



STRENGTHENING HIV KNOWLEDGE MANAGEMENT AMONG KEY POPULATIONS. PrevenSida FIRST QUARTERLY REPORT FY18

Performance period: October 1, 2017 – December 31, 2017



January 2018. Managua, Nicaragua

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Nicaragua

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Cover Photo: Graduation event of the Institutional Strengthening Component in NGOs.
Photographer: Jorge Megia.

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
AOR	Agreements Officer's Representative
ASSIST	Applying Science to Strengthen and Improve System
ASONAPVSI DAH	Asociación Nacional de personas viviendo VIH, SIDA en Honduras
CAR	Central America Region
CBCTS	Community-based care, treatment and support
CCM	Country Coordinating Mechanism
CDC	Centers for Disease Control and Prevention
CHS	Center for Humane Services
CoC	Continuum of Care
COMISCA	Council of Central American Ministers of Health
CONSIDA	Nicaraguan Aids Commission
DATIM	Data for Accountability Transparency and Impact
GBV	Gender Based Violence
FOIT	Focused Outcome and Impact Table
FSW	Female Sex Worker
FY	Fiscal Year
HIV/AIDS	Human immunodeficiency virus / acquired immunodeficiency syndrome
GF	Global Fund
INSS	Nicaraguan Institute of Social Security
IR	Intermediate results
KM	knowledge management
KP	Key Population
LGBT	Lesbian, gay, bisexual, and transgender
MOH	Ministry of Health
MSM	Men who have sex with Men
NGO	Non-Governmental Organization
PASCA	Program for Strengthening the Central American Response to HIV
PASMO	Pan American Social Marketing Organization
PHIV	People Living with HIV/AIDS
PEPFAR	President's Emergency Plan for AIDS Relief
PP	priority populations
QI	Quality Improvement
S&D	Stigma and Discrimination
SDH	Social Determinants of Health
SESAL	Ministry of Health of Honduras (Secretaria de Salud)
SI	Strategic Information
SID	Sustainability Indices and Dashboards
SOGI	Sexual Orientation and Gender Identity
STI	Sexually Transmitted Infections
SW	Sexual Worker
UNFPA	United Nations Population Fund
TB	Tuberculosis

TGW	Transgender women
TRANS	Transgender, transsexual, transvestite
UNAIDS	Joint United Nations Programme on HIV/AIDS
URC	University Research Co., LLC
USG	United States Government
USAID	United States Agency for International Development
USAID/ PrevenSida	Prevention of HIV/AIDS transmission among High Risk Population Program
WHO	World Health Organization

I. EXECUTIVE SUMMARY

This quarterly report corresponds to the first quarter of the eighth year of the project with is planned to conclude in June 30, 2020.

Central America Region (CAR) has a concentrated HIV and AIDS epidemic. The Joint United Nations Programme on HIV/ AIDS (UNAIDS) in 2015 reported high prevalence among key populations (KP): transgender women (TG) at 15.0-31.9%; Men who have sex with Men (MSM) at 7.7%-14.6%; and female sex worker (FSW) at 1.0-15.6%.

In September 2017, United States Agency for International Development (USAID) approved an extension period to PrevenSida project to support the President's Emergency Plan for AIDS Relief (PEPFAR) 3.0 Strategy with a focus on improving Non-Governmental Organizations (NGO) ability to gather, use and disseminate knowledge about HIV in KP and priority populations (PP), continuing the work initiated by the project last year.

A single objective is established for the extension period: Improve the capacities of NGOs and local academic institutions to manage knowledge related to the KP HIV epidemic in Central America (Guatemala, El Salvador, Honduras, Nicaragua, and Panama).

Two intermediate results will contribute to the activity:

- 1: Apply lessons learned to strengthen NGOs in analysis and use of HIV data.
- 2: Strengthen NGOs capacity to develop new HIV knowledge specific to KP

TECHNICAL REPORT:

This period was marked by an intense process of review of 10 scientific studies (8 of Honduras and 2 in Nicaragua) led by USAID, which allowed to strengthen the capacity of development of scientific and technical reports of the counterpart. Events were held for the discussion and dissemination of scientific reports developed by NGO staff with key actors, both in Honduras and Nicaragua. Guatemala was advanced in the selection of the NGO that will lead the analysis of the social determinants of HIV in key populations.

Activities pending of Fiscal Year 2017

Honduras: External validation of preliminary results of 8 research reports of KP and Garifuna were carried out.

Nicaragua:

- Within the framework of the celebration of World AIDS Day, USAID and its PrevenSida project, held the Graduation of the Institutional Strengthening Component with NGOs and a Workshop on Strategic Planning in HIV with KP.
- Scientific article related to logistic capacities of NGO is in review by USAID
- Final Evaluation of the Performance of the USAID HIV Quality Improvement Components in PrevenSida and ASSIST, concluded and approved by USAID Nicaragua.

