



Associação
Saúde da
Família

INTERNATIONAL SMALL
GRANTS FUND (ISGF)
BRAZIL - 2008



Elton John AIDS Foundation

FINAL REPORT

FEBRUARY, 2010.

Summary of the ISGF projects

Recipient Organisation	Area	Project Title / Objectives
ASF – Associação Saúde da Família	Monitoring	<p>EJAF-ISGF Brazil 2008 – ASF Monitoring Project</p> <ul style="list-style-type: none"> - To assist NGOs in Brazil to apply for ISGF - To monitor the projects and to advise on technical and financial matters - To disseminate results and acquired experiences
BARONG – Instituto Cultural BARONG	Information and Prevention	<p>Barong's Mobile Unit – Promoting STD/HIV/AIDS Prevention in Public Squares</p> <p><i>Decrease the incidence of STD/HIV/AIDS and unwanted pregnancy and to provide information on sexual and reproductive health</i></p>
GIV – Grupo de Incentivo à Vida	Information and life improvement	<p>Solidary Caregiver</p> <p><i>Psychosocial support to people living with HIV/AIDS in STD/AIDS Treatment Centre in the City of São Paulo</i></p>
PACT – Associação PACT do Brasil	Information and training	<p>PositHIVE Results: Building M&E Capacity of NGOs in São Paulo</p> <p><i>Contribute to building an organizational culture of monitoring and evaluation among NGOs in São Paulo, prioritizing NGOs that work with PLHIV</i></p>



Elton John AIDS Foundation

1 Blythe Road, London W14 0HG - Tel: +44 20 7603 9996

GRANT REPORT COVER SHEET

(Please copy and attach this top sheet to subsequent report documents and return to stephen.crawford@ejaf.com)

Please complete each section of this form FULLY and IN ENGLISH
NOTE: Only provide one copy of your report, unbound and not stapled

Your Letter of Agreement will stipulate by which date your report is due. If you are unable to complete any section of the form or have any specific problems completing your report, please indicate why. You may provide supplementary information as appropriate.

GENERAL INFORMATION

1. Name of Organisation:

ASSOCIAÇÃO SAÚDE DA FAMÍLIA

2. Project Title to which this report relates:

EJAF-ISGF BRAZIL 2008 – ASF MONITORING PROJECT

3. Telephone No:

+55 11 3154-7056

Fax No:

+55 11 3154-7050

Email address:

silasbar@saudedafamilia.org

4. Report prepared by:

Silas Pereira Barbosa Júnior

Position:

HIV/AIDS Project Manager

5. Type of Report (interim/final):

Final Report

6. Report Period:

From: September, 2008

To: December, 2009

7. Date of Report: February 2nd, 2010

Signature: _____

For Office Use Only:

Database Noted: _____ Acknowledgement Sent: _____

Reviewed by: _____ Date: _____

_____ Payment of _____ Approved by: _____ Date: _____



FINAL REPORT – INFORMATION REQUIREMENTS

8. Executive Summary (maximum ½ a page):

- This section highlights the major activities of the project funded: results, constraints, findings, recommendations etc. It should contain major points from the rest of the report and function as “stand-alone” summary of the project funded. Please include statistics on the number of direct or indirect beneficiaries of the project, where applicable.

Three projects were selected among seventeen initially proposed. The implementation of all 3 projects was followed up by Associação Saúde da Família which also monitored them through visits, meetings and assessments of reports.

9. Description and Implementation of Project (maximum ½ a page):

- As per your Project Report Table, if there are any areas that you feel are not sufficiently covered by this table (such as unanticipated outcomes, changes in the local context or your organisation) please outline them briefly here.

Please see project report table.

10. Management of Project:

- Describe any changes in staffing, budget or project duration between original application and actual implementation. Please also list any contributions – cash or in-kind – to the project, including collaboration with other agencies.

There were no significant changes from the original ASF Monitoring Project. All the projects were carried out at different times from the original plans. On the other hand, all the projects were completed successfully.

11. Budget

- Supply a table detailing actual spend on each line item over the total grant period against projected spend (as per the budget submitted with your original application). Please note reasons for any differences between projected and actual spend.
- **Please note:** Reallocation of funds within the programme need to be approved in writing by EJAF.

#	ACTIVITIES	EJAF CONTRIBUTION		OTHER CONTRIBUTIONS		SUBTOTAL	
		Brazilian Real (R\$)	Pounds Sterling (£)	Brazilian Real (R\$)	Pounds Sterling (£)	Brazilian Real (R\$)	Pounds Sterling (£)
1	Selection Process						
2	• Translation Services	4,345.38	1,207.05			0.00	0.00
3	• General Expenses	800.46	222.35			0.00	0.00
4	Translation services for interim and final reports	4,575.16	1,270.60			0.00	0.00
5	Dissemination			17,790.84	4,941.90	0.00	0.00
6	TOTAL	9,720.00	2,700.00	17,790.84	4,941.90	0.00	0.00

12. Lessons Learned/Recommendations (maximum 1 page):

- Describe any lessons learned or broad implications of the project's results and provide any recommendation for follow-up and future activities or interventions.
- Detail any qualitative data or information that did not fit into the Project Report Table (such as unexpected outcomes).

13. Materials/Products:

- List the key materials/products developed for this project and, where appropriate, quantities.
- List the key communication materials developed for this project, e.g. photographs, video etc.

The following three (3) posters were produced to be presented at the "XVII International AIDS Conference" Mexico City, 3-8 August in order to share the experiences obtained from the projects performed in the years of partnership among Elton John AIDS Foundation, Associação Saúde da Família and other Non-governmental Organizations:

- "The niche of Elton John AIDS Foundation in funding projects in Brazil: a five-year experience".
NGOs involved: GIV – Grupo de Incentivo à Vida, Instituto Cultural BARONG, CFSS – Coletivo Feminista Sexualidade e Saúde, PACT Brasil, CORSA – Cidadania, Orgulho, Respeito, Solidariedade e Amor, GAPA-SP – Grupo de Apoio e Prevenção à AIDS de São Paulo, PROAD – Programa de Atenção ao Dependente, SEIVA Serviço de Esperança e Incentivo à Vida, APROCE – Associação de Prostitutas do Ceará, GAPA-CE – Grupo de Apoio à Vida do Ceará, NAVE – Núcleo de Ação e Valorização da Espécie Humana, ALIVI – Associação Aliança pela Vida, CFSS – Coletivo Feminista Sexualidade e Saúde, IEPAS – Instituto de Estudo e Pesquisa em AIDS de Santos, FFF – Fundação Florestan Fernandes, Solar Eunice Weaver, Fala Preta Organização de Mulheres Negras, SEIVA – Serviço de Esperança e Incentivo à Vida Agora, FZ – Fundação Zerbini, Ecos – Comunicação e Sexualidade.
- "Empowering HIV/AIDS patients to maintain access to antiretroviral therapy and treatment in Brazil".
NGO involved: GAPA/SP – Grupo de Apoio e Prevenção à AIDS de São Paulo
- "HIV/AIDS/STI prevention: reaching youths using an intersectorial approach in Diadema, Brazil".
NGO involved: FFF – Fundação Florestan Fernandes.

14. Future Plans:

- Please outline how the programme hopes to develop and if appropriate, what arrangements exist in respect of operational and financial planning to ensure its sustainability.

Associação Saúde da Família, which has been working on health care and HIV/AIDS prevention since 1992, will continue to perform its activities through new partnerships and implementation of new projects in order to share experiences and reach even more underserved areas.

It would also be of great significance for Associação Saúde da Família to keep the partnership established in 2003 with Elton John AIDS Foundation as an “umbrella” institution in Brazil for the projects EJAF-ISGF in São Paulo and in other States of the country, as well as for the performance of new projects.

15. Future Grant Application

- If you intend applying for a further grant, please **DO NOT** include a grant application with your report, please contact the Foundation’s Grants Department to discuss your future grant requirements.

Project Report Table for the Elton John AIDS Foundation

Name of Organisation: Associação Saúde da Família

Overall Aim of project: - To assist NGOs in Brazil to apply for ISGF - Brazil 2008

- To monitor the projects and to advise on technical and financial matters
- To disseminate results and acquired experiences

(use a separate sheet for each aim)

Name of Project: EJAF-ISGF Brasil 2008 - ASF Monitoring Project

Table prepared by: Silas Pereira Barbosa Júnior


Date Prepared: 02/02/2010

Reporting Period: September 2008 - December 2009

Objective	Activities	Undertaken by	Type and number of target beneficiaries reached	Timeframe	Actual output	Expected output = actual output?	Any resulting action?
					Actual outcomes/impact	Expected outcomes/impact = actual outcomes/impact?	Any resulting action?
<i>List objectives exactly as set out in your application</i>	<i>List activities exactly as set out in your application</i>	<i>List the people who organised/ran the activity</i>	<i>List which groups were targeted (e.g. girls aged 16-24) and how many people actually benefited from the activity</i>	<i>Detail the actual timeframe of the activity e.g. undertaken between ..., evaluated on ...</i>	<i>Detail actual output of activity, measured as set out in your application</i>	<i>If the actual output differs from the expected output (as predicted in your application) please explain the reasons for this.</i>	<i>Has any action been taken or is any planned in order to address issues raised in the previous column</i>
					<i>Detail actual outcomes/impact of activity, measured as set out in your application</i>	<i>If the actual outcomes/impact differs from the expected impact (as predicted in your application) please explain the reasons for this.</i>	<i>Has any action been taken or is any planned in order to address issues raised in the previous column</i>
OBJECTIVE 1: To organise EJAF – ISGF Brazil 2008 selection process for 10 projects.	1.1 Selection Process.	Silas Pereira Barbosa Junior, MD, PhD – ASF STD/AIDS Project manager	17 NGOs in the States of São Paulo, Ceará and Pernambuco.	Dead line: 31/01/2008	Selection of 10 projects. Indicator: number of reviewed and translated projects delivered to EJAF.	Yes.	N/A
		Denise Rodrigues Nagatomy – ASF STD/AIDS Project Assistant Ivan Gouveia Fini, ASF Finance Director Maria Eugenia Lemos Fernandes, MD MPH – ASF Executive Director			Only 3 Projects were approved.	No. We expected that a higher number of Projects would be approved.	N/A
OBJECTIVE 2: To provide technical support for the implementation of selected projects.	2.1 Organising meetings.	Silas Pereira Barbosa Junior, MD, PhD – ASF STD/AIDS Project manager	3 NGOs in the State of São Paulo	June, 2008 December, 2008 July, 2009 December, 2009	Adequate implementation of the projects Indicator: Process indicators from the projects.	The project duration was not sufficient to properly finish it.	The end dates for all projects were extend to December 2009.
		Ana Paula Ferreira Trindade - ASF STD/AID Project Assistant Maria Eugenia Lemos Fernandes, MD MPH – ASF Executive Director			Effectiveness of implemented projects Indicator: Impact indicators from the projects.	Effectiveness was possible with the extension of the project duration.	N/A
	2.2 Project site visits.	Silas Pereira Barbosa Junior, MD, PhD – ASF STD/AIDS Project manager.	3 NGOs in the State of São Paulo.	From December 2008 to December 2009	Adequate implementation of the projects Indicator: ASF report and photographic documentation.	Yes.	N/A
		Ana Paula Ferreira Trindade - ASF STD/AID Project Assistant Maria Eugenia Lemos Fernandes, MD MPH – ASF Executive Director			Awareness and commitment of NGOs regarding the project. Indicator: ASF report.	Yes.	N/A
OBJECTIVE 3: To provide financial support for the implementation of selected projects	3.1 Finance meetings	Ivan Gouveia Fini, ASF Finance Director	3 NGOs in the State of São Paulo.	June 2008	Adequate use of fundings. Indicator: NGOs reports.	Yes.	N/A
		Maria Eugenia Lemos Fernandes, MD MPH – ASF Executive Director			Effectiveness of implemented projects Indicator: Impact indicators from the projects.	Yes.	N/A

OBJECTIVE 4: Reporting and Dissemination	4.1 Reports	Silas Pereira Barbosa Junior, MD, PhD – ASF STD/AIDS Project manager.	EJAF	November, 2008 Dezembro, 2009	N/A	N/A	N/A
		Ana Paula Ferreira Trindade - ASF STD/AID Project Assistant Ivan Gouveia Fini, ASF Finance Director Maria Eugenia Lemos Fernandes, MD MPH – ASF Executive Director			N/A	N/A	N/A
	4.2 Dissemination	Silas Pereira Barbosa Junior, MD, PhD – ASF STD/AIDS Project manager.	N/A	From June 2008	Dissemination of experiences from the projects. Indicator: number of communications, abstracts, conferences.	3 Poster of other NGOs in partnership with EJAF were exhibited at the "XVII International AIDS Conference" Mexico City, 3-8 August, 2008	N/A
		Ana Paula Ferreira Trindade - ASF STD/AID Project Assistant Ivan Gouveia Fini, ASF Finance Director Maria Eugenia Lemos Fernandes, MD MPH – ASF Executive Director			N/A	Yes.	N/A

Appendix 1. Dissemination




XVII INTERNATIONAL AIDS CONFERENCE

AIDS 2008 3-8 August 2008 | Mexico City


Universal Action Now

The niche of Elton John AIDS Foundation in funding projects in Brazil: a five-year experience


Silias Pereira Barbosa Jr., MariaEugenia Lemos Fernandes, Tatiana Plucienick Dowbor
Associação Saúde da Família – São Paulo – Brazil




PRIMO – Hair reduction




Top: ALM – Bakery
Bottom: GAPA2 – On AIDS




Top: GDA – AIDS Campaign
Bottom: RILARETA – The Voice of AIDS



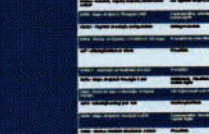
Top: ELABE WEAVER – Income Generation
Bottom: GTPUS – Training Nutrients



SWAMP – Bank Opening the doors of SUS



AFROCE – Prevention with prostitutes



FLORE STAN FERNANDES – Bank of Condoms for teenagers

Introduction

As the major HIV/AIDS project donors move their actions to poor regions in Asia and Africa and in spite of the great success of the Brazilian National AIDS Program, the need for funding projects in Brazil still remains, particularly small projects that contribute to trigger joint actions from the public, private and third sectors. The Elton John AIDS Foundation (EJAF) has been sponsoring small projects in Brazil with the aim of developing new strategies and methods to benefit people living with HIV/AIDS in Brazil. Associação Saúde da Família (ASF), a NGO based in São Paulo, Brazil acted as EJAF's Umbrella Institution in Brazil to fund and monitor small NGOs projects. During a five-year period 24 small projects were carried out in close cooperation with NGOs. In addition, EJAF sponsored projects for the production of books on HIV/AIDS prevention and the project Constructivist Role play of AIDS. In 2008 (year-6) three ongoing projects were implemented.

