



Final Report

(Year-2 progress report: July 2006 - June 2007)

Project: Expanding HIV/AIDS /STI prevention and care integrated to primary care in the City of Fortaleza, Brazil - Year 2: educational intervention and care to women and female adolescents living in specific poor areas of Fortaleza

Sponsored by:

Johnson & Johnson

FORTALEZA, BRAZIL

July, 2007.



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The logo for Johnson & Johnson, featuring the company name in a red, cursive script font.

FORTALEZA, BRAZIL

July, 2007.

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ABBREVIATIONS

ABRASCO	Associação Brasileira de Pós-Graduação em Saúde Coletiva
AIDS	Acquired Immunodeficiency Syndrome
ASF	Associação Saúde da Família
CCD	Coordenadoria de Controle de Doenças
CTC	Counseling and Testing Center
FHT	Family Health Team
HAART	Highly active antiretroviral therapy
HCA	Health Community Agent
HIV	Human Immunodeficiency Virus
HPV	Human Papiloma Virus
IDU	Intravenous Drug User
IPVS	Índice Paulista de Vulnerabilidade Social
PHU	Primary Health Unit
SEADE	Fundação Sistema Estadual de Análise de Dados
SER II	Secretaria Executiva Regional
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
SUS	Sistema Único de Saúde – <i>Brazilian National Health System</i>
WHO	World Health Organization

1. Introduction

The maintenance of a sustained response to HIV/AIDS/STD prevention, care and treatment is a relevant challenge especially in undeserved areas of Brazil. This project is 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 is to develop healthcare professional's skills and abilities in order to enable them to provide a high standard of care to the clients of the existing national health system (Sistema Único de Saúde - SUS), with especial attention to women and female adolescents with STDs and their partner(s) and children diagnosed with congenital syphilis.

The project Expanding HIV/AIDS /STD prevention and care integrated to primary care in the City of Fortaleza, Brazil - Year 2: educational intervention and care to women and female adolescents living in specific poor areas of Fortaleza/Ceará - Brazil has been showing increasing improvement in the indicators related to results obtained in the target Units.

The continuity of control actions for diseases poses a permanent challenge to be overcome.

An obstacle to carry out the training of Health Community Agents (HCA) was the undefinition in contracting HCAs approved in a public contest of the Municipality of Fortaleza. This was due to a legal action taken by the HCAs who were already working in this location, to plead permanent contract with the Municipality of Fortaleza. This action process is supposed to terminate only in July 2007.

However, the community work is still being performed and followed up by the Project's Consultants, who in addition to the meetings held with technicians, managers and HCAs, are currently developing a new monitoring strategy with participation of the professionals in "Discussion Groups" in the Health Care Units (HCU).

The training of the health professionals reflected in the quality of the developed actions.

A survey with the professionals who participated in the Training course on Sexually Transmitted Diseases for Primary Health Professionals from *SER II*, showed changes in the performance of these professionals and of the HCUs in response to this training.

2. Project Activities

2.1. Capacity building activities for healthcare professionals

Three 40 hours courses were conducted between October and November 2006 including theory and practical sessions with patients with STD in Reference Units, Health Centre of Escola do Meireles and in the STD outpatients clinic of Hospital Universitário Walter Cantídio involving a total of 159 medical doctors, nurses and dentists who work in 10 Family Health Centers of Regional Secretary II. Six of these Health Units are already involved in the ASF/NE Project, and the remaining Units will integrate de Project from the second semester 2007.

The courses allowed participants to have a critical reflection on actions related to the care of people with STD/HIV and their sex partner(s), pregnant women and their babies, through a pedagogical process focused on "the problem" that values the contribution of each individual personal history and the awareness of their capabilities and limitations.

The capacity building sessions were created with the aim of allowing participants to expand their knowledge on: 1. The Protocols recommended by The Ministry of Health, for the treatment of people with STDs and children with congenital syphilis and / or exposed to HIV; 2. Pre- and post-HIV test counselling; 3. Care for people with STD and their sex partners; 4. Physical examination and STD risk assessment; 5. Diagnosis and treatment of STD using the syndromic approach.

Oral presentations on sexuality, gender and vulnerability and risk were added to the training program contents so that teams could use these concepts in their work.

