

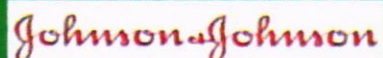
FINAL REPORT

Part 1 – Executive Summary

(Year-1-5 July 2005 - June 2010)

Project: Expanding HIV/AIDS/STI prevention and care integrated to primary care in the City of Fortaleza, Brazil: educational intervention and care to women and female adolescents living in specific poor areas of Fortaleza.

Sponsored by:



Johnson & Johnson

FORTALEZA, BRAZIL

August, 2010

ASF Project Team

General Supervision: Maria Eugênia Lemos Fernandes MD, MPH
Project Manager: Anamaria Cavalcante e Silva MD, PhD
Project Assistant: Leilanne Maria Costa Lima
Finance Manager: Ivan Gouveia Fini

Participating Primary Health Care Units

- C.S. Flávio Marcílio
- C.S. Odorico de Moraes
- C.S. Paulo Marcelo
- UBASF Célio Girão Brasil
- UBASF Aida Santos e Silva
- UBASF Frei Tito

Consultants

- Dirlene Mafalda Idelfonso da Silveira
- Ivana Cristina de Holanda Cunha Barreto
- Jocileide Sales Campos
- Telma Alves Martins

Partner Institutions

- Secretaria Municipal de Saúde de Fortaleza
- Faculdade Christus
- SESA/CE

Sponsored by

- Johnson & Johnson
- Funding: US\$ 90,000.00 – Year 1
US\$ 90,000.00 – Year 2
US\$ 70,000.00 – Year 3
US\$ 70,000.00 – Year 4
US\$ 70,000.00 – Year 5

Report prepared by

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 **Fortaleza**
Secretaria Municipal de Saúde de Fortaleza

EXECUTIVE SUMMARY FOR THE RESOURCE FOUNDATION

1. Main Indicators

- People directly benefited from the Project:
200,000
 - 150,000 women
 - 50,000 men
 - 120,000 young people (13-24)
 - 60,000 adults (25-50)
 - 20,000 elderly (50+)
 - 1,330 pregnant women
 - 60.000 high risk people
 - 250 health care professionals (trained physicians, nurses and dentists)
 - 120 Health Community Agents
- People indirectly benefited from the Project:
600,000
- Project's Methodology:
 - local involvement / community promoters (yes)
 - home visits (yes)
 - large scale public events (yes)
 - distribution of information materials (yes)
 - development of psychosocial skills (yes)
 - professional training (yes)
 - cooperation with NGOs (yes)
 - cooperation with local schools (yes)
 - cooperation with local community associations and organizations (yes)
 - cooperation with local private companies (for-profit companies (yes: Faculdade Christus – Medical Scholl and Universidade de Fortaleza))

2. Project Main Strategies

- Capacity building for health care professionals involved in the Family Health Program in order to integrate HIV/AIDS management and reproductive health related activities in the Primary Care Program within SER II, Fortaleza – Ceará / Northeastern Brazil;
- Contribution to the sexual and reproductive health promotion agenda;
- Continued education on STD/AIDS for Family Health Program professionals - SER II, Fortaleza;
- Intensification of education promotion and assistance actions on STD/AIDS towards women, children and teenagers;
- Education of men and young male teenagers using events and locations where there is higher concentration of this population in order to diffuse information;
- Door to door community education by the Health Community Agents;
- Follow-up and monitoring of activities developed by trained Primary Health Care Units professionals within the scope of the Project;
- Involvement, sensibilization and capacity building of medical students;
- Sensibilization of the elderly population in the area covered by the Primary Health Care Units – UBS;
- Training and update courses on STD/AIDS for new Health Community Agents and medical students;
- STD/AIDS prevention actions for high-vulnerability groups within the community such

as adolescents, drug users, pregnant women and elderly;

- Extended social mobilization;
- Donation and distribution of equipment and educational materials on STD/AIDS;
- Systematic monitoring of activities developed by the health care professionals involved in the Project;
- Assessment of the results of the training delivered to SER II Family Health Teams;
- Systematic analysis of the Project epidemiological and operational indicators;
- Performance of an assessment survey at the end of the Project.

3. Achievements

- An increase in sensibilization and involvement in the care of STD patients;
- Increase in the indication and use of condoms as well as the increase in the frequency with which women seek serology tests during prenatal care and in the frequency of educational actions carried out at Health Units;
- The training contributed to improve technical capabilities in the management of STD cases and also to a better integration of the team;
- Health Community Agents started to be invited to give lectures on STD/AIDS prevention in schools. They were also invited to give lectures at Petrobrás;
- The number of people seeking condoms increased as these people learned that it was not necessary to see a Doctor to get condoms.

The number requests for diagnostics tests for STDs also increased;

- All professionals got involved in the Family Health Program. Physicians reported that patients were more informed on STD/AIDS;
- Health Community Agents are now trusted by the teenagers from the community and feel free to make confidences and ask question to them;
- The community had the opportunity to acquire knowledge and broaden their awareness on STD/AIDS and Family planning;
- University students had the opportunity to learn more about the current status of the epidemics and about community behavior and this enable them to promote health by changing people's behavior based on the information acquired;
- The capacity building courses were improved resulting in health care professionals developing their activities with satisfaction;
- The large scale distribution of educational materials on STD/AIDS and Reproductive Health for the Health Community Agents facilitated and improved the performance of their daily activities. The educational process in the community and among health professionals was improved through the use of communication and information equipment donated by the Project such as: 29" TV sets, DVD players, cameras and DVD movies;
- The commitment of Unit's Managers with the Project was more evident;
- Medical students from Faculdade Christus were integrated in the Project actions thus maximizing the work of the Health Community Agents;

- The access to condoms was simplified and expanded in the community covered by the Primary Health Care Units of Regional Executive Secretary II (SER II);
- Availability of reproductive health kits to support the work of new Health Care Agents;
- Greater commitment and dedication of Managers from Health Care Units in the Project activities both within the Primary Health Care Units and in the community;
- Increased participation of Family Health professionals – Physicians, Nurses, and Health community agents in campaigns developed by the Municipal Department of Health of Fortaleza and State Department of Health of Ceará – a work integrated with Associação Saúde da Família;
- Healthcare professionals have now a different view on issues related to sexuality reported by their patients;
- Health Care professionals feel more confident and capable of establishing a STD/AIDS diagnosis;
- The number of STD cases identified has increased due to the assessment of risks performed in an individual basis;
- The psychological support and care of people treated for STDs is now considered an important measure and was adopted by the professionals;
- The access to STD related information was expanded leading to an increase in the number of people seeking HIV and VDR test has increase;

- The access to condoms was facilitated and therefore increased;
- Drugs of choice for the treatment of STDs are now prescribed in a more rational way for the treatment of other pathologies;
- The search for the partners (summon) of STD patients was intensified;
- The community interest on STD/AIDS and treatment recognition and compliance increased;
- Referrals of STD patients to Secondary Units are now more frequent;
- Health care professionals are encouraged to participate in movements and campaigns to expand the access to HIV tests;
- The use of the "Almanaque da Família Brasileira", produced by UNICEF as an information tool for health care professionals yield good results within the community;
- A satisfactory distribution of condoms and presentations on how to use them allowed access to condoms of groups which otherwise would not have it;
- A survey to measure the impact of the Project actions from the point of view of physicians and nurses from the Primary Health Care Units, with the participation of medical students from Faculdade Christus;
- The qualitative evaluation performed with Health Community Agents showed they were more confident regarding STD/AIDS and this enabled them to persuade the community on the importance of taking prevention actions

4. Impact

- Professionals from 26 Family Health teams were trained and qualified in STD/AIDS and Reproductive Health. Each team is composed of one physician, one nurse, one dentist, two nurse aides and six health community agents and each is responsible for the care of an average of 5.000 people/per month. Thus the project reaches approximately 30.000 people per month at the 06 health care facilities and during home visits;
- 530,724 home visits performed during the 5-year period;
- 4,813 pregnant women had an HIV test;
- 7,371 HIV antibody tests performed in the general population;
- 6,264 syphilis antibody tests performed in the general population;
- 1,465,810 condoms (male and female) distributed by the Primary Health Care Units;
- 49,345 people vaccinated against Hepatitis B;
- 1,332 Educational sessions performed at the Primary Health Care Unit for Reproductive Health;
- 3,412 educational sessions performed in the community.

5. Constraints

- In 2005 a new management team took over the Municipal Health Department of Fortaleza and detected serious problems in the primary health care services;

- The Family Health Program as a structuring strategy of SUS did not follow the process developed in the country. As a result, the PSF teams were reduced and incomplete;
- The network of Units needed physical restructuring and equipment;
- Due to the large demand for treatment in the Primary Health Care Units it was difficult to release physicians to participate in training activities;
- It was also difficult for the health care providers to understand why it was important to keep a continuous and adequate data collection (process indicator data);
- The network of laboratories was not prepared to timely comply with the demand for tests.
- The new Health Community Agents could only be selected by public contest in July 2007 and this led to a delay in their training;
- As people in the community got information on prevention there was an increase in the number of people seeking condoms and this demand ended up being higher than the number of condoms available;
- The lack of information combined with the prejudice related to STD/AIDS in many cases prevented the detection of diseases, and therefore the treatment;
- Primary Health Care Units' physical infrastructure and equipment need to be improved;
- The great demand for treatment in the Primary Health Units is a significant problem preventing physicians to participate in training activities;

- It is difficult for the health care providers to understand why it is important to keep a continuous and adequate data collection (process indicator data);
- The network of laboratories is not prepared to timely comply with the demand for tests;
- The number of laboratories of the network is not enough to timely comply with the demand for tests;
- Lack of educational materials for the work in the community;
- Insufficient number of condoms to meet the increasing demand motivated by the educational and sensibilization actions developed by the Project;
- There is still prejudice regarding STD/AIDS within families and this makes the educational process difficult;
- Difficulty to take some groups to the Unit to have tests, and female adolescents to get prenatal care;
- An increase in the incidence of TB seen in the community associated with the use of drugs in the families with TB cases have been making the treatment difficult;
- The use of street drugs such as crack has been turned the prevention actions difficult as the adolescents have problems to concentrate in anything;
- There are no female condoms available in the Primary Health Care Units.

6. Lessons Learned

- The inclusion of all 11 family health teams of the target SER II Units in the activities of the project was fundamental for the implementation of the planned actions in a larger scale;
- The integration of HIV/AIDS/STD activities into the primary care program was a longer process than initially expected and required an extensive cultural change which should start in the planning process. This was minimized by a constant and interactive dialog among health care professional, Health Unit's coordinators and ASF/NE representatives which provided a better understanding, and increasing motivation and commitment in the activities of their daily routine;
- To achieve such a comprehensive purpose is only possible if the Unit's managers are convinced of the real value of the actions. The participation of the managers is important even if only in a study of Project and not in its implementation;
- The contact with the real world in which people from the community live helps us to evaluate the problems and develop new strategies of action; i.e. to change men's and male teenagers attitude regarding educational information as they usually think that "*these things are for women.*" Meeting intended only for men were conducted in order to build confidence and to encourage their participation on issues related to health. To draw the attention of teenagers, activities such as lectures and dramatizations are being performed in schools;

- These activities show the need to expand the availability of educational materials during the events;
- The new working hours at the Health Units, which were extended to nights and Saturdays impelled men to seek the services and improved the quality of the contact with family health professionals during these visits;
- The capacity building process, which provides an upgrade to health care professionals (doctors, nurses, dentists and health community agents) newly admitted through public contest, was important to strengthen the knowledge and provide confidence in the approach to the population – “now we are confident to talk to the clients as we are not afraid of the questions they might ask because we know how to answer them. (FHP nurse);
- The educational work and the free distribution of condoms and medication help to build confidence and raise awareness in this population – “*pregnant women no longer refuse and actually now request HIV tests and counseling during prenatal care, i.e. these women do not only wait the decision of a health care professional to get information.* (FHP nurse);
- Monitoring visits and refreshment courses are considered to serve as a stimulus to the work of these professionals who expect to jointly think and create new strategies of action;
- The training of professionals is reflected in the quality of the actions developed after courses/trainings for college graduated

professionals or community health agents, teachers and community leaders;

- Educational materials with good illustrations and simple language such as the “Almanaque da Família Brasileira” encourages people to read and makes communication and comprehension between health community agents and families easier;
- The contact with the real world in which people from the community live helps us to evaluate the problems and develop new strategies of action. This could be seen in cases of HIV/Tb co-infection in which the subject was discussed among professionals in order to raise awareness on the importance of HIV diagnosis in patients with TB, and on other topics;
- Partnerships among STD/AIDS prevention institutions are important to fight these diseases as well as to allow the analysis of regional data to identify areas which most need intervention.

7. Information, Dissemination and Communication

- **Events**
 - World AIDS Day, 2007 – a week of activities;
 - Pre-Carnival and Carnival, 2008;
 - International Women’s Day, 2008;
 - World AIDS Day, 2008 – 1st December – jointly with the State Department of Health of Ceará;

- Pre-Carnival, 2009: distribution of condoms and educational materials on STD/AIDS – February;
- Carnival, 2009 – Activities;
- International Women's Day, 2009 – 8th March;
- STD/AIDS prevention campaigns during Iemanjá day, 15 August, addressed to follower of african-brazilian religions, 2009;
- STDs/AIDS prevention campaign for the elderly, 27 September, 2009;
- STD/AIDS prevention campaign during the World Aids Day, 2009;
- *Carnival 2010 - "Bota Geral todos de Camisinha no Carnaval"*, with the support of SER II, Municipal Health Departments using a variety of information materials: Busdoor, folders, posters, banners, fans, chest and backpack stickers – 2010;
- "Forum on the 20 years of the Declaration of rights for people living with HIV/AIDS";
- Assessment of the Primary Health Units;
- Daily assessment of the course: Educational Intervention and Assistance to Women and Female Adolescents with Low Income for HIV/AIDS/STD Prevention in the Municipality of Fortaleza/Ceará – Brazil/CE;
- Final assessment of the course: Educational Intervention and Assistance to Women and Female Adolescents with Low Income for HIV/AIDS/STD Prevention in the Municipality of Fortaleza/Ceará – Brazil/CE;
- Monitoring of the reproductive health and STD/HIV/AIDS prevention integration work

within Family Health teams;

- Registration Forms for the activities of the Unit;
- Registration Forms for the activities of HCAs;
- Questionnaire - Conhecendo o meu pedaço (Getting to know my region);
- Training Evaluation Questionnaire;
- Educational interventions for STDs and AIDS prevention: Evaluation of the results in Fortaleza, Ceará. XVIII World Congress of Epidemiology and VII Brazilian Congress of Epidemiology;
- Family Health Teams and STD/AIDS prevention: the experience of Regional II in Fortaleza: III^a National Exhibition in Family Health Production and IV^o International Seminar in Primary Care;
- Communication and Health Education for STD/AIDS prevention: Evaluation of the results in Fortaleza. III^a National Exhibition in Family Health Production and IV^o International Seminar in Primary Care;
- Integration of educational activities in the services for the community - a learning practice shared at the **46^o Congress of Medical Education - Salvador / Bahia;**
- HIV/AIDS/STD prevention and care in large cities in Brazil - **XVI International AIDS Conference, Mexico City - 2008;**
- Family Health Teams Strategy for HIV/AIDS/STI Prevention and Care - **12th World Congress on Public Health - Istanbul/ Turkey -2009;**
- "Almanaque da Família Brasileira", produced by UNICEF, focusing on pregnant

women and child care;

- Survey performed by medical students from Faculdade Christus to assess the project.