Method

EJAF's International Small Grant Fund (ISGF) initiative was disseminated to more than 100 NGOs in Brazil working with HIV/AIDS and reproductive health. Proposals funded were selected through a competitive process conducted by ASF and EJAF. Before selection process ASF conducted a workshop with NGOs in the States of São Paulo and Ceará to discuss EJAF-ISGF project goals and objectives. A total of \$144,000 was donated by EJAF to NGOs and other partners to implement projects in Brazil.

Results



A total of 1,940 people were trained in a variety of HIV/AIDS prevention skills in 202 workshops and E2 meetings. A total of 110,000 male and female condoms and 4,050 prevention kits were distributed during the project interventions. Several prevention materials and three books were produced and distributed. Approximately 16,300 people were benefited.

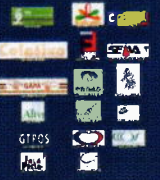
Conclusion

EJAF-ISGF small grant initiative was extremely important to complement and trigger major initiatives in the prevention of HIV/STD in Brazil. Furthermore, small grants can be a relevant strategy to implement effective, innovative, sustainable and flexible small projects targeting the most vulnerable groups.

Projects funded by EJAF in Brazil (2003-2008)

Project Name	Location	Start Date	End Date	Status
PRIMO	São Paulo	2003	2008	Completed
ALM	São Paulo	2004	2008	Completed
GAPA2	São Paulo	2004	2008	Completed
GDA	São Paulo	2005	2008	Completed
RILARETA	São Paulo	2005	2008	Completed
ELABE WEAVER	São Paulo	2005	2008	Completed
GTPUS	São Paulo	2005	2008	Completed
SWAMP	São Paulo	2006	2008	Completed
AFROCE	São Paulo	2006	2008	Completed
FLORE STAN FERNANDES	São Paulo	2006	2008	Completed





XVII INTERNATIONAL AIDS CONFERENCE

3-8 August 2008 | Mexico City

Universal Action Now



Empowering HIV/AIDS patients to maintain access to antiretroviral therapy and treatment in Brazil

Aurea Celeste da Silva Abbade*, Fátima Baião*, Maria Eugênia Lemos Fernandes[†]*, Silas Pereira Barbosa Jr. **

*GAPA-SP Grupo de Apoio a Vida - São Paulo - Brazil

**Associação Saúde da Família - São Paulo - Brazil

Elton John AIDS Foundation - London - England

Background:

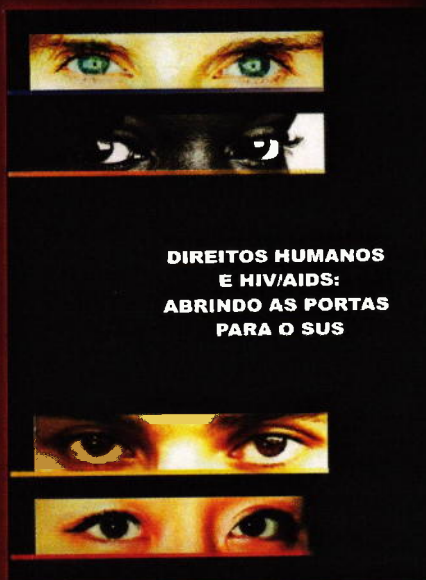
The Unified Brazilian Health System (SUS) program for HIV/AIDS has been very successful due to prevention actions, government support, free and universal access to treatment and medication and the interaction of the third sector through local and international institutions. However, a sustained access to antiretroviral therapy to people living with HIV/AIDS remains a challenge, particularly for poor and uninformed population.

Methods: With the support of Elton John AIDS Foundation and Associação Saúde da Família, experts' guidelines and material from the experience of GAPA - SP (Grupo de Apoio e Prevenção a AIDS - São Paulo) were collected and compiled into a book "Opening the doors of SUS". The book is a clear guide that show step-by-step on how to get legal support in order to obtain medication, especially new antiretroviral drugs, as a legal right. In addition, it provides orientation concerning adoption of children living with HIV/AIDS and how PLWAs can access public services for education, health, justice and welfare.

Results: A total o 2000 books were initially printed and that will benefit lawyers and legal operators, NGOs and particularly people living with HIV/AIDS. The material has been distributed to people living with HIV/AIDS, the Judge's Association of São Paulo, AIDS NGOs, the Forum of the State of São Paulo, the Ministry of Health, the Ministry of Justice, the Brazilian Bar Association and the Brazilian Lawyers Network for Human Rights.

Conclusion:

This is a unique guideline for PLWAs, which will provide step-by-step information on how to obtain sustained treatment and care in public services in Brazil, providing orientation for an intersectoral approach to the AIDS epidemic in Brazil.



Book " HUMAN RIGHTS AND HIV/AIDS: OPENING THE DOORS OF SUS"

Our mission
Let's open the doors of SUS
We want medicine, the right to study, work and a lot of chances from now to then
How to get it?
The SUS and the relationship with HIV
How to get it?
Women and the SUS
How to get it?
The protection and the SUS
AIDS in the SUS
The medical transformation: how changes related to gender identity and the SUS
Coping with the SUS
AIDS in the SUS
Agreements, ethics and AIDS: understanding medicine's vulnerability
HIV/AIDS in the SUS
HIV/AIDS in the SUS
HIV/AIDS in the SUS



www.associaoesaude.org



www.ajef.org



www.gapasp.org.br



XVII INTERNATIONAL AIDS CONFERENCE

3-8 August 2008 | Mexico City

Universal Action Now

HIV/AIDS/STI Prevention: Reaching Youths using an intersectorial approach in Diadema, Brazil

Epaminondas Cordeiro de Mendonça Neto*, Maria Eugénia Lemos Fernandes**, Silas Pereira Barbosa Jr.**, Tatiana Plucienick Dowbor**

**Associação Saúde da Família – São Paulo – Brazil
*Fundação Florestan Fernandes – São Paulo – Brazil

Issues

Diadema is a dormitory city of São Paulo: 368,000 people living with an average monthly income of less than 200 USD; 33% of childbirths involve adolescents; 12th place in the HIV/AIDS rank of state of São Paulo. As in other situations involving social violence, adolescents are extremely vulnerable to this reality as it jeopardizes their health development and survival. The objective of this project was to reduce the incidence of HIV/AIDS/STDs and unwanted pregnancy in Diadema among youngsters aged 13-25 years.



Sports activities and condoms distribution

Description

A sensibilization initiative with training of 360 health care providers and community leaders was conducted by community board composed by the municipal departments of health, education, sports, culture, social assistance, local community leaders, third and private sectors and volunteers. Several actions were conducted including door to door assistance by the family health teams, cultural, sports and education events and community interventions. Initial figures show that a total of 47,000 adolescents were repeatedly reached (64.3% for more than three times). Other process indicators include the distribution of 47,000 condoms and conduction of 518 activities/events. Accomplishments include the implementation of an outpatients clinic to refer adolescents for treatment and care in the north region of Diadema and reduction of pregnancy rates in adolescents from 33% to 17.6% over a period of one year.



Sports activities

Lessons learned

1. project teams need to exercise leadership based in political and technical support; 2. project participants from different sectors need to be recognized, including political ownership for implementation and sustainability of projects; 3. individual behaviors may influence the overcome of the project, e.g. difficulty to share credits with partners, donors and work colleagues



Lecture



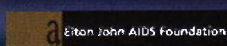
"Bank of Condoms" for adolescents

Next steps

This project exemplifies the success attained with joint efforts from the public sector, third sector institutions and the organized community and should be replicated in cities with similar situation and problems.



www.saudeclafamilia.org



www.ejafuk.org



www.florestan.org.br



www.diadema.sp.gov.br



Elton John AIDS Foundation

1 Blythe Road, London W14 0HG - Tel: +44 20 7603 9996

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Please complete each section of this form FULLY and IN ENGLISH
NOTE: Only provide one copy of your report, unbound and not stapled

Your Letter of Agreement will stipulate by which date your report is due. If you are unable to complete any section of the form or have any specific problems completing your report, please indicate why. You may provide supplementary information as appropriate.

GENERAL INFORMATION

1. Name of Organisation:

INSTITUTO CULTURAL BARONG

2. Project Title to which this report relates:

Barong's Mobile Unit – Promoting STD/HIV/AIDS Prevention in Public Squares

3. Telephone No:

+55 11 3205-1019

Fax No:

+55 11 3081-8406

Email address:

barong@uol.com.br

4. Report prepared by:

Marta Mc Britton

Position:

President

5. Type of Report (interim/final):

Final

6. Report Period:

From: September, 2008

To: December, 2009

7. Date of Report: February 17th, 2010 **Signature:** _____

For Office Use Only:

Database Noted: _____ Acknowledgement Sent: _____

Reviewed by: _____ Date: _____

_____ Payment of _____ Approved by: _____ Date: _____



FINAL REPORT – INFORMATION REQUIREMENTS

8. Executive Summary (maximum ½ a page):

- This section highlights the major activities of the project funded: results, constraints, findings, recommendations etc. It should contain major points from the rest of the report and function as “stand-alone” summary of the project funded. Please include statistics on the number of direct or indirect beneficiaries of the project, where applicable.

Barong, a NGO established in 1995, uses a mobile unit with a group of trained professionals to address people on the streets with the aim of raising awareness on sexual and reproductive health among them. To intensify the work in Sapobemba, Barong proposed to increase the number of visits in the community. Barong's team uses specific communication techniques to encourage people to seek public health services to have HIV, hepatitis, and syphilis tests as well as to have a diagnosis and get treatment for STDs. Whenever people see the mobile unit with health agents, they request other health information and sometimes they also complain about the quality of public health services they receive. During the Project, Barong fights for the health related rights to which Brazilian citizens are entitled.

In Sapobemba there is a significant number of TB cases, so the project also provides information on TB.

The NGO worked with the public health services in specific campaigns, like Rapid HIV testing.

Barong was invited to work in the region in 2010 as we had already established partnerships with schools, other young organizations and public services during the activities performed in 2008/2009.

During the activities, Barong distributed more than 125.000 folders, provided access to the services to a total of 134480 people and contacted another 9.900 people personally.

9. Description and Implementation of Project (maximum ½ a page):

- As per your Project Report Table, if there are any areas that you feel are not sufficiently covered by this table (such as unanticipated outcomes, changes in the local context or your organisation) please outline them briefly here.

The institution encouraged information exchange and a reflection on **STDs/HIV/AIDS**, TB and HIV/TB co-infection within the community and among local health care professionals and our team of professionals. Our team performed visits with our mobile unit, in addition to lectures, workshops, distribution of educational materials, counselling, psychological care and referrals. Barong also pursued the participation of professionals from local healthcare services, and often worked in conjunction with them.

The actions carried out in partnership with these services, particularly in the Campaigns “Teste Rápido” (Rapid test) had positive results. Referrals of assays for detection of bacilli to specialized services were also positive. Visits to schools were performed in partnership with local primary health care Units (UBSs) and with the SAE – Hebert de Souza – Betinho, in addition to workshops specifically addressed to women and young people on probation.