These complementary concepts contribute to improve the healthcare Professional/patient relationship, helping patients to adopt safer sexual behaviors.

The teams were encouraged to organize the Health Units for the treatment and care of STD and congenital syphilis patients and to think in community work strategies for STD/HIV/AIDS prevention to be developed with the community health agents already trained and working.

The participants were encouraged to use more participative and interactive methods within de Health Unit and in the community using local resources.

Consultant's team and Health Units managers Update

The participation ASF/NE Regional Coordinator of monitors in the 8^o Congresso Brasileiro de Saúde Coletiva (8th Congress of the Brazilian Association of Collective Health) and 11th World Congress on Public Health – ABRASCO, held 21 to 25 August 2006, in Rio de Janeiro, provided update in specific topics on STI, AIDS, as well as on communication, services organization and health and citizenship promotion.

The following topics were discussed in the round tables: the discussions of the national epidemiologic and behavioral research results involving men who have sex with other men and the general population were of great significance to the understanding of local reality and to enable the creation of strategies for health promotion activities and STD/HIV/AIDS prevention.

Several papers related to safer sex practices and to drug abuse harm reduction in adolescents and other highly vulnerable populations, which are priority in our work, were present in the posters section.

Papers on Safe sex and Pregnancy in adolescents produced jointly by Jocileide Sales Campos and Anamaria Cavalcante e Silva were presented in the posters section at ABRASCO Congress.

Based on the evaluation of the Project conducted in Fortaleza in 2006 and with the aim of improving the Project activities the team from Associação Saúde da Família and Johnson & Johnson representatives presented some suggestions.

One of the suggestions was to better integrate the work of several Health Units, considering that it was observed that community health agents from Centro de Saúde Célio Brasil Girão had good experience in using the theatre as a means to give information and of STD/HIV prevention. The idea is to start this integration through strengthening the management in these Units.

The “Cuidando do Cuidador” (Care for care providers) course coordinated by Prof. Adalberto Barreto, MD, Psychoanalyst, professor of Universidade Federal do Ceará - UFC, with known national and international experience in

health team work and community work was an excellent opportunity to strengthen the managers integration. Thus, 8 ASF technicians directly involved in the Project were able to attend the course (01 Supervisor, 01 SER II assistant and 06 Managers from Health Family Centers).

Participative and innovative methods were used. We consider that the experiences, the dynamics and theoretical classes on self care and caring for others (care provider) stimulated a cooperative and solidarity work among health agents from several Health Units.

2.2. Assessment of the results of the training delivered to SER II Family Health teams

This survey was carried out with professionals of the Family Health Teams six months after the Training on Sexually Transmitted Diseases as an integral part of the Project

In total, 25 physicians, 50 nurses, 84 dentists and 01 psychologist from the Family Health Centers Odorico de Moraes, C.S.F Irmã Hercília, C.S.F Flávio Marcílio, C.S.F Benedito Artur de Carvalho, C.S.F Aída Santos, C.S.F Paulo Marcelo, C.S.F Frei Tito, C.S.F Célio Girão, C.S.F Pio XII, C.S.F Miriam Porto Mota and C.S. Rigoberto Romero were trained. Sixty-nine (69) (43,39%) out of the 159 trained professionals completed the questionnaires. The questionnaire consisted of three open-ended questions on:

- Activities developed at the Health Care Units after the training sessions;
- Positive changes within the Health Units and at the community;
- Suggestions of actions to be taken at the Unit to improve the care of STD/HIV patients.

The answers given by Family Health Professionals were divided into categories with the number of professionals who identified the items related to the answer in parenthesis.