Activities by intermediate results:

1. Apply lessons learned to strengthen NGOs in analysis and use of HIV data.
 - *Guatemala*: Asociacion Gente Nueva was selected to carry out the Social Determinants of Health Analysis and Evaluation in key population.
 - *Honduras*:
 - Four sub-studies that were conducted among Garifuna population are in the revision phase
 - Community cascade by type of key population and Study of the Social Determinants of Health in key populations in Honduras are in revision phase
2. Strengthen NGOs capacity to develop new HIV knowledge specific to KP
 - Central America:
 - Rapid Evaluation on Knowledge Management among NGOs. First version of protocol was presented to the AOR who gave comments related to improving objectives, operationalization of variables and design of the survey.

MAIN ACTIONS FOR THE SECOND TRIMESTER OF FY18:

Central America Region:

- Begin training on HIV Applied Research through the Virtual Course in five countries.
- Base line on Knowledge Management among KP NGOs
- Analysis or update of SDH action plans will be in relation to KP: MSM, TGW, People Living with HIV/AIDS (PLHIV), and Garifuna (Guatemala, Honduras and Nicaragua).

Honduras:

- Conclusion and dissemination of four studies on the situation of HIV in the Garifuna population, analysis of Social Determinants of Health in Key population and community HIV cascade.

2. DEMOGRAPHIC AND HIV STATISTICS IN CENTRAL AMERICA REGION.

El Salvador, Guatemala, Honduras, Nicaragua, and Panama, have a combined population of 42 million people, of whom 118,227 (0.28%) (UNAIDS 2015)¹ are thought to be PHIV, with a concentrated HIV and AIDS epidemic (low prevalence among the general population (0.3%-0.7%) but very high prevalence among KP: TG at 15.0-31.9%; MSM at 7.7%-14.6%; and FSW at 1.0-15.6%.²

Across these five countries, the total KP is estimated at 422,761, of whom between 57,359 and 33,644 (13% to 7.9%) are thought to be HIV-positive according to KP prevalence estimates from the Program for Strengthening the Central American Response to HIV (PASCA). In addition, two other groups—the Garifuna population living primarily in Honduras, with an estimated HIV prevalence of over 1.7%³, and tuberculosis (TB) patients, with an HIV prevalence of over 10%.

3. HIV IMPLEMENTING MECHANISM

University Research Co., LLC (URC) implements the PrevenSida project of USAID for HIV/Aids transmission prevention among high-risk population with a \$9,999.540 million investment. Founded in 1965, URC currently works in over 30 countries globally and has successfully supported Ministries of Health (MOH) in 11 countries to address quality gaps across the continuum of care for people living with HIV and KPs; improved enrollment, retention in care, nutrition, management of co-infections, and viral suppression; and used strategic information to improve linkages to treatment and adherence.

URC is a leader in preventing, detecting and managing HIV and TB in Latin America and globally and a longstanding and current United States Government (USG)-funded program implementer in CAR, managing since 2010 the PrevenSida Project, and three PEPFAR-funded projects under Centers for Disease Control and Prevention (CDC) since 2010: Strengthening the Response to TB, HIV and sexual transmitted infections (STIs) in the CAR, HIV Co-infection Surveillance Strategies for Program Planning in the CAR, and Strengthening Clinical Services for PHIV in CAR.

¹ UNAIDS 2015 Country Reports: Global AIDS Response Progress Report (GARPR), March 2016.

² Plan Operativo Regional de PEPFAR para Centro América 2017. 29 de marzo de 2016. Disponible en: <http://www.mcr-comisca.org/sites/all/modules/ckeditor/ckfinder/userfiles/files/Plan%20operativo%20de%20PEPFAR%202017.pdf>

³ Preliminary report: Ministry of Health of Honduras. USAID. Risk factors associated with HIV in the Garifuna population, Honduras, 2017

4. PROGRAM GOALS AND STRATEGIC COMPONENTS

In the previous period (2010-2017), PrevenSida held HIV and AIDS prevention activities among KP, including MSM, TG, FSW, and PHIV in Nicaragua. The activities focused on 5 programmatic areas: institutional strengthening of KP NGOs, quality of continuum of care (CoC) services, reduction of stigma and discrimination (S&D), and better participation in the national response to HIV and AIDS. Since August 2016, a fifth component was added improving the use and application of strategic information (SI) in KP NGOs and replicated in Honduras.

In September 2017, USAID approved an extension period to PrevenSida project to support the President's Emergency Plan for AIDS Relief (PEPFAR) 3.0 Strategy with a focus on improving NGOs ability to gather, use and disseminate knowledge about HIV in KP and priority populations (PP), continuing the work initiated by the project last year.

The purpose of the PrevenSida project is to strengthen NGOs' knowledge management (KM) of HIV/AIDS strategic information on key populations to contribute to PEPFAR's goal of reducing HIV and AIDS transmission among KP.