- **Work developed in partnership with other Organizations**

- All Project actions were performed in close partnership with The Primary Health care Program of the Municipality of Fortaleza-CE;
- Actions developed in partnership with Faculdade Christus - School of Medicine and Physical Therapeutics Department and with public elementary schools of SER II;
- Production of the movie "O Auto da Camisinha", written by José Mapurunga, with the support of Ceará State Secretary of Health;
- Campaign "Fique Sabendo" (get to know), in partnership with the AIDS pastoral to perform HIV tests and with the Center of medical specialties José de Alencar in conjunction with the Testing and Counseling Center Carlos Ribeiro for rapid performance of tests and diagnosis;
- Distribution of educational materials (folders, brochures, posters, serial albums) produced by the State Department of Health of Ceará (SESA) and Ministry of Health for field and community work - 2008, 2009 and 2010 (1st semester).

8. Financial Summary

- During the five-year period of the project, Johnson and Johnson contributed with a total of US\$ 395,000.00 whereas ASF and its partners documented verifiable counterpart contributions of US\$ 24,136,151,85 for the payment of salaries of community health agents, nurses, nurses aides and physicians working in the Family Health Program in Fortaleza - SRII. The criteria for counterpart contribution were the payroll of ASF employees trained to conduct HIV/AIDS/STD prevention in the region. Additional counterpart was provided by the Municipal Health department such as medication for HIV/AIDS/STD treatment, laboratory exams and health unit administration.
- Tables 1, 2, 3, 4 and 5 show summarized information on budgets and expenditure from July 2005 to June 2010. Interests on investments were included in the Total Project Income and used in the project activities.

Table 1 Project Johnson & Johnson (Fortaleza) – Year 1: budget, expenditure and balance from July 2005 to June 2006

Category	Planned Budget (USD)	Planned Budget (Real)	Revised Budget (Real)	Interest distribution (Real)	Total Project Expenditure (Real)
Secretary	7,500.00	17,737.50	7,128.22	0.00	7,128.22
Accounting Services	4,000.00	9,460.00	2,170.00	0.00	2,170.00
Consultant fees	31,000.00	73,315.00	78,388.47	6,232.45	84,620.92
Educational Materials	5,000.00	11,825.00	12,890.00	2,593.58	15,483.58
Training Activities	27,000.00	63,855.00	46,549.16	646.71	47,195.87
Communication	1,000.00	2,365.00	6,728.05	0.00	6,728.05
Equipment	2,000.00	4,730.00	5,537.50	4,620.00	10,157.50
Office Supplies and Photocopies	1,000.00	2,365.00	12,608.09	0.00	12,608.09
Travel Per Diem and Local Transportation	7,000.00	16,555.00	30,208.01	0.00	30,208.01
Overhead (10%)	4,500.00	10,642.50	10,642.50	0.00	10,642.58
Subtotal	90,000.00	212,850.00	212,850.00	14,092.74	226,942.74
Salary and Benefits – Family Health Teams ASF and partners Counterpart	4,106,151.85	9,711,049.13	9,711,049.13	00.00	9,711,049.13
Total	4,196,151.85	9,923,899.13	9,923,899.13	14,092.74	9,937,799.87

* Exchange Rate: US\$ 1.00 = R\$ 2.305

Table 2 **Project Johnson & Johnson (Fortaleza – Year 2: budget, expenditure and balance from July, 2006 to June, 2007**

Category	Planned Budget (USD)	Planned Budget (Real)	Revised Budget (Real)	Interest distribution (Real)	Total Project Expenditure (Real)
Consultant fees/Training activities	61,000.00	129,625.00	154,355.06	16,437.57	170,792.63
Transportation	13,000.00	27,625.00	3,495.10	00.00	3,495.10
Office supplies and photocopies	1,000.00	2,125.00	2,272.16	00.00	2,272.16
Secretary	6,000.00	12,750.00	12,002.68	00.00	12,002.68
Overhead (10%)	9,000.00	19,125.00	19,125.00	00.00	19,125.00
Subtotal	90,000.00	191,250.00	191,250.00	16,437.57	207,687.57
Salary and Benefits – Family Health Teams ASF and partners Counterpart	5,000,000.00	10,625,000.00	10,625,000.00	00.00	10,625,000.00
Total	5,090,000.00	10,816,250.00	10,816,250.00	16,437.57	10,832,687.57

* Exchange Rate: US\$ 1.00 = R\$ 2.125

Table 3 Project Johnson & Johnson (Fortaleza) – Year-3: budget, expenditure and balance from July, 2007 to June, 2008

Category	Planned Budget (USD)	Planned Budget (Real)	Revised Budget (Real)	Interest distribution (Real)	Total Project Expenditure (Real)
Consultant fees/Training activities	41,184.81	79,433.72	51,831.54	17,813.82	69,645.36
Transportation	2,815.20	5,429.72	3,726.98	00.00	3,726.98
Office supplies and photocopies	2,000.00	3,857.43	20,661.89	1,745.83	22,407.72
Secretary	16,999.99	32,788.13	45,288.59	00.00	45,288.59
Overhead (10%)	7,000.00	13,501.00	13,501.00	00.00	13,510.00
Carried Over from Project Year-2			13,837.57	00.00	
Interest Account			5,722.08	00.00	
Subtotal	70,000.00	135,010.00	154,569.65	19,559.65	154,569.65
Salary and Benefits – Family Health Teams ASF and partners Counterpart	5,000,000.00	9,643,571.00	9,643,571.00	00.00	9,643,571.00
Total	5,070,000.00	9,778,581.00	9,798,140.65	19,559.65	9,798,140.65

* Exchange Rate: US\$ 1.00 = R\$ 1.9287142

Table 4 Project Johnson & Johnson (Fortaleza) – Year-4: budget, expenditure and balance from July, 2008 to June 2009

Category	Planned Budget (USD)	Planned Budget (Real)	Revised Budget (Real)	Interest distribution (Real)	Total Project Expenditure (Real)
Training activities	44,000.00	70,620.00	18,730.00	00.00	18,730.00
Transportation	5,500.00	8,827.50	7,000.00	3862.49	10,862.00
Office supplies and photocopies	2,500.00	4,012.50	8,000.00	00.00	8,000.00
Consultant fees/Secretary	10,000.00	16,050.00	70,015.00	00.00	70,015.00
Dissemination	7,000.00	11,235.00	7,000.00	00.00	7,000.00
Overhead (8%)	6,000.00	9,630.00	9,630.00	00.00	9,630.00
Subtotal	75,000.00	120,375.00	120,375.00	3,862.49	124,237.49
Salary and Benefits (Family Health Teams ASF and partners Counterpart);	5,000,000.00	8,025,000.00	8,025,000.00	00.00	8,025,000.00
Project Supervisor, Financial Services, Human Resources Services, ASF Internal Consultants for FHP and other expenses	30,000.00	48,150.00	48,150.00	00.00	48,150.00
Total	5,105,000.00	8,193,525.00	8,193,525.00	3,056.67	8,197,387.49

* Exchange Rate: US\$ 1.00 = R\$ 1.6050

Table 5 Project Johnson & Johnson (Fortaleza) – Year-5: budget, expenditure and balance from July, 2009 to June, 2010

Category	Planned Budget (USD)	Planned Budget (Real)	Revised Budget (Real)	Interest distribution (Real)	Total Project Expenditure (Real)
Training activities	41,000.00	69,670.13	60,670.13	175.48	60,845.41
Transportation	5,400.00	9,176.07	1,302.60		1,302.60
Office supplies and photocopies	2,000.00	3,398.54	19,398.54		19,398.54
Consultant fees/Secretary	9,000.00	15,293.44	26,552.58		26,552.58
Dissemination	7,000.00	11,894.90	1,509.23		1,509.23
Overhead (8%)	5,600.00	9,515.92	9,515.92		9,515.92
Subtotal	70,000.00	118,949.00	118,949.00	175.28	119,124.28
Salary and Benefits (Family Health Teams ASF and partners Counterpart);	5,000,000.00	8,496,355.00	8,496,355.00		8,496,355.00
Project Supervisor, Financial Services, Human Resources Services, ASF Internal Consultants for PSF and other expenses	30,000.00	50,978.13	50,978.13		50,978.13
Total	5,100,000.00	8,666,282.13	8,666,282.13	175.28	8,666,457.41

* Exchange Rate: US\$ 1.00 = R\$ 1.699271

Appendix 1

Original Project – Year 1

Johnson & Johnson

INTERNATIONAL APPLICATION FOR FUNDING HIV/AIDS SERVICES

GENERAL INFORMATION

- 1 Name of Organization:
Associação Saúde da Família – Fortaleza Office, State of Ceará, Brazil
- 2 Title of Project (if different from above):
Educational Intervention and Care for Poor Female Adolescents and Women in the Municipality of Fortaleza, Ceará, Brazil.
- 3 Organization's address:
Rua Ana Bilhar, 1163. Fortaleza Ceará. Brazil CEP 60160- 110
4. Project Monitor:
Name: Maria Eugenia Lemos Fernandes, MD, MPH
Title: Executive Director of ASF
Effective date: June 1, 2005
Completion Date: May 31, 2006
5. Project Manager:
Name: Ana Maria Cavalcanti Silva, MD, PHD
Title: Regional director of Associação Saúde da Família for the northeast region in Brazil
6. Telephone / Fax:
55- 85- 3267- 8379
7. Finance officer:
Ivan Fini
8. Amount of funding requested:
US\$ 90,000.00
9. Details of preferred method of payment:
Wire Transfer
10. Date of application
February 4, 2005

11. Memorandum of Negotiation

Proposed Recipient:

The proposed recipient will be Associação Saúde da Família (ASF), Association for Family Health in the city of Fortaleza, state of Ceará – ASF is a private, nonprofit non – governmental organization with 13 years of experience in family planning, maternal and child health and 13 years in HIV/AIDS and sexually transmitted infection (STI) program management, service delivery, evaluation and technical assistance to the public and NGO sectors in Brazil. Since 1992, ASF has worked with local municipalities and state governments, NGOs and the private sector to implement more than 300 HIV/AIDS prevention and care projects in Brazil.

The ASF headquarter office is located in the City of São Paulo and since 2004, a northeast branch has established in Fortaleza, Ceará.

In 2005, ASF established a cooperation with the Municipal Secretary of Health in Fortaleza to collaborate in the implementation of a project to integrate HIV/AIDS/STI prevention and care to poor communities in Fortaleza, Ceará with the financial support of Johnson and Johnson Foundation.

Dr. Luis Odorico Monteiro de Andrade, the formal Secretary of Health in the Municipality of Fortaleza, is committed to support the implementation of this project. He will be working in close cooperation with Dr. Ana Maria Cavalcanti Silva; the ASF director for the northeast region. Dr. Cavalcanti is the project manager and has the technical expertise to manage this project.

Project Duration and Monitoring:

The total life of the project is one year, and based on evaluation results this project may be extended through an amendment process. Budget and activities for an additional year of funding will be developed after an assessment of the project activities which will be conducted and based upon project progress.

The project monitor is Dr. Maria Eugênia Lemos Fernandes, Executive Director of Associação Saúde da Família based in São Paulo.

She will be responsible for the overall technical and administrative supervision of the project and for monitoring activities according to the project described as follow.

The project manager, Dr. Ana Maria Cavalcanti Silva, based in Fortaleza, Ceará. She works for Associação Saúde da Família and is responsible for managing and directing the project.

Cost analysis and budget:

The total Budget for this project is U\$ 4,196,151.85, the municipality of Fortaleza will fund U\$ 4,106,151.85 for the payment of salaries of 206 health community Agents, 34 physicians, 34 nurses and 68 nurses' aids. Johnson and Johnson Foundation will fund U\$ 90,000.

The budget has been based on negotiations with the project manager costs are in keeping with similar projects.

A detailed line item budget is found on the last page of this application.

1.2. Problem Statement:

The AIDS epidemic is a serious health problem in Brazil. It is currently estimated that as many as 650,000 Brazilians are infected with HIV, an increasing percentage of them are women and adolescents.

At present the largest number of cases is found in the lower socio-economical strata of the Brazilian society with highest figures reported in urban areas.

The project will be implemented in Fortaleza, which has a population of 2,219,836 people located on the northeast coast of Brazil.

This seaside city attracted approximately 1.7 million tourists during the year of 2004. In addition to tourism, Fortaleza has a relevant child/adolescents prostitution problem linked to poverty and sexual tourism, which places poor female adolescents and young women in a particularly vulnerable situation to HIV/AIDS and other STIs.

Fortaleza has presently 3,562 AIDS cases reported to the Ministry of Health. Social and economical conditions appoint Fortaleza as is an important place for commercial sex industry.

Although the federal, state and municipal governments are developing a series of activities to improve this scenario, studies conducted by the federal university demonstrates a relevant problem related to violence, sexual abuse, drug use and sex industry.

This project will develop a multifaceted educational intervention and care to women and female adolescents living in specific poor neighborhoods of Fortaleza such as: Mucuripe, Castelo Encantado, Cais do Porto, Dionisio Torres, Luciano Cavalcante, Vicente Pinzon to reduce the spread of HIV and STI at target geographic areas in the city of Fortaleza.

1.3. Logframe Table:

Narrative Summary	Measurable Indications	Means of Verifications	Important assumptions
Goal: Decrease the risk of HIV and STIs transmissions among female adolescents and women at target geographic areas in the city of Fortaleza.	1.1. Access and use of male condoms increase during life of project.	1.1. Number of condoms distributed by health community Agents and health units at target geographic areas under educational intervention.	1.1. Adolescents and women have continuous access to condoms and are willing to use them.
Purpose: Female adolescents and women adopt safer sex behaviors in Fortaleza.	1.1. 40% of target groups report consistent condom use during year 1 of project implementation. 1.2. 50% of target population has appropriate perception of risk during year one of project.	1.1. Collect secondary data and analysis data from the SIAB (Information system of primary care in Brazil); SIM (Information system of mortality); SINASC (Information system of child born alive) 1.2. Focus group interviews.	1.1. Female adolescents and women are able and are willing to use condoms. 1.2. Male, partners are willing to adopt safer sex behaviors.

Narrative Summary	Measurable Indications	Means of Verifications	Important assumptions
	1.3. 50% of the target population can identify one health care facility for STI treatment, HIV antibody testing and condoms during year one of the project.	1.3. Project Reports.	1.3. Female adolescents and women have access to condom.
	1.4. Demand for HIV antibody testing and condoms increase 50% at family health units involved in this project (year 1).	1.4. Project Reports	1.4. Health units have enough supplies of HIV antibody testing kits and condoms.

Log frame Table:

Narrative Summary	Measurable Indications	Means of Verifications	Important assumptions
Outputs: 1. Target populations (women and female adolescents are identified).	1.1 Health community agents identify the nº of women and female adolescents living at target geographic areas. 1.2. 100.000 people reached by the end of year 1. 1.3. 20.000 female adolescents and women educated at the end of year 1.	1.1. Process data and project reports.	