10. Management of Project:

- Describe any changes in staffing, budget or project duration between original application and actual implementation. Please also list any contributions – cash or in-kind – to the project, including collaboration with other agencies.

The behavioural intervention projects or programs are dynamic and it is often needed to adapt them to the contingencies, regardless of the initial planning. In this Project specifically, we expanded the mobile unit's actions, gave lectures in shelters for young people and met a specific demand – to assist the Hispanic population living in clandestinity in the target region of the Project. We also identified the need to address HIV-TB co-infection.

11. Budget

- Supply a table detailing actual spend on each line item over the total grant period against projected spend (as per the budget submitted with your original application). Please note reasons for any differences between projected and actual spend.
- Please note:** Reallocation of funds within the programme need to be approved in writing by EJAF.

CATEGORY	BUDGET				1 st REPORT	2 nd REPORT	TOTAL EXPENSES	PROJECT BALANCE
	EJAF CONTRIBUTION (STERLING)	OTHER CONTRIBUTIONS (STERLING)	SUBTOTAL (STERLING)	SUBTOTAL (BRAZILIAN REAL)	(BRAZILIAN REAL)	(BRAZILIAN REAL)		
Activities w/ mobile unit - field actions								
Daily allowances for operation technician and mobile unit driver	820.00		820.00	2,520.43	960.00	1,828.84	2,788.84	-268.41
Daily allowances for the psychologist for field actions with the mobile unit	820.00		820.00	2,520.43	960.00	1,950.87	2,910.87	-390.44
Daily allowances for the art teacher for field actions with the mobile unit	820.00		820.00	2,520.43	960.00	937.08	1,897.08	623.35
Daily allowances for the art teacher for field actions with the mobile unit	1,400.00		1,400.00	4,303.18	1,800.00	1,810.04	3,610.04	693.14
Gas for 24 actions with the mobile unit	550.00		550.00	1,690.54	560.00	572.67	1,132.67	557.87
Food for the team	350.00		350.00	1,075.80	592.40	156.18	748.58	327.22
Folder printing for promoting Barong and the institution's work. About sexual and reproductive health - 7000 folders	1,110.00		1,110.00	3,411.81	4,640.00	0.00	4,640.00	-1,228.19
03 banners promoting the work with sponsors' logomarks	130.00		130.00	399.58	140.00	0.00	140.00	259.58
Equipped mobile unit for project's arrangement.		14,173.00	14,173.00	43,563.55	43,563.55	200.10	43,763.65	-200.10
Office infrastructure (light, telephone, rent)		2,834.78	2,834.78	8,713.26	4,356.63	4,356.63	8,713.26	0.00
Company hired for the institutions accounting		1,275.65	1,275.65	3,920.97	1,960.48	1,960.49	3,920.97	0.00
Social market actions in the area financed by AIDS state program for a 2-year period		19,843.46	19,843.46	60,992.84	15,248.21	45,544.53	60,992.84	200.10
TOTAL	6,000.00	38,126.89	44,126.89	135,632.82	75,741.27	59,317.43	135,058.70	574.12

12. Lessons Learned/Recommendations (maximum 1 page):

- Describe any lessons learned or broad implications of the project's results and provide any recommendation for follow-up and future activities or interventions.
- Detail any qualitative data or information that did not fit into the Project Report Table (such as unexpected outcomes).

Barong has been using its adapted mobile unit to serve the population in open areas for 13 years and we see positive results with this strategy after every action performed. There are several reasons for these positives results other than the team communication technique which is constantly refined: we observe that the lack of time, the long distances people have to travel to get to the place of work, school, etc, in a large City generate a feeling that the time is being "stolen" and cause stress. These create barriers that keep people apart from health care services and preventive health. In this sense, to be literally on the road makes the access to information easier and may function as a facilitator for referrals to services.

13. Materials/Products:

- List the key materials/products developed for this project and, where appropriate, quantities.
- List the key communication materials developed for this project, e.g. photographs, video etc.

In this second phase, the only materials acquired were the counter to measure more accurately the population served.

14. Future Plans:

- Please outline how the programme hopes to develop and if appropriate, what arrangements exist in respect of operational and financial planning to ensure its sustainability.

The connection between Barong and the population of Sapobempa and surrounding areas is strong and the demand for our services is constant. The Project partially financed by Elton John Aids Foundation has actually become a program and the Institution is seeking resources to make it feasible, such as selling products (condoms, condom holders and other) and searching for new companies to support it.

15. Future Grant Application

- If you intend applying for a further grant, please **DO NOT** include a grant application with your report, please contact the Foundation's Grants Department to discuss your future grant requirements.

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Overall Aim of project: Decrease the incidence of STD/HIV/AIDS and unwanted pregnancy, and to provide information on sexual and reproductive health.

Table prepared by: Marta Mc Britton

Table prepared by: Marta Mc Britton

Date Prepared: 17/02/2010

Reporting Period: September 2008 - December 2009

Objective	Activities	Undertaken by	Type and number of target beneficiaries reached	Timeframe	Actual output	Expected output = actual output?	Any resulting action?
					Actual impact	Expected impact = actual impact?	Any resulting action?
<i>List objectives exactly as set out in your application</i>	<i>List activities exactly as set out in your application</i>	<i>List the people who organised ran the activity</i>	<i>List which groups were targeted (e.g. girls aged 16-24) and how many people actually benefited from the activity</i>	<i>Detail the actual timeframe of the activity e.g. undertaken between ..., evaluated on ...</i>	<i>Detail actual <u>output</u> of activity, measured as set out in your application</i>	<i>If the actual <u>output</u> differs from the expected output (as predicted in your application) please explain the reasons for this.</i>	<i>Has any action been taken or is any planned in order to address issues raised in the previous column</i>
					<i>Detail actual <u>impact</u> of activity, measured as set out in your application</i>	<i>If the actual <u>impact</u> differs from the expected impact (as predicted in your application) please explain the reasons for this.</i>	<i>Has any action been taken or is any planned in order to address issues raised in the previous column</i>
1- Decrease the incidence of STD/HIV/AIDS and unwanted pregnancy, and to provide information on sexual and reproductive health.	1.1 24 field actions	1 operation technician and mobile unit driver/ 01 psychologist/ 01 art teacher/ 02 health agents and volunteers.	Population in general (underserved) - face-to-face service 9,900 people (expected 7,200). - 3,500 young people and adolescents reached - estimated passerby people = 134,480 - 5,800 women reached directly - 122,000 leaflets distributed (including 22,250 leaflets produced especially for the intervention) - 17,500 condoms distributed	33 field actions undertaken (Expected =24); September/08 (3), October/08 (5); November/08 (2), December/08 (1), January/09 (2), February/09 (3), March/09 (3), May/09 (2), June/09 (3), July/09 (1), August/09 (5), September/09 (1), November (1), December (1).	33 field actions undertaken including a. Exhibition of videos about sexual health during the mobile unit action, with further discussions conducted by the team with the population; b. Safe-sex workshops; c. Contests about sexual and reproductive health; d. Counselling; e. Referral for HIV, STD, hepatitis and VDRL tests; f. Damage reduction workshops; g. Access to condoms; h. Distribution of education leaflets.	N/A	N/A
					The final analysis of data showed a increase of 18% in the number of appointments at referral centre accounting for a simultaneous increase in HIV/Syphilis testing and positive cases identification as well as increase in the number of patients vaccinated for Hepatitis B.	The unexpected augment in the number of appointments at referral centre was due to many concomitant actions carried out by different institutions in the region of the field actions. The joineffort had excellent impact on the population, although individual assessment of each project output and impact was not possible.The Barong's intervention continues to work in the same local, trying news alternatives as sustainability.	N/A



Elton John AIDS Foundation

1 Blythe Road, London W14 0HG - Tel: +44 20 7603 9996

GRANT REPORT COVER SHEET

(Please copy and attach this top sheet to subsequent report documents and return to stephen.crawford@ejaf.com)

Please complete each section of this form FULLY and IN ENGLISH
NOTE: Only provide one copy of your report, unbound and not stapled

Your Letter of Agreement will stipulate by which date your report is due. If you are unable to complete any section of the form or have any specific problems completing your report, please indicate why. You may provide supplementary information as appropriate.

GENERAL INFORMATION

1. Name of Organisation:

GIV – GRUPO DE INCENTIVO A VIDA

2. Project Title to which this report relates:

SOLIDARY CAREGIVER

3. Telephone No:

+55 11 5084-0255

Fax No:

+55 11 5084-6397

Email address:

giv@giv.org.br

4. Report prepared by:

Hugo Hagström

Position:

Coordinator

5. Type of Report (interim/final):

Final

6. Report Period:

From: September, 2008

To: December, 2009

7. Date of Report: February, 12th, 2010

Signature: _____

For Office Use Only:

Database Noted: _____ Acknowledgement Sent: _____

Reviewed by: _____ Date: _____

_____ Payment of _____ Approved by: _____ Date: _____



FINAL REPORT – INFORMATION REQUIREMENTS

8. Executive Summary (maximum ½ a page):

- This section highlights the major activities of the project funded: results, constraints, findings, recommendations etc. It should contain major points from the rest of the report and function as “stand-alone” summary of the project funded. Please include statistics on the number of direct or indirect beneficiaries of the project, where applicable.

We observed that people's attitudes towards their own lives improved through the involvement in the Project. These people now act as agents capable of conducting their own treatments and not only as patients. This was only possible because of the better physician-patient interaction achieved. Most people who sought the assistance of a caregiver again reported that he/she served as a starting point to enable them to leave behind the stagnation and abandonment in which they lived and little by little allowed them to believe in themselves and have a social life again. This was showed by the number of people indicated by the Project to participate in groups created to promote compliance at the Reference centres and in the activities addressed to PLHA carried out by GIV (groups to discuss therapeutic experiences, and dancing, Reik, therapeutic massages, birthday party, etc). The caregivers also had a prominent role in the interaction with the nursing, social workers and mental health departments as well as with the medical team by collaborating with the processes of transferring patients to hospitals and reference centres with better technical support.

As the Project is based on providing care with the consent from the patients attended and as some of them refuse to share their stories, hopes and problems, the work of the caregivers is not always easy to accomplish. However, we notice that as the Project progresses many people who were resistant at the beginning end up establishing a connection with the caregiver and with the proposed activities (observed during 5 years of Project). In this sense, a 48.1% increase in the number of patients cared for was observed compared to the outpatient's setting and a 304.3% increase was seen compared to hospitalized patients. Based on the above figures, there is a need to develop a plan to increase the number of caregivers to meet this new demand, including the expansion of this work to other Reference Centres.

Therefore, we understand that the Project is critical for PLHA and for the interaction processes among patients, physician and health care providers.

9. Description and Implementation of Project (maximum ½ a page):

- As per your Project Report Table, if there are any areas that you feel are not sufficiently covered by this table (such as unanticipated outcomes, changes in the local context or your organisation) please outline them briefly here.

Some goals of the Project were completely achieved. The first goal is related to the activity of escorting patients to perform lab tests. One of the main testing centres for PLHA had difficulties last year with equipment in constant maintenance or not in use (endoscopy, bronchoscopy and colonoscopy equipment). These problems had direct impact on the Project's activities which corresponded to only 62.5% of the expected number of patients attended. On the other hand, the caregivers were in constant contact with the patients, advising them to report the problems to the Management board and Ombudsman of the Reference Centres in order to have them solved.

The second fully achieved goal relates to the number of patients attended at the Day Hospital. We concluded that the number of people attended (58.3% of the anticipated goal) was due to a better compliance to the treatments and also to the new generation drugs used.

Regarding the workshops, it was difficult to match the days and times with the participant's working and school hours. Initially, the workshops were scheduled to be performed during the week, but this was in conflict with the participants working and school hours. Although the workshops were fully booked, a high number of absences was observed. Several attempts to adapt the times and days for the workshops were made during the course of the Project. Finally, we realized that these workshops would have to be performed at the weekends to avoid conflicts. With this change, the number of participants increased. Due to these changes, the topic of the last two workshops "Sexuality" and "Prejudice" had to be addressed on the same day, with addition of one hour in the total workshop time.

10. Management of Project:

- Describe any changes in staffing, budget or project duration between original application and actual implementation. Please also list any contributions – cash or in-kind – to the project, including collaboration with other agencies.

There were no changes in the team. However, there was a change in the total amount of money available for the Project due to the difference in the exchange rates between the date of the project submission and the date of the actual money transfer to GIV. This difference was reflected in the end of the Project which run out of funds. In order allow the continuity of the work, both the coordinator and technical supervision provided part of their cost living allowances to complement the amount received by the caregivers.

Another Organization, Solidarité-Sida, provided funds to finance 3 caregivers who work in other 3 Reference Centres.

11. Budget

- Supply a table detailing actual spend on each line item over the total grant period against projected spend (as per the budget submitted with your original application). Please note reasons for any differences between projected and actual spend.
- Please note:** Reallocation of funds within the programme need to be approved in writing by EJAF.