A single objective is established for the extension period: Improve the capacities of NGOs and local academic institutions to manage knowledge related to the KP HIV epidemic in Central America (Guatemala, El Salvador, Honduras, Nicaragua, and Panama). The following intermediate results (IR) will contribute to the activity:

IR 1: Apply lessons learned to strengthen NGOs in analysis and use of HIV data.

IR 2: Strengthen NGOs capacity to develop new HIV knowledge specific to KP

STRATEGIC APPROACH.

KNOWLEDGE MANAGEMENT

Leaders and technical staff of the KP NGOs will receive technical support to develop KM in their organizational practice so that they can use the existing information and generate new knowledge, which will improve their participation in the design and assessment of the epidemic control approaches.

For training in KM and SI we will employ cost effective methodologies on applied research. A virtual course will be conducted by an academic institution for KP NGO leaders. Key personnel from NGOs will benefit via virtual training courses developed and implemented by local academic institutions. They will learn how to identify priority problems related to HIV, develop research protocols, comply with the ethics code, implement research projects, and organize dissemination workshops.

In addition, workshops on applied research will be provided by current Project advisers and will be based on country prioritized topics designated by KP NGOs. Various mechanisms will be used to share information including an annual nationwide Knowledge Management Forum.

The Stigma and Discrimination (S&D) and gender and gender-based violence (GBV) topics will be cross-cutting in each virtual or face-to-face training process as well as in prioritized research topics. The Social Determinants of Health (SDH) analysis will be the focus to identify the barriers that facilitate S&D and GBV in KP.

The conclusions reached in subsequent analysis will generate recommendations that will translate into advocacy plans for S&D reduction led by the NGOs.

SUBGRANTS

The prioritization of topics to receive subgrants will emerge from the SDH analyses of KP in each Central American country. NGOs will decide what will be the topics for the research subgrants. During the first year of the extension period (2018), three countries will be prioritized: Guatemala, Honduras, and Nicaragua.

Each country will carry out three applied research studies targeting MSM, TGW, and PHIV. In Nicaragua, the three research studies will target: TGW, the KP in the Northern Caribbean Coast, and PHIV.

5. TECHNICAL REPORT

PrevenSida will support NGOs to have an improved participation in the national response by being better informed of the main gaps affecting the national response and by having action plans. It will consider the guidelines provided by PEPFAR's Sustainable HIV Epidemic Control, Position Paper (November 2016) which defines the sustainability areas (enabling environments, systems, resources, and systems).

PrevenSida will collaborate on Sustainability Outcomes for Enabling Environment through increasing the role of civil society in policy monitoring and civil society with capacity to hold governments accountable and drive policy reform. In the area of civil society and community leadership for accountability and problem solving, NGOs will be able to develop public policies and advocacy with and on behalf of KP that often remain at the fringes of the global HIV response, combating S&D, GBV, and violence against those affected by HIV, and participating in data collection and understanding data use for decision-making and accountability.

PENDING ACTIVITIES OF FISCAL YEAR 17

Activities were pending for FY 2017 are described in the annual operating plan approved for the fiscal year (FY) 2018

These activities were:

- Honduras:
 - External validation of preliminary results of 8 research reports.
 - Knowledge Management Forum
- Nicaragua:
 - Recommendation implementation workshop
 - Three -days of internal retreat to complete scientific reports.
 - Develop a scientific article related to logistic capacities of NGO
 - Evaluation of institutional strengthening through in-service training

COMPLIANCE WITH FY17 PENDING ACTIVITIES

HONDURAS

External validation of preliminary results of 8 research reports. *Completed*

On November 3, 2017, a workshop was held in Tegucigalpa- Honduras to validate the results of HIV research with key and priority populations

The purpose of the workshop was:

- To share the preliminary results of studies conducted by USAID and organizations of key and priority populations in the field of HIV, with health decision-makers.
- To receive feedback from participants for final reports preparation.

34 delegates from the Ministry of Health, health regions, Garífuna leaders and key population NGOs participated. Each participant received a folder with 8 one-page summaries of each study.

The studies submitted for validation were:

- Research on the situation of HIV in the Garífuna population
 - Epidemiological profile of HIV
 - HIV risk factors using community surveys
 - Cascade of the continuum of HIV care
 - Analysis of the Social Determinants of Health
- Presentation of Social Determinants of Health in key population
 - Female Sex Workers
 - Transgender Population
 - Men who have sex with men
- HIV Continuum of care: Community cascade

Dr. Diana Nuñez of the Health Surveillance Unit affirmed that the results of studies in the Garífuna population are timely because the country is currently reviewing the Global Fund's continuation note, as well as to review the implementation of the continuum of care actions to reduce morbidity and mortality associated with HIV. The Garífuna leaders considered that these results should be shared with the communities in order to carry out joint actions with health authorities, NGOs and communities before the results of the studies.

