

MSH Final Results Review - Brazil

October 2002–November 2003

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Review - Brazil

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Preface

USAID/Brazil Strategic Objective 3 seeks to increase sustainable and effective programs to prevent sexual transmission of HIV and to control tuberculosis among target groups. Under this objective, MSH contributes to the following intermediate results:

- ✓ **Strengthened institutional capacity to plan, implement and evaluate STI/HIV/AIDS programs.**

- ✓ **Sustainable and effective institutional capacity to diagnose, control and monitor tuberculosis in target areas using DOTS.**

USAID/Brazil supports management strengthening of HIV/AIDS and TB activities by providing field support funds to MSH's Management and Leadership (M&L) Cooperative Agreement.

This final report provides information for USAID/Brazil regarding MSH's TB and HIV/AIDS management strengthening activities for purposes of its reporting requirements to closeout Strategic Objective 3 for the period 1998-2003.

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Introduction

In the year just past, MSH has sought to make the linkage between strong leadership and internal management and better HIV/AIDS and TB services and outcomes in Brazil. To show how USAID/Brazil investments in management development have strengthened AIDS NGOs, Results 1, 2 and 3 describe significant improvements in management performance by NGOs in the north and southeast of Brazil.

One of the successful strategies of the Brazilian response to the AIDS epidemic has been the engagement of NGOs to provide HIV/AIDS prevention services. The Brazilian public sector recognizes the important role of NGOs in community-level HIV/AIDS prevention and seeks opportunities to strengthen NGO sustainability. Result 4 summarizes our work with the MOH PN DST/Aids to strengthen the sustainability of NGOs.

The sustainability of HIV/AIDS prevention and care is strongly linked with the ability of the public health system to incorporate HIV/AIDS services, in accordance with the norms and regulations of Brazil's Unified Health System (SUS). Our work of the last year with the Ceará State Secretariat of Health to decentralize VCT services, summarized in Result 5, exemplifies one state's attempt to expand coverage of VCT services.

Our last of four years of work with the PN DST/Aids, summarized in Result 6, shows how we have strengthened one important management system--strategic planning--and enabled it to be linked to annual operational plans. These two tools are now the basis for federal transfer of funds to states and municipalities for HIV/AIDS services, essential to the long-term sustainability of public sector HIV/AIDS services in Brazil.

HIV is fueled by the TB epidemic and we are pleased that USAID/Brazil requested us to also partner in the fight against TB in Brazil. In Results 7 and 8 we highlight the results we have achieved in the state of Rio de Janeiro to mobilize political and administrative support for TB control and support implementation and expansion of DOTS in municipal TB programs.

How can sound leadership and management practices be perpetuated over time? Ceará's Leadership Development Program-LiderNet, described in Result 9, uses a blended learning approach that integrates traditional face-to-face classroom education with electronic components to improve the skills of health care managers. This pilot project demonstrated the limits and possibilities of remote learning for leadership, serving as a model for collaboration between public sector programs and NGOs in leadership development and as a vehicle for south-to-south transfer of capacity building in leadership and management.

1. Strengthening Management Capacity of AIDS NGOs in the North

At the request of the PN DST/Aids, MSH has supported improved management performance of HIV/AIDS NGOs in Brazil's poor northern region. In 2002 MSH began to assist four HIV/AIDS NGOs to assess their management status and develop annual management development action plans using APROGE (Auto Avaliação dos Processos Gerenciais).

APROGE is a management and organizational sustainability tool that is used in a structured exercise to support organizational self-assessment of the level of development of key management components. The management components assessed with the four NGOs related to four general areas: mission, strategy, structure and systems. The four general areas were divided into 12 components,¹ each of which was assessed during the APROGE exercise. For each management component in the APROGE exercise, 4 stages of management development were described with 1 being the least developed and 4 the most developed. During the APROGE exercise participants assess the stage in which the NGO finds itself with regard to each management component.

In FY2003, MSH provided technical assistance to the four NGOs to conduct annual management assessments and develop annual management development action plans. Between 2002 and 2003 MSH also provided technical assistance to the four NGOs in strategic planning, revision of their bylaws, human resources management, financial management and fundraising. In the past year, all four NGOs have greatly improved their management performance and significant progress has been made in all 12 management components.

Overview of Activities

- A joint work plan was developed with the Civil Society and Human Rights Unit within the PN DST/AIDS for strengthening of AIDS NGOs in the northern region
 - Four NGOs were selected to receive management technical assistance
 - Preliminary management assessments were conducted in the four selected NGOs
 - Technical assistance and training in strategic planning, bylaws revision, human resources management, financial management and fundraising were provided to the four NGOs
 - Final management assessments were conducted in the four selected NGOs
 - Use of APROGE as a management and organizational sustainability tool achieved its intended purpose to: disseminate performance management standards, identify performance management gaps; plan, focus and prioritize management development interventions; address deficiencies through preparation of a management development plan, and measure progress in performance over time by repeating the APROGE assessment after one year
 - APROGE enabled rapid assessments of all four NGOs over time: all of them conducted APROGE twice
-

¹Management areas and components are:

Mission: knowledge and application to program priorities;

Strategy: links to mission and societal demands;

Structure: roles and responsibilities and delegation of authority;

Systems: planning, collection and use of information, supply management, financial management, fundraising and human resource development.

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- The collaborative approach taken by MSH in implementing APROGE has strengthened the capacity of the four NGOs to conduct similar assessments
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Background

One of the successful strategies of the Brazilian response to the AIDS epidemic has been the engagement of NGOs to provide HIV/AIDS prevention services. The PN DST/AIDS has recognized the important role of the NGOs and is investing in improving their management capacity.

For the above reasons, in FY02 USAID/Brazil requested that MSH begin to support strengthening of NGO management. A joint work plan was developed with the Civil Society and Human Rights Unit (SCDH) within the PN DST/AIDS that sets forth three major areas of focus. One of these areas is strengthening the management of selected NGOs working in the area of AIDS, focusing on NGOs in the northern region.

Subsequently, the PN and MSH visited NGOs in the States of Pará and Amazonas and selected four NGOs:

- Rede de Amizade e Solidariedade in Manaus, AM
- Katiró in Manaus, AM
- Gapa in Belém, PA
- Agá e Vida in Rio Branco, AC

These four NGOs were selected based on the following criteria: organizational structure, interest in receiving technical assistance, and capacity to replicate know-how to other NGOs.

In September and October 2002 MSH conducted management assessment workshops with each of the four NGOs, using APROGE. These assessments resulted in management development action plans, all of which indicate the need for technical assistance in the following areas: re-formulation of by-laws, strategic planning, human resources management, financial management and fundraising. To meet these needs, between December 2002 and October 2003 MSH provided training and technical assistance in strategic planning, bylaws revision, human resources management, financial management and fundraising workshops with the staff of each of the four NGOs. In October and November 2003, MSH conducted final management assessment workshops with each of the four NGOs, using APROGE and focus groups, in order to measure the results achieved, both quantitatively and qualitatively.

Management improvement is a process and results are seen over time. To illustrate the improvement in management performance in the four NGOs, APROGE results for 2002-2003 have been grouped for each of the 4 management areas. A summary of results for each management area is presented below.

The greatest progress has been made in relation to knowledge and application of the NGOs' missions, as well as the development of strategies that are coherent with their missions. Important progress has also been made with regard to strengthening of management systems.

Results—NGOs Missions Prepared, Disseminated and Applied

Missions have been revised, are disseminated and are being applied: The management area in which the four NGOs have made the greatest progress is in regard to their mission.

- From October 2002 to October 2003, on a scale from 1 to 4² the management performance of the four NGOs with regard to their mission³ increased from 2.5 to 3.6 (see Appendix III)
-

The importance of APROGE as a tool to strengthen NGO capacity to define their mission was highlighted during the final qualitative evaluation conducted in November 2003 regarding the use of APROGE. According to focus group participants, the NGOs now always refer to their mission and have disseminated them widely. “The most important improvement MSH brought to our organization was the revision of our mission. We understood that we had had no clear direction during all these years.” Another participant, in supporting this statement, pointed out that “The workshops made us understand who we are, what we can do to reach our objectives. Before the workshops, we didn’t know. The mission we identified gave direction to our actions.”

Results—NGOs Strategies are Defined and Coherent

Strategies to combat HIV/AIDS have been defined and are coherent with NGO missions. Another area of great progress in terms of management performance is strategy development.

- From October 2003 to October 2003, on a scale from 1 to 4 the management performance of the four NGOs with regard to their strategies increased from 2.5 to 2.9 (see Appendix III)
-

Results—NGOs Management Systems Strengthened

The management systems of the four NGOs have improved.

- From October 2002 to October 2003, on a scale from 1 to 4 the management performance of the four NGOs with regard to their management systems increased from 1.4 to 1.8 (see Appendix III)
-

Of all management systems, planning was the one most strengthened over the period of USAID assistance. All four NGOs now have a strategic plan, compared to only one in 2002. This achievement was in part due to APROGE, which pointed to the need for strategic planning, and the strategic

² "1" being the least developed and "4" being the most developed

³ Includes the two components that are used by APROGE to assess mission: knowledge of the mission and applications to program and priorities

planning workshops that followed, with technical assistance from MSH. Even the NGO that already had a strategic plan (GAPA Pará) stated that it benefited from the workshop. “We already had a strategic plan before. But the technical assistance [in strategic planning] strengthened some aspects of the NGO that were very fragile. Our technical skills are stronger...we now work with action plans. We can implement better what was already included in our strategic plan.”

In the opinion of the participants of the focus group, however, the most important feature of MSH’s technical assistance has been the training in human resources management. “The workshop made us understand that the volunteers expected something from us. We did not understand why they left GAPA. Now we have identified our own difficulties in making them stay. The workshops helped a lot. We didn’t even think that we could achieve this, but we have been successful, and quickly. That training was the “clue”, the “insight” [we needed]. Another participant also stressed that “the training was very useful. We discovered that we were doing amateur work...that we needed to become more professional”. “Thanks to the workshops we now are more professional”.

MSH's technical assistance for management strengthening of the four NGOs has had several unintended outcomes, revealed during the qualitative evaluation of the management strengthening process using APROG.

Additional Results

- *Restructuring of human resources*

After the first APROGE workshops, three of the four 4 NGOs had a “staff crisis”. Three NGOs had to reorganize their personnel due to the APROGE process. “After the first APROGE workshop some volunteers abandoned the NGO because they grew aware of the challenges they faced and they did not want to assume them. Also, we had to stop a project that had nothing to do with our revised mission. It has been very painful because seven persons were paid by this project. Before MSH we needed projects for the staff to have salaries. We worked with sex workers or adolescents because no other NGO worked with them. But we did not identify ourselves with that. Today we do not accept a project that has nothing to do with us [that is not aligned with our mission]. What was an obstacle in the beginning became a victory”. And, as other participants pointed out: “One of our staff members wanted Katiró to be a cooperative so that he could get paid. We understood that the risk was for us was to become an employment agency. We accepted his request for dismissal. Now we know that we want people [staff and volunteers] to be more qualified and develop their talents. It has been a process of growth and learning”, or “Today our staff is smaller but it is much more qualified” (Agá e Vida).