CATEGORY	BUDGET				1 st REPORT	2 nd REPORT	TOTAL EXPENSES	PROJECT BALANCE
	EJAF CONTRIBUTION (STERLING)	OTHER CONTRIBUTIONS (STERLING)	SUBTOTAL (STERLING)	SUBTOTAL (BRAZILIAN REAL)	(BRAZILIAN REAL)	(BRAZILIAN REAL)		
Activities 1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7 – expense allowance and transportation of caregivers	2,190.00		2,190.00	6.731,40*	2,800.00	4,200.00	7,000.00	-268.60
Activity 1.6 - 1000 Leaflets for distribution (production and printing)	282.00		282.00	866,78*	1,000.00	0	1,000.00	-133.22
Activity 2.1 – Expense allowance ref. to technical-practical supervision (psychologist)	1,556.00		1,556.00	4.782,68*	2,000.00	2.500,00	4,500.00	282.68
Activities 2.1; 2.2; 2.3 – ref. to project's coordination and financial management.	1,972.00		1,972.00	6.061,34*	2,320.00	3,279.58	5,599.58	461,76
Activity – bimonthly workshops		252.10	252.10	774.88*	300.00	600.00	900.00	-125,12
TOTAL	6,000.00		6,252.10	19,217.08*	8,420.00	10,579.58	18.999,58	217,50

"NOTE: A total account-maintenance fee of R\$ 471.00 (R\$ 35.00 monthly from September 2008 to February 2009 and R\$ 37.00 monthly from March to August 2009) was charged and this sum was not included in initial budget and in the above worksheet but were debited from the Project's bank account.

* These values were lower than the estimates due to the fall of the British pound against the Brazilian Real.

12. Lessons Learned/Recommendations (maximum 1 page):

- Describe any lessons learned or broad implications of the project's results and provide any recommendation for follow-up and future activities or interventions.
- Detail any qualitative data or information that did not fit into the Project Report Table (such as unexpected outcomes).

Through dedication and professionalism the Project has been gaining credibility among medical and nursing teams, health care professionals and people attended by the project in the target areas. In addition, it was shown that it is fundamental to continue the work to expand the results and to learn to recognize the difficulties that PLHA face and thus enable us to minimize them. We observed a number of cases where people showed a positive theoretical approach to life at first but which was not reflected in practice and in the tests results; or people who were clearly fragile but refused to take steps to improve their lives. Only with the continuity of the Project and persistence of the health care providers it is possible to change these negative scenarios.

The importance of providing HIV related information was also clear. There is no doubt that there is a high need of information and when this information is provided a higher level of awareness is seen among those who receive it resulting in a change in the way they conduct their treatments, and therefore, to an improvement in their quality of life. In addition, we observed that in many circumstances where PLHA feel depressed and isolated and apparently not willing to proceed with their lives, a person to encourage them to give the first step back to their social, work and family life would be of great help.

The families also benefit from it as they see the progress of their loved ones and feel encouraged to participate in this progress and to contribute to the treatment. In many occasions, the families also seek the institutions to get information on HIV/AIDS in order to deal with their own realities and through this information they are able to fight myths, prejudice and fears.

We have learned that the global impoverishment of people affected by the AIDS epidemics interfere with compliance to HIV/AIDS treatment and create barriers and difficulties that are beyond PLHA's capabilities. For example, some people receive medication that must be stored in the refrigerator but don't have one in their homes or people who need to get medication or go to appointments but don't have physical or financial conditions to go the health care centres. Again, information is critical as it enables people to discuss with their doctors the best way to get treatment in view of these difficulties or to seek the assistance of a social worker to find an alternative means of transportation. In many cases, PLHA were not aware of these alternatives.

In conclusion, we plan to divide the caregivers in two smaller groups and hold two supervision meetings of 1:30 h each instead of one meeting of 2:30h. This measure aims to facilitate the psychologists, coordinators and caregivers work, and allow a greater interaction within the group.

In parallel, we are mapping other NGOs in the City of São Paulo to join the Project and thus facilitate access and participation of people from other areas. This will allow people to seek these units to get information or to participate in HIV/AIDS related activities without having to make long journeys.

13. Materials/Products:

- List the key materials/products developed for this project and, where appropriate, quantities.
- List the key communication materials developed for this project, e.g. photographs, video etc.

A thousand (1000) folders containing information on the project were produced to be divulged at the GIV and by caregivers at the reference centres.

14. Future Plans:

- Please outline how the programme hopes to develop and if appropriate, what arrangements exist in respect of operational and financial planning to ensure its sustainability.

We intend to continue the Project development through constant team motivation and seeking funding from international agencies. Simultaneously, GIV is alert to National competitive biddings promoted by the State Government to finance Projects related to HIV/AIDS. Currently, we had a favourable opinion regarding a partnership with the Municipal Department of Health for partial financial support of the Project until 2010.

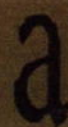
15. Future Grant Application

- If you intend applying for a further grant, please **DO NOT** include a grant application with your report, please contact the Foundation's Grants Department to discuss your future grant requirements.

Project Report Table for the Elton John AIDS Foundation

Name of Organisation: Grupo de Incentivo à Vida					Name of Project: Solidary Caregiver		
Overall Aim of project: Psychosocial support to people living with HIV/AIDS in STD/AIDS Treatment Centre in the City of São Paulo (use a separate sheet for each aim)					Table prepared by: Hugo Hagström		
					Date Prepared: 25/01/2010		
					Reporting Period: September 2008 - December 2009		
Objective	Activities	Undertaken by	Type and number of target beneficiaries reached	Timeframe	Actual output	Expected output = actual output?	Any resulting action?
					Actual impact	Expected impact = actual impact?	Any resulting action?
<i>List objectives exactly as set out in your application</i>	<i>List activities exactly as set out in your application</i>	<i>List the people who organised ran the activity</i>	<i>List which groups were targeted (e.g. girls aged 16-24) and how many people actually benefited from the activity</i>	<i>Detail the actual timeframe of the activity e.g. undertaken between.... evaluated on...</i>	<i>Detail actual <u>output</u> of activity, measured as set out in your application</i>	<i>If the actual <u>output</u> differs from the expected output (as predicted in your application) please explain the reasons for this.</i>	<i>Has any action been taken or is any planned in order to address issues raised in the previous column</i>
					<i>Detail actual <u>impact</u> of activity, measured as set out in your application</i>	<i>If the actual <u>impact</u> differs from the expected impact (as predicted in your application) please explain the reasons for this.</i>	<i>Has any action been taken or is any planned in order to address issues raised in the previous column</i>
1- Psychosocial support to people living with HIV/AIDS or their relations in the City of São Paulo	1.1 Outpatient visits for the caregiver in waiting room: Individual approach for the presentation of the Project and of the organisations involved; information and counselling on HIV/AIDS.	2 Caregivers in the two Reference Centres	630 people at the waiting rooms of the Reference Centers.	Undertaken from October, 2008 to December, 2009.	To create a positive relationship between people addressed in waiting rooms and caregivers as well as a positive outcome in the process of living with HIV/AIDS. Indicator: A report produced by the caregivers showing the number of individuals. Actual number 630/Expected number = 380	There was a large increase in the number of people seeking the services offered by the Project through indication of people already involved in it and also through indication of health care professionals. There was also a large number of people returning to the site to ask questions regarding HIV/AIDS and on how to improve quality of life.	Caregivers motivated and with updated information on HIV/AIDS during weekly supervision visits with the psychologist and coordinator.
					70% of the individuals addressed in the waiting rooms seek the caregiver again to get more information regarding treatment and quality of life. Report presented by the caregivers under supervision. Actual percentage 70% (expected 70%)	YES	N/A
	1.2 Appointments with the caregivers at the Reference Centers' Day Hospital - Individual follow-up to encourage patients to comply with the whole treatment. Performed upon request of the health team or the patients themselves	2 Caregivers in the two Reference Centers Day Hospitals	Follow-up of specific treatment compliance of 7 individuals.	Undertaken from October, 2008 to December, 2009.	The individuals at the Day Hospital were encouraged to face their difficulties and comply with the ongoing treatment. Indicator: reports presented by the caregivers under supervision. Actual number 7/Expected number = 12	No, since there was decrease in the number of Day Hospital patients due to greater efficacy of ART.	N/A
					90% the individuals followed-up finish their started treatments. Indicator: reports presented by the caregivers under supervision. Actual percentage 100% (expected 90%)	YES	N/A
	1.3 Appointments with the caregiver in home visits - upon request from the Reference Centre or the individuals themselves.	2 caregivers for home visits for individual who need it.	19 individuals followed-up and receiving temporary support in their daily activities.	Undertaken from September, 2008 to December, 2009.	The individuals followed - up in these home visits realize that their temporary difficulties can be overcome. Actual number 19/Expected number = 8	Awareness was raised on the importance of treatment compliance and of being able to react when facing difficulties.	During the supervision sessions, the caregivers were instructed to reinforce the motivation process whenever people returned to the Reference Centre.
					90% of the individuals followed - up return to the Reference Centre to continue the treatment. Actual percentage 84% (expected 90%)	YES	N/A
	1.4 Appointments with the caregiver during hospitalizations - individual approach authorized by the Reference Centre to provide emotional support to individuals admitted in hospital and who are willing to receive this support. The caregiver acts as a escort for the hospitalized patient, also helping the nurses with the daily treatment of this patient.	2 Caregivers in the two Reference Centers.	283 individuals followed-up and motivated during the period of hospitalization.	Undertaken from September, 2008 to December, 2009.	The admitted patients feel motivated during the hospitalization period and to deal with their disease in a better way. Indicator: reports presented by the caregivers under supervision. Actual number 283/Expected number = 70	Awareness was raised on the importance of treatment compliance.	The caregivers started a follow-up program to continue the motivation process with these people.
					80% of the followed - up individuals comply with treatment and are motivated to face the difficulties related to HIV/AIDS. Indicator: reports presented by the caregivers under supervision. Actual percentage 80% (expected 80%)	YES	N/A

	1.5 Presence of a caregiver during tests which require the presence of another person – requested by the patients themselves or by health professionals.	2 Caregivers in the two Reference Centers or wherever the test is performed	50 individuals/ followed-up during tests which require a caregiver to be present.	Undertaken from September, 2008 to December, 2009.	The individuals followed-up perform the tests needed to proceed with treatment. Actual number 50/Expected number = 80.	No, upon request of the Treatment Centres caregivers prioritised activities with hospitalised patients due to increase in admission rates.	N/A
					The tests are performed for a 100% of the followed-up individuals. Indicator: report presented by the caregivers under supervision. Actual percentage 100% (expected 100%)	YES	N/A
	1.6 Distribution of Leaflets - Solidary Caregivers at the GIV headquarters; events promoted by the Reference Units; Psychotherapeutic care; Mutual help meetings	2 Caregivers, Supervisor and Coordinating Psychologist	Directly: 250 individual per month	Undertaken from October, 2008 to April, 2009.	Supportive information on the Project. Actual number 250/Expected number = 167.	YES	N/A
					15% demand increase among the target population. Actual percentage 15% (expected 15%)	YES	N/A
	1.7 Six bimonthly 2 hours workshops, three of them carried out at the GIV and the other three at the Reference Centers served by the Project	Team of the Mental Health Department and GIV professionals	Directly: 86	Undertaken from September, 2008 to December, 2009.	Reflection and discussion of proposed topics: Compliance, sexuality, prejudice, rights and duties of individuals living with HIV, and history of AIDS and activism. Indicator: Assessment of the participants of the workshops. Actual number 86/Expected number = 150.	No, the number of participants was smaller than the number of people enrolled. The reasons were related to working, school and home activities.	The times and days of the workshops were changed in order to meet the needs of those interested in participating.
					70% of the participants feel they have been strengthened by the discussions of the proposed topics, leading to a better understanding of their treatments and of their rights and duties as well as an improvement in self-esteem and in the relationship with their families. Indicator: Assessment of the participants of the workshops. Actual percentage 91% (expected 70%)	YES	N/A
2. Strengthening of the caregiver role	2.1 Theoretical and practical supervision of the services provided by the caregivers.	Psychologist responsible for the supervision and coordination of the Project	Directly: 2 caregivers. Indirectly: 884 individuals cared for in the project.	Undertaken from September, 2008 to December, 2009.	Sharing of knowledge, experienced and difficulties aiming to provide a better emotional support in the situation faced by the caregivers. Indicator: Report by professional responsible for the supervision.	YES	N/A
					100% of improvement in the quality of care provided by the caregivers. Indicator: Quantitative and qualitative reports of the Project's activities.	YES	N/A
	2.2 Interface with the responsible for the Centres served; advertising and presentation of the Project and caregivers.	Project Coordinator	Directly: 2 caregivers. Responsible for the care locations.	Conclusion of the first month of the Project	Introduction of the caregivers to the coordinating teams of the Units served. Indicator: Report by professional responsible for the coordination.	YES	N/A
					100% of integration among caregivers, the team of the Reference Centres and the population served. Indicators: Report by the caregivers, technical supervision and project coordinator.	YES	N/A
	2.3 Financial management of Project's activities; assessment of the results; quality control of the activities developed during the project.	Project Coordinator	GIV - Grupo de Incentivo à Vida Board of Directors; Financing Organisation	Undertaken from September, 2008 to December, 2009.	Financial control and report according to the determination of the financing organisation.	YES	N/A
					Insufficient funds for the Human Resources Department in the end of the Project.	Oscillations in the Exchange rates resulted in a difference in the second instalment of the amount financed.	The team agreed on a smaller cost living allowance in the last month to enable caregivers to continue their work.