Log frame Table:

Narrative Summary	Measurable Indications	Means of Verifications	Important assumptions
2. Develop capacity building activities to transfer HIV/AIDS prevention methodologies and technologies to health community agents, physicians, nurses and nurse aids.	2.1. 100% of 206 health community agents, 34 physicians, 34 nurses and 68 nurses aids will participate in 7 workshops to learn HIV/AIDS prevention methodologies and technologies during the first 6 months of this project	2.1. Project Reports.	2.1. Health community agents, physicians, nurse, nurse aids willing to acquire new HIV/AIDS prevention knowledge and methodologies of working with the community.
3. Develop behavior change communication materials and activities.	3.1. 50% women and female adolescents living in target geographic areas in which health community agents are working on providing adequate counseling and orientation on HIV/AIDS/STI prevention.	3.1. Project Reports.	Cooperation between ASF office in Fortaleza and the Municipal department of health maintained. Newly trained health care providers are willing to develop intervention activities with target groups.

Narrative Summary	Measurable Indications	Means of Verifications	Important assumptions
	3.2. Educational materials to support behavior change communication activities are produced and distributed to trained teams.	3.2. Project Reports.	
4. Provide access to HIV antibody testing, STI diagnosis and treatment, and HIV / AIDS care and treatment	4.1. 100% health care units prepared to provide HIV antibody testing, Counseling, STI diagnosis and treatment by month 7 of this project.	4.1. Project Report.	4.1. Health units have enough supplies of HIV antibody testing, drugs for the treatment of STIs, and HIV.

Log frame Table:

Narrative Summary	Measurable Indications	Means of Verifications	Important assumptions
<p>Activities:</p> <p>1.1. Meeting of project participants to describe project implementation, baseline data and methodologies. São Paulo example will be presented.</p> <p>1.2. Identify and hire consultants to analyze secondary data from SIAB, SIM, and SINASC. Select indicators for analysis.</p> <p>1.3. Conduct quantitative research.</p> <p>1.4. Develop outline for the FGD.</p> <p>1.5. Conduct qualitative study (FGD).</p> <p>1.6. Conduct 7 40-hour workshops to transfer HIV/AIDS prevention technologies and methodologies to 34 family health teams (each team composed of one physician, one nurse, two nurse aids and 6 health community agents).</p> <p>1.7. Produce intervention educational kits to 206 health community agents and health units.</p> <p>1.8. Distribute educational intervention kits to train professionals.</p> <p>1.9. Conduct HIV/AIDS/ STI educational sessions to female adolescents and women.</p>			<p>1.1. Health care providers and target groups committed to participate in quantitative and qualitative studies.</p>

Log frame Table:

Narrative Summary	Measurable Indications	Means of Verifications	Important assumptions
1.10. Refer female adolescents and women to health services for HIV antibody testing, syphilis testing, STI/HIV treatment and care as needed. 1.11. Contact schools to develop intervention activities 1.12. Conduct meeting with community radios to develop collaboration on HIV/AIDS prevention related matters. 1.13. Develop culture specific educational activities on HIV/AIDS prevention. 1.14. Develop evaluation tools 1.15. Conduct weekly monitoring meetings at health units. 1.16. Distribute free condoms. 1.17. Monthly project reports. 1.18. Analyze secondary data of existing studies. 1.19. Focus groups discussions at the end of year 1.20. Final financial and technical reports.			

1.4. Institutional Participation:

The proposed project will be jointly implemented by Associação Saúde da Família/Fortaleza office and the Municipal Secretary of health in the city of Fortaleza. ASF will be responsible for the overall management, implementation, supervisions, monitoring and evaluation of the project.

The Municipal Department of health will be responsible for payment of salaries of 206 Health Community Agents, 34 physicians, 34 nurses and 68 nurse's aids, provision of STI and HIV drugs, HIV antibody kits and maintenance and care of health care units.

ASF will be also responsible for administrative and financial management of this project.

Funding from J&J will cover collection and analyses of baseline data, training of Health care providers, production of educational kits, salaries for project coordination and team in Fortaleza, workshops, travel expenses and per diem. The close relationship between the Municipal Secretary of Health, Dr. Luis Odorico Monteiro de Andrade and the local manager Dr. Anamaria Cavalcanti Silva and the project monitor Dr. Maria Eugênia Lemos Fernandes will facilitate the accomplishments of the project goals.

1.5. The Project

Goals and Purpose

In order to reduce the risk of HIV and STI transmission among female adolescents and women and their sexual partners in the city of Fortaleza Ceará, Brazil, this project will conduct an innovative multifaceted intervention approach expanding a model intervention being implemented in the state of São Paulo, Brazil to Fortaleza.

The project will transfer successful HIV prevention methodologies and technologies to increase female adolescents and women ability to adopt safer behaviors. In addition, this project will work with the male population which will be also encouraged to adopt safer sex behaviors, reducing their risk of acquiring HIV and STIs.

1. Outputs and activities:

- 1.1 Meetings with project participants to discuss project implementation, methodologies, prevention technologies and baseline evaluation.
- 1.2 Development of process indicator form to register process indicators.
- 1.3 Define relevant indicators for further analysis through secondary data from SIAB and other sources.
- 1.4 Develop outline for focus groups discussions (baseline).
- 1.5 Identify and register the number of women and adolescents living in target geographic areas.
- 1.6 Train 34 family Health teams on HIV/AIDS prevention and care related issues.

One physician, one nurses, 2 nurse aids and 6 health community agents compose each Family Health team.

Project participants will develop a quantitative and a qualitative evaluation to serve as baseline data.

Process indicator form will be developed to collect process indicators. The model developed in Sao Paulo will be expanded to Fortaleza integrating HIV/AIDS/STI prevention and care into primary care at poor communities. Health care teams will be trained to delivery door-to-door HIV/AIDS prevention and care at target sites.

2 Develop capacity building activities:

- 2.1 A total of 7 workshops (each one of 40 hours) will be conducted to train 34 family health teams. (Each team is composed by one physician, one nurse, two nurses aid and 6 health community agents.
- 2.2 Transfer experience on HIV/AIDS prevention developed in São Paulo to Fortaleza providing the modifications needed to meet region specific needs and culture.
- 2.3 Discuss how to integrate HIV/AIDS prevention into primary care.
- 2.4 Develop participatory approaches involving actively workshop participants.

- 2.5 Discuss projects goals, activities incorporating local collaboration and cultural aspects and possibilities.
- 2.6 Discuss project steps activities and methodologies to be used at community level.
- 2.7 Discuss gender roles, socio economical biological and cultural vulnerability, contraceptive methods, negotiation skills, sexual and reproductive health, prevention technologies, educational materials etc.
- 2.8 Discuss what works on behavior change communication, HIV/AIDS care and treatment.
Workshops will allow project participants to obtain knowledge, educational materials and methodologies, which will allow them to intervene at community level.

3 Develop behavior change communication materials and activities.

- 3.1 Each health community agents will receive a backpack with a bag containing all contraceptive methods for demonstration, an album on reproductive body, an anatomical model for condom demonstration. During training, participants will learn how to use the educational kit.
- 3.2 Popular art such as theater, music and drama to be used in HIV/AIDS/STI prevention activities will be discussed. Concrete examples will be shared.
- 3.3 Project team will encourage the use of local radios, newspaper, and magazines to disseminate proper HIV/AIDS prevention and care attitudes.

4 Increase the access to care treatment and prevention.

- 4.1 Trained professionals who belong to the municipal primary health system will organize the services to provide HIV antibody testing, STI diagnosis and treatment, counseling, and HIV diagnosis and treatment.
- 4.2 Improve the prevention of the vertical transmission of HIV at pre natal care services.
- 4.3 Encourage health-seeking behaviors among female adolescents and women and their sexual partners in order to improve diagnosis and treatment of STI and HIV.
- 4.4 Improve access to male condoms at health services. A condom distribution plan will be discussed with the local state and municipal governments.
To perform these activities a series of meetings will be conducted to improve HIV/AIDS/STI care and prevention at primary level. Referrals will be established and a recording system will be also developed.

1.6. Monitoring and Evaluation:

Monitoring and evaluation will play an important role in the project. Monitoring and evaluation will take place during the life of the project (July 2005 – May 31, 2006). ASF will provide the umbrella for technical assistance and project management, the monitoring and evaluation process will be full developed and

implemented through a participatory process involving all trained FHP team in the process.

Evaluation and monitoring activities:

Monitoring:

Monitoring will include collection of data for the calculation of appropriate process indicators, carefully selected to correspond with activities being implemented.

Process indications include the following:

- # Of health care providers trained in HIV/AIDS by category and sex.
- # Of meeting held by project supervisions.
- # Of people who have participated in educational activities.
- # Of people educated.
- # Of women reached.
- # Of female youth reached.
- # Of male youth reached
- # Of IEC materials produced and distributed by type.
- # Of condoms distributed.
- # Of women and adolescents tested for syphilis and HIV at pre natal care at trained health care units. (Six geographic areas)

Research:

Quantitative data: Project participants will analyze secondary data from the existing Brazilian systems such as SIAB, SIM and SINASC in order to verify the local rates of pre natal care coverage, existing number of female adolescents at project regions, % of adolescents with HIV/AIDS among others.

In addition, FGD with health care providers and the target population will be also conducted. Baseline data and process data collected during the life of project will be analyzed and compared. The findings will serve to identify and refine the educational intervention and care for HIV/AIDS to target groups at target geographic areas.

Proposed activities for year 2: (to be developed after J&J approval)

- Based upon findings from monitoring and evaluation redesign intervention if necessary.
- Improve and maintain educational intervention to target population at target sites.
- Start social organization and empowerment of youth to adopt safer sex behaviors.
- Identify youth leadership to act as peer educators.
- Establish a network with other groups working in the area of HIV/AIDS/STD reproductive health in Fortaleza.
- Develop and maintain referral services on HIV/AIDS/STD prevention and care for youth and women in Fortaleza, Ceará.
- Expand training for other health family teams in new target geographic areas.

Detailed Budget. Year 1 – In US Dollars

Categories	ASF/ Fortaleza municipality counterpart contribution (USD)	J&J Foundation (USD)	Subtotal (USD)
Salaries and benefits Health Community Agents (206) physicians (34), nurses (34), nurse aids (68) during 2005.	4.106.151,85	-	4.106.151,85
Consultant fees (project manager supervisors, training professionals, researchers for studies)		31.000,00	31.000,00
Secretary		7.500,00	7.500,00
Accountant and accounting services		4.000,00	4.000,00
Training activities (7 workshops of 40 hours each including payment of instructors and facilities. refreshments and lunch for participants).		27.000,00	27.000,00
Equipment		2.000,00	2.000,00
Communication		1.000,00	1.000,00
Travel per diem local transportation		7.000,00	7.000,00
Educational materials		5.000,00	5.000,00
Office supplies and photocopies		1.000,00	1.000,00
Overhead (5%)		4.500,00	4.500,00
TOTAL	4.106.151,85	90.000,00	4.196.151,85

Original Project – Year 2

Latin America Contributions Committee Proposal

Country Name: Brazil

☐ Country Program: **OR** ☒ Regional Program
Click to Choose Area

Grantee: Associação Saúde da Família – São Paulo, Brazil

Sponsoring J&J Companies:

Contact:

Name: Maria Eugenia Lemos Fernandes
Email: mfernandes@saudedafamilia.org
Address: Rua José de Freitas Guimarães. 468
01237-010 - São Paulo -

Johnson & Johnson Manager in Charge:

Name:
Title:
Operating Company:
Email:
Phone Number:

Brazil

Phone Number: 55-11-38039090

Fax Number: 55-11-38039090

Grant Amount: Total US\$ 120,000.00

- Support from LACC in US\$
- Support by Local J&J Companies in US\$
- Match Ratio

☐ New Proposal
Proposal

OR

☒ Previously Funded

Grant Term in Months:

Year(s): 2

Amount(s): USD 90,000.00

Project Summary: (3-5 sentences describing purpose of grant, program, and expected outcomes)

This project will develop a multifaceted educational intervention and care to women and female adolescents living in specific poor areas of Fortaleza such as Mucuripe, Castelo Encantado, Cais do Porto, Dionísio Torres, Luciano Cavalcante, Vicente Pinzon, aiming to reduce the spread of HIV and STI at target geographic areas in the city of Fortaleza.

Johnson & Johnson Foundation funding will be used in the implementation of the educational intervention, monitoring and supervisory meetings, workshops and evaluation activities.

The program includes the training of community health teams, composed by physicians, nurses, nurse's aids, and health community agents to deliver door-to-door information about HIV/AIDS/STI care and prevention.

Background: (include background of both problem to be addressed and partnering entity/organization)

AIDS epidemic is a serious health problem in Brazil. It is currently estimated that as many as 650,000 Brazilians are infected with HIV, an increasing percentage of them are women and adolescents. The majority of HIV/AIDS cases are found in the lower socio-economical strata of the Brazilian society, with highest figures reported in urban areas.

The project will be implemented in Fortaleza, the capital of State of Ceará, located in the northeast coast of Brazil, and with a population of 2,141,402 inhabitants. This seaside city attracted approximately 1.7 million tourists during 2004. In addition to tourism, Fortaleza has a relevant child/adolescent prostitution problem linked to poverty and sex tourism, which places poor female adolescents and young women in a particularly vulnerable situation for HIV/AIDS and other STIs.

The social and economical conditions of Fortaleza predispose and compel the city to become a major place for the sex tourism industry. Although federal, state and municipal governments have been implementing a series of measures to improve this scenario, studies conducted by the local Federal University demonstrated a relevant problem related to violence, sexual abuse, drug use and sex industry.

The proposed project will be jointly implemented by Associação Saúde da Família/Fortaleza branch and the Municipal Secretary of Health of the city of Fortaleza. ASF will be responsible for the overall management, implementation, supervision, monitoring and evaluation of the project. ASF will be also responsible for administrative and financial management of this project.

The Municipal Department of health will be responsible for payment of salaries and benefits of 206 Health Community Agents, 34 physicians, 34 nurses and 68 nurse's aids, provision of STI and HIV drugs, HIV antibody, syphilis and hepatitis B testing kits and maintenance and care of health care units.

Funding from Johnson & Johnson will cover collection and analysis of baseline data, health care providers training, production of educational kits, salaries for project coordinators and staff in Fortaleza, workshops, travel expenses and per diem.

Objectives: *(in bullet format please list the ways in which this funding will "make a difference")*

- Johnson & Johnson Foundation funding will be used in the implementation of the educational intervention, monitoring and supervisory meetings, workshops and evaluation activities.
- Johnson & Johnson Foundation funding will cover collection and analysis of baseline data, health care providers training, production of educational kits, salaries for project coordinators and staff in Fortaleza, travel expenses and per diem.

Program Description: *(please include a Project Timeline based on the calendar year)*

Expected Outcomes: *(these should be "measurable" and will be used in the evaluation; please estimate the number of people that will be directly and indirectly impacted by this proposal)*

A total of 100,000 people are estimated to be reached by end of Year 2 of the project.

