC in Nicaragua, targeting HIV epidemiological surveillance
 - g) Collection of studies conducted by other national and international sources, regarding 00-MARPS in Nicaragua.

Annexes

Indicator	2012	
	Target	Notes
3.1.1-24 Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results (PEPFAR Output - #P11.1.D)	10,745	Regional PEPFAR indicator
3.1.1-24a Number of men	9,745	
3.1.1-24b Number of women	1,000	
3.1.1-24c age (< 15 years old)	0	
3.1.1-24d age (15+ years old)	10,000	
3.1.1-68 Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required (PEPFAR Output - #P8.3.D) Number of contacts	155,000	Project Indicator for contacts. From this year on we'll be registering also persons.
3.1.1-68a By MARP type: CSW	15,000	
3.1.1-68c By MARP type: MSM	45,000	
3.1.1-68c Custom By MARP type: MSM (homosexuals)	35,000	This is a sum of the two custom indicators below.
3.1.1-68c Custom By MARP type: MSM (transgender)	10,000	Partner is disaggregating MSM by homosexuals and transgender.
3.1.1-68d By MARP type: Other Vulnerable Populations	95,000	Partner is disaggregating MSM by homosexuals and transgender.
Number of Men	130,000	
Number of Women	25,000	
3.1.1-68 Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required (PEPFAR Output - #P8.3.D) Number of people.	35,000	PEPFAR regional indicator
3.1.1-68a By MARP type: CSW	3,000	
3.1.1-68b By MARP type: IDU	0	
3.1.1-68c By MARP type: MSM	7,000	
3.1.1-68c Custom By MARP type: MSM (homosexuals)	8,500	
3.1.1-68c Custom By MARP type: MSM (transgender)	1,500	
3.1.1-68d By MARP type: Other Vulnerable Populations	25,000	
Number of Men	28,000	
Number of Women	7,000	

3.1.1-79 Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests (PEPFAR Output - #H1.1.D)	4	
3.1.1-84 Number of health care workers who successfully completed an in-service training program within the reporting period (PEPFAR Output - #H2.3.D)	500	Updated regional indicator: 140 in management, 123 in prevention with MARPS, 97 in S&D, 30 laboratory, 70 adult care support, 40 outreach)

Impact Indicators

Indicator		Base line		Source	Benchmark	Target year 2
		Date	Year			
50% Increase (BL) of consistent condom use in all sexual contacts including stable partners	% Of MSM who use condoms in a correct and consistent way with occasional partner in the last 30 days	38.1% (163/430)	2009	ECVC 2009. CONISIDA-MINSA, CDC.UVG. Nicaragua.	57.0%	45.0%
	% Of MSM who use condoms in a correct and consistent way with stable male partner in the last 30 days	30.9% (46/149)	2009	ECVC 2009. CONISIDA-MINSA, CDC.UVG. Nicaragua.	46.5%	37.0%
	SW % who use condoms in a correct and consistent way with occasional partner in the last 30 days	62% (70/113)	2009	ECVC 2009. CONISIDA-MINSA, CDC.UVG. Nicaragua.	16.0%	13.0%
	SW % who use condoms in a correct and consistent way with a stable partner in the last 30 days	10.7% (27/252)	2009	ECVC 2009. CONISIDA-MINSA, CDC.UVG. Nicaragua.	93.0%	74.0%
30% Decrease (BL) in the number of mul-tiple partners among high-risk population	MSM % who have had penetrative sex with multiple part-ners in the past 12 months	65% (412/634)	2009	ECVC 2009. CONISIDA-MINSA, CDC.UVG. Nicaragua.	45.0%	58.5%

Indicator		Base line		Source	Benchmark	Target year 2
		Date	Year			
	% of MSM who have had penetrative sex with a concurrent partner in the last 12 months	25% (158/628)	2009	ECVC 2009. CONISIDA-MINSA, CDC.UVG. Nicaragua.	17.5%	22.5%
60% increase (BL) in the use of counseling and test promotion in MARPS	% Of MSM who received counseling and got tested for HIV in the last 12 months	38% (239/637)	2010	ECVC 2009. CONISIDA-MINSA, CDC.UVG. Nicaragua.	60.8%	47.5%
	% of sex workers who received counseling and got tested for HIV in the last 12 months	37% (114/309)	2009	ECVC 2009. CONISIDA-MINSA, CDC.UVG. Nicaragua.	59.2%	46.3%

URC-PrevenSida

Prevención de la transmisión del VIH sida para los grupos de alto riesgo en Nicaragua (PREVENSIDA)