Elton John AIDS Foundation

1 Blythe Road, London W14 0HG - Tel: +44-20-7603 9996

GRANT REPORT COVER SHEET

(Please copy and attach this top sheet to subsequent report documents)

Please complete each section of this form **FULLY** and **IN ENGLISH**

NOTE: Only provide one copy of your report, unbound and not stapled

Your Letter of Agreement will stipulate by which date your report is due. If you are unable to complete any section of the form or have any specific problems completing your report, please indicate why. You may provide supplementary information as appropriate.

GENERAL INFORMATION

1. **Name of Organisation:**

Associação Pact do Brasil

2. **Project Title to which this report relates:**

PositHIVE Results: Building M&E Capacity of NGOs in Sao Paulo

3. **Telephone No:**

(55 21) 3553-0511

Fax No:

Email address:

Av. Treze de Maio, 13 Sala 1609 – Centro
CEP 20031-901 – Rio de Janeiro/RJ

4. **Report prepared by:**

Position:

Lilia Rossi
Laura Murray
Sandra Villegas

Chief of Party
M&E Specialist
Financial Manager

5. **Type of Report (interim/final):**

Interim

6. **Report Period:**

From: March, 1st 2009

To: August, 24th 2009

7. **Date of Report: August, 31 2009**

Signature:

Lilia Rossi

For Office Use Only:

Database Noted: _____ Acknowledgement Sent: _____

Reviewed by: _____ Date: _____

_____ Payment of _____ Approved by: _____ Date: _____



INTERIM REPORT – INFORMATION REQUIREMENTS

8. Executive Summary (maximum length ½ a page):

This section highlights the major activities of the project funded; results, constraints and findings based on the experience and progress during the reporting period. It should note collaboration with other agencies/authorities where applicable. It should also contain major points from the rest of the report, including the number of people reached by this project during the reporting period, and function as “stand-alone” summary of the project funded.

This interim report refers to activities held between March 1 and August 24th 2009 as part of the project, “Positive Results”. The highlight of the period was the realization of 8 M&E workshops with 13 NGOs (GIV, Lua Nova, MAPA, Cefran, AFXB, GADA, Fundação CASA, AMICC, So por Hoje, Hipupiara, APIS, Joana D’Arc, PROEPAD), reaching a total of 48 people. The NGOs included were from 6 municipalities, including Sao Paulo city, São Vicente, Guarujá, São José do Rio Preto, Sorocaba and Praia Grande. The inclusion of NGOs in municipalities outside of Sao Paulo proved to be politically and technically important as these institutions typically receive less attention than those in the larger cities. All of the NGOs included are historically strong and well-respected institutions, and have a total of 21 actions with PLHIV through which they reported reaching 325 PLHIV. Of the 13 institutions, it was the first time that 5 of them had ever received training in M&E. During the workshops, the NGOs decided which pilot tools they would test prior to the follow-up visit later conducted by the workshop facilitator. A total of 5 tools and the stigma and discrimination indicators were agreed upon to be tested during the month following the workshop. One of the major challenges faced in the project, and particularly during this time period, was that many of the NGOs had few projects currently being implemented, making it difficult to pilot test the tools in the short time period they had to pilot test tools. This challenge was also related to the lower number of people participating in the workshops than originally planned, also primarily an outcome of the fact that many of the NGOs had few projects being funded, meaning that their staff and volunteer base was smaller than previously estimated by Pact Brasil. Despite these challenges, the four follow-up visits held thus far in August with 6 institutions showed that the NGOs did pilot test the tools, providing valuable feedback to improve the toolkit which will be revised and printed in the extension provided until December of this year.

9. Description and Implementation of Project (maximum length ½ a page):

As per your Project Report Table - if there are any areas that you feel are not sufficiently covered by this table (such as unanticipated outcomes, changes in the local context or your organisation) please outline them briefly here.

The project report table contains the most important information in terms of the output and impact indicators and adjustments made in the project. Here, we would just like to detail the workshop methodology and didactic and learning materials used to measure our output and impact indicators. As shown in our Workshop Agendas (Attachment I), the workshops were each one day and a half, and covered in the first day theoretical concepts of monitoring and evaluation in addition to participatory exercises focused on reinforcing the concepts covered. The NGOs each developed a Results Framework and M&E Plan as part of group work, and the plans were subsequently reviewed by the facilitator and emailed back to the institutions. In the second day of the workshop, the topic focused on reviewing the draft toolkit and each NGO choosing the tools that would be pilot tested in the time period following the workshop. A pre and post test was also applied, as a way to measure the knowledge levels before and after the workshop and report one of our impact indicators (Attachment II). Directors also filled out a brief questionnaire (Attachment III), which provided indicators reported in our project table related to the number of actions with PLHIV and number of PLHIV reached. Finally, in the follow-up visits conducted, a specific guide was applied to measure the utility of the workshop, suggestions for the tools, and the M&E capacity of the organizations (Attachment IV).

Given the adjustments in our initial time line described in our first interim report, and also the need to postpone some activities foreseen, we delayed some of our follow-up visits, we have included below an updated timeline of our activities for the FY09 and FY10 fiscal years taking into the account the extension provided by the Elton John Foundation:

[illegible]

10. Budget

- Supply a table detailing actual spend on each line item over the reporting period against projected spend (as per the budget submitted with your original application). Please note reasons for any differences between projected and actual spend.

CATEGORY	EJF		
	Budget (£)	Budget Real (R\$)	Expenses (R\$)
Activity 1.1 Selection of NGOs in Sao Paulo, prioritizing those that work with PLHIV, to participate in workshops.			
Project Coordinator	67,88	244,36	
Administrative Assistant			
Administrative costs			
Activity 1.2 Conduct 8 Workshops for 16 NGOs			
Project Coordinator			
Administrative Assistant			
Administrative costs			
Lunch for participants (cost-share)			
Consultant to facilitate workshops (R\$ 630 at 8 workshops)	1.400,00	5.040,00	4.987,59
Workshop materials (CDs, Cards, Markers, Copies) (192 participants at R\$3)	160,00	576,00	480,86
Certificates for participants (192 participants at R\$2)	106,67	384,00	161,00
M&E Guide Printing (192 participants at R\$30)	1.600,00	5.760,00	5.280,90
Coffee Break (192 participants at 2 days at R\$2)	213,33	768,00	1.643,31
Activity 1.3 Conduct follow-up visits with each NGO one month after workshop to monitor their M&E Plans created in the workshops and provide M&E technical assistance.			
Project Coordinator			
Administrative Assistant			
Administrative costs			
Consultant to facilitate workshops (R\$ 315 per 16 NGOs)	1.400,00	5.040,00	
Transportation costs (R\$ 26 at 16 NGOs visits)	115,56	416,00	1.451,63
Activity 1.4 Share results and finalized tool kit with NGO and municipal and state program partners.			
Project Coordinator			
Administrative Assistant			
Administrative costs			
Consultant to present results	87,50	315,00	
End of project event to disseminate tool kit and lessons learned - coffee break (35 participants at R\$ 8)	77,78	280,00	

CATEGORY	EJF		
	Budget (£)	Budget Real (R\$)	Expenses (R\$)
Activity 2.1 Research current tools available for monitoring and evaluation of actions for PLHIV and develop a test toolkit to be pilot tested with NGOs participating in the workshops.			
Project Coordinator	284,53	1.024,32	
Administrative Assistant			
Administrative costs			
Printing and copies	17,78	64,00	
Activity 2.2 Pilot test tools with select NGOs participating in workshops to make final adjustments.			
Project Coordinator			
Administrative Assistant			
Administrative costs			
Copies of test toolkit (16 kits at R\$ 4)	17,78	64,00	45,00
Activity 2.3 Finalize and print toolkit based on observations and feedback collected during monitoring visits to NGOs.			
Project Coordinator	284,53	1.024,32	
Administrative Assistant			
Administrative costs			
Printing of final toolkit (20 kits at R\$ 30)	166,67	600,00	
TOTAL	6.000,00	21.600,00	14.050,29

Notes:

- ✓ Reporting period: September '08 through July '09.
- ✓ Budget in Local Currency presented shows the original approved version, considering Exchange Rate applicable by the time of the proposal submission.
- ✓ Pact will submit a proposal of budget realignment to ASF/EJF, considering the impact of exchange rate's variation on the Project's budget: available funds have been decreased in 18% compared to the approved budget in local currency. To that purpose, economies made along the project will be reallocated as well as interests earned from financial application that ASF/EJF instructed to issue.
- ✓ Expenses highlighted in yellow show difference between projected and actual spend: budgeted EJF contribution for coffee breaks and transportation were not enough to cover the field activities considering that NGOs in Sao Paulo did not have currently other funded projects and that made impossible for them to contribute with the total foreseen cost-share. On the other hand, M&E consultant incurred in more expenses for her visits due to the broader extension reached during the project, including cities like Sao Jose do Rio Preto, Sao Vicente, Praia Grande, Guarujá and Sorocaba, not foreseen originally.

11. Materials/Products:

- List the key materials/products developed or anticipated for this project and, where appropriate, quantities.
- List the key communication materials developed for this project, e.g. photographs, video etc.

Note: The following indicators refer to the life of the project

Key materials produced:

- 1 toolkit developed to be pilot tested in the M&E workshops
- 1 M&E guide, with specific examples for the PLHIV community developed
- 30 copies of the M&E printed
- Didactic and learning materials:
 - Pre and post tests
 - Questionnaire for NGO directors
 - Guide for follow-up visits

Output indicators:

- 13 NGOs defined as project beneficiaries
- 6 municipalities to be reached through workshops (São Vicente, Guarujá, São José do Rio Preto, Sorocaba, Praia Grande, São Paulo)
- 8 M&E workshops held with 13 NGOs
- 48 people reached in the M&E workshops
- 21 actions developed for PLHIV by all of the participating NGOs
- 5 NGOs trained in M&E for the first time.
- 4 follow-up visits held
- 6 institutions reached in the follow-up visits.
- 4 tools (Registration Form (Cadastro), the Data Base, the WHOQOL Quality of Life Survey, KAP survey) and the stigma and discrimination indicators were pilot tested.
- 15 M&E tools identified for work specifically with PLHIV from 9 international NGOs and governmental institutions
- 10 tools adapted and included in the toolkit to be pilot tested during the second semester of the project
- 6 indicators on stigma and discrimination and ways of measuring them included in the pilot toolkit
- 1 consultant hired as project coordinator

Impact indicators:

- 325 PLHIV reached through the actions developed by the participating NGOs
- 80% of the participants who completed the pre and post-test increased their test scores on the post-test.

Project Report Table for the Elton John AIDS Foundation

Name of Organisation: Pact Brasil

Name of Project: Positive Results: Building M&E Capacity of NGOs in São Paulo

Overall Aim of project: Contribute to building an organizational culture of monitoring and evaluation among NGOs in São Paulo, prioritizing NGOs that work with PLHIV.

