Caritas AIDS Prevention Education Project
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Final Narrative Report
October 2004 – March 2007

CRS/Angola and Caritas Benguela
June 2007

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I. EXECUTIVE SUMMARY

This document reports on the performance as demonstrated in the Caritas AIDS Prevention Education (CAPE I&II) Project, which Catholic Relief Services (CRS)/Angola implemented through a partnership with Caritas Benguela *(hereafter referred to as Caritas)*. The activities described in this report took place from 1 October 2004 to 31 March 2007. The overall goal of CAPE was to contribute to the reduction of the incidence of HIV through participatory AIDS prevention education, mass media and capacity-building in Benguela province, Angola. The report is based on the original proposal submitted to USAID and is organized per objective as outlined in the Detailed Implementation Plan (DIP).

CAPE I: 1 October 2004 to 30 September 2005

As a response to a request for applications (RFA) put out by USAID, CRS/Angola developed a project for AID prevention and education to be implemented by its local partner, Caritas. CAPE I focused on recruitment of project staff, technical and administrative training and pilot projects. The proposal was approved for funding, and the project contract was signed on September 20, 2004, with US$850,000 of USAID obligated funds. Signing of the Transfer Authorization (TA) in 2004 signaled the start of the CAPE I project, whose termination was scheduled for September 2005. The program received one cost and one no-cost extension, thereby creating CAPE II, with final termination re-scheduled for March 31, 2007. The United States government, through the United States Agency for International Development (USAID) and the USAID/Angola mission provided the bulk of the funding which amounted to some US$1,951,000 to provide support for the AIDS Prevention program for a 30 month period (from 1 October 04 to 31 March 07).

CAPE II: 1 October 2005 to 30 March 2007

After reexamining the activities and project performance of CAPE I, CRS/Angola and USAID/Angola revised the activities and performance targets, thereby creating CAPE II. The most significant changes were the addition of a Life Skills component, the increased number of project sites and target beneficiaries for Group 3 (Community Education Sesssions), and the incorporation of volunteer activist to reach community members.

Although not originally planned in for the project, CAPE staff carried out an LQAS baseline survey in October 2005. CAPE staff had originally used baseline data from a previous CRS/Caritas project, but it became apparent that the geographic areas and beneficiaries measured in the older baseline survey did not match well with those of CAPE. In addition, a midterm LQAS survey was completed in October 2006. The evaluation team produced a comprehensive

evaluation report summarizing both the baseline and monitoring survey results with reference to background data documents. At the close of the project, CAPE hired an outside consultant to perform a qualitative final evaluation of the project.

The achievements of CAPE I&II can be summarized in the following table:

Table 1: Summary of Target Goals vs. Performance	FY 05 (12 months)		FY 06-07 (18 months)		Cumulative		%
	Target	Achieved	Target	Achieved	Target	Achieved	Achieved
Obj. 1: To increase HIV/AIDS knowledge in the target groups through participatory education and mass media activities							
Output 1.1 (& 2.3): Conduct HIV/AIDS trainings and outreach activities for target groups							
1. Religious leaders	300	254	300	635	600	889	147%
2. Leaders of FBO	720	1410	720	888	1440	2298	160%
3. Participatory Community Education at the village level	112,896	108,151	351,000	337,161	463,896	445,311	96%
4. Life Skills in Secondary School Education	N/A	N/A	10.8	9.693	10.8	9.693	90%
Output 1.2: Disseminated HIV/AIDS information through mass media							
1. Radio broadcasting	78,000	0	78,000	939744	156,000	939744	602%
1. Posters & billboards	N/A	0	N/A	0	N/A	0	0%
2. Oral dissemination (dance, bands, theater, and/or poetry groups	N/A	5	38	38	43	43	100%
3. AIDS education activities for World AIDS Day	1	1	1	1	2	2	100%
4. Pamphlets/booklets	N/A	11,920	N/A	200	N/A	12,121	NA
5. T-Shirts/hats/red ribbons	N/A	8,734	N/A	35,140	N/A	43,874	NA
Obj 2: To increase the organizational and technical human resource capability of Caritas							
Output 2.1: Hired project staff							
1. Hiring staff	1	1	1	1	1	1	100%
Output 2.2: Trained partner staff in identified organizational areas							
1. Computer (Excel)	1	1	1	1	2	2	100%
2. HIV/AIDS training	2	2	2	2	4	4	100%
3. Tuberculosis training	N/A	N/A	1	1	1	1	100%
4. Finance/administration	2	3	0	0	2	3	150%
5. Conduct Project presentation and monitoring orientation workshops	3	3	1	1	4	4	100%
6. Lessons learned mini-workshops	2	1	2	2	4	3	75%
7. Conduct a baseline and final survey	2	0	2	2	4	2	50%

II. PROJECT PERFORMANCE

This section is organized by objective and output as described in the original proposal. Each activity is described in this narrative, and supporting information can be found in the summary tables at the end of the document. The narrative is divided into the different phases of the overall project, CAPE I and CAPE II.

GOAL: To contribute to the reduction of HIV incidence through participatory AIDS prevention education, mass media and capacity building in Benguela province, Angola, over one year.

Objective 1: To increase HIV/AIDS knowledge in the target groups through participatory education and mass media activities in Benguela province over one year.

Objective 2: To increase the organizational and technical human resource capability of Caritas over one year.

Objective 1: To increase HIV/AIDS knowledge in the target groups through participatory education and mass media activities in Benguela province, Angola, over one year.

Output 1.1 (& 2.3): Conduct HIV/AIDS trainings and outreach activities for target groups

Religious leaders

- *Result: conduct 15 seminars over 5 months in all nine municipalities reaching 300 leaders with 40% progress index*[1]

CAPE I: Initially, project staff configured this activity to include an international consultant, who ideally would be a religious leader and thus, could function as a trainer with a peer connection to this group. However, after attempts to recruit outside Angola proved less than successful, project staff reevaluated this work and decided to focus their efforts on securing someone locally. In November 2004, Caritas contracted with Padre Lúcio Nguendelamba for the position of Trainer, given his past experience with HIV/AIDS education while working on projects in Zambia. The manual *Following in the Footsteps of Jesus* was used for this activity, for it best facilitated communication of HIV/AIDS information in a biblical context from a peer perspective.

During six months, Padre Nguendelamba organized 10 seminars for a total of 254 religious leaders with an average progress index of 65%. Thus, two-thirds of the projected number of seminars were successfully completed with a benefit to 85% of the 300 religious leaders previewed as participants. Unfortunately, the pre-/post-tests used to assess knowledge change and to calculate the progress index for each seminar were not available for the first three seminars.

[1] Progress index (%) = (post-test minus pre-test) / (100 minus pre-test) X 100

Table 2: Group 1- Religious Leader Trainings, CAPE I FY05								
Dates	**Parish**	**Local**	**# Participants**	**# M**	**# F**	**% M**	**% F**	**Progress Index**
DECEMBER								
December 14-16	Ganda	Life Skills Center	17	15	2	88%	12%	NA
December 21-23	Chongorói	Parish	20	20	0	100%	0%	NA
JANUARY								
January 19-21	Balombo	Sister's school	31	28	3	90%	10%	NA
FEBRUARY								
February 9-11	Benguela	Baia-Farta	28	18	10	64%	36%	90%
February 16-18	Benguela	Dombe Grande	25	22	3	88%	12%	83%
February 23-25	Benguela	Zona-A	29	23	6	79%	21%	88%
APRIL								
Apr 15-17	Lobito	Catumbela	27	18	9	67%	33%	81%
Apr 26-28	Cubal	Cubal	14	7	7	50%	50%	81%
JULY								
July 13-15	Benguela	Seminary (Propaedeutic)	40	0	40	0%	100%	95%
AUGUST								
Aug 30-1Sept	Lobito	Liro	23	18	5	88%	22%	100%
TOTAL			**254**	**169**	**85**	**67%**	**33%**	**65%**

Padre Nguendelamba experienced some obstacles in carrying out this activity to the project result previewed. The overall representation of women in these seminars (33%) proved challenging to address, due to the dearth of women in key posts in the Catholic religious hierarchy. The high percentage of female representation is directly correlated to one seminar which accessed all the women at a seminary. He also noted his difficulty in accessing the clergy while organizing HIV/AIDS seminars. One factor was the high level of education associated with these religious leaders and the consequent impact of mixed literacy for facilitation in seminars involving different levels within the Church. These religious leaders represent the highest order within the Church, and as reflective of the hierarchy, they were not receptive to activities that crossed leadership levels within the Church's organizational structure. Consequently, there was decreased interest and commitment on their part to attend these seminars.

Program participant perspective

In the Balombo seminar for religious leaders, one of the participants informed the project staff of how he though about AIDS before. He said, "I always thought that the principle transmission method of HIV was water, for example when taking a bath in the river with someone that had HIV." Another participant said, "I thought that AIDS was simply punishment from God."

The other complication that affected clergy attendance and interest was that the annual calendar of activities for Catholic religious leaders was planned in the fall of the previous year. Thus, the 2005 plan of activities and responsibilities for these religious leaders had been discussed and finalized in the fall of 2004. Therefore, the availability of these leaders to prioritize and attend CAPE educational seminars was understandably less than optimal. This factor was also particularly critical in why Padre Nguendelamba was only able to organize educational seminars in 7 Benguela municipalities. Baía-Farta was considered by project staff as the third commune in the Benguela municipality. However, Baía -Farta does exist as a municipality within Benguela province. When Padre Nguendelamba attempted to organize seminars in the other two municipalities - Caimbambo and Bocóio, religious leaders already had activities scheduled that would interfere with a possible seminar.

CAPE II: After discussing and analyzing the difficulties encountered with reaching this objective in CAPE I, CRS/Angola and Caritas assessed that a 1 ½ day conference supported by the Bishop of Benguela Diocese, Oscar Lino Lópes Fernandes Braga, would strategically access the clergy of Benguela province, as well as spotlight the CAPE project and its work in HIV/AIDS prevention education.

Both the Bishop and the Vicar General of Benguela province were supportive of the conference and expressed their commitment to actively engage clergy to attend. Caritas project staff developed the conference's agenda and execution with the Diocesan Council of the Benguela Commission on HIV/AIDS. On 3-4 February 2006, the 1 ½ day conference was held in Benguela city with a total of 132 participants, including the Bishop and the Vicar General. The participants included 62 priests, 48 sisters and 4 pastors from other denominations. The conference agenda was comprised of speakers to present the key aspects of HIV/AIDS – medical, impact on the immune system, current statistics in Angola and, stigma and discrimination. To help participants gain perspective into the varied impacts and challenges of HIV/AIDS on a neighboring country and, the strategies enacted by the religious community, project staff organized for a religious leader from Mozambique to speak at the conference. Reverend David Magaia, an activist leader across Mozambican religious communities, presented challenges and visions of the church in facing the HIV/AIDS epidemic. Rev. Magaia's presentation addressed numerous aspects including multisectoral responses, negative and positive responses of the church, statistical data on HIV/AIDS progressing infection rates, and the challenges to HIV/AIDS prevention messages vis-à-vis reality of people's lives.

The conference was well received and achieved high attendance from priests and sisters, as well as the Bishop and Vicar General, totaling 116 participants. Alice Otiato, USAID MCH/Family Planning specialist also attended and actively participated. The conference generated a summary report (with recommendations) that was disseminated to all missionaries serving in the Benguela Diocese.

To continue efforts in clergy education, project staff recruited a local consultant, Padre Alberto Mandavilli Ernesto in June 2006 to organize 2-day seminars/conferences using the manual *Following in the Footsteps of Jesus*. Caritas project staff assisted Padre Mandavilli in identifying and reaching out to clergy who were unable to attend the February conference. During June to September 2006, Padre Mandavilli organized three seminars and two conferences that involved three municipalities – Benguela, Cubal and Lobito, for a total of 373 religious leaders.

These encounters with religious leaders highlighted some common misperceptions concerning HIV/AIDS. Participants confirmed that there is still widespread belief that HIV/AIDS is an affliction doled out by God. Others believed that the persons wearing the red ribbon were declaring their HIV seropositive status. Participants advocated for the creation of an ecumenical reference center for community activists already knowledgeable about HIV/AIDS and capable as facilitators of HIV/AIDS community education.

Through the seminars and conferences, a total of 489 religious leaders participated to receive HIV/AIDS education. This total number exceeded the projected target result by 63% or, more than twice the participants previewed for this activity.

Table 3: Group 1- Religious Leader Trainings, CAPE II FY06

Dates	Parish	Local	# participants	# M	# F	% M	% F
FEBRUARY							
February 3-4 (conference)	All	Benguela	116	--	--	--	--
AUGUST							
August 23-25	Lobito	Lobito	40	20	20	50%	50%
August 29-31	Cubal	Cubal	25	8	17	32%	68%
SEPTEMBER							
September 6-8	Benguela	Benguela	42	22	20	52%	48%
September 12-14 (conference)	Benguela	Seminary (Propaedeutic)	129	129	0	100%	0%
September 15-17 (conference)	Benguela	Filosofia/Teol.	137	137	0	100%	0%
TOTAL			**489**	**316**	**57**	**65%**	**11%**

Leaders of Faith-Based Organizations

- *Result: conduct 36 seminars over 9 months for 720 Catholic religious leaders with 40% progress index*

CAPE I: In February 2005, the two Caritas CAPE Project Assistants attended the two-day TOT (training of trainers) training for leaders of faith-based organizations focused on the manual *Hope and Healing: a Facilitator's Manual for CRS Employees and Partners on HIV and AIDS*. Over the next 7 months, the Assistants conducted a total of 43 seminars for a total of 1,410 participants (37% female) with an average progress index of 78%. Thus, the Assistants in carrying out this activity exceeded the projected number of seminars by 19% with a benefit to a great number of leaders of faith-based organizations, an estimated 90% of which were of the Catholic Church. Please see Annex 4 for summary table of trainings for Group 2- Leaders of Faith-Based Organizations.

Different leaders of faith-based organizations participating in a CAPE workshop given in Cubal, February 2005.

The original activity result was focused on accessing Catholic groups at the parochial and municipal levels. The project reached about 90% of this group through these seminars. Other religious denominations in the same areas expressed their interest in the seminars and were invited to participate, with the objective to consistently spread and reinforce HIV/AIDS prevention messages through the various congregations present in communities. As a result, the project staff served more than the projected number of participants previewed for this activity.

CAPE II: In this phase of the project, the trainings for leaders of faith-based organizations began in February 2006. Using the *Hope and Healing* manual, the CAPE Project Assistants (2) conducted 18 seminars in different areas of the four municipalities for a total of 548 participants, with 89% progress index.

Table 4: Group 2- Leaders of Faith-Based Organizations Trainings CAPE II FY06

Dates	Municipality	Location	# Partic.	# M	# F	% M	% F	Progress Index
MARCH								
March 1-2	Benguela	Canguengo/Dombe-Grande	23	17	6	74%	26%	88%
March 3-4	Benguela	Cavissaca/Dombe-Grande	31	24	7	77%	23%	94%
March 7-8	Benguela	4 de Fevereiro/Baía-Farta	17	9	8	53%	47%	100%
March 9-10	Benguela	Camunda/Baía-Farta	33	13	20	39%	61%	87%
March 13-14	Lobito	Lonjili/Biopio	20	9	11	45%	55%	98%
March 15-16	Lobito	Mbovo/Biopio	36	22	14	61%	39%	94%
JUNE								
June 6-7	Ganda	Ebanga/Canata	26	26	0	100%	0%	91%
June 8-9	Ganda	Ebanga/Sangungo	33	28	5	85%	15%	79%
June 12-13	Ganda	Casseque/Lundungo	24	20	4	83%	17%	78%
June 14-15	Ganda	Casseque/Ndende	33	25	8	76%	24%	84%
June 16-17	Ganda	Babaiera/Calava	26	21	5	81%	19%	98%
June 19-20	Ganda	Babaiera/Kanjola	31	14	17	45%	55%	94%
JULY								
July 5-6	Balombo	Chindumbo/Kafindua	36	25	11	69%	31%	90%
July 7-8	Balombo	Chindumbo/Elongo	33	24	9	73%	27%	79%
July 10-11	Balombo	Chindumbo/Cangumbe	39	33	6	85%	15%	94%

July 12-13	Balombo	Chindumbo/Sandele	33	23	10	70%	30%	88%
July 14-15	Balombo	Chindumbo/Hungulo	32	16	16	50%	50%	94%
July 17-18	Balombo	Chindumbo/Sede	42	28	14	67%	33%	87%
TOTALS			**548**	**377**	**171**	**69%**	**31%**	**--**
Average Progress Index			**89%**					

During FY07, 16 training workshops were held for leaders of faith-based organizations. Facilitators used the *Hope and Healing* manual developed by CRS. In total, 340 leaders participated, with 62% of them being female. This represents an 85% progress index.

Table 5: Group 2- Leaders of Faith-Based Organizations Trainings CAPE II FY07								
Note: FY07 = Oct 06 – Mar 07 only								
Dates	**Municipality**	**Local**	**# partic.**	**# M**	**# F**	**% M**	**% F**	**Progress Index**
OCTOBER								
October 16 - 17	Cubal	Goyo/Yambala	21	19	2	90%	10%	89%
October 19 - 20	Cubal	Yamabala	19	16	3	84%	16%	94%
October 20 - 21	Benguela	Dombe-Grande/B-Farta	19	13	6	68%	32%	100%
October 23 - 24	Cubal	Cambondo/Tumbulo	23	17	6	74%	26%	90%
October 25 - 26	Chongorói	Lohala/Malongo	21	15	6	71%	29%	84%
October 25 - 26	Cubal	Lomaum/Tumbulo	21	15	6	71%	29%	76%
October 27 - 28	Chongorói	Calepi/Malongo	26	16	10	62%	38%	75%
October 30 - 31	Chongorói	Camwine/Mundjombwe	21	9	12	43%	57%	100%
NOVEMBER								
November 3 - 4	Benguela	Zona-A	23	12	11	52%	48%	82%
November 3 - 4	Benguela	Zona-A	20	11	9	55%	45%	88%
November 6 - 7	Lobito	Cacala/Canjala	21	8	13	38%	62%	88%
November 6 - 7	Lobito	Ayombo/Canjala	25	14	11	56%	44%	68%
November 10 - 11	Lobito	Zona 3 Baixa/Catumbela	21	12	9	57%	43%	78%
November 10 - 11	Lobito	Zona 3 Alta/Catumbela	18	14	4	78%	22%	93%
November 13 - 14	Lobito	Biópio	20	10	10	50%	50%	89%
November 3 - 11	Benguela	Chamume/Baía-Farta	21	11	10	52%	48%	77%
	TOTAL		**340**	**212**	**128**	**62%**	**38%**	**85%**

Adding CAPE II's results with CAPE I results, the project far exceeds its goal for this target group. Please see Annex 4 for the complete tabulation of Group 2 trainings for the entire project period.

Group 2- Leaders of Faith-Based Organizations Target vs. Performance				
	CAPE I	**% Difference**	**CAPE II**	**% Difference**
# Sessions Targeted	36	119%	36	94%
# Sessions Achieved	43		34	
# Participants Targeted	720	196%	720	123%
# Participants Achieved	1410		888	

Participatory/Community Education at the village level

- *CAPE I Result: reach 112,896 total unrepeated participants over 7 months through 8,064 activities*
- *CAPE II Result: reach 351,000 total unrepeated participants through 23,400 activities.*

CAPE I: In November 2004, the Parish (6) and Commune (16) AIDS Project Managers were hired for the project[2]. In March 2005, the Village AIDS Educators (54) were recruited and trained using the *Fleet of Hope/AAEA* manual, which was specifically developed to integrate participatory activities and visual aids in prevention education for low-literate populations. The Educators started STI/HIV/AIDS educational sessions in April throughout the 54 villages selected for this project. The sessions are outlined below:

Table 6: Group 3- Community Education at the Village Level CAPE I FY05

FY2005	Municipality	# Sessions	# Participants	# Male	# Female	% M	% F
1	Benguela	745	15,147	n/a	n/a	n/a	n/a
2	Lobito	701	13,723	n/a	n/a	n/a	n/a
3	Cubal	847	16,334	n/a	n/a	n/a	n/a
4	Ganda	1,202	25,198	n/a	n/a	n/a	n/a
5	Chongoroi	892	16,628	n/a	n/a	n/a	n/a
6	Balombo	1,098	21,120	n/a	n/a	n/a	n/a
TOTAL		**5,485**	**108,150**	**44,341**	**63,809**	**41%**	**59%**

The activity result for community education was estimated for a period of 7 months. The total number of participants approximates 96% of the projected result in 30% fewer sessions, due to the interest exhibited by village residents and by local church leadership in receiving HIV/AIDS education. In organizing the education session in a village, the Parish and Commune AIDS Project Managers or the AIDS Social Educator typically sought out the *soba*, the traditional leader for the village's residents and, local church leaders. This step to inform and include the local leadership lent credibility to the CAPE project and facilitated its access into these communities. The staff worked together in many instances to accommodate sessions, in which the number of participants who presented for participation greatly exceeded the manageability of 20 as previewed. In contrast to the seminars for this project's first two target groups, there was a significant representation of women (59%) in the community education sessions.

[2] Parish = Municipality in project area level.

A social educator shares information about HIV/AIDS with participants in a community education session.