Activities developed by Healthcare professionals at the Health Care Units after the training sessions

They started to refer patients to HIV and VDRL tests in all appointments of Family Planning, Prenatal care and cancer prevention and other (18);

VDRL tests started to be performed in Family Planning appointments (11);

- Groups of teenagers were created in risk areas to address topics such as STD/AIDS (n=11), some of them lead by dentists;
- The indication and correct use of condoms were increased
- The number of educational actions within the Unit and/or in the community was increased (n=18);
- The syndromic approach for the treatment of STD started to be used regularly in nursing appointments (n=9).
- Mouth examination started to be performed with greater ability and care for identification of potential oral manifestations of STD (n=9);
- A capacity building/sensibilization process was started with ACSs to expand the demand for cancer prevention among women (7);
- Women's perception on the risk for STD was increased during session on gynecological cancer prevention (n=7);
- STD cases cared for at the Health Units started to be reported (6);
- Active searches for STD cases started to be made in routine visits to the Health Unit (n=4);
- The counseling on STD is now given in a safer way (n=2);
- Psychologists are now required by the team responsible for the care of people living with STDs (n=2);
- Groups of elderly were created focusing on sexuality and on the care and prevention of STDs (n=1).

It's worthwhile to emphasize some of the statements from the different professionals from Health Family Centers who answered the survey:

- "My knowledge on syndromic approach was expanded and now we were able to put it into practice".
- "I change my attitude regarding preventive actions and this was really useful in the daily practice of health promotion focusing on STD which was emphasized in the training".

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- "I changed my attitude regarding the problems, and developed full capabilities in preventive actions and health promotion".
 - "Now I provide my patients with information related to ways of transmission, and refer them to a Doctor when there are signs and symptoms suggestive of STDs".

Positive changes identified within Health Units and in the community

- Healthcare professionals have now a different view on issues related to sexuality reported by their patients (n=57);
- Healthcare professionals feel more confident and capable of establishing a diagnosis.
- The number of STD cases identified has increased due to the assessment of risks performed in an individual basis (n=8);
- The psychological support and care of people treated for STDs is now considered an important measure and was adopted by the professionals (n=6);
- With the expansion of the access to STD related information the number of people seeking HIV and VDR test has increase (N=6);
- The access to condoms has increased (n=6);
- The relationship among professionals of the team has improved (n=5);
- Drugs of choice for the treatment of STDs are now prescribed in a more rational way for the treatment of other pathologies (n=5);
- The search for the partners (summon) of STD patients was intensified (n=5);
- The community interest, compliance and recognition increased (n=5);
- Referrals of STD patients to Secondary Units are now more frequent (N=4).

Following are some highlights on this question:

- "Working recognition (the patients always return with questions and interest on the subject)".
- "To guarantee the Access to condoms always explaining the importance of its use. Distribution of educational booklets. Identification and search of risk groups. Educational actions in routine care".
- "Improved management of treatment referral".
- "More precise and scientific based instructions provided".
- "Greater safety during patient's diagnoses and treatment processes, thus improving the quality of the services provided to the community".
- "We are now more "alert" and open to work with this subject".
- "The professionals of the team are getting more information and are more committed, everybody shares the same point of view.
- "Less bureaucracy in condom distribution. Greater attention to Family Planning".
- "Users able to get more information related to the problem".
- "Professionals are more confident to investigate, diagnosis, and properly instruct and treat patients".
- "Improvement of professionals' clinical view".

Suggestions of actions to be developed at the Units to improve the care of STD/HIV patients.

- Availability of educational material for the development of activities at Unit and in the community (n=16);
- Adequate location available at the Units for educational and collective actions (n=11);
- Promote continued education for professionals already trained and for professionals not trained (n=7);

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- Permanent availability of drugs for the treatment of these diseases at Health Units with no logistic problems (n=6);
 - Increase the o condoms distributed at Health Units (n=5);
 - Capacity building courses on STD/HIV for dentists (n=4);
 - To have a room available to guarantee some privacy (n=4);
 - Courses on STD for nurse Aids with involvement of the whole team (n=3);
 - All professionals should adopt the syndromic approach for the treatment of STD patients (n=3);
 - Increase the number of ACS (n=3);
 - Improve the reference, flow chart (n=3)
 - Worker protection (n=2);
 - To supply audiovisual equipment (n=7) and materials such as a folder to the Units (n=2);
 - To establish or provide protocols (technical notes) to standardize the requests for STD tests for all professionals (n=2);
 - To develop more systematic educational activities in schools (n=3);
 - To create groups in the community (n=2);
 - To acquire a colposcope for the Health Unit (n=1);
 - Tests results handed over by doctor or nurses (n=1);
 - To increase the number of FHP teams (n=1);
 - To create a day per month do take care of men suspected of having STD (n=1);
 - To reduce waiting time for HIV and VDRL test results (n=3) and Pap smear.

