USAID/BRAZIL

Mid-Term Evaluation of IMPACT/FHI, IMPACT/MSH, Pathfinder do Brasil, and DKT do Brasil

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ACRONYMS

AIDS I	First World Bank loan to Brazil for HIV/AIDS prevention
AIDS II	Second World Bank loan to Brazil for HIV/AIDS prevention
APROGE	Auto-Avaliação dos Processos Gerenciais (Self Assessment of Program Management)
ASPLAV	Assessoria de Planejamento e Avaliação (Planning and Evaluation Unit, Brazilian Ministry of Health)
BCC	behavior change communication
BCI	behavior change intervention
CA	cooperating agency
CETAD	Centro de Estudos e Terapia do Abuso de Drogas (Center for the Study and Treatment of Drug Abuse)
CN DST/AIDS	Coordenação Nacional da Doenças Sexualmente Transmissíveis e AIDS (Brazilian Ministry of Health's STD/AIDS Coordinating Committee)
CSM	condom social marketing
DKT do Brasil	Brazilian affiliate of DKT International, an international social marketing firm
FACT	Ferramenta de Auto-avaliação de Capacidade Técnica" (Program Technical Self-Assessment Tool)
FHI/IMPACT	Family Health International/Implementing AIDS Prevention and Care
FSN	foreign service national; local employee of USAID in overseas Mission
FY	fiscal year
GRAPAAR	Rocinha Youth Project, Rio de Janeiro
IBRD	International Bank for Reconstruction and Development
IC	Intervenção Comportamental (Behavioural Change Intervention)
IEC	information, education and communication
IR	Intermediate Result; a term used by USAID for elements of SO (see below) that contribute to achievement of an SO
JICA	Japan International Cooperation Agency
MOH	Ministry of Health
MOST	Management Organization Sustainability Tool
MSH	Management Sciences for Health
MTCT	mother-to-child transmission of HIV; also known as vertical transmission
NACP	National AIDS Control Program (see also CN DST/AIDS)
NGO	nongovernmental organization
OSC	Organizações da Sociedade Civil (civil society organizations, or nongovernmental organizations)
PACS	Programa de Agente Comunitário de Saúde (Community Health Agents Program)
PEDEP	Planejamento Estratégico Decentralizado e Participativo (Decentralized and Participatory Strategic Planning)
POA	Plano Operacional Anual (Annual Operational Plan required by World Bank for operating units that seek funding from the World Bank's AIDS II loan to Brazil)
PSF	Programa Saúde da Família (Family Health Program)

RH	reproductive health
SO	Strategic Objective, a USAID term to describe the overarching goal in a specific technical area
STD	sexually transmitted disease
STI	sexually transmitted infection
TOT	training of trainers
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organization
USAID	United States Agency for International Development

EXECUTIVE SUMMARY

The team finds that overall, the current USAID/Brazil Strategic Objective 3 (SO3) for HIV/AIDS prevention remains relevant and useful. Under the mandate of Intermediate Result 1, Family Health International (FHI) and Management Sciences for Health (MSH), through the Implementing AIDS Prevention and Care (IMPACT) Project, have successfully strengthened managerial and technical skills among HIV/sexually transmitted disease (STD) programs at the state and municipal levels. Under the mandate of Intermediate Result 2, Pathfinder do Brasil has established excellent working partnerships with municipal and state officials in integrating and improving HIV/AIDS/STD services in 20 state and municipal health posts in Bahia and Ceará, two northeastern states of Brazil, to prevent the spread of HIV and other STDs. Under the mandate of Intermediate Result 3, DKT do Brasil has accomplished its goal of increasing access to high quality, affordably priced male condoms among target groups and has also been successful in introducing the female condom to Brazil.

This summary highlights the evaluation's principal findings and contains some recommendations regarding future activities.

Overall Findings for Intermediate Result 1:

- For a number of historic and situational reasons, USAID cooperating agencies (CAs) to date have not undertaken any strategic or concerted efforts to strengthen Brazil's HIV/AIDS programs at the national level. At present, the timing is ripe to redirect the exclusive focus thus far on state and municipal programs and to begin to work more closely with the Ministry of Health's National AIDS Coordinating Committee (*Coordenacao Nacional da Doencas Sexualmente Transmissiveis e AIDS* - CN DST/AIDS).

- As a result of decentralization efforts, funded in part first by the World Bank AIDS I and subsequent AIDS II loans, the roles of each of these three levels (national, state, municipal) of the national program are now being questioned and changed. Consequently, CN DST/AIDS recognizes a need for improved **managerial** and strategic thinking. The timing for implementing the Self-Assessment of Program Management Tool, APROGE (*Auto-Avaliacao dos Processos Gerenciais),* developed by IMPACT/MSH therefore has been ideal. The APROGE management tool has been accepted and used at the 10 sites, and is being requested at the national level as well.

- IMPACT/FHI has labored industriously to strengthen the **technical** skills at the same four state and six municipal HIV/AIDS programs targeted under MSH's program. All sites have used the Program Technical Self-Assessment Tool, FACT (*Ferrmamenta de Auto-avaliacao de Capacidade Tecnica).* The results of these assessments determined the content of seven technical courses offered thus far to staff at all 10 sites. These efforts, however, have received mixed reviews. Several sites questioned the need for FACT. The follow-on technical courses, which apparently have been well received, are performed outside the parameters of the national training system. Both of these FHI efforts are therefore unlikely to be sustainable over the long term. Also noteworthy was the inability of CN DST/AIDS to describe the concepts or purpose behind FACT. Without their support, these efforts are not sustainable, even if they were designed to be so.

- Representatives of the national program identified as yet unmet, yet vitally important technical national needs. Specifically, they mentioned the lack of a functional national HIV/ STD surveillance system and requested technical assistance in this extremely vital area.

Overall Findings for Intermediate Result 2:

- Pathfinder do Brasil's activities meet existing needs and successfully address both USAID/Brazil's Strategic Objective 3 and Intermediate Result 2.

- Pathfinder do Brasil's activities to integrate STD/HIV service delivery have been implemented well; all sources, both anecdotal and written, show both an increase in the demand for and an improvement in the quality of the STD/HIV services delivered by Pathfinder-trained health post staff.

- Pathfinder do Brasil has been unusually successful in its efforts to establish excellent relations with its Brazilian partners at both municipal and state levels.

- State and municipal authorities and health post staff trained by Pathfinder do Brasil understand and agree on goals and future priorities for Pathfinder do Brasil. There was surprising unanimity shown for not only continuing but expanding this program further.

- USAID/Brazil's support for training and improving the quality of service delivery at state and municipal levels by Pathfinder do Brasil dovetails extremely well with the current decentralization process underway by the Ministry of Health, which is devolving responsibility for providing health care, including STD/HIV/AIDS, to local authorities.

- The indicators currently used to report on its progress in many cases do not reflect either the magnitude or the success of Pathfinder do Brasil's activities.

- USAID/Brazil's direct funding of Pathfinder do Brasil during the past year has reduced operational difficulties inherent in funding Pathfinder do Brasil though USAID/Washington centrally funded programs.

Overall Findings for Intermediate Result 3:

- DKT carries out condom social marketing (CSM)–marketing and selling male condoms priced and distributed in ways that make them accessible and affordable to low income consumers. DKT also promotes and sells the female condom at cost, and has exceeded its sales targets for this product.

- DKT has contributed to the recent growth of the condom market in Brazil, and has worked to lower the cost of condoms to consumers by supporting activities that reduce taxes on condoms and condom sales.

- Between 1991 and 2000, condom sales in Brazil grew from 50 million units per year to more than 300 million. During this time, DKT's share of this market increased from 0.8% to more than 17%, while the average cost of a condom in Brazil has decreased by 40% in real terms.

- DKT works closely with local nongovernmental organizations (NGOs) and USAID CAs to prevent AIDS in Brazil. Its collaborative activities include providing condoms, supporting NGO activities that target hard-to-reach populations, advising public sector HIV/AIDS programs about CSM and working to increase awareness of the importance of condom use in preventing HIV transmission.

- DKT has achieved greater financial sustainability in less time than was anticipated. USAID support of DKT therefore has represented an extraordinarily successful leveraging of funds.

Overall Recommendations for Intermediate Result 1:

- Shift CAs to a role of "system strengtheners" that build replicable skills. CAs currently are viewed more as program implementers than providers of technical assistance.

- Refocus CAs to view CN DST/AIDS as their primary partner, and better coordinate their efforts with those of the national program.

- FHI should make FACT II and all further FACT applications optional and do not link them to APROGE.

- FHI should work with both CN DST/AIDS and the state training commissions to assure that technical knowledge and skill deficits are addressed by existing systems, rather than develop new courses.

- FHI should work closely with CN DST/AIDS to shift the overall emphasis away from FACT, offer technical courses that improve national HIV/STD surveillance, and provide technical assistance to strengthen STD diagnosis and treatment.

- MSH should continue local efforts with emphasis on leaving the operating units more self-sufficient and able to replicate efforts elsewhere.

- MSH should work more closely with CN DST/AIDS to address local operating unit needs and work on making CN DST/AIDS the real leader and provider of technical assistance.

- USAID should work closely with CN DST/AIDS to assist it with the transition prior to the phasing out of World Bank resources and to plan for sustainability thereafter.

- USAID should reevaluate funding MSH through IMPACT.

- USAID should hire an STD/HIV/AIDS coordinator to oversee and coordinate the Mission's expanding role in HIV/AIDS prevention in Brazil. In addition, USAID could facilitate its

relations with Brazilian government agencies by hiring a Brazilian Foreign Service National to work on HIV/AIDS-related issues.

Overall Recommendations for Intermediate Result 2:

- USAID should continue to support Pathfinder do Brasil's programs in Brazil and expand their scale by broadening their geographic focus.

- USAID/Brazil should provide financial resources and technical assistance to identify and put into place indicators that would capture better the impact of Pathfinder do Brasil's activities.

- Pathfinder do Brasil should work with USAID/Brazil and the other SO3 CAs to establish a closer working relationship with CN DST/AIDS in Brasilia.

- USAID should review CN DST/AIDS statement of interest in replicating Pathfinder do Brasil's activities nationally and in incorporating such activities under its system of provider training.