Process indicators used for evaluation of the process and outcome of the intervention include the following:

- number of health care providers trained in HIV/AIDS by category and sex.
- number of workshops conducted.
- number of meetings conducted at health care units.
- number of people who have participated in each workshop .
- number of people educated.
- number of women reached.
- number of youth female reached.
- number of male youth reached
- number of men reached
- number of IEC materials produced and distributed by type.
- number of condoms distributed.
- number of women and adolescents tested for syphilis and HIV at pre-natal care at trained health care units.
- number of women positive for syphilis or HIV referred for treatment and follow up
- number of girls (12-18 years old) pregnant.
- number of girls pregnant tested positive for HIV
- number of people tested by HIV
- number of people tested positive for HIV

FOR ALL PROPOSALS PREVIOUSLY FUNDED BY LACC *(please comment on specific outcomes from previously funded grant and how additional funds will be used in 2004):*

Evaluation Plan: Done by Grantee

Grant Recipient: NGO/PVO/CBO

Budget: **Please Attach Itemized Budget For This Proposal in US Dollars.**

Detailed Budget. Year 2 – In US Dollars

Categories	ASF/ Fortaleza municipality counterpart contribution (USD)	J&J Foundation (USD)	Subtotal (USD)
Salaries and benefits of Health Care Provider Teams	5,000,000.00		5,000.000.00
Consultant fees (project manager supervisors, training professionals, researchers for studies and other services)		50,000.00	50,000.00
Secretary (salary and benefits)		6,000.00	6,000.00
Training activities		33.000,00	33,000,00
Transportation, hotels and per diem		18,000.00	18.000,00
Office supplies and photocopies		1.000,00	1.000,00
Overhead 10%		12,000.00	12,000.00
TOTAL (USD)	5,000,000.00	120.000,00	5,120,000.00

Original Project – Year 3

Latin America Contributions Committee Proposal

Country Name: Brazil

☐ Country Program: **OR** ☒ Regional Program
Click to Choose Area

Grantee: Associação Saúde da Família

Sponsoring J&J Companies:

Contact:

Name: Maria Eugenia Lemos Fernandes
Email: mfernandes@saudedafamilia.org
Address: Rua José de Freitas Guimarães 468
Phone Number: 55 11 3803 9090
Fax Number: 55 11 3803 9090

Johnson & Johnson Manager in Charge:

Name:
Title:
Operating Company:
Email:
Phone Number:

Grant Amount: Total US\$ 120,000.00

- Support from LACC in US\$
- Support by Local J&J Companies in US\$
- Match Ratio
- ☐ New Proposal **OR** ☒ Previously Funded Proposal

Grant Term in Months: 12 Year(s):3rd

Amount(s): US 90,000 – June 2005 – July ,31, 2006
US 90,000 – June 2006 – July, 31,
2007

Project Summary: (3-5 sentences describing purpose of grant, program, and expected outcomes)

This is a multiyear funded project to integrate reproductive health, HIV/AIDS/STD prevention and care programs into primary care in a specific target geographic area of Fortaleza municipality in the State of Ceará, Brazil. The selected area is the home of very poor underserved women and adolescents which are very vulnerable to HIV and other STDs. The region has 6 primary health care units and 20 family health teams. Each team is composed by a physician, a nurse, two nurse aides and six health community agents. During project Year-1 and Year-2 a total of 200 health care providers were trained to conduct daily door-to-door interventions and to work at health care units assisting the target groups to decrease their risk of contracting HIV/AIDS/STDs. During Year-3 based on monitoring and evaluation of the interventions the project will be redesigned, lessons learned and experiences will be documented, published and presented at National and International Conferences and meetings as part of dissemination strategy.

Background: (include background of both problem to be addressed and partnering entity/organization)

The maintenance of a sustained response to HIV/AIDS/STD prevention, care and treatment is a relevant challenge especially at deprived areas in Brazil. Presently the National AIDS Control program in the country is a vertical program. In order to sustain HIV/AIDS/STD activities in Brazil there is an important need to integrate HIV/AIDS into other public health programs. This project is a relevant initiative to integrate HIV/AIDS/STD into primary care in a poor geographic area focusing on vulnerable female adolescents and women living in the harbor area of Fortaleza, State of Ceará, Brazil.

To accomplish the planned activities the grantee will be implementing this project in close cooperation with the Municipal Department of Health in the City of Fortaleza. Funding from J&J will make possible the implementation of an integrated strategy.

Objectives: (in bullet format please list the ways in which this funding will "make a difference")

The funding will be key to fulcrum and sustain the response to HIV/AIDS linked to primary care in the region.

Program Description: (please include a Project Timeline based on the calendar year)

The aim of the project is to reduce the risk of HIV and STI transmission among female adolescents, women and their sexual partners living in poor areas in the city of Fortaleza, State of Ceará, Brazil. Project activities include building the local capacity of health care providers and primary health care units to conduct prevention, care, diagnosis and treatment of HIV/AIDS at six selected sites in the harbor area of the City of Fortaleza. Strategies include: prevention of the overall transmission of HIV/STI, diagnosis, treatment and care of people living with HIV/AIDS, improving the management of STI/HIV at primary care units, improving prevention using multiple communication channels, developing a mentorship program at unit level to establish a sustained response to HIV/AIDS in the target geographic area. Project Year-3 will be implemented during a 12 month period.

Expected Outcomes: (these should be "measurable" and will be used in the evaluation; please estimate the number of people that will be directly and indirectly impacted by this proposal)

A total of 100,000 people will be systematically and repeatedly reached door-to-door. It is expected that 30,000 women and adolescents will be reached and 5,000 people will be tested for HIV and syphilis. In addition, it is expected that 200,00 units of condoms will be distributed for free during interventions. Evaluation will be done through monthly registration of process data. Additional data will be published in a book to disseminate the lessons learned. Therefore, this experience may be replicated in other areas of Brazil with similar characteristics and other developing countries.

FOR ALL PROPOSALS PREVIOUSLY FUNDED BY LACC (please comment on specific outcomes from previously funded grant and how additional funds will be used in 2004):

Evaluation Plan: Done by Grantee

Grant Recipient: NGO/PVO/CBO

Budget: **Please Attach Itemized Budget For This Proposal in US Dollars.**

Detailed Budget. Year 3 – In US Dollars

Categories	ASF/Municipal Department of Health in Fortaleza counterpart contribution (USD)	J&J Foundation (USD)	Subtotal (USD)
Salaries and benefits Health Care Provider Teams	5,000,000,00		5,000,000,00
Consultant fees (project manager supervisors, training professionals, researchers for studies and other services)		71,000.00	71,000.00
Secretary (salary and benefits)		9,000.00	9,000.00
Dissemination		16,000,00	16,000,00
Transportation(local and international), hotel and per diem to participate at the International conference on AIDS on Mexico city, 2008. Mexico.		10,000.00	10,000,00
Office supplies and photocopies		2,000,00	2,000,00
Overhead 10%		12,000.00	12,000.00
TOTAL (USD)	5,000,000,00	120,000.00	5,120,000,00

Original Project – Year 4

Latin America Contributions Committee Proposal

Country Name: Brazil

☐ Country Program: **OR** ☒ Regional Program
Click to Choose Area

Grantee: Associação Saúde da Família

Sponsoring J&J Companies:

Contact:

Name: Maria Eugenia Lemos Fernandes
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Phone Number: 55 11 3803 9090
Fax Number: 55 11 3803 9090

Johnson & Johnson Manager in Charge:

Name:
Title:
Operating Company:
Email:
Phone Number:

Grant Amount: Total US\$ 75,000.00

- Support from LACC in US\$
- Support by Local J&J Companies in US\$
- Match Ratio
- ☐ New Proposal **OR** ☒ Previously Funded Proposal

Grant Term in Months: 12 Year(s): 4th

Amount(s): US 90,000 – June 2005 – July, 31, 2006
US 90,000 – June 2006 – July, 31, 2007
US 70,000 – June 2007 – July, 31, 2008

Project Summary: (3-5 sentences describing purpose of grant, program, and expected outcomes)

This is a multiyear funded project to integrate reproductive health, HIV/AIDS/STD prevention and care programs into primary care in a specific target geographic area of Fortaleza municipality in the State of Ceará, Brazil. The selected area is the home of very poor underserved women and adolescents which are very vulnerable to HIV and other STDs. The region has 6 primary health care units and 20 family health teams. Each team is composed by a physician, a nurse, two nurse aides and six health community agents. During project Year-1 and Year-2 a total of 200 health care providers were trained to conduct daily door-to-door interventions and to work at health care units assisting the target groups to decrease their risk of contracting HIV/AIDS/STDs. During Year-3 based on monitoring and evaluation of the interventions the project will be redesigned, lessons learned and experiences will be documented, published and presented at National and International Conferences and meetings as part of dissemination strategy.

Background: (include background of both problem to be addressed and partnering entity/organization)

The maintenance of a sustained response to HIV/AIDS/STD prevention, care and treatment is a relevant challenge especially at deprived areas in Brazil. Presently the National AIDS Control program in the country is a vertical program. In order to sustain HIV/AIDS/STD activities in Brazil there is an important need to integrate HIV/AIDS into other public health programs. This project is a relevant initiative to integrate HIV/AIDS/STD into primary care in a poor geographic area focusing on vulnerable female adolescents and women living in the harbor area of Fortaleza, State of Ceará, Brazil.

To accomplish the planned activities the grantee will be implementing this project in close cooperation with the Municipal Department of Health in the City of Fortaleza. Funding from J&J will make possible the implementation of an integrated strategy.

Objectives: (in bullet format please list the ways in which this funding will "make a difference")

The funding will be key to fulcrum and sustain the response to HIV/AIDS linked to primary care in the region.

Program Description: (please include a Project Timeline based on the calendar year)

The aim of the project is to reduce the risk of HIV and STI transmission among female adolescents, women and their sexual partners living in poor areas in the city of Fortaleza, State of Ceará, Brazil. Project activities include building the local capacity of health care providers and primary health care units to conduct prevention, care, diagnosis and treatment of STD/HIV/AIDS at selected sites in the harbor area of the City of Fortaleza. Strategies include: prevention of the overall transmission of HIV/STD, diagnosis, treatment and care of people living with HIV/AIDS, improving the management of STI/HIV at primary care units, improving prevention using multiple communication channels, developing a mentorship program at unit level to establish a sustained response to HIV/AIDS in the target geographic area. Project Year-4 will be implemented during a 12 month period. A special activity for project Year-4 will be the production of educational materials on STD/AIDS, which will be specially developed for Brazil.

Expected Outcomes: (these should be "measurable" and will be used in the evaluation; please estimate the number of people that will be directly and indirectly impacted by this proposal)

A total of 110,000 people will be systematically and repeatedly reached door-to-door. It is expected that 30,000 women and adolescents will be reached and 5,000 people will be tested for HIV and syphilis. In addition, it is expected that 400,000 units of condoms will be distributed for free during interventions. Evaluation will be done through monthly registration of process data. Additional data will be published in a book to disseminate the lessons learned. Therefore, this experience may be replicated in other areas of Brazil with similar characteristics and other developing countries.

FOR ALL PROPOSALS PREVIOUSLY FUNDED BY LACC (please comment on specific outcomes from previously funded grant and how additional funds will be used in 2004):

Evaluation Plan: Done by Grantee

Grant Recipient: NGO/PVO/CBO

Budget: **Please Attach Itemized Budget For This Proposal in US Dollars.**

Detailed Budget. Year 4 – In US Dollars

Categories	ASF/Municipal Department of Health in Fortaleza counterpart contribution (USD)	J&J Foundation (USD)	Subtotal (USD)
Salaries and benefits Health Care Provider Teams	5,000,000,00		5,000,000,00
Project Supervisor, Financial Services, Human Resources Services, ASF Internal Consultants for PSF and other expenses	30,000.00		30.000,00
Consultant fees (project manager monitors, training professionals, researchers for studies and other services, training materials, creation and reproduction of specific material for STD/AIDS prevention)		44,000.00	44,000.00
Secretary (salary and benefits)		10,000.00	10,000.00
Dissemination		7.000,00	7.000,00
Transportation (local and international), hotel and per diem, and participation in Conferences		5,500.00	5,500.00
Office supplies and photocopies		2.500,00	2.500,00
Overhead 8%		6,000.00	6,000.00
TOTAL (USD)	5,030,000,00	75,000.00	5,105,000.00

Original Project – Year 5

Latin America Contributions Committee Proposal

Country Name: Brazil

☐ Country Program: **OR** ☒ Regional Program
Click to Choose Area

Grantee: Associação Saúde da Família

Sponsoring J&J Companies:

Contact:

Name: Maria Eugenia Lemos Fernandes
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Address: Praça Marechal Cordeiro de Farias, 65
São Paulo – SP – Brazil –
01244-050
Phone Number: 55 11 3154 7050
Fax Number: 55 11 3154 7050

Johnson & Johnson Manager in Charge:

Name:
Title:
Operating Company:
Email:
Phone Number:

Grant Amount: Total US\$ 70,000.00

- Support from LACC in US\$
- Support by Local J&J Companies in US\$
- Match Ratio
- ☐ New Proposal **OR** ☒ Previously Funded Proposal

Grant Term in Months: 12 Year(s): 5th

Amount(s): US 90,000 – June 2005 – July, 31, 2006
US 90,000 – June 2006 – July, 31, 2007
US 70,000 – June 2007 – July, 31, 2008
US 70,000 – June 2007 – July, 31, 2009

Project Summary: (3-5 sentences describing purpose of grant, program, and expected outcomes)

This is a multiyear funded project to integrate reproductive health, HIV/AIDS/STD prevention and care programs into primary care in a specific target geographic area of Fortaleza municipality in the State of Ceará, Brazil. The selected area is the home of very poor underserved women and adolescents which are very vulnerable to HIV and other STDs. The region has 6 primary health care units and 20 family health teams. Each team is composed by a physician, a nurse, two nurse aides and six health community agents.

During project Year-1 and Year-2 a total of 200 health care providers were trained to conduct daily door-to-door interventions and to work at health care units assisting the target groups to decrease their risk of contracting HIV/AIDS/STDs. During Year-3 based on monitoring and evaluation of the interventions the project was redesigned to specifically address women, adolescents and sexual exploitation and abuse of children and adolescents. Lessons learned and experiences were documented, published and presented at National and International Conferences and meetings as part of dissemination strategy.

The project is currently on Year-4 and has been expanded to 10 primary health care units in Fortaleza. New health professionals are receiving training to actively participate of the activities of the project.

Background: (include background of both problem to be addressed and partnering entity/organization)

The maintenance of a sustained response to HIV/AIDS/STD prevention, care and treatment is a relevant challenge especially at deprived areas in Brazil. Presently the National AIDS Control program in the country is a vertical program. In order to sustain HIV/AIDS/STD activities in Brazil there is an important need to integrate HIV/AIDS into other public health programs. This project is a relevant initiative to integrate HIV/AIDS/STD into primary care in a poor geographic area focusing on vulnerable female adolescents and women living in the harbor area of Fortaleza, State of Ceará, Brazil.

In order to accomplish the envisaged results the grantee implemented this project in close cooperation with the Municipal Department of Health of the City of Fortaleza. Funding from J&J has made possible the implementation of an integrated strategy focused on the obtainment of long lasting results for STD/HIV/AIDS prevention and care and strengthening of existing local health assistance and community leaderships.

Objectives: (in bullet format please list the ways in which this funding will "make a difference")

- To reduce STD/HIV/AIDS incidence and prevalence in the selected target region of Fortaleza
- To strengthen the local governmental health system to deliver appropriate STD/HIV/AIDS prevention and care
- To educate health professionals and the community on how to address the causes of vulnerability to STD/HIV/AIDS
- To improve primary health care globally
- To permanently integrate STD/HIV/AIDS and Reproductive Health into the primary care agenda
- To register and disseminate experiences and knowledge, which may be replicated in other regions of Brazil and other developing countries.