Selected testimonials

- All professionals should be trained. There are a lot of new things that still scares people such as the treatment through the syndromic approach”.
- “The Health Unit infrastructure must be improved so that the patient feels confident and comfortable to talk and listen about STD/HIV”.
- “Need to organize reference / counter-reference to outpatients clinics. Lack of feedback”.

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- "A permanent educational program on STD/HIV should be established, in addition to an intensification of biosafety conditions to guarantee safety and quality to healthcare".
 - "The social worker should be trained in order to be involved in the counselling and handing over of tests".
 - "Reduced wait time for tests results to motivate the patient to comply with the treatment and guarantee access to medication".
 - "To improve the physical infrastructure in order to carry out educational lectures at the Health Unit and to increase the number of prenatal appointments and cervical smear collection".

The results of the assessment were favourable, considering that based on the responses given by the professionals an increase in sensibilization and involvement in the care of STD patients was observed. Assessment of epidemiological data on STD performed in these areas validates most of the situation perception of the trained professionals. We can mention as examples the marked increase in the indication and use of condoms as well as the increase in the frequency with which women have been seeking 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. However, it is important to emphasize that continued education must be implemented, including specific training for all professionals, particularly to dentist, social workers and other. This point of view was already incorporated by the professionals.

The aforementioned suggestions to improve work conditions will be forwarded to the Coordinator of each Unit, STD/IIDS Municipal Coordinator of SMS and of SER II, considering that these Units are part of Fortaleza's Municipal Health network. The ASF Regional Project Manager – Fortaleza (Dr. Anamaria Cavalcante e Silva) will be responsible for forwarding these suggestions.

2.3. Supervision of the Primary Health Care Units

The supervision/monitoring meetings were performed as scheduled at the 06 (six) Primary Health Care Units participating in the Project.

In all Units, the Health Agents actively participated by reporting their experiences with the Community, based on the knowledge acquired in the training course and in systematic meetings with ASF/NE monitors. In these meetings they were able to ask questions and to present suggestions.

The great demand for treatment in the Units prevents a more systematic participation of nurses, doctors and dentists in the supervision meetings. However, whenever they could participate in the meetings these professionals contributed in a productive and efficient way with analysis and suggestions for new activities.

The cooperation of health unit's coordinators in sharing evaluations and decision and the health activities performed at the local level of SER II are essential for project management and monitoring.

A need to extend educational actions was identified, mainly among teenagers during the months in which the city is visited by a large number of tourists, during holidays and carnival.

In the World AIDS day, 1st December – activities were carried out in the Health Units in addition to schools, community centers with the participation of newly trained doctors and nurses, teachers and community leaders. One of the tasks of the refreshment course for Family health teams recently admitted through public contest was start planning these activities.

Another problem was that there wasn't audiovisual equipment (TV/video) available in the Health Units to keep an ongoing educational program on STD/AIDS with videotapes donated by ASF.

The main needs identified by ASF monitors are the following:

- To furnish printed educational material;
- To acquire TV/Video equipment;

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- To expand the distribution of free condoms due to increased demand among the population;
 - To provide care in the Health Unit to men whose partners have human papillomavirus – HPV;
 - Rationalize the use of Azithromycin by training and sensibilizing doctors;
 - To promote party games with the participation of community groups with prizes such as “beauty products kits”, in which educational activities can be carried out.

Workshops conducted at ASF/NE and SER II main offices.

An evaluation meeting is systematically conducted at ASF/NE main Office to assess the progress of the Project and to adjust the planned actions.

The contents and teaching methodology were developed in cooperation with SER II technician at the ASF/NE main Office.

ASF/NE coordination promotes bimonthly meetings with technicians and ASF/NE monitors at the SER II main office to discuss monthly evaluation reports, the constraints and to forward a proposal for its solution.

Monitoring activities

Follow-up of the work of the ACSs in the community is performed by the Project Consultants who in addition to the meetings held with professionals of the Family Health Program, Managers and ACS in each of the Health Units are also participating in the “Discussion Groups” of these Units. In these meetings, specific “discussion groups” are organized per topic by the professionals. For the Health community agents these “discussion groups” are called “Conversation group”.