Noting the intensity of work associated with community education, 7 Village AIDS Educators (or 13%) effectively resigned from the project. Initially, the educators in CAPE were configured to work in the villages at 50% level of effort through 4 educational activities per week (2 days). All six Educators from Ganda and Lobito and one from Cubal resigned from the project. Caritas project staff received feedback that educators spent far more time in the communities as a result of traveling long distances, participating in community and CAPE project meetings, organizing sessions, etc. Moreover, educators were finding it difficult to appropriately balance other work opportunities in their lives, because the projected time for their workload in CAPE was far less than their actual contribution to the project.

CAPE II: **FY06:** At the end of CAPE I, project staff held a mini-workshop in order to obtain a qualitative assessment of the project implementation and progress made towards objectives. (Please see section entitled Lessons-Learned Mini-Workshops under Output 2.2.) Information from these sessions helped guide CRS/Angola, Caritas and USAID in reevaluation project objectives for CAPE II. The Community Education portion of the project in particular experienced major changes. The CAPE I target of reaching 112,896 community members through 8,064 activities was changed to 351,000 participants through 23,400 activities. In order to meet this target, CAPE staff incorporated the use of voluntary activists who would spread information about HIV/AIDS in their communities. The project areas were also reworked to include 5 villages per commune, creating 90 project sites.[3]

During the third semester, project staff recruited 9 educators as replacements for individuals who resigned from their posts. All educators attended an HIV/AIDS refresher workshop in January 2006, which covered STIs as a major risk factor to HIV infection. The new educators also received information on *Fleet of Hope/AAEA manual* and facilitation techniques for an effective educational session.

[3] 6 Municipalities x 3 communes x 5 villages = 90 project sites. See also Annex 1.

For CAPE's first year, the project consisted of 54 villages throughout the six municipalities. However, the project reevaluated the project areas in the second year and staff decided to expand the coverage of the project. In the extension phase, 36 new villages were added (2 additional per commune or 6 per municipality). These educators were not previewed to continue with the project beyond 10 months as planned in the original proposal, but due to the significant impact of their work at the community level, they turned out to be key components to the overall success of the CAPE project. During FY06, the educators completed 6,589 sessions which reached a total of 130,150 participants with 55% female participation. At the end of FY06, project staff had reached more than 1/3 (or 37%) of the project number of participants previewed for this activity. The sessions are outlined on the next page.

Table 7: Group 3- Community Education at the Village Level CAPE II FY06							
FY2006	**Municipality**	**# Sessions**	**# Paticipants**	**# Male**	**# Female**	**% M**	**% F**
1	Benguela	1,028	19,764	n/a	n/a	n/a	n/a
2	Lobito	998	20,740	n/a	n/a	n/a	n/a
3	Cubal	774	15,191	n/a	n/a	n/a	n/a
4	Ganda	1,304	26,628	n/a	n/a	n/a	n/a
5	Chongoroi	1,098	20,168	n/a	n/a	n/a	n/a
6	Balombo	1,387	27,659	n/a	n/a	n/a	n/a
TOTAL		**6,589**	**130,150**	**58,567**	**71,583**	**45%**	**55%**

FY07: In FY07, CAPE project staff continued to reassess the education sessions conducted by each group, with particular attention to the activists. A total of 9,110 education sessions were conducted at the community level, with a total of 207,011 participants in six municipalities of Benguela province. Community activists, 270 in total, carried out the trainings throughout the province. The six months of FY07 represented the bulk of the community education session activity, as seen in Table 8 below.

Table 8: Group 3- Community Education at the Village Level CAPE II FY06							
FY2007	**Municipality**	**# Sessions**	**# Paticipants**	**# Male**	**# Female**	**% M**	**% F**
1	Benguela	1,413	31,461	12,771	1,869	59%	41%
2	Lobito	1,297	28,640	12,624	16,016	56%	44%
3	Cubal	1,416	33,252	14,714	18,538	56%	44%
4	Ganda	1,535	35,416	14,663	20,753	59%	41%
5	Chongoroi	1,492	34,072	14,331	19,753	58%	42%
6	Balombo	1,957	44,170	28,957	15,213	34%	66%
TOTAL		**9,110**	**207,011**	**98,060**	**108,951**	**53%**	**47%**

At the end of the project, CAPE managed to conduct 21,184 community education sessions in six municipalities, with a total of 379, 782 participants, approximately 60% of which were female. (Please see Annex 5.) The revised intermediate result was to reach 351,000 total unrepeated participants through 23,400 activities. With 337,161 participants during CAPE II (FY06-07), the project met 96% of its goal. This was done in spite of the fact that it conducted 67% of the target sessions (15,699 conducted). The high number of participants is due overall to the popularity of the sessions conducted, meaning that the project was able to attain more participants in one session than staff originally expected.

Life Skills in Secondary School Education

- *Result: reach 10,800 total students through Life Skills education program implemented in 20 secondary schools.*

This element of the project was added in CAPE II to incorporate Caritas's strength in the area of Life Skills Education with the activities of the CAPE project. Its goal was to use life skills education to contribute to the increased knowledge, positive attitudes, and behavior of adolescents and youth towards STIs, HIV/AIDS, and justice and peace. The manual from which CAPE staff based this activity was modified to have 12 sessions from an original 35 sessions of the *Capacidades para VIDA* guide.

On 3 April 2006, project staff held a meeting to plan out the Life Skills (LS) component in secondary schools for this year. A Project Coordinator, Antonio Salamão, was hired by Caritas to lead this activity, given his previous experience at CRS/Angola as Coordinator of the Life Skills project implemented by Caritas and UNICEF. An assistant was hired in September 2006 to help monitor schools' progress. Project staff developed criteria for selection of schools, a plan of action for engaging education officials and, a timeframe for implementation. The 33-session Life Skills manual was reviewed and condensed into 12 key lessons to be included in the course.

The accord between Provincial Direction of Education and Culture and Caritas was signed in August 2006 sanctioning the program's implementation in secondary schools in Benguela province. Together with education officials, project staff selected four schools each in Benguela, Catumbela, Cubal, Ganda and Lobito for a total of 20 schools. The schools originally selected are outlined below:

Table 9: Secondary Schools Imlpementing Life Skills Education Portion of CAPE Project

PARISH	SECONDARY SCHOOLS
Benguela	Escola N. Sra. da Conceicão
	Escola do Cassoco
	Escola #348 L.G. Sambo
	Escola do Santo Antonio
Catumbela	Escola 5 de Junho
	Escola Marco do Luango
	Escola 11 de Novembro
	Escola Cdte Dangereux
Cubal	Escola Ilidio Machado
	Escola dos Kilambas
	Escola Teresinha
	Escola do São Paulo
Ganda	PUNIV
	Escola do PISI
	Escola do III Nivel
	Escola do II Nivel
Lobito	Escola Nossa Sra. da Sabedoria
	Escola Jose Samuel
	Escola Bom Samaritano
	Escola Hoji-ya-Henda

The CAPE project planned to administer this activity in two phases. The first phase of the Life Skills component targeted the first two levels (grades) of secondary schools and took place between October and November of 2006. To prepare for this first phase, in September 2006, 97 professors participated in a 5-day training that covered the Life Skills manual, facilitation techniques and selection of students. During this first phase, a total of 6,073 students enrolled, 3,006 of which were female students. Of the total enrolled students, 5,824 graduated from the course in November. The second phase, which ran from December 2006 to February 2007 targeted third and fourth level students. Of these, 4,839 students enrolled and 3,869 graduated from the course. (See Annex 6 for the complete data table.)

In all, a total of 9,693 students completed the course, 44% of which were women. This number represents 90% of the target. The project did not reach the target likely because the second phase of the course took place during the holiday months of December and January.

Output 1.2: Disseminated HIV/AIDS information through mass media

- *Result: reach 5% of population in Benguela province (or 78,526 people out of 1.6 million total).*

CAPE I: The vast majority of this activity occurred during the second semester of the project year. Staff made a concerted effort to spread HIV/AIDS prevention messages through mass events and material distribution. Total activities included five interactive community festivals, theater presentations and distribution of 6,850 red ribbons (250 with information brochures), 1,192 T-shirts, 692 hats and 11,921 HIV/AIDS informational pamphlets.

To better facilitate mass education, the project staff worked with a local theater group, Twayavoka, to project key HIV/AIDS prevention messages. Twayavoka collaborated with CAPE project staff to participate in five community festivals that drew a total of 24,457 people (see table below). In addition, as part of the effort to cross HIV/AIDS and tuberculosis (TB) prevention messages, Twayavoka also organized 11 educational activities for a total of 2,071 participants (61% female), which supported the community education components at three Catholic-based TB clinics in Lobito and Benguela.

Table 10: Community Festivals CAPE I, FY05

Dates	Parish	Location	# estimated audience	#estimated female	% female
JULY					
7 July 2005	Benguela	Baía-Farta	1,670	818	49%
7 July 2005		Santo Estevão	2,930	1,110	38%
AUGUST					
8 August 2005		Missão da Nazare	10,857	987	9%
13 August 2005	Lobito	Praça-Canjala	4,700	2,040	43%
14 August 2005		Gangula-Canjala	4,300	1,936	45%
TOTAL			**24,457**	**6,891**	**28%**

On 8 August 2005, the project staff took advantage of the anniversary of PROMAICA (*Promoção da Mulher Angolana da Igreja Católica)* to conduct an HIV/AIDS educational presentation (with interactive Q&A) to all the women serving in the Catholic Church at the provincial level.

Unfortunately, the project staff did not have the opportunity to communicate HIV/AIDS prevention messages via radio programming since the second semester concentrated on actual implementation of the project at the village level and on conducting the LQAS baseline survey. Consequently, during CAPE I only 1.5% of the population in Benguela province was reached through the medium of festivals and theater performance.

The project staff was not able to develop posters or billboards that would advertise HIV/AIDS prevention messages. HIV/AIDS informational pamphlets were developed as part of an effort at CRS to integrate its HIV/AIDS programming with its Agriculture program (Consortium for Development Relief in Angola-CDRA). The intent was that the pamphlets would be distributed post-seminars, educational forums and at food distribution sites in villages where CAPE is operational. In total, 11,921 pamphlets were distributed throughout all six municipalities. The pamphlets were developed in-house by CRS and Caritas project staff, and the printing of 22,000 copies was funded by TROCAIRE.

Radio Educational Programming

CAPE II: On 20 January 2006, Caritas hired Padre Samuel de Jesus Narciso Paquete as its Mass Media Consultant to develop a radio-based educational program. The program was to consist of approximately 10 sessions, which progressively detailed the response of the Catholic Church, HIV/AIDS – what it is and methods of transmission, impacts on the immune system, prevention and behavior change, and community response. Each radio session was to be creatively developed with a guest speaker to provide perspective on the topic being discussed. Padre Paquete consulted with radio stations in Benguela and Lobito municipality for pricing, suggestions on format and speakers and eventual engagement towards media responsibility for public health education.

CRS/Angola and Caritas project staff worked collectively with Padre Paquete to develop an interview questionnaire guide for each theme session. Project staff then selected potential guest speakers that could share their expertise and suggestions during an interview. Letters were sent out during the month of August 2006 with an invitation to participate. Each speaker was to initially meet with Padre Paquete to review the interview questions and appropriate content for broadcast. The product was themes for the eight radio sessions, which are as follows:

1. Introduction to the HIV/AIDS problem and the response of the Catholic Church to this serious crisis
2. Global HIV/AIDS statistics and the rate of prevalence
3. Impact of HIV/AIDS on the human immunological system
4. Community's response on stigmatism, discrimination and social support
5. Traditional practices that increase risk of infection
6. Polygyamy and multiple-partner sex practices
7. Women and youth on the topic of risk
8. Available services in Angola, current HIV/AIDS treatment situation

Having done the interviews, the consultant worked on the programs, keeping in line with the basic principles of CRS and the Catholic Church, as well as technical and legal guidelines for radio broadcast in Angola.

The next step was to seek broadcast slots in the existing radio stations in Benguela province with broadcast numbers that would help the project achieve its goal of 78,526 listeners. The three radio stations based in Benguela and Lobito, the largest cities along the Benguela coast, proved to be the most promising. Of the three, Rádio Morena Comercial promised the most coverage. The half-hour programs were broadcast during the month of March, 2007 two times a week, in the afternoons on Tuesday and Wednesday. The radio station estimated that it had an audience of 939,744 listeners, based on the number of people of voting age that live within a 50 km radius of Lobito, Benguela, and Baía Farta municipalities. Given that Benguela's estimated population is 2,902,626 inhabitants[4], the 939,744 estimated listeners of Rádio Morena make up 32.2% of the general population. Thus, using the radio station's data, CAPE reached much more than the 5% of the population target.

Table 11: Radio Educational Programming Performance	
Target (Residents of Beguela Province)	78,526
Achieved (Residents of Beguela Province)	939,744
% Performance	**1197%**

Other Activities: World AIDS and TB Days

In FY06, the project also included secondary activities that supported and contributed to the dissemination of primary messages and information on HIV/AIDS. The project staff organized educational activities for World AIDS day in Cubal municipality and, for World TB Day in Balombo municipality. In Balombo, project staff conducted two educational workshops in the Xingongo commune and also in the TB center at the Balombo hospital. These activities facilitated the distribution of 200 HIV/AIDS information pamphlets, 887 T-shirts, 100 hats and 34,153 red ribbons with explanation brochures. Project staff also organized one health festival in the Dombe Grande commune in the Benguela municipality and successfully reached 1,900 participants.

On December 1, 2006 (FY07) CAPE project staff and project beneficiaries celebrated World AIDS Day. Ten festivals were carried out at ten of the schools where the Life Skills courses were taught, and 18 festivals were carried out at the village and commune level. Activities included information sessions, traditional dances, contests, poetry readings, theater presentations and debates. An estimated 59,077 people attended these festivals, 67% of them female. In many of the schools, the festivals were performed as a school exchange, inviting students from different schools to share ideas on ways to combat the virus. In addition, CAPE staff distributed a total of 1,100 t-shirts with the red-ribbon symbol and slogan "EPA- Esperança Participação e Apoio" (Hope, Participation and Support).

Objective 2: To increase the organizational and technical human resource capability of Caritas over one year.

Output 2.1: Hired project staff

[4] MINSA 2006 statistics

- *Result: hire women to fill at least 40% of project staff positions at all levels*

CAPE I: This activity was completed with a total of 82 staff hired as key CAPE project staff in the first semester of the project. The staff were contracted on all three levels – diocesan, parish and communal. Caritas developed a contracting process using the fundamental principles of competitive selection in order to identify the most suitable candidates. The project staff developed written job descriptions for each vacancy; launched advertisements via various media; developed interviewer guidelines; and finally conducted panel interviews for selection. Project staff had originally conceived of only 14 AIDS Commune Managers since four AIDS Parish Managers would represent both a municipal center and a commune. However, due to the selection of communes distant from the municipal centers of Cubal and Ganda, two additional AIDS Commune Managers were hired – bringing the total to 16.

Both CRS and Caritas staff exerted a major effort in recruitment to attain high representation from women. Several obstacles impeded success in creating a more gender-balanced project staff. One major factor was the level of education and experience needed for the CAPE staff positions and particularly, the ability to read and write. Another factor especially important in CAPE is the predominance of Umbundu, the local dialect, at the community education level and the lower percentage of Portuguese speakers as represented in the urban areas. Notwithstanding, the project staff did succeed in attaining 33% representation from women for CAPE positions and, has shifted its focus to increasing access to more women within its target groups for education. Please refer to the table below for CAPE project staff breakdown with respect to gender.

Table 12: CAPE I Personnel Contracted, Caritas and CRS/Angola

Job Title	Total #	Male	Female
Caritas Benguela			
AIDS Project Manager	1	0	1
AIDS Project Assistant	2	1	1
Parish AIDS Project Manager	6	5	1
Commune AIDS Project Manager	16	15	1
Village Social Educator	54	32	22
Trainer of Religious Leaders	1	1	0
CRS			
Program Manager, HIV/AIDS/IS	1	0	1
Program Assistant	1	1	0
TOTAL CAPE STAFF	**82**	**55**	**27**
% female			**33%**

CAPE II: During the second year, project staff successfully recruited for the following positions:

- Speaker for Clergy Conference
- Facilitator for Religious Leader Trainings
- Mass Media Consultant

- Life Skills Coordinator
- Assistant to Life Skills
- Life Skills Professors
- Volunteer AIDS Activists
- M&E Consultant (LQAS-CRS/Angola)
- Finance Assistant (CRS/Angola)
- Volunteer activists (270)

Table 13: CAPE Personnel Contracted Caritas Benguela and CRS/Angola, Project Total			
Job Title	**Total #**	**Male**	**Female**
Caritas Benguela			
AIDS Project Manager	1	0	1
AIDS Project Assistant	2	1	1
Parish AIDS Project Manager	6	5	1
Commune AIDS Project Manager	16	14	2
Village Social Educator	53	28	25
Volunteer AIDS Activists	270	46	224
Life Skills Coordinator	1	1	0
Assistant to Life Skills	1	1	0
Life Skills Professors	97	60	37
Consultants			
Speaker for Clergy Conference	1	1	0
Facilitator for Religious Leader Trainings	1	1	0
Mass Media Consultant	1	1	0
M&E Consultant	1	0	1
Final Evaulation Consulatnt	1	0	1
CRS/Angola			
Program Manager, HIV/AIDS/IS	1	0	1
Program Assistant, HIV/AIDS	1	1	0
Program Assistant, TB	1	1	0
Finance Assistant	1	0	1
TOTAL CAPE STAFF	**455**	**161**	**294**
% Female			**65%**

Output 2.2: Trained partner staff in identified organizational areas

Over the course of the project, project staff organized finance/administration trainings, computer skills training, numerous project presentations for CRS and Caritas staff and at all three levels of project implementation, basic HIV/AIDS education trainings, Lessons Learned mini-workshop, one baseline survey, and one midterm LQAS survey.

Finance and Administration

Result: two one-day finance/administration orientations/trainings will be conducted during the project

CAPE I: Project staff organized three finance/administraton trainings during the year. On 5 November 2004, Mr. Sergey Hayrapetayan, the CRS/Angola Head of Program Support, conducted a training for 11 senior-level project staff from CRS and Caritas. The topics included partner matching funds, personnel time-keeping, in-kind contribution tracking, liquidation and expense authorization processes, basic fiscal reporting requirements, basic administration requirements, and the assignment of principal duties for support departments involved in the project.

During 2-3 December 2004, the second finance/administration training was conducted by Mr. Daniel Adelino, Caritas Head of Administration and Finance, for the 22 Parish and Commune AIDS Project Managers.

On 18 August 2005, Mr. Rodrigues Sebastião, Caritas Accountant, conducted the third finance/administration training for the 22 Parish and Commune AIDS Project Managers. Topics included expense documentation, per diem and travel expenses, purchasing policies, timesheets, etc.

Computer Skills

CAPE I: *Result: one 24-hour training over six days for Caritas staff at diocesan and parish levels*

During 2-13 December 2004, Caritas contracted with Gigabyte Training Center to facilitate a 10-day computer course (4 hours each morning) for the 22 Parish and Commune AIDS Project Managers. The main topics included word processing (MS Word), spreadsheet manipulation (MS Excel) and basic computer skills.

CAPE II: In January 2006, the CAPE project staff, including six Municipal Project Managers assisted a refresher computer course focusing on development of Excel spreadsheets to facilitate reporting and analysis of project statistics.

Project presentation and monitoring orientation

CAPE I: *Result: three project presentations will be conducted targeting CRS/Caritas project staff, village communities and local authorities. CRS and Caritas will produce a basic monitoring guide for field staff. Each Village AIDS Educator will arrange for two community meetings.*

Starting in October 2004, the project staff began project promotion at various levels. These activities included the DIP elaboration and project presentations at the diocesan, parish, communal, and village levels. The primary purpose of these activities was to ensure that CRS and Caritas, as well the communities selected for the CAPE project understood and shared the project's goals and objectives.

Project presentation – CRS and Caritas

On 3 September 2004, the Caritas CAPE project team conducted a presentation for 17 CRS and Caritas senior management and program staff of various programming initiatives. The Caritas team facilitated participatory dialogue, presented the CAPE project's objectives, and solicited questions to identify potential areas for programmatic integration at the village levels. The session participants also assisted in identifying project areas for CAPE implementation.

In October 2004, CRS and Caritas senior program staff organized a session to analyse and prioritize selection of the CAPE project areas. The participants developed a table including all current CRS and Caritas programming, which aided in their discussion rationalizing potential project areas. The criteria included the presence of current CRS/Caritas

programming, churches, schools, access, NGOs, and strong community will. *Please see Appendix 2 for CAPE I project areas.*

Detailed Implementation Plan (DIP) Elaboration
In October 2004, Mr. Jolira Rafael, CRS CAPE Project Assistant, and Ms. Rosalina Kasisa, Caritas AIDS Project Manager, led a participatory DIP session with the senior project staff. The session provided an explanation of the DIP, a review of the original CAPE proposal, alterations to the proposal, and time for draft preparation. The DIP was submitted to USAID/Angola on 16 November 2004.

Project presentation – parish, commune and village levels
In October and November 2004, CRS and Caritas project staff traveled to all six municipalities to conduct project representations and informational meetings with various ecumenical representatives, government officials and parish leaders. In January and February 2005, the Caritas Parish and Communal AIDS Project Managers conducted a similar presentation for representatives at the parish and commune levels, which also included religious and traditional leaders (*sobas* and *séculos*). As noted earlier, the Village AIDS Educators held several community meetings with traditional and religious leaders in order to organize educational sessions and to access village residents.