Participants expressed their opinions on the SDH studies among KP and the community cascade, recognizing the importance of the results. This meeting allowed to establish alliances between NGOs for the PHIV care in Self Help Groups.

Knowledge Management Forum. *Pending*

Due to the political post-electoral violence situation, this activity was not carried out. In addition, the final versions of the studies were not yet ready during the quarter. It is postponed until the Honduran MOH establishes the new date.

NICARAGUA

Recommendation implementation workshop and evaluation of institutional strengthening through in-service training. Completed

On November 29, 2017, within the framework of the celebration of World AIDS Day, USAID and its PrevenSida project, held the Graduation of the Institutional Strengthening Component with NGOs and a Workshop on Strategic Planning in HIV with Key Populations.

The graduation ceremony was presided over by: Mrs. Laura Dogu, Ambassador of the United States of America in Nicaragua; Dr. Enrique Beteta, president of CONISIDA and representative of NGO leaders of KP.

There were 98 participants from 22 NGOs, USAID officials, members of the Nicaraguan Aids Commission (CONISIDA), United Nations Population Fund (UNFPA), principal recipient of the Nicaraguan Institute of Social Security (NISS), Pan American Social Marketing Organization (PASMO) and HIV experts.

Ambassador Dogu handed out graduation diplomas to 20 NGOs that achieved the best management, administrative and technical performance, and to 100 leaders who reached the level of Community Managers in Comprehensive HIV Care. The Ambassador stressed that these organizations and their leaders now have the power and capabilities to be change agents in their communities.

PrevenSida, through its coordinator, presented the scope of institutional strengthening in the 4 graduated results.

The second section of the workshop corresponded to the strategic planning workshop. Work was completed in groups divided by type of population of interest: MSM, TGW and PHIV. The purpose was to review the recommendations of 26 reports presented in the knowledge management forum of June 2017, which includes 15 NGO reports, reaching the stage of prioritizing recommendations by level of determinant. The six work groups were: three groups of PVIH, two groups of Trans and a group of MSM.

There-days of internal retreat to complete scientific reports. Pending

Due to the intensity of the review process of 10 research reports (eight from Honduras and two from Nicaragua), this activity was not completed, which is led by the Agreement Officer's Representative (AOR) USAID. It is scheduled for March 2018.

Develop a scientific article related to logistic capacities of NGO. In progress

The final report is in the review phase. The objective of the article is to examine the experience of improving the logistic capacities of NGOs that provide community services in HIV to key population in Nicaragua.

Preliminary results report: As a result of the institutional strengthening intervention implemented by USAID, the logistical capacities of the NGOs have improved substantially, going from a general score of 43% in the baseline, 83% in the intermediate evaluation and 90% in the final evaluation.

Estimation of needs improved from an initial score of 70.6%, 94% in the intermediate evaluation and 94.6% in the final evaluation. Origin and availability of inputs improved from an initial score of 21.25%, 66.25% in the mid-term evaluation and 92% in the final evaluation. Supplies storage from an initial score of 43.8%, 83.4% in the intermediate evaluation and 90.6% in the final evaluation.

In information system, there was a reduction in the percentage of compliance, from an initial score of 100%,

95.5% in the intermediate evaluation and 77% in the final evaluation.

Final Evaluation of the Performance of the USAID HIV Quality Improvement Components in PrevenSida and ASSIST. Completed

The report remark: “The purpose of this evaluation was to evaluate the performance of the quality improvement component in PrevenSida and ASSIST, implemented by University Research Co., LLC (URC) in Nicaragua, and to provide recommendations for future activities. The PrevenSida project implemented eleven of the twelve strategies defined by USAID, which are linked to quality improvement: three in prevention, three in strengthening the health sector, two in strategic information and three in policy environment. The reports and interviews show qualitative changes in the services offered and how these services are provided, which are clearly associated to quality improvement processes that have guided strategic adjustments”⁴.

OTHER ACTIVITIES

Review of the PEPFAR Central America portfolio

The meeting was based in San Salvador and the participation of PrevenSida was via Skype. PrevenSida presented the fulfillment of the goals in FY 17 with an emphasis on the advance in the studies carried out in Honduras, this was a topic that generated interest in knowing the results of the studies in Garífunas. The commitment of PrevenSida before the team of partners of USAID-Central America is to share the reports of studies in the Garífuna population when they are completed and send a date of results dissemination in Honduras, so that Daniel Murales can attend.

Sustainability Indices and Dashboards (SIDs)

The index serves countries to analyze and make decisions regarding the sustainability of their HIV response, to identify priorities for channeling the investment of PEPFAR's cooperation to facilitate multi-sectoral policy and management dialogue in favor of the effectiveness of a joint response to the epidemic and its determinants; and to inform about the context of the responses in the countries to the epidemic.