- Pathfinder do Brasil's training activities in Northeastern Brazil have contributed significantly to improving the quality of STI/HIV/AIDS service delivery in two states and should be expanded to additional municipalities and other states.

- The Mission should request technical assistance to improve its indicators for Pathfinder do Brasil and for its other HIV/AIDS indicators so that they demonstrate clearly the impact USAID programs have on HIV incidence in Brazil.

Overall Recommendations for Intermediate Result 3:

- USAID should continue to support DKT do Brasil's CSM programs in Brazil and fund DKT to expand its geographic scope to cover additional states.

- USAID should continue funding DKT do Brasil to work with NGOs in condom promotion and to provide additional technical assistance in CSM to NGOs and the public sector.

- DKT do Brasil should establish a closer working relationship with CN DST/AIDS in Brasilia, which has shown interest in learning more about CSM and how it works.

- Additional USAID resources are needed to assist DKT do Brasil's work with its partners to support further and permanent reductions in taxes on condoms in Brazil.

- The Mission should explore alternative mechanisms to fund DKT do Brasil that do not make it necessary to pay interest on borrowed funds while awaiting the annual USAID funds.

I. INTRODUCTION

1.1 Purpose of the Evaluation

The overall objective of this mid-term evaluation was to assess the mid-term progress achieved toward expected results for the Intermediate Results (IR) under Strategic Objective 3, "**Increased sustainable and effective programs to prevent sexual transmission of HIV among major target groups",** *viz*:

IR1: Strengthened institutional capacity to plan, implement and evaluate sexually transmitted disease (STD)/HIV programs
IR2: Strengthened institutional capacity to conduct in-service training to implement quality integrated reproductive health (RH) and STD/HIV services in Bahia and Ceará
IR3: Sustainable condom social marketing (CSM)

The evaluation assessed the overall accomplishment of the U.S. Agency for International Development (USAID) Strategic Objective 3 (SO3/HIV/AIDS) program in Brazil to date and the appropriateness of the project strategy in order to make recommendations for improvements, expansions to and/or new activities in the HIV/AIDS prevention arena for implementation during the next few years. The evaluation also examined the adequacy of the current indicators, the data collection and monitoring systems, the tools and methods used to provide technical assistance to achieve SO3 goals. Finally, the evaluation examined the technical assistance and training provided by USAID/Brazil's implementing partners to SO3 customers (i.e., State and Municipal Health Secretariat, Brazil Ministry of Health (MOH) AIDS National Coordination, nongovernmental organizations (NGOs) involved in AIDS prevention).

1.2 Methodology

The evaluation team was composed of three members: an HIV/AIDS program evaluation specialist/team leader, a program management and evaluation specialist, and a program monitoring and implementation specialist. Field work was carried out in two phases, with the DKT do Brasil and Pathfinder do Brasil assessments conducted over 3 weeks in September and October 2000, and the Family Health International (FHI) and Management Sciences for Health (MSH) assessments conducted over 3 weeks in October and November 2000. Steps included:

a) A review of the enhanced scope of work, project documents, project papers and reports, and studies and research papers related to the HIV/AIDS situation in Brazil was carried out prior to the beginning of the evaluation and throughout the evaluation process.

b) Group and individual meetings and interviews were conducted with the following: Synergy Project staff, USAID Latin America/Caribbean (LAC) Bureau and HIV-AIDS Division staff in Washington, DC; USAID/Brazil staff in Brasilia; senior officials from the MOH and National AIDS Committee in Brasilia; Joint United Nations Programme on HIV/AIDS (UNAIDS) and United Nations Educational, Scientific and Cultural Organization (UNESCO) officials in Brasilia; State Health Secretariat and Municipal Health Secretariat officials in São Paulo, Rio de Janeiro, Ceará and Bahia; and the implementing agency staff in all four states

and Brasilia.

These meetings and interviews focused on project performance to assess whether interventions were effectively applying strategies, whether the approach and strategies used were effective in integrating HIV/STD components into various levels of RH care and related health sectors, whether efforts were being made to create effective partnerships, and if capacity building was taking place.

c) Debriefings were conducted at the presentation of the draft reports to USAID/Brazil.

d) Debriefings were also conducted at Synergy, with regular coordination on follow-up redrafts submitted to USAID for review and comment and distribution to the implementing partners for review and comment. Final revisions incorporated all comments.

A list of contacted individuals and institutions is included in Appendix A of this report.

II. BACKGROUND

The evaluation of the first International Bank for Reconstruction and Development (IBRD) loan to the Government of Brazil for HIV/AIDS prevention (AIDS I) found that most STD/AIDS prevention programs in Brazil had developed good techniques, either through adapting other countries' experiences or creating new approaches according to Brazil's standards. However, the same evaluation also detected management weaknesses in state and municipal STD/AIDS programs and recommended that these programs need to improve their autonomy and institutional sustainability, in addition to learning how to make best use of available resources.

During the development phase of the second IBRD loan (AIDS II), in-depth discussions took place on ways to address the above issues, as well as on the monitoring and evaluation of these activities. As a result of active participation in those discussions, USAID/Brazil developed a 5-year AIDS prevention strategy (SO3) for **"Increased sustainable and effective programs to prevent sexual transmission of HIV among major target groups."**

The proposed strategy for AIDS programming is consistent with the overall USAID Goal 4, "World population stabilized and human health protected" and the USAID Strategic Support Objective for HIV/AIDS (SSO4), "Prevent HIV transmission and mitigate the impact of the HIV/AIDS pandemic." USAID/Brazil's strategy specifically relates to four of the six Intermediate Results under SSO4:

- Increased quality, availability, and demand for information and services to change sexual risk behaviors and cultural norms in order to reduce transmission of HIV;
- Enhanced quality, availability, and demand for sexually transmitted infection (STI) prevention and management services;
- Improved knowledge about, and capacity to address key policy, cultural, financial and other contextual constraints to preventing and mitigating the impacts of HIV/AIDS; and
- Strengthened and expanded private sector organizations' responses in delivering HIV/AIDS information and services.

Brazil's AIDS prevention programming is dominated by the national program, which was supported initially by a $160 million World Bank loan and $90 million counterpart funding from 1993 to 1997 and is currently supported by a second 4-year World Bank loan for a total of $300 million, with $165 million in World Bank funds and $135 million in federal and state funding.

USAID's comparative advantage in this situation is to provide access to technical assistance, which can be applied in the large national/state/municipal programs. The Government of Brazil's strategy for controlling HIV/STI lists three goals:

1. Reduce the incidence of HIV/AIDS among vulnerable populations and those at high risk of infection, with priority on women, low-income populations, adolescents, indigenous populations, and drug users.
2. Improve the quality of services offered to persons living with HIV/AIDS.
3. Strengthen public and private institutions dedicated to STI/HIV/AIDS prevention activities.

USAID/Brazil's strategy contributes to the first and third objectives of the Government of Brazil program.

Initially, four strategic objective-level indicators were selected:

- Number of target states with greater than a 5% increase in expenditures of HIV prevention;
- Number of effective interventions adopted by USAID-funded and non USAID-funded programs;
- Percentage financial sustainability of condom social marketing programs; and
- HIV incidence among military draft registrants.

These were subsequently revised in FY1999 and currently include four new indicators:

- Number of programs/organizations demonstrating low, medium and high levels of effectiveness in planning and implementation;
- Number of programs/organizations demonstrating low, medium and high levels of effectiveness in evaluation;
- Number of target programs achieving or maintaining low, medium and high levels of expenditure of allocated funds from the loan for HIV/AIDS; and,
- Percentage of financial sustainability achieved by DKT of Brazil CSM.

Currently the Mission supports four cooperating agencies (CAs): FHI, MSH, DKT do Brasil and Pathfinder do Brasil. Previously, from 1992 through 1997, support for HIV/AIDS prevention was channeled through a single umbrella project, AIDSCAP, which carried out a wide variety of activities in prevention; information, education and communication (IEC); social marketing; and policy change in the four states (São Paulo, Rio de Janeiro, Seara and Bahia) that the Mission designated as high priority for HIV/AIDS prevention program interventions.

The present country strategy calls for each CA to implement its HIV/AIDS activities independently, with responsibilities for reporting results assigned for each of the Intermediate Results (IRs), as follows:

IR 1: "Strengthened institutional capacity to plan, implement and evaluate STI/HIV programs" - FHI and MSH

The IR indicators selected were:

1. Number of programs demonstrating low, medium, and high levels of technical capacity in planning, implementing, monitoring and evaluation;
2. Number of organizations showing increased capacity to manage STI/HIV/AIDS programs;
3. Proportion of consultants providing technical assistance through the USAID strategy who are Brazilians.

IR 2: "Strengthened institutional capacity to conduct in-service training to implement quality integrated RH and STI/HIV services in Bahia and Ceará" - Pathfinder do Brasil

The indicators selected were:

1. Number of central-level institutions with capacity to conduct in-service training to implement quality integrated STI/HIV prevention and RH services;
2. Number of central-level institutions with capacity for monitoring quality, integrated STD/HIV prevention and RH services;
3. Number of program health units with capacity to provide quality, integrated STI/HIV prevention and RH services;
4. Percentage of the program health units implementing monitoring and evaluation tools for quality, integrated STI/HIV prevention and RH services.

IR 3: "Sustainable condom social marketing" - DKT do Brasil

The indicators selected were:

1. Percentage of sales of DKT do Brasil male condoms;
2. Percentage growth of DKT do Brasil female condom sales

Intermediate Results 1 and 2 under the new strategy have focused on providing technical assistance and training to different public sector entities, and some nongovernmental organizations (NGOs). This strategy was presented formally to, and accepted by, the MOH National AIDS Coordinating Committee, CN DST/AIDS (*Coordenacao Nacional da Doencas Sexualmente Transmissiveis e AIDS)* in mid-1998.

III. IMPACT PROGRAM (Family Health International/Management Sciences for Health)

3.1 Background

The Synergy Evaluation Team spent the better part of 3 weeks in Brazil and interviewed staff from eight of the ten state and municipal STD/AIDS programs that currently receive USAID-funded technical assistance through IMPACT. In addition, the team met with USAID/Brazil personnel who oversee the implementation of SO3, as well as with most of the principal actors from the two CAs that work with resources from USAID/Brazil through the IMPACT project. Finally, the team spent almost an entire day with Ministry of Health CN DST/AIDS officials to determine their knowledge of IMPACT and their interest in continuing to work with FHI and MSH. The team met with several key officials whose opinions matter greatly with regard to the implementation of USAID's Intermediate Result 1, and whose support is essential if such activities are to continue in the future.