CRS and Caritas did not have an opportunity to develop a basic monitoring guide for field staff.

Basic HIV/AIDS Education/TOT technical trainings

CAPE I: *Result: In addition to TOT technical trainings on Hope and Healing and Fleet of Hope/AAEA, conduct a three-day HIV/AIDS technical training for project staff and a subsequent two-day followup orientation/training – all to the benefit of 72 participants and with a progress index of 40% for selected trainings.*
The project staff decided that the two basic HIV/AIDS education trainings were best integrated into the TOT technical trainings to integrate project concepts and to more easily accommodate the large number of project staff (78). The project staff organized trainings for all staff in the key education material in two phases – the parish/communal and the village levels. For Parish AIDS Project Managers, the training material included the *Hope and Healing* manual, a two-day training including: exploration of attitudes in relation to AIDS; facts, opinions and myths about AIDS; AIDS and men, women, youth and children; social-cultural aspects of AIDS; and support of people living with AIDS. For Commune AIDS Project Managers and the Village AIDS Educators, the training material included the *Fleet of Hope/AAEA* manual, a two-hour participatory AIDS education activity containing 13 pictorial representations and specially developed for low-literate populations. CRS and Caritas project staff adapted the original *Fleet of Hope* to better reflect Angola's cultural context.

During 2-13 December 2004, Ms. Rosalina Kasisa, Caritas AIDS Project Manager, and Mr. Orlando Adolfo, Caritas AIDS Project Assistant, facilitated a HIV/AIDS education training for the 22 Parish and Commune AIDS Project Managers. The training team conducted pre- and post-testing, which yielded an average progress index of 73%.

Due to the large number of Village AIDS Educators (54), this group was divided in two for the HIV/AIDS Education training. On 22-24 February 2005, the Educators from Chongorói, Cubal and Ganda were trained. On 25-27 February 2005, the Educators from

Balombo, Benguela and Lobito were trained. Both sets of trainings were facilitated by the Parish AIDS Project Managers from Cubal and Ganda. The training team conducted pre- and post–testing, which yielded a progress index of 80%.

CAPE II: In January 2006, all 54 Village AIDS Educators assisted a HIV/AIDS refresher training facilitated by the six Municipal Project Managers. In the first quart of FY07, CAPE project staff selected 270 village activists from villages and trained them in the ABC prevention methodology and in STI information, as well as community education methodologies. These activists then trained members of their communities and others using the *Fleet of Hope* cards and the AAEA (*Associação Angolana para Ensino de Adultos*) methodology.

Tuberculosis Training

CAPE II: Included in CAPE's extension was the proposition to integrate TB prevention messages into existing HIV/AIDS education sessions for all three target groups. On 31 March 2006, MINSA officials provided a facilitator to conduct a one-day TB educational session for CAPE project staff, including the 6 Municipal Project Managers and all 16 Commune Project Managers. The training covered introduction to TB as a disease, methods of transmission, prevention, alert signs and assistance needed for those infected. Project staff will distill the information into specific key messages that can be easily integrated into the HIV/AIDS educational sessions at all project levels.

Lessons Learned Mini-Workshops

CAPE I: *Result: organize two mini two-day workshops to analyse project monitoring data and share lessons learned*

On 17-18 August 2005, the Caritas CAPE project staff organized a mini-workshop to begin qualitative assessment of overall project implementation towards objectives specified in the original plan. The attendees included the Parish and Commune AIDS managers, the leadership of the Caritas Diocese for Benguela Province, the Trainer for religious leaders, and the CRS Program Manager (HIV/AIDS) and the CRS CAPE Project Assistant. There was general agreement that the project was progressing smoothly and, that implementation at the village level was showing positive results in the communities. Other issues that were discussed for consideration as CAPE continues:

- Practices of traditional healers that facilitate HIV/AIDS transmission
- Constraints on local leaders in effectively carrying out activities at village level
- Monitoring and evaluation systems for quantitative and qualitative assessment of project
- Outreach to clergy and religious leaders for HIV/AIDS education sessions
- Utilization of religious leaders who have already participated in education sessions
- Analysis of data in relation to objectives as a critical part of ongoing monitoring and evaluation

With the late start of the project's full implementation, the project staff did not conduct a second Lessons Learned mini-workshop.

CAPE II: Life Skills Lessons-Learned Workshop

Following the implementation of the Life Skills courses, CAPE project staff held Lessons Learned sessions in Cubal (on November 17 and 18) and in Lobito (on November 25). A

total of 83 people participated, including priests, teachers, school directors, and the CRS representative and project coordinator.

The purpose of the meetings was to reflect on the state of the program and make suggestions for improvement. The debated centered on the following issues:

1. Content of the *Capacidades para VIDA* manual for secondary schools
2. Didactic material
3. Length of the program
4. Responsibilities of involved parties (CRS, Caritas, teachers, ministry of education)
5. Content for teacher training

Teachers participating in the Life Skills Lessons Learned session, Benguela

After discussion, the groups made the following conclusions:

a. Add sessions to deal with sub-themes of "Rights and Responsibilities" and "Communication Skills."
b. Give teachers further training in Human Rights and HIV/AIDS.
c. *Fleet of Hope* presentation cards should be larger in size.
d. Create student incentives by offering snacks to students.
e. Many of the problems of the course were related to the delay in the courses' start.
f. The didactic material was useful, but many schools received it late.
g. The teachers thought that the *Capacidades para VIDA* manual was effective in teaching youth about acquiring the skills and abilities necessary for becoming adults. Therefore, they requested that the course be extended to the full academic year.
h. The program should be taken to other schools so that the information would spread.

<u>Baseline and Final Evaluation</u>

Result: conduct baseline and final surveys to assess knowledge change in project areas

Please see the section below regarding the baseline, midterm, and final evaluations.

III. BASELINE, MIDTERM AND FINAL EVALUATIONS

BASELINE SURVEY

CRS project staff determined that the Lot Quality Assurance Survey (LQAS) conducted in June 2004 for the Youth Center and Life Skills project and its results were not applicable to the CAPE project. The Life Skills project existed as a CRS/Caritas partnership with funding from UNICEF. The project was concentrated in urban areas in 4 municipalities (Benguela, Cubal, Ganda and Lobito), and its target population was youth ages 10-21. In contrast, the

CAPE project's core education component existed at the village level (54 villages in 6 municipalities), and its target population was broader with ages 10-44. Thus, the majority of CAPE participants live in rural areas, are low in literacy, and predominantly speak Umbundu, the local dialect.

Since the community education component at the village level only began in April 2005, the project staff concluded that a baseline survey would still be useful in charting the project's progression towards proposed indicators for success. LQAS was selected due to its ability for internal comparisons, smaller sample sizes and easy incorporation into ongoing monitoring efforts.

Given that this survey would establish baseline results and that it coincided with the start of **CAPE II**, the project staff decided that it would be beneficial to include the 36 new villages soon to be incorporated into the community education component. (Please see Annex 1 for CAPE I&II project area sites, including villages added in CAPE II.) The sampling design for the survey developed is outlined below:

Supervision Areas: 6 municipalities
Project Areas: 18 communes *(each commune has 5 villages)*
Interviews per commune: 19
Interviews per municipality: 95

- **Total number of survey interviews for CAPE: 342**

Apart from CRS and Caritas CAPE project staff, nineteen people with past experience in LQAS, including five from Caritas Sumbe, were recruited to assist with the survey. Each municipality had a team of four people with 1-2 supervisors, who organized the team in adhering to the LQAS methodology and in successfully completing all 95 interviews. The teams were formed with consideration to gender, given the sensitive nature of the questionnaire as well as cultural norms concerning gender roles and experiences. Therefore, all interviews were conducted on a same-sex basis and also, the majority was verbally administered in Umbundu, the local dialect dominating CAPE villages.

On 3-7 October 2005, each municipality team traveled to their assigned sites to conduct all 95 interviews within four days. All 342 interviews were successfully completed in the time frame previewed. The CRS/Caritas project staff organized tabulation and data analysis in January and February 2006.

LQAS MIDTERM EVALUATION OF VILLAGE COMMUNITY EDUCATION

CAPE project's core education component exists at the village level (90 villages in 6 municipalities), and its target population are residents ages 10-44. The majority of CAPE participants live in rural areas, are low in literacy, and predominantly speak Umbundu, the local dialect.

Monitoring Survey – May 2006

To improve with monitoring and project design, project staff decided it would be best to conduct a mid-year LQAS evaluation focused on training CAPE field staff in survey administration and data tabulation/analysis. This activity involved tabulation of the baseline survey, questionnaire adaptation, trainings in LQAS methodology, survey administration and

data tabulation/analysis. In transferring the skills to CAPE project field and management staff, progress towards specific indicators was assessed at the mid-year point of the project's full implementation. Project staff also reasoned that the LQAS methodology could later be incorporated into existing monitoring efforts. Given the complexity of LQAS methodology and CAPE's geographic scale with 90 villages involved in community education, CRS/Angola contracted an external consultant, Anne Berton Rafael, to lead and coordinate this activity. The questionnaire was scaled down to essential indicators to chart performance, and 30 questions were finalized to be included in the monitoring survey. As part of her terms of reference, Mrs. Rafael traveled to Luanda in mid-March to meet with Tony Diaz, CORE Group in Luanda, and Angola's point person for LQAS methodology in evaluation of community-based projects.

During 3-13 April 2006, Mrs. Rafael conducted a mini-review of survey tabulation for CRS/Angola CAPE and Polio project staff and coordinated the group in the manual tabulation of all 342 baseline survey questionnaires. CAPE project staff then met to discuss logistics and overall coordination of survey implementation. With the assistance of Mrs. Rafael, project staff decided that Parish AIDS Project Managers would not take part in the initial training on LQAS methodology and survey implementation. With the LQAS methodology as a monitoring tool at the project implementation level being evaluation, it logically followed that the Commune AIDS Projects Managers and the Village AIDS Educators would take on the implementation of the monitoring survey. The Parish and Commune AIDS Project Managers would then together tabulate and analyze the survey questionnaires, in order to effectively evaluate programming efforts and assess village areas for reinforcement.

On 23-28 April 2006, Mrs. Rafael conducted a three-day training of LQAS methodology, interviewing techniques and survey implementation for 38 project personnel. As with the baseline survey, participants were divided into 4-5 person teams with supervisor and interviewers and, with few exceptions, were assigned to the same municipality where they already worked. Participants then took an additional two days to review the questionnaire and also, to conduct a pre-test in the village site Cassiva in the Cubal municipality. This village was not a part of the CAPE project and thus, would not be included in the actual survey. The monitoring survey was conducted from 2-9 May 2006, and all 342 interviews were completed.

During 15-19 May 2006, Mrs. Rafael conducted a mini-training on survey tabulation and analysis for Parish and Commune AIDS Project Managers, who then organized to tabulate the survey questionnaires completed in their respective parishes. Participants then analyzed the indicator results and village areas sites that were in need of reinforcement. Mrs. Rafael and CRS/Angola project staff then entered all the data into Excel to better work with the statistical program EPI INFO for more complex analyses.

Evaluation Results

In comparing baseline and monitoring survey results, project staff concluded that the community education component was in need of restructuring to better organize the material presented as well as, to better structure the village areas designated for implementation. The group assessed that a major obstacle at this project level was that the village sites were larger than initially thought. For example, one village might be subdivided into smaller areas, resulting in both population totals and area distances greater than the capacity for the one Village AIDS Educator assigned to reach. To assist in this restructuring,

CRS/Angola extended Mrs. Rafael's contract for facilitation of three 2 ½ day workshops (organized by municipalities) with Parish and Commune AIDS Project Managers and Village AIDS Educators. The workshop reviewed the entire LQAS activity and results obtained, including special focus on village areas and indicators to reinforce. Participants then discussed criteria necessary to guide geographic restructuring village sites that would better facilitate the work of Educators. Lastly, the workshops organized the managers and Educators into the next task – recruitment, selection and trainings of volunteer activists (3 per village area or 270 total activists) who help transition the community education component to village residents for implementation. During September/October 2006, project staff trained the 270 volunteer activists to work in the CAPE project villages.

Mrs. Rafael conducted a joint CRS/Angola/Caritas presentation to outline the evaluation results and recommendations for next steps. She also conducted a mini-workshop for CAPE project staff on how to write a basic evaluation report summarizing activity and results. Mrs. Rafael has written a comprehensive evaluation report summarizing both the baseline and monitoring survey results with reference to background data documents. The Portuguese version was finalized and then distributed in October 2006 (both hard copy and/or CD) to USAID, UN agencies, MINSA, INLS, and various local and international NGOs engaged in community education and HIV/AIDS prevention education. The English version of the report was finalized in December 2006.

FINAL QUALITATIVE EVALUATION

In the original project proposal, a final quantitative survey was to be carried out at the end of the project to compare gains or losses made against the baseline survey. However, upon the completion of the midterm LQAS survey, it became apparent that a final LQAS survey would be irrelevant and not inform staff of any real progress or setbacks that occurred. The midterm survey itself was not completed until October 2006, and the results of the survey not processed and finalized until December 2006, meaning that a final LQAS survey would only measure the progress made in the three four months of project implementation. Therefore, after consultation with USAID/Angola representatives, CRS/Angola received permission to replace the final quantitative survey with a qualitative survey. This decision allowed CAPE staff to add a qualitative element to technical data.

Upon receiving permission from USAID, CRS/Angola immediately began the search for a consultant, as there was only one month remaining in the project and CRS feared that key project staff would not be available for interviews after the closure of the project. After a short but extensive search, CRS/Angola decided to hire Anne Rafael, the same consultant who performed the LQAS midterm survey. Ms. Rafael had extensive knowledge of the CAPE project thanks to her involvement with the development of the TB component and her work on the LQAS midterm survey.

Ms. Rafael and the CRS Assistant Program Manager teamed up with two Assistant Program Managers from Caritas in order to complete the qualitative surveys. During two weeks, the evaluation team made field visits to Benguela (Dombe Grande), Lobito, Balombo and Chongorói- municipalities that had project activities in all of the major areas of the CAPE project: HIV/AIDS, Tuberculosis, and Life Skills.

The full evaluation report was sent with this final report. The general conclusions and recommendations are as follows:

Recommendations for improved implementation of future prevention education projects

- Management of a partnership program demands frequent interaction among partners and requires collaboration with a range of stakeholders and total commitment from all involved. While management by consensus is a labor intensive and time-consuming process, it results in a stronger buy–in and more effective implementation of decisions by partnership members. Good coordination is a primary requisite for the growth of any partnership.

- Institutional strengthening activities should come first to allow partners capacity building and close coaching.

- Technical Working Groups should be constituted at program inception and form an integral part of program management. The Working Groups would ensure uniformity in programming among the partners through the establishment of common targeting criteria and implementation protocols. It is critical that this activity be well coordinated and documented.

- The M&E plan should include Detailed Implementation Plans (DIPs) collectively developed with input from each partner and translated into detailed work plans to better guide program implementation. Work plans should be reviewed regularly at M&E meetings.

- Baseline data should be collected and analyzed at the very beginning of project implementation. Partners should not rely on other projects' data for this unless it is directly applicable in all areas.

- Project successes depend on tailoring activities to the needs of each target sub-groups. Participatory approaches based on gender and age must be strengthened.

- Staff movement should be reduced to a minimum, as high turnover affected the continuity of the project. More involvement of the upper level management and coordination is necessary. The project personnel should include a full time finance assistant at the start of the project for effective accountability.

- The activist component should be implemented at the beginning with incentives to motivate them and keep them going.

- On the ground, continuous coaching through regular monitoring and joint visits evaluation should be made throughout the project.

- To guarantee the sustainability of the project at a smaller scale Caritas must receive financial support.

- Future initiatives should ensure that the PVO responsible for financial management of program funds has adequate capacity to do so

- CAPE should hold Lessons Learned Workshops for each thematic area. Relevant stakeholders and beneficiaries should participate. This should be documented and shared.

Recommended interventions for future support to CAPE areas

- The partnership with a respected local partner with an extended network is strongly recommended for future development assistance programs because it allows PVOs to reach a large number of beneficiaries at a given time.

- CAPE has shown that there is geographic variation in HIV/AIDS knowledge in Benguela province. This necessitates careful targeting of content and context specific programming is required in future project.

- Whenever they exist, beneficiary institutions should receive additional support to achieve the required capacities and any development project implemented through them.

- In order to achieve the strategic goal of reducing the incidence of HIV/AIDS in Benguela province, future interventions should be holistic and integrate a variety of sectors, including health, agriculture, water and sanitation. HIV/AIDS awareness should be a cross –cutting component for all interventions.

- Future components of TB network support should include some reagents for CD4 counters as well as a buffer stock of ARV treatment in case of disruption of the current supply chain.

- There is need for MINSA staff capacity building. This, of course, can only be achieved if sufficient GoA resources are allocated to MINSA.

- Coordination should be reinforced by MINSA between all entities working in the area of HIV/AIDS in Benguela province. It is important for MINSA to capitalize on all existing efforts in order to diminish lost opportunities in intervention strategies and programming.

IV. ADMINISTRATIVE ISSUES

At this time, the project has officially closed. All of the obligated USAID funds have been spent. There are no pending administrative issues.

V. OTHER

<u>Multilateral USAID field visit</u>

From February 17 to 20, 2005, Christopher M. Reichert, the CAPE Program Manager at the time, hosted a multilateral USAID delegation visiting Benguela, Cubal and Lobito. The delegation was composed by Victor Barbiero – Chief of Implementation Support Division of USAID/DC, Judy Wiegert – AIDS Coordinator of USAID Angola, João Neves – AIDS Coordinator of USAID Angola, and Raquel José - Administration Assistant USAID of Angola.

In Benguela, the delegation met with the Dr. Bento, Provincial Health Department Director, and visited the Benguela Learning and Life Skills Center. In Cubal, the delegation visited the Mission Hospital's (*Nossa Senhora de Paz*) new laboratory, the tuberculosis center, and the in-patient installations. In addition, the delegation participated in a training of local faith-based leaders, which was employing the Hope and Healing manual. Afterwards, the team and community participants confided that one highlight of the visit was that the USAID staff shared their experiences and impressions, which were led by Victor Barbiero.

USAID Visit for Youth Needs Assessment

On 21 February 2006, CRS/Angola project staff met with Ramon Balestino and Alison Bird as part of USAID's Youth Needs Assessment. Project staff assisted this USAID team by organizing other youth groups, including Caritas's Life Skills project and CRS/Angola's polio team, to participate and provide perspective into youth culture and unmet needs.

Annex 1: CAPE I&II Project Sites

CARITAS AIDS PREVENTION EDUCATION PROJECT (CAPE), revised list - FY2006					
Municipality	**Commune**	**Village**	**Municipality**	**Commune**	**Village**
CUBAL	**Capupa**	Sondondo	**LOBITO**	**Canjala**	Egito Praia
		Utalala			Ahongo
		Mbembwa			Ngangula
		** Caviva Sul*			** Cavombo*
		** Catapi*			** Kakala*
	Tumbulo	Jamba de Baixo		**Catumbela**	Praia Bebe
		Lulambo			Missão
		Handa Yandende			Luongo
		**Lomaum*			** Zona - 5*
		** Cabondo*			** Alto Niva (Zona-B)*
	Yambala	Kavialã		**Biopio**	Biopio Sede (Zona-A)
		Etumala			Essupwa
		Kalonduva			Biopio Sede (Zona-B)
		** Ngoyo*			** Etahumbo*
		**Tchissingui*			** Mbovo*
GANDA	**Ebanga**	Ebanga Sede	**BENGUELA**	**Baia-Farta**	Baía-Farta Sede
		Plantações			Chamume
		Lomumo			Caota
		** Lunduvo*			** Camunda*
		** Ndende*			** 4 de Fevereiro*
	Casseque	Casseque Sede		**Dombe-Grande**	Dombe-Sede
		Karangola			Canto
		Santa Ana			Cuyuo
		** Londuvo*			** Canguengo*
		** Ndengue*			** Cavissaca*
	Babaiera	Babaiera Sede		**BGA - Zona A**	Calossombekwa
		Alto-Catumbela			Lixeira - baixa
		Tchacuma			Camunda
		** Kalava*			** Bairro 70*
		** Kandjola*			** Candumbo*
BALOMBO	**Balombo Sede**	Libata	**CHONGOROI**	**Chongoroi-Sede**	Chongoroi - Sede
		Hoji-ya-henda			Kamukuyuo
		Angola Cuba			Kavindjiliti
		** Sede Tchindumbo*			** Taka*
		** Elongo*			** Kwimiranda*
	Chingongo	Amela		**Munjombwe**	Hanja
		Hanga			Viana
		Chingongo Sede			Munjombwe Sede
		** Sandele*			** kutembo*
		** Munana*			** Camwine*
	Tchindumbo	Hungulo		**Malongo**	Malongo - Fazenda
		Kanoquela			Ndoloma
		Kafindua			Tchikwa
		** Valódia*			** Lohala*
		** Cavissólio*			** Lutala*

NOTE: * Villages added during second year of project.