Table prepared by: Lilia Rossi and Laura Murray

Date Prepared: August 27, 2009

Reporting Period: March 1 - August 24th 2009

Objective	Activities	Undertaken by	Type and number of target beneficiaries reached	Timeframe	Actual output Actual impact	Expected output = actual output? Expected impact = actual impact?	Any resulting action? Any resulting action?
List objectives exactly as set out in your application	List activities exactly as set out in your application	List the people who organised/ran the activity	List which groups were targeted (e.g. girls aged 16-24) and how many people actually benefited from the activity	Detail the actual timeframe of the activity e.g. undertaken between..., evaluated on...	Detail actual <i>output</i> of activity, measured as set out in your application Detail actual <i>impact</i> of activity, measured as set out in your application	If the actual <i>output</i> differs from the expected output (as predicted in your application) please explain the reasons for this. If the actual <i>impact</i> differs from the expected impact (as predicted in your application) please explain the reasons for this.	Has any action been taken or is any planned in order to address issues raised in the previous column Has any action been taken or is any planned in order to address issues raised in the previous column
OBJECTIVE 1: Increase knowledge regarding the development and implementation of comprehensive monitoring and evaluation systems among NGOs who work with HIV/AIDS through dynamic and participatory workshops.	Selection of NGOs in Sao Paulo, prioritizing those that work with PLHIV to participate in the workshops.	Lilia Rossi - Nair Brito - Alessandro Santos	NGOs working with People Living with HIV and AIDS were targeted as part of this project and a total of 13 NGOs were identified as partners for the workshops.	After the meetings held during the first months of the project, Pact continued negotiating with the NGOs and a final total of 14 institutions were identified as partners, including 13 NGOs and one Municipal AIDS Program in April of 2009.	13 NGOs identified as partners for the program. 6 municipalities reached through M&E workshops (São Vicente, Guarujá, São José do Rio Preto, Sorocaba, Praia Grande, São Paulo). 21 actions developed for PLHIV by all of the participating NGOs 325 PLHIV reached through the actions developed by the NGOs.	We planned to reach 16 NGOs and held the workshop with 13 NGOs and one Municipal AIDS Program (Sao Vicente). In the negotiation process with the possible participating institutions, the other NGOs initially identified felt that due to their small number of current projects with PLHIV, the workshop would be less beneficial for their institution at the time the workshops were held. Pact felt it was important to invest in workshops with institutions that would be able to fully incorporate the M&E processes and test the toolkit and as such, decided to hold the workshop with 13 NGOs that expressed interest and an ability to pilot test tools. Given the expressed need for M&E workshops in the municipalities outside of Sao Paulo, we expanded the reach of our program to include 5 other municipalities. The 13 NGOs have a total of 21 actions with PLHIV that reach an estimated 325 people.	We took the necessary actions and the time and are pleased with the results and commitment of the participating institutions. As described in our previous report, we held meetings with all of the necessary political forums to present the project in Sao Paulo and selected the NGOs in the most collective and transparent way possible, ensuring that those who participated were those who were both most interested in addition to being institutions that could truly benefit from our actions.
	Conduct 8 M&E workshops with 16 NGOs.	Facilitators: Nair Brito - Alessandro Santos - Technical Support: Laura Murray	Staff members at NGOs working with People Living with HIV and AIDS. A total of 13 were included and 48 people participated in the 8 workshops held.	8 workshops were conducted from June 22nd through July 14th with a total of 13 institutions, reaching a total of 48 people (see calendar of workshops attached to this report).	8 M&E workshops held; 48 participants in the M&E workshops; 5 NGOs trained in M&E for the first time. 80% of the participants who completed the pre and post test increased their test scores on the post-test.	We conducted the number of workshops initially planned. As explained above, they were conducted with a total of 13 NGOs as opposed for the 16. The number of people reached was lower than initially planned, and due primarily to the fact that many NGOs had fewer staff than expected due to difficulties in funding and a smaller number of projects at the time the workshops were held. Knowledge did increase for the large majority of the participants in the workshop.	We did our best to reach the number of people initially planned but also realized that our estimates for the number of participants were based on projections that did not adequately reflect the reality of the NGOs at the time the workshops were held. This is an important lesson learned for the future. N/A

Objective	Activities	Undertaken by	Type and number of target beneficiaries reached	Timeframe	Actual output Actual impact	Expected output = actual output? Expected impact = actual impact?	Any resulting action? Any resulting action?
OBJECTIVE 1: Increase knowledge regarding the development and implementation of comprehensive monitoring and evaluation systems among NGOs who work with HIV/AIDS through dynamic and participatory workshops.	Conduct 16 follow-up visits with NGOs two months after the implementation of the workshop to monitor their M&E plans created in the workshop	Nair Brito - Technical Support Laura Murray	NGOs participating in the M&E workshops. A total of 4 follow-up visits with 6 institutions have been held.	<p>The follow-up visits were held with four institutions - AFXB, Cefran, Lua Nova, GIV, Apis and Hipupiará.</p> <p>Follow up visits will continue to be held during September to reach all the institutions participating in the M&E workshops.</p>	<p>4 follow-up visits held; 6 institutions reached in the follow-up visits.</p>	<p>The only difference between the expected outcome and what we were able to achieve is related to the timeline when the visits were conducted. We originally planned to conduct the follow-up visits two months after the workshop. Due to the delays explained in our first report, the workshops started later than expected and as we had not received confirmation about the possibility of an extension at the beginning of August, we held the maximum number of visits possible in August to be able to complete the project within the timeline. Now with the extension, we will be able to hold all of the follow-up visits, analyze the data from the questionnaire applied in the visits and improve the toolkit based on the visits.</p>	<p>We believe that despite the constraints discussed in the previous column, we will still be able to conduct the follow-up visits and apply the follow-up questionnaire as planned.</p> <p>The action we took was to request an extension to be able to better incorporate the suggestions made in the follow-up visits and allow sufficient time for the institutions to pilot test the tools. The extension was granted and we are confident that this will allow us to finalize the tool kit and report these indicators in our final report.</p>
	Share results and finalized tool kit with NGO and other partners	Will be undertaken by Lilia Rossi - Laura Murray - Gabriel Mesquita - Alessandro Santos - Nair Brito -		This event will be held at the end of the project.	N/A	As stated above, in our final report, we will report the impact indicators from the visits held. We will only alter one of the indicators regarding the % of PLHIV reporting quality services as after discussions with team members and a decision that due to the diversity of services provided by NGOs, each one should choose the most appropriate tool to test. In the workshops, only one of the NGOs chose to pilot test the WHOQOL questionnaire.	
					N/A	This activity is planned for the end of the project. As such, there is nothing currently to report.	N/A
					N/A	As stated above, as the activity is planned for the end of the project, there is currently nothing to report.	N/A
	Research current tools for M&E of actions for PLHIV.	Laura Murray	As reported in our first interim report, instruments from 9 international organizations and government institutions were identified.	The activity was undertaken from October 2008 through November 2008.	<p>15 M&E tools targeting PLHIV identified. Tools ranged from conducting large population based surveys to monitoring tools for providing home based care.</p>	The expected output is in line with what was previously planned.	N/A
					<p>The tools researched were from a total of 9 international organizations. All allow the use and adaptation of information without prior permission, as long as the source is cited therefore it was not necessary for us to contact the organizations directly and ask for permission of use.</p>	As all of the tools explicitly allow for their use and adaptation, it was not necessary to contact the organizations directly and ask for permission.	N/A

Objective	Activities	Undertaken by	Type and number of target beneficiaries reached	Timeframe	Actual output Actual impact	Expected output = actual output? Expected impact = actual impact?	Any resulting action?
OBJECTIVE 2: Expand access to quality tools available for monitoring and evaluating NGO actions for PLHIV.	Develop a test toolkit to be pilot tested with NGOs	Lilia Rossi; Laura Murray; Alessandro Santos	Also as reported in our first interim report, the toolkit was finalized in February 2009 and benefitted the 13 NGOs participating in the workshops.	The activity began in December 2008 and was finalized in February 2009.	10 tools adapted and included in the toolkit. 6 indicators on how to measure stigma and discrimination also included along with guidance on how to measure the indicators.	The expected output is in line with what was previously planned.	N/A
					The impact of this activity will be measured as the toolkit is tested.	The impact of this activity was originally planned to be measured after the pilot testing of the tool and will be reported in our final project report.	N/A
	Produce M&E Guide specific for actions for PLHIV to be used at the workshops	Lilia Rossi; Laura Murray; Alessandro Santos	Per previously reported, an M&E guide specific for PLHIV was developed in January 2009.	Activity held from December 2008 through January 2009.	1 M&E guide developed and finalized, 30 copies of M&E guide printed.	This activity was implemented as planned.	N/A
					The impact of this activity will be measured after all of the follow-up visits, per planned in the original project.	The impact of this activity was originally planned to be measured after all of the follow-up visits and will be reported in our final report.	N/A
	Pilot test tools with select NGOs to make final adjustments.	Nair Brito - Technical Support Laura Murray - Alessandro Santos	Beneficiaries are the 13 institutions participating in the workshops. To date, 6 have received follow-up visits and discussed the pilot testing of the tools.	Tools were piloted tested during July and August of 2009.	To date, 4 tools and the stigma and discrimination indicators were pilot tested. The tools tested included the Registration Form (Cadastro), the Data Base, the WHOQOL Quality of Life Survey, and the KAP survey.	Per included above, after discussions with the project team and NGOs, it was decided that it would be most beneficial and practical to allow the NGOs to choose which instruments they could pilot test in the time period allotted. Due to the shorter time period than initially planned, many NGOs felt that it would be most practical to pilot test one instrument, and the majority felt that the Registration Form (Cadastro) was the most beneficial as it collects important sociodemographic and health information about the population reached through activities. As such, not all of the instruments initially included were formally pilot tested, yet they were discussed with the institutions in the follow-up visits which will allow Pact Brasil to update all of the tools in the final toolkit in accordance with their suggestions.	As mentioned previously, the resulting action is for us to review the entire toolkit in the follow-up visit with the NGOs to see if they have any additional suggestions for the tools which were not pilot tested.
					The impact indicators related to this activity will also be reported in our final report.	N/A	N/A
	Finalize/print toolkit based on NGOs observations and feedback	Will be undertaken by Lilia Rossi - Laura Murray - Gabriel Mesquita - Alessandro Santos - Nair Brito		The toolkit will be finalized between September and October 2009.	The output indicators related to this activity will be reported in our final report.	N/A	N/A
					The impact indicators related to this activity will also be reported in our final report.	N/A	N/A



Elton John AIDS Foundation

1 Blythe Road, London W14 0HG - Tel: +44 20 7603 9996

GRANT REPORT COVER SHEET

(Please copy and attach this top sheet to subsequent report documents and return to stephen.crawford@ejaf.com)

Please complete each section of this form **FULLY** and **IN ENGLISH**
NOTE: Only provide one copy of your report, unbound and not stapled

Your Letter of Agreement will stipulate by which date your report is due. If you are unable to complete any section of the form or have any specific problems completing your report, please indicate why. You may provide supplementary information as appropriate.

GENERAL INFORMATION

1. **Name of Organisation:**

Associação Pact do Brasil

2. **Project Title to which this report relates:**

PositHive Results: Building M&E Capacity of NGOs in Sao Paulo

3. **Telephone No:**

(55 21) 3553-0511

Fax No:

(55 21) 3553-0511

Email address:

Av. Treze de Maio, 13 Sala 1609 –
Centro CEP 20031-901 – Rio de
Janeiro/RJ

4. **Report prepared by:**

Lilia Rossi
Laura Murray
Afina Alagardova e Sandra Villegas

Position:

Chief of Party
M&E Specialist
Sr. Finance Officer (DC) & Finance Manager (Brazil)

5. **Type of Report (interim/final):**

Final

6. **Report Period:**

From: September/2008

To: December/2009

7. **Date of Report: January, 28th 2010**

Signature:

Lilia Rossi

For Office Use Only:

Database Noted: _____ Acknowledgement Sent: _____

Reviewed by: _____ Date: _____

_____ Payment of _____ Approved by: _____ Date: _____



FINAL REPORT – INFORMATION REQUIREMENTS

8. Executive Summary (maximum ½ a page):

- This section highlights the major activities of the project funded: results, constraints, findings, recommendations etc. It should contain major points from the rest of the report and function as “stand-alone” summary of the project funded. Please include statistics on the number of direct or indirect beneficiaries of the project, where applicable.

This final report covers all activities implemented during life of the project, with a focus on those held between August 25th and December 31st, 2009 which were not discussed in previous interim reports. The highlight of the project was the eight interactive and participatory monitoring and evaluation (M&E) workshops held from May to July of 2009,. Forty-eight people from thirteen NGOs participated in the workshops. (Attachment 1 – Workshop schedule). Together these NGOs reach a total of 325 people through health promotion activities with PLHIV. The NGOs who participated in the trainings were selected after extensive meetings with local government officials (in which 40 NGOs were represented); the selected NGOs represented six municipalities in the Sao Paulo area. M&E concepts were covered during the workshops with a focus on how to monitor and evaluate projects implemented with people living with HIV and AIDS (PLHIV). The trainings were based on an M&E guide developed by Pact Brasil specifically for these workshops (Attachment II – M&E guide). Participants received pre and post workshop tests on M&E concepts; 80% of participants increased their scores (Attachment III – Pre and Post Test). Pact adapted instruments from nine international NGOs to develop a toolkit with 10 M&E tools and six indicators for stigma and discrimination. Each NGO selected a tool to pilot test during the period following the workshop. A total of four tools from the toolkit were tested; five of the NGOs consistently used the registration form in project activities in the months following the workshops. Additionally, six of the NGOs developed M&E plans for their current projects. During the last semester of the project, Pact conducted supervisory technical visits to eight of the NGOs. The primary objective of the technical visits was to receive feedback from the NGOs on the tools they pilot tested during the period and to apply a survey (Attachment IV - Questionnaire) to evaluate the NGOs’ M&E capacity. The changes suggested by the NGOs during the follow up visits were incorporated into the final toolkit that was printed and distributed to all participating NGOs, in addition the municipal, state, and National AIDS Programs (Attachment V – Final Toolkit). During the follow-up visits, one of the key findings of the project facilitators was that while the majority of the NGOs pilot tested the M&E instruments, there are still challenges inherent in incorporating a culture of monitoring and evaluation within the institutions (the reasons will be further discussed below). Finally, the Prevention and M&E Units of the National AIDS Program of Brazilian Ministry of Health decided to incorporate a satellite seminar as part of the Brazilian National HIV Prevention Congress to be held in June 2010 to discuss M&E issues regarding NGO strategies and projects directed at PLHIV and will include the lessons learned from this project as part of the event.