The “Conversation round table” with Health community agents have been started with a discussion on: “Which activities are the agents developing in the community?” “How these activities are developed?”

Health Community Agents' testimonials in conversation round tables in several Family Health Centers

- "We delivered an average of four lectures at School in which 15 adolescents participated";
- "We used to go to the schools to offer our lectures, but now that they know about our work the principals come to us to ask our services";
- "I held a meeting in my house with 48 adolescent's friends of my daughter in which I talked about STD and the importance of wearing condoms to prevent STDs and pregnancy. I also showed how to use it. The girls practiced putting the condom on a model and then realized that many of them didn't know how to do it; they would pull it at once without leaving space for the sperm";
- "Professionals from Petrobras (Brazilian Oil Company) heard about this educational work and asked us to deliver a lecture to the workers, which was scheduled for July";
- The number of adolescents who come to the Center to ask for condoms has been significantly increasing
- "Major support to work with community groups, mainly availability of educational material to provide more information as the participation of men in educational activities and in obtaining condoms has significantly increased".
- "Pregnant women now request serologic tests during prenatal care whereas previously they refused to have them".
- "The requests for condoms in the appointments with doctor or nurses have been significantly increasing and sometimes the condoms available are not enough".

The manager of Women's Health area of SER II said that the condoms are delivered at the Unit's pharmacy whenever they are ordered.

These testimonials reassure our perception that this work is really important for the population of this area in which there is a great number of adolescents, many of which are sex workers and therefore engaged in risk practices for STDs.

After the end of the “discussion groups”, strategies for the implementation of preventive actions in this area during the period pre holidays were discussed as there was a general belief that that these adolescents would be more exposed during the holidays due to the extra free time and opportunities for dates.

Bellow are the points agreed based on the ACS requests:

- To request to Health Units Coordinators an increase in the number of condoms provided to the Units, including 49mm for adolescents.
- To talk to the employees responsible for condoms distribution at Health Units about the importance of complying with the requests for condoms of any adolescent (even of those < 12 years of age). To consider the needs of the adolescents in an individual basis.
- To arrange with the agents the next “*Conversation Group*”, the importance of implementing strategies to stimulate the target population to seek HIV test.
- To provide educational material for the activities of the following months.

2.4. Process Indicators

Project process indicators in the periods of January to June 2006, July to December 2006 and January to June 2007 are showed on Table 1.

Table 1 Project process indicators for SER II – Fortaleza – Ceará, 2006 - 2007.

Indicator	Jan – Jun 2006	(%) of change	Jul – Dec 2006	(%) of change	Jan – Jun 2007
Number of domiciliary visits	25,104	(168.1)	67,327	(-3.9)	64,662
Number of educational sessions conducted for reproductive health, family planning and HIV/AIDS prevention at Health Unit	164	(3.0)	169	(49.1)	252
Number of educational sessions conducted in the community	255	(212.5)	797	(-38.2)	492
Number of condoms supplied and distributed	47,887	(269.2)	176,809	(40.9)	249,300
Number of people vaccinated against Hepatitis B	2,814	(130.8)	6,496	(-81.4)	1,208
Number of HIV antibody testing performed	391	(124.2)	877	(-14.4)	750
Number of HIV antibody testing performed in pregnant women	-	-	399	(57.8)	630
Number of syphilis tests performed	357	(159.6)	927	(-13.4)	804
Number of women participating in the project activities	-	-	10,849	(2.4)	11,112
Number of adolescents women participating in the project activities	-	-	8,158	(6.0)	8,652

* The great increase of the process indicator figures after June 2006 is due to new FHT hired.

Evolution of Project Operational Indicators – 2007

Before we analyze the indicators it's important to recall some facts occurred in the second semester of 2006 that the Project progress. In October 2006 Physicians, Nurses and Dentists were hired through public contest to work in the Family Health Teams of the Health Units participating in the Project. From November to December, these professionals were trained to develop educational actions for STDs and AIDS prevention and care.

On the other hand, the new Health Community Agents, in spite of being selected by public contest, have not started working yet due to legal problems which are expected to be resolved by July 2007. Despite this, most Health Agents previously admitted and trained in the first year of the Project continued activities in their activities.