Annex 2: Overall Project Performance Chart

	FY 05 (12 months)		FY 06-07 (18 months)		Cumulative		% Achieved
	Target	Achieved	Target	Achieved	Target	Achieved	
Obj. 1: To increase HIV/AIDS knowledge in the target groups through participatory education and mass media activities							
Output 1.1 (& 2.3): Conduct HIV/AIDS trainings and outreach activities for target groups							
1. Religious leaders	300	254	300	635	600	889	147%
2. Leaders of FBO	720	1410	720	888	1440	2298	160%
3. Participatory Community Education at the village level	112,896	108,151	351,000	337,161	463,896	445,311	96%
4. Life Skills in Secondary School Education	N/A	N/A	10.8	9.693	10.8	9.693	90%
Output 1.2: Disseminated HIV/AIDS information through mass media							
1. Radio broadcasting	78,000	0	78,000	939744	156,000	939744	602%
1. Posters & billboards	N/A	0	N/A	0	N/A	0	0%
2. Oral dissemination (dance, bands, theater, and/or poetry groups	N/A	5	38	38	43	43	100%
3. AIDS education activities for World AIDS Day	1	1	1	1	2	2	100%
4. Pamphlets/booklets	N/A	11,920	N/A	200	N/A	12,121	NA
5. T-Shirts/hats/red ribbons	N/A	8,734	N/A	35,140	N/A	43,874	NA
Obj 2: To increase the organizational and technical human resource capability of Caritas Benguela							
Output 2.1: Hired project staff							
1. Hiring staff	1	1	1	1	1	1	100%
Output 2.2: Trained partner staff in identified organizational areas							
1. Computer (Excel)	1	1	1	1	2	2	100%
2. HIV/AIDS training	2	2	2	2	4	4	100%
3. Tuberculosis training	N/A	N/A	1	1	1	1	100%
4. Finance/administration	2	3	0	0	2	3	150%
5. Conduct Project presentation and monitoring orientation workshops	3	3	1	1	4	4	100%
6. Lessons learned mini-workshops	2	1	2	2	4	3	75%
7. Conduct a baseline and final survey	2	0	2	2	4	2	50%

Annex 3: Group 1- Religious Leader Trainings Summary Tables

Religious leader trainings (summary table), FY2005							
Dates	**Parish**	**Local**	**# Participants**	**# M**	**# F**	**% M**	**% F**
DECEMBER							
December 14-16	Ganda	Life Skills Center	17	15	2	88%	12%
December 21-23	Chongoroi	Parish	20	20	0	100%	0%
JANUARY							
January 19-21	Balombo	Sister's school	31	28	3	90%	10%
FEBRUARY							
February 9-11	Benguela	Baia-Farta	28	18	10	64%	36%
February 16-18	Benguela	Dombe Grande	25	22	3	88%	12%
February 23-25	Benguela	Zona-A	29	23	6	79%	21%
APRIL							
Apr 15-17	Lobito	Catumbela	27	18	9	67%	33%
Apr 26-28	Cubal	Cubal	14	7	7	50%	50%
JULY							
July 13-15	Benguela	Seminary (Propaedeutic)	40	0	40	0%	100%
AUGUST							
Aug 30-1Sept	Lobito	Liro	23	18	5	88%	22%
TOTAL			***254***	***169***	***85***	***67%***	***33%***

Religious leader trainings (summary table), FY2006							
Dates	**Parish**	**Local**	**# Participants**	**# M**	**# F**	**% M**	**% F**
FEBRUARY							
February 3-4 (Conference)	All	Benguela	116	--	--	--	--
AUGUST							
August 23 - 25	Lobito	Lobito	40	20	20	50%	50%
August 29 - 31	Cubal	Cubal	25	8	17	32%	68%
SEPTEMBER							
September 6 - 8	Benguela	Benguela	42	22	20	52%	48%
September 12 - 14 (Conference)	Benguela	Seminary (Propaedeutic)	129	129	0	100%	0%
September 15 - 17 (Conference)	Benguela	Filosofia/Teologia	137	137	0	100%	0%
TOTAL			***489***	***316***	***57***	***65%***	***12%***

Religious leader trainings (summary table), FY05-FY07					
	# Participants	# M	# F	% M	% F
FY05	254	169	85	67%	33%
FY06	489	316	57	65%	12%
TOTAL	**743**	**485**	**142**	**65%**	**19%**

Group 1- Religious Leaders Training Target vs. Performance				
	CAPE I	**% Difference**	**CAPE II**	**% Difference**
# Participants Targeted	400	64%	400	122%
# Participants Achieved	254		489	

Annex 4: Group 2- Leaders of Faith-Based Organizations Trainings

Caritas AIDS Prevention Education (CAPE I) Project, FY2005 *Leaders of faith-based orgranization trainings (summary table, FY05)*								
Dates	**Parish**	**Location**	**# Participants**	**# M**	**# F**	**% M**	**% F**	**Progress Index**
FEBRUARY 2005								
February 9-10	Benguela	Baia-Farta	23	16	7	70%	30%	83%
February 18-19	Cubal	Hospital	45	0	45	0%	100%	66%
February 24-25	Benguela	Dome Grande	22	22	0	100%	0%	100%
MARCH 2005								
March 3-4	Benguela	Kuyu	22	17	5	77%	23%	90%
March 9-10	Lobito	Biopio	35	28	7	80%	20%	44%
March 11-12	Lobito	Canjala	36	33	3	92%	8%	75%
APRIL 2005								
April 7-8	Benguela	Zona-A	13	13	0	100%	0%	77%
April 8-9	Lobito	Catumbela	12	12	0	100%	0%	93%
April 11-12	Lobito	Catumbela	37	30	7	81%	19%	95%
April 27-28	Benguela	Baia-Farta	31	23	8	74%	26%	92%
April 29-30	Benguela	Caota	25	21	4	84%	16%	89%
MAY 2005								
May 10-11	Lobito	Egipto Praia	30	15	15	50%	50%	64%
		Catumbela	19	19	0	100%	0%	83%
May 13-14	Benguela	Dombo Grande	30	27	3	90%	10%	88%
	Lobito	Praia Bebe	37	26	11	70%	30%	98%
May 17-18	Chongoroi	Vianja	37	34	3	92%	8%	94%
		Cavinjiliti	29	17	12	59%	41%	86%
May 20-21	Chongoroi	Malongo	31	19	12	61%	39%	83%
		Handja	33	20	13	61%	39%	95%
May 27-28	Ganda	Ebanga	36	29	7	81%	19%	89%
	Benguela	Baia-Farta/Chamume	31	24	8	77%	26%	
May 28-29	Ganda	Casseque	46	32	14	70%	30%	80%
	Benguela	Baia-Farta/Caota	25	21	4	84%	16%	
JUNE 2005								
June 7-8	Cubal	Tumbulo	28	21	7	75%	25%	89%
June 10-11	Cubal	Yambala	39	37	2	95%	5%	85%
June 14-15	Cubal	Capupa	34	32	2	94%	6%	43%
June 24-25	Benguela	Parioquia do St.	40	0	40	0%	100%	93%

		Estevao						
JULY 2005								
July 1-2	Benguela	Pastorado da Cesareia	43	0	43	0%	100%	93%
July 5-6	Balombo	Balombo main	40	28	12	70%	30%	62%
July 11-12	Balombo	Chingongo	56	46	10	82%	18%	75%
July 13-14	Balombo	Chindumbo	31	28	3	90%	10%	82%
AUGUST 2005								
August 2-3	Ganda	Dunde	25	20	5	80%	20%	91%
		Dunde	16	13	3	81%	19%	90%
August 4-5	Ganda	Engango/Ebanga	31	22	9	71%	29%	94%
		Kalundo/Dunde	46	36	10	78%	22%	88%
August 8-9	Ganda	Casseque	34	34	0	100%	0%	99%
August 9-10	Benguela	Benguela main	29	0	29	0%	100%	84%
August 10-11	Ganda	Ebanga	30	20	10	67%	33%	97%
August 11-12	Benguela	Benguela main	16	0	16	0%	100%	88%
August 23-24	Cubal	Cubal main	29	27	2	93%	7%	
		Cubal main	23	21	2	91%	9%	98%
August 25-26	Cubal	Sao Tiago	35	0	35	0%	100%	90%
		Lassalette	34	0	34	0%	100%	94%
SEPTEMBER 2005								
September 6-7	Chongoroi	Chongoroi main	32	0	32	0%	100%	90%
		Chongoroi main	34	0	34	0%	100%	73%
TOTAL			**1,410**	**883**	**528**	**63%**	**37%**	**78%**

Caritas AIDS Prevention Education Project, FY2006 *Leaders of faith-based orgranization trainings (summary table)*								
Dates	**Municipality**	**Local**	**# Partic.**	**# M**	**# F**	**% M**	**% F**	**Progress Index**
MARCH 2006								
March 1-2	Benguela	Canguengo/Dombe-Grande	23	17	6	74%	26%	88%
March 3-4	Benguela	Cavissaca/Dombe-Grande	31	24	7	77%	23%	94%
March 7-8	Benguela	4 de Fevereiro/Baía-Farta	17	9	8	53%	47%	100%
March 9-10	Benguela	Camunda/Baía-Farta	33	13	20	39%	61%	87%
March 13-14	Lobito	Lonjili/Biopio	20	9	11	45%	55%	98%
March 15-16	Lobito	Mbovo/Biopio	36	22	14	61%	39%	94%
JUNE 2006								
June 6-7	Ganda	Ebanga/Canata	26	26	0	100%	0%	91%
June 8-9	Ganda	Ebanga/Sangungo	33	28	5	85%	15%	79%
June 12-13	Ganda	Casseque/Lundungo	24	20	4	83%	17%	78%
June 14-15	Ganda	Casseque/Ndende	33	25	8	76%	24%	84%
June 16-17	Ganda	Babaiera/Calava	26	21	5	81%	19%	98%
June 19-20	Ganda	Babaiera/Kanjola	31	14	17	45%	55%	94%
JULY 2006								
July 5-6	Balombo	Chindumbo/Kafindua	36	25	11	69%	31%	90%
July 7-8	Balombo	Chindumbo/Elongo	33	24	9	73%	27%	79%
July 10-11	Balombo	Chindumbo/Cangumbe	39	33	6	85%	15%	94%
July 12-13	Balombo	Chindumbo/Sandele	33	23	10	70%	30%	88%
July 14-15	Balombo	Chindumbo/Hungulo	32	16	16	50%	50%	94%
July 17-18	Balombo	Chindumbo/Sede	42	28	14	67%	33%	87%
TOTALS			**548**	**377**	**171**	**69%**	**31%**	

Caritas AIDS Prevention Education (CAPE I) Project, FY2007 *Leaders of faith-based orgranization trainings (summary table)*								
Dates	**Municipality**	**Local**	**# Partic.**	**# M**	**# F**	**% M**	**% F**	**Progress Index**
OCTOBER 2006								
October 16 - 17	Cubal	Goyo/Yambala	21	19	2	90%	10%	89%
October 19 - 20	Cubal	Yamabala	19	16	3	84%	16%	94%
October 20 - 21	Benguela	Dombe-Grande/B-Farta	19	13	6	68%	32%	100%
October 23 - 24	Cubal	Cambondo/Tumbulo	23	17	6	74%	26%	90%
October 25 - 26	Chongoroi	Lohala/Malongo	21	15	6	71%	29%	84%
October 25 - 26	Cubal	Lomaum/Tumbulo	21	15	6	71%	29%	76%
October 27 - 28	Chongoroi	Calepi/Malongo	26	16	10	62%	38%	75%
October 30 - 31	Chongoroi	Camwinw/Mundjombwe	21	9	12	43%	57%	100%
NOVEMBER 2006								
November 3 - 4	Benguela	Zona-A	23	12	11	52%	48%	82%
November 3 - 4	Benguela	Zona-A	20	11	9	55%	45%	88%
November 6 - 7	Lobito	Cacala/Canjala	21	8	13	38%	62%	88%
November 6 - 7	Lobito	Ayombo/Canjala	25	14	11	56%	44%	68%
November 10 - 11	Lobito	Zona 3 baixa/Catumbela	21	12	9	57%	43%	78%
November 10 - 11	Lobito	Zona 3 Alta/Catumbela	18	14	4	78%	22%	93%
November 13 - 14	Lobito	Biópio	20	10	10	50%	50%	89%
November 3 - 11	Benguela	Chamume/Baía-Farta	21	11	10	52%	48%	77%
TOTAL			**340**	**212**	**128**	**62%**	**38%**	**85%**

Group 2- Leaders of Faith-Based Organizations Trainings Project Total						
	# Partic.	# Sessions/Conferences	# M	# F	% M	% F
FY2005	1,410	43	883	528	63%	37%
FY2006	548	18	377	177	69%	32%
FY2007	340	16	212	128	62%	38%
TOTAL	**2,298**	**34**	**1,472**	**833**	**64%**	**36%**

Group 2- Leaders of Faith-Based Organizations Target vs. Performance				
	CAPE I	% Difference	CAPE II	% Difference
# Sessions Targeted	36	119%	36	94%
# Sessions Achieved	43		34	
# Participants Targeted	720	196%	720	123%
# Participants Achieved	1410		888	

Annex 5: Group 3- Participatory Community Education at the Village Level

Community Education at the village level, FY2005							
FY2005	**Municipality**	**# Sessions**	**# Paticipants**	**# Male**	**# Female**	**% M**	**% F**
1	Benguela	745	15,147	n/a	n/a	n/a	n/a
2	Lobito	701	13,723	n/a	n/a	n/a	n/a
3	Cubal	847	16,334	n/a	n/a	n/a	n/a
4	Ganda	1,202	25,198	n/a	n/a	n/a	n/a
5	Chongoroi	892	16,628	n/a	n/a	n/a	n/a
6	Balombo	1,098	21,120	n/a	n/a	n/a	n/a
TOTAL		**5,485**	**108,150**	**44,341**	**63,809**	**41%**	**59%**
Target:	**112896**	**Achieved:**	**108,150**	**% Performance**		**96%**	

Community Education at the village level, FY2006							
FY2006	**Municipality**	**# Sessions**	**# Paticipants**	**# Male**	**# Female**	**% M**	**% F**
1	Benguela	1,028	19,764	n/a	n/a	n/a	n/a
2	Lobito	998	20,740	n/a	n/a	n/a	n/a
3	Cubal	774	15,191	n/a	n/a	n/a	n/a
4	Ganda	1,304	26,628	n/a	n/a	n/a	n/a
5	Chongoroi	1,098	20,168	n/a	n/a	n/a	n/a
6	Balombo	1,387	27,659	n/a	n/a	n/a	n/a
TOTAL FY06		**6,589**	**130,150**	**58,567**	**71,583**	**45%**	**55%**
Community Education at the village level, FY2007							
FY2007	**Municipality**	**# Sessions**	**# Paticipants**	**# Male**	**# Female**	**% M**	**% F**
1	Benguela	1,413	31,461	12,771	1,869	59%	41%
2	Lobito	1,297	28,640	12,624	16,016	56%	44%
3	Cubal	1,416	33,252	14,714	18,538	56%	44%
4	Ganda	1,535	35,416	14,663	20,753	59%	41%
5	Chongoroi	1,492	34,072	14,331	19,753	58%	42%
6	Balombo	1,957	44,170	28,957	15,213	34%	66%
TOTAL FY07		**9,110**	**207,011**	**98,060**	**108,951**	**53%**	**47%**
TOTAL CAPE II :337,161							
Target:	**351,000**	**Achieved:**	**337,161**	**%Performance**		**96%**	

Group 3- Target vs. Performance			
	CAPE I	**CAPE II**	**PROJECT TOTAL**
# Sessions Targeted	8,064	23,400	**31,464**
# Sessions Achieved	5,485	15,699	**21,184**
% Difference	68%	67%	**67%**
# Participants Targeted	112,896	351,000	**463,896**
# Participants Achieved	108,150	337,161	**445,311**
% Difference	96%	96%	**96%**

Community Education at the village level, Project Total												
	FY05				**FY06**				**FY07**			
	# Sessions	**# Participants**	**# Male**	**# Female**	**# Sessions**	**# Participants**	**# Male**	**# Female**	**# Sessions**	**# Participants**	**# Male**	**# Female**
Benguela	745	15147	n/a	n/a	1,028	19,764	n/a	n/a	1,413	31,461	12,771	1,869
Lobito	701	13723	n/a	n/a	998	20,740	n/a	n/a	1,297	28,640	12,624	16,016
Cubal	847	16334	n/a	n/a	774	15,191	n/a	n/a	1,416	33,252	14,714	18,538
Ganda	1,202	25198	n/a	n/a	1,304	26,628	n/a	n/a	1,535	35,416	14,663	20,753
Chongoroi	892	16628	n/a	n/a	1,098	20,168	n/a	n/a	1,492	34,072	14,331	19,753
Balombo	1,098	21120	n/a	n/a	1,387	27,659	n/a	n/a	1,957	44,170	28,957	15,213
SUBTOTAL	**5,485**	**108,150**	**44,341**	**63,809**	**6,589**	**130,150**	**58,567**	**71,583**	**9,110**	**207,011**	**98,060**	**92,142**
TOTAL SESSIONS									**21,184**			
TOTAL CAPE I PARTICIPANTS									**108,150**			
TOTAL CAPE II PARTICIPANTS									**337,161**			
TOTAL PARTICIPANTS									**445,311**			
TOTAL FEMALE PARTICIPANTS									**227,534**			
TOTAL PERCENT FEMALE									**51.10%**			

Annex 6: Life Skills in Secondary Education

Areas	Schools	#Professors	1st Phase = 1st and 2nd Levels - Oct to Nov 2006					
			Enrolled Students		Total	Graduating Students		Total
			Masc.	Femen.		Masc.	Femen.	
Benguela	Esc. Do Cassoco (I and II levels)	6	195	194	389	189	186	375
	Sto. Antonio (I and II levels)	6	180	182	362	181	170	351
	Luis Gomes Sambo (I, II and III levels)	5	125	170	295	118	169	287
	Colegio N. Sra da C.(I, II and III levels)	5	125	176	301	121	172	293
	Total	***22***	***625***	***722***	***1347***	***609***	***697***	***1306***
	% gender coverage		46%	54%		47%	53%	
Lobito	Hoji-ya-Henda (II and III levels)	3	100	80	180	99	77	176
	Jose Samuel (II and III levels)	5	181	142	323	170	139	309
	Bom Samaritano (II and III levels)	4	120	114	234	118	111	229
	N. Sra. Da Sabedoria (II and III levels)	5	173	197	370	172	189	361
	Total	***17***	***574***	***533***	***1107***	***559***	***516***	***1075***
	% gender coverage		52%	48%		52%	48%	
Catumbela	Marco do Luongo (II level)	4	116	121	237	105	121	226
	11 de Novembro (II and III levels)	5	190	140	330	179	138	317
	5 de Junho (III level)	5	181	135	316	171	128	299
	Dange Reux (II and III levels)	4	167	125	292	158	121	279
	Total	***18***	***654***	***521***	***1175***	***613***	***508***	***1121***
	% gender coverage		56%	44%		55%	45%	
Cubal	Ilidio Machado (II and III levels)	6	184	193	377	181	173	354
	Sao Paulo (II and III levels)	6	170	160	330	167	149	316
	Kilamba (II and III levels)	4	123	140	263	119	132	251
	Irmas Teresianas (I, II and III levels)	5	104	130	234	104	117	221
	Total	***21***	***581***	***623***	***1204***	***571***	***571***	***1142***
	% gender coverage		48%	52%		50%	50%	
Ganda	Saidy Vieira Mingas (II and III levels)	5	163	146	309	158	140	298
	PUNIV - Ganda	4	197	111	308	182	109	291
	PISI (I, II and III levels)	5	125	200	325	119	191	310
	14 de Abril (II level)	5	148	150	298	137	144	281

	Total	*19*	*633*	*607*	*1240*	*596*	*584*	*1180*
	% gender coverage		51%	49%		51%	49%	
GRAND TOTAL			3067	3006	6073	2948	2876	5824
% gender coverage			51%	49%	100%	51%	49%	100%

Areas	Schools	#Professors	2nd Phase = 3rd and 4th Levels - Dec-06 to Jan/Feb-07					
			Enrolled Students		Total	Graduating Students		Total
			Masc.	Femen.		Masc.	Femen.	
Benguela	Esc. Do Cassoco (I and II levels)	6	205	186	391	122	98	220
	Sto. Antonio (I and II levels)	6	179	183	362	111	100	211
	Luis Gomes Sambo (I, II and III levels)	4	158	118	276	99	103	202
	Colegio N. Sra da C.(I, II and III levels)	3	97	93	190	86	60	146
	Total	*19*	*639*	*580*	*1,219*	*418*	*361*	*779*
	% gender coverage		52%	48%		54%	46%	
Lobito	Hoji-ya-Henda (II and III levels)	0	0	0	0	0	0	0
	Jose Samuel (II and III levels)	1	37	43	80	30	35	65
	Bom Samaritano (II and III levels)	4	117	122	239	103	98	201
	N. Sra. Da Sabedoria (II and III levels)	4	154	120	274	121	97	218
	Total	*9*	*308*	*285*	*593*	*254*	*230*	*484*
	% gender coverage		52%	48%		52%	48%	
Catumbela	Marco do Luongo (II level)	1	24	31	55	11	25	36
	11 de Novembro (II and III levels)	2	47	12	59	40	9	49
	5 de Junho (III level)	5	1,132	183	1,315	987	87	1,074
	Dange Reux (II and III levels)	1	32	30	62	30	25	55
	Total	*9*	*1,235*	*256*	*1,491*	*1,068*	*146*	*1,214*
	% gender coverage		83%	17%		88%	12%	
Cubal	Ilidio Machado (II and III levels)	3	112	109	221	109	100	209
	Sao Paulo (II and III levels)	5	158	183	341	143	153	296
	Kilamba (II and III levels)	5	141	122	263	121	111	232
	Irmas Teresianas (I, II and III levels)	4	127	107	234	121	99	220
	Total	*17*	*538*	*521*	*1,059*	*494*	*463*	*957*
	% gender coverage		51%	49%		52%	48%	