9. Description and Implementation of Project (maximum ½ a page):

- As per your Project Report Table, if there are any areas that you feel are not sufficiently covered by this table (such as unanticipated outcomes, changes in the local context or your organisation) please outline them briefly here.

An unanticipated and positive outcome of the project was the interest and investment of the local, state, and national AIDS programs in the project implementation and results. From the beginning, the municipal and state AIDS programs offered their support for the project, and are interested in continuing to work with Pact Brazil to promote the final toolkit and continued dialogue about the importance of monitoring and evaluation in projects with PLHIV. The National AIDS Program interest in promoting a national seminar on the topic is another unexpected, and positive outcome of the project. As will be discussed further in the lessons learned section below, the organizational context of the NGOs participating in the workshops was one of the challenges faced in project implementation. The NGOs were all strongly committed to working with the

PLHIV community and often have to make a choice between providing direct services and investing time in systematic monitoring and evaluation activities. This was made clear to Pact Brasil during our follow-up visits with the organizations. In the follow up visits Pact explored to what extent the NGOs had incorporated M&E processes into their day to day activities. One of the goals of the project was for the NGOs to develop a M&E plan as part of the workshop, which six of the eight NGOs who participated did. In our follow-up visits, we also sought to explore other aspects of the M&E culture of the NGOs, such as systems in place to check the quality of their data and if they organizations had ever conducted an evaluation of their activities. None of the NGOs had any sort of system in place to check the quality of the M&E data they collect and none reported ever conducting an evaluation of their activities. While these were not goals of this project, findings such as this point to the need to reinforce the importance of truly incorporating a culture of M&E in to the work Brazilian NGOs are doing with PLHIV in order to measure the results of their projects and field activities.

		Project Timeline																
OBJECTIVES	ACTIVITIES	FY08	FY09															
		SEP	OCT	NOV	DEC	JAN	FEV	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
Objectives I and II	Develop necessary protocols and documents for project management																	
	Finalize the project's field strategies and contacts																	
	Map and contact NGOs in São Paulo																	
	Identify key project partners (technical and political perspectives)																	
	Present the project strategies to the main partners																	
I. Increase knowledge regarding the development and implementation of comprehensive M&E systems among NGOs who work with HIV/AIDS.	Selection of NGOs prioritizing those that work with PLHIV (two phases)																	
	Conduct 8 two day workshops with 16 NGOs.																	
	Conduct 16 follow-up visits with each NGO																	
	Share results and finalized tool kit with NGO and other partners																	
II. Expand access to quality tools available for M&E NGO actions for PLHIV	Research current tools for M&E of actions for PLHIV																	
	Develop a test toolkit to be pilot tested with NGOs																	
	Produce M&A Guide of actions for PLHA to be used at the workshops																	
	Pilot test tools with select NGOs to make final adjustments.																	
	Finalize/print toolkit based on NGOs observations and feedback																	

10. Management of Project:

- Describe any changes in staffing, budget or project duration between original application and actual implementation. Please also list any contributions – cash or in-kind – to the project, including collaboration with other agencies.

Overall, the original approved budget was strictly followed by Pact Brasil during the entire project. However, costs related to supervisory visits were higher than expected due new municipalities added to project activities, associated with the inclusion of NGOs based in cities near to Sao Paulo city. Thus,

balances from other budget lines were reallocated to cover the total amount expended with local transportation.

Pact Brasil collaborated with other agencies from the beginning of project implementation. Collaboration began with the meetings held between Pact and the Forum of AIDS NGOs in Sao Paulo that worked with Pact to identify possible NGO beneficiaries of the program, in addition to providing space for the project presentation meeting held with 40 NGOs in the fall of 2008. The eight workshops were also held in spaces provided by the NGO partners as a cost share to the project activities. As discussed in other sections of this report, an event is also currently being planned with the National AIDS Program to be held in conjunction with the Brazilian HIV Prevention Congress in June of 2010 to draw attention to the importance of M&E in projects implemented nationally with PLHIV.

11. Budget

- Supply a table detailing actual spend on each line item over the total grant period against projected spend (as per the budget submitted with your original application). Please note reasons for any differences between projected and actual spend.
- Please note:** Reallocation of funds within the programme need to be approved in writing by EJAF.

CATEGORY	Budget		1st Report	2nd Report	Total	Project
	Libras (£)	Reais (R\$)	Expenses (R\$)	Expenses (R\$)	Expenses	Balance
Activity 1.1 Selection of NGOs in São Paulo, prioritizing those that work with PLHIV, to participate in workshops.						
Project Coordinator	67.88	244.36	0.00	0.00	0.00	244.36
Administrative Assistant						
Administrative costs						
Activity 1.2 Conduct 8 Workshops for 16 NGOs						
Project Coordinator						
Administrative Assistant						
Administrative costs						
Lunch for participants (cost-share)						
Consultant to facilitate workshops (R\$ 630 at 8 workshops)	1,400.00	5,040.00	4,987.59	0.00	4,987.59	52.41
Workshop materials (CDs, Cards, Markers, Copies) (192 participants at R\$3)	160.00	576.00	480.86	206.05	686.91	-110.91
Certificates for participants (192 participants at R\$2)	106.67	384.00	161.00	0.00	161.00	223.00
M&E Guide Printing (192 participants at R\$30)	1,600.00	5,760.00	5,280.90	625.00	5,905.90	-145.90
Coffee Break (192 participants at 2 days at R\$2)	213.33	768.00	1,643.31	0.00	1,643.31	-875.31
Activity 1.3 Conduct follow-up visits with each NGO one month after workshop to monitor their M&E Plans created in the workshops and provide M&E technical assistance						
Project Coordinator						
Administrative Assistant						
Administrative costs						
Consultant to facilitate workshops (R\$ 315 per 16 NGOs)	1,400.00	5,040.00	0.00	1,150.00	1,150.00	808.58
Transportation costs (R\$ 26 at 16 NGOs visits)	115.56	416.00	1,451.63	1,529.15	2,980.78	-2,564.78

Activity 1.4 Share results and finalized tool kit with NGO and municipal and state program partners.						
Project Coordinator						
Administrative Assistant						
Administrative costs						
Consultant to present results	87.50	315.00	0.00	0.00	0.00	315.00
End of project event to disseminate tool kit and lessons learned - coffee break (35 participants at R\$ 8)	77.78	280.00	0.00	0.00	0.00	280.00
Activity 2.1 Research current tools available for monitoring and evaluation of actions for PLHIV and develop a test toolkit to be pilot tested with NGOs participating in the workshops						
Project Coordinator	284.53	1,024.32	0.00	0.00	0.00	1,024.32
Administrative Assistant						
Administrative costs	17.78	64.00	0.00	0.00	0.00	64.00
Printing and copies						
Activity 2.2 Pilot test tools with select NGOs participating in workshops to make final adjustments						
Project Coordinator						
Administrative Assistant						
Administrative costs						
Copies of test toolkit (16 kits at R\$ 4)	17.78	64.00	45.00	0.00	45.00	19.00
Activity 2.3 Finalize and print toolkit based on observations and feedback collected during monitoring visits to NGOs						
Project Coordinator	284.53	1,024.32	0.00	511.26	511.26	513.06
Administrative Assistant						
Administrative costs						
Printing of final toolkit (20 kits at R\$ 30)	166.67	600.00	0.00	446.93	446.93	153.07
TOTAL	6,000.00	21,600.00	14,050.29	4,468.39	18,518.68	0.00

Funds received from donor	RS 18,403.94
Interest from Investment	RS 114.74
Available funds	RS 18,518.68
Original Budget	RS 21,600.00
Difference of available funds	RS 3,081.32

12. Lessons Learned/Recommendations (maximum 1 page):

- Describe any lessons learned or broad implications of the project's results and provide any recommendation for follow-up and future activities or interventions.
- Detail any qualitative data or information that did not fit into the Project Report Table (such as unexpected outcomes).

One of the most important results of the project is that it brought the discussion of the importance of monitoring and evaluation in projects with PLHIV into the national spotlight. Prior to its implementation,

there was very little dialogue on the local, regional or national scale about how to measure qualitative indicators such as quality of life and reductions in stigma and discrimination in projects with PLHIV. Additionally, there were no specific tools available in Portuguese for NGOs working with the PLHIV community. On a smaller scale, NGOs working with PLHIV had no standardized mechanism for collecting data regarding the people they served and identifying their needs in a systematic way. The “Positive Results” project thus can boast three important results with broad implications:

- Development of the first Monitoring and Evaluation toolkit and workshop guides specifically targeted for projects with people living with HIV in Brazil;
- Local, state, and national government investment in monitoring and evaluation, as evidenced by the National AIDS Program’s organization of a satellite seminar at the National AIDS Congress in June 2010;
- Increased knowledge and awareness regarding the importance of monitoring and evaluation activities among NGOs in Sao Paulo.

In terms of lessons learned, while the geographic focus of the project was primarily on São Paulo and its surrounding municipalities, the lessons learned are relevant to the larger Brazilian context regarding M&E associated with PLHIV strategies. In the follow-up technical visits, each of the NGO representatives who participated in project activities identified M&E as an area that is crucial to improving and supporting their work. However, we found that the NGO’s human and financial resource restrictions often prohibited them from implementing M&E activities on a more systematic basis. For example, the NGOs found the registration cards (*cadaastro*) incredibly helpful in planning their activities and learning more about the PLHIV reached by their field activities, yet they also mentioned that they did not have the staff necessary to enter all of the data into their database so the tool’s value was not optimized. Finally, as discussed in previous reports, workshop did reach fewer people and NGOs than expected, demonstrating the importance of involving local partners not only early in project implementation as we did, but also during the phase of project design. We therefore would emphasize the following recommendations for future actions and interventions:

- Encourage the Brazilian National AIDS Program and other donors to expand the investment in M&E, including providing specific line items dedicated exclusively to M&E activities in the budgets of supported projects;
- Promote the incorporation of M&E into the expected responsibilities of NGO staff to ensure that sufficient time and resources are dedicated to the M&E of project activities;
- Systematize the use of a participant registration form for NGO actions with PLHIV to collect standard basic information about project participants both to plan in the implementation of local level actions and provide data for planning regional projects with this population;
- Provide incentives to NGOs that prioritize M&E within their organizational structure, such as additional points in the evaluation of projects proposals presented for government funding;
- Circulate project proposals with local partners in the project design phase to ensure early project support and collect accurate baseline information to ensure realistic project goals and increase local investment in implementation.

13. Materials/Products:

- List the key materials/products developed for this project and, where appropriate, quantities.
- List the key communication materials developed for this project, e.g. photographs, video etc.

Key materials produced:

- 1 toolkit developed to be pilot tested in the M&E workshops
- 1 toolkit pilot tested and finalized based on pilot test results
- 1 M&E guide, with specific examples for the PLHIV community developed
- 30 copies of the M&E guide printed
- 25 copies of the toolkit printed
- Didactic and learning materials:
 - Pre and post tests
 - Questionnaire for NGO directors
 - Guide for follow-up visits
 - M&E Guidelines (rapid consult) translated to Portuguese

Output indicators:

- 26 potential NGO partners identified in Sao Paulo and surrounding municipalities
- 13 NGOs defined as project beneficiaries
- 6 municipalities reached through workshops (São Vicente, Guarujá, São José do Rio Preto, Sorocaba, Praia Grande, São Paulo)
- 8 M&E workshops held with 13 NGOs
- 48 people reached in the M&E workshops
- 21 actions developed for PLHIV by all of the participating NGOs
- 5 NGOs trained in M&E for the first time.
- 8 follow-up visits held
- 8 institutions reached in the follow-up visits
- 6 NGOs developed M&E Plans
- 5 NGOs using the registration form (*cadastro*) consistently in their activities in the months following the workshop
- 4 M&E tools (Registration Form, Data Base, WHOQOL Quality of Life Survey, and the attendance list) pilot tested
- 15 M&E tools identified for work specifically with PLHIV from 9 international NGOs and governmental institutions
- 10 tools adapted and included in the toolkit to be pilot tested during the second semester of the project
- 6 indicators on stigma and discrimination and ways of measuring them included in the pilot toolkit
- 1 consultant hired as project coordinator

Impact indicators:

- 325 PLHIV reached through the actions developed by the participating NGOs
- 80% of the participants who completed the pre and post-test increased their test scores on the post-test.
- 4 NGOs reported reviewing their strategies after the M&E workshop and identified a need to establish more consistent and developed monitoring systems.
- 40 NGOs present at the meetings presenting the project goals and objectives
- 54 people reached in the meetings held with government and civil society representatives to present the project objective and goals

14. Future Plans:

- Please outline how the programme hopes to develop and if appropriate, what arrangements exist in respect of operational and financial planning to ensure its sustainability.