Since the end of AIDSCAP in 1997, USAID/Brazil has funded IMPACT, whose prime contractor is FHI, with MSH as a subcontractor. Under the IMPACT Program, FHI and MSH together have the responsibility for achieving the Mission's **Intermediate Result 1: "Strengthened institutional capacity to plan, implement and evaluate STI/HIV programs."**

The current strategy was drafted in mid-1997 and approved in December 1997 by USAID's Bureau for Latin America and the Caribbean. As originally approved, the strategy directed IMPACT, under Intermediate Result 1, to provide technical assistance to the Brazil Mission – and to the Ministry of Health – in identifying and disseminating the most effective HIV/AIDS program interventions in Brazil. This IR also included funding for technical assistance to the Ministry to improve its capacity to monitor and evaluate programs and to improve information, education and communication (IEC) activities, both of which the World Bank identified in its evaluation of AIDS I as areas requiring significant improvement.

The new USAID/Brazil strategy was presented formally and accepted by the Ministry of Health's National AIDS Coordination Committee (CN DST/AIDS) in mid-1998. At the beginning of IMPACT, FHI executed a subagreement with its former AIDSCAP Country Office, by then an independent NGO, Associação Saúde da Familia (ASF), for the implementation and management of the IMPACT program in Brazil. This arrangement was discontinued in late 1998. However, FHI continues to collaborate with ASF on other non-USAID activities. Subsequently, FHI decided to establish representation in Brazil and at that point a Resident Advisor was recruited and an office opened. FHI do Brasil was legally registered and incorporated as a local NGO in Brazil in late 1999.

In late 1998 and early 1999, FHI recruited a country representative in Brazil, opened a new country office and changed the direction of its activities from disseminating lessons learned to strengthening technical capacity. This meant that FHI initiated its programmed activities almost a year later than originally planned. MSH, which had signed a subcontract with IMPACT/FHI in early 1998, began to implement its activities in June 1998.

MSH's expertise and extensive experience in improving managerial capacity make it a natural

partner for FHI in Brazil for strengthening management capability in priority states and selected municipalities. MSH's role under IMPACT is to provide tools and technical assistance to the selected target areas to improve management of the operating units in HIV/AIDS prevention. By improving the management of these programs and their staffs, MSH hopes to increase program effectiveness and sustainability, and therefore, improve overall program impact. This approach complements FHI's work, which emphasizes updating and expanding technical knowledge at the operational level to improve the technical capability of the same operating units.

USAID selected the states of Rio de Janeiro, São Paulo, Bahia and Ceará as priority areas for its HIV/AIDS prevention programs, and included four municipalities in these states' capitals. Two other municipalities in São Paulo state were added, one of which, Santos, is Brazil's principal port city–the site of one of AIDSCAP's most successful interventions. Thus, a total of 10 STD/AIDS programs in four states and six municipalities were selected under the IMPACT program.

When FHI/IMPACT opened its offices in Brasilia in 1999, USAID anticipated that IMPACT's role would be enhanced as the primary coordinator of USAID-funded activities in Brazil with CN DST/AIDS. The coordinating role was extremely important to USAID, and was one of the reasons IMPACT chose to base its operations in Brasilia. As the lead CA, it was also expected that IMPACT would maintain a close working relationship with the Mission. This became even more important as staff changes at CN DST/AIDS, FHI and USAID/Brazil made it essential to ensure continuity among the working partners.

As the lead CA and recipient of the greatest level of Mission HIV/AIDS funding, FHI is also charged with reviewing the workplans and semiannual reports of the other CAs in Brazil and preparing a consolidated workplan and semiannual report for submission to USAID/Brazil for review and approval.

MSH/IMPACT was subcontracted to improve the management of the 10 selected municipal and state STD/HIV/AIDS programs. In addition, MSH was asked to work on management issues with CN DST/AIDS. For this purpose, FHI issued a task order for MSH to carry out a series of activities. The initial task order was for one year, from June 1998 through May 1999, with a budget of US$ 200,000. It was subsequently extended until September 2000, and funding increased by US$ 250,000. Since October 2000, MSH has been working with a new task order, funded at US$ 450,000, which is scheduled to end in September 2001.

3.2 Management and Technical Assistance

Family Health International (FHI)

FHI has played a significant role in Brazil's HIV/AIDS prevention activities for over a decade and was seen as the agency to provide a leading, proactive technical role in the Mission's STD/HIV prevention efforts. Under AIDSCAP, FHI's role included disseminating best practices as well as technical assistance to CN DST/AIDS in monitoring, evaluation and strategic planning. Following the subsequent negotiations between USAID/Brazil, CN DST/AIDS and the other CAs, FHI shifted its emphasis from the dissemination of best practices to coordinating the program monitoring and evaluation and strategic planning efforts in partnership with MSH. In

addition, FHI seeks to strengthen the technical capacity in the nine sites in which it is currently working. A tenth state, Rio de Janeiro, will be added in the current fiscal year. FHI's Annual Workplan (FY 2001) also includes efforts to strengthen the sustainability of NGOs working in AIDS.

Ideally, other CAs would look to FHI as the source for leading edge technical expertise in HIV/AIDS activities. In the year and a half that the new FHI representative has been in place, a significant amount of work has been accomplished. He has adapted/developed the Program Technical Self-Assessment Tool, or FACT (*Ferrmamenta de Auto-avaliacao de Capacidade Technical),* applied it in nine locations and contracted for seven weeklong workshops. He has been highly productive, is extremely organized and is highly knowledgeable and able to present FHI's work.

FHI should be viewed as an important technical resource to the national HIV/AIDS program. Some USAID CAs see FHI as doing a fine job of sharing technical reports and other technical information as it becomes available. However, the nine sites have not benefited equally from FHI as a sharer of technical resources. CN DST/AIDS is not particularly clear on what FHI's role is or what its technical strengths are. CN DST/AIDS staff identified several areas in which they could use technical assistance, but were not clear as to what assistance they could obtain from FHI.

Many technical areas for which FHI is world-renowned, and from which Brazil could benefit, do not appear to be emphasized by FHI under IMPACT in Brazil. Among them are STD reporting systems and HIV surveillance and reporting systems, which were mentioned numerous times in the various interviews carried out by the evaluation team. These are significant areas of weakness in the AIDS program, and they are areas in which FHI has led the way technically in other countries.

Development and Use of FACT (FHI)

FHI has developed a program technical self-assessment tool known as FACT. This tool is based on a technical tool developed by FHI/Arlington and the self-assessment of program management methodology of the MSH-developed APROGE (*Auto-Avaliacao dos Processos Gerenciais)* instrument. FACT measures capacity in the following eight technical areas:

- Behavioral change and prevention of sexual transmission
- STD control and prevention
- Barrier methods and prevention of sexual transmission
- Intravenous drug use harm reduction
- Prevention of vertical transmission
- Voluntary testing and counseling
- Support referral
- Epidemiology and supervision

FACT has been implemented in nine sites, and the tenth was scheduled for implementation in December 2000. The second round of FACT assessments was scheduled to begin in February 2001.

As each site finishes its initial diagnostic effort (FACT I), it develops an action plan to strengthen the areas identified by FACT as in need of improvement. As FHI completed the first phase of FACT efforts, several common needs appeared at several sites. To address the areas identified, FHI developed a number of weeklong training courses. FHI staff subcontracted local technical experts to design and carry out eight workshops. Seven courses have been completed, and the timing and emphasis of the last course, on Epidemiological Surveillance, is still under discussion with CN DST/AIDS.

The seven workshops completed to date have addressed the following topics:

1. Design, Implementation and Evaluation of STD/AIDS programs
2. Harm Reduction and Intravenous Drug Use
3. Supervision and Monitoring of AIDS Prevention Activities
4. Counseling and Testing
5. Condom Social Marketing
6. Evaluation of IEC Programs
7. Evaluation of Behavior Change Initiatives.

For each course, participant selection criteria are left to the program managers at each of the sites. The trainers are consultants hired both to design and conduct the course, with a consultant hired exclusively for course follow-up. All sites are invited to send a limited number of participants to each course.

Training Courses

The choice of courses was based on the technical needs most often identified from the nine FACT assessment efforts carried out. FHI contracted consultants to develop and conduct the courses and is now hiring a consultant to oversee the implementation of the resulting workplans. The majority of participants interviewed enjoyed attending the courses, felt that the topics were relevant and that the facilitators were very good. Most interviewed stated that the 2 days set aside to focus on workplans was helpful and that they benefited from the group approach to working on workplans. Participants noted that if workplans were produced in every course, as well as from both FACT and APROGE, each site could produce a total of nine different action plans as a consequence of its work with IMPACT (one from each of the seven courses, one each from APROGE and FACT). This seemed overwhelming to some participants, but to others it was welcome. The latter group included, more often than not, staff from smaller, less mature programs in which the STD/AIDS coordinator could attend most of the activities and coordinate plans as they were developed.

Several participants stated that they were not able to attend any or most of the courses owing primarily to their length. Additionally, virtually all staff working in the public health sector have at least two, if not three, jobs, thus making attendance at a weeklong course difficult. The cost was also prohibitive for most participants. It appears that the courses may not have been designed with the needs of participants in mind. This may account in part for FHI's obligation to fund participant costs beyond what had been originally contemplated.

CN DST/AIDS has signed contracts with hundreds of training centers throughout Brazil to support STD/AIDS technical training needs At the state level, an STD/AIDS training commission has been established to identify training priorities for the year. These priorities are built into annual operational plans. In 1999, more than 3,500 people were trained in more than 150 workshops. It seems clear that the national program has mechanisms through which to provide large-scale training. While participants were appreciative of the specialized effort put forth by FHI in the design and implementation of the courses, the question of whether the courses represent effective use of scarce USAID funds remains open, particularly while the larger national effort is underway.