Program Description: (please include a Project Timeline based on the calendar year)

The aim of the project is to reduce the risk of HIV and STI transmission among female adolescents, women and their sexual partners living in poor areas in the city of Fortaleza, State of Ceará, Brazil. Project activities include building the local capacity of health care providers and primary health care units to conduct prevention, care, diagnosis and treatment of STD/HIV/AIDS at selected sites in the harbor area of the City of Fortaleza. Strategies include: prevention of the overall transmission of HIV/STD, diagnosis, treatment and care of people living with HIV/AIDS, improving the management of STI/HIV at primary care units, improving prevention using multiple communication channels, developing a mentorship program at unit level to establish a sustained response to HIV/AIDS in the target geographic area.

Project Year-5 will be implemented during a 12-month period and will be focused on the improvement of primary care and STD/HIV/AIDS prevention and care quality. Efforts will be directed to consolidate quality standards such as improvement of pre-natal care, hepatitis B vaccination and Infection Control in outpatient's facilities. Educational materials on STD/AIDS,, specially developed for the local population, will be produced and distributed.

The primary activity of the project, i.e. door-to-door approach of the community and assistance in the Primary Health Units, will be maintained on Year-5 of the project. Training activities will also be carried out to ensure the preparedness of the health professionals involved in the project.

Expected Outcomes: (these should be "measurable" and will be used in the evaluation; please estimate the number of people that will be directly and indirectly impacted by this proposal)

A total of 110,000 people will be systematically and repeatedly reached door-to-door. It is expected that 30,000 women and adolescents will be reached and 5,000 people will be tested for HIV and syphilis. In addition, it is expected that 400,000 units of condoms will be distributed for free during interventions. Epidemiological data and primary care assistance indicators will be analyzed to assess the effectiveness of the intervention. Additional data will be published in a book to disseminate the lessons learned. Therefore, this experience may be replicated in other areas of Brazil with similar characteristics and other developing countries.

FOR ALL PROPOSALS PREVIOUSLY FUNDED BY LACC (please comment on specific outcomes from previously funded grant and how additional funds will be used in 2004):

Evaluation Plan: Done by Grantee

Grant Recipient: NGO/PVO/CBO

Budget: **Please Attach Itemized Budget For This Proposal in US Dollars.**

Detailed Budget. Year 5 – In US Dollars

Categories	ASF/Municipal Department of Health in Fortaleza counterpart contribution (USD)	J&J Foundation (USD)	Subtotal (USD)
Salaries and benefits Health Care Provider Teams	5,000,000.00		5,000,000.00
Project Supervisor, Financial Services, Human Resources Services, ASF Internal Consultants for PSF and other expenses	30,000.00		30,000.00
Consultant fees (project manager monitors, training professionals, researchers for studies and other services, training materials, creation and reproduction of specific material for STD/AIDS prevention)		41,000.00	41,000.00
Secretary (salary and benefits)		9,000.00	9,000.00
Dissemination		7,000.00	7,000.00
Transportation (local and international), hotel and per diem, and participation in Conferences		5,400.00	5,400.00
Office supplies and photocopies		2,000.00	2,000.00
Overhead 8%		5,600.00	5,600.00
TOTAL (USD)	5,030,000.00	70,000.00	5,100,000.00

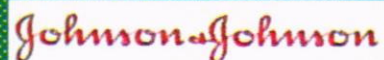
FINAL REPORT

Part II – Report

(Year-1-5 July 2005 - June 2010)

Project: Expanding HIV/AIDS/STI prevention and care integrated to primary care in the City of Fortaleza, Brazil: educational intervention and care to women and female adolescents living in specific poor areas of Fortaleza.

Sponsored by:



Johnson & Johnson

FORTALEZA, BRAZIL

August, 2010

TABLE OF CONTENTS

1. SUMMARY OF THE PROJECT	5
2. INTRODUCTION	6
3. PROJECT MAIN STRATEGIES	7
4. CAPACITY BUILDING ACTIVITIES AND INFORMATION	8
5. EVENTS ON EDUCATION AND SOCIAL MOBILIZATION	11
6. REPRODUCTION AND DISTRIBUTION OF EDUCATIONAL MATERIALS	13
7. DONATION OF EQUIPMENT AND EDUCATIONAL MATERIALS FOR THE FAMILY HEALTH CARE UNITS TO WORK IN HEALTH EDUCATION	13
8. EVOLUTION AND ANALYSIS OF THE PROJECT EPIDEMIOLOGICAL AND OPERATIONAL INDICATORS	15
8.1 Epidemiological indicators	15
8.2 Operational Indicators	21
9. QUANTITATIVE AND QUALITATIVE ASSESSMENT OF THE PROJECT	22
10. LESSONS LEARNED	27

LIST OF TABLES

Table 1	Number and percentage of AIDS cases in individuals older than 13 years of age, per Regional Executive Secretary. Fortaleza, CE, 1983 to 2009*	19
Table 2	Number and percentage of AIDS cases in individuals older than 13 years of age per exposure category and Regional Executive Secretary. Fortaleza, CE, 1983 to 2009*	20
Table 3	Number of cases and AIDS incidence rate in individuals older than 13 year of age, per year of diagnosis and Regional Executive Secretary. Fortaleza, CE, 2000 to 2008 (per 10.000 inhabitants). 20	
Table 4	Project Operational Indicators in 2007, 2008, 2009 - SERII	21

LIST OF FIGURES

Figure 1	Geographic area covered by the Project - SERII - Fortaleza - CE5	
Figure 2	HIV/AIDS/STD Prevention Strategies for SERII, Fortaleza/CE	7
Figure 3	Fig. 3A and 3B – Workshop for physicians, nurses and dentists ..	8
Figure 4	Fig. 4A e 4B – Workshop “Childhood, sexuality and AIDS prevention”	9
Figure 5	Fig. 5A and 5B – Capacity building session on sexuality and STD prevention for Health Community Agents	9
Figure 6	Fig. 6A e 6B – Workshop on HIV/AIDS prevention for groups of elderly	10
Figure 7	Fig. 7A and 7B – World Aids Day	11
Figure 8	Poster for the movie “O Auto da Camisinha”	12
Figure 9	Fig. 9A – Radio soap opera on the use of condom; Fig. 9B – Integrated Project on Reproductive Health; Fig. 9C – Permanent Information for Health Community Agents; Fig. 9D – Pins produced for The World Aids Day	14

Figure 10	Fig. 10A and 10B – Donation of backpacks for Health Community Agents; Fig. 10C e 10B – Donation of uniforms for Health Community Agents.....	15
Figure 11	Incidence of AIDS cases in individuals older than 13 years of age living in Fortaleza, CE, per year of diagnosis and gender, 1983 - 2008 (per 100.000 inhabitants).	16
Figure 12	Distribution of AIDS cases in individuals older than 13 years of age living in Fortaleza, CE, according to the sexual exposure category and per year of diagnosis - 2008	18
Figure 13	Number of male condoms distributed per year. Fortaleza 2004 to 2009	22
Figure 14	Project assessment survey.....	23

1. SUMMARY OF THE PROJECT

The Project goal was to develop activities to expand the health education process focusing specifically in reproductive health and STD/AIDS in order to change behaviors in the target population and encourage people to seek care and disease prevention.

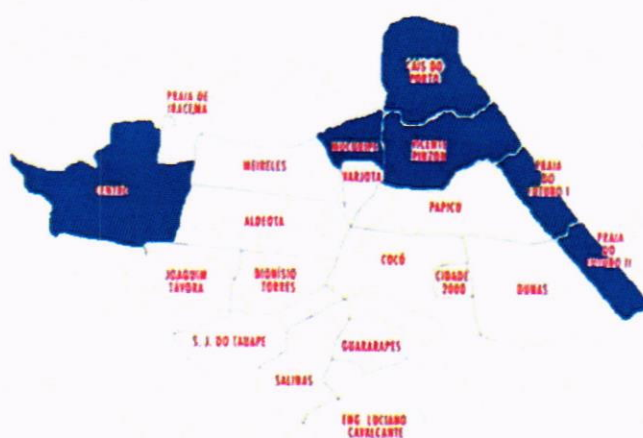


Figure 1 Geographic area covered by the Project - SERII - Fortaleza - CE

Using different methodologies, specific activities such as courses, workshops and seminars were carried out in order to encourage participants to really get involved and also to encourage them to get information and change their behavior towards health promotion.

In addition to the capacity building events, educational materials such as brochures, folders, and DVDs were produced and used in other activities.

The partnership with Institutions (SSM, SESA, ASF, Faculdade Christus) was very important during the entire period of the Project and the work of its technicians, teachers, students, health care professionals, and community leaders facilitated the performance of the activities and even with the inclusion of more specific ones, such as survey.

These partnerships also contributed to a better interaction among the participants and showed that professionals of different levels can share information.

2. INTRODUCTION

The maintenance of a sustained response to HIV/AIDS/STD prevention, care and treatment is a relevant challenge especially in underserved areas of Brazil. This project was an important initiative to integrate AIDS/STD agenda into primary care in poor geographic areas of the City of Fortaleza with high prevalence of these conditions.

The aim of the project was to expand the access to HIV/AIDS prevention and care services for 30.000 women and adolescents living in low income communities of Fortaleza - Ceará, Northeastern Brazil. This objective was accomplished by training the community health agents, nurse's aides, nurses, physicians and managers of the primary health care units as well as by the distribution of educational materials and condoms, which allowed a change in HIV/STD treatment seeking behavior.

Therefore, the aim of the project was to develop healthcare professional's skills and capabilities in order to enable them to provide a high standard of care to the clients of the existing health system (Sistema Único de Saúde - SUS), with especial attention to women and female adolescents with STDs and their partner(s).

At the time the project was implemented, the epidemics was increasing among women, poor population and in towns far from the big cities bringing additional risks to the low income population living in this area with known difficulty to have access to health services.

3. PROJECT MAIN STRATEGIES

- Training on STD/AIDS for health care professionals, educators, community leaders and medical students;
- Expansion of the actions to promote STD/AIDS education and care to teenagers, women, men, adults and to the elderly;
- Extend social mobilization;
- Door to door education in the community;
- Donation and distribution of equipment and educational materials on STD/AIDS.
- Systematic monitoring of activities developed by health care professionals involved in the Project;
- Systematic analysis of the Project epidemiological and operational indicators;
- Performance of an assessment survey at the end of the Project.

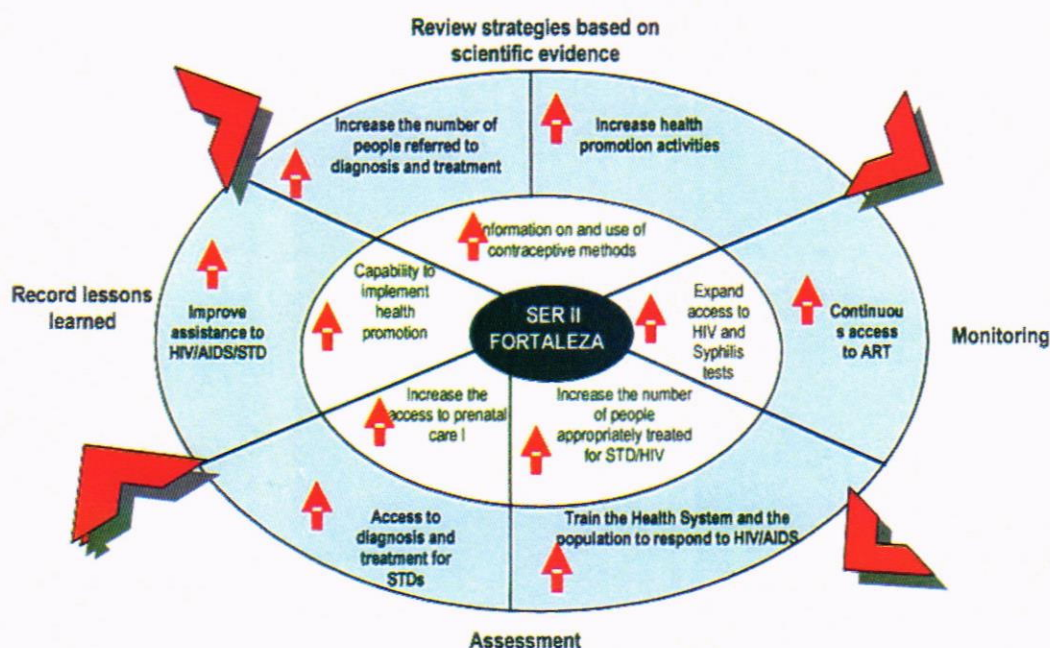


Figure 2 HIV/AIDS/STD Prevention Strategies for SERII, Fortaleza/CE

4. CAPACITY BUILDING ACTIVITIES AND INFORMATION

- Courses involving theoretical and practical sessions on the care of people with STDs in the Reference Units: Centro de Saúde Escola do Meireles and in the STD outpatients clinic of Hospital Universitário Walter Cantídio for physicians, nurses and dentists working in the 10 Family Health Centers of Regional Secretary II – October to November 2006;



Fig. 3A



Fig. 3B

Figure 3 Fig. 3A and 3B – Workshop for physicians, nurses and dentists

- Course “Cuidando do Cuidador” (Care for care providers) for ASF technicians directly involved in the Project, Regional Secretary II technicians, and for managers from Family Health Centers;
- Upgrade for the team of consultants and Managers of the Health Units – participation of ASF Monitors and Regional Coordinator ASF/NE in the 8º Congresso Brasileiro de Saúde Coletiva (8th Brazilian Congress on Collective Health) and 11º Congresso Mundial de Saúde Pública (11th World Congress on Public Health) – ABRASCO;
- Upgrade course for Health Community Agents (HCA) previously trained – September 2007 – Terezinha Lello and Elanir Ferreira;
- Course on sexuality and STD/AIDS prevention during childhood and adolescence for Educators of public Schools;



Fig. 4A



Fig. 4B

Figure 4 Fig. 4A e 4B – Workshop “Childhood, sexuality and AIDS prevention”

- Course on sexuality and STD/AIDS prevention for community leaders – September 2007;



Fig. 5A



Fig. 5B

Figure 5 Fig. 5A and 5B – Capacity building session on sexuality and STD prevention for Health Community Agents

- Course on sexuality and STD/AIDS prevention for men, women, healthcare professionals, educators and community leaders – December 2007 – Ana Ecilda Lima and Zuleide Moreira;
- Course on infection control in the outpatients setting for nurses and nurse aides – November / December 2007 – Marta Ramalho and Esperança Santos;
- II Training course on sexually transmitted diseases for *new Health Community Agents* from the Primary Health Care Units Frei Tito, Dr. Célio Girão and Aída Santos and medical students from Faculdade Christus – July 2008;

- IV Training course on sexually transmitted diseases for *new Health Community Agents* from the Primary Health Care Units Odorico de Moraes, Paulo Marcelo Martins Rodrigues and Flávio Marcílio – December 2008;
- Workshop on educational intervention for the prevention of HIV/AIDS/STD with groups of elderly (over 60 years of age), pregnant women and male and female adolescents at the Primary Health Care Units;



Fig. 6A



Fig. 6B

Figure 6 Fig. 6A e 6B – Workshop on HIV/AIDS prevention for groups of elderly

- Capacity building in Syndromic approach for the management of STD for physicians and nurses from Primary Health Care Units – 2008;
- Course on oral health and STD/AIDS for Dentists from the Primary Health Care Units -2008;
- Workshops on STD/AIDS for Health Consultants of the Municipality of Fortaleza – 2008;
- Forum on HIV/AIDS for Primary Health Care Professionals -26 and 27 November 2008;
- Monitoring workshops conducted at ASF/NE and SER II main offices - 2006, 2007, 2008 and 2009;
- Capacity building on STD/AIDS prevention for medical students from Faculdade de Medicina Christus – 2009;
- Courses on the use of the "Almanaque da Família Brasileira" – 2009 for Health Community Agents and families assisted by them.