USAID Nicaragua led the review of sustainability indicators on November 9, 2017, the project collaborated in the search for evidence and facilitation of working groups (Civil Society, Public access to Information, Quality Management, Performance Data, Services Delivery and Humans Recourse for Health)

100% participation of guests was achieved, among them officials of government institutions, delegates from private companies, the Free Trade Zone, public and private universities, representatives of NGOs and representatives of projects and agencies.

The 92 sources were consulted and preliminary observations show that the country has substantially improved on the issue of sustainability in the response to HIV in Nicaragua, one of the indicators that was marked in red last year was participation of the private sector and Quality management, both in this exercise were assessed as showing clear improvement.

Fair in celebration of World AIDS Day

On the first of December 2017, CONSIDA celebrated World AIDS Day with the participation of civil

⁴ Available in:

<https://dec.usaid.gov/dec/content/Detail.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDhmY2Uy&rID=NDAnjkl>

society organizations, state institutions projects, people with HIV and the general population in a march that concluded with an educational fair.

PrevenSida placed a stand that was shared with Asociación Nicaragüense de Personas Positivas Luchando por la vida (ANICP + VIDA). Brochures on Law 820, elimination of stigma and discrimination, Ministerial Resolution 671/2014, Self-care handbook, water-based lubricants and condoms were distributed, and showed the correct use of condoms using wooden dildos. Approximately 200 people passed through the stand, young people, adults and people with HIV. ANICP + VIDA held a contest with participants on topics of HIV prevention and correct condom use, giving winners, small water containers, caps and T-shirts. The news was shared with USAID communications and hosted on the PrevenSida website

Sexual orientation and gender identity (SOGI)

Integrating questions of Sexual Orientation and Gender Identity in research

Terms related to these concepts, such as lesbian, gay, bisexual, and transgender (LGBT), may have more than one meaning based on social context. For Federal surveys, both the purpose of the survey and the specific dimension of SOGI intended to be measured are important design and measurement considerations.

The first coordination meeting was held through telephone conference (USAID Nicaragua, MEASURE and PrevenSida) to create the conditions in which KP NGOs that are collecting LGBT people data, receive technical assistance so that they gain experience in data quality. In January 2018, MEASURE will visit Nicaragua to establish the selection of the NGOs, in coordination with PrevenSida

ACTIVITIES BY INTERMEDIATE RESULTS

5.1 IR 1: Apply lesson learned to strengthen NGOs in analysis and use of HIV data

This activity will allow participating NGOs to learn to use existing secondary information. The learning model will be SDH analysis by KP type: MSM, TGW, PHIV, and the Garifuna (Honduras).

Social Determinants of Health (SDH) Analysis and Evaluation

GUATEMALA

AOR USAID approved the terms of reference of the SDH study among KP. The announcement of the availability of the terms of reference was made in Guatemala in a newspaper of wide national dissemination and to the key population NGOs that are in the NGO directory created by the project. 20 people from different organizations requested the terms of reference.

Three technical and financial applications were received: Fundación Iturbide, Asociación Gente Nueva, and Otran. The evaluation process consisted on scoring the received documents, analyzing the fulfillment of the terms of reference and the technical and financial approach of the proposals. The final score was:

Asociacion Gente Nueva was selected to carry out the study of SDH in Guatemala because they described their experience and leadership with the target populations, they have conducted other research on structural aspects and includes alliances with other organizations such as AGN, CAS and AIDS Health as partners for this investigation.

They described their staff well and adapted their technical proposal based on the terms of reference. The assessment of administrative capacities and the first meeting of coordination and induction of the leaders of the participating NGOs will be completed in January of 2018.

HONDURAS

AOR USAID Nicaragua and project advisors are in the revision phase of the four sub-studies that were conducted among Garifuna population. The consultant team has received comments with the purpose of improving the quality of the report. It is expected that the final versions will be available by the second quarter.

The studies in process are:

- Sub-study 1: Epidemiological profile of HIV in the Garifuna population of Honduras.
- Sub-study 2. Assessment of risk factors using community surveys
- Sub-study 3: Continuum of care: HIV cascade in the Garifuna population of Honduras.
- Sub-study 4. Institutional capacities based on the SDH in the Garifuna population.

Community cascade by type of key population in Honduras.

Asociación Nacional de personas viviendo con VIH/ SIDA (ASONAPVSI DAH) in Honduras is the NGO that completed this study, which is an action participatory research, and analytical cross-cutting study, made during the May 2017 to September 2017 period. The draft document is under review.

350 community-based clinical surveys were conducted, with the following preliminary results: 18% (63) MSM; 2% (7) Trans; 2.6% (9) sex workers (TS) and 77.4% (271) heterosexuals.

155 reported having two or more partners, 43 being SW clients, 118 did not use a condom in the last month and 65 are users of some type of drug. 76% diagnosed in comprehensive care services/hospital, 93.7% with CD4, 87.1% with viral load, 89.4% with ART, 28.39% in Self Help Groups, 41.4% without viral suppression, 84.9% in stage I.

Study of the Social Determinants of Health (SDH) in key populations.