- *Training of other NGOs*

Even though the original idea was to train staff in the four NGOs in order to help them become trainers for other NGOs in the future, this process happened quicker than planned. Some staff from the four NGOs has already started replicating the skills they acquired during the APROGE process. “After the finance management workshop GAPA Pará already started to train other NGOs: the Gay Men’s Group of Pará, Bread and Life...”. “Rede de Amizade started an incubation process with another NGO, to which we transferred one of our

projects. The PN sees this as an experience that could be replicated in other places”. “If I had not participated in the [strategic planning] workshops I would not have been invited to co-facilitate ABGLT’s (another regional NGO) strategic planning. I am proud of this and it makes me feel motivated” (staff from Katiró).

- *Improved credibility and stronger partnerships.*
NGO cooperation seems to have improved. “We understand better the other NGOs. It is now clearer for us how we can help them identify their own mission. We are now helping SOCEAMA. We already had credibility in the State but now it is even bigger” (Rede de Amizade). “The PN gave us recognition, even though we are a new NGO. And we gained space within the State Aids NGOs Forum. Thanks to the workshops we were able to identify our partners. The Municipal and State Aids Programs want us to participate in outreach and communication activities with them. Important institutions support us: Fiocruz, SEBRAE...” (Katiró).
-

Lessons Learned

The twelve months of management strengthening of the four NGOs in the north of Brazil have provided several valuable lessons.

- The progress noted in management development can be largely attributed to the APROGE workshops that created awareness among the NGOs about their real situation in terms of management performance and about their needs to build management capacity
- Human resources management is the basis on which management strengthening should be built. This system component must be tackled first in order to lay the ground for the implementation of the other systems (such as financial management and fundraising, among others.)
- The APROGE management development process can provoke tremendous transformations in NGOs, especially in terms of human resources, and priority must be given to change management practices in order to obtain expected results without destabilizing the organizations
- The APROGE management development process must be carefully tailored to each NGO’s time and staff resources. NGOs find it difficult to carry on their daily activities while they are in the APROGE process, as they are not used to devoting the necessary time to management issues. In one case (GAPA Pará) the organization even suspended most of its community-based activities in order to strengthen itself internally and to be better prepared to serve the community in the future. Also, as a general rule, it seems that having a minimum of one permanent staff person is a key factor for substantial management improvement in the NGOs. Organizations composed only of volunteers have far more difficulties in implementing the necessary management changes
- When well conducted, the APROGE process can literally transform an NGO. As some participants stated: “The [APROGE] workshops have been the cornerstone of a new GAPA. They have been fundamental”, or, “The organization had come to a stop, but now it was born again” (Agá e Vida).

Challenges Ahead

The NGOs receiving MSH management assistance made important advances in the last twelve months. However, in spite of the progress made in management strengthening, significant challenges remain:

- *Continued technical assistance.* MSH strengthened the technical and financial sustainability of the four NGOs. By November 2003, each of them had received technical assistance from MSH for strategic planning, revision of their bylaws, human resources management, financial management and fundraising. They also have updated management development plans. However, in order to implement effectively all management systems, the four NGOs must continue to receive technical assistance. In order to maintain this momentum, the PN intends to continue providing technical assistance to these four NGOs
- *Scaling up.* The four NGOs that have received technical assistance from MSH can assist with transfer of their know-how to the other NGOs working in the area of HIV/AIDS in their own states (Pará, Amazonas and Acre) and in the other four states of the Northern Region (Roraima, Rondônia, Amapá and Tocantins). For such, they still need to be supported technically as they cannot yet assume this responsibility alone and the costs of this activity need to be covered by outside sources. MSH has worked with the PN such that plans are in place to provide some support for transfer of know-how to other HIV/AIDS NGOs in the north, assuring that the assistance provided by MSH to the four NGOs benefits others NGOs in the region.
- *Public-private partnerships.* Part of the effectiveness of Brazilian efforts to prevent HIV infection rests with the ability of the public sector and NGOs to work together on prevention efforts. MSH had intended to work with the PN DST/AIDS, the NGOs in the north and state and municipal STD/AIDS program on strengthening public-private partnerships. For reasons of time and resources, and in agreement with the PN, these activities were not programmed. For the future, however, technical assistance is required to strengthen public-private partnerships. Such activities include facilitating meetings and workshops with NGOs and public sector programs designed to strengthen communication, team building, joint planning and integration skills and in establishing systems (such as performance-based contracting) for successful public sector management of NGO projects.

2. "Incubating" a HIV/AIDS Social Marketing NGO -- the case of *Transformarte*

Social marketing is a key strategy to making condoms available for HIV prevention. Over the years, USAID/Brazil has provided support to DKT, which has in turn supported Brazilian NGOs to carry out social marketing activities. Most of these NGOs, however, need to strengthen their management systems in order to expand their social marketing activities. *Transformarte* is one of these organizations.

Results - October 2002 to November 2003

Transformarte has:

- Established its headquarters and held an event for the official launch of its activities;
- Increased its staff, diversifying staff technical competencies;
- Initiated development activities to diversify its funding base (submitted proposals to several potential funding organizations, established a fundraising database and identified a new staff person to assist with these activities);
- Established its financial management procedures;
- Launched its home page;
- Developed job descriptions;
- Held its first Annual Meeting;
- Held its first annual strategic planning exercise;
- Participated in national and international conferences, meetings and seminars. At the AIDS Conference in New Orleans, members of *Transformarte* were invited to present a skit about AIDS prevention for adolescents and received a \$17,000 grant.

Background

GRAPPAR was a DKT-supported project that demonstrated excellent technical capacity for working with HIV/AIDS prevention among low-income adolescents in Rio de Janeiro using "peer-education" and condom social marketing techniques. In 2002, MSH began to "incubate" *Transformarte*, the NGO that was legally established to institutionalize GRAPPAR.

Between October 2002 and November 2003, MSH provided assistance to strengthen *Transformarte's* financial and contracting procedures, identify new potential sources of funding, expand its technical staff and build its home page. Some particular accomplishments were the official launch of *Transformarte's* home page and of its activities (the latter through an event that brought together approximately 300 persons, organized in the new headquarters). *Transformarte* also held its first Annual Meeting that gathered all its staff and board members for the review of the accomplishments of its first year as a fully legalized NGO. In November 2003 *Transformarte* held a workshop to develop its first strategic plan.

As a result of MSH's "incubation" efforts, *Transformarte* has become an entirely independent and legally established NGO with an active board of directors and a small but dedicated staff. Having defined its mission with MSH assistance, it is now capable of planning strategically for the future. It has also implemented simple administrative systems for the management of human and financial

resources. With a stronger management base, *Transformarte* has been able to expand its technical activities to include not only prevention of adolescent pregnancy and HIV/AIDS but also community education regarding tuberculosis.

In September 2003, USAID terminated its funding to DKT for social marketing, which has been the main source of funding for *Transformarte*. Nevertheless, *Transformarte* has been able to sustain its activities due to its previous efforts to diversify funding sources. *Transformarte*'s ability to navigate itself through this period of financial re-adjustment is a vivid example of how MSH's management strengthening activities have contributed to its organizational sustainability.

3. Strengthening the Management Capacity of ABIA

At the request of USAID/Brazil and the CN, MSH awarded R\$ 50,000 to ABIA (Associação Interdisciplinar de AIDS) in the form of a Memorandum of Understanding (MOU) for management strengthening. The objectives of the MOU were to improve ABIA's organizational structure and align roles and responsibilities, develop a new communications strategy and strengthen their fundraising activities.

Results - October 2002 to September 2003

Under the MOU, ABIA has:

- Developed a new organizational structure;
- Updated and revised staff job descriptions;
- Prepared a new, more pro-active communications strategy, including more aggressive use of mass media, new layouts for traditional ABIA publications (Ação Anti-AIDS and Informe ABIA), an innovative sexual and humans rights campaign using post cards, and a new, more attractive, layout of its website with stronger links to ABIA's well-known Documentation and Reference Center; and
- Implemented a fund raising strategy.

Background

In August 2002, the CN held a competition to recognize the management efforts of AIDS NGOs in three areas: overall management, sustainability and fundraising. Since the winners in each category were to receive an award, the CN asked USAID/Brazil to sponsor the award for "sustainability". In turn, USAID/Brazil asked MSH to make the award possible. ABIA won the competition in the area of "sustainability" due to its efforts to assure organizational sustainability through strategic planning.

4. Support to the MOH CN DST/Aids NGO and Human Rights Unit

In addition to management technical assistance to NGOs in the northern region of Brazil, the PN also requested that MSH provide assistance for two additional activities involving NGOs working in AIDS: 1) updating of a database to "map" Brazilian NGOs working in AIDS in order to publish a directory of these NGOs, and 2) publication of a booklet on legal issues affecting NGOs.

Milestones

- The PN NGO database has been completed and the NGO directory will be published by the PN by the end of 2003.
 - A book on legal issues concerning AIDS NGOs was written and will be available for distribution in December 2003.
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Background

NGO Directory. The PN DST/AIDS is publishing an up-dated edition of its catalog of NGOs working in AIDS prevention and care. At the request of the PN DST/Aids, MSH contracted a data entry person that helped to complete the database, entering data from questionnaires that were sent to all NGOs working in the area of AIDS in Brazil. The data entry person also followed up with organizations that had not returned their questionnaires in order to assure that the database is as complete as possible. Excessive workloads at the PN have delayed the publishing of the directory. According to the PN this publication is expected to be released by the end of December 2003.

Book on NGO Legal Issues. The legalities of operating NGOs in Brazil are important for NGOs working with HIV prevention. Few law firms in Brazil specialize in non-profit organizations and thus legal counsel is not readily available to most NGOs. The NGOs have concerns with regard to their by-laws (whether they are in accordance with certain tax exemptions), hiring of employees and consultants, government payroll taxes, managing volunteers, as well as sales of products (such as condoms). To prepare this publication, the PN DST/AIDS and MSH carried out a small survey among AIDS NGOs to identify the top legal issues that most concern them. Based on survey findings MSH has prepared a book that addresses the legal concerns of NGOs working in the field of AIDS in Brazil. The publication takes the form of "FAQ". An editorial review board reviewed the final version of the publication with experts from outside MSH, including the PN DST/AIDS. The publication is being prepared for printing and will be available for distribution in December 2003. The booklet will also be available on the PN DST/AIDS and MSH websites.

Additional Activities

- MSH participated on the editorial board for the second PN publication on NGO sustainability and an article about strategic planning was written for this publication.
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5. Decentralization of HIV/AIDS Voluntary Counseling and Testing in Ceará

MSH has assisted the Ceará State Secretariat of Health (SESA) with implementation of decentralized VCT services at the municipal level. To do so, a pilot project was implemented in the micro region of Juazeiro do Norte, Ceará.