Development and Use of APROGE - Management Sciences for Health

To address the need for improved program planning, management and implementation, MSH adapted an existing management tool it had developed previously for reproductive health programs. This instrument, the Management and Organizational Sustainability Tool (MOST), was modified so that it focused specifically on HIV/AIDS programs and the unique set of challenges they represent for program managers and their staffs. Furthermore, it was revised for use in Brazil, taking into account the ongoing decentralization process that is devolving responsibility for day-today management of health care provision to municipal authorities, the idiosyncrasies of the Brazilian Unified Health System (SUS), and the Portuguese language. This new instrument is known as APROGE.

MSH developed APROGE, using MOST as a model, in conjunction with a working group that included staff from CN DST/AIDS, state STD/AIDS program staff from both São Paulo and Ceará, and municipal STD/AIDS staff from Rio de Janeiro. This group first met in May 1998 and over the course of nine months developed APROGE as an instrument acceptable to all. To validate APROGE, MSH carried out APROGE on a trial basis with the staffs of the municipal STD/AIDS program in Campinas (São Paulo) in March 1999 and shortly thereafter with the Ceará state STD/AIDS program in April 1999.

APROGE assists the program staff, through a highly active and participatory process, to identify and classify their existing management systems, clarify where the program's management stands versus where they would like it to stand, and formulate both indicators of progress and an Action Plan that will help them to achieve their goals. Among the themes addressed by APROGE were elaborating or clarifying an agreed mission statement, setting out specific objectives, formulating a strategy to achieve these objectives, and agreeing upon a program's managerial structure. The structure of various management systems and their effectiveness was also addressed.

These systems included:

- Strategic planning
- Program monitoring and evaluation
- Requesting sufficient financial resources
- Human Resource Management
- Supply procurement and management
- Financial administration

The initial diagnosis and development of an Action Plan using APROGE I was carried out using facilitators trained in the use of APROGE. As of October 2000, all 10 target HIV/AIDS

programs (six municipalities and four states) have conducted APROGE I and thus have developed Action Plans that lay out which management improvements they intend to accomplish during the next year.

Following up on APROGHE I, MSH provided technical assistance to the 10 programs using Brazilian consultants. The extent of technical assistance required for each location was determined during the APROGE I exercise, and was viewed as falling into one of three categories:

- Category I – Program requires no external technical assistance to implement Action Plan.
- Category II – Program requires technical assistance, but no financial resources to achieve Action Plan goals.
- Category III – Requires both technical assistance and financial resources to achieve Action Plan goals.

The consultants focused, for the most part, on the systems identified most frequently as needing improvement. Principal among them were Strategic Planning and Human Resource Development. Strategic Planning was addressed in coordination with CN DST/AIDS, which has been working to define and finalize an STD/AIDS strategic planning model applicable to all STD/AIDS programs in Brazil at the municipal, state, and national levels. Technical assistance in Human Resource Development was given to the STD/AIDS programs in Fortaleza and Salvador municipalities and to the state STD/AIDS programs in Ceará, and Bahia. This assistance included team building exercises as well exercises to better define specific roles and responsibilities for individuals whose programs contribute to formulating the most effective response to STD/AIDS. These programs include maternal and child health, and adolescent health.

One year after APROGE I, MSH facilitators returned to carry out APROGE II. This allowed program staff to assess progress in terms of management improvement after 1 year of Action Plan implementation and number of goals met. To date, eight of the ten sites have completed the APROGE II exercise. Findings included achieving approximately 50% of the goals laid out a year earlier, which was considered a success for the activity's first year.

NGO Sustainability Study

In Brazil, the NGO movement has played a significant role in the fight against HIV/AIDS and is viewed by the World Bank as a key contributor to the country's successes in curbing the epidemic. As such, the NGO sector is vital to the long-term sustainability and effectiveness of the national HIV/AIDS program. An estimated 500 NGOs are presently working in HIV/AIDS prevention and mitigation, many of which receive funding from the World Bank via CN DST/AIDS. As the World Bank's support through AIDS II winds down over the next 2 years, it will be increasingly important to focus on improving the managerial and financial sustainability of key NGOs that work in HIV/AIDS prevention and control. To address this need, CN DST/AIDS placed considerable importance on assessing the levels of NGO sustainability.

FHI worked with CN DST/AIDS to review proposals to carry out the assessment, and JSI do Brasil Insituto Promundo was subsequently contracted by FHI to perform the assessment. FHI's role in the study was not a technical one. They participated in carrying out the procurement, and hired another CA to carry out the study. From the evaluation team's perspective, the premises

and the methodology were faulty, and the results were not particularly helpful.

3.3 Key Findings and Recommendations

USAID-funded activities are strengthening management systems within the target sites. Sites with stronger management systems are able to write more effective Annual Operational Plans (POA - *Plano Operacional Annual*) for submission to CN DST/AIDS and thus access CN DST/AIDS/World Bank funding. However, it should not be assumed that an STD/AIDS program with better management and greater funding will reach target populations with HIV/AIDS prevention activities better than one that lacks these elements.

Since the profile of HIV/AIDS in Brazil continues to change, the Synergy Evaluation Team concludes that USAID needs to revisit its current strategy, with en eye toward defining new or emerging targets of opportunity, in the event that additional HIV/AIDS funding becomes available. An overview of the trends indicates that the epidemic is "municipalizing," or spreading to new interior areas. In the June 2000 *MOH Epidemiology Bulletin,* the Ministry reports that 59% of Brazil's 5,507 municipalities have reported at least one AIDS case. The Brazilian Northeast is the area experiencing the fastest growth of AIDS cases, and is recognized as the region whose health infrastructure is least prepared to address this trend. In addition, HIV/AIDS is found increasingly among both women and heterosexual men, with more than 70% of new cases being diagnosed among 20-39 year olds.

Prevention programs under the current USAID strategy take place outside of the formal, existing public health care system. Specifically, working with adolescents on correct and consistent condom use is a key area that may be best addressed either in schools or through peer counseling. Adolescent girls in particular run a high risk of contracting HIV, owing to their biologic vulnerability, lower societal status, and reduced power in relationships. The complexity of interwoven gender, biological, cultural and economic factors places adolescents at high risk for HIV infection. The team suggests that USAID look for opportunities to integrate activities between CN DST/AIDS and the Ministry of Education.

By working nationally with the MOH through CN DST/AIDS, the poorest and most rural populations, particularly those in the Northeast, will theoretically gain increased access to improved preventative health care services through USAID-supported management strengthening efforts. This effort highlights the need for better epidemiological surveillance and the training of primary health care providers in counselling and testing in STI/HIV/AIDS.

Strengthening Management Systems

MSH had been successful in its Family Planning Management and Development projects using a managerial assessment tool, APROGE. Participants unanimously applauded the 3-day workshops and agreed that the timing for carrying out an exercise such as APROGE was excellent, the time spent was appropriate, the facilitators skilled, and the action plans feasible. Participants also reported that APROGE results were useful in the development of POAs, required by the World Bank for operating units that seek funding from the World Bank AIDS II

loan. CN DST/AIDS also reported that POAs coming from sites that had adopted APROGE were superior.

Recommendation: MSH should intensify its efforts with CN DST/AIDS, as well as with its state and municipal counterparts, to adapt the APROGE instrument for use at all three program levels (national, state and municipal) to complement the UNAIDS strategic planning methodology, which has been adopted and is being implemented by CN DST/AIDS.

Recommendation: MSH's objective should be to transfer to CN DST/AIDS the ability to conduct APROGE and help create a team of trained APROGE facilitators at CN DST/AIDS. Technical assistance provided by MSH is considered to be of excellent quality and is timely to site needs and schedules.

Participants at all sites mentioned that technical assistance should continue and be made available with their institutions. Several participants mentioned that the legal and bureaucratic limitations imposed by the public sector make hiring a consultant virtually impossible. MSH fills an important niche for the sites, which they would like to see expanded. For example, it would be helpful for the sites to know they have a certain number of days of consultant services that they can use in specific areas, and that they have the right of refusal (even though, so far, all consultants have been excellent). Some sites recommended a technical resource databank in which they could pool resources to ease dependence on technical assistance from MSH.

Recommendation: MSH should continue local site efforts with an emphasis on making the sites self-sufficient and enhancing their ability to replicate these efforts elsewhere.

Recommendation: MSH should work more closely as a partner with CN DST/AIDS to address local site needs and to make CN DST/AIDS the lead provider of technical assistance.

Recommendation: Materials for using the APROGE tool should be developed and made available to all 27 States and 150 Municipalities that currently have agreements *(convenios)* with CN DST/AIDS to implement activities using resources from the World Bank AIDS II loan.

Recommendation: MSH should respond to technical assistance requests from the 177 sites and coordinate with CN DST/AIDS to avoid duplication of effort.

FACT has had a mixed experience in its first year. Staff at almost all of the sites visited felt that their experience with FACT was more complicated than it had been with APROGE. Some of the more frequently stated reasons included lack of clarity as to FACT's purpose and how it related to APROGE. Another factor often mentioned, especially by the more mature STD/AIDS programs, was that they already had identified their technical weaknesses, and did not need another tool to identify them. Some less developed programs, however, felt that FACT was useful in helping them identify their technical needs.

FHI's approach to carrying out technical workshops or courses encountered some difficulty. Apparent rigidity regarding scheduling dates by FHI made several sites unhappy because they were unable to send their "best people." They also felt that FACT was "mandated from above"

rather than resulting from dialogue and partnership. The word "rigidity" came up in almost all interviews when discussing FHI. Several sites used the word “cumbersome” (*pesado*) when describing their experience with FACT. Many sites objected to FHI's insistence that FACT be used where APROGE was carried out. When asked what this meant, some sites said that the instrument itself was tiring and overly lengthy while others said the self-reflection necessary to go through FACT was difficult.

Recommendation: If FHI seeks to obtain support for FACT in the future, it needs to work to ensure that CN DST/AIDS understands the purpose of and supports the use of this instrument, and to counter the view that FACT is peripheral and of little relevance to HIV/AIDS prevention.

Recommendation: FHI should make FACT II and all further FACT applications optional and not link them to APROGE applications.

Recommendation: FHI should work with both CN DST/AIDS and the state training commissions to assure that technical knowledge and skill deficits are addressed by existing systems, rather than developing more courses.