The NGOs selected to complete the studies are: Somos CDC – COZUMEL who conducted the SDH study among key population (MSM and Trans) and REDMUDE who will conduct the SDH study among sex workers (SW).

The three sectors completed the summary of evidence that is under review.

Social Determinants of Health among SW

Preliminary results: 37 documents were reviewed, of which 07 were declared ineligible, as they did not contain information related to the FSW population, with 30 documents remaining in the end, which resulted in: 63 evidences, favorable (25) and unfavorable (38). See table I. Among the limiting factors are: Poverty (59%), violence (85%), 42% did not complete primary education, 42% without medical review in the last year, 35% did not use condoms with occasional clients, 6% HIV prevalence.

Table 1. Classification of evidence according to Social Determinants of Health

Social determinant of health	Percentage of favorable evidence	Limiting evidence percentage
Socioeconomic, cultural and environmental conditions	10 (40%)	4 (11%)
Living and working conditions	1 (4%)	7 (18%)
Access to health care services	7 (28%)	2 (5%)
Community influences and social support	3 (12%)	4 (11%)
Individual factors and preference in lifestyles	4 (16%)	10 (26 %)
Biological factors and genetic flow	0 (%)	11 (29 %)
Total evidence	25 (100%)	38 (100%)

Social Determinants of health among TG

Preliminary results: 43 documents were reviewed, of which 05 were declared ineligible, with 38 documents remaining, which resulted in: 69 evidences, Favorable (31) and unfavorable (38). (See table N°1). Some limiting factors are: 72% have been mistreated, 39% have been discriminated against in their family, 48% have primary education, 64% are engaged in sex work, 61% use a condom with a stable partner, 50% used some type of drug in the last 12 months.

Table 2 Classification of evidences according to SDH among TG

Social determinant of health	Percentage of favorable evidence	Limiting evidence percentage
Socioeconomic, cultural and environmental conditions	11 (36 %)	8 (21%)
Living and working conditions	1 (3%)	9 (24%)
Access to health care services	6 (19%)	2 (5%)
Community influences and social support	7 (23%)	2 (5%)
Individual factors and preference in lifestyles	6 (19%)	8 (21%)
Biological factors and genetic flow	0 (0%)	9 (24%)
Total evidence	31 (100%)	38 (100%)

Social Determinants of Health among MSM

Preliminary results: 39 documents were reviewed and 05 were declared ineligible, as they did not contain information related to the MSM population, with 34 documents remaining, which resulted in: 71 evidences, 26 of these favorable and 45 unfavorable.

Among the limiting factors are: one in 3 reports discrimination, 76% of the aggressions against gay people ended in murder, 41% finished primary school, 23% have received money for sex work, before 18 years of age, 85% of the interviewees do not know the STI Sentinel Surveillance Strategy (VICITS), 67% have been tested for HIV in the last year, 9% used condoms with clients in the last year, 65% consume alcohol, 19.9% HIV prevalence

Table 3. Classification of evidence by Social Determinants among MSM

Social determinant of health	Percentage of favorable evidence	Limiting evidence percentage
Socioeconomic, cultural and environmental conditions	10(40%)	5 (11.4%)
Living and working conditions	0 (0%)	8(18%)
Access to health care services	6 (24%)	9 (20.4%)
Community influences and social support	3 (12%)	1 (2.2%)
Individual factors and preference in lifestyles	6 (24%)	11 (25%)
Biological factors and genetic flow	0 (0%)	10 (23%)
Total evidence	25 (100%)	44(100%)

5.2 IR 2: Strengthen NGOs capacity to develop new HIV knowledge specific to KP

Training on HIV Applied Research through the Virtual Course

- Mapping of Academic Institutions:

Mapping of the academic institutions and research centers that can participate or show interest to develop the virtual HIV research course will be carried out in January 2018 with the support of the URC offices in CAR.

The terms of reference for applications are in draft and will be sent for review by the AOR in January 2018. Once approved, they will be submitted directly to the academic institutions registered in the database and by announcement in the media in each country.

- Rapid Evaluation on Knowledge Management among KP NGOs and Academic Institutions

The first version of protocol was presented to the AOR who gave comments related to improving objectives, operationalization of variables and design of the survey.

To date there are no indicators results to report. (Table 5)

CROSS-CUTTING AND OTHER ISSUE

Stigma and Discrimination (S&D)

PrevenSida will contribute to reducing S&D in KP by supporting CSOs in the SDH analysis and action plans based on the recommendations. Action plans will seek to influence those social inequalities that are influencing sexual risk behavior to acquire HIV and that are possible to influence in the short and medium term. Some examples of actions that can be implemented are: improving the social support of family, friends and community, improving access to friendlier health services, advocating for the design of public policies against S&D and GBV.