Results - October 2002 to October 2003

- Decentralized VCT services were implemented in seven health units (one hospital and six health centers) in selected municipalities
 - Municipal staff were trained in voluntary counseling and testing procedures, and facilities initiated services in August 2003
 - Regional laboratory staff was trained in testing quality control procedures
 - A total of 638 persons were counseled and tested for HIV over the three month period from August to October 2003; x of these were positive for a seroprevalence rate of x%⁴
 - Of those tested, x were pregnant women; x of those were positive, for a seroprevalence rate of x%⁵
 - Quality control procedures were put in place that identified an equipment failure that was subsequently corrected
-

Background

At the request of SESA, MSH conducted an assessment of HIV VCT services in Ceará that confirmed the low coverage of these services in most municipalities in the state. Based on these findings, SESA, MSH and Pathfinder do Brasil jointly developed a pilot project to increase access to quality VCT services in the micro-region of Juazeiro do Norte. This project began in October 2002 and has the following objectives:

- Demonstrate a model for decentralized provision of HIV VCT services at the municipal level, composed of municipal services for pre- and post-test counseling and collection of blood specimens and a regional laboratory, supported by SESA's central laboratory to assure the quality of testing;
- Increase access to HIV VCT services to the general population, with emphasis on the groups most exposed to the risk of infection; and
- Design and implement a system for monitoring the quality of decentralized HIV VCT services.

From October 2002 to October 2003, the project was designed with participation from all stakeholders, federal, state and municipal resources were mobilized to support project activities, facilities were remodeled to accommodate counseling and testing activities, equipment was purchased/acquired and installed, staff was trained in counseling and testing, NGOs were mobilized, monitoring and evaluation indicators were defined and a system for monitoring the quality of HIV testing was designed. In August 2003, the first of eight planned sites in the six municipalities that comprise the region began to

⁴ To be informed in December 2003.

⁵ To be informed in December 2003

provide services. By November 2003, seven facilities were providing VCT services. VCT services were not implemented in one of the planned sites (a hospital in Juazeiro do Norte) due to political problems between the administration of the hospital and the administration of the Juazeiro do Norte municipal secretariat of health.

MSH has been responsible for overall project planning and coordination, provision of technical assistance to implement testing services and testing quality assurance, and implementation of the information system.

Significance of the Results

Expansion of VCT services is a top public health priority in Brazil. To do so, the Brazilian health system, and the PN DST/Aids in particular, are in need of models that increase access to VCT services. As the pioneer state for decentralization of health care in Brazil, Ceará often provides needed models that can be transferred to other states. This project has demonstrated that access to quality VCT services can be increased by successfully decentralizing services to municipal health facilities.

Knowledge of one's HIV status has been shown to be a powerful motivator for behavior change, enabling people to remain disease free, or if infected to access medical and supportive services. The GOB's campaign theme "Know your status" (Fique Sabendo) requires that quality VCT services be available to large numbers of people in the general population. Of the 638 tests performed in the first three months of operation in Juazeiro do Norte, 82% were from the general population and 18% were pregnant women, indicating that expanding VCT services through the Unified Health System (SUS) can be a successful strategy.

Challenges Ahead

To date, the SESA Central Laboratory has covered the additional costs of HIV testing in the Juazeiro do Norte micro region. To sustain HIV testing over time, the challenge for the Juazeiro do Norte micro region will be to successfully negotiate with municipal secretariats of health, via the PPI, allocation of resources to cover the costs of HIV tests and supplies. To aid these negotiations MSH is assisting SESA to determine the costs of HIV testing. Another important challenge is the availability of transportation to transport blood samples and test results between the regional laboratory and the health facilities where testing is carried out.

6. HIV/AIDS Strategic Planning in the Public Sector

Strategic planning is an essential management function for HIV/AIDS programs given the need to prioritize and allocate resources strategically. With USAID/Brazil support, MSH has contributed to consolidating the practice of strategic planning among HIV/AIDS programs in Brazil.

Results - October 2002 to November 2003

- All four USAID priority state HIV/AIDS programs have completed strategic plans.
 - While municipal STD/AIDS programs are not required to submit strategic plans to the PN DST/Aids, two USAID priority municipal STD/AIDS programs (Santos and Campinas) have completed strategic plans.
 - The strategic planning manual, prepared by the CN DST/AIDS and MSH, was re-printed (200 additional copies) to meet the growing technical demand for strategic planning methodology in Brazilian states and municipalities.
 - Based on Brazil's successful experience with strategic planning, the National AIDS Program in Angola requested assistance from Brazil in this area. Staff from the São Paulo State STD/AIDS Program, a USAID priority state, provided this technical assistance, using the methodology developed with USAID/Brazil support.
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Background

Since FY01 MSH provides technical assistance to the PN DST/AIDS in the area of strategic planning, in partnership with ASPLAV (Assessoria de Planejamento e Avaliação). Working together, MSH and ASPLAV staff adapted the UNAIDS strategic planning methodology to the context of the epidemic in Brazil. The methodology was set forth in a strategic planning manual, prepared by MSH. Using this manual, PN and MSH trained 100 facilitators in strategic planning. These facilitators have been the driving forces behind the preparation of state-level strategic plans for combating the HIV/AIDS epidemic. Of the 26 Brazilian states, 24 have completed their strategic plans.

In addition to the training in strategic planning provided to all state programs, MSH provided technical assistance in strategic planning to the four USAID priority states.

While the PN has not requested that municipal programs prepare strategic plans, five municipal programs (among the 300+ priority municipalities for HIV/AIDS in the country) have prepared plans. Of the five, two (Campinas and Santos) are USAID target municipal programs. The recognition of the need to have municipal strategic plans is a direct result of MSH's management strengthening activities using the management development tool APROGE (Auto Avaliação dos Processos Gerenciais).

Significance of the Results

At the end of 2002, the PN began the process of providing block grants to state and municipal STD/AIDS programs as part of its overall strategy to decentralize management of HIV/AIDS programs. Block grants have substituted the previous mechanism of federal transfer of funds via "convênios". To be eligible for a block grant, state and municipal programs must present strategic plans and, based on these plans, present HIV/AIDS annual work plans (Plano Anual de Metas-PAM). The first states to qualify for block grants were Ceará and São Paulo, both USAID priority states.

USAID/Brazil's assistance, via MSH, to develop the methods and tools for carrying out strategic planning in Brazil has strengthened the decentralization of HIV/AIDS program management. By implementing block grants, the burden of having to manage hundreds of "convênios" at the federal level has been reduced, local (state and municipal) control over program management is being increased and greater local access to financial resources for HIV/AIDS is assured.

7. Management Strengthening of Municipal TB Programs: Implementation of DOTS in the Municipality of Duque de Caxias

MSH has worked with the Rio de Janeiro State Secretariat of Health TB program (RJ SES PCT) to improve municipal political and administrative support for TB control and expand and improve implementation of Directly-Observed Therapy-Short Course (DOTS) in Rio de Janeiro state. The main activity carried out jointly between MSH and the RJ SES PCT was implementation of DOTS in one priority municipality. In early 2003 the RJ SES PCT selected Duque de Caxias to be the first of 22 priority municipalities in Rio de Janeiro State to receive direct support from the RJ SES PCT for implementation of DOTS.

Results - October 2002 to November 2003

- The Municipality of Duque de Caxias adopted DOTS as its official TB control strategy.
 - DOTS was successfully implemented in Duque de Caxias in the two most representative health service delivery contexts in Brazil--a municipal health center and a family health post--demonstrating sustainable models for DOTS implementation that can be used throughout Rio de Janeiro State and the remainder of Brazil.
 - DOTS implementation tools (clinical records, data collection and reporting forms, service routines and procedures and performance improvement instruments) were developed for use by the Duque de Caxias Municipal TB Program to support implementation of DOTS. These same tools will be used by the RJ SES PCT for expansion of DOTS to other municipalities in the state.
 - During the first 5½ weeks of services in the municipal health center, 115 suspected cases of TB were identified. Of these, four were confirmed TB cases and all four cases are being treated by DOTS.⁶
-

Background

Brazil has the highest number of tuberculosis cases in the Americas and ranks 14th among the 22 high-burden countries identified by the World Health Organization (WHO). In 1998, the GOB began implementing DOTS. In March 2000, at the WHO-sponsored Amsterdam Conference on Tuberculosis and Sustainable Development, the GOB signed an agreement to expand DOTS to 80% of the country by 2005. DOTS coverage currently reaches only a small portion of the population. Since the burden of TB disease in Brazil is concentrated in the States of Rio de Janeiro and São Paulo, USAID is assisting both states to promote the use of DOTS for TB control. With USAID support, MSH is assisting the RJ SES PCT to expand DOTS in Rio de Janeiro State.

In 2003 the RJ SES PCT prepared a plan, called "Força Total", to accelerate the implementation of DOTS in 22 priority municipalities in the state of Rio de Janeiro. Duque de Caxias (population 775,000) was chosen as the first municipal program to receive direct support for implementation of DOTS under "Força Total". Of the 22 priority municipalities in Rio de Janeiro state, in 2000 Duque de Caxias municipality had the second largest TB incidence (140 cases per 100,000 population) and the second largest number of cases (1,088) compared to other municipalities in the state.⁷ In addition

⁶ TB case detection began in the communities of the family health post in late October 2003. TB data for the family health post will be available in early December 2003.

⁷ Rio de Janeiro municipality has the highest number of cases (6,680 in 2000) in the state.

to epidemiological reasons, the municipality of Duque de Caxias was chosen because of the commitment on the part of municipal health management (including the TB Program manager and the Family Health Program manager) to implement DOTS.

With technical assistance from MSH, DOTS was implemented in a municipal health center (CRAIS Saracuruna) and in a family health post (Posto de Saúde da Família Jardim Gramacho) in Duque de Caxias in October 2003. In the municipal health center DOTS is administered five days per week by a team composed of a physician, nurse and technical nurse. On the other 2 days of the week, treatment is administered by community health workers, community leaders or is self-administered. In the family health post, members of the family health team also administer DOTS five days per week.⁸

During the first 5½ weeks of operation in the Duque de Caxias health center, 115 suspected TB cases were identified and 4 TB cases were confirmed. All four confirmed TB cases are being treated with DOTS. Behind these numbers, however, lies significant effort on the part of MSH to train TB providers in Duque de Caxias and develop tools and establish systems to support implementation of DOTS not only in Duque de Caxias but throughout the state of Rio de Janeiro as well. The tools and systems developed to initiate services in Duque de Caxias can now be used the RJ SES PCT for expansion of DOTS in other municipalities and are one of the most important results of this activity.

To support TB case detection and treatment, the following *TB clinical records and forms* were developed and introduced for use in the Duque de Caxias Municipal TB program:

- **Persons with Persistent Cough Reporting Form (health center use):** A form and instructions were developed for identifying all persons entering the health center who have persistent cough and indicating whether they were referred for TB services. This form is used by all health providers working in the health center and by family health teams as they work in the community. All providers in the health center and family health post in Duque de Caxias were trained in identification of persons who have had a cough for more than two weeks and in use of the form.
- **Persons with Respiratory Symptoms Suggestive of TB Reporting Form:** A form and instructions were developed to identify all persons reporting or referred to the family health post or identified by family health teams that have signs or symptoms suggestive of TB. This book is used to track the results of all sputum tests conducted for persons with respiratory signs and symptoms suggestive of TB.
- **Clinical record for confirmed TB cases:** A clinical record for providing TB care and instructions for completing the record were developed and all TB providers were trained in its use. This form was printed in large quantities (3,000 copies) so that the Duque de Caxias Municipal TB Program can introduce its use in all municipal health facilities.