Ganda	Saidy Vieira Mingas (II and III levels)	2	101	30	131	90	30	120
	PUNIV - Ganda	4	107	110	217	98	100	198
	PISI (I, II and III levels)	1	25	42	67	25	42	67
	14 de Abril (II level)	1	35	27	62	30	20	50
	Total	***8***	***268***	***209***	***477***	***243***	***192***	***435***
	% gender coverage		56%	44%		56%	44%	
GRAND TOTAL			2,988	1,851	4,839	2,477	1,392	3,869
% gender coverage			62%	38%		64%	36%	

Annex 7: Dissemination of HIV/AIDS Information through Mass Media

CAPE I

Community Festivals (summary table)					
Dates	**Parish**	**Location**	**# estimated audience**	**#estimated female**	**% female**
JULY					
7-Jul-05	Benguela	Baia-Farta	1,670	818	49%
7-Jul-05	Benguela	Santo Estevao	2,930	1,110	38%
AUGUST					
8-Aug-05	Lobito	Missao da Nazare	10,857	987	9%
13-Aug-05	Lobito	Praca-Canjala	4,700	2,040	43%
14-Aug-05	Lobito	Gangula-Canjala	4,300	1,936	45%
TOTAL			**24,457**	**6,891**	**28%**

CAPE II

Radio Educational Programming	
Target (Residents of Beguela Province)	78,526
Achieved (Residents of Beguela Province)	939,744
%	**1197%**

PROJECT TOTAL - Community Festivals

Community Festivals						
	Parish	**Location**	**# estimated audience**	**#estimated female**	**% female**	**Media Distributed**
FY05 - Communtiy Festivals with Twayavoka Theater Group	Benguela	Baía-Farta	1,670	818	49%	6850 red AIDS ribbons; 1192 T-shirts; 692 hats; 11,921 Info Pamphlets;
		Santo Estevão	2,930	1,110	38%	
	Lobito	Missão da Nazare	10,857	987	9%	
		Praça-Canjala	4,700	2,040	43%	
		Gangula-Canjala	4,300	1,936	45%	
FY06 - Dec 1, 2005 World AIDS Day	Balombo	Xingongo	--	--	--	200 HIV/AIDS Info Pamphlets; 887 t-shirts; 100 hats; 64,153 red AIDS ribbons
		Xingongo	--	--	--	
		TB Hospital	--	--	--	
	Benguela	Dombe Grande	1,900	--	--	
FY07 Dec 1, 2006 World AIDS Day	Various	Life Skills secondary schools (10)	59,007	39,535	67%	1,100 T-shirts
		Village level (18 festivals)				

Goals		Results	
Sessions	625	Participants	9,693
Participants	10,800	% Coverage	90%

Annex 8: Output 2.1- Hired Project Staff

Caritas & CRS CAPE personnel (contracted)			
Job title	**Total #**	**Male**	**Female**
Caritas			
AIDS Project Manager	1	0	1
AIDS Project Assistant	2	1	1
Parish AIDS Project Manager	6	5	1
Commune AIDS Project Manager	16	15	1
Village Social Educator	54	32	22
Trainer of Religious Leaders	1	1	0
CRS			
Program Manager, HIV/AIDS/IS	1	0	1
Program Assistant	1	1	0
TOTAL CAPE STAFF	**82**	**55**	**27**
% female			**33%**

CARITAS BENGUELA & CRS ANGOLA PERSONNEL (contracted)			
Job title	**Total #**	**Male**	**Female**
Caritas Benguela			
AIDS Project Manager	1	0	1
AIDS Project Assistant	2	1	1
Parish AIDS Project Manager	6	5	1
Commune AIDS Project Manager	16	14	2
Village Social Educator	53	28	25
Volunteer AIDS Activists	270	46	224
Life Skills Coordinator	1	1	0
Assistant to Life Skills	1	1	0
Life Skills Professors	97	60	37
Consultants			
Speaker for Clergy Conference	1	1	0
Facilitator for Religious Leader Trainings	1	1	0
Mass Media Consultant	1	1	0
M&E Consultant	1	0	1
Final Evaulation Consulatnt	1	0	1
CRS/Angola			
Program Manager, HIV/AIDS/IS	1	0	1
Program Assistant, HIV/AIDS	1	1	0
Program Assistant, TB	1	1	0
Finance Assistant	1	0	1
TOTAL CAPE STAFF	**455**	**161**	**295**
% female			**65%**

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Annex 9 : Final Report CAPE TB Diocesan Support Project

Apoio ao Projecto Diocesano da TB – VIH/SIDA

RELATÓRIO FINAL DO PROJECTO

OUTUBRO/04 – MARÇO/07

Catholic Relief Services USCCB
Programa VIH/SIDA
Angola

Sigla das Abreviações

SIDA	Síndrome de Imunodeficiência Adquirida
TARV	Tratamento Anti RetroViral
BCG	Bacilo Calmette-Guerin
HAART	Highly Active Anti Retroviral Tratamento
CATV	Centro de Aconselhamento e Testagem Voluntário (para VIH)
IST	Infecções Sexualmente Transmissíveis
MINSA	Ministério da Saúde
USAID	United States Agency for International Development
CRS Angola	Catholic Relief Services USSCB, Angola program
OCR	Organização de Cariz Religioso
VIH	Vírus Imunodeficiência Humano
CPLS:	Comité Provincial de Luta contra a SIDA
CONGA:	Fórum das ONGs Internacionais envolvidas na luta contra a SIDA
CNLSGE:	Comissão Nacional de Luta contra a SIDA e as grandes endemias
DOTS:	Sistema de tratamento directamente observado contra a tuberculose
IEC:	Informação, Educação Comunicação
INLS:	Instituto Nacional de Luta contra a SIDA
ITS/VIH:	Infecções transmitidas sexualmente e doenças causadas pelo vírus da Sida
LQAS:	Inquérito de linhas de bases para o Hamset (Life Quality Assurance Survey)
LPV:	Associação Luta Pela Vida
MINSA:	Ministério da Saúde
OCBs:	Organizações comunitárias de base
ONGs:	Organizações não governamentais
OSCs:	Organizações da Sociedade Civil
PAD:	Manual de apreciação do Projecto Hamset elaborado pelo Banco Mundial
PEN:	Plano Nacional Estratégico
PVCHS:	Pessoas vivendo com vírus do VIH/SIDA
ProgNacs:	Programas Nacionais de VIH/SIDA, Malária ou Tuberculose
CAPE	Caritas AIDS Prevention Education Project
TPI	Tratamento Preventivo com Isoniazida
SK	Sarcoma de Kaposi
PTV	Prevenção da Transmissão Vertical (VIH da mãe para a criança)
TB	Tuberculose
PNLT	Programa Nacional de Luta contra a Tuberculose
TB/VIH	Interacção das Epidemias da TB e VIH
ONUSIDA	Programa das Nações Unidas do VIH/SIDA
IPMP	Instituto Português da Medecina Preventiva
INSP	Instituto Nacional de Saúde Publica
DPSPCE	Departamento Provincial de Saúde Publica e Controlo das Endemias
DAT	Dispensário Anti Tuberculose
MDM	Médicos do Mundo (Espanha)
TOT	Treinamento de Treinadores
IESA	Igreja Evangélica Sinodal de Angola
CQ	Controlo de Qualidade
T2	2º Trimestre

ANASO: Rede Angolana das Organizações dos Serviços de SIDA
HAMSET: Projecto multi-sectorial de apoio à prevenção do VIH/SIDA, Malária e tuberculose
OMS Organização Mundial de Saúde

SUMÁRIO DO PROJECTO

O projecto apresentou as três estratégias de três organizações – USAID/Angola, CATHOLIC RELIEF SERVICES USCCB (CRS/Angola) e os parceiros do Apoio ao projecto Diocesano desde 1 Outubro de 2004 até 30 de Março de 2007.

O projecto, é denominado Apoio ao Projecto Diocesano de TB e VIH/SIDA ao nível dos 5 Centros de tratamento da Tuberculose em:

Balombo CTB do Hospital do Balombo
Benguela Centro TB Cavaco
Cubal Hospital Nossa Sr.ª Rainha Paz da Missão Católica
Lobito Centro TB do Alto Esperança (IESA) e Centro TB Santa Cruz
MINSA Ministério da Saúde

OBJECTIVO PRINCIPAL:
Promover melhorias no diagnóstico e tratamento dos pacientes com TB e VIH/SIDA ao nível dos centros do projecto Diocesano na Província de Benguela.

Beneficiários

Pessoal, técnicos de laboratório; enfermeiros e pacientes da Tuberculose.

Formação

A CRS/Angola organizou treinamentos para enfermeiros clínicos, Médicos e técnicos de Laboratório de baciloscopia. Os temas destes treinamento incluíram, treinamento em Infecções Oportunistas, diagnostico e tratamento da tuberculose, gestão clínica da TB e VIH/SIDA incluindo outras Infecções Oportunistas em pacientes co-infectado, diagnóstico de laboratórios em baciloscopia (exame de expectoração), treinamento em teste rápido de VIH, treinamento em Aconselhamento e testagem voluntária antes e depois do teste de VIH, e treinamento em diagnóstico e tratamento de ITS.

1º ano do projecto

1 Treinamento em Aconselhamento e Testagem Voluntária ministrado em enfermeiros que trabalham com doentes da TB.
2 Treinamento em Diagnostico e Tratamento da Tuberculose ministrado em enfermeiros que trabalham com pacientes da tuberculose.
3 Treinamento em Infecções Oportunistas em doentes com TB ministrado em enfermeiros.
4 Treinamento de diagnostico em baciloscopia ministrado em técnicos de laboratório dos 4 centros.
5 Treinamento em Teste rápido de VIH, ministrado em de técnicos de laboratório.

2º ano do projecto

1 Treinamento em Gestão Clínica da TB e VIH/SIDA incluindo outras Infecções Oportunistas em pacientes co-infectado que foi ministrado em Médicos.
2 Treinamento de Treinadores em HIV/SIDA, Aconselhamento e Testagem Voluntária e Infecções Transmissível Sexualmente ministrado em enfermeiros médios e básicos.
3 Treinamento de Diagnóstico em baciloscopia (exame de expectoração) ministrado em técnicos de laboratórios.
4 Treinamento em Aconselhamento e testagem voluntária antes e depois do teste de VIH dirigido em Enfermeiros que trabalham no centro da TB
5 Treinamento em teste rápido de VIH em técnicos de laboratórios
6 Treinamento em diagnostico e tratamento de Infecções Transmissível Sexualmente em Enfermeiros que trabalham no centro da TB

Os facilitadores dos cursos foram: Instituto Português da Medicina Preventiva, Instituto Nacional da Saúde Pública, Médicos do Mundo – Espanha e Departamento Provincial da Saúde Pública.

Supervisão dos centros

A CRS/Angola organizou nove (9) supervisões regulares com o Ministério da Saúde (MINSA), Supervisor Provincial da tuberculose e o Supervisor provincial do laboratório de laboratório de referência.
A supervisão que se realizou com o pessoal do MINSA nos centros, teve como objectivo avaliar o trabalho do pessoal técnico segundo as normas do Programa Nacional de Controlo da Tuberculose, Controlo de Qualidade (CQ), preenchimento dos livros de registo, qualidade e o cuidado com os pacientes em tratamento (fase inicial e contínua) e qualidade dos (nível de confiança em) laboratórios da TB.

A CRS/Angola organizou visitas de consultorias em laboratórios de baciloscopia e outras em centros de tratamento de pacientes com TB e VIH do Apoio ao Projecto Diocesano de TB em Benguela.

Material

CRS/Angola fez a distribuição do material para facilitar os laboratórios de baciloscopia (exame de expectoração): microscópios binoculares Olimpus, reagentes, centrifuge, laminas, lápis vidrograficos com ponta de diamente, tubos de ensaios para centrifuga, escarradores, agulhas, seringas, lancetas, caixa porta lâmina, luvas de exame não estéril, 1 gerador para o laboratório de baciloscopia do Balombo, etc.

Anexo: Lista do material distribuído ao longo de 30 meses.

Sistema de Informação

CRS/Angola organizou e facilitou encontros de coordenação com os 5 centros e o MINSA em 7 trimestres.

Informação Educação Comunicação (IEC)

Os centros implementaram novos métodos de comunicação sobre o controlo e prevenção de TB tais como dramatização, visitas às escolas pelo pessoal de TB, reuniões informais com Padres, pastores das igrejas e autoridades tradicionais, curandeiros e reuniões conjuntas e regulares com grupos de VIH/SIDA para planificarem actividades conjuntas e da divulgação de informações sobre o controlo e prevenção da TB e VIH/SIDA.

O pessoal técnico dos centros e os Educadores sociais da Caritas, realizaram actividades de sensibilização com motocicletas, bicicletas e megaphones.

Visita de monitoria.

CRS/Angola organizou visitas de monitoria em actividades de extensão de Informação Educação Comunitária no Município do Balombo concretamente no raio geográfico do Centro da TB, sendo realizado pelos enfermeiros que trabalham com doentes da TB.

Visitas de troca de experiência entre centro (Estágio).

CRS/Angola organizou visitas de troca de experiência (estágio) de 5 dias entre centros de técnicos de laboratórios de baciloscopia e enfermeiros que trabalham com pacientes da TB, em coordenação com os parceiros dos 5 centros de tratamento da TB.

24 de Março dia Internacional do doente Tuberculoso

2 eventos públicos, 24 de Março dia Internacional do doente Tuberculoso. Os parceiros dos 5 centros de tratamento da TB e VIH/SIDA, organizaram actividades tais como: celebração Eucarística (Missa), palestras, danças e teatros com os pacientes da tuberculose e Utentes vivendo com vírus de VIH, e seus familiares para comemorarem dia.

1 de dezembro dia Mundial do SIDA

2 eventos público, 1 de Dezembro dia Mundial da SIDA . Os parceiros dos 5 centros de tratamento da TB e VIH/SIDA, organizaram actividades tais como: celebração Eucarística (Missa), palestras, danças e teatros com os pacientes da tuberculose e Utentes vivendo com vírus de VIH, e seus familiares para comemorarem dia.

CRS/Angola vai organizar uma visita de avaliação final do projecto TB da CRS pela Consultora nos centros de tratamento da tuberculose.

RESULTADOS DE FORMAÇÕES NO 1º ANO

Treinamento em Aconselhamento e Testagem Voluntária antes e depois do teste de VIH.

A CRS/Angola organizou um treinamento em ATV (Aconselhamento e Testagem Voluntária) antes e depois do teste de VIH, para enfermeiros, ligado a área da TB com o facilitador de Médicos do Mundo - Espanha, na pessoa do Coordenador do Projecto Dr. Odon Sanchez, que decorreu em Benguela no Dispensário Anti tuberculose tuberculose nos dias 4 a 6 de Maio de 2005.

Nome	**Titulo**	**Organização**	Local
Neus Peiacaula Pueyo	Resp do centro TB	Ir. Teresianas	Cubal
Estevao Tomas	Enfer do centro	Ir. Teresianas	Cubal
Alberto Ngonga	Enfer do centro TB	Ir. Teresianas	Cubal
Malaquias Jose	Enfer do centro TB	MINSA	Balombo
Higino Caterca	Enfer do centro TB	MINSA	Balombo
Pedro K.M. Pinto	Enfer do centro TB	Ir. Teresianas	Santa Cruz
Tomas C. Kupendela	Enfer do centro TB	Ir. Teresianas	Santa Cruz
Catarina Maria	Resp do centro TB	Ir. SS. S	Cavaco
Angelia Sitati	Enfer centro TB	Ir. SS. S	Cavaco
Rosália Eduardo	Enfer centro TB	IESA	Alto Esperança
Guilherme Timoteo	Enfer do centro TB	IESA	Alto Esperança

Indicadores: (processo ou resultados)
11 Enfermeiros que completaram o treinamento em ATV (Aconselhamento e Testagem Voluntária) antes e depois do teste de VIH.

11 Enfermeiros que completaram o treinamento ATV (Aconselhamento e Testagem Voluntária) antes e depois do teste de VIH com sucesso passando o exame final (escrito, pratica ou ambos no fim do curso).

Estava previsto no plano de trabalho do projecto capacitar 15 (100%) enfermeiros da área de TB, mas que 11 (73,3%) participou no treinamento.

Treinamento em Diagnostico e Tratamento de TB

A CRS/Angola organizou um treinamento em diagnóstico e tratamento da TB para enfermeiros, ligado a área de TB com o Facilitadores na área da TB na Província, nos dias 28 de Junho – 1 de Julho de 2005 em Benguela no Dispensário Anti tuberculose.

Assim, este seminário foi assegurado pelo MINSA na pessoa do supervisor provincial Sr. Alfredo Dumbo e Domingos Manuel Jacob Responsável do dispensário do centro de Referência e Dra. Helena Paula Moreira dos Leigos Para o Desenvolvimento.

Nome	**Titulo**	**Organização**	Local
Laurinda Sicote	Enfer do centro TB	Ir. Teresianas	Cubal
Domingos Fernando	Enfer do centro TB	Ir. Teresianas	Cubal
Rosa M. de Carvalho	Enfer do centro TB	Ir. Teresianas	Cubal
Higino Caterca	Enfer do centro TB	MINSA	Balombo
Ir. Laurinda Navita	Enfer do Centro TB	Ir. SS. S	Cavaco
Isabel K. Abílio	Enfer do centro TB	Ir. SS. S	Cavaco
Angelia Sitati	Enfer do centro TB	Ir. SS. S	Cavaco
João Sikalu	Enfer do centro TB	IESA	Alto Esperanca
Ester C. Chipalanga	Enfer do centro TB	IESA	Alto Esperanca
Rosália Eduardo	Enfer do centro TB	IESA	Alto Esp
Ir. Feliciana Ngueve	Enfer do centro TB	Ir. Teresianas	Santa Cruz
Ir. Avelina Kalumbo	Resp do centro TB	Ir. Teresianas	Santa Cruz

Indicadores: (processo ou resultados)
12 Enfermeiros que completaram o treinamento até o fim do curso.
12 Enfermeiros que completaram o treinamento com sucesso.

Estava previsto no plano de trabalho do projecto capacitar 15 (100%) enfermeiros da área de TB, mas que 12 (80%) participou no treinamento.

Treinamento sobre Infecções Oportunistas (I.O.)
A CRS/Angola organizou um treinamento em Infecções Oportunistas (I.O) para enfermeiros, ligado a área da TB com o facilitador do IPMP (Instituto Português de Medicina Preventiva) Dr. Pedro Francisco Rodrigues que decorreu em Benguela no Dispensário Anti tuberculose tuberculose nos dias 13 a 17 de Julho de 2005.

Nome	**Titulo**	**Organização**	Local
Fernando J. Kangungu	Enfer do centro TB	Ir. Teresianas	Cubal
Estevao Gabriel	Enfer do centro	Ir. Teresianas	Cubal
Isabel M. de Jesus	Resp B. de Urgência	Ir. Teresianas	Cubal
Boa Ventura Ngalule	Enfer do centro TB	Ir. Teresianas	Cubal
Avelina Kalumbo	Resp do centro	Ir. Teresianas	Santa Cuz
Tomas C. Kupendela	Enfer do centro	Ir. Teresianas	Santa Cuz
Angelina D. J. K. Linda	Enfer do centro	Ir. Teresianas	Santa Cuz
Higino Caterca	Enfer do centro TB	MINSA	Balombo
Antonio Salikela	Enfer do centro TB	MINSA	Balombo
Zeferino Gando	Resp do centro TB	IESA	Alto Esperança
Ester Chipalanga	Enfer do centro TB	IESA	Alto Esperança

Valentina Nolombe	Enfer centro TB	Ir. SS. S	Cavaco
Isabel K. Abilio	Enfer centro TB	Ir. SS. S	Cavaco

Indicadores: (processo ou resultados)
13 Enfermeiros que completaram o treinamento até o fim do curso.
13 Enfermeiros que completaram o treinamento com sucesso.

Estava no plano de trabalho do projecto a capacitação de 15 (100%) técnicos de saúde dos 5 centros mas que 13 (86,7%) participou no treinamento.

Alguns factores que predispõem

- Herpes simples vírus-1 (HSV-1) – que causa herpes oral e genital
- Doenças devido a Herpes vírus podem decorrer de 2 espécies:
- Herpes simples vírus-2 (HSV-2) – que pode causar genital herpes

•Critérios Clínicos
•genital/periretal (HSV 2)
• Cutâneo (vesiculas)

Treinamento de Diagnostico em baciloscopia (exame de expectoração).
A CRS/Angola organizou um treinamento de técnicos de laboratórios de diagnóstico em baciloscopia (exame de expectoração) ministrado pelo Instituto Nacional da Saúde Publica (INSP) nos dias de 13 – 17 de Junho 2005 em Benguela no Dispensário Anti Tuberculose (DAT).