The URC team recognizes the importance of reducing S&D by sexual orientation or HIV positive status. This is a fundamental part of URC-CHS through its officials and consultants, it maintains the highest standards of honesty, integrity in the conduct of its business and professional relationships, which is reflected in our ethics policy. S&D reduction is a cross cutting activity in each of the project activities

Gender

The project has provided equitable opportunities to 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 GBV is a mainstream rather than specific activity. In structural interventions, we will work with KP CSOs to understand the relationship between GBV and HIV, S&D as a barrier for care and prevention, and violation of human rights of sexual diversity and positive people.

The SDH analysis will allow the identification of research priorities for CSOs for which they will receive grants and training on applied research to obtain new knowledge about the main social inequities and the barriers or conditions that facilitate S&D and promote gender inequality. This will result in strategic reports and plans adapted to the context of each population and country.

Sharing information through social network

In the quarter, there were 1,697 visits to the PrevenSida website by 559 users. Average number of pages per session was 2.62 and 84.26% of the users were new visits, 64.35% of the visitors were men, and 79.46% of users belonged to the ages between 18 and 44.

The most viewed information was "USAID celebrates World AIDS Day and the Graduation of the institutional strengthening component of the PrevenSida project in NGO" and the photo gallery about the Fair in Celebration of World AIDS Day 2017.

At the end of Q1 FY18, a total of 97,956 visits to the PrevenSida website were accumulated, with 38,283 sessions and 30,287 users.

On Facebook, 1,080 followers registered cumulatively 1,097 "Likes" with 1,080 followers. The news of the participation of the Government of the United States in the Knowledge Management Fair of HIV and LGBTI Rights turned out to be the article more seen by Facebook users.

Cultural Sensitivities URC considers cultural sensitivities for all interventions where appropriate especially in the context of the Garifuna community

6. COORDINATION WITH OTHER USAID PROGRAMS AND DONORS

URC develops close and effective coordination with different stakeholders. In August 2017, the PrevenSida countries and the Chief of Party started coordination and presentation of the KM component in CAR. The work sessions included officers from Regional PEPFAR, CDC, Regional USAID, Pan American Health Organization (PAHO) and Council of Central American Ministers of Health (COMISCA).

In addition, meetings were held with authorities from the HIV programs of the Ministries of Health, country coordinating mechanisms and main recipients of the Global Fund of the Central American countries. Meetings were held with 26 KP CSOs which were organized by type of KP in 4 countries (Guatemala, Honduras, El Salvador, and Panama).

The NGOs expressed their interest in participating in the KM strengthening activities because this is a pending task to advance in their development as organizations and because there is no precedent to date, in their countries. Ministries of Health and country coordinating mechanisms authorities expressed a similar opinion, as this will strengthen informed participation of KP CSOs in the national response.

7. MONITORING AND EVALUATION PLAN

In addition to the specific M&E plan established under the Cooperative Agreement, USAID PrevenSida is being monitored using PEPFAR indicators since 2012. USAID PrevenSida developed a unique record-keeping system in ACCESS with over 50 reporting tables that are used to analyze target compliance. The Data Quality Assessment Report completed by Measure Evaluation for PEPFAR Central America (June 2014) confirmed the program's solid M&E System, which includes quality control mechanisms.

The current version (7.0) of the Monitoring System has a module to register people who have approved the training courses, with the ability to disaggregate by person, ethnicity, approved course and belonging NGO. This same module will be used to record people who will be trained in HIV applied research, both on-line and in-classroom. The monitored indicators are those established in the URC-USAID contract.

DATA FOR ACCOUNTABILITY TRANSPARENCY AND IMPACT. DATIM

In November 2017, the review and approval process for the indicators' narrative data was completed, which were over fulfilled.

EXPENDITURE ANALYSIS

On November 8, 2017 expenditure recording and analysis matrix was approved.

Report: The total PEPFAR cost during 2017 is \$1,666, 597.00 dollars and \$594,390.00 dollars (36%) correspond to program management spent above the site level, mainly grants management. Of the total cost (\$1,666,597.00 dollars) \$500,009 dollars (30%) correspond to direct service delivery at site level.

The percentage of expenditures supporting PEPFAR program area are: Community-based care, treatment and support (CBCTS) 60%, HIV testing and counseling 4%, Laboratory: 2%, PP Prev 1%, KP-FSW 0.3%, KP persons who inject drugs 0.3% and KP-MSMTG 33%.

Health System Strengthening to provide technical assistance and capacity building support to the NGOs and correspond to 5% (USD\$ 86,981.00) and it was invested in HRH performance support/quality, laboratory and supply chain system strengthening of key populations (MSM, Transgender and sexual female workers), Prevention and care of people with HIV.

All expenditures are consistent with the PEPFAR Central America strategic priorities and new focus in Continuum of Care

The nine NGOs awarded with PEPFAR funds contribute with an approximate 17% (\$141,891.42) of Cost Share (counterpart funding) to complement actions and field operative activities.