⁸ The fact that DOTS is available in the municipal health center five days per week is a success in itself. Much discussion occurred with the RJ SES PCT about how many days per week a municipal health center (that does not have family health teams in the communities) can dedicate staff and other resources to provision of TB services. The RJ SES PCT was concerned that municipal programs could not provide DOTS more than three days per week and preferred to establish a state norm requiring that DOTS be available three days per week. Since the more number of days DOTS is available the more successful DOTS will be in curing TB, MSH advocated for letting the decision be made by each municipal TB program since many programs would be able to offer DOTS five days per week. In the end, it was decided that the decision regarding the number of days to provide DOTS rests with each municipality. Both RJ SES PCT and MSH are pleased to report that the Duque de Caxias Municipal TB program chose to provide TB services using DOTS five days per week.

- DOTS treatment card (retained by the health facility): A form (card) and instructions were developed for monitoring treatment of each TB patient using DOTS and printed in large quantities (3,000 copies) for use in all Duque de Caxias municipal health facilities.
- DOTS treatment card (retained by the TB patient): A TB patient-retained card and instructions were developed to track all treatment provided using DOTS, exams and appointment dates. This card was produced in blue and orange to match the colors of the national TB program. Since all TB patients retain this card, it is provided in a plastic envelope (the same size as the card) for protection. Approximately 3,000 cards and envelopes were produced so that Duque de Caxias Municipal TB program can use this card in all municipal health facilities.
- Contact investigation form: A form and instructions were developed to identify all contacts of confirmed TB cases.
- Clinical record for TB contacts and treatment of contacts: A clinical record, with instructions, was developed for identification of TB cases among contacts and prophylaxis for contacts. All TB providers were also trained in the use of the form. Large quantities of this form (1,500 copies) were also printed so that the Duque de Caxias Municipal TB Program can introduce its use in all municipal health facilities.
- TB prophylaxis form: A form and instructions were developed for administering TB prophylaxis to all TB patient contacts.
- Referral form: A form was developed to refer TB patients to another facility to continue treatment and to receive information back about such treatment.

To support effective reporting of TB cases, the following *TB reporting forms* were developed and introduced for use in the Duque de Caxias Municipal TB program:

- Monthly TB Report: A form to be used by each municipal health facility to report TB caseload information to the municipal TB program was developed. This form provides data on TB case detection, confirmed new TB cases, retreatment cases and total caseload, by health facility.
- Quarterly TB Results Reporting Forms-Cohort Analysis: Two forms for analysis of TB cohorts were developed for use by municipal health facilities to report to the municipal TB program.
- SINAN tracking form: A form and instructions were developed to track information required for monitoring and reporting close-out of TB cases to the national disease notification information system (SINAN-Sistema Nacional de Agravos de Notificação).

To assure a continuous supply of TB drugs and other supplies, the following *TB drug and supply forms* were developed and introduced for use in the Duque de Caxias Municipal TB program:

- Monthly Request Form for TB Drugs and Supplies: This form and instruction were introduced to request TB drugs and supplies from the pharmacy and stock supply center. This form is particularly important for the family health teams that work at posts that are a long distance from the main health center where TB services are provided.
- Daily TB Drug Control Sheet: This form and instructions were developed to control the health center (or family health post) supply of TB drugs on a daily basis in order to assure sufficient stock and avoid stock-outs.

The following *TB routines and protocols* were also developed:

- Routine for TB Case Detection
- Routine for Evaluation of TB Contacts

- Routine for Collection and Transport of Sputum Samples
- Routine for Requesting, Storing and Dispensing TB Drugs
- Routine for CHWs to Request TB Drugs (for use in CRAIS Saracuruna only)
- Routine for Requesting Lab Exams and Completion of Lab Forms
- Routine for inter- and intra-institutional communication regarding TB patients

The following *TB provider aids* and “*cue cards*” were also produced⁹:

- TB case detection, diagnosis and treatment
- TB treatment and contact evaluation
- TB treatment schemes

In preparation for implementation of DOTS in the two health facilities in Duque de Caxias, MSH also provided selected *equipment*. A small amount of *remodeling* of the health center in Saracuruna was also required in order to assure adequate ventilation and appropriate circulation in areas to be used for treatment of TB patients.

Performance improvement was also introduced as a methodology for supporting implementation of DOTS. A *TB-specific performance improvement tool* was developed to enable RJ SES PCT staff and municipal TB program and health center staff to assess current performance of municipal TB services. This tool, organized around the DOTS pillars, establishes performance criteria for TB services in the following areas: political commitment, health education, organization of services to detect, diagnose and treat TB, laboratory support, biosafety and DOTS. This tool was applied to both the Duque de Caxias municipal health center and the family health post in August 2003, prior to implementation of services. The results confirmed the poor performance of TB services prior to service implementation, as shown in the tables below.

CRAIS Saracuruna Health Center
Baseline TB Performance Assessment Prior to Service Implementation
August 2003

Performance Category	No. of Performance Criteria Reached	Total No. of Performance Criteria	% of TB Performance Criteria Reached
Political commitment	0	13	0%
Health education	0	5	0%
Organization of services to detect, diagnose and treat TB	0	15	0%
Laboratory support	2	6	33%
Biosafety	1	3	33%
DOTS	0	9	0%
Total	3	51	6%

⁹ These materials (30 copies each) were produced in blue and orange to match the colors used by the National TB program.

Family Health Post – Jardim Gramacho
Baseline TB Performance Assessment Prior to Service Implementation
August 2003

Performance Category	No. of Performance Criteria Reached	Total No. of Performance Criteria	% of TB Performance Criteria Reached
Political commitment	0	11	0%
Health education	0	5	0%
Organization of services to detect, diagnose and treat TB	0	11	0%
Laboratory support	0	6	0%
Biosafety	1	3	0%
DOTS	0	8	0%
Total	1	44	2%

Based on the results of the above assessment, the Duque de Caxias Municipal TB Program and health providers at each facility developed a performance improvement plan for implementation of TB services using DOTS. These plans have guided the implementation of DOTS in the two facilities. The performance improvement tool will be used to repeat the assessment in December 2003 or early 2004 and periodically thereafter. The tool will also be used by the RJ SES PCT to assess the performance of TB services in other municipal TB programs. The tool can also be used by TB providers for self-assessment and learning.

One of the interventions cited in the performance improvement plans was *training of TB providers*. Thus, prior to implementation of DOTS, MSH conducted 8 TB training workshops for 76 providers from the municipal health center and family health post. (See Appendix I for a complete list of workshops, dates and number of participants.)

Among the challenges that lie ahead for the Rio de Janeiro State TB and municipal TB programs, including Duque de Caxias, is obtaining resources to use incentives (enablers) that assure DOTS compliance. During the first 5½ weeks of TB services in the Duque de Caxias health center in Saracuruna, five additional TB patients with positive sputum spears were referred for treatment from other health centers. Since these patients do not live within the catchment area of the Saracuruna health center and thus cannot afford transportation to come to the health center everyday, self-administered TB treatment was initiated instead of DOTS. To assure treatment compliance, TB health providers need to be able to provide the “enablers” (transportation vouchers, in the case of Saracuruna) to assure successful TB cure.

Performance Summary: In partnership with the RJ State TB Control Program, MSH has trained health care providers in two pilot sites and set up the systems, procedures, records and performance improvement processes to support DOTS. By focusing on integration of DOTS into a municipal health center and family health post, the most representative health delivery contexts in Brazil, MSH has provided the tools and the experience for the Rio de Janeiro State TB Control Program to scale up implementation of DOTS to all of the municipalities of Rio de Janeiro State. The successful

implementation of this no-frills DOTS program in a poor municipality in the span of only three months can provide such a model.

8. Management Strengthening of the Rio de Janeiro State TB Program to Support Implementation of DOTS in Rio de Janeiro State

MSH has worked with the Rio de Janeiro State Secretariat of Health TB program (RJ SES PCT) to improve municipal political and administrative support for TB control and expand and improve implementation of DOTS in Rio de Janeiro state.

Results - October 2002 to November 2003

- State and municipal TB program managers from priority municipalities in Rio de Janeiro State have participated in workshops to improve TB program management skills and strengthen TB information systems.
 - Family health nurses from all municipalities in Rio de Janeiro State have been trained in the planning and organization of TB services using DOTS.
 - NGOs in Rio de Janeiro State interested in working on TB control were identified and mobilized.
 - The Rio de Janeiro State Forum of TB NGOs was successfully established.
-

Background

Strengthening of TB Program Management. In 2002, a workshop was held for state TB program managers and municipal TB program managers from the 23 priority municipalities for TB in the state of Rio de Janeiro. Based on priorities identified, MSH began to conduct training in three strategic TB management areas during FY03.

The first management training priority identified was strengthening of management skills. In December 2002 MSH conducted a 2½-day workshop on management skills (leadership, negotiation, motivation, communication, team building and managing conflict.) Thirty program managers participated: 14 from the state TB program and 16 from the priority municipalities.

The second management training priority identified was strengthening of TB municipal staff skills to plan and organize TB control services. Due to delays in receiving USAID funding from PAHO, in early 2003 the RJ SES TB Program requested MSH to modify plans for this workshop to focus on training health personnel in implementation of DOTS. Thus, plans and resources for this workshop were re-directed to include five workshops on DOTS for 101 Family Health Program nurses all municipalities in Rio de Janeiro State. These workshops were held in April and May 2003.¹⁰

The third training priority identified was strengthening TB state and municipal staff skills in the use of epidemiological information for program management. Two “Data for TB Program Management Decision Making” workshops (one for state and one for municipal staff) were held in June 2003. The municipal-level workshop was attended by 20 participants from priority municipalities and the state-level workshop was attended by 11 participants. In October 2003, a follow-up workshop was held for the municipal-level participants that had attended the June 2003 workshop. The objective of this workshop was to follow up plans developed during the first workshop to improve TB information systems. The second workshop was attended by 21 participants.

¹⁰ RJ SES PCT staff conducted the training, MSH provided logistic support for organization of the workshops.

Strengthening Public Sector Partnerships with Civil Society Organizations (CSOs) for TB

Control. The RJ SES PCT requested USAID support to strengthen the role of CSOs in TB control in the state of Rio de Janeiro. As a first step in that process, an assessment was conducted of existing CSOs that currently work in TB in Rio de Janeiro state and of other CSOs interested in working in TB control in the future. The assessment identified 69 interested CSOs and proposed criteria for selection of CSOs to work in TB control.

Once the CSOs were identified, a workshop was held in May 2003 to determine the specific needs (technical, financial and other) of CSOs to be able to partner in the area of TB. This workshop was attended by 64 persons that represented 46 CSOs.