Nome	**Titulo**	**Organização**	Local
Arlete Nindia Etosi	Técnica laboratorio	Ir. Teresianas	Cubal
Domingos Catimba	Técnico lab	Ir. Teresianas	Cubal
Luís Jolomba Chilulu	Resp lab	MINSA	Balombo
António Júlio	Técnico lab	Ir. SS. S	Cavaco
Faustino Eposso Toloko	Técnico lab	Ir. SS. S	Cavaco
Eurico Evaristo Messene	Resp adj lab	IESA	Alto Esperança
Manuel Dangala Pintali	Técnico lab	IESA	Alto Esperança
Amélia Vela B. Miguel	Técnico lab	Ir. Teresianas	Santa Cruz
Isabel L. Tomas	Técnico lab	Ir. Teresianas	Santa Cruz

Indicadores: (processo ou resultados)
9 Técnicos de laboratório que participaram no treinamento completo durante 5 dias.
9 Técnicos de laboratório que completaram o treinamento com 40% Índice de progresso (sucesso) passando no teste final (escrito, pratico ou ambos) no fim do curso.

Índice de progresso: 40%

Estava previsto no plano de trabalho do projecto capacitar de 10 (100%) de técnicos básicos e médios de saúde do laboratório de baciloscopia dos 5 Centros mas que 9 (90%) participou no treinamento

Biossegurança em laboratórios de baciloscopia

A biosseguranca em tuberculose tem por objectivo minimizar os riscos de se contrair a doença no ambiente de trabalho, logo, biossegurança é a contenção de riscos, e se conseguimos conter riscos estamos praticando biossegurança. As bactérias do género mycobacterium chegam a Unidades de Saúde pelo paciente bacilífero ou pelo material biológico deste.

A transmissão do bacilo se dá de forma silenciosa, inodora e invisível em ambientes pouco arejados e pode atingir tanto pacientes como funcionários através dos aerossóis produzidos pela fala, espirro ou tosse do paciente, como também pelos aerossóis produzidos durante os procedimentos laboratoriais com os seus materiais biológicos, principalmente o escarro.

Treinamento em Teste Rápido de VIH

A CRS/Angola organizou um treinamento em Teste rápido de VIH, para técnicos de laboratório dos 5 centros, ligado a área da TB com o Facilitadores de Médicos do Mundo -Espanha, nos dias 22 – 23 de Março de 2005 em Benguela no Dispensário Anti tuberculose.

Nome	**Local**	**Titulo**	**Organização**
Luís Jolomba Chilulu	Balombo	Resp do laborat	MINSA
Paulo José Pena	Balombo	Técnico laborat	MINSA
Moisés Caitano	Cubal	Técnico laborat	Ir. Teresianas
Isabel Maria de Jesus	Cubal	Resp B. Urgenia	Ir. Teresianas
Alerte Nindia Etosi	Cubal	Técnica laborat	Ir. Teresianas
António Julio	Cavaco	Resp laborat	Ir. SS. S.
Catarina M. Baptista	Cavaco	Técnico laborat	Ir. SS. S.
Elias Jose	Alto Esperança	Técnico laborat	IESA
Nataniel Paulino	Alto Esperança	Técnico laborat	IESA

Indicadores: (processo ou resultados)

9 Técnicos de laboratório completaram o treinamento sobre os Teste de VIH até o fim do curso.
9 técnicos de laboratórios participando no treinamento demostraram através de teste e pratica que 100% do tempo usaram correctamente os testes de VIH.

Estava previsto no plano de trabalho do projecto capacitar 10 (100%) técnicos de laboratório da TB dos 5 Centros mas que 9 (90%) participou no treinamento.

RESULTADOS DE FORMAÇÕES NO 2º ANO

Gestão Clínica da TB e VIH/SIDA e outras Infecções Oportunistas em pacientes Infectados

A CRS/Angola organizou um treinamento de Gestão Clínica da TB – VIH/SIDA incluindo outras Infecções Oportunistas em pacientes co-infecção em duas (2) Médicas do Cubal Hospital da Missão Católica do Cubal, curso este, ministrado pelo Instituto Português de Medicina Preventiva, nos dias 6 – 10 de Março de 2006 em Benguela no Dispensário Anti tuberculose.

Name	Local	Title	Organization
Maria Milagros Moreno	Cubal	Médica do Hospital	Ir. Teresianas
Maria Teresa Lopez	Cubal	Médica do Hospital	Ir. Teresianas
Catarina M. Baptista	Cavaco	Técnica Média	Ir.SS.S.
Anne Rafael	Lobito	Consultora	CRS
Domingos Passassi	Lobito	Assist do Apoio ao Projecto TB	CRS

Indicadores: (processo ou resultados)
3 Médicas que completaram o treinamento até no fim do curso.

Estava previsto no plano de trabalho 4 (100%) Médicos, mas que participou 3 (75%) no treinamento

Treinamento de Treinadores (TOT)

A CRS/Angola organizou um Treinamento de Treinadores (TOT) em HIV-SIDA, Aconselhamento, Testagem Voluntária e Infecções Transmissível Sexualmente para enfermeiros dos centros, ligado a área de TB com o Facilitador do Instituto Português de Medicina Preventiva, nos dias 13 – 17 de Março de 2006 em Benguela no Dispensário Anti tuberculose.

Name	Local	Title	Organization
Vicente Vasco	Balombo	Enfermeiro CTB	Ir. Filha de Caridade
Neus Peracaula Pueyo	Cubal	Responsavel CTB	Ir. Teresianas
Maria Rosalina Praia	Cubal	Enfermeira CTB	Ir. Teresianas
Isabel Kambule Abilio	Cavaco	Enfermeira do CTB	Ir.SS.S.
Zeferino Gando	Alto Esperança	Responsavel CTB	IESA
Feliciana K. Ngueve	Santa Cruz	Responsável CTB	Ir. Teresianas
Anne Rafael	Lobito	Consultora	CRS

Indicadores: (processo ou resultados)
6 Enfermeiros que participam no TOT.
6 Enfermeiros que atenderam o Treinamento completando 5 dias de curso.

Estava previsto 7 (100%) enfermeiro que trabalham com pacientes da TB/VIH/SIDA, mas que 6 (85,7%) participou no treinamento.

Treinamento em Aconselhamento e Testagem Voluntária.
A CRS/Angola organizou um treinamento em Aconselhamento e Testagem Voluntária, dirigido para enfermeiros com o facilitador de Médicos do Mundo – Espanha, nos dias 5 – 7 de Fevereiro de 2007 em Benguela no Dispensário Anti tuberculose.

Name	Local	Title	Organization
Isabel Ester Ngueve	Cubal	Conselheira	Ir. Teresianas
Alberto Ngonga	Cubal	Conselheiro	Ir. Teresianas
Catarina M. Baptista	Cavaco	Conselheira	Ir.SS.S.
António Júlio	Cavaco	Conselheiro	Ir. SS. S.
Amélia Tutuvala	Cavaco	Conselheira	Ir. SS.S.
Vasco Vicente	Balombo	Conselheiro	Ir. Caridade
Tomas Tchiteculo Kupendela	S. Cruz	Conselheiro	Ir. Teresianas
Malica Aurélio Troco	A. Esperança	Conselheiro	IESA
Luciano Tomas	A. Esperança	Conselheiro	IESA

Indicadores: (processo ou resultados)
9 Enfermeiros que completaram o treinamento em ATV (Aconselhamento e Testagem Voluntária) antes e depois do teste de VIH.

9 Enfermeiros que completaram o treinamento ATV (Aconselhamento e Testagem Voluntária) antes e depois do teste de VIH com sucesso passando o exame final (escrito, pratica ou ambos no fim do curso).

Estava previsto no plano de trabalho do projecto capacitar 10 (100%) enfermeiros da área de TB, mas que 9 (90%) participou no treinamento.
Treinamento de Diagnostico em baciloscopia (exame de expectoração).
A CRS/Angola organizou um treinamento de diagnóstico em baciloscopia (exame de expectoração) ministrado em técnicos de laboratório com o facilitador do Instituto Nacional da Saúde Publica (INSP) nos dias de 24 – 28 de Julho 2006 em Benguela no Dispensário Anti Tuberculose (DAT).

Name	Local	Organization
Daniel Tcipalanga	Cavaco/ Benguela	Ir.SS.S.
Bernadeth G. Agostinho	Cavaco/ Benguela	Ir.SS.S.
António Júlio	Cavaco/ Benguela	Ir.SS.S.
Antonio Salikela	Balombo	Ir. Filha de Caridade
Farncisco Sapalo	Balombo	Ir. Filha de Caridade
Mauel D. Pintali	Alto Esp./ Lobito	IESA
Valentina D. Kananga	Santa Cruz/ Lob	Ir. Teresianas
Natalia Walende	Cubal Cavaco	Ir. Teresianas
Jose Pedro Camundongo	Alto Esp./ Lobito	IESA

Indicadores: (processo ou resultados)
9 Técnicos de aboratório que participaram no treinamento completo durante 5 dias.

9 Técnicos de laboratório que completaram o treinamento com 38% de índice de progresso (sucesso) passando no teste final (escrito, pratico ou ambos) no fim do curso.

Estava previsto, 10 (100%) de técnicos de laboratório de baciloscopia, mas que 9 (90%) parcipou no treinamento.

Treinamento em Teste Rápido de VIH
A CRS/Angola organizou um Treinamento em Teste rápido de VIH, para técnicos de laboratório dos 5 centros, ligado a área da TB com o Facilitador de Médicos do Mundo - Espanha, no dia 8 de Fevereiro de 2007 em Benguela no Dispensário Anti tuberculose.

Name	**Local**	**Title**	**Organization**
António Júlio	Cavaco	Tecnico Laboratorio	Ir. SS. S.
Catarina M. Baptista	Cavaco	Responsável Lab.	.Ir. SS. S
Isabel Ester Ngueve	Cubal	Técnica lab	Ir. Teresianas
Alberto Soma	Cubal	Técnico lab.	Ir. Teresianas
António Tchalekela	Balombo	Tecnico lab.	Ir.Caridade.
Francisco Sapalo	Balombo	Técnico lab.	Ir. Caridade
Alberto Mango	A. Esperanca	Responsável lab.	IESA
Tomas Chiteculo Kupendela	S. Cruz	Técnico lab.	Ir. Teresianas

Indicadores: (processo ou resultados)
8 Técnicos de laboratório completaram o treinamento sobre os Teste de VIH até o fim do curso.
8 técnicos de laboratórios participando no treinamento demostraram através de teste e prática que 100% do tempo usaram correctamente os testes de VIH.

Estava previsto 10 (100%) de técnicos de laboratório, mas que 8 (80%) participou no treinamento.

Treinamento em Diagnostico e Tratamento de ITS
A CRS/Angola organizou um treinamento em diagnóstico e tratamento de ITS, para enfermeiros que trabalham na área da TB com o Facilitador de Médicos do Mundo – Espanha, nos dias 12 – 14 de Fevereiro de 2007 em Benguela no Dispensário Anti tuberculose.

Name	**Local**	**Organization**
Daniel Tcipalanga	Cavaco/ Benguela	Ir.SS.S.
Bernadeth G. Agostinho	Cavaco/ Benguela	Ir.SS.S.
Maria da Conceição Dias	Cavaco/ Benguela	Ir.SS.S.
Isabel Cambule Abilio	Cavaco/Benguela	Ir. SS. S.
António Tchalikela	Balombo	Ir. Filha de Caridade
Isabel Maria de Jesus	Cubal	Ir. Teresianas
Adriano Cambuta	Cubal	Ir. Teresianas

Pedro K. M. Pinto	Santa Cruz/ Lob	Ir. Teresianas
Rosalina Eduardo	A. Esperança/Lobito	IESA
Guilherme Tomas	Alto Esperança/Lobito	IESA

Indicadores: (processo ou resultados)
10 Enfermeiro que completaram o treinamento até o fim do curso.
10 Enfermeiros que completaram o treinamento com sucesso.

Estava previsto capacitar 15 (100%) enfermeiros que trabalham com pacientes da TB, mas que 10 (66,7%) participou no treinamento.

RESULTADOS DAS VISITAS DE SUPERVISÃO

BALOMBO - Centro Anti-tuberculose da Congregação das Irmãs Filhas da Caridade
(Outubro de 2004 à Dezembro 2006)
No centro de tratamento de pacientes com tuberculose, no primeiro ano do projecto, haviam algumas irregularidades no preenchimento do livro de registo de doentes com tuberculose o que foi ultrapassado com as formações e as visitas regulares da supervisão de ambas as partes (laboratório e clínica) que aconteceram em cada trimestre, o que significa que, os técnicos estão a seguir as normas do Programa

Casos Novos com esfregaço Positivo por grupo etário (idade) em 27 meses

0-14 anos		15-24 anos		25-34 anos		35-44 anos		45-54 anos		55-64 anos		>65 anos		Total		
M	F	M	F	M	F	M	F	M	F	M	F	M	F	**M**	**F**	**Total**
0	4	19	32	31	36	27	27	16	11	5	4	1	2	**99**	**116**	**215**
														46%	**54%**	**100%**

Tabela de casos registados em 27 meses

Trimestre T1 -T4	**Entrada com esfregaço positiva**				**Total de Casos Novos Positivos**	**Entrada de Casos Novos com esfregaço Negativo**		**Total**	**Total**	**Total**	**Existência atual de doentes em tto.**
	Casos Novos	**Recaída**	**Fracasso**	**Reaparecido**	**esfregaço positivo**	**<15 Anos**	**>15 Anos**	**Casos Novos com esfregaço**	**Extra pulmonar**	**Novo com Esfregaço Positivo e Novos Com**	
Total	215	9	1	0	**225**	200	169	**369**	**2**	**596**	**232**
%	95.6%	4%	0.4%	0%	100%						**38.9%**

Os 9 trimestres que correspondem a Outubro/04 a Dezembro/06 notificaram 215 casos com esfregaço positivo o que perfaz 95.6%.

No primeiro ano do projecto, este centro havia notificado 45 casos novos com esfregaço positivo, no período de Outubro/04 a Setembro/05, enquanto que, com relação no segundo ano, o número de notificações aumentou a 146 casos novos com esfregaço positivo no mesmo período Outubro/05 a Setembro/06, devido o envolvimento de informação educação as comunidades.

Resultado do tratamento da tuberculose pulmonar com a baciloscopia positiva
Estudo por Cohorte

Tipo de dte	Esfregaço negativo (curado)	Sem esfregaço no fim (Tto completo)	Esfregaço positivo (Fracasso)	Falecido	Desaparecido	Transf.	Total
Casos novos com esfregaço Positivo 2ERHZ/6TH **#:198**	86	44	6	12	48	2	**198**
Casos com esfregaço positvo em retratamento **#:15**	6	5	0	1	2	1	**15**

Supervisão do laboratório de baciloscopia

BACILOSCOPIAS DIAGNOSTICADAS				**BACILOSCOPIAS DE SEGUIMENTO**			
TOTAL (1)	BK +	BK -	%BK+	**TOTAL (2)**	BK +	BK -	%BK+
624	219	405	35,1%	**153**	21	132	13,7%

Os 9 trimestres que correspondem a Outubro/04 a Dezembro/06 passaram pelo diagnóstico de baciloscopia 624 dos quais 35.1% foram BK+.

Controlo de Qualidade
Durante o período de Outubro/04 a Dezembro de 2006 o supervisor provincial do laboratório revisou 210 lâminas das quais 135 positivas e 75 negativas.

Indicadores:

1- 100% de visitas planificadas (trimestralmente) de supervisão que realmente aconteceram

2- 100% visitas de supervisão que foram conduzidas juntas, tanto para as actividades de laboratório como clínicas.

3- 210 lâminas revistos pelo supervisor (amostra correcta de 135 laminas positivas e 75 negativas passados pelo supervisor)

4- Houve o grau de concordância de leituras de lâminas entre a observação do Supervisor provincial do laboratório de referência e leitura do técnico do referido. (positivo verdadeiro e negativo verdadeiro)

Estava previsto revisar 145 (100%)laminas positivas, mas que foram revisadas 135 (93,1%) e 85 (100%) laminas negativas, mas que foram revisadas 75 (88,2%).

SUCESSOS

Foi feita a entrevista à paciente Angelina Bimbi de 23 anos de idade residente no Bairrro de Chissequele, escolhida aleatoriamente a mesma com 5 meses de tratamento nesta Unidade da TB, agradece os esforços deste projecto com a sua iniciativa da construção dum laboratório de baciloscopia para atender aos necessitados.

O técnico do laboratório de baciloscopia Francisco Sapalo do Balombo, diz na sua avaliação do projecto, que o projecto TB da CRS/Angola, fez muita coisa ao equipar os laboratórios de baciloscopia, com o equipamento distribuído. Não só o material mas sim tambem, o treinamento que recebemos para aumentar os nossos conhecimentos, melhorar a nossa capacidade técnica, qualidade de trabalho e o cuidado com os pacientes em tratamento (fase inicial e continua).

Escolha aleatória de 3 doentes com tratamento da TB.
Nesta Unidade de tratamento da tuberculose, foi feita uma escolha aleatória em três (3) pacientes da TB. O doente Adelino Tchiquete foi escolhido aleatoriamente e lhe foi feita as 5 perguntas, se é conhecida pelo doente:

1- O que é a tuberculose?	Resposta conhecida
2- Ela tem cura?	Resposta conhecida
3- Como pode ser curado?	Resposta conhecida
4- Qual é a duração do tratamento?	Resposta conhecida.

A entrevista foi feita pelo Sr. Domingos Passassi – assistente do projecto TB da CRS/Angola durante a visita de supervisão; para saber deles os benefícios do projecto TB da CRS no Balombo.

Obs:
O laboratório de baciloscopia do Balombo, construído com do projecto da Tuberculose da CRS/Angola e do projecto Elavoko Lyomwenho.

Indicadores: (processo ou resultados)
Início da construção do laboratório de baciloscopia do Balombo por T2 do 1º ano

Termino da construção do laboratório de baciloscopia do Balombo por T4 do 1º ano

RESULTADOS DAS VISITAS DE SUPERVISÃO

<u>BENGUELA</u> – Centro Anti-tuberculose da Congregação das Irmãs do Santíssimo Salvador do Cavaco
(Outubro de 2004 à Dezembro de 2006)

Tendo verificado o baixo nível de realização de seguimento aos pacientes em tratamento principalmente os do 5º mês; recomendou-se no T1 do primeiro ano do projecto que haja muito rigor neste processo, mas que, na segunda supervisão do T2 se encontrou melhorias nesta vertente do seguimento aos pacientes em tratamento.

Casos Novos com esfregaço Positivo por grupo etário (idade) em 27 meses

0-14 anos		15-24 anos		25-34 anos		35-44 anos		45-54 anos		55-64 anos		>65 anos		Total		
M	F	M	F	M	F	M	F	M	F	M	F	M	F	**M**	**F**	**Total**
28	54	326	551	328	639	249	485	187	284	88	118	40	94	**1,246**	**2,225**	**3,471**
														35.9%	**64.1.%**	**100%**

Tabela de casos registados em 27 meses

Trimestre T1 -T7	Entrada com esfregaço positivo				Total de Casos Novos Positivos	Entrada de Casos Novos com esfregaço Negativo		Total	Total	Total	Existência atual de doentes em tto
	Casos Novos	Recaída	Fracasso	Reaparecido	esfregaço positivo	<15 Anos	>15 Anos	Casos Novos com esfregaço Negativo	Extra pulmonar	Novo com Esfregaço Positivo e Novos Com Esfregaço Negativo	
Total	3,471	287	39	30	**3,827**	608	561	**1,169**	**46**	**5,042**	**1,530**
%	90.7%	7.5%	1%	0.8%	100%						**30.3%**

Os 9 trimestres que correspondem a Outubro/04 a Dezembro/06, notificaram 3,471 casos com esfregaço positivo o que perfaz 90.7%.

No primeiro ano do projecto, este centro havia notificado 1,697 casos novos com esfregaço positivo, no período de Outubro/04 a Setembro/05, enquanto que, com relação

no segundo ano, o número de notificações baixou a 1,378 casos novos com esfregaço positivo no mesmo período Outubro/05 a Setembro/06.

Resultado do tratamento da tuberculose pulmonar com a baciloscopia positiva

Estudo por Cohorte

Tipo de dte	**Esfregaço negativo (curado)**	**Sem esfregaço no fim (Tto completo)**	**Esfregaço positivo (Fracasso)**	**Falecido**	**Desaparecido**	**Transf.**	**Total**
Casos novos com esfregaço Positivo 2ERHZ/6TH **#:4,091**	2,567	816	30	77	464	137	**4,091**
Casos com esfregaço positvo em retratamento **#:196**	98	35	2	5	49	7	**196**

Supervisão do laboratório de baciloscopia

BACILOSCOPIAS DIAGNOSTICADAS				**BACILOSCOPIAS DE SEGUIMENTO**			
TOTAL (1)	BK +	BK -	%BK+	**TOTAL (2)**	BK +	BK -	%BK+
6,506	3,542	2,964	54,4%	**8,595**	63	8,532	0,7%

Os 9 trimestres que correspondem a Outubro/04 a Dezembro/06 passaram pelo diagnóstico de baciloscopia 6,506 dos quais 54.4% foram BK+.

Controlo de Qualidade

Durante o período de Outubro/04 a Dezembro de 2006 o supervisor provincial do laboratório revisou 230 lâminas das quais 145 positivas e 85 negativas.

Indicadores:

1- 100% de visitas planificadas (trimestralmente) de supervisão que realmente aconteceram

2- 100% visitas de supervisão que foram conduzidas juntas, tanto para as actividades de laboratório como clínicas.