Creation of Effective Partnerships

USAID has undergone significant staff changes since the program was designed in 1997. There was a change in both direct hire positions, a loss of health expertise within the direct hire staff, and three FSN staff changes during a 2-year period. This lack of continuity among USAID/Brazil staff overseeing the HIV/AIDS portfolio has affected priorities, direction, levels of involvement and effectiveness in dealing with CN DST/AIDS. FHI would prefer to have more contact and technical direction from USAID, and USAID states they would like more and better contact with FHI. MSH and USAID seem to communicate better and work more effectively even though MSH is not based in Brasilia.

Recommendation: Each CA should view CN DST/AIDS as their primary partner, thereby improving coordination of efforts with those of the national program.

There have been few concerted efforts to institutionalize or strengthen partnerships between the CAs. The only significant effort has occurred via the semi-annual CA meeting attended by all CAs. However, the purpose of these meetings appears to be more to inform USAID of activities and plans than to strengthen coordination efforts. Other less formal efforts take place on a frequent basis, through phone calls, ad hoc meetings and e-mail communications. The partnership however, could be stronger and more effective.

The earlier ProQuali effort implemented through a consortium formed by MSH, JHPIEGO and Johns Hopkins university Center for Communication Programs (JHU/PCC), was considered successful for many reasons, one of which is that it helped create a lasting partnership. Together, each partner developed a set of tools to be used by the public sector to improve quality of services. Each CA contributed in its own areas: management, clinical expertise, and communications, respectively. The application of these tools has proved difficult since USAID funding ceased, however.

When asked why the ProQuali partnership worked, MSH gave the following reasons:

- Each CA left their organizational identities “at the door.”
- All felt they were equal partners.
- Frequent meetings were held for coordination purposes (every three months).
- A rotating leadership for meetings was instituted.
- All partners were concerned that each receive equal credit for successes.
- Each partner brought its own clear technical advantage to the table.

Virtually none of these factors are present in the existing FHI-MSH partnership under IMPACT. On the positive side, a healthy partnership was demonstrated when FHI negotiated for Pathfinder do Brasil to design and give one of the FHI courses in exchange for an MSH workshop for Pathfinder staff. Overall, however, the partnership as it now stands between FHI and MSH requires strengthening.

FHI has had mixed results in the lead CA role. FHI identified reporting requirements as a particularly problematic area. In part, this difficulty is a consequence of changing USAID reporting formats or requirements, thus requiring that FHI prepare multiple versions of the same report to satisfy the Mission. This process has been difficult both for FHI and the other CAs from which it receives reports to pass on to USAID.

MSH is seen as an important technical resource in the field of management. Both FHI and Pathfinder do Brasil see MSH as leaders in this area and call on them when necessary. CN DST/AIDS also sees MSH as a technical leader in the management field, and has requested that APROGE be adapted for its national strategic planning efforts. Several persons interviewed spontaneously mentioned how well the experts from MSH experts worked as partners.

While MSH feels very positive about the autonomy given to them by FHI in the managerial areas and recognizes the importance of the management and technical complementarities, the Synergy Evaluation Team feels that in its present configuration this relationship may contain irreconcilable differences.

MSH feels that it differs with FHI in its philosophical approach to working in development. This view manifests itself in a number of small but significant ways. FHI has paid for the airfare and per diem for many of the participants who have attended the FHI courses, since it became aware that participants would not have attended without this assistance. This was confirmed by many of the participants, who stated that the POA had not taken into account the need to cover travel and attendance at these courses. MSH feels strongly that all participants of courses, workshops or similar events should have their sponsoring institution cover participant costs. This view has lead to confusion among the partners as to what guidelines USAID uses in implementing such activities. Apparently MSH and FHI determine consultant daily rates differently as well, which leads to further confusion among potential and actual consultants.

Regarding FHI’s perception of its role as the lead CA, it is extremely satisfied with MSH’s technical work and feel the managerial-technical "marriage" is a sound one. However, MSH feels that it spends an inordinate amount of time ensuring that it receives equal representation in the IMPACT partnership.

The NGO sustainability study is an example of one activity that would have fallen within MSH's scope of work. MSH was interested in working on it, but was requested not to work or bid on the activity, which was subsequently awarded to JSI do Brasil Instituto Promundo. As FHI is well known for its leading edge technical expertise in STD/AIDS, MSH is acknowledged to have significant expertise in NGO sustainability, so this particular instance stands out as an example of confusion regarding appropriate roles for both the lead and subcontractor on IMPACT.

Recommendation: Reevaluate funding MSH through IMPACT.

Pathfinder do Brasil has a collegial relationship with FHI, and occasionally asks FHI for contact information at the Federal level. FHI has been responsive and helpful with this information. Overall, FHI is pleased with its lead CA role, but also feels the need for a stronger technical partnership with USAID.

Capacity Building

FHI appears not to have transferred its technical skills effectively to the Federal level, as CN DST/AIDS was unable to articulate what FACT was or what it entailed. In its 2001 Work Plan, however, FHI plans to address this. At the nine sites where the FACT tool has been applied there was little evidence of any intent to transfer the ability to implement FACT to the counterparts. The follow-up courses were designed with minimal counterpart input and implemented by outside technical experts. The objective of these courses was to improve the knowledge and skills of each participant. Presumably, knowledge levels increased, but skill levels were not measured. It is too early to determine whether these courses will have a measurable impact in the workplace. Overall, FHI may not see its role as one of strengthening capacity, but of improving knowledge.

MSH's efforts to work with CN DST/AIDS at the national level are more successful. CN DTS/AIDS has been more enthusiastic about APROGE tool, as well as the technical expertise provided by MSH. While skill transfer has not yet begun, capacity building has begun, as demonstrated by CN DST/AIDS request for APROGE to be adapted and integrated into the national strategic planning efforts for all 27 states and 150 municipalities programmed to receive funding from AIDS II.

Locally, several sites felt that they will be able to carry out APROGE III on their own, although they hoped that outside facilitation technical assistance might be available from MSH. Across the board, all sites visited have adopted APROGE as their own, and feel a sense of ownership. MSH successfully carried out the capacity building necessary for this ownership to take place. Technical assistance activities, which will address the weaknesses identified by APROGE, are divided by participants into three areas related to transfer of ownership of the strengthening process to the site: (1) those that the site can address on its own; (2) those that require outside technical assistance; and, (3) those that require both technical and financial assistance. The role of MSH then becomes responsive rather than directive. Overall, while more needs to be done in capacity building at CN DST/AIDS level, it is clear that the lines of communication are open, and MSH has been successful in capacity building.

Recommendation: FHI should provide technical assistance to all sites to ensure that the variety of workplans generated by FACT workshops and courses are folded into a single, practical and easy-to-implement plan. MSH should be included in this effort to ensure that the workplans developed through APROGE also are integrated

Recommendation: FHI should work closely with CN DST/AIDS to shift the overall emphasis away from FACT and offer technical courses to develop an improved system of national HIV/STD surveillance, and to provide technical assistance to strengthen STI diagnosis and treatment.

Indicators for Performance Measurement

The three indicators for IR 1 are:

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

1.2 Number of organizations showing increased capacity to manage STI/HIV/AIDS programs.

1.3 Proportion of consultants providing technical assistance through the USAID strategy who are Brazilian.

While the areas addressed by the indicators are important, progress reported using these indicators may not always reflect the kinds or degree of effort that the two CAs have made. Furthermore, there may be significant overlap between IR 1.1 and IR 1.2; if a program has the capacity to manage, it must have the capacity to implement, monitor and evaluate.

Recommendation: USAID/Brazil should seek the services of an organization with specific expertise in developing and testing indicators for HIV/AIDS prevention programs, to work in conjunction with CN DST/AIDS and state and municipal programs.

Recommendation: Add an indicator showing the number of POAs that have received support from the CAs or their partners, that CN DST/AIDS rates as successful.

Recommendation: USAID should hire an STD/HIV/AIDS Coordinator to oversee and coordinate the Mission's expanding role in HIV/AIDS prevention in Brazil, and should further enhance its relationship with Brazilian government agencies by hiring a Brazilian Foreign Service National

The World Bank

World Bank staff interviewed said that they viewed USAID's comparative advantage as being capacity building at CN DST/AIDS, State and Municipal levels. The World Bank provides little in the way of direct technical assistance in the areas of management strengthening or training in specific HIV/AIDS technical areas. The team concluded that the World Bank hoped USAID activities would strengthen local managerial abilities so that, at the operational level, implementing agencies would be better prepared to assume greater authority for their new responsibilities following decentralization.

The team agreed that this is an excellent role for USAID. The strong recommendation that all

USAID activities be carried out in close partnership with CN DST/AIDS is shared by the team. Because CN DST/AIDS does not appear to be to adequately preparing for the phasing out of World Bank loan funds, and because USAID has significant experience in assisting agencies to prepare for the cessation of funding, this is another area in which USAID technical assistance might be of value to Brazil.

IV. PATHFINDER DO BRASIL

4.1 Background

Pathfinder do Brasil carries out training and related activities to integrate STI/HIV service delivery in 20 municipal and state-run health posts in the two northeastern Brazilian states of Bahia and Ceará. Activities are implemented both by Pathfinder do Brasil staff and by four local consultants hired in Ceará. In the past, Pathfinder do Brasil also provided support to four local NGOs. However, owing to funding restrictions, this support ended in late 2000. Pathfinder do Brasil collaborates with other USAID CAs and works closely with public sector HIV/AIDS programs in the states and municipalities in the two northeastern states.

Pathfinder do Brasil focuses on achieving the Mission's **Intermediate Result 2:"Strengthened Institutional Capacity to Provide Integrated STI/HIV Services in Bahia and Ceará"**.

Pathfinder do Brasil, which is based in Salvador, the capital of the northeastern state of Bahia, worked extensively for a number of years with USAID/Brazil in family planning and was already well known in both states. It was determined that Pathfinder do Brasil should build on its existing relationships and reputation and continue to work in these two states, but with a new focus on integrating STI/HIV care into what had previously been purely family planning activities.

Pathfinder do Brasil's mandate is to work as closely as possible with the local state and municipal authorities to strengthen management and institutional capacity. Its role has changed a number of times, as have its indicators. This has made it difficult for Pathfinder to be consistent over time with regard to its activities or the indicators it needs to report on to USAID/Brazil.