A second workshop was held in July 2003 with 80 persons from 56 CSOs to mobilize the CSOs to strengthen their own organization. This workshop resulted in the creation of a network of CSOs that work in TB in the Rio de Janeiro State, called the Rio de Janeiro State NGO TB Forum.

As a result of mobilizing the CSOs, the Rio de Janeiro State TB NGO Forum was created on August 6, 2003, with 47 participants attending, and the first meeting of the Forum was held on Sept. 17, 2003.

Remaining challenges: A particular challenge to be able to successfully engage CSOs in TB control is to assure that they have sufficient financial resources to be able to carry out TB control activities. During 2003 MSH and the SES/RJ PCT initiated discussions with the PN DST/Aids regarding the possibility of making available PN funds allocated to AIDS/TB co-infection activities. Discussions have been encouraging that the PN will be able to support CSO TB activities.

Additional Activities – October 2002 to November 2003

- In November 2002, the RJ SES PCT organized a meeting for municipal TB coordinators in Rio de Janeiro state. MSH assisted with organization of the meeting and by judging the poster session.
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9. Leadership Development Program—Ceará¹¹

Rapid decentralization in Brazil created new challenges for the Secretariat of Health (SESA) in the Northeastern state of Ceará. SESA had to assume the responsibility for providing health services to the state's seven million citizens as well as the regulation and coordination of a large, complex health system. Expanding the health care leadership base has become a critical priority. To reach the large number of managers dispersed over a vast geographic area SESA—with the support of MSH and the School of Public Health for the state of Ceará—created LiderNet to offer a blended learning model of face-to-face and web-based professional development activities.

Results - October 2002 to October 2003

- LiderNet was officially launched in December 2002 in a ceremony conducted by the State Secretary of Health and attended by nearly 100 SESA employees
 - One hundred and forty managers from hospitals, laboratories, and central, regional and local health offices participated in on-line discussion groups moderated by School of Public Health faculty. These discussions identified common problems and shared best practices for how to lead and manage in a decentralized health system.
 - The first module of a web-based structured leadership program was tested and included 40 participants. The module is being launched again in the Brazilian spring of 2003.
 - A website was launched that functions as a knowledge hub where health professionals from around the state can keep in touch, access best practices and tools, initiate discussions on the bulletin boards, find out about training opportunities, and share resources.
 - An evaluation of the LiderNet Pilot Project was carried out from January to April of 2003, culminating in a Review Forum in Ceará in which managers who had taken the online course received diplomas and presented action plans for performance improvement in their worksites. A full report is available in Portuguese.
 - A SESA grant proposal to DFID to adapt the remaining Leadership Development modules for electronic media was granted in October 2003. Entitled “Developing teams to reduce infant and maternal mortality,” it will target health managers and local officials in municipalities where infant and maternal mortality rates have not declined sufficiently.
 - Lessons learned from LiderNet have been integrated into LeaderNet, MSH's international virtual community of practice for alumni of M&L training programs in leadership and management worldwide. LiderNet Brazil participants are members of this new international community and will take part in its first Forum on Organizational Climate in November 2003.
 - MSH do Brasil staff and Brazilian leadership experts from LiderNet are in the process of transferring capacity to assist the Mozambique Ministry of Health in a two year project to strengthen leadership and management throughout Mozambique's public health system.
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¹¹ Supported with “core” funds to the Management and Leadership Program.

Background

Why is LiderNet significant for USAID/Brazil?

In 1998 USAID/Brazil provided support to SESA through MSH's Family Planning Management Development (FPMD) Cooperative Agreement to plan and implement SESA's face-to-face Leadership Development Program (Programa de Desenvolvimento de Liderança-PDL). Since then PDL has been entirely institutionalized and has prepared over 600 health care managers.

LiderNet successfully builds on the Leadership Development Program by creating a blended (electronic and face-to-face) learning program with the potential to reach health managers in remote areas and over large distance. It covers topics such as: developing personal competencies; communication and creativity; conflict resolution; negotiation skills; how to motivate staff; how to develop teams; time management; strategic planning and; total quality management.

This project is demonstrating the limits and possibilities of remote learning for leadership. DFID support for LiderNet as a tool to improve infant and maternal mortality rates in low-performing municipalities is evidence for its direct applicability in addressing health service challenges. LiderNet can be a model for collaboration between government secretariats, programs and NGOs in leadership development and can provide the vehicle for south-to-south transfer of capacity building in leadership and management to improve health services in Lusophone Africa.

10. Success Story

DOTS Implementation in Duque de Caxias: How family health teams have made it work

A young Brazilian man, recently diagnosed with TB, bicycles several miles a day, five days a week, to the Saracuruna Municipal Health Center in Duque de Caxias, Rio de Janeiro, to take his TB medication under the watchful eye of the family health team. He is one of four people in this peri-urban community of 775,000 to have been diagnosed with TB since the new DOTS program started only five and a half weeks ago. For this municipality, that in 2000 registered the second largest number of TB cases in Rio de Janeiro state, he represents the first sign of success in a concerted effort by the Brazilian government to institutionalize DOTS as the universal TB control strategy for its family health care system and to reverse the precipitous declines in TB detection and cure rates that have occurred over the past twelve years.

The fact that his TB is being treated, however, is no accident, but part of a significant effort on the part of MSH in partnership with the RJ State TB Control Program to train health care providers in two pilot sites and set up the systems, procedures, records and performance improvement processes to support DOTS. By focusing on integration of DOTS into a municipal health center and family health post, the most representative health delivery contexts in Brazil, MSH has provided the tools and the experience for the State TB Control Program to scale up implementation of DOTS to all of the municipalities in Rio de Janeiro State. Political commitment from other municipalities to implement DOTS will depend on developing cost-effective models that do not require extra incentives to achieve results. The successful implementation of this no-frills DOTS program in a poor municipality in the span of only three months can provide such a model.

Supported by funding from USAID/Brazil under its HIV/AIDS and TB SO3, the MSH Duque de Caxias DOTS Project has yielded several early lessons about integrating DOTS:

- Family health teams are committed to integrating DOTS when they are well trained and engaged as partners in performance improvement
- Successful DOTS implementation depends on developing management systems and tools that are adapted to the sites in which family health teams work
- Case detection rates can be quickly improved by training health care providers and staff to refer any person who reports persistent cough for two weeks duration
- Patients will make an effort to come to health posts where they are known and near where they live for observed treatment

In January 2004, both sites will evaluate their progress using the TB Performance Improvement Tool developed by the project team. Lessons learned will be important to enable the RJ State TB Control Program to expand coverage of DOTS to other municipalities. The need for expansion in the State of Rio de Janeiro is critical as the state accounts for 20% of all notified TB cases, has the highest mortality from TB and the highest default rates. With estimates that 25-30% of AIDS infected individuals in the state have active TB, the lessons cannot come soon enough.

**Picture of a young man with TB who bicycles daily to the municipal health center for DOTS in Duque de Caxias, Rio de Janeiro, Brazil
(to accompany success story)**



11. Financial Reporting: Obligations, Expenditures, and Pipeline

Management Sciences for Health Management & Leadership Program

Brazil

Financial Report as of 30 September 2003

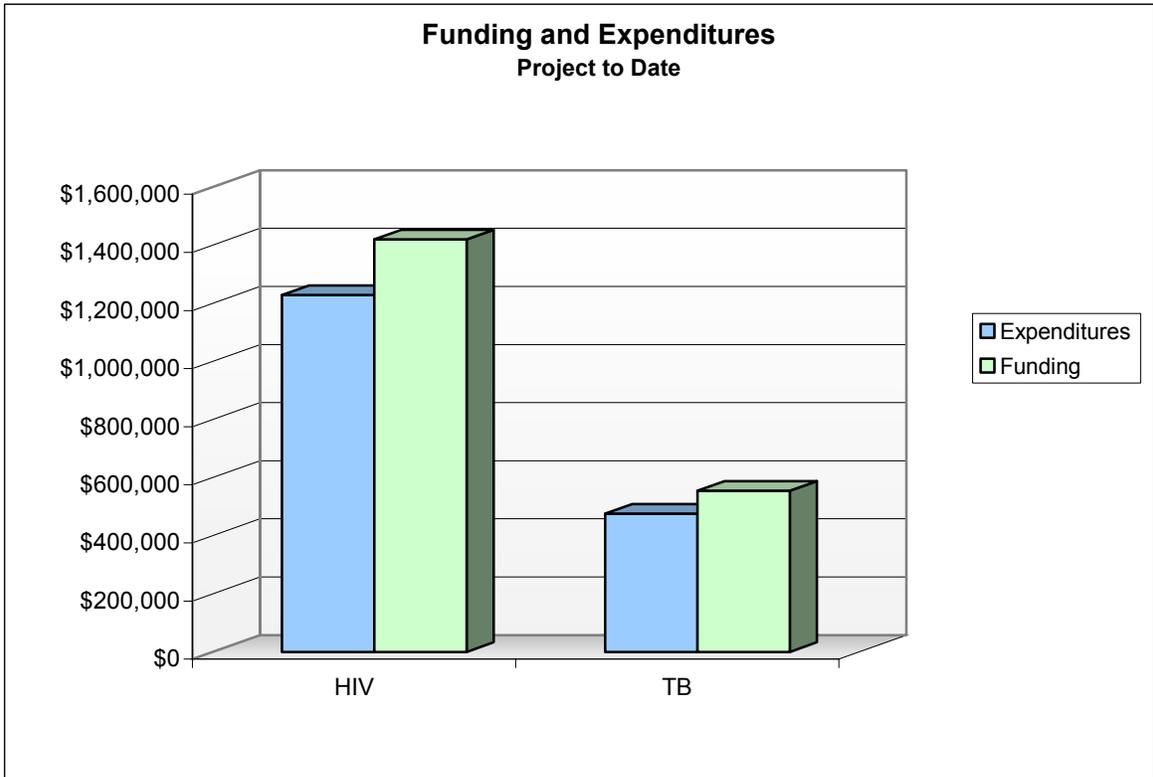
	Year	HIV		TB		Total Amount	Average per Month
		Amount	Date	Amount	Date		
Funds obligated	FFY 01	1,220,000	03-Aug-01	200,000	03-Aug-01	1,420,000	
				354,631	27-Sep-01	354,631	
	FFY 02	200,000	29-Sep-02	-		200,000	
	FFY 03	0		-		0	
	Project To Date	1,420,000		554,631		1,974,631	
Expenditures	YE 30-Sep-01*	207,062		2,216		209,278	17,440
	YE 30-Sep-02	488,960		111,424		600,385	50,032
	YE 30-Sep-03	531,904		361,862		893,766	74,480
	Project To Date	1,227,926		475,502		1,703,428	
Pipeline Balance**	Project To Date	192,074		79,129		271,203	