Regarding the Project Operational Indicators, some variations were observed, most of them showed an increase in the average of action per month compared to July to December 2006.

A significant increase was observed in the number of women receiving prenatal care at Health Units, probably as a result of the increase in the offer of appointments with doctors, nurses and dentists. As a result, a 30% increase was seen in the average number of HIV tests requested for pregnant women per month and this was maintained from January to May 2007.

A 40% increase was observed in the number of condoms distributed per month at the Health Units and a 33% increase in the number educational activities performed.

The number of women and female adolescents participating in the Project activities per month was about the same, with only a slight increase. In the other hand, a reduction was observed in the monthly average of educational activities usually performed by HCAs in the community.

These indicators reveal an improvement in the quality of prenatal care delivered in which pregnant women have more access to appointments with Doctors and nurses as well as to HIV tests. In addition, the population

reached by the Project now has more access to a concrete STD and AIDS prevention mechanism through the distribution of condoms.

A global analysis of these operational indicators suggests a significant increment in Project activities developed within Health Units and a reduction of the activities developed in the community. This can be explained by organizational situation of the activities performed by the members of Family Health team with an increase in the number of physicians, nurses and dentist who worked mainly developing activities in outpatients clinic while we are still waiting for new Health Community Agents are admitted to work with the community.

In short term, we can expect a more significant progress of Project activities when Health Community Agents are contracted and trained.

2.5. Materials supplied to the Health Units

- CDs – Controle das Doenças Sexualmente Transmissíveis (DST) (Control of Sexually Transmitted Diseases (STD)).
- CDs – Abordagem Sindrômica nas Unidades de Saúde do Município de São Paulo (Syndromic approach at Healthcare Units of São Paulo.
- 1.535 units of sunscreen.
- CDs Radionovelas da Camisinha (Condom radio soap opera)
- DVDs on the following topics: Julieta e Romeu, Te Cuida, Coração, Homem.com.H, etc. (Romeo and Juliet, Take Care, Heart, Men with capital "M", etc).

Material handed over during capacity building sessions

- Você é um Bom Comunicador (You are good communicator).
- Brochure: Capacity building in Sexual and reproductive health.
- Sexuality versus STD and HIV/AIDS.
- Nota Técnica – Recomendações Sobre o Uso da Penicilina (Technical note: Recommendations on the use of penicillin)

- AIDS E IGREJAS: Um Convite à Ação (AIDS AND CHURCHES: An invitation to action).
- DST: Não Corra Risco (STD: don't take the risk).
- Aconselhamento para Profissionais da Atenção Básica - M.S (Counseling to Primary Health Care Professionals - M.S).
- Manual de Controle de Doenças Sexualmente Transmissíveis – M.S. (Manual for the Control of Sexually Transmitted Diseases (STD)).
- Manual para o Controle da Sífilis Congênita – M.S (Manual for the control of Congenital Syphilis)

3. Financial Summary

Johnson and Johnson contributed with a total of US\$ 90,000.00 whereas ASF and its partners documented verifiable counterpart contributions of US\$ 10,625,000.00 for the payment of salaries of community health agents, nurses, nurses aides and physicians working in the Family Health Program. 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.

Table 2 summarizes information on budgets, expenditure and balance from July, 2006 to June, 2007.

Please notice that interests on investments were included in the Total Income and were used in the project activities.

Table 2 Project Johnson & Johnson (FORTALEZA) – Year 3: budget, expenditure and balance from July, 2006 to June, 2007.

Category	Planned Budget (USD)	Planned Budget (Real)	Revised Budget (Real) 31/12/2006	Interest distribution (Real) 31/12/2006	Current Project Expenditure (Real)	Balance (Real) 31/12/2006
Consultant fees/Training activities	61,000.00	129,625.00	154,355.06	16,437.57	156,955.06	13,837.57
Transportation	13,000.00	27,625.00	3,495.10	00.00	3,495.10	00.00
Office supplies and photocopies	1,000.00	2,125.00	2,272.16	00.00	2,272.16	00.00
Secretary	6,000.00	12,750.00	12,002.68	00.00	12,002.68	00.00
Overhead (10%)	9,000.00	19,125.00	19,125.00	00.00	19,125.00	00.00
Subtotal	90,000.00	191,250.00	191,250.00	16,437.57	193,850.00	13,837.57
Salary and Benefits – Family Health Teams ASF and partners Counterpart	5,000,000.00	10,625,000.00	10,625,000.00	00,00	531,250.00	00.00
Total	5,090,000.00	10,816,250.00	10,816,250.00	16,437.57	725,510.00	13,837.57*

* Committed to the payment of materials to be distributed to PHUs.