5. EVENTS ON EDUCATION AND SOCIAL MOBILIZATION

- Sports events for the community of SER II in schools, squares and sports courts promoted by Primary Health Care Units (UBSs) together with students from Faculdade de Medicina Christus;
- World AIDS Day – December 1st, 2005, 2006, 2007, 2008, 2009 – A week of scientific and cultural activities;



Fig. 7A



Fig. 7B

Figure 7 Fig. 7A and 7B – World Aids Day

- Distribution of condoms at Primary Health Care Units - UBSs;
- Cultural Events – Open air theatre presentations (Teatro nas Praças (Jose de Alencar, 31 de Março, do Ferreira); Puppet theatre and bands in public squares within SER II;
- Presentation of the play "Trupe Caba de Chegar" addressing HIV/AIDS prevention by a street theatre group;
- Scientific Forum on HIV/AIDS for 350 Professionals and community leaders;
- Seminar: "25 Years of AIDS in Fortaleza: Challenges and possibilities of living with HIV/AIDS" – 2009;
- Iemanjá Day, 15th August;
- STDs/AIDS prevention campaign for the elderly, 27 September;
- World Aids Day / Presentation of the movie "O Auto da Camisinha", showing in an amusing way the types of HIV transmission and the methods to prevent the disease. With the amusing approach, this

educational movie is focused on the prevention of sexually transmitted diseases, AIDS and in the need of using condoms.

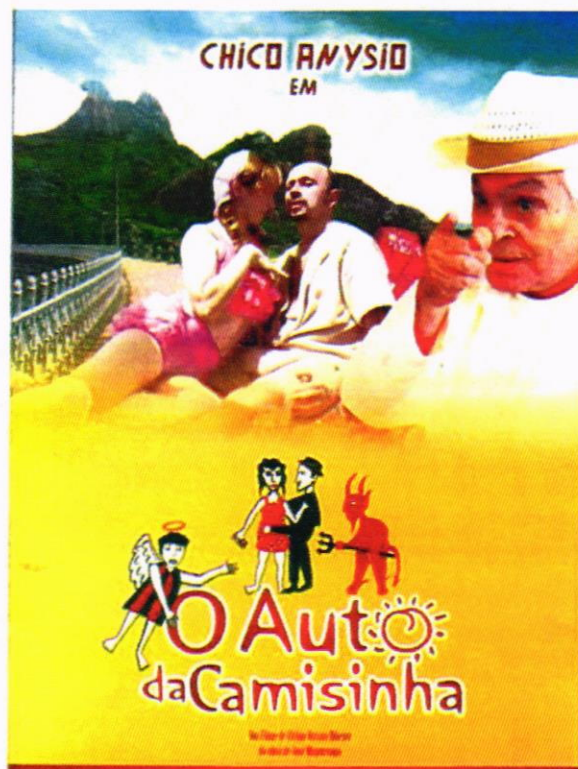


Figure 8 Poster for the movie "O Auto da Camisinha"

- Event performed in partnership with the AIDS pastoral - Campaign "Fique Sabendo" (get to know);
- Seminar at the STD/Aids Testing and Counseling Center (CTA);
- *Carnaval 2010 - "Bota Geral todos de Camisinha no Carnaval"*, with the support of SER II, Municipal Health Departments using a variety of information materials: Busdoor, folders, posters, banners, fans, chest and backpack stickers - 2010;
- *"Forum on the 20 years of the Declaration of rights for people living with HIV/AIDS"*.

6. REPRODUCTION AND DISTRIBUTION OF EDUCATIONAL MATERIALS

- Reproduction and distribution of educational materials to train Family Health teams; CDs and DVDs with lessons on STD/AIDS Prevention and Treatment aiming to expand the knowledge within the community – Associação Saúde da Família – 2006 and 2007;
- Distribution of educational materials (folders, brochures, posters, serial albums) produced by the State Department of Health of Ceará (SESA) and Ministry of Health for field and community work – 2008, 2009 and 2010 (1st semester).

7. DONATION OF EQUIPMENT AND EDUCATIONAL MATERIALS FOR THE FAMILY HEALTH CARE UNITS TO WORK IN HEALTH EDUCATION

- DVD players – Philips brand – 10 Units;
- TV sets – 29 inches – Philips brand w/ Flat Screen – 10 Units;
- Educational Kit (Folders, Posters, Fliers, Stickers) - "On STD and AIDS" and "Reproductive Health", "Prevention against gynecologic cancer" and "Family Planning" – 600 Units;
- CDs – "*Radionovelas da Camisinha*" (radio soap opera about the use of condom) – 10 Units;
- DVDs – "*Integrated Project Reproductive Health*" - 10 Units;
- Collection of 08 DVDs – "*Cadernos de Educação Permanente para Agentes Comunitários de Saúde* (Permanent Education for HCA" - 10 Units;
- World AIDS Day pins – 300 Units;

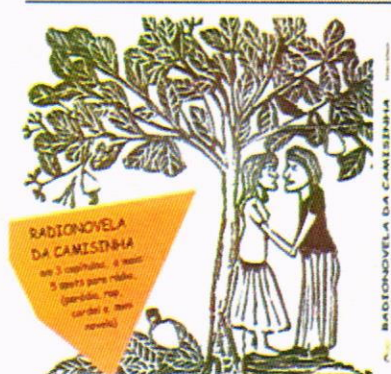


Fig. 9A



Fig. 9B



Fig. 9C



Fig. 9D

Figure 9 Fig. 9A – Radio soap opera on the use of condom; Fig. 9B – Integrated Project on Reproductive Health; Fig. 9C – Permanent Information for Health Community Agents; Fig. 9D – Pins produced for The World Aids Day

- Educational material (Kit for Family planning and STDs prevention);
- Educational Kit (Folders, Posters, Fliers) - On STD and AIDS, Reproductive Health, prevention against gynecologic cancer and Family Planning;
- Dispensing of backpacks containing the materials needed for the work of new Health Community Agents;
- Donation of uniforms for Health Community Agents;



Fig. 10A



Fig. 10B

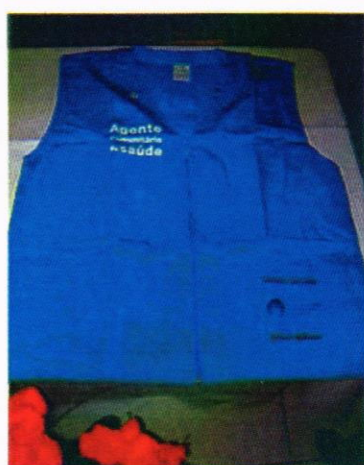


Fig. 10C



Fig. 10D

Figure 10 Fig. 10A and 10B – Donation of backpacks for Health Community Agents;
Fig. 10C e 10D – Donation of uniforms for Health Community Agents

8. EVOLUTION AND ANALYSIS OF THE PROJECT EPIDEMIOLOGICAL AND OPERATIONAL INDICATORS

1.1 Epidemiological indicators

In order to present the progress of the AIDS and Syphilis epidemics in the Municipality of Fortaleza and show the differences among the Regional Executive Secretaries (SER), data were collected from the Boletim Epidemiológico de Aids, volume XIII, n.º 3 2009 (Registry of AIDS cases). This registry contains tables and graphs produced based on the National Disease Notification System database (Sistema Nacional de Agravos de Notificação)

(SINAN)) and was implemented in the Primary Health Care Units and in Reference Units on AIDS .

The incidence rate of AIDS cases, in Figure 11, shows a trend towards an increase in the number of cases up to 2004 both for male and female patients with minor oscillations, 28.7 per 100.000 inhabitants for men and the highest incidence in 2004 with 12.4 per 100.000 inhabitants for women. From 2004, a decrease in the incidence is seen both for men and women, but this decrease is more prominent for men.

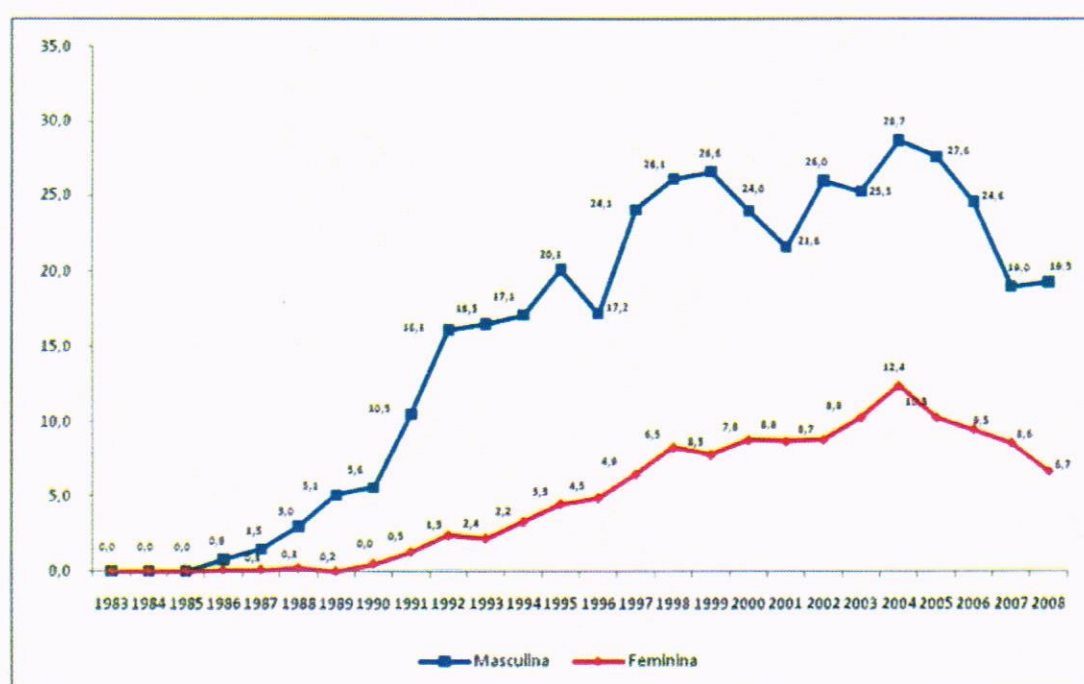


Figure 11 Incidence of AIDS cases in individuals older than 13 years of age living in Fortaleza, CE, per year of diagnosis and gender. 1983 - 2008 (per 100.000 inhabitants).

In general, the incidence rate of AIDS cases has been declining in the last years throughout the country. This can be attributed to several factors, among them, a change in the behavior in some segments of the population, the implementation of preventive measures, intervention programs and disease control, including antiretroviral therapy.

Regarding exposure, sexual contact is the main transmission route for HIV particularly in the North and Northeast regions of the country. In Fortaleza, sexual transmission accounts for 72.7% of the total cases in individuals older than 13 years of age, 1.6% by blood transmission and 1.6% by vertical transmission. In 24.0% of the cases the transmission route is unknown.

When assessing the sexual transmission category, we see that at the beginning of the epidemics from 1983 to 1996, the subcategory men who have sex with other men (MSM) showed the highest incidence rate with 45.2% versus 29.7% in heterosexuals. However, from 1997, we see a gradual increase in heterosexual transmission and a decrease in the homosexual and bisexual categories, showing a change in the epidemics profile over the years.

When considering the cases transmitted by sexual route in the entire historical series, Figure 12 shows that the highest number occur in the subcategory homosexual (MSM) as compared to the subcategory male heterosexual. One of the hypotheses raised in other studies to explain this increase in the subcategory MSM would be that people are paying less attention to prevention as the disease became "chronic" and the number of deaths decreased due to the use of more powerful medication. With the heterosexualization of the AIDS epidemic, an increase in the spread of the infection among women was evident, particularly from year 2000 onwards.

The transmission of HIV by blood accounts for 1.6% of the total number of cases and it has been declining since the 90s with the screening of blood and blood products in blood banks, together with an assessment of risk factors of blood donors.

As a result a decrease in the risk of HIV transmission to hemophilic patients was seen. The injectable drug users represent only 0.9% of the total number of AIDS cases registered in Fortaleza. As it is difficult to identify the drug users, it is believed that the number of registries in this category is underestimated.

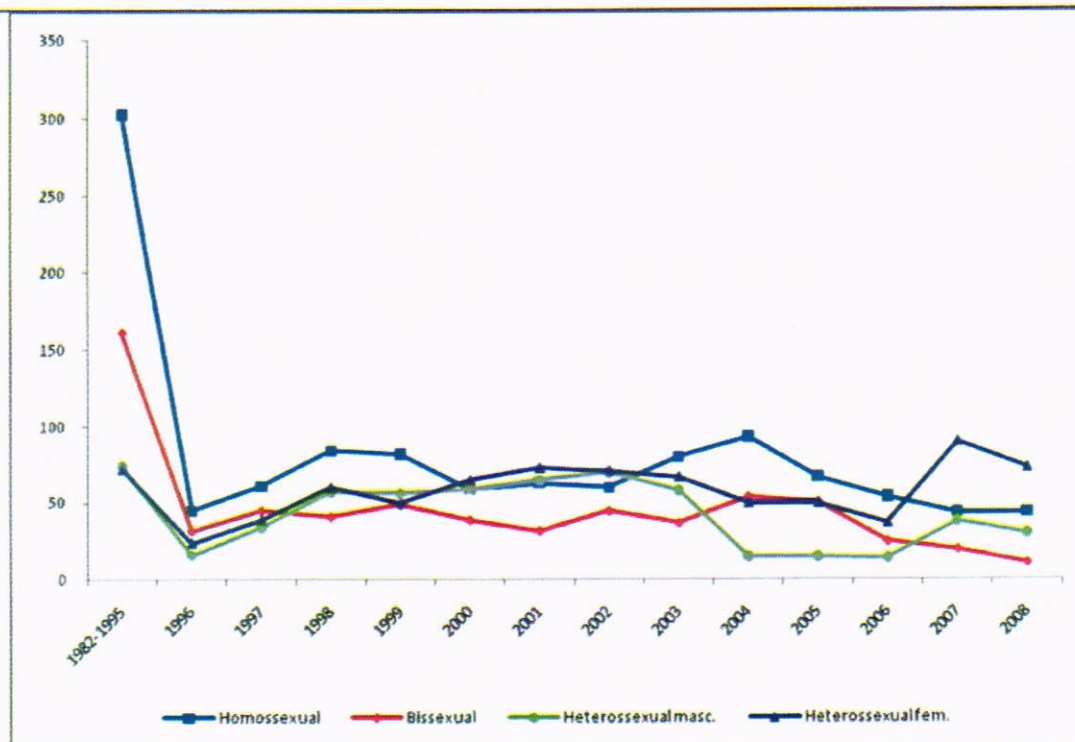


Figure 12 Distribution of AIDS cases in individuals older than 13 years of age living in Fortaleza, CE, according to the sexual exposure category and per year of diagnosis - 2008

The category involving vertical or perinatal transmission includes 91 cases (1.6%) of the total number of cases and accounts for 90.3% of the 103 Aids cases seen in children younger than 13 years of age living in Fortaleza.

A high number (24.0%) of cases included in the category of unknown transmission route is still seen and this shows that the notification instrument is not being completed and that cases are not being properly investigated, making it difficult to outline the epidemic profile to guide the prevention and control actions.