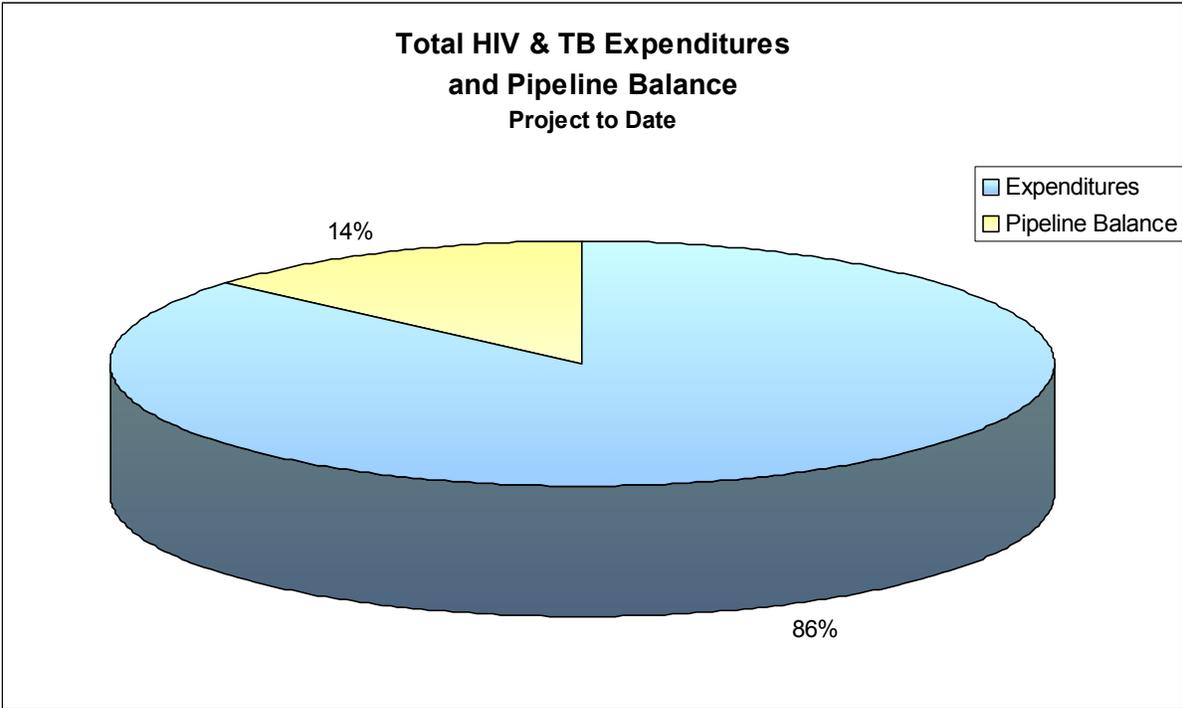
FFY = Federal Fiscal Year

YE = Year Ending

* M&L Program began in Brazil in June 2001

** All pipeline will be expended by Jan. 16, 2004





12. Technical Leadership and Learning

Conferences, meetings, and workshops supported by MSH, with USAID/Brazil funds, where staff and/or partners provided technical leadership or participated

Title of Conference	Date	Participant
I Taller de Mobilización Social organized by the IUATLD, Montevideo, Uruguay	December 15-17, 2002	Lia Selig, SES/RJ PCT
7 th National AIDS NGO Meeting (ENONG), São Paulo, SP, Brazil	June 15-18, 2003	Xavier Alterescu and Roberto Brant, MSH do Brasil
PAHO International TB training course, Granada, Nicaragua	June 16-24, 2003	Marneili Pereira Martins, SES/RJ PCT and Amelia Kaufman, MSH

13. Performance Summary

In the past year, MSH has sought to make the linkage between strong internal leadership and management systems and better HIV/AIDS and TB services and outcomes. In the area of HIV/AIDS, significant improvements in management performance of four NGOs in the north and two in the southeast of Brazil have been achieved. As the result of a management development process put in place one year ago, these NGOs have become stronger in terms of their missions, strategies, structures and management systems and better prepared to assure sustainability of their HIV prevention interventions.

In the area of tuberculosis control, MSH has contributed to mobilize political and administrative support for TB control in the state of Rio de Janeiro and support implementation and expansion of DOTS in municipal TB programs. Through training in management skills, use of TB data for improved decision making and DOTS, state and municipal TB managers in the state of Rio de Janeiro are better prepared to expand DOTS and bring the TB epidemic under control. In partnership with the RJ State TB Control Program, MSH has also trained health care providers in two pilot sites in Rio de Janeiro and set up the systems, procedures, records and performance improvement processes to support DOTS. By focusing on integration of DOTS into a municipal health center and family health post, the most representative health delivery contexts in Brazil, MSH has provided the tools and the experience for the State TB Control Program to scale up implementation of DOTS to all of the municipalities in Rio de Janeiro State. Building on the success of AIDS NGOs that have partnered so successfully with the public sector, MSH has also identified and mobilized NGOs to work in the area of TB control, culminating in the founding of the Rio de Janeiro State TB NGO Forum.

Appendix I

Training Courses and Workshops Conducted in FY2003

HIV/AIDS

Purpose of Course or Workshop	NGO	Date	Location	No. of Participants
Management assessment–baseline (APROGE) ¹²	Agá e Vida	Oct. 1-3, 2002	Rio Branco	14 participants
Strategic planning I	Agá e Vida	Feb. 24-26, 2003	Rio Branco	17 participants
Strategic planning II	Agá e Vida	May 29, June 2-3, 2003	Rio Branco	17 participants
Strategic planning I	Katiró	Dec. 11 a 14, 2002	Manaus	11 participants
Strategic planning II	Katiró	Feb. 3-5, 2003	Manaus	7 participants
Strategic planning	Rede de Amizade e Solidariedade	Feb. 6-8, 2003	Manaus	7 participants
Strategic planning I	GAPA-PA	Jan 10-12, 2003	Belém	14 participants
Strategic planning II	GAPA-PA	Jan 24-26, 2003	Belém	9 participants
By-laws revision	Agá e Vida	May 24-26, 2003	Manaus	9 participants
By-laws revision	Katiró	July 7-9, 2003	Manaus	10 participants
By-laws revision	Rede de Amizade e Solidariedade	July 7 & 10-11, 2003	Manaus	11 participants
Financial Management I	Rede de Amizade e Solidariedade	Oct. 6-7, 2003	Manaus	10 participants
Financial Management I	Katiró	Sept. 18-19, 2003	Manaus	13 participants
Financial Management I	GAPA-PA	Sept. 20-21, 2003	Belém	7 participants
Financial Management II	Katiró	Sept. 23-25, 2003	Manaus	12 participants
Financial Management II	GAPA-PA	Oct. 3-5, 2003	Belém	7 participants
Human resources management I	GAPA-PA	Aug. 30-31, 2003	Belém	9 participants
Human resources management I	Agá e Vida	Aug. 27-28, 2003	Rio Branco	6 participants
Human resources management II	Agá e Vida	Sept. 3-5, 2003	Rio Branco	6 participants
Human resources management II	GAPA-PA	Sept. 13-14, 2003	Belém	6 participants
Fundraising	GAPA-PA	Sept. 27-28, 2003	Manaus	6 participants
Fundraising	Agá e Vida	Sept. 30 & Oct. 1-2, 2003	Manaus	13 participants

¹² Management assessments using APROGE were conducted in the other three NGOs in September 2002 (Sept. 24-26 at Rede de Amizade e Solidariedade, Sept. 27-29 at GAPA-PA and Sept. 27-29 at Katiró.)

Purpose of Course or Workshop	NGO	Date	Location	No. of Participants
Fundraising	Rede de Amizade e Solidariedade	Oct. 9-10, 2003	Manaus	9 participants
Fundraising	Agá e Vida	Oct. 5-7, 2003	Rio Branco	3 participants
Management assessment-final (using APROGE)	Agá e Vida	Oct. 11-12, 2003	Rio Branco	8 participants
Management assessment-final (using APROGE)	Rede de Amizade e Solidariedade	Oct. 13, 2003	Manaus	6 participants
Management assessment-final (using APROGE)	Katiró	Oct. 14, 2003	Manaus	12 participants
Management assessment-final (using APROGE)	GAPA-PA	Oct. 17-18, 2003	Belém	5 participants
Qualitative project evaluation meeting	Agá e Vida /Rede de Amizade e Soliedariedade/GAPA-PA/Katiró	Nov. 9, 2003	Manaus	11 participants

Training Courses and Workshops Conducted in FY2003

Tuberculosis

Purpose of Course or Workshop	Public Sector Target Group	Date	Location	No. of Participants
Management Skills Strengthening	PCT SES RJ & 22 priority TB municipal TB programs	Dec. 3-5, 2002	Rio de Janeiro	33 participants
Use of TB Program Data for Decision Making I	PCT SES RJ	June 17-18, 2003	Rio de Janeiro	11 participants
Use of TB Program Data for Decision Making I	22 priority municipalities	June 24-25, 2003	Rio de Janeiro	20 participants
Use of TB Program Data for Decision Making II (follow-up)	22 priority municipalities	Oct. 22, 2003	Rio de Janeiro	21 participants
Regional DOTS training for Family Health Program Nurses	All municipalities in RJ State	May 28, 2003	Macaé	12 participants
Regional DOTS training for Family Health Program Nurses	All municipalities in RJ State	May 21, 2003	Maricá	23 participants
Regional DOTS training for Family Health Program Nurses	All municipalities in RJ State	April 30, 2003	Rio de Janeiro	18 participants
Regional DOTS training for Family Health Program Nurses	All municipalities in RJ State	May 8, 2003	Volta Redonda	28 participants
Regional DOTS training for Family Health Program Nurses	All municipalities in RJ State	May 14, 2003	Teresópolis	20 participants
NGO meeting to assess needs to work in TB	NGOs in Rio de Janeiro state	May 14, 2003	Rio de Janeiro	60 participants
Social mobilization of NGOs to work in TB	NGOs in Rio de Janeiro state	June 1-2, 2003	Rio de Janeiro	44 participants
Creation of NGO TB Forum	NGOs in Rio de Janeiro state	Aug. 6, 2003	Rio de Janeiro	47 participants
Meeting of NGO TB Forum	NGOs in Rio de Janeiro state	Sept. 17, 2003	Rio de Janeiro	50 participants
TB diagnosis & treatment for physicians, nurses and technical nurses	Duque de Caxias Municipal Health Secretariat – Saracuruna Health Center	Sept. 17, 2003	Duque de Caxias	12 participants
DOTS for family health team physicians and nurses	Duque de Caxias Municipal Health Secretariat – Jardim Gramacho Family Health Post	Sept. 25, 2003	Duque de Caxias	9 participants
TB forms and reporting for family	Duque de Caxias Municipal Health	Oct. 2, 2003	Duque de	9 participants

Purpose of Course or Workshop	Public Sector Target Group	Date	Location	No. of Participants
health team physicians and nurses	Secretariat – Jardim Gramacho Family Health Post		Caxias	
DOTS for Community Health Workers	Duque de Caxias Municipal Health Secretariat – Saracuruna Health Center	Oct. 9, 2003	Duque de Caxias	9 participants
DOTS for Community Health Workers	Duque de Caxias Municipal Health Secretariat – Jardim Gramacho Family Health Team 4	Oct. 13, 2003	Duque de Caxias	9 participants
DOTS for Community Health Workers	Duque de Caxias Municipal Health Secretariat – Jardim Gramacho Family Health Team 1	Oct. 16, 2003	Duque de Caxias	10 participants
DOTS for Community Health Workers	Duque de Caxias Municipal Health Secretariat – Jardim Gramacho Family Health Team 3	Oct. 20, 2003	Duque de Caxias	9 participants
DOTS for Community Health Workers	Duque de Caxias Municipal Health Secretariat – Jardim Gramacho Family Health Team 2	Oct. 23, 2003	Duque de Caxias	9 participants

Appendix II

USAID Required Indicators for HIV/AIDS Programs

HIV Seroprevalence

Indicator: *HIV seroprevalence levels for 15-24 year olds (desegregated for 15-19 and 20-24 year olds)*

Source: MSH and Ceará State Secretariat of Health

Definition (modified): Percent of blood samples taken from pregnant women aged 15-24 that test positive for HIV during routine testing at VCT centers in the micro region of Juazeiro do Norte, Ceará.