** Exchange Rate; US\$ 1.00 = R\$ 2.21

4. Lessons Learned

Supervision visits were conducted by ASF monitors with the aim of providing a follow-up to teams which work with the community and to assess the quality of this work. In addition, to discussing with professionals new approaches and activities to improve results related to a healthier behavior among this population

The following lessons learned are of note:

- A better knowledge of the real world in which the people from the community live helps to think and develop new strategies of action; e.g.: to change men's and teenagers minds about educational information who usually think that "*this is women's stuff*". 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 for distribution 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 and dentists) newly admitted through public contest, was important to strengthen the knowledge and give 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 (HFP nurse).
- The educational work and the free distribution of condoms and medication help to develop confidence and awareness in this population – pregnant women no longer refuse and actually require HIV tests and counselling during prenatal care, i.e. these women do not only wait the decision of a health care professional to get information.

- Monitoring visits and refreshment courses are considered to be a stimulus to the work of these professionals who expect to jointly think and create new action strategies.

5. Appendices

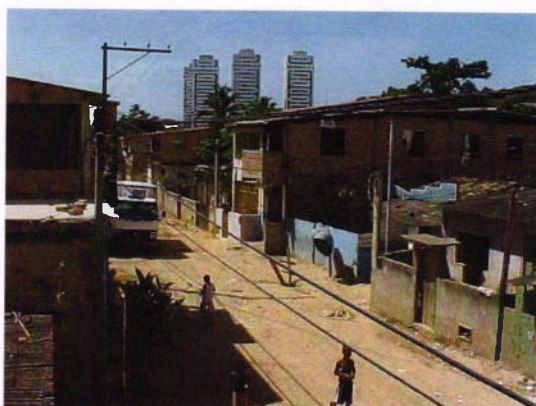
5.1. Picture Gallery



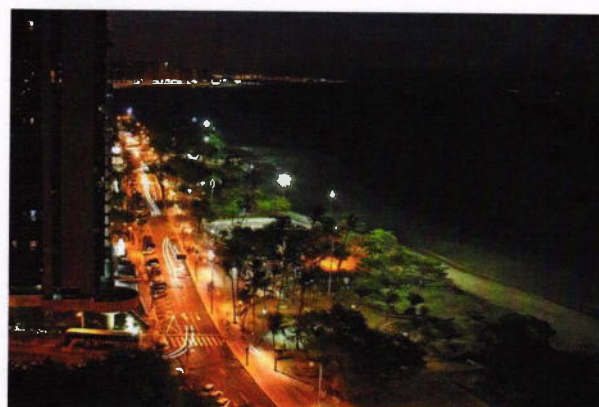
Beach



Jangada boats in Mucuripe



Street of Mucuripe



Mucuripe Beach



UBASF Célio B. Girão



UBASF Frei Tito



Health Community Agents



Family Health Team



Conversation Group Health Community Agents



Conversation Group in the Community

5.2. Training Evaluation Questionnaire

PROJETO INTERVENÇÃO EDUCATIVA E ASSISTENCIAL A ADOLESCENTES FEMININAS E MULHERES DE BAIXA RENDA NA PREVENÇÃO AO HIV/AIDS/DST NO MUNICÍPIO DE FORTALEZA/CEARA – BRASIL

Unidade: _____

Categoria Profissional: _____

1. Que atividades você passou a desenvolver para o controle das DST, em sua área de abrangência, após sua participação na capacitação ocorrida em 2006?

2. Que mudanças você identifica como positivas na sua Unidade/Comunidade, após o trabalho dos profissionais capacitados em DST?

3. O que você acha que pode ser melhorado dentro da sua Unidade de Saúde, para promover uma melhor atenção às pessoas com DST/HIV?