3- 230 laminas revistos pelo supervisor (amostra correcta de 145 laminas positivas e 85 negativas passados pelo supervisor)

4- Houve o grau de concordância de leituras de lâminas entre a observação do Supervisor provincial do laboratório de referência e leitura do técnico do referido. (positivo verdadeiro e negativo verdadeiro), mas que 100% do previsto foi alcançado

RESULTADOS DA VISITAS DE SUPERVISÃO

<u>CUBAL</u> - Hospital Nossa Sr.ª Rainha da Paz
(Outubro de 2004 à Dezembro de 2006)

Este centro controla um Município com a população estimada em 45,576 habitantes, dados estes foram recolhidos a partir da Administração Municipal, depois de todas as pessoas voltarem às suas áreas de origem.

Além desta população, ainda tem casos novos provenientes de outros municípios vizinhos caso concreto do Município do Caimbambo, onde ainda não tem a Unidade de tratamento da TB, Ganda e Chongoroi com uma Unidade de tratamento da tuberculose mas que não reúnem condições específicas nos casos mais graves.

Casos Novos com esfregaço Positivo por grupo etário (idade) em 27 meses.

0-14 anos		15-24 anos		25-34 anos		35-44 anos		45-54 anos		55-64 anos		>65 anos		Total		
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Total
23	28	188	198	209	148	119	82	60	48	25	21	13	10	**637**	**535**	**1,172**
														54.4%	**45.6%**	**100%**

Tabela de casos registados em 27 meses

Trimestre	Entrada com esfregaço positivo				Total de Casos Novos Positivos	Entrada de Casos Novos com esfregaço Negativo		Total	Total	Total	Existência atual de doentes em tto
	Casos Novos	**Recaída**	**Fracasso**	**Reaparecido**	**esfregaço positivo**	**<15 Anos**	**>15 Anos**	**Casos Novos com esfregaço**	**Extra pulmonar**	**Novo com Esfregaço Positivo e Novos Com Esfregaço**	
Total	1,172	54	80	63	**1,369**	1,268	387	**3,024**	**94**	**4,487**	**756**
%	85.7%	3.9%	5.8%	4.6%	100%						**16.8%**

Os 9 trimestres que correspondem a Outubro/04 a Dezembro/06 notificaram 1,172 casos novos com esfregaço positivo.
No primeiro ano do projecto, este centro havia notificado 616 casos novos com esfregaço positivo, no período de Outubro/04 a Setembro/05, enquanto que, com relação no segundo ano, o número de notificações baixou a 473 casos novos com esfregaço positivo no mesmo período Outubro/05 a Setembro/06.

Nesta Unidade de tratamento da TB, encontrou-se melhorias nas condições de serviço ao pessoal técnico devido o treinamento que foi levado a cabo pelo apoio ao projecto TB da CRS/Angola e pela formação continua organizada pelo mesmo hospital.

Durante este período, se constatou que o número de crianças <15 anos é elevado a 41.9% com diagnóstico de tuberculose e mal nutrição.

Resultado do tratamento da tuberculose pulmonar com a baciloscopia positiva
Estudo por Cohorte

Tipo de dte	**Esfregaço negativo (curado)**	**Sem esfregaço no fim (Tto completo)**	**Esfregaço positivo (Fracasso)**	**Falecido**	**Desaparecido**	**Transf.**	**Total**
Casos novos com esfregaço Positivo 2ERHZ/6TH #: **1,613**	521	446	78	71	391	106	**1,613**
Casos com esfregaço positvo em retratamento 2SERHZ/1ERHZ/5R **#: 192**	75	21	32	23	31	10	**192**

A taxa de curados é baixa, apesar do número de crianças <15,> 15 anos e admitidos na categoria Extra pulmonar que não são contabilizados na taxa de curados

Clínica Móvel
O hospital organizou a clínica móvel, que controla 4 postos móveis do DOTs nas localidades do Chimabassi, Marco de Canaveses, Capupa e Yambala; uma (1) saída por cada mês em cada localidade. Ali também fazem a recolha das amostras de escarros para o laboratório de baciloscopia (exame de expectoração), posteriormente ser diagnosticado. Se o resultado for BK+ o paciente é submetido ao tratamento.

Sucessos
Para saber o sucesso do projecto, foi entrevistado um paciente escolhido aleatoriamente, nesta Unidade de tratamento de TB. O mesmo, agradece os esforços deste projecto no tratamento deste flagelo doença da tuberculose. O paciente António Maquina fez uma recomendação para os outros que abandonam o tratamento, dizendo que é eficaz terminar o tratamento para não criar a resistência do medicamento no organismo

Escolha aleatória de 3 doentes com tratamento da TB
Nesta Unidade de tratamento da tuberculose foi feita uma escolha aleatória em três (3) pacientes da TB. O doente Marcolino José de 32 anos de idade residente na Comuna da Capupa foi escolhido aleatoriamente e lhe foi feita as 5 perguntas, se é conhecida pelo doente:

1- O que é a tuberculose? Resposta conhecida

2- Ela tem cura? Resposta? Resposta conhecida
3- Como pode ser curado? Resposta conhecida
4- Qual é a duração do tratamento? Resposta conhecida.

Supervisão do laboratório de baciloscopia
O Supervisor, notou que o trabalho que esta sendo realizado pelo pessoal técnico daquele laboratório, estão a seguindo as normas do PNLT.

BACILOSCOPIAS DIAGNOSTICADAS				**BACILOSCOPIAS DE SEGUIMENTO**			
TOTAL (1)	BK +	BK -	%BK+	**TOTAL (2)**	BK +	BK -	%BK+
2,861	1,182	1,679	41,3%	**4,793**	504	4,289	10,5%

Os 9 trimestres que correspondem a Outubro/04 a Dezembro/06 passaram pelo diagnóstico de baciloscopia 2,861 dos quais 41,3% foram BK+.

Controlo de Qualidade
Durante o período de Outubro/04 a Dezembro de 2006 o supervisor provincial do laboratório revisou 230 lâminas das quais 145 positivas e 85 negativas.

Indicadores:

1- 100% de visitas planificadas (trimestralmente) de supervisão que realmente aconteceram

2- 100% visitas de supervisão que foram conduzidas juntas, tanto para as actividades de laboratório como clínicas.

3- 230 laminas revistos pelo supervisor (amostra correcta de 145 laminas positivas e 85 negativas passados pelo supervisor)

4- Houve o grau de concordância de leituras de lâminas entre a observação do Supervisor provincial do laboratório de referência e leitura do técnico do referido. (positivo verdadeiro e negativo verdadeiro), mas que 100% do previsto foi alcançado

RESULTADOS DAS VISITAS DE SUPERVISÃO

<u>LOBITO</u> - Centro Médico Alto Esperança (IESA)
(Outubro de 2004 à Dezembro de 2006)

Casos Novos com esfregaço Positivo por grupo etário (idade) em 27 meses.

0-14 anos		15-24 anos		25-34 anos		35-44 anos		45-54 anos		55-64 anos		>65 anos		Total		
M	F	M	F	M	F	M	F	M	F	M	F	M	F	**M**	**F**	**Total**
14	35	148	168	123	126	71	65	41	51	23	13	21	17	**441**	**475**	**916**
														48.1%	**51.9%**	**100**

		%

Tabela de casos registados em 27 meses

Trimestre T1 –T4	Entrada com esfregaço positivo				Total de Casos Novos Positivos	Entrada de Casos Novos com esfregaço Negativo		*Total*	*Total*	Total	Existência atual de doentes em tto
	Casos Novos	Recaída	Fracasso	Reaparecido	esfregaço positivo	<15 Anos	>15 Anos	Casos Novos com esfregaço	Extra pulmonar	Novo com Esfregaço Positivo e Novos Com Esfregaço	
Total	916	180	26	2	**1,124**	54	31	**85**	**24**	**1,233**	**529**
%	81.5%	16%	2.3%	0.2%	100%						**42.9%**

Os 9 trimestres que correspondem a Outubro/04 a Dezembro/06 notificaram 916 casos novos com esfregaço positivo.

No primeiro ano do projecto, este centro havia notificado 474 casos novos com esfregaço positivo, no período de Outubro/04 a Setembro/05, enquanto que, com relação no segundo ano, o número de notificações baixou a 351 casos novos com esfregaço positivo no mesmo período Outubro/05 a Setembro/06.

Resultado do tratamento da tuberculose pulmonar com a baciloscopia positiva
Estudo por Cohorte

Tipo de dte	Esfregaço negativo (curado)	Sem esfregaço no fim (Tto completo)	Esfregaço positivo (Fracasso)	Falecido	Desaparecido	Transf.	Total
Casos novos com esfregaço Positivo 2ERHZ/6TH **#: 1,065**	884	48	8	43	80	2	**1,065**
Casos com esfregaço positvo em retratamento 2SERHZ/1ERHZ/5R **#: 200**	134	24	12	9	19	2	**200**

Supervisão do laboratório de baciloscopia.

BACILOSCOPIAS DIAGNOSTICADAS	BACILOSCOPIAS DE SEGUIMENTO

TOTAL (1)	BK +	BK -	%BK+	TOTAL (2)	BK +	BK -	%BK+
2,337	1,074	1,263	**46%**	**1,731**	19	1,712	**1.1%**

Os 9 trimestres que correspondem a Outubro/04 a Dezembro/06 passaram pelo diagnóstico de baciloscopia 2,337 dos quais 46% foram BK+.

Controlo de Qualidade
Durante o período de Outubro/04 a Dezembro de 2006 o supervisor provincial do laboratório revisou 230 lâminas das quais 145 positivas e 85 negativas.

Indicadores:

1- 100% de visitas planificadas (trimestralmente) de supervisão que realmente aconteceram

2- 100% visitas de supervisão que foram conduzidas juntas, tanto para as actividades de laboratório como clínicas.

3- 230 laminas revistos pelo supervisor (amostra correcta de 145 laminas positivas e 85 negativas passados pelo supervisor)

4- Houve o grau de concordância de leituras de lâminas entre a observação do Supervisor provincial do laboratório de referência e leitura do técnico do referido. (positivo verdadeiro e negativo verdadeiro), mas que 100% do previsto foi alcançado

RESULTADOS DA VISITAS DE SUPERVISÃO

<u>LOBITO</u> - Centro Anti-tuberculose da Santa Cruz da Congregação das Irmãs Teresianas
(Outubro de 2004 à Dezembro de 2006)

Casos Novos com esfregaço Positivo por grupo etário (idade) em 27 meses.

0-14 anos		15-24 anos		25-34 anos		35-44 anos		45-54 anos		55-64 anos		>65 anos		Total		
M	F	M	F	M	F	M	F	M	F	M	F	M	F	**M**	**F**	**Total**
2	8	39	31	32	26	26	32	14	11	3	7	2	0	**118**	**115**	**233**
														50.6%	**49.4%**	**100 %**

Tabela de casos registados em 27 meses

Trimestre T1 –T4	Entrada com esfregaço positivo				Total de Casos Novos Positivos	Entrada de Casos Novos com esfregaço Negativo		Total	Total	Total	Existência atual de doentes em tto
	Casos Novos	Recaída	Fracasso	Reaparecido	esfregaço positivo	<15 Anos	>15 Anos	Casos Novos com esfregaço	Extra pulmonar	Novo com Esfregaço Positivo e Novos Com Esfregaço	
Total	233	15	2	0	**250**	28	33	**61**	**7**	**318**	**98**
%	93.2%	6%	0.8%	%	100%						**30.8%**

Obs:

O centro Anti-tuberculose da Santa Cruz não possui o laboratório de Baciloscopia, mas que têm resultados de exames de expectoração a partir do Centro Anti-tuberculose da Congregação das Irmãs do Santíssimo Salvador do Cavaco e Centro Médico Alto Esperança, (IESA).

Os 9 trimestres que correspondem a Outubro/04 a Dezembro/06 notificaram 233 casos novos com esfregaço positivo.

No primeiro ano do projecto, este centro havia notificado 100 casos novos com esfregaço positivo, no período de Outubro/04 a Setembro/05, enquanto que, com relação no segundo ano, o número de notificações baixou a 97 casos novos com esfregaço positivo no mesmo período Outubro/05 a Setembro/06.

Resultado do tratamento da tuberculose pulmonar com a baciloscopia positiva

Estudo por Cohorte

Tipo de dte	Esfregaço negativo (curado)	Sem esfregaço no fim (Tto completo)	Esfregaço positivo (Fracasso)	Falecido	Desaparecido	Transf.	Total
Casos novos com esfregaço Positivo 2ERHZ/6TH **#:265**	106	80	5	10	56	8	**265**
Casos com esfregaço positvo em retratamento 2SERHZ/1ERHZ/5R **#: 19**	4	8	0	1	6	0	**19**

Indicadores:

1- 100% de visitas planificadas (trimestralmente) de supervisão realmente aconteceram.

2- 100% de visitas de supervisão para actividades clínicas foram feito.

Obs: este centro da TB, não tem o laboratório de baciloscopia para saber dos indicadores.

RESULTADOS DAS VISITAS DE SUPERVISÃO NOS 5 CENTROS DA TB.

TABELA DE CASOS REGISTADOS NOS 5 CENTROS DE TRATAMENTO DA TUBERCULOSE NA PROVINCIA DE BENGUELA.

PERIODO: (Outubro de 2004 à Dezembro de 2006)

Casos Novos com esfregaço Positivo por grupo etário (idade) em 27 meses.

0-14 anos		15-24 anos		25-34 anos		35-44 anos		45-54 anos		55-64 anos		>65 anos		Total		
M	F	M	F	M	F	M	F	M	F	M	F	M	F	**M**	**F**	**Total**
67	129	720	980	723	975	492	691	318	405	144	163	77	123	**2,541**	**3,466**	**6,007**
														42.3%	**57.7%**	**100 %**

Os casos novos com esfregaço positivo, notou-se que o sexo feminino teve mais aderência nos centros durante os 27 meses do projecto com 57.7%, em relação o grupo etário (idade) a idade mais atingida é de 15 – 44 anos enquanto que o sexo feminino teve mais aderência a procura de cuidados médicos.

Tabela de casos registados em 27 meses.

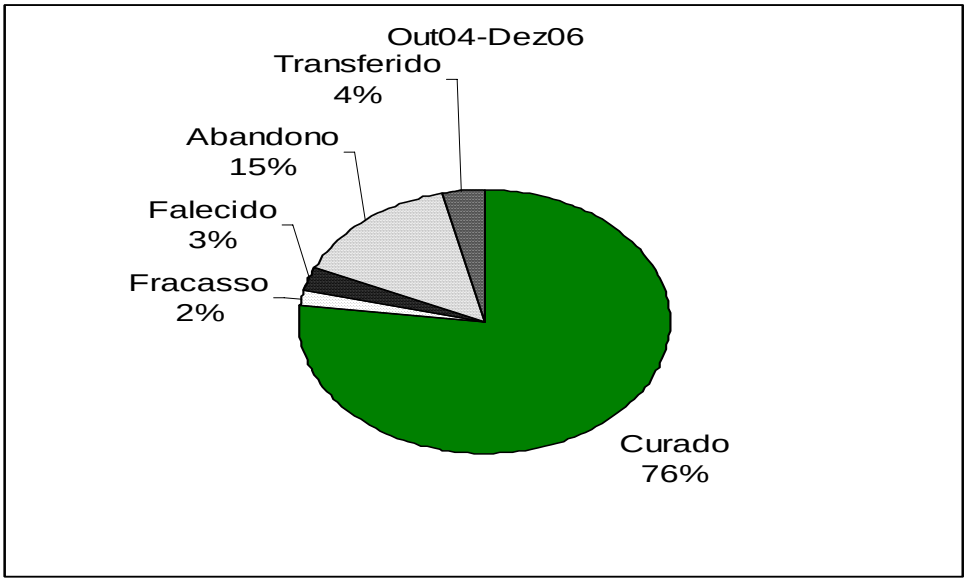
Trimestre T1 –T4	**Entrada com esfregaço positivo**				**Total de Casos Novos Positivos**	**Entrada de Casos Novos com esfregaço Negativo**		**Total**	**Total**	**Total**	**Existência atual de doentes em tto**
	Casos Novos	**Recaída**	**Fracasso**	**Reaparecido**	**Esfregaço positivo**	**<15 Anos**	**>15 Anos**	**Casos Novos com esfregaço Negativo**	**Extra pulmonar**	**Novo com Esfregaço Positivo e Novos Esfregaço Negativo**	
Total	6,007	545	148	95	**6,795**	2,158	1,181	**3,339**	73	**10,207**	**2,145**
%	88.4%	8%	2.2%	1.4%	100%						**21%**

No primeiro ano do projecto, os centros haviam notificado 2,932 casos novos com esfregaço positivo, no período de Outubro/04 a Setembro/05, enquanto que, com relação no segundo ano, o número de notificações baixou a 2,445 casos novos com esfregaço positivo no mesmo período de Outubro/05 a Setembro/06 e 630 casos novos admitidos no trimestre entre Outubro/06 a Dezembro/06, devido o envolvimento de informação educação as comunidades.
Também o que se verificou no primeiro ano, foi da abertura total de livre circulação de pessoas depois do conflito armado que assolou o País.

Resultado do tratamento da tuberculose pulmonar com a baciloscopia positiva

Estudo por Cohorte

Tipo de dte	**Esfregaço negativo (curado)**	**Sem esfregaço no fim (Tto completo)**	**Esfregaço positivo (Fracasso)**	**Falecido**	**Desaparecido**	**Transf.**	**Total**
Casos novos com esfregaço Positivo 2ERHZ/6TH **#:7,232**	4,164	1,434	127	213	1,039	255	**7,232**
Casos com esfregaço positvo em retratamento 2SERHZ/1ERHZ/5R **#:621**	317	93	46	39	107	20	**622**



A taxa de curados é baixa, apesar do número de crianças <15, > 15 anos e admitidos na categoria Extra pulmonar que não são contabilizados na taxa de curados

Supervisão do laboratório de baciloscopia.

BACILOSCOPIAS DIAGNOSTICADAS				**BACILOSCOPIAS DE SEGUIMENTO**			
TOTAL (1)	BK +	BK -	%BK+	TOTAL (2)	BK +	BK -	%BK+
12,328	6,017	6,311	48,8%	**15,272**	607	14,665	4%

Os 9 trimestres que correspondem a Outubro/04 a Dezembro/06 passaram pelo diagnóstico de baciloscopia 12,328 dos quais 48,8% foram BK+, enquanto que 51,2% com resultados de BK-.

O novo método do PNLT da revisão das lâminas:
O Supervisor revisa as 7 lâminas positivas e 3 negativas; e depois são retiradas mais 14 lâminas positivas e 6 lâminas negativas posteriormente para serem revisadas no laboratório provincial de referência para o Controlo de Qualidade. Este processo acontece em cada trimestre, mas que só começou no segundo ano do projecto.

Indicadores: 100% em 9 trimestres (processo ou resultados)

1- 100% de visitas planificadas (trimestralmente) de supervisão que realmente aconteceram

2- 100% visitas de supervisão que foram conduzidas juntas, tanto para as actividades de laboratório como clínicas.

3- 900 laminas revistos pelo supervisor (amostra correcta de 570 laminas positivas e 330 negativas passados pelo supervisor)

4- Houve o grau de concordância de leituras de lâminas entre a observação do Supervisor provincial do laboratório de referência e leitura do técnico do referido. (positivo verdadeiro e negativo verdadeiro), mas que 920 laminas 100% do previsto, só foi alcançado 900 (97,8% laminas revistos pelo Supervisor.

HIV reactivity results from TB network members
Outubro/04 a Dezembro/06

Center	**Outubro/04 ate Dezembro/06**				
	TB+		**TB+/VIH+**		**%TB+/VIH+**
	M	F	M	F	%
CTB (Balombo)	162	182	31	43	0,9%
Cavaco	960	1,225	117	167	3,4%
Cubal Mission	2,355	2,928	221	148	4,5%
Alto Esperança	227	239	43	64	1,3
	8,278		**834**		**10.1%**

RESULTADOS DO DIA INTERNACIONAL DO DOENTE TUBERCULOSO

24 de Março dia internacional do doente tuberculoso:
No primeiro ano do projecto, 24 de Março – dia internacional do doente tuberculoso, foi no Cubal, onde se comemorou o acto provincial com a presença do Sr. Rafael Chiteculo, Assistente Chefe do Departamento provincial da Saúde pública e controlo de endemias, Sr. Dr. Valentino – Coordenador Médico do projecto TB CORDAID – actual Chefe do Departamento Provincial da Saúde Pública e Controlo de Endemias, Sr. Alfredo Dumbo – Supervisor provincial da tuberculose, Sr. Manuel Domingos Jacob- Chefe provincial do centro de referência – actual Supervisor provincial da tuberculose e Sr. José Manjenje – Supervisor Provincial de Luta contra SIDA e ITS, Dra. Helena – Coordenadora Médica do Projecto TB da CRS, Domingos Passassi - Assistente do projecto TB da CRS, e grupo Twayovoka composto por 8 elementos.

Neste acto, esteve presente o Excelentíssimo Veríssimo Sapalo- Administrador Municipal, Benjamim Ndambuka – Chefe de Secção Municipal de Saúde do Cubal, Ir. Maria Teresa Lopéz – Directora exercício do hospital Nª Sª Rainha da Paz, as autoridades tradicionais, Lideres das Igrejas, partidos políticos, Administradores Comunais, Enfermeiros do hospital Nª Sª Rainha da Paz como do hospital Central, ONGs, na Administração Municipal do Cubal.
Durante o acto, foram feito dois (2) teatros 1 do grupo twayovoka e outro dos enfermeiros do Centro Anti tuberculose do Cubal com mensagens as comunidades sobre a tosse com expectoração por mais de 3 semanas, escarros com sangue, abcesso ganglionar sub maxilar ou cervical, emagrecimento progressivo etc. para se dirigir a uma consulta Médica especializada para o efeito (centro anti tuberculose).