The Municipality of Fortaleza is divided in six administrative regions called Regional Executive Secretaries (SER). The role of each Secretary is to execute the sectorial policies in an articulated way, defining priorities and specific goals for each population group, providing combined services in a network of social protection (Andrade, 2006. p. 111).

A total of 5.121 AIDS cases in adults were registered in the Municipality of Fortaleza from 1983 to 01 October 2009 in the six regional secretaries.

SER II presents the highest number of cases (1.089), most cases occurring among men (79.4%). This region covers the following districts: Centro, Praia de Iracema, Aldeota, Praia do Futuro, Serviluz, among other. This is a tourism region.

Among the six regionals, SER V has the highest population with 529.903 inhabitants, estimated in 2009 by Instituto Brasileiro de Geografia e Estatística (IBGE). SER V covers the following districts: Granja Portugal, Parque Genibaú, Conjunto Ceará and other. This area also has the lowest social class and the highest number of women with AIDS (32.1%). SER IV has the lowest number of both men and women with AIDS (Table 1).

Table 1 Number and percentage of AIDS cases in individuals older than 13 years of age, per Regional Executive Secretary. Fortaleza, CE, 1983 to 2009*

Source: SMS/CEVEPI/SINANW/SINANET

SER	Men		Women		Total
	Nº	%	Nº	%	
SER I	541	72,2	208	27,8	749
SER II	865	79,4	224	20,6	1.089
SER III	609	73,6	219	26,4	828
SER IV	539	77,7	155	22,3	694
SER V	589	67,9	279	32,1	868
SER VI	631	70,7	262	29,3	893
Total	3.774	73,7	1.347	26,3	5.121

* Data received until 01/OCT/2009 subject to review

Table 2 shows the AIDS cases by exposure category in individuals older than 13 years of age in the six Regional Executive Secretaries of Fortaleza. Note that SER II has the highest number of homosexuals/bisexuals as compared to the other regionals. On the other hand, SER I has the lowest number of homo/bisexual and SER V the highest number of heterosexuals with a third of this number consisting of women (32.1%), as shown in Table 1.

Table 2 Number and percentage of AIDS cases in individuals older than 13 years of age per exposure category and Regional Executive Secretary. Fortaleza, CE, 1983 to 2009*

Source: SMS/CEVEPI/SINANW/SINANET

Exposure Category	SER I	SER II	SER III	SER IV	SER V	SER VI	Total
Homosexual	160	317	189	178	153	173	1.170
Bisexual	90	162	95	101	101	115	664
Heterosexual	318	368	347	234	427	417	2.111
Drugs	6	22	9	8	5	5	55
Hemophilia	6	3	3	3	3	4	22
Blood transfusion	2	1	0	1	0	1	5
Acid Mater Biológico	0	1	0	0	0	0	1
Perinatal	1	0	0	0	0	0	1
Unknown	197	276	211	190	216	228	1.318
Total	780	1.150	854	715	905	943	5.347

* Data received until 01/OCT/2009 subject to review

Table 3 shows the incidence rate in each Regional Executive Secretary per year of diagnosis in individuals older than 13 years of age between 2000 and 2008. Note that when the period from 2000 to 2008 is analyzed, the highest number of cases is not seen in SER II as shown in Tables 1 and 2. This can be explained by a higher increase of cases in SER VI in comparison to SER II from 2004 to 2008. SER II has the highest incidence rates particularly in the years 2002 and 2003 (23.8 and 23.7/100.000 inhabitants), respectively. Note that the population of SER II is at greater risk of getting sick as it has the higher incidence rates, although the highest number of cases in the period was seen in SER VI. A decrease was also seen in all SER in the last years, ranging from 8.5 to 10.2/100.000 inhabitants in 2008, except for SER IV which had 15.1/100.000 inhabitants. Please note that this decrease might be associated with the delay in notifications.

Table 3 Number of cases and AIDS incidence rate in individuals older than 13 year of age, per year of diagnosis and Regional Executive Secretary. Fortaleza, CE, 2000 to 2008 (per 10.000 inhabitants)

Source: SMS/CEVEPI/SINANW/SINANET

Year of diagnosis	SER I		SER II		SER III		SER IV		SER V		SER VI		Total
	N	Tx	N	Tx	N	Tx	N	Tx	N	Tx	N	Tx	
2000	54	15,9	67	21,5	54	15,9	42	14,0	56	12,4	53	12,2	326
2001	40	11,5	57	17,9	59	17,0	44	17,3	63	13,6	51	11,5	314
2002	47	13,3	77	23,8	53	15,0	35	13,0	70	14,9	76	16,5	358
2003	54	15,1	78	23,7	71	19,9	38	13,9	55	11,5	76	16,5	372
2004	63	17,3	68	20,4	69	19,0	59	21,3	97	20,1	82	17,8	438
2005	54	14,3	65	18,8	65	17,2	58	20,1	73	14,5	65	13,4	381
2006	60	15,6	58	16,5	57	14,8	46	15,7	71	13,9	78	15,8	370
2007	32	8,2	43	12,0	41	10,5	27	9,1	48	9,2	53	10,6	244
2008	37	9,3	36	9,9	39	9,8	46	15,1	45	8,5	52	10,2	255
Total	441		549		508		395		578		586		3.058

1.2 Operational Indicators

Table 4 shows a 24% decrease in the number of pregnant women who had HIV antibody test. We believe that this is due among other causes to a decline in the birth rate in all States of the country.

Meanwhile, a 50% increase of HIV antibody test performed in the general population was seen as a result of the mobilization to test women and the most vulnerable groups.

The number of condoms distributed decreased 40% (2007 to 2008), but an 18.5% increment was seen in the subsequent period (2008 to 2009). The indicators related to educational activities showed significant improvement: number of women participating in the Project activities (137%) and female adolescents participating in the Project activities (126%).

Table 4 Project Operational Indicators in 2007, 2008, 2009 - SERII

Indicators	2007	2008	2009
Average number of families registered per month	22.192	12.775	16.819
Number of home visits during the year	129.051	111.971	111.784
Number of pregnant women having an HIV test	1.379	1.331	1.048
Number of HIV antibody testing performed in the general population	1.583	1.419	2.392
Number of syphilis antibody testing performed in the general population	1.720	1.487	1.192
Number of condoms (male and female) distributed by the UBS	466.575	278.762	329.980
Number of people vaccinated against hepatitis B	13.516	11.511	8.846
Number of educational sessions performed at the Primary Health Care Unit to address Reproductive Health, Family Planning and HIV/AIDS prevention.	314	189	232
Number of educational sessions performed in the community	736	379	555
Number of women participating in the Project's activities	6.160	12.502	14.606
Number of female adolescents participating in the Project's activities	5.460	10.904	12.351

Distribution of condoms at Primary Health Care Units of Fortaleza

With universal access to prevention items at the Primary Health Care Units, particularly condoms, barriers are broken down and these items are made available for the most vulnerable populations. As can be seen in the Graph I below, the access was greatly expanded over the years and the number of distributed items doubled between 2005 and 2006.

In 2008, 5.681 million condoms (52 mm) were distributed in Fortaleza, and 4.950 million of these were supplied to the Family Health Centers - CSF.

In 2009, 5.518.184 million male condoms (52 mm) were distributed and 634.264 units (12%) were supplied to the Primary Health Care Units of SER II.

Note that SER II covers one of the smallest populations of Fortaleza.

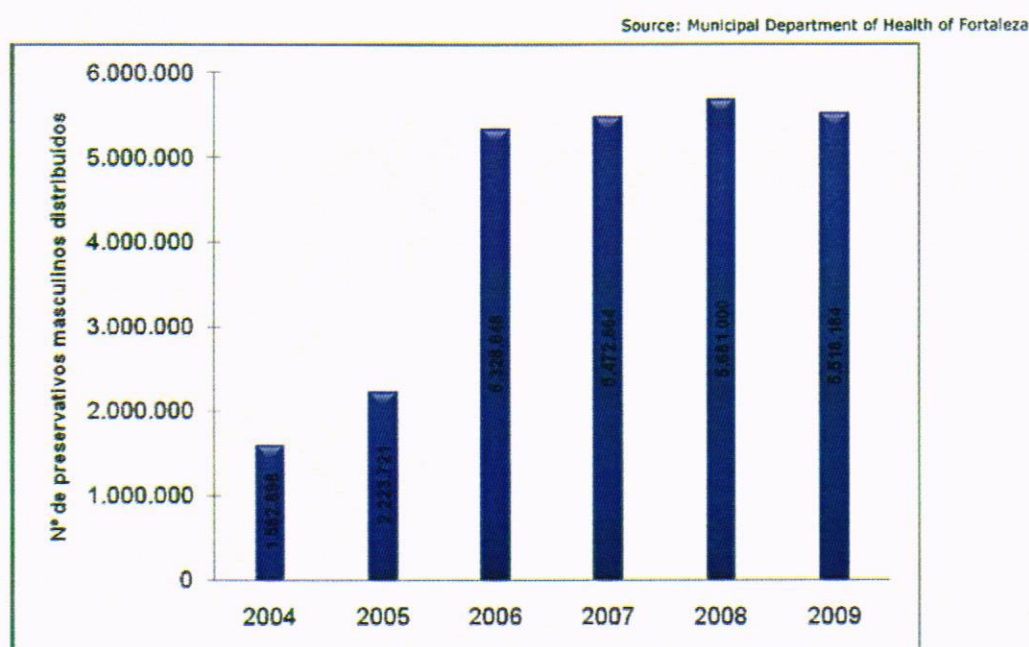


Figure 13 Number of male condoms distributed per year, Fortaleza 2004 to 2009

9. QUANTITATIVE AND QUALITATIVE ASSESSMENT OF THE PROJECT

A survey planned for year V for a final assessment of the Project *Educational Intervention and Assistance to Low Income Women and Female Adolescents for HIV/AIDS/STD Prevention in the Municipality of Fortaleza/Ceará - Brazil* was carried out in Primary Health Care Units of Regional Executive Secretary II of Fortaleza.

For the quantitative survey, 50% of Primary Health Units involved in the Project were randomly selected: UBS Frei Tito, UBS Célio Girão, UBS Aída Santos, and an equal number of Primary Health Care Units of SER IV were

selected for comparison: UBS João Hipólito, C.S. César Cal's, UBS Matos Dourado and Edmar Fujita, in a contiguous area to SER II.

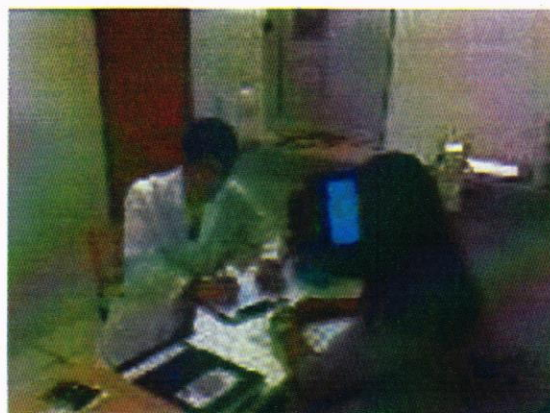


Fig. 14A



Fig. 14B

Figure 14 Project assessment survey

The instruments for the Survey (Attachment I) were developed/adapted by the Project's coordinator and monitors based on the Project *Educational Intervention and Assistance to Low Income Women and Female Adolescents for HIV/AIDS/STD Prevention in the Municipality of Fortaleza/Ceará - Brazil - Year I*.

The aim of the survey was to assess the actions developed throughout the Project, through key informants, i.e. Health Care Units Managers, Family Health teams of professionals, Physicians, nurses, and Health Community Agents. The questionnaires were pretested by a group of previously selected medical students from Faculdade Christus under the supervision of the Project coordinator and monitors.

The three questionnaires were developed according to the specific actions intend to be investigated in each of the three groups of health care professionals.

The survey with Managers aimed to determine the use of the equipment and educational materials acquired with the Project resources and supplied to Health Care Units of SER II, as well as to assess the educational activities on STD/AIDS prevention performed in each Health Unit.

The instruments developed for the survey with Family Health Care Professionals, including one specific for Health Community Agents included questions about Capacity building in STD/AIDS, the use of the educational materials supplied to the Primary Health Care Units, the ratio between receipt/use of condoms, HIV tests requested and STD/AIDS treatment.

The survey was performed between September and November 2009. Six (6) Managers from the 3 (three) Primary Health Care Units of SER II and 3 (three) from the Primary Health Care Units of SER IV were interviewed. Among the professionals of the Family Health teams, 3 (three) physicians, 4 (four) nurses from SER II and 2 (two) physicians and 2 (two) nurses from SER IV were interviewed. A total of 11 (eleven) Health Agents from SER II and 8 (eight) from SER IV were interviewed.

The main results of the survey performed with UBASF managers are presented below: Regarding the educational materials, the managers of SER II referred the use of virtually 100% of the supply. The educational videos about STD/AIDS and violence were used in 100% of the UBSs of SER II and in 30% of the UBSs of SER IV, according to the managers' information.

The participation in educational activities was over 45% in SER II, particularly in schools, bars, and community spaces as compared to SER IV, according to the managers' information.

All material supplied to the HCAs was used in the work in the community covered by the Project in SER II: leaflets, albums and female pelvis models – use of 100% of the material. The education videos were only used in 25% of the time due to the difficulty to have the equipment outside the Primary Health Care Units. Note that 90% of these HCAs were trained to use the education material. According to 71% of the physicians/nurses, the availability of materials led to good results in the work with the community and all of them reported increase in the number of HIV tests performed and in the number of people seeking treatment.

But in SER IV, the professionals interviewed informed that 45.5% of the educational materials supplied by the Department of Health of Fortaleza were

still stored as there was no audio visual equipment available. Therefore, the posters were the educational material most used versus only 12.5% of the DVDs. Only 37.5% of the Health Community Agents of SER IV were trained, and this shows a relevant difference between the two Regional Secretaries. In SER IV, 75% of the physicians and nurses reported good results in the work with the community due to the availability of materials, but the number of people seeking HIV test decreased. The interviewed professionals also reported no increase in the number of people seeking treatment.

The results of this assessment survey showed improved efficacy in STD/AIDS prevention in the Primary Health Care Units of SER II as compared to SER IV, enhancing the importance of the educational intervention for healthcare professionals, academic community and general population.

In June 2010, a meeting with Health Community Agents from SER II was held to perform the qualitative assessment through a questionnaire consisting of the following questions:

- 1) In your opinion, what was the contribution of this Project to STD and AIDS prevention for the people living in the area you work? Please mention the most important aspects.
- 2) Describe a positive change of attitude in the community you observed as an educator.
- 3) How do you see the continuity of the Project actions after 5 years?

Bellow are some of the answers from the 48 Health Community Agents who attended the meeting:

"To guarantee the continuity of these actions it would only be necessary to review the testimonies of the agents and people who participated in the Project. We should put all these in a video and compare the testimonies with the real experiences and reports from people we treated in the community."

"I see a big change; this Project contributed a lot to educate the community ... I hope the project continues".

"It has been a lot easier to talk about STD/AIDS, we feel more confident because we have answers for all questions asked on prejudice, shame and other".

"There are greater investments in human resources and we work in a more amusing way to educate the target population, but the actions should be extended to other groups such as the elderly.

"It would be good to expand the partnerships with the social sectors, as schools...

... It would important to have female condoms available in the Primary Health Care Units".

"The major contribution of the Project for the people I work with was the transparency in the information I retransmitted to them after being trained by the Project".