Plan Operativo Anual Oct 11 a Sept 12

Actividades principales	Tarea	Resultado	Participantes	Costo	Cronograma												
					Oct	Nov	Dic	Ene	Feb	Mar	Abr	May	Jun	Jul	Ago	Sep	
Actividades gerenciales para garantizar la ejecución del proyecto en el año 2	Elaborar POA y presupuesto año 2	Proyecto ejecutandose de forma continua	Staff URC														
	Aprobar POA año 2 por USAID																
	Ajustar meta de indicadores de proceso para el año 2 de acuerdo a metas alcanzadas en el año 1																
Resultado 1: Fortalecer la capacidad institucional de al menos 20 ONG para participar en la respuesta nacional ante el VIH - Sida a través del desarrollo de capacidades y promoción de un modelo de trabajo en red.		Indicadores • 100 trabajadores de las ONG que han realizado satisfactoriamente un programa de capacitación en servicio dentro del periodo de informe • 60 personas de las ONG implementando acciones claves a nivel administrativo y financiero al finalizar el año 2 del proyecto • 12 ONG nuevas que cuentan con planes de desarrollo de capacidad institucional y lo implementan al finalizar el año 2 del proyecto															
Seleccionar ONGs a ser incluida para mejorar su desempeño institucional en el año 2 del proyecto.	Actualizar lista de ONG a participar en el segundo año de PrevenSida de acuerdo a criterio de selección	ONG seleccionadas, informadas e instruidas sobre su participación	Staff URC														
	ONGs seleccionadas, informadas e instruidas sobre su participación																
Crear línea de base o diagnóstico institucionales de ONGs del cumplimiento de estándares de calidad gerenciales, administrativo-	Elaborar línea de base de cumplimiento de estándares de calidad en ONG seleccionadas en el año 2	ONG seleccionadas trabajando con estándares de calidad cumplidos	Staff URC														

financiero y servicios de prevención	Socializar los resultados de brechas del cumplimiento de estándares de calidad																				
	Elaborar informe trimestral y anual de cumplimiento de estándares de calidad																				
Capacitación CIES																					
Mejorar la capacidad administrativa y financiera de ONGs seleccionadas	Actualizar el programa académico del componente gerencial	Documentos de planificación pedagógica ajustados para asegurar la calidad de los cursos	CIES, ONGs socios																		
	Implementar programa académico para mejorar la capacidad administrativa financiera de ONG del año 2																				
	Evaluación sistemática del cumplimiento de objetivos formativos y aplicación de conocimientos de las ONG																				
	Tutorías de campo por parte de CIES a ONG dirigida a mejorar las competencias y la aplicación del conocimiento adquirido en el programa académico del componente gerencial																				
Capacitación URC sobre colaborativo de mejoramiento																					
Seguimiento a ONG del año 1 en la implementación de los estándares de calidad y procesos de mejoría continua de la calidad	Realizar tercera sesión de aprendizaje del colaborativo de mejoramiento de la calidad para el área de prevención	Equipo de URC implementando los colaborativos	Staff URC																		
	Documentar buenas prácticas de los ciclos de mejoramiento continuo de la calidad para ser utilizado para su expansión hacia el nuevo grupo de ONG	ONG del año 2 poniendo en prácticas las buenas prácticas	Staff URC y socios																		
Implementar colaborativo: estándares; indicadores, paquete de cambio, contenidos	Primer encuentro de colaborativo de mejoramiento con ONG del año 2	ONG del año 2 fortalecidas y aplicando	ONG del año 2 y Staff URC																		

de las sesiones de aprendizaje con ONG del año 2	Realizar línea de base de cumplimiento de estándares de calidad y resultados compartidos con ONG seleccionada para el año 2	procesos de mejoramiento continuo de la calidad																			
	Realizar visitas de campo para compartir resultados de la medición de estándares y expansión de buenas prácticas y experiencias exitosas a ONG del año 2																				
Creación de una cultura de trabajo en Red de ONGs																					
Una Red de ONGs implementando acciones en conjunto	Proceso de homologación de objetivos y metas estratégicas comunes de las ONG para el trabajo en Red	Objetivos, metas estratégicas y experiencias exitosas compartidas en RED de ONG	ONG, Socios y Staff URC																		
	Sesión de trabajo con ONG para elaborar planes de trabajo para el trabajo en Red, compartir experticia y conocimiento sobre el trabajo con PEMAR																				
	ONG en Red ejecutan intervenciones dirigidas a mejorar la calidad de vida de las PEMAR																				
Actividades principales	Tarea	Resultado	Participantes	Costo	Cronograma																
Realizar diagnóstico de las capacidades de las ONGs en desarrollar actividades de prevención, promoción de la prueba de VIH con consejería pre y post prueba	Ejecutar planes de mejoramiento continuo de la calidad dirigido a superar brechas para el cumplimiento de estándares en promoción de la prueba de VIH	Un diagnóstico de capacidades de ONGs	URC																		
	Elaborar informe trimestral y anual de cumplimiento de estándares de calidad y de la enmienda Tiarrh																				

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Mejorar la capacidad de ONGs en desarrollar actividades de prevención y promoción de la prueba de VIH con consejería pre y post prueba, elaborar mensajes e implementar campañas de comunicación en poblaciones MARPs.	Determinar los potenciales cambios en los contenidos de las temáticas a desarrollar en procesos educativos del año 2	Programa académico del componente de prevención ejecutado	CEPRESI, URC, SOCIOS											
	Actualizar el programa académico del componente de prevención tomando en consideración las actividades de tutoría implementadas por CEPRESI													
	Ejecutado el programa académico de prevención de servicios preventivos de 3 cursos de 6 módulos a ONG del año 2													
	Capacitar a recursos humanos de ONG del año 2 en la integración de programa de planificación familiar en los servicios preventivos de VIH													
	Evaluar el cumplimiento de objetivos formativos y aplicación de conocimientos de las ONG													
	Tutoría por parte de CEPRESI a ONG dirigida a mejorar las competencias y la aplicación del conocimiento adquirido en el programa académico del componente de prevención													