During the period from August 1997 to August 1998, Pathfinder do Brasil was given $700,000 in funding by the Mission for specified technical assistance activities. During this same period, Pathfinder, in conjunction with the Mission and the other CAs, developed a proposal to integrate STI/HIV into family planning programs at several of the same locations where it had been working previously. This new series of activities began in July 1998, along with additional activities supporting four NGOs in Bahia and Ceará, each of which received grants between $20,000 and $40,000. In October 2000, Pathfinder do Brasil and the Mission agreed upon a new bilateral funding mechanism. This new agreement, however, did not allocate sufficient resources for it to continue to support the four NGOs. These transition phases have now ended and there is more clarity at both Pathfinder do Brasil and USAID/Brazil on its roles and scope of technical assistance.

Due largely to its longstanding collaboration with previous USAID-funded programs, Pathfinder do Brasil entered into its new role with a favorable reputation throughout northeastern Brazil.

However, this also meant that it had to clarify its new mandate with its partners, many of which viewed them as primarily a family planning organization. Pathfinder do Brasil has been highly successful in conveying that its role has changed, and in laying out what its new role entails.

4.2 Management and Technical Assistance

Pathfinder do Brasil's programs in Bahia and Ceará have made the successful transition from working primarily in, and being associated exclusively with, family planning, to its current management and technical assistance role of integrating family planning services with STI/HIV services. Health posts whose staff have received training through Pathfinder do Brasil see more clients for HIV/STIs, request, receive, and distribute more condoms, and disseminate more information about HIV/STIs than before.

Pathfinder do Brasil's programs are designed to increase the capacity of health care providers to provide information and treatment for STI/HIV/AIDS in conjunction with existing family planning services at 20 municipal and state health posts in Bahia and Ceará. The health posts and trainees were selected on the basis of interest expressed by local officials and the health post director, and the capacity of the health post to incorporate new and expanded services. Providers were trained in the basics of counseling for and diagnosing of STIs and HIV, according to their specialties (e.g. nurse, social worker, physician) and were trained in how to integrate these STI/HIV services with what, in most cases, had been a focus on providing family planning services. The training was both theoretical and practical, with the trainers following up on each trainee with periodic visits to the health posts. All participants interviewed saw these follow-up visits as key to the success of the overall effort. In particular, they said this follow-up and the assistance that Pathfinder do Brasil staff and consultants provided after the formal training period made the training better than any previous training they had received.

Pathfinder do Brasil's interventions fit well with the MOH's ongoing decentralization effort, in which it seeks to place the responsibility for providing health care services, including those for STI/HIV, in the hands of municipal authorities. Pathfinder do Brasil's current approach requires no modification, except for perhaps better clarifying and defining the respective roles for Pathfinder do Brasil and other USAID CAs in strategic planning by states and municipalities.

The quality of the training and the value placed on Pathfinder do Brasil activities by its local partners have contributed significantly toward improving the quality and increasing the volume of STI/HIV services in several communities. Annually in Bahia and Ceara, approximately $60,000 of funds received from CN DST/AIDS are dedicated to activities that complement or further the activities initiated under Pathfinder do Brasil.

The goodwill that has been created make this model program easily replicable elsewhere in these two states and, possibly in other states. This places Pathfinder do Brasil in a strong position to work with CN DST/AIDS to apply this program or something similar at the national level. At present, CN DST/AIDS claims that it supports approximately 3,500 training programs nationwide. The incorporation of Pathfinder do Brasil programs in some of the national training activities has the potential for making an even more significant impact vis-à-vis USAID-funded program efforts.

4.3 Key Findings and Recommendations

USAID has been working to limit the overall impact of the HIV/AIDS epidemic for more than a decade, and through activities carried out by Pathfinder do Brasil and its other CAs, has been successful. This success can be even greater if it continues to expand its work to additional municipalities in the four selected states and, eventually, to additional states.

Pathfinder at present conducts training for only the staff of 20 health posts in two states, Bahia and Ceará in northeastern Brazil. Bahia alone has 417 municipalities with at least one health post. To date, 80 of these 417 municipalities have reported at least one case of AIDS. This figure does not include those infected with HIV. In the state capital, Salvador, requests for HIV tests in 2000 rose 63% over the number requested in 1999. State health officials have begun to note a shift toward more AIDS cases in rural areas than was true earlier in the epidemic–a trend that has been observed in other Brazilian states. Ceará has a population of more than 7.5 million living in 184 municipalities, with 32 municipalities of more than 50,000 inhabitants. The training needs in these two states alone could occupy Pathfinder do Brasil for years.

Strengthening Management Systems

While it is hard to capture completely and effectively the impact that these efforts have had, Pathfinder do Brasil has achieved impressive results in improving the knowledge and motivation of health posts staff, meeting the increasing demand for STI/HIV services, and attracting favorable interest by all program participants. Pathfinder activities have contributed to improved knowledge of STI HIV/AIDS and improved access to condoms. The involvement of the health post director in trainee selection and the use of trainers for periodic follow-up with the trainees have contributed significantly to the smooth integration of STI/HIV services in the family planning/reproductive health (FP/RH) services delivery system. In addition to providing training, Pathfinder do Brasil has updated protocols and tools to facilitate the inclusion of HIV/AIDS in FP/RH service delivery.

Through support to local NGOs in Bahia (GAPA - *Groupo de Apoio e Prevencao a AIDS* and CETAD - *Centro de Estudis e Terapia do Abuso de Drogas)* and Ceará (ISDS - *Instituto de Saude e Desenvolvimento Social* and *Communicacao e Cultura)*, Pathfinder has also introduced HIV/AIDS awareness campaigns, ranging from supporting school newspapers reporting on RH/HIV/AIDS issues to training of radio disc jockeys to community-based activities reaching women and high-risk populations.

The strengthening of health posts together with the support of local officials has led to increased demand, including among men who seek services from within and outside the catchment area, and among women who attend what had been traditionally viewed as family planning centers. Staff who received training and the directors of the health posts where Pathfinder do Brasil worked also told of receiving an increasing number of calls from local community organizations and schools asking for additional information on HIV/STIs, and invitations to give talks in the community on HIV/STI prevention and control issues.

Recommendation: USAID should continue to support Pathfinder do Brasil's programs in Brazil, and expand their scale by broadening the geographic focus of these activities.

Recommendation: Pathfinder do Brasil's training activities in Northeastern Brazil have contributed significantly to improving the quality of STI/HIV/AIDS service delivery in two states and should be expanded to additional municipalities and other states.

Recommendation: USAID should review CN DST/AIDS statement of interest in replicating Pathfinder do Brasil's activities nationally and in incorporating such activities under its system of provider training.

Creation of Effective Partnerships

Pathfinder do Brasil has created highly effective working partnerships with the staff of the heath posts where it has trained providers and has extended its efforts beyond the health posts to the municipal and state authorities responsible for health care in those communities. Most staff cited an increase in the number of men and adolescents coming to inquire about HIV and other STIs. Both state and municipal authorities, when asked what their priorities were, stated simply "to expand the training to other health posts." In the few health posts where for financial reasons Pathfinder do Brasil had limited training to only certain members of the post's staff, provision of training to all staff was identified as a priority. Expanding Pathfinder training program, in conjunction with municipal, state and CN DST/AIDS authorities, has the potential to have a significant impact on addressing the overwhelming demand for more and better training for health care providers**.**

Pathfinder do Brasil's work with municipal and state health authorities and health care providers makes for a good case study in how to establish and operate partnerships. Pathfinder do Brasil has been asked to participate in strategic planning exercises to plan for future state HIV/AIDS programs in both Bahia and Ceará. Pathfinder do Brasil is viewed not as an outside agency, but as a local partner that is willing to provide assistance whenever and wherever it can. It would be difficult to find a better example of partnerships than the ones that Pathfinder do Brasil has established in the communities where it works.

Pathfinder do Brasil collaborates with other CAs as well when opportunities arise. When it was no longer able to continue funding for the CETAD program that uses a mobile van in Salvador to educate street children, injecting drug users and underserved communities about HIV and provides both health education as well as male and female condoms, DKT do Brasil, at Pathfinder do Brasil's request, agreed to renovate the vehicle, cover operating costs, and supply its own brands of male and female condoms for distribution. Funding for this activity is fully covered by DKT do Brasil. In another instance, when Pathfinder do Brasil expressed an interest in learning more about voluntary counseling and testing for HIV, IMPACT designed and conducted a course on this topic.

Recommendation: Pathfinder do Brasil should work with USAID/Brazil and the other SO3 CAs to establish a closer working relationship with CN DST/AIDS in Brasilia; CN DST/AIDS expressed an interest in replicating Pathfinder do Brasil's activities nationally and in incorporating such activities under its system of provider training.

Capacity Building

Clearly, the health posts whose staff have received Pathfinder training have benefited. It is evident from the materials reviewed and the information gathered from interviews that there is considerable improvement in both capacity and morale among trained health post staff. However, this improvement is difficult to measure quantitatively. The indicators for IR 2 have changed, along with Pathfinder do Brasil's role, and at present do not capture effectively the degree of capacity building that is taking place.

Staff turnover at the Mission since the country strategy was adopted in 1997 has made it difficult to fully stay abreast of Pathfinder do Brasil's activities. A lack of long-term continuity among Mission staff and changes in priorities, directions, levels of involvement in dealing with CN DST/AIDS as well as with the CAs has also had some effect. Relations remain good and the Mission feels that Pathfinder do Brasil does an excellent job of reporting on its activities.

Recommendation: Pathfinder do Brasil should work with USAID/Brazil and the other SO3 CAs to establish a closer working relationship with CN DST/AIDS in Brasilia

Indicators for Performance Measurement

Pathfinder do Brasil and USAID have struggled with the IR 2 indicators since AIDSCAP ended and the present Country Strategy began in mid-1998. The existing indicator for Pathfinder do Brasil is " Percentage of health units with capacity to provide quality integrated STI/HIV/AIDS prevention and family planning services." Measuring institutional capacity is difficult at best and hard to quantify. This makes it hard to capture the extent of Pathfinder do Brasil's efforts, and therefore its results. Furthermore, much of the effort that it devotes to following up on initial didactic training is not measured at all, being merely a recording of the number of supervisory visits. Pathfinder do Brasil is as frustrated as the Mission with this situation, and has asked for technical assistance to determine indicators that could better capture the full range and scope of its efforts.