Results:¹³

	Women Aged 15-19	Women Aged 20-24	Women Aged 15-24
No. of pregnant women tested			
No. of pregnant women who tested positive for HIV			
Seroprevalence level			

¹³ Data will be reported to USAID/Brazil in early December 2003.

Standard Program Progress and Coverage Indicators for VCT Programs

Indicator: *Number of clients seen at VCT centers.*

Source: MSH and the Juazeiro do Norte Health Micro Regional Office

Definition: Number of individual clients counseled and tested for HIV at VCT centers in the micro-region of Juazeiro do Norte, Ceará.

Results:

Month and Year	No. of clients seen at VCT centers
August 2003	34
September 2003	178
October 2003	426
November 2003	
Total	638

Comments:

VCT services began to be implemented in Juazeiro do Norte in August 2003. By November 2003, seven centers had initiated services.

Indicator: *Number of VCT centers with USAID assistance.*

Source: MSH

Unit of Measurement: Number of HIV/AIDS VCT centers supported in part by USAID in the micro-region of Juazeiro do Norte, Ceará.

Results:

Month and Year	No. of VCT centers	
	Target	Actual
Total VCT centers as of Nov. 12, 2003	8	7

Comments:

The health micro region of Juazeiro do Norte is comprised of six municipalities. One of the goals of the VCT project was to implement 3 VCT centers in the municipality of Juazeiro do Norte and 1 VCT center in each of the remaining municipalities, for a total of eight VCT centers. Seven VCT centers were actually implemented in the six municipalities. One hospital-based VCT center was not implemented due to political problems between the hospital director and the Juazeiro do Norte Municipal Secretary of Health.

USAID/Brazil Indicators for HIV/AIDS

Strategic Objective #3: *Increase sustainable and effective programs to prevent sexual transmission of HIV among target groups*

Indicator 1: *Number of program/organizations demonstrating low, medium and high levels of effectiveness in planning and implementation (FHI and MSH)*

Source: FHI/MSH. (Consolidation of APROGE I & FACT I results for 1999, and APROGE for 2000, 2001 and 2002).

Unit of Measurement: Composite score¹⁴

Results¹⁵:

PROGRAM	1999 APROGE +FACT		2000 APROGE		2001 APROGE		2002 APROGE	
	SCORE	LEVEL	SCORE	LEVEL	SCORE	LEVEL	SCORE	LEVEL
SESAB/BA	8	LOW	3	LOW	6	MED	9	MED
SMS Campinas	10	LOW	9	MED				
SMDS Fortaleza	11	LOW	6	LOW	8	MED	10	HIGH
SMS Salvador	11	LOW	8	MED	7	MED	7	MED
SES São Paulo	11	LOW	8	MED			12	HIGH
SMS São Paulo	13	MED	7	MED				
SMS Santos	13	MED			9	MED	11	HIGH
SMS RJ	14	MED	5	LOW			10	HIGH

¹⁴ Grading scores: 1999 → 1-12: low level; 13 – 18: medium level; 19 – 24: high level (APROGE + FACT)
2000/2001/2002 → 0 – 6: low level; 7 – 9: medium level; 10 – 12: high level (APROGE)

¹⁵ This indicator was to have consolidated the results of technical assessments conducted by FHI using FACT and management assessments conducted by MSH using APROGE. Data for 1999 consolidate APROGE & FACT data. Data for 2000, 2001 and 2002 are reported for APROGE only since FACT was not conducted. The last management assessments using APROGE were conducted in 2002. Thus, no data is reported for 2003.

SESA/CE	14	MED	7	MED	8	MED	11	HIGH
SES RJ			7	MED			11	HIGH

Comments:

In 1999, three categories of technical capacity from the FACT tool were used as measurement indicators. These categories were the ones that best demonstrated effectiveness of planning and implementation of HIV prevention activities. Likewise, three management capacity categories from APROGE were chosen that were considered the most relevant to the planning process a) mission formulation; b) coherence of strategies with mission and objectives, and c) the specific category of planning as a system. In 2000-2002, FACT assessments weren't carried out. Therefore only APROGE results were used. Consequently, 1999 results are not comparable to the following years. Results for 2000-2002 provide an estimate of progress achieved in aspects of management related to planning and implementation. The last management assessments using APROGE were conducted in 2002. Thus, no data is reported for 2003.

Strategic Objective #3: *Increase sustainable and effective programs to prevent sexual transmission of HIV among target groups.*

Indicator 2: *Number of program/organizations demonstrating low, medium and high levels of effectiveness in evaluation.*

Source: MSH (Consolidated results from APROGE workshops)

Unit of Measurement: Composite Score¹⁶

Results:

PROGRAMS	1999 APROGE		2000 APROGE		2001 APROGE		2002 APROGE	
	SCORE	LEVEL	SCORE	LEVEL	SCORE	LEVEL	SCORE	LEVEL
SES-SP	10	LOW	10	LOW			40	HIGH
SESA-CE	10	LOW	10	LOW	10	LOW	40	HIGH
SMDS-Fortaleza	10	LOW	10	LOW	20	MED	30	HIGH
SMS-RJ	10	LOW	20	MED			30	HIGH
SMS – Salvador	10	LOW	10	LOW	10	LOW	10	LOW
SESAB – BA	20	MED	20	MED	20	MED	30	HIGH
SMS – Campinas	20	MED	10	LOW				
SMS – SP	20	MED	20	MED				

¹⁶ Scores: → 1-19: low level; 20 – 29: medium level; 30 – 40: high level (APROGE)

SMS–Santos	10	LOW			20	MED	20	MED
SES–RJ			10	LOW			10	LOW

Comments:

In 1999 and 2000, scores have been calculated based on analysis of the management category "monitoring and evaluation" in the APROGE tool. In 2001 the APROGE tool was modified and the "monitoring and evaluation" category was changed to "use of data and information for decision making". This new category was used to calculate the scores in 2001 and 2002. The last management assessments using APROGE were conducted in 2002. Thus, no data is reported for 2003.

Strategic Objective #3: *Increase sustainable and effective programs to prevent sexual transmission of HIV among target groups*

IR1: *Strengthened institutional capacity to plan, implement and evaluate STI/HIV programs.*

Indicator 1.1. *Number of programs demonstrating low, medium and high levels of technical capacity in planning, implementation, monitoring and evaluation.*

Source: FHI

Unit of Measurement: Composite Score¹⁷

Results:

PROGRAMS	1999 SCORE	1999 LEVEL
SESAB – BA	35	LOW-
SMDS – Fortaleza	36	LOW -
<i>SMS – Santos</i>	40	LOW+
SESA – CE	44	MEDIUM-
SMS – Salvador	44	MEDIUM-
SES – SP	45	MEDIUM-
SMS – Campinas	49	MEDIUM+
SMS – SP	51	MEDIUM+
SMS – RJ	54	MEDIUM+

Comments:

No data available for FY2000, 2001, 2002 and 2003 since FHI didn't conduct FACT assessments during these years.

¹⁷ Grading of scores based on the following parameters: From: 01-44 - Low Level (=<50% maximum score); from 45-65 - Medium Level (51% to 75% maximum score); from 66-88 - High Level (> 75% maximum score).

Strategic Objective #3: *Increase sustainable and effective programs to prevent sexual transmission of HIV among target groups*

IR 1: *Strengthened institutional capacity to plan, implement and evaluate STD/HIV/AIDS programs*

Indicator 1.2: *Number of organizations showing increased capacity to manage STD/HIV/AIDS programs.*

Source: MSH (Consolidated results from APROGE workshops)

Measurement unit: Composite Score¹⁸

Results:

PROGRAM	1999		2000		2001		2002	
	SCORE	LEVEL	SCORE	LEVEL	SCORE	LEVEL	SCORE	LEVEL
SESAB/BA	27	LOW	27	LOW	34	LOW	41	MED
SESA/CE	32	LOW	36	LOW	46	MED	55	HIGH
SMDS Fortaleza	32	LOW	33	LOW	42	MED	56	HIGH
SMS Campinas	35	LOW	39	MED				
SMS Salvador	33	LOW	33	LOW	32	LOW	40	MED
SMS SP	32	LOW	35	LOW				
SES SP	35	LOW	39	MED			68	HIGH
SMS RJ	32	LOW	33	LOW			57	HIGH
SMS Santos	40	MED			51	MED	56	HIGH
SES RJ			37	MED			50	MED

¹⁸ APROGE Scores: 1-36: low level; 37 – 54: medium level; 55 – 72: high level

Comments:

Scores were calculated based on analysis of 18 categories of management competencies contained in the APROGE management development tool. The last management assessments using APROGE were conducted in 2002. Thus, no data is reported for 2003.

Strategic Objective #3: *Increase sustainable and effective programs to prevent sexual transmission of HIV among target groups.*

IR 1: *Strengthened institutional capacity to plan, implement and evaluate STD/HIV/AIDS programs*

Indicator 1.3: *Proportion of consultants providing TA through the USAID strategy who are Brazilian*

Source: MSH

Measurement Unit: Number of staff and consultants of Brazilian and foreign origin.

Results:

Origin of Staff & Consultants	2000				2001				2002				2003			
	Staff	Cons.	Total	%												
Brazilian	2	1	3	60%	2	2	4	75%	2	1	3	50%	2	6	8	73%
Foreign	1	1	2	40%	1	1	2	25%	2	1	3	50%	2	1	3	27%
Total	3	2	5	100%	3	3	6	100%	4	2	6	100%	4	7	11	100%

Comments:

The foreigners used by MSH for training and technical assistance are all Portuguese-speaking permanent residents of Brazil.

USAID/Brazil Indicators for TB

TB Incidence

Indicator: *Incidence of active TB in target areas*

Source: Rio de Janeiro State Secretariat of Health

Definition:

Results:¹⁹

	Duque de Caxias
Incidence of active TB	

Indicator: *% of priority municipalities that have adopted DOTS as their universal TB control strategy*

¹⁹ Data will be reported to USAID/Brazil in early December 2003.