"People used condoms only to avoid pregnancy, but after the training sessions and meetings with the monitor we started to insist so much on the use of condoms that we managed to reduce people's resistance... and they started to use condoms ".

"The contribution of this Project to my community is that now they talk more and without prejudice about STD and AIDS... "

"It was very important for the wives who thought they would not get STD and AIDS. Now they are preventing themselves a lot more..."

"What I found very important was to see that the young people who attended my meetings and did not use condom now say they are using it."

"For me, the most important point was the use of condoms and the awareness on the need to do the pap smear test for prevention. There are many

women/teenagers in my community who don't have the tests done and don't know the danger of getting STD/AIDS and of having sex without condom".

"These actions should not stop as the care of STD/AIDS and viral hepatitis is very important".

"The Project benefited all... both the community and the HCAs who worked in it as they learned to instruct the community on how to prevent STDs and take better care of themselves".

10. LESSONS LEARNED

The Project *Educational Intervention and Assistance to Low Income Women and Female Adolescents for HIV/AIDS/STD Prevention in the Municipality of Fortaleza/Ceará - Brazil* developed in districts covered by Regional Executive Secretary II (SER II) of Fortaleza showed favorable changes in the process indicators and in the attitudes of healthcare professionals related to STDs - AIDS control.

The sensibilization, information/education, capacity building and monitoring activities have strongly contributed to improve the work process for health care professionals as shown by the indicators of the epidemiological and operational information systems.

The training of Professionals was reflected in the quality of the actions developed by them. after the courses /trainings for college graduated professionals or for community health agents, medical students, teachers and community leaders.

Appendix 1

SURVEY ON EDUCATION AND CARE FOR PREVENTION OF HIV/AIDS/STD IN LOW INCOME WOMEN AND FEMALE ADOLESCENTS OF FORTALEZA/CEARÁ - BRAZIL

DIAGNOSIS OF PRIMARY HEALTH CARE UNITS - COORDINATORS

I. IDENTIFICATION

Name of the Unit: _____
 Unit Director/Person interviewed: _____
 Address: _____
 Phone numbers: _____
 E-mail: _____ Cell phone: _____

II. Number of FHP teams: _____

Number of Health Community Agents trained on STD/AIDS: _____ Number of HCA not trained: _____

III.

A) Mark the education materials available at the Unit by placing a X in the appropriate answers

- | | |
|--|-------------------------------------|
| 1. Dolls (female/ male models) () | Other materials identified _____ |
| 2. Kit of contraceptive methods () | 7. Leaflets () |
| 3. Male pelvis model () | 8. Posters () |
| 4. Female pelvis model () | 9. Videos () |
| 5. Posters showing contraceptive methods () | 10. DVD () |
| 6. Serial album () | 11. Other materials - specify _____ |
| | _____ |
| | _____ |

B) How the education materials are being used (stored (), kept () and used ())? Mark the answer placing a X

- Meeting with specific groups () - Specify _____
- Other social equipment () - Specify _____
- Waiting room Distribution to clients of the Unit ()
- Individual education Distribution door-to-door ()
- Educational campaigns ()
- Community Associations through its leaders ()
- Lectures at work places ()
- Schools ()

C) The Unit has videos/DVDs in the following topics? STD (), Violence (), AIDS (), Reproductive Health (). Other _____

D) Which other support educational materials do you think are needed to improve your work (by topic or type of material)?

IV. What are the main educational activities developed during the period of the Project: Lectures given in Health Centers (), Lectures given in schools (), Lectures given in Community Centers () Group meetings () Campaigns with distribution of educational material in the community () Individual education or home education to the families () Debates with videos () Other: () Specify _____

to which population? Women (), Men (), Adolescents (), Elderly () pregnant and puerperal women () sex workers () gays and transsexuals () Other () Specify: _____

- V. How frequently the educational activities on reproductive health and HIV/AIDS prevention are carried out (in and out of the Unit)?

	Frequency
Inside the Unit	Weekly () – Every two weeks () – Monthly ()
Outside the Unit	Weekly () – Every two weeks () – Monthly ()
Schools	Weekly () – Every two weeks () – Monthly ()
Work places (factories, companies, etc)	Weekly () – Every two weeks () – Monthly ()
Homes	Weekly () – Every two weeks () – Monthly ()
Churches (Communities, Squares, Streets)	Weekly () – Every two weeks () – Monthly ()
Bars	Weekly () – Every two weeks () – Monthly ()
Other: Specify _____	

- VI. What are the main aspects that facilitate the educational activities? List the 3 main aspects.

- VII. What are the main aspects that restrict the educational activities? List the 3 main aspects.

- VIII. If you are not performing the educational activities, what are the reasons? List the 3 main reasons.

- IX. Do you believe that the STD/HIV/AIDS actions performed have had good results in the community regarding HIV/AIDS prevention and unplanned pregnancy? Yes () No (). What is your assessment of the results?

- X. Questions on the distribution of condoms:

Average number of condoms received and distributed per month _____

Who controls the distribution? _____

What are the criteria for distribution? _____

- XI. What are the main problems related to the access to condoms? Requires prescription (), the client must be counseled (), the number is not enough to meet the demand () Other. Specify _____

- XII. Who dispenses the condoms in the area you work?

- XIII. Only professionals of the Unit? () Yes () No

- XIV. Professionals and HCAs in the community () Yes () No

- XV. The number of people from the community seeking condoms has increased? () Yes () No

- XVI. The number of people seeking HIV test increased in the last 12 months? () Yes () No. The sample is collected in the Unit? () Yes () No. What about Syphilis? () Yes () No

XVII. To where HIV positive people are referred?

XVIII. Has the number of people seeking treatment for STD increased in the last 12 months?

☐ Yes ☐ No

Explain:

XIX. The Unit teams have been able to counsel and treat the sexual partner(s) of people with STD?

☐ Yes ☐ No

What do you do to counsel a sexual partner of someone with STD?

XX. How and to where are HIV positive pregnant women referred? Where do these women have prenatal care?

XXI. Have you had any difficulty to carry out your educational intervention activities related to STD/AIDS prevention and reproductive health in the community? Which ones? Please mention the most frequent ones.

XXII. Do you feel the need to reinforce/expand/upgrade any topic? Which ones?

XXIII. Do you have any originally creative-innovating / innovating / mobilizing to report? Which one(s)?

**SURVEY ON EDUCATION AND CARE FOR PREVENTION OF HIV/AIDS/STD IN LOW INCOME WOMEN AND
FEMALE ADOLESCENTS OF FORTALEZA/CEARÁ – BRAZIL**

DIAGNOSIS OF PRIMARY HEALTH CARE UNITS - COORDINATORS

I. IDENTIFICATION

Interviewer: _____
 Name of UBS: _____
 Name (of the person interviewed): _____
 E-mail (of the person interviewed): _____ Cell phone (of the person interviewed): _____

II. The interviewed person has already attended the STD/AIDS capacity building process? Yes () No () How long ago: _____

III.

A) Mark the educational materials you use/have used in your work in the community by placing a X in the appropriate answers

- | | |
|--|-----------------------------------|
| 1. Dolls (female/ male models) () | Other materials identified |
| 2. Kit of contraceptive methods () | 7. Leaflets () |
| 3. Male pelvis model () | 8. Posters () |
| 4. Female pelvis model () | 9. Videos () |
| 5. Posters showing contraceptive methods () | 10. DVD () |
| 6. Serial album () | 11. Other materials - specify |

**B) How and where the educational materials are being used? Mark the answer placing a X in the appropriate space:
 Stored (), Used (), List the places/means the materials are being used:**

- Meeting with specific groups () – Specify _____
- Waiting room Distribution to clients of the Unit ()
- Individual education Distribution door-to-door ()
- Educational campaigns ()
- Community Associations through its leaders ()
- Lectures at work places ()
- Schools ()
- Other social equipment. Specify _____

C) Have you ever used one of these videos/DVDs?

STD () With which population? Elderly () Adults () Young () Where? _____
 Violence () With which population? Elderly () Adults () Young () Where? _____
 AIDS () With which population? Elderly () Adults () Young () Where? _____
 Reproductive health () With which population? Elderly () Adults () Young () Where? _____
 Other _____

D) Which other support educational materials do you think are needed to improve your work (by topic and type of material)?

5. What main educational activities have you performed during the last three years on STD/AIDS:
Lectures given in Health Centers (), Lectures given in schools (), Lectures given in Community Centers () Group meetings () Campaigns with distribution of educational material in the community () Individual education or home education to the families () Debates with videos (), Other: () specify _____ and for which population? Women (), Men (), Adolescents (), Elderly () pregnant and puerperal women () sex workers () gays and transsexuals (), Other () Specify: _____

6. How frequently the educational activities on reproductive health and HIV/AIDS prevention are carried out (in and out of the Unit)?

	Frequency
Inside the Unit	Weekly () – Every two weeks () – Monthly () – Rarely () – Never ()
Outside the Unit	Weekly () – Every two weeks () – Monthly () – Rarely () – Never ()
Schools ()	Weekly () – Every two weeks () – Monthly () – Rarely () – Never ()
Work places	Weekly () – Every two weeks () – Monthly () – Rarely () – Never ()
Homes	Weekly () – Every two weeks () – Monthly () – Rarely () – Never ()
Churches	Weekly () – Every two weeks () – Monthly () – Rarely () – Never ()
Bars	Weekly () – Every two weeks () – Monthly () – Rarely () – Never ()
Other: Specify _____	

7. What are the main aspects that facilitate and restrict the educational activities? List the 3 main aspects.

8. If you are not performing the educational activities, what are the reasons? List the 3 main reasons.

9. Do you believe that the STD/HIV/AIDS actions performed have had good results in the community regarding HIV/AIDS prevention? Yes () No () and regarding unplanned pregnancy? Yes () No () How do you assess the results?

HIV/AIDS: _____

PREGNANCY: _____

10. Questions about the distribution of condoms:

Average number of condoms received and distributed per month _____

Which is the population most interested in the condoms? Men () Women () Young people () Adults ()

11. What is the main reason alleged by people for not using a condom?

12. Has the number of people seeking condoms in the community increased in the last 12 months? () Yes () No

XII. Has the number of people seeking HIV test increased in the last 12 months? () Yes () No.
The sample is collected in the Unit? () Yes () No.
What about Syphilis? () Yes () No

XIII. To where HIV positive people are referred?

XIV. Has the number of people seeking treatment for STD increased in the last 12 months? () Yes () No
Explain: _____

XV. How do you counsel someone suspected of having STD is done?

XVI. Have you heard about any difficulty to carry out the educational intervention activities related to STD/AIDS prevention and reproductive health in the community? Which ones? Please mention the most frequent ones.

XVII. Do you feel the need to reinforce/expand/upgrade any topic? Which ones?

XVIII. Do you have any idea and/or experience originally creative-innovating / innovating / mobilizing for HIV? AIDS? Which one(s)?

SURVEY ON EDUCATION AND CARE FOR PREVENTION OF HIV/AIDS/STD IN LOW INCOME WOMEN AND FEMALE ADOLESCENTS OF FORTALEZA/CEARÁ – BRAZIL

DIAGNOSIS OF PRIMARY HEALTH CARE UNITS - COORDINATORS

I. IDENTIFICATION

Interviewer: _____
 Name of UBS: _____
 Name (of the person interviewed): _____
 E-mail (of the person interviewed): _____ Cell phone (of the person interviewed): _____

II. The interviewed person has already attended the STD/AIDS capacity building process? Yes () No () How long ago: _____

III.

A) Mark the education materials you use/have used in your work in the community by placing a X in the appropriate answers

- | | |
|--|-------------------------------|
| 1. Dolls (female/ male models) () | Other materials identified |
| 2. Kit of contraceptive methods () | 7. Leaflets () |
| 3. Male pelvis model () | 8. Posters () |
| 4. Female pelvis model () | 9. Videos () |
| 5. Posters showing contraceptive methods () | 10. DVD () |
| 6. Serial album () | 11. Other materials - specify |

B) How and where the educational materials are being used? Mark the answer placing a X in the appropriate space: Stored (), Used ()

List the places/means the materials are being used:

1. Meeting with specific groups () – Specify _____
2. Waiting room Distribution to clients of the Unit ()
3. Individual education Distribution door-to-door ()
4. Educational campaigns ()
5. Community Associations through its leaders ()
6. Lectures at work places ()
7. Schools ()
8. Other social equipment. Specify _____

C) Have you ever used one of these videos/DVDs?

STD () With which population? Elderly () Adults () Young () Where? _____
 Violence () With which population? Elderly () Adults () Young () Where? _____
 AIDS () With which population? Elderly () Adults () Young () Where? _____
 Reproductive health () With which population? Elderly () Adults () Young () Where? _____
 Other _____

D) Which other support educational materials do you think are needed to improve your work (by topic and type of material)?

IV. What main educational activities have you performed during the last three years on STD/AIDS:

Lectures given in Health Centers (), Lectures given in schools (), Lectures given in Community Centers () Group meetings () Campaigns with distribution of educational material in the community () Individual education or home education to the families () Debates with videos (), Other: () specify _____ and for which population? Women (), Men (), Adolescents (), Elderly () pregnant and puerperal women () sex workers () gays and transsexuals (), Other () Specify: _____

XIX. How frequently the educational activities on reproductive health and HIV/AIDS prevention are carried out (in and out of the Unit)?

	Frequency
Inside the Unit	Weekly () – Every two weeks () – Monthly () – Rarely () – Never ()
Outside the Unit	Weekly () – Every two weeks () – Monthly () – Rarely () – Never ()
Schools ()	Weekly () – Every two weeks () – Monthly () – Rarely () – Never ()
Work places	Weekly () – Every two weeks () – Monthly () – Rarely () – Never ()
Homes	Weekly () – Every two weeks () – Monthly () – Rarely () – Never ()
Churches	Weekly () – Every two weeks () – Monthly () – Rarely () – Never ()
Bars	Weekly () – Every two weeks () – Monthly () – Rarely () – Never ()
Other: Which one(s)? -	_____

XX. What are the main aspects that facilitate and restrict the educational activities? List the 3 main aspects.

XXI. If you are not performing the educational activities, what are the reasons? List the 3 main reasons.

XXII. Do you believe that the STD/HIV/AIDS actions performed have had good results in the community regarding HIV/AIDS prevention? Yes () No () and regarding unplanned pregnancy? Yes () No () How do you assess the results?

HIV/AIDS: _____
Pregnancy: _____

XXIII. Questions about the distribution of condoms:

Average number of condoms received and distributed per month _____
Which is the population most interested in the condoms? Men () Women () young people () Adults ()

XXIV. What is the main reason alleged by people for not using a condom?

XXV. Has the number of people seeking condoms in the community increased in the last 12 months? () Yes () No

XXVI. Has the number of people seeking HIV test increased in the last 12 months?

() Yes () No.

Is the sample collected in the Unit? () Yes () No.

What about Syphilis? () Yes () No

XXVII. To where HIV positive people are referred?

XXVIII. Has the number of people seeking treatment for STD increased in the last 12 months? () Yes () No
Explain: _____

XXIX. How is the counseling to someone suspected of having STD done?

XXX. Have you heard about any difficulty to carry out the educational intervention activities related to STD/AIDS prevention and reproductive health in the community? Which ones? Please mention the most frequent ones.

XXXI. Do you feel the need to reinforce/expand/upgrade any topic? Which ones?

XXXII. Do you have any idea and/or experience originally creative-innovating / innovating / mobilizing for HIV? AIDS? Which one(s)?