RESULTADOS DO DIA MUNDIAL DA SIDA

Anualmente, no dia 1 de Dezembro, comemora-se o Dia Mundial da SIDA, que tem por objectivo aumentar a atenção e apoio de pessoas e organizações, em todo mundo, para esta doença transmissível.
Foi organizado pelos parceiros do Apoio ao projecto Diocesano dos 5 centros do tratamento da TB e VIH/SIDA 2 de eventos público, com actividades tais como: celebração Eucarística (Missa), palestras, peças teatrais, musica e danças. Neste evento, fez parte os pacientes da tuberculose, Utentes vivendo com vírus de VIH e seus familiares para comemorar dia.

Nome Centro	Localidade	Sexo M	Sexo F	Total
Centro Anti tuberculose da Congregação das Irmãs Filhas da Caridade	Balombo	156	252	408
Centro Anti tuberculose da Congregação das Irmãs do Santíssimo Salvador do Cavaco	Benguela	794	986	1,780
Hospital Nossa Senhora Rainha da Paz da Congregação das Irmãs Teresianas	Cubal	477	666	1,143

Centro Medico Alto Esperança, (IESA) – Lobito	Lobito	506	657	1,163
Centro Anti tuberculose da Santa Cruz da Congregação das Irmãs Teresianas	Lobito	380	431	811
TOTAL		**2,313**	**2,992**	**5,305**

RESULTADO DE REUNIÕES DE COORDENAÇÃO COM PARCEIROS DOS 5 CENTROS DA TB.

Seminário de plano de trabalho de 14 a 15 de Outubro de 2004

A CRS/Angola organizou um seminário que chegou a ser dado com a equipe de Consultoria na pessoa da Dra. Clydette Powell da USAID; Anne Rafael PM do Catholic Relief Services do programa da tuberculose. O seminário durou 2 dias com 13 participantes de 9 parceiros; USAID, os parceiros dos 5 centros da TB, CRS, MINSA e CUAMM. O mesmo, inclui o desenvolvimento de trabalho, orçamento e as necessidades dos parceiros, sistema de correcção de dados e a sequência das actividades.

Depois deste seminário foram assinados os Acordos para cada parceiro nomeadamente: Centro Anti tuberculose da Congregação das Irmãs Filhas da Caridade do Balombo, Centro Anti tuberculose da Congregação das Irmãs do Santíssimo Salvador do Cavaco na cidade de Benguela, Hospital Nossa Senhora Rainha da Paz da Congregação das Irmãs Teresianas do Cubal, Centro Médico Alto Esperança, Igreja Evangélica Sinodal de Angola (IESA) – Lobito, Centro Anti tuberculose da Santa Cruz da Congregação das Irmãs Teresianas do Lobito e o Ministério da Saúde (MINSA).

Encontro de revisão do plano de trabalho 2 de Dezembro de 2004

Tubercolsis work plan workshop, October 14 - 15, 2004			
Name	Local	Title	Organization
Ir. Rosa Cosidero	Balombo	Mission Representative	Ir. Filha de Caridade
Neus Peiaccula Pueyo	Cubal	Center Represenative	Ir. Teresianas
Ir. Maria da Conceição Dias	Cavaco	Center Represenative	Ir. Santissimo Salvador
Dr. Valentino	Projecto CORDAID	Project Coordentator	CORDAID
Rafael Chiteculo	DPSP Benguela	Assistent to Director of Public Health	MINSA
Manuel Domingos Jacob	TB Dispensary	Reference Center Representative	MINSA
Ir. Avelina	Santa Cruz	Project Coordentator	Ir. Teresianas
Domingos	Santa Cruz	Nurse	Ir. Teresianas
Luciano Tomas	Alto Esperança	Nurse	IESA
Leonardo Tchivela	Alto Esperança	Nurse	IESA
Anne Rafael	Lobito	Inerim TB Program Manager	CRS
Claydette Powell	Luanda	USAID TB Consultant	USAID
Dr. Dolores Marin	Luanda	TB Consultant from MINSA	CUAMM

A CRS/Angola organizou na pessoa de Anne Rafael e o assistente do Projecto da TB, um encontro de planificação, no escritório da CRS no Lobito, tendo participado 8 parceiros dos 5 Centros da TB e MINSA.

Tubercolsis work plan meeting, December 2, 2004			
Name	Local	Title	Organization
Ir. Rosa Cosidero	Balombo	Mission Director	Ir. Filha de Caridade
Ir. Milagros Moreno	Cubal	Hospital Director	Ir. Teresianas
Ir. Lauriana	Cavaco	Projecto Manager	Ir. Santissimo Salvador
Ir. Feliciana	Santa Cruz, Lobito	Project Coordenator	Ir. Teresianas
Adriano Justo	Alto Esperaca, Lobito	Regional Director	IESA
Rafael Chiteculo	Benguela	Assistant to DPSP	MINSA
Anne Rafael	Lobito	Interim PM	CRS
Domingos Passassi	Lobito	Assistant PM	CRS

Esta revisão do plano de trabalho visou uma atenção especial no treinamento de laboratório, na supervisão e no sistema de Informação Educação as Comunidades.

Encontro de revisão do plano de trabalho 2006

A equipe da CRS/Angola nos dias 12 e 13 de Outubro de 2006 na pessoa de Suzie L. Jacinthe – Gestora do Programa de VIH/SIDA, Helena Moreira – Coordenadora Médica do projecto TB da CRS e o Assistente do projecto TB organizaram um encontro de planificação, tendo participado 11 parceiros dos 5 Centros de TB. Esta revisão do plano de trabalho visa uma atenção especial no treinamento de laboratório, na supervisão e no sistema de Informação na educação das comunidades.
Esta reunião de coordenação, visa uma atenção especial na agenda da reunião:

Tuberculosis work plan workshop, October 12 - 13, 2005

Name	**Local**	**Title**	**Organization**
Angelina Mateus	Balombo	Responsavel CTB	Ir. Filha de Caridade
Maria Teresa Lopez	Cubal	Médica CTB	Ir. Teresianas
Maria Teresa Romero	Cubal	Enfermeira	Ir. Teresianas
Neus	Cubal	Enfer.resp do Centro TB	Ir. Teresianas
Feliciana K. Ngueve	Santa Cruz	Responsavel CTB	Ir. Teresianas
Avelina	Santa Cruz	Project Coordenadora	Ir. Teresianas
Maria Conceição Dias	Cavaco	Responsavel CTB	Ir.SS.S.
Jose Camati	Cavaco	Logistico	Ir. SS. S.
Luciano Tomas	A. Esperança	Enfer. CTB	IESA
Zeferino Gando	A. Esperança	Responsavel CTB	IESA
Helena Moreira	Benguela	Coord Medica do Projecto TB	Leigos p/ Desenvolv.
Suzie L. Jacinthe	Lobito	Gestora do Prog do VIH/SIDA	CRS
Domingos Passassi	Lobito	Assist do Projecto TB	CRS

A CRS/Angola organizou e facilitou 7 encontros, tendo participado parceiros dos 5 Centros da TB e MINSA.

Indicadores (processos e resultados)

7 reuniões conduzidas com sucessos para revisão de dados e analises atempadamente em coordenação com o MINSA.
5 centros que usam os formulários e formato do PNLT para elaboração de relatórios
5 centros que elaboram relatórios de dados do PNLT durante as visitas de supervisão.

RESULTADO DE TROCA DE EXPERIENCIA (ESTAGIO)

Troca de experiência entre centros (Estágio).
Para partilhar a Troca de experiência, entre centros, a CRS/Angola organizou um estágio de 5 dias no Cubal e Cavaco para 1 enfermeiro que trabalha na área da TB da Santa Cruza/ Lobito para um estágio de 5 dias no Cubal, 1 técnico do laboratório de baciloscopia Centro TB do Cavaco para um estágio de 5 dias no Cubal, e 2 técnicos de laboratório de baciloscpia das irmãs Filhas da Caridade do Balombo para um estágio de 5 dias no Cavaco; para o reforço em Tratamento fase inicial e contínua e no diagnóstico em baciloscopia (exame de expectoração).

Os técnicos de laboratórios de baciloscopia e enfermeiros, que participaram no estágio durante 5 dias, no Centro Anti tuberculose Henrique de Osso do Cubal e no laboratório de baciloscopia do centro TB das Irmãs do Santíssimo Salvador do Cavaco, os técnicos realçaram que, a troca de experiência entre centros (Estágio) de 5 dias para o reforço, foi muito interessante no trabalho profissional com o objectivo de melhorar as nossas capacidades técnicas.

Daniel Tchipalanga, António Tchelekela e Francisco Sapalo, técnicos de laboratório de baciloscopia do centro da TB do Cavaco e do centro TB das irmãs Filhas da Caridade do Balombo foram reforçados em Métodos de Colheita de Amostras, Métodos de Coloração das Micobacterias, Técnica de ZIEHL-NEELSEN (Com Fase de Aquecimento) do 1º passo ate ao 8º passo e Métodos da leitura das lâminas.

Name	Local	Lugar visitar	Title	Organization
Pedro K. M. Pinto	CTB Stª Cruz/Lobito	CTB Cubal	Consultante	Ir. Teresianas
Daniel Tchipalanga	Lab Bac.Cavaco/Bga	Lab. Bac.Cubal	Técnico Laborat.	Ir.SS.S.
Francisco Sapalo	Lab Bac. Balombo	Lab.Bac Cavaco/Bga	Técnico Laborat.	Ir. Caridade
António Tchalekela	Lab.bac. Balombo	Lab bac. Cavaco/Bga	Técnico lab bac.	Ir. Caridade

RESULTADOS DE VISITAS DE CONSULTORIA

Avaliação do laboratório pelo Dr. GOH KHYE SONG.

Depois do contacto com a Dra. Maria da Conceição Palma do Programa Nacional de Luta Contra Tuberculose (PNLT) para o reforço das capacidades institucionais do laboratório Nacional de Saúde Pública, na área da tuberculose, através da realização de visitas de troca de experiência com programas da Tuberculose de outros países e de assessoria técnica de peritos internacionais, a Dra. Palma nos deu a oportunidade do Dr. GOH do laboratório de micobacteriologia do Instituto Pasteur para uma visita a Benguela aos laboratórios de Diagnostico bacteriologia – Tuberculose do Departamento Provincial da Saúde Pública e Controlo de Endemias (DPSPCE), nos dias 23 a 25 de Novembro de 2005, nomeadamente: laboratório baciloscopia do Dispensário Anti tuberculose (DAT), Bairro Benfica; laboratório de baciloscopia que está dentro do hospital central na cidade de Benguela.

Os dois (2) laboratórios: Dispensário Anti-Tuberculose (DAT) e o laboratório que esta dentro do hospital Central de Benguela, pertencem ao Ministério da Saúde (MINSA).

O Dr. GOH também visitou um Centro Anti-tuberculose da Santa Cruz da Congregação das Irmãs Teresianas, localizado no Município do Lobito, onde o projecto da TB da CRS/Angola pensava que tivesse um laboratório de baciloscopia. Durante avaliação apurou-se resultados positivos nas estruturas que visam a diminuir o flagelo de casos da tuberculose no Município do Lobito.

No entanto, neste centro, segundo o Dr. GOH, não há risco nenhum aos habitantes ao arredor da Unidade de tratamento de pacientes com TB. Outra opção saída desta visita é que a estrutura terá um extractor alto para permitir que o ar saído deste laboratório não atinja o nível baixo das casas dos habitantes ao arredor do laboratório.

O que se verificou é a Superiora da Congregação daquela comunidade religiosa não aceitou que ali houvesse um laboratório de baciloscopia.

Para outros três (3) laboratórios de baciloscopia como: laboratório de baciloscopia da Congregação das Irmãs Filhas da Caridade do Balombo**,** Congregação das Irmãs do Santíssimo Salvador do Cavaco – Benguela e Centro Medico Alto Esperança, (IESA) – Lobito, reúnem condições do trabalho evitando assim o risco de contágio de doenças, através de aerossóis produzidos pelos portadores de bacilos, porque a localização das suas estruturas permitem a entrada e saída do ar. Isto permite que durante o período de trabalho as janelas estejam às escancaras.

VISITA DE CONSULTORIA DA Drª ALICE AYUMA ATIATO DA USAID/ANGOLA

CRS/Angola organizou uma visita de carácter importante da Drª Alice Ayuma Atiato na Província de Benguela concretamente nos centros de diagnóstico e tratamento de TB; Balombo, Alto Esperança, Santa Cruz – Lobito e Cavaco – Benguela. Neste centro da Santa Cruz não possui o laboratório de diagnóstico da TB.

Balombo

O Balombo é Município que dista 150 km da Capital da Província, que foi necessário pernoitar. Teve o 1º contacto com a responsável do Centro. A visita realizou-se dia 2 de Fevereiro de 2006, tendo iniciado pelo laboratório de baciloscopia construído com do projecto da Tuberculose da CRS/Angola e do projecto Elavoko Lyomwenho.

A Drª Alice Ayuma Atiato gostou do gesto, porque antes este centro não tinha o laboratório de baciloscopia, mas que, estava dentro do Hospital.
Este laboratório não possui incinerador no qual o lixo é depositado no ar livre e depois é queimado, mas que ainda tem restos que escapam e permite um grande risco para as crianças. No entanto encontramos um lugar próximo do laboratório um buraco aberto onde o hospital central deste Município deposita o lixo, sem nenhuma protecção de segurança (lugar vedado).

Benguela
A visita realizada pela Dra. Alice neste centro, reúnem condições, tanto nas suas estruturas, atendimento clínica como do laboratório de baciloscopia. O mesmo centro oferece o pequeno-almoço e almoço aos pacientes que fazem o DOT. Este produto é recebido a partir do PAM.

Lobito
Durante a visita neste centro foi encontrado que os técnicos já tinham terminado o seu tempo normal de serviço. O responsável do CTB Sr. Zeferino Gando e o responsável do laboratório de baciloscopia Sr. Alberto Mango presenciaram a visita, tendo visitado a parte clínica e laboratório de baciloscopia tendo constatado boas condições nas estruturas existentes neste centro de tratamento da tuberculose.

Lobito.
Visitou o Centro da TB da Santa Cruz onde não se faz o diagnóstico da TB (exame de expectoração), mas sim conseguem o diagnóstico de doentes com as amostras de expectoração desta Unidade, no laboratório de baciloscopia da Congregação das Irmãs do Santíssimo Salvador do Cavaco e do laboratório de baciloscopia do Centro Médico Alto Esperança, (IESA) – Lobito.

VISITA DA USAID AO HOSPITAL NOSSA SENHORA RAINHA DA PAZ DA MISSÃO CATÓLICA DO CUBAL

No dia 26 de Junho de 2006 a Delegação da USAID acompanhado pelo Projecto PARTICIPAR, visitaram o hospital:
1- Benjamin Clark Sandel, Summer Intern, US Embassy Luanda.
2- Rómmulo Peixoto, Project Implementation Specialist, USAID/Angola
3- Cathy Hamlin, Program Coordenator, USAID/Angola

RESULTADO DE INFORMAÇÃO EDUCAÇÃO COMUNICAÇÃO (IEC)

Janeiro de 2005 à Dezembro de 2006

Foi feita a pesquisa das actividades baseando na proveniência dos doentes a partir dos livros de registos dos centros da TB de cada centro. As áreas que tiverem maiores números foram as mais prioritárias nas actividades de Informação Educação as Comunidades.

Nome Centro	Localidade	Actividades	Sexo M	Sexo F	Total
Centro Anti tuberculose da Congregação das Irmãs Filhas da Caridade	Balombo	44	1,325	2,045	3,370
Centro Anti tuberculose da Congregação das Irmãs do Santíssimo Salvador do Cavaco	Benguela	70	3,425	5,157	8,582
Hospital Nossa Senhora Rainha da Paz do	Cubal	42	2,202	2,663	4,865
Centro Medico Alto Esperança, (IESA) – Lobito	Lobito	82	2,504	4,814	7,318
Centro Anti tuberculose da Santa Cruz da Congregação das Irmãs Teresianas	Lobito	67	1,982	3,340	5,322
TOTAL DE ACTIVIDADES		**305**	**11,438**	**18,019**	**29,457**

Indicadores (processos e resultados)

13 de Igrejas, escolas, grupos comunitários que foram contactados e 305 de actividades conduzidas de formas a aumentar resultados e grande envolvimento da comunidade no controlo e prevenção de TB.

4 de eventos públicos sobre TB, 2 para Tb e 2 para SIDA para cada centro.

OBS: O pessoal técnico dos centros vão continuar com as suas actividades de informação educação comunicação.

RESULTADO DE INFORMAÇÃO EDUCAÇÃO COMUNICAÇÃO (IEC) REALIZADA PELO GRUPO TEATRAL TWAYOVOKA NOS CENTROS DE TRATAMENTO DA TB E VIH/SIDA E BAIRROS SUB JURIDIÇÃO

Julho, Agosto e Setembro/ 05

Nome Centro	Localidade	Actividades	Sexo M	Sexo F	Total
Centro Anti tuberculose da Congregação das Irmãs do Santíssimo Salvador do Cavaco	Benguela	14	1,182	1,689	2,871
Centro Medico Alto Esperança, (IESA) – Lobito	Lobito	9	499	575	1,074
Centro Anti tuberculose da Santa Cruz da Congregação das Irmãs	Lobito	3	89	175	264

Teresianas					
TOTAL DE ACTIVIDADES		**26**	**1,770**	**2,439**	**4,209**

RESULTADOS DE OUTUBRO/04 – DEZEMBRO/06
Indicadores da gestão do Programa

	Previsto	Atingido	%
# de pessoas que foram submetidos ao teste de VIH	11,200	8,278	73
# de pessoas que receberam o resultado depois do teste de VIH +		834	N
# de pessoas diagnosticadas na TB com resultado BK+		6,017	N
# de pessoas diagnosticadas na TB com resultado BK+ que receberam o tratamento		6007	N
# individual de enfermeiros que receberam o treinamento em Aconselhamento Testagem Voluntária antes e depois do Teste de VIH	30	20	66
# individual de enfermeiros que receberam o treinamento em Diagnostico e tratamento de ITS	15	10	66
# individual de técnicos de laboratório que receberam o	20	17	8

treinamento de Teste de VIH			
# individual de Técnicos laboratório que receberam a formação de diagnostico em baciloscopia (exame de expectoração)	20	18	9
# individual de Médicos que receberam a formação da Gestão Clínica da TB e VIH/SIDA e outras Infecções Oportunistas em pacientes infectados	4	3	7
# individual de enfermeiros que receberam o Treinamento de Treinadores (TOT) em VIH-SIDA, Aconselhamento e Testagem Voluntário e Infecções Transmitidas Sexualmente	7	6	85
# individual de enfermeiros que receberam o treinamento em Diagnostico e tratamento da TB.	15	12	8
# individual de enfermeiros que receberam a formação em	15	13	86

Infecções Oportunistas (I.O.) em pacientes infectados			
Sistema de Informação (encontros de coordenação)	8	7	8
Enfermeiros e técnicos de laboratório participaram nas visitas de troca de experiência entre centro (estagio)	6	4	66
# de visitas de supervisão que foram conduzidas junto, clínica e laboratório	9	9	1
Actividade de 24 de Março dia Internacional do doente tuberculoso	2	2	1
Actividade de 1 Dezembro dia Mundial da SIDA	2	2	1
# de participantes (pacientes da TB e utentes vivendo com VIH		5,305	N
# de participantes na IEC realizadas pelos técnicos		29,457	N

dos que trabalham com pacientes da TB e VIH			
# de participantes na IEC realizada pelo Grupo Twayovoka		4,209	N
# de Igrejas, escolas , grupos comunitários que foram contactos de formas aumentar resultados e grande envolvimento da comunidade no controlo e prevenção da TB –VIH/SIDA		13	N
# de actividades de formas aumentar resultados e grande envolvimento da comunidade no controlo e prevenção da TB –VIH/SIDA		305	N

Estratégia

A prevalência de taxa co-infecção TB/HIV é evidente que os que estão envolvidos principalmente em combater a tuberculose e aqueles envolvidos principalmente em combater o VIH têm causas comuns no apoio à resposta dos serviços gerais da saúde a VIH/SIDA. **Combater o VIH deverá incluir combater a tuberculose como maior causa de morte das pessoas vivendo com VIH/SIDA (PVHS); combater a tuberculose deverá incluir combater o VIH como mais potente força dirigente da epidemia da tuberculose.**

CRS
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Friday, June 15, 2007

Ms. Ilda Kuleba
Health/HIV/AIDS Specialist
USAID/Angola
Ikuleba@usaid.gov

Subject: **CRS submission of the Caritas Benguela AIDS Education Project (CAPE I) Final Performance report under Cooperative Agreement No. 690-A-00-04-00271-00**

Dear Ms. Kuleba:

Please find attached the Final Performance report for the Caritas Benguela AIDS Education Project (CAPE) under the Cooperative Agreement No. 690-A-00-04-00271-00. The report covers the period October 1, 2004 to March 31, 2007.

Kindly confirm reception of the report and do not hesitate to contact me at any time.

Best regards,

Francisco Eduardo
Acting Country Representative
CRS/Angola

CATHOLIC RELIEF SERVICES USCCB CRS ANGOLA