CLOSE-OUT

In the first three months of 2020, the regional close-out meeting of the project will be carried out through a videoconference (Zoom Application), with the participants of the stakeholders, USAID offices, Ministries of Health, academic institutions instructors and CSO management. Project performance will be through benchmarks fulfillment (Table 4)

FINAL EVALUATION AND SYSTEMATIZATION

At the end of the extension, an external evaluation and a systematization process will be carried out to document achievements, lessons learned, challenges and recommendations for decision- makers in HIV programs, public health policies, cooperating agencies, and KP NGOs. The project will be accountable for the following outcomes summarized in the below table 1. See performance monitoring plan in table 2.

Table 4. ROP 17 CAR FOIT and Specific Benchmarks for SI and KP KM

Intervention Area	Activity Description	Activity Code	FY18 Benchmark	FY19 Benchmark
Demonstration sites on Key Population	Apply lessons learned in Nicaragua to strengthen CSOs in analysis and use of data about HIV	1.01	Finalized data analysis and action plans by KP CSOs in Nicaragua, Honduras and Guatemala.	Finalized data analysis and action plans by KP CSOs in El Salvador and Panamá
Systems: Health workers (including CHW)	Strengthen KP CSO's to develop new HIV knowledge specific to KP	1.07	1) 20 KP leaders in each country completed virtual training 2) At least 3 KP CSOs implemented research projects addressing HIV knowledge gaps among KP	1) 3 KP CSOs completed research projects addressing HIV knowledge gaps in each country

8. ANNUAL PLAN COMPLIANCE

Of the 37 tasks planned for the first quarter, 29% were not met (10).

Related tasks were not performed:

- Final report of 8 studies in Honduras
- Knowledge management Forum in Honduras
- Three-days internal retreat with authors of studies in process
- Monthly distribution of digital bulletins
- Mapping of universities by desk review
- Training on HIV Applied Research through the Virtual
- Baseline of knowledge management in NGOs

9. BRANDING AND MARKING

URC will adhere to all USAID policy directives and required procedures on branding and marking of USAID-funded programs, projects, activities, public communications, and commodities with the USAID “Graphic Standards Manual and Partner Co-branding Guide, 2016”.

The public identity of all program technical assistance activities under the Preventing Transmission of HIV/AIDS from High Risk Groups in Nicaragua Program (hereafter referred to as the Program) will be clearly linked to USAID through the naming of the Program as **The USAID HIV/AIDS Prevention Program**. The activities of URC and its partners will not assume a public identity independent of that of USAID so that stakeholders, direct beneficiaries of the Program, and the general public in Nicaragua recognize the work is made possible through the generosity of the American people through USAID. The origin of the assistance stated verbally, visually and/or textually will always be identified as “del pueblo de los Estados Unidos de América” or “from the American people” except when a determination is made by USAID that such identification is not required.

All elements for public communication in Central America will adhere to ADS 320 requirements and be submitted to USAID Nicaragua for review prior to production. As shown below, URC will mark all program materials and reports in English and Spanish produced by URC and its partners under this cooperative agreement with the PEPFAR Central America logo, the USAID PrevenSida logo, in English and Spanish as relevant, and the URC logo.

Co-branding show unification between USAID and our partners. The USAID logo should be placed in the lower left corner with partner logo(s) to the right. All partner logos are of visually equal weight and nothing has more prominence than the USAID logo. All seals should be same height as the USAID seal. We will co-brand all products with both the Central America PEPFAR logo and the USAID identity.

The placement of the PEPFAR logo will be first, followed by the USAID identity and lastly by the URC logo. If the material developed with PEPFAR funding is also co-branded with a host country government logo, the order of graphic identities will be: host government logo, PEPFAR logo, USAID identity, and URC logo.

10. MANAGEMENT AND STAFFING

There was no change in staff recruitment. Staff has updated their documentation required by URC and USAID administrative regulations.

11. ANNEXES

Table 5. Performance Monitoring Plan CAR

Indicator	Year 8 Target	Year 9 Target
IR1: Apply lessons learned to strengthen CSOs in analysis and use of HIV data.		
Number of finalized HIV data analyses on social determinants of the HIV epidemic and action plans implemented by KP groups	5	0
Number of KP CSOs implementing strategic plans based in the evidence provided by their own HIV epidemic social determinants reports.	5	0
Number of policies improved by CSO advocacy efforts, based in the evidence generated by this activity	0	5
IR2: Strengthen CSOs capacity to develop new HIV knowledge specific to KP		
Number of local universities and research centers institutionalizing HIV research and training	1	0
Number of local academic institutions actively engaged in HIV KP KM training with diploma and online course	5	0
Number of KP CSOs leaders trained in HIV knowledge management	100	0
Number of KP CSOs leaders, previously trained in HIV knowledge management, implementing HIV applied research addressing key knowledge gaps	18	12
Number of research projects implemented by CSOs completed	9	6
Number of scientific reports generated with KP leaders' participation	3	2