Source: Rio de Janeiro State Secretariat of Health

Definition:

Results:²⁰

Priority Municipality	Municipality Has Adopted DOTS as Its Universal TB Control Strategy	
	Yes	No
Rio de Janeiro	•	
Duque de Caxias	•	
Nilópolis		
Belford Roxo		
Volta Redonda		
São João de Meriti		
Magé		
Campos dos Goytacazes		
Itaboraí		
Angra dos Reis		
Barra Mansa		
Niterói		
Queimados		
Macaé		
Nova Iguaçu		
Teresópolis		
Mesquita		
Cabo Frio		
Nova Friburgo		
Petrópolis		
Resende		
São Gonçalo		
Total		
% of 22 priority municipalities		

Comment:

Indicator: *% of diagnosed TB cases receiving treatment under DOTS in Duque de Caxias Municipality*

²⁰ Data for other municipalities need to be completed by Rio de Janeiro State Secretariat of Health TB Program.

Source: MSH and Rio de Janeiro State Secretariat of Health

Definition: % of TB cases diagnosed since implementation of DOTS that are receiving treatment under DOTS in Duque de Caxias health facilities where DOTS has been implemented (CRAIS Saracuruna and Jardim Gramacho Family Health Post)

Results:

Duque de Caxias Health Facility	Diagnosed TB Cases Receiving Treatment under DOTS	Diagnosed TB Cases Receiving Self-administered Treatment	Total Diagnosed TB Cases
CRAIS Saracuruna	4	0	4
Jardim Gramacho Family Health Post	0	0	0
Total	4	0	4
%	100%	0%	100%

Comments: 1) DOTS was implemented in CRAIS Saracuruna on October 2, 2003. In addition to the 4 newly diagnosed TB cases that are on DOTS (above, in the table), there are 5 additional cases that were referred from another health center with a positive sputum microscopy that are not on DOTS due to lack of money to pay for transportation to return on a daily basis to CRAIS Saracuruna. 2) TB services began in Jardim Gramacho at the end of October 2003. Four persons with respiratory symptoms suggestive of TB were identified through Nov. 12, 2003 but tested negative for TB using sputum microscopy.

Indicator: % of municipal staff trained in TB data collection and analysis

Source: MSH

Definition: % of municipal TB coordinators in the state of Rio de Janeiro that participated in a training course on use of TB data for program management in FY2003

Results:

Municipality	Municipal TB Coordinator Trained in TB Data Collection and Analysis	
	Yes	No
Rio de Janeiro	•	
Duque de Caxias	•	
Nilópolis	•	
Belford Roxo	•	
Volta Redonda	•	
São João de Meriti	•	
Magé	•	
Campos dos Goytacazes	•	
Itaboraí	•	
Angra dos Reis	•	
Barra Mansa	•	
Niterói	•	
Queimados	•	
Macaé	•	
Nova Iguaçu	•	
Teresópolis	•	
Mesquita	•	
Cabo Frio		•
Nova Friburgo		•
Petrópolis		•
Resende		•
São Gonçalo		•
Total	17	5
% of 22 priority municipalities	77%	23%

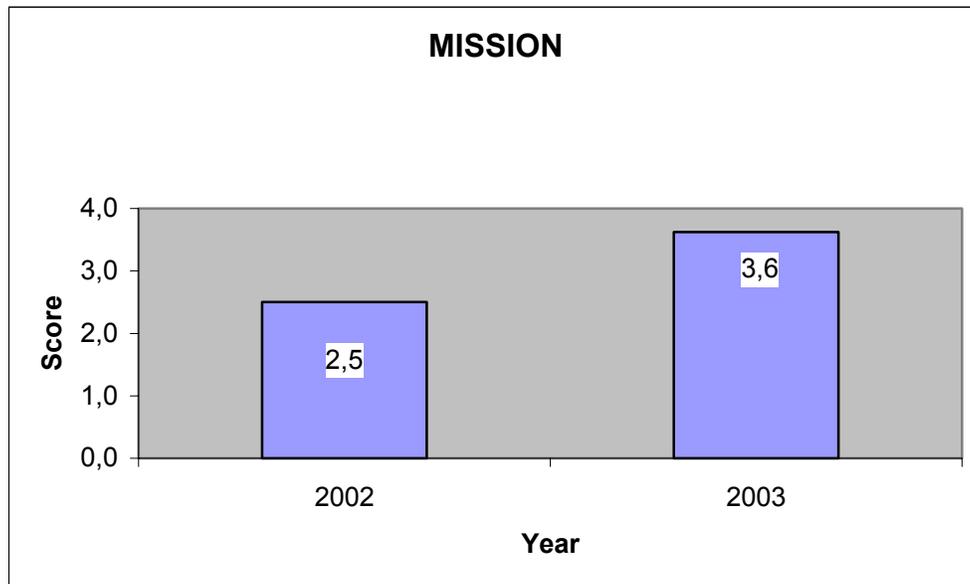
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Appendix III

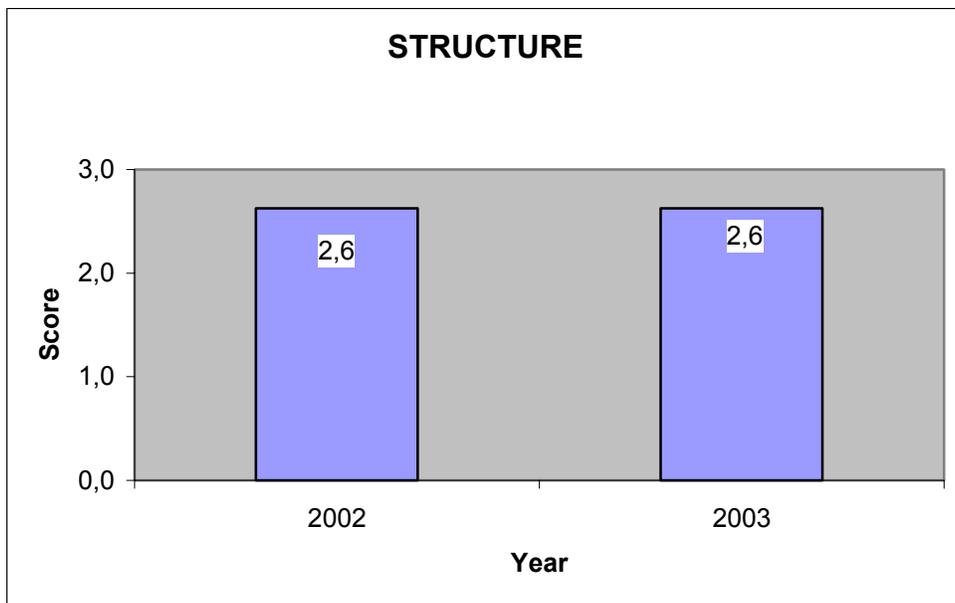
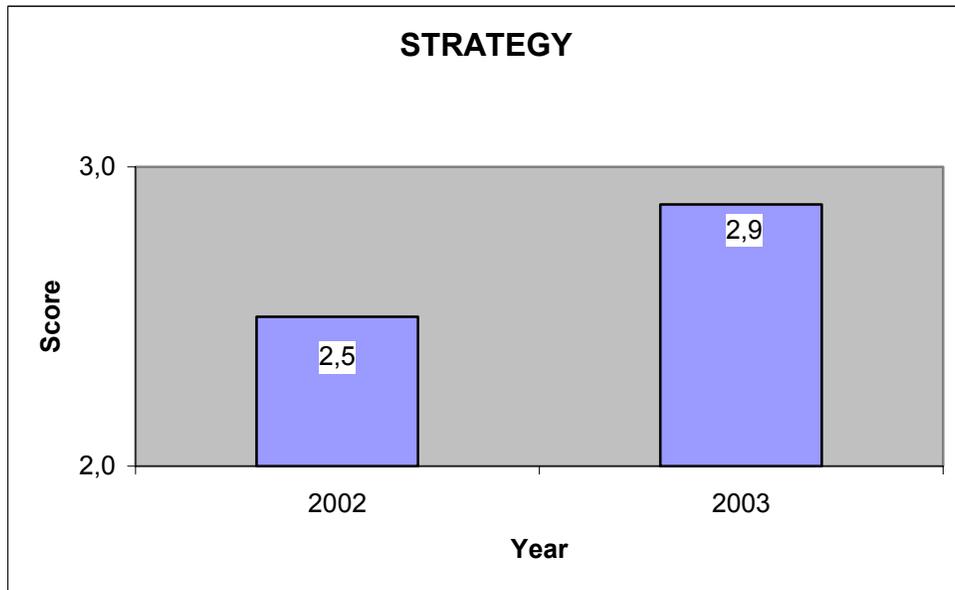
NGO Figures and Tables

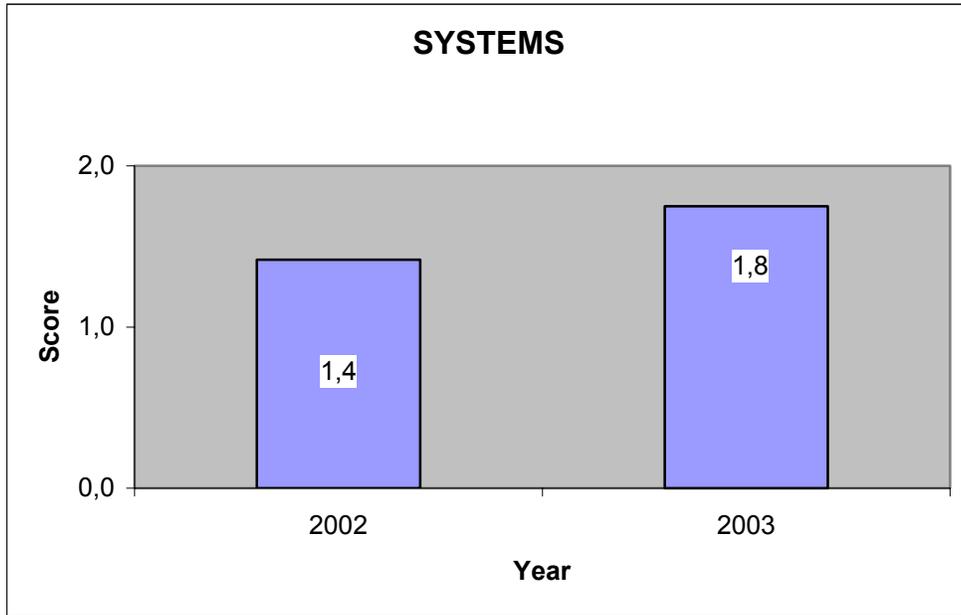
Results of APROGE Management Development Self-Assessments for four AIDS NGOs in the North of Brazil October 2002 and October 2003

Average Combined Scores for 4 NGOs Mission, Strategy, Structure and Systems²¹



²¹ The four NGOs staff assessed their management development in 2002 and in 2003 and scored the programs with regard to 12 components regarding their missions, strategies, structures and systems. For purposes of this report, composite scores for each of the four management areas are presented, "1" meaning least developed and "4" meaning most developed.





**Management Development Scores for 4 NGOs in the North for 4 Management Areas
2002 Compared to 2003**