Actividades principales	Tarea	Resultado	Participantes	Costo	Cronograma													
					Oct	Nov	Dic	Ene	Feb	Mar	Abr	May	Jun	Jul	Ago	Sep		
Resultado 3: Reducción del estigma y discriminación contra población de alto riesgo y personas con VIH/SIDA		Indicadores • 100 personas de las ONG han sido capacitados en estrategias y herramientas educativas para reducir el E&D al finalizar el año 1 del proyecto. • 12 ONGs adicionales implementando y con planes anuales para reducir estigma y discriminación a PEMAR																
Diseño, elaboración y ejecución de plan de acción para reducir E&D.	Socializar los resultados de la investigación sobre E&D a PEMAR	Líneas de acción definidas y ejecutadas	ONG y Staff URC															
	Diseñar e implementar Líneas de Acción de las ONG para reducir E&D basado en los resultados de investigación sobre E&D																	
	Implementar y dar seguimiento a campaña para reducir E&D a PEMAR a nivel local																	
	Reproducción de materiales para el curso sobre E&D	Campanías de comunicación para reducir E&D ejecutada	ONG, Socios y Staff URC															
	Brindar asistencia técnica a ONG del año 2 para reducir E&D a PEMAR																	
Desarrollar capacidades en las ONG sobre E&D	Capacitar a capacitadores de ONGs del año 2 sobre E&D	Recursos humanos capacitados en E&D	Staff URC y HCI															
Co-facilitación de talleres sobre E&D a unidades de salud del MINSA y IPPSS	Realizar de sensibilización sobre E&D por ONG en coordinación con el MINSA en los 9 departamentos de incidencia		Staff URC y HCI															
	Seguimiento al cumplimiento de planes sobre E&D a ONG																	
Desarrollando intervenciones de advocacy	Capacitar a ONG en advocacy y elaboración de planes de intervención en las ONG	ONG implementando acciones de advocacy	CIES, ONG Staff URC, Socios.															
	Recursos humanos de ONG recibiendo tutoría y asistencia técnica para implementar actividades de advocacy																	

PROGRAMACIÓN DE CURSOS PARA LAS ONG AÑO 2012 CEPRESI

CEPRESI											
No	Módulo	Duración	# de Participantes	Enero	Febrero	Marzo	Abril	Mayo	Junio	Julio	Agosto
1	PRIMER GRUPO										
2	SEGUNDO GRUPO										
3	TERCER GRUPO										
1	ITS / VIH y Sida Una Lectura Critica desde la Vigilancia Epidemiológica	1 DÍA	40	3							
			40	17							
			40		1						
2	FOR FAC y Educación de Pares	3 DÍAS	40		7 al 9						
			40		21 al 23						
			40			6 al 8					
3	Herramientas Básicas en documentación y comunicación en VIH	3 DÍAS	40			13 al 15					
			40			20 al 22					
			40				3 al 5				
4	Consejería en VIH	3 DÍAS	40				10 al 12				
			40				17 al 19				
			40					1 al 3			
5	metodología para abordaje de PEMAR	2 DÍAS	40					8 al 9			
			40					22 al 23			
			40						5 al 6		
6	Incidencia Política para el Trabajo en VIH y Sida	2 DÍAS	40						12 al 13		
			40						19 al 20		
			40							3 al 4	

PREVENSIDA AÑO 2 : Octubre 2011 A SEPTIEMBRE 2012

PROGRAMACION I, II y III MODULOS DE FORTALECIMIENTO INSTITUCIONAL. CIES

I BLOQUE		II BLOQUE		III BLOQUE									
MODULO	DURACION	# DE PARTICIPANTES	OCTUBRE	NOVIEMBRE	ENERO	FEBRERO	MARZO	ABRIL	MAYO	JUNIO	JULIO	AGOSTO	SEPTIEM
1	Gerencia y Liderazgo	3 días	36/curso	2da semana		4ta sem		3ra sem					
2	Planificación estratégica y anual	3 días	36/curso		2da semana		4ta sem		3ra sem				
3	Control financiero	3 días	36/curso			2da semana		4ta sem		3ra sem			
4	Información estratégica	2 días	36/curso				2da semana		4ta sem	3ra sem			
5	Monitoreo y evaluación	3 días	36/curso					2da semana		4ta sem	3ra sem		
6	Gerencia del conocimiento	3 días	36/curso						2da semana		4ta sem	3ra sem	
7	Entrenamiento en redes	3 días	36/curso							2da sem		4ta sem	3ra sem
8	Advocacy	3 días	36/curso								2da sem		4ta sem