USAID/Brazil will require technical assistance to develop a set of indicators that can measure changes in institutional capacity, and will thus be able to better assess Pathfinder do Brasil's progress. Indicators should link Pathfinder do Brasil's activities to awareness of how STI/HIV may be prevented and eventually to a decline in prevalence in communities where Pathfinder trained health care providers.

Developing indicators also relates to the efforts of CN DST/AIDS, which is aware that current epidemiological surveillance statistics do not reflect the most accurate and up-to-date picture of the HIV/AIDS epidemic in Brazil. At present, surveillance captures only those diagnosed with AIDS who seek out medical assistance in the public sector. The World Bank is also urging Brazil to establish better systems for the collection and reporting of more up-to date HIV/AIDS statistics.

Recommendation: The Mission should request technical assistance to improve its indicators for Pathfinder do Brasil and for its other HIV/AIDS indicators so that they demonstrate clearly the impact USAID programs have on HIV incidence in Brazil.

Recommendation: USAID/Brazil should provide financial resources and technical assistance to identify and put into place indicators that would capture more accurately the impact of Pathfinder do Brasil's activities.

V. DKT DO BRASIL

5.1 Background

DKT do Brasil focuses on **Intermediate Result 3 (IR 3):"Sustainable Condom Social Marketing"** under the Mission's current SO3. While DKT do Brasil carries out its own condom marketing and distribution programs, it also supports local NGOs and public sector HIV/AIDS programs, and collaborates with other USAID CAs in CSM activities.

Under SO 3, IR 1 and IR 2 focused on how USAID and its CAs might best support the MOH and CN DST/AIDS to maximize the impact of the AIDS II-funded activities. It is worth pointing out that while the first two intermediate results under the new strategy concentrated on providing technical assistance and training, IR 3 specified that DKT do Brasil continue to carry out CSM activities similar to ones it had implemented under AIDSCAP. This continuity has given DKT do Brasil relatively more autonomy than either IMPACT or Pathfinder. The new USAID/Brazil HIV/AIDS strategy was presented formally and accepted by CN DST/AIDS in mid-1998. Since then, both IR 1 and IR 2 and their indicators have been modified somewhat. IR 3, however, has remained unchanged.

While USAID/Brazil defined Rio de Janeiro, São Paulo, Ceará and Bahia as priority states for its HIV/AIDS programs, DKT do Brasil has established CSM programs in other states as well. This was a result both of DKT do Brasil's need to sell enough condoms to maintain its operations and because DKT do Brasil's principal competitors in Brazil's condom market are large-scale commercial firms with national coverage. DKT do Brasil needed therefore to demonstrate that its products were reliable, widely available, and better priced than competing brands; this in turn meant that its products needed to be known nationwide. Even as it expanded, however, DKT do Brasil continued to focus primarily on addressing the needs of marginalized or underserved target groups by providing reliable information about condoms and how to use them, as well as providing a well-regarded product at an affordable price for those of more limited means.

CSM has come to be viewed during the 1990s as a vital weapon in the battle against the spread of HIV/AIDS. In the 1996 book *Confronting AIDS*, published by the World Bank, Brazil was cited as an example of how CSM could have an impact on the AIDS epidemic. UNAIDS also highlights the growth in Brazil's condom market as well as the high overall awareness of condom use. In its June 2000 *Report on the Global HIV/AIDS Epidemic,* UNAIDS cites Brazil as having the lowest proportion of girls and boys aged 15-19 who do not know how to protect themselves from HIV among 17 African and 4 Latin American countries surveyed. In a 1999 survey of 3,500 Brazilians, 50% of young men reported using a condom the first time they had sex–a significant increase from the 5% use rate reported in a 1986 survey.

5.2 Management and Technical Assistance

DKT do Brasil, an affiliate of the USA-based DKT International, is an independent entity incorporated in Brazil. For legal reasons it had to incorporate as a commercial firm in Brazil,

which means that DKT do Brasil must pay the same corporate taxes as other commercial firms in Brazil. While this required different financial management procedures, it has not kept DKT do Brasil from responding to the needs of local NGOs for condoms, information about their use and the role of condoms in preventing disease. They also recommend people who can speak about CSM issues to NGOs and public sector HIV/AIDS program staff. DKT do Brasil also collaborates with the other USAID CAs, by supplying commodities and offering technical assistance on CSM issues.

DKT do Brasil differs from IMPACT and Pathfinder do Brasil as well in its indicators, which are more specific and relatively easy to measure. Through the monitoring of its sales, market share, the extent of its distribution network and people's attitudes towards condoms, particularly DKT do Brasil's own condom brands, it is well placed to demonstrate its progress towards achieving USAID/Brazil's goals. Sales figures are captured by the salespeople, who receive commissions based on the condoms they sell to retail outlets or points of sale. In addition, DKT do Brasil periodically commissions extremely detailed Nielsen surveys that show the market share achieved by different condom brands in different parts of Brazil. DKT do Brasil thus is able to assess not only how many condoms it sells, but also how it is doing versus the competition in different locations.

While it is relatively easy for DKT do Brasil to demonstrate its success to USAID, as a commercial firm it also faces stiff competition from other condom manufacturers and distributors, most of which are owned or operated by multinational firms with access to extensive resources. Since its targets for condom sales emphasize reaching those populations with limited means or little access to formal health care, DKT do Brasil must price its products as low as it can, while at the same time generating sufficient revenue to pay not only its own operating costs, but also incentives and commissions to its salespeople and distributors. This sometimes leads competitors to view DKT do Brasil as a threat to their profits.

DKT do Brasil needs to prepare progress reports both for Population Services International (PSI)/AIDSMark in Washington, which in turn reports to the USAID Global Bureau, as well as for USAID/Brazil, which uses this information to prepare its annual R4 submission to the Program and Policy Coordination Bureau in Washington. The result is the preparation of two parallel but not identical sets of reports. This also means if USAID/Brazil wants to negotiate programmatic changes or shift the focus of its activities, DKT do Brasil needs to discuss these changes with both the Mission and with PSI, which in turn must consult with the Global Bureau. While this situation is by no means unique to DKT do Brasil or USAID/Brazil, it complicates matters for an independent firm such as DKT do Brasil, which is not set up to prepare the number of different reports sometimes required by this situation.

5.3 Key Findings and Recommendations

DKT do Brasil began CSM activities in Brazil in 1991, shortly before AIDSCAP began in 1992. Since then, it has achieved or exceeded every goal set forth by USAID. DKT do Brasil is well on track in implementing its CSM programs. Currently, USAID support constitutes approximately 8% of its operating costs, with the remainder generated primarily from sales revenue. DKT do Brasil has surpassed its own sales targets and exceeded it goals for market share with an average of US$ 344,000 in annual funding from USAID over 4 years. If its current support for NGOs were terminated, DKT do Brasil would be financially self-sustaining.

Decreasing Sexual Transmission of HIV/AIDS in Target Groups

DKT do Brasil's programs provide affordable and high-quality condoms, and focus on reaching communities in need. While CSM is almost always included on the list of effective interventions to limit the impact of the HIV/AIDS epidemic, it is difficult to assess the impact of even DKT do Brasils's highly successful CSM program on the sexual transmission of HIV/AIDS in Brazil. What can be measured, however, are DKT do Brasil's condom sales in the four USAID priority states, along with partnerships that DKT do Brasil has established to help those who lack resources, confidence, or access to other sources of condoms.

Between 1999 and 2000, according to Nielsen, DKT do Brasil's share of the total condom market in Brazil increased from 13% to over 17%. In 2000, DKT do Brasil sold more than 50 million male condoms and 600,000 female condoms. Of these, 52% of the male condoms, or 26.25 million units, were sold in the four USAID priority states. The female condom, marketed under the brand name "Reality," achieved sales of more than 368,000 in the same four priority states, or 60% of DKT's total female condom sales in 2000. Thus, sales figures show that the majority of DKT do Brasil's CSM activities are reaching people in these selected target areas.

Through its own condom distribution network, DKT do Brasil distributes its "Prudence" condoms not only to pharmacies, but also to general stores, bars, convenience stores, and gas stations. Collaborating with NGO partners, DKT distributes condoms in both traditional and non-traditional outlets, or wherever people come together socially. DKT do Brasil also relies on its NGO partners to reach communities in which people have limited access to formal public health care or the means to purchase commercially priced condoms. Specifically, DKT do Brasil supplies informational material and condoms to NGOs in all four USAID priority states: BARONG in São Paulo; GRAPAAR in Rio de Janeiro; CETAD in Bahia; and, Aliança Luz in Ceará. This last NGO also receives support from the Japan International Cooperation Agency (JICA), and through this relationship with JICA, DKT do Brasil has begun to sell its condoms in "Pague Menos," one of the largest pharmacy chains in Northeastern Brazil. Significantly, Aliança Luz has through the efforts of its own staff, as well as through support received from DKT/USAID and JICA, become practically self-sustaining.

Free condoms are available at municipal and state-run health posts. From direct observation and conversations with heath care providers in a variety of locales, however, it is evident that the supply is insufficient to meet the demand in most cases. To obtain these free condoms, people must go to the health posts, where condoms may or may not be still available. Most health posts are given separate quotas of condoms for family planning or disease prevention, and providers are not supposed to substitute condoms from the family planning quota for use in disease prevention or vice versa. Most of these providers lack sufficient training in inventory control, thereby making it difficult for them to monitor trends in the demand for condoms, and assess their future commodity needs.

Recommendation: USAID should continue to support DKT do Brasil's CSM programs in Brazil to expand its geographic scope to cover additional states (i.e., Minas Gerais and Pernambuc) and along major transit routes and in border areas.

Recommendation: USAID should provide DKT do Brasil with additional resources to implement CSM–including both its standard *Prudence* condom as well as newer products–in new states while continuing ongoing efforts.