Pact Brasil will continue to monitor the use of the M&E toolkit among the NGOs participating in the workshops, making itself available for distance technical assistance in the application and analysis of the data collected as necessary. As previously mentioned, the Prevention and M&E Units of the National AIDS Program of Brazilian Ministry of Health will sponsor a satellite seminar on the M&E of projects with PLHIV as part of the Brazilian National HIV Prevention Congress to be held in June 2010. This seminar will highlight experiences and lessons learned from the "Positive Results" project, as well as provide an opportunity for additional discussions on the M&E Guide and toolkit produced and disseminated during 2009 with support from the Elton John AIDS Foundation and Associação Saude da Familia. The full agenda for the satellite seminar will be developed by the National AIDS Program of Ministry of Health in April 2010.

15. Future Grant Application

- If you intend applying for a further grant, please **DO NOT** include a grant application with your report, please contact the Foundation's Grants Department to discuss your future grant requirements.

Project Report Table for the Elton John AIDS Foundation							
Name of Organisation: Pact Brasil					Name of Project: Positive Results: Building M&E Capacity of NGOs in São Paulo		
Overall Aim of project: Contribute to building an organizational culture of monitoring and evaluation among NGOs in São Paulo, prioritizing NGOs that work with PLHIV.					Table prepared by: Lilia Rossi, Laura Murray and Nair Brito		
					Date Prepared: January 15, 2009		
					Reporting Period: Entire Project - September 2008 - December 2010		
Objective	Activities	Undertaken by	Type and number of target beneficiaries reached	Timeframe	Actual output	Expected output = actual output?	Any resulting action?
<i>List objectives exactly as set out in your application</i>	<i>List activities exactly as set out in your application</i>	<i>List the people who organised ran the activity</i>	<i>List which groups were targeted (e.g. girls aged 16-24) and how many people actually benefited from the activity</i>	<i>Detail the actual timeframe of the activity e.g. undertaken between...., evaluated on...</i>	<i>Detail actual output of activity, measured as set out in your application</i> <i>Detail actual impact of activity, measured as set out in your application</i>	<i>If the actual output differs from the expected output (as predicted in your application) please explain the reasons for this.</i> <i>If the actual impact differs from the expected impact (as predicted in your application) please explain the reasons for this.</i>	<i>Has any action been taken or is any planned in order to address issues raised in the previous column</i> <i>Has any action been taken or is any planned in order to address issues raised in the previous column</i>
OBJECTIVE 1: Increase knowledge regarding the development and implementation of comprehensive monitoring and evaluation systems among NGOs who work with HIV/AIDS	Selection of NGOs in Sao Paulo, prioritizing those that work with PLHIV to participate in the workshops.	Lilia Rossi - Nair Brito - Alessandro Santos	NGOs working with People Living with HIV and AIDS were targeted as part of this project and a total of 13 NGOs were identified as partners for the workshops.	After the meetings held during the first months of the project, Pact continued negotiating with the NGOs and a total of 14 institutions were identified as partners, including 13 NGOs and one Municipal AIDS Program in April of 2009.	13 NGOs were identified as partners for the program. 6 municipalities reached through M&E workshops (São Vicente, Guarujá, São José do Rio Preto, Sorocaba, Praia Grande, São Paulo). 21 actions developed for PLHIV by all of the participating NGOs 325 PLHIV reached through the actions developed by the NGOs.	We planned to reach 16 NGOs and held the workshop with 13 NGOs and one Municipal AIDS Program (Sao Vicente). In the negotiation process with the possible participating institutions, the other NGOs initially identified felt that due to their small number of current projects with PLHIV, the workshop would be less beneficial for their institution at the time the workshops were held. Pact felt it was important to invest in workshops with institutions that would be able to fully incorporate the M&E processes and test the toolkit and as such, decided to hold the workshop with 13 NGOs that expressed interest and an ability to pilot test tools. Given the expressed need for M&E workshops in the municipalities outside of Sao Paulo, we expanded the reach of our program to include 5 other municipalities. The 13 NGOs have a total of 21 activities with PLHIV that reach an estimated 325 people.	We took the necessary actions and are pleased with the results and commitment of the participating institutions. As described in our previous report, we held meetings with all of the necessary political forums to present the project in Sao Paulo and selected the NGOs in the most collective and transparent way possible, ensuring that those who participated were those who were both most interested in addition to being institutions that could truly benefit from our actions.
	Conduct 8 M&E workshops with 16 NGOs.	Facilitators: Nair Brito and Alessandro Santos - Technical Support: Laura Murray	Staff members at NGOs working with HIV and AIDS. A total of 13 were included and 48 people participated in the 8 workshops held.	8 workshops were conducted from June 22nd through July 14th with a total of 13 institutions, reaching a total of 48 people.	8 M&E workshops held; 48 participants in the M&E workshops; 5 NGOs trained in M&E for the first time. 80% of the participants who completed the pre and post test increased their test scores on the post-test.	We conducted the number of workshops initially planned. As explained above, they were conducted with a total of 13 NGOs as opposed for the 16. The number of people reached was lower than initially planned, and due primarily to the fact that many NGOs had fewer staff than expected due to difficulties in funding and a smaller number of projects at the time the workshops were held. Knowledge did increase for the majority of the participants in the workshop.	We did our best to reach the number of people initially planned but also realized that our estimates for the number of participants were based on projections that did not adequately reflect the reality of the NGOs at the time the workshops were held. This is an important lesson learned for the future. N/A

Objective	Activities	Undertaken by	Type and number of target beneficiaries reached	Timeframe	Actual output	Expected output = actual output?	Any resulting action?
OBJECTIVE 1: Increase knowledge regarding the development and implementation of comprehensive monitoring and evaluation systems among NGOs who work with HIV/AIDS through dynamic and participatory workshops.	Conduct 16 follow-up visits with NGOs two months after the implementation of the workshop to monitor their M&E plans created in the workshop	Nair Brito and Alessandro Santos - Technical Support Laura Murray	NGOs participating in the M&E workshops. A total of 8 follow-up visits with 8 institutions were held - Lua Nova, GIV, FXB, Cefran, Hipupiara, Apis, GADA and PROEPAD.	The follow-up visits were held from July to September of 2009.	8 follow-up visits held; 8 institutions reached in the follow-up visits; 6 NGOs with M&E Plans defined; 5 NGOs using the registration form (Cadastro) consistently in their actions in the months following the workshop; 4 NGOs reported reviewing their strategies after the M&E workshop and identified a need to establish more consistent and developed monitoring systems.	The only difference between the expected outcome and what we were able to achieve is related to the timeline when the visits were conducted and the number of institutions visited. One reason why the number of institutions visited is lower than what was initially expected is related to the NGOs in San Jose do Rio Preto where the workshop was initially held with 4 NGOs. Despite planning, only two of the four were able to participate in the follow up visits. In Sao Paulo, two institutions also were unable to keep their follow up visit meeting dates, despite various attempts at rescheduling.	We discussed these challenges (in terms of the institutions participating in the follow-up visits and the incorporation of the tools and M&E plans into their organizational cultures), with our government partners in the municipal, state, and national AIDS Programs. They expressed similar concerns and problems with their projects with NGOs that work with PLHIV and it was decided that it would be important to plan an event (see more below) to discuss these challenges and think collectively about possible solutions.
	Share results and finalized tool kit with NGO and other partners	N/A	Event was not held.	N/A	N/A	One of the lessons learned in the project was that the timeframe between the realization of the workshops and the monitoring visits was not sufficient to see changes in the organizational structure, and thereby, increases in the numbers of people reached. The primary reason for this was that the organizations had already small project teams and not enough human and financial resources to implement the actions they already had, making it difficult for them to expand actions and making monitoring and evaluation a lower priority than the actions which they were financially obligated to do.	
						The end of project event was not held for two reasons: After discussions with government partners (per mentioned above), it was decided that it would be more politically advantageous to do a larger event, in partnership with the National AIDS Program; 2) We did not budget enough money to realize such a large event.	Pact Brasil is working with the National AIDS Program to implement a seminar on M&E with NGOs that work with PLHIV. This event will be a satellite meeting of the Brazilian HIV Prevention Congress in June 2010.
	Research current tools for M&E of actions for PLHIV.	Laura Murray	As reported in our first interim report, instruments from 9 international organizations and government institutions were identified.	The activity was undertaken from October 2008 through November 2008.	15 M&E tools targeting PLHIV identified. Tools ranged from conducting large population based surveys to monitoring tools for providing home based care.	The expected output is in line with what was previously planned.	N/A
					The tools researched were from a total of 9 international organizations. All allow the use and adaptation of information without prior permission, as long as the source is cited therefore it was not necessary for us to contact the organizations directly and ask for permission of use.	As all of the tools explicitly allow for their use and adaptation, it was not necessary to contact the organizations directly and ask for permission.	N/A

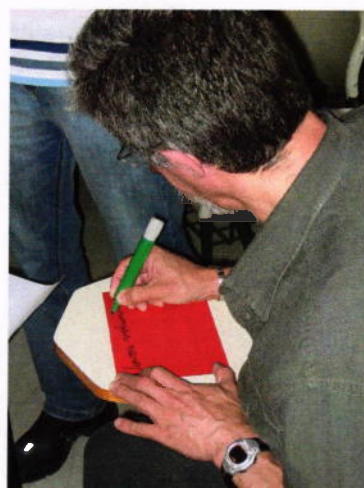
Objective	Activities	Undertaken by	Type and number of target beneficiaries reached	Timeframe	Actual output	Expected output = actual output?	Any resulting action?
OBJECTIVE 2: Expand access to quality tools available for monitoring and evaluating NGO actions for PLHIV.	Develop a test toolkit to be pilot tested with NGOs	Laura Murray; Alessandro Santos; Lilia Rossi	As reported in our first interim report, the toolkit was finalized in February 2009 and benefitted the 13 NGOs participating in the workshops.	The activity began in December 2008 and was finalized in February 2009.	10 tools adapted and included in the toolkit. 6 indicators on how to measure stigma and discrimination also included along with guidance on how to measure the indicators.	The expected output is in line with what was previously planned.	N/A
	Produce M&E Guide specific for actions for PLHIV to be used at the workshops	Laura Murray; Alessandro Santos; Lilia Rossi;	Per previously reported, an M&E guide specific for PLHIV was developed in January 2009.	Activity held from December 2008 through January 2009.	1 M&E guide developed and finalized. 30 copies of M&E guide printed. Electronic version distributed to other NGOs and AIDS programs	This activity was implemented as planned.	N/A
	Pilot test tools with select NGOs to make final adjustments.	Nair Brito and Alessandro Santos - Technical Support Laura Murray	5 NGOs: Lua Nova, FXB, Cefran, Hipupira, and PROEPAD.	Tools were piloted tested from July through September of 2009.	5 NGOs pilot tested 4 instruments in the months following the workshop, including the registration form (cadastro), data base, WHOQOL Quality of Life, and the attendance list	Per discussed in our previous report, after discussions with the project team and NGOs, it was decided that it would be most beneficial and practical to allow the NGOs to chose which instruments they could pilot test in the time period allotted. Due to the shorter time period than initially planned, many NGOs felt that it would be most practical to pilot test one instrument, and the majority felt that the Registration Form (Cadastro) was the most beneficial as it collects important sociodemographic and health information about the population reached through activities. As such, not all of the instruments initially included were formally pilot tested.	We took advantage of the follow-up visits to collect data regarding what the NGOs' institutional M&E systems to better plan for the event we hope to realize with the National AIDS Program. For example, we found that none of the NGOs had any sort of system in place to check the quality of the M&E data they collect. Additionally, none of the NGOs reported doing evaluations of their activities. Findings such as these point to the importance of continuing to work with these NGOs to truly incorporate a culture of M&E.
					4 NGOs reported reviewing their strategies after the M&E workshop and identified a need to establish more consistent and developed monitoring systems.	This indicator is in line with our goal of 50% of the institutions visited reporting using the tools to improve their actions.	N/A
	Finalize/print toolkit based on NGOs observations and feedback	Gabriel Mesquita -Nair Brito - Laura Murray	NGOs, municipal, state, and national AIDS Program	Toolkit Finalized in November 2009	25 Toolkits printed	The number of toolkits is in line with what we expected.	N/A

POSITIVE RESULTS PHOTO GALLERY – M&E WORKSHOPS

*The facilitator
Nair Brito
presenting M&E
concepts before
discuss them
with one of the
Workshops'
participants*



*One of the
participants of
the workshop
producing a
logical
framework for a
NGO planned
activity*



*The facilitator suggesting an approach for the
NGO' M&E Plan definition.*



*Logical Framework and M&E Plan produced by a
NGO during one of the workshops.*



*Participants using the M&E Guide produced by
the Positive Results project.*



Participants discussing M&E concept.