Creation of Effective Partnerships

DKT do Brasil has worked to create partnerships with a variety of other actors in HIV/AIDS prevention in Brazil. In addition to its work with NGOs, as described above, the USAID CAs also collaborate with each other. They attend semiannual CA meetings with CA and Mission staff, where they strengthen coordination and inform USAID and other CAs of ongoing activities, problems and remedies, future plans, and ways to avoid duplication of efforts. Other, less formal communication between the CAs and USAID takes place on a more frequent basis, including through phone calls, individual meetings and via e-mail. Overall, the partnership could be a stronger and healthier one, although once again, DKT do Brasil's role is different than those of the other CAs.

Cooperation between Pathfinder do Brasil and DKT do Brasil occurred when the former lacked funding to continue its support for CETAD, a local NGO in Salvador, Bahia, to reach street children, particularly intravenous drug users, with health messages and condoms. DKT do Brasil currently provides commodities and informational materials to CETAD's van, which was renovated with DKT do Brasil funds and travels daily to the *favelas* (slums) around Salvador. The benefits from this arrangement are mutual, since CETAD promotes and educates hard-to-reach populations with health messages and information about HIV/AIDS, and distributes DKT do Brasil's condoms.

On a larger scale, DKT do Brasil has sought out and established extremely good working relationships with several NGOs. Assistance has been provided in the form of financial support, commodities or technical advice to more than 70 NGOs throughout Brazil. In 2001, approximately $500,000 will be provided to these NGO partners, either in condoms or in direct financial support. Among the NGOs that DKT do Brasil currently supports are:

- BARONG, which operates a mobile van in different locations in São Paulo that sells condoms at a discounted price while also providing information about HIV/AIDS;
- Centro Corsini Consumer Hotline, which responds to calls for information about *Prudence*, condom use and HIV/AIDS; and
- Rocinha Youth Project (*GRAPAAR*), which works with young people in Rocinha, Rio de Janeiro's largest slum.

The last project produces and performs street theatre to teach youth about HIV/AIDS and reproductive health. *GRAPAAR* has enjoyed considerable success, and its troupe of teenage actors recently appeared on a television broadcast at the invitation of one of Brazil's leading television stations. The project is about to inaugurate a new youth center that has been rehabilitated with funds from DKT do Brasil.

While it focuses on assistance to NGOs in the four USAID target states, DKT do Brasil also works with others, such as Arco Iris, which operates a mobile van that promotes condom use and distributes condoms around Brasilia.

DKT has had relatively little interaction with IMPACT, although when opportunities to collaborate arise, the two projects do work together. At IMPACT's request, DKT made materials available and provided personnel to conduct a 3-day CSM training course for the staff of several municipal and state HIV/AIDS prevention programs.

Recommendation: USAID should continue funding DKT do Brasil to work with NGOs in condom promotion and to provide additional technical assistance in CSM to NGOs and the public sector.

Recommendation: DKT do Brasil should establish a closer working relationship with CN DST/AIDS in Brasilia, which has shown interest in learning more about CSM and how it works.

Capacity Building

DKT do Brasil has contributed significantly to improving CSM capacity in Brazil, although often in unexpected ways. The best example is from approximately 4 years ago, when BEMFAM, the Brazilian IPPF affiliate, began to sell its own condom brand, *Prosex*, using DKT do Brasil's CSM methodology and techniques. DKT do Brasil's reputation in Brazil for CSM is also illustrated by IMPACT's request for assistance when it wished to conduct a course about CSM for the prevention of HIV. Also significant is increasing interest by CN DST/AIDS in Brasilia, which coordinates Brazil's overall response to HIV/AIDS, in learning how CSM works and possibly in carrying out its own version of CSM, either in partnership with DKT do Brasil or using it to provide technical assistance in CSM. While DKT do Brasil's operations to date have taken place for the most part in the private sector, this increasing interest on the part of the public sector represents a tremendous potential for expanding CSM dramatically throughout Brazil. It thus appears that CSM has proven itself in Brazil, and that there is significant capacity building occurring with respect to CSM, although not always in the most coordinated fashion.

Capacity building is also taking place within DKT do Brasil, as it has since the Mission established its 1997 HIV/AIDS strategy. DKT do Brasil is intent on achieving complete sustainability by 2002. This goal will be achieved more rapidly once an alternative funding mechanism, to avoid interest charges on borrowed funds, is identified. The Mission is aware of the cost of the delayed obligation of funds. At this writing, DKT do Brasil has paid approximately $100,000 in interest on funds it has had to borrow to cover expenses while awaiting the annual USAID/Brazil obligations.

When the current country strategy began and DKT do Brasil initiated CSM activities with funding through AIDSMark in 1998, DKT do Brasil covered 78% of its operating costs with revenues generated by sales of *Prudence*, its basic condom. For 1998, the planned goal was to achieve 82% financial self-sustainability; DKT do Brasil covered 90% of its costs. The following year was a difficult one, as Brazil unexpectedly devalued its currency by 52%. DKT do Brasil raised the price of *Prudence* by only 20%, yet thanks to a variety of cost-cutting measures, it still achieved its goal of 86% financial self-sustainability. In 2000, its workplan called for DKT do Brasil to meet 90% of its own costs; the actual figure was 92%. These figures show that USAID support over the past 3 years has been effective in leveraging funds. DKT do Brasil reduced its dependence on USAID funding from 22% to 8%, while at the same time increasing its overall condom sales volume and expanding the scale of its CSM activities. DKT

do Brasil enhances USAID-funded projects by providing commodities to its AIDSMark activities. This represents a good return on USAID's investment and speaks directly to DKT do Brasil's ability to expand its CSM capacity while at the same time reducing its dependence on external funding.

It is unlikely that DKT do Brasil has reached anything near the absorptive capacity for CSM activities in Brazil. Its sales show no sign of slowing and it continues to introduce innovative products. With the growing interest on the part of the public sector in pursing CSM and the existence of a rival social marketing firm affiliated with BEMFAM, there is great potential for expansion and further growth of DKT do Brasil's CSM activities.

Recommendation: Additional USAID resources are needed to assist DKT do Brasil's work with its partners to support further and permanent reductions in taxes on condoms in Brazil.

Recommendation: The Mission should explore alternative mechanisms to fund DKT do Brasil that would preclude payment of interest on borrowed funds while awaiting annual USAID funds.

Indicators for Performance Measurement

The existing indicators are useful in measuring the performance of DKT do Brasil vis-à-vis the impact of the USAID strategy. They capture performance in terms of sales and market share, but given the low percentage of costs covered by USAID, it is difficult to assess what proportion of DKT do Brasil's achievements should be attributed to USAID or accurately fall within the Mission's manageable interest. Similarly, the indicators that USAID currently requests do not sufficiently measure the effectiveness of DKT do Brasil's CSM efforts in reducing the spread of HIV.

Recommendation: USAID/Brazil should contract with an organization with expertise in developing indicators for HIV/AIDS prevention programs, including CSM, and establish indicators that measure how success in implementing CSM programs affects the sexual transmission of HIV/AIDS.

VI. FUTURE DIRECTIONS

Implementation of SO3 is progressing very well and the key CAs responsible for activities under Intermediate Results 1, 2 and 3 have made significant contributions to the strengthening of institutional capacity for integration of STI/HIV services in traditional FP/RH service delivery programs, and expansion of sustainable condom social marketing activities. The approaches taken by IMPACT, Pathfinder do Brasil and DKT do Brasil have been well received and have generated enormous goodwill.

However, the country strategy introduced under AIDSCAP and continued to the present–i.e., concentrating resources in four priority states and six municipalities–needs to be revisited. The time is right to initiate discussions with CN DST/AIDS to expand activities within the four priority states and, second, to increase collaboration for greater impact on the epidemic while at the same time complementing donor efforts. In light of DKT do Brasil's projection that it will

become completely self-sufficient by 2002, FHI, MSH and Pathfinder should be encouraged to view CN DST/AIDS as their primary development partner and focus on strengthening systems and transferring technical and managerial skills within that partnership.

CN DST/AIDS recognizes that under AIDS II its primary role is to coordinate national resources and facilitate decentralization of planning, implementation and evaluation of STD/AIDS programs to the states and municipalities. CN DST/AIDS request that USAID assist with its national strategic planning process represents a significant opportunity for USAID/Brazil and the CAs to become more widely involved at the municipal, state and national levels. With the introduction of the Management and Leadership Development Project, managed by MSH, an additional resource will be available for improving leadership skills at the national level, which in turn could be harnessed to assist CN DST/AIDS in strengthening leadership in the decentralized STI/HIV/AIDS programs. Such a capacity building effort would help CN DST/AIDS prepare for its transition to the next phase of World Bank funding, which is expected to be more limited in scope than that of AIDS II.

USAID/Brazil should enhance its comparative advantage over the World Bank project, which provides little in the way of direct technical assistance in management strengthening or training in specific areas related to HIV/AIDS. While future contributions to the strengthening of management and institutional capacity under the new MSH project could be significant, the CAs should focus on strengthening of current, and development of new, technical capacities. In particular, FHI should take advantage of its institutional strengths and internal technical expertise to help put in place a functioning sentinel surveillance system to measure and assess the spread of HIV. In addition, FHI should collaborate with CN DST/AIDS to establish STI diagnosis and reporting systems throughout Brazil. Similarly, Pathfinder do Brasil, in expanding its training programs in municipalities, states and at the national level, has the potential to have a significant impact on addressing the overwhelming demand for more and better training for health care providers in the area of HIV/AIDS.

Coordination between the CAs remains an important facet of future programming. Semi-formal and informal mechanisms currently in place are not based on a common vision, as was hoped during the life of ProQuali. Defining clear roles for all actors is critical. The current overlap in technical areas such as strategic planing, organizational restructuring, and service quality improvement should be eliminated through better planning and clearer definition of technical responsibilities and roles based on the mandates and capabilities of each CA. Guidance should be provided by USAID/Brazil, both on consistency in the preparation of annual workplans and on presentation of program information and data quality in annual and semi-annual reports.

The April 2000 agreement among UNAIDS, the World Health Organization, USAID and the U.S. Department of Health and Human Services to introduce standardized indicators and instruments for the monitoring and evaluation of HIV/AIDS/STI programs at all levels paves the way for USAID/Brazil to take advantage of the initiatives under the USAID's Expanded Response to revise, adapt, and develop indicators to monitor, measure and report on progress. As noted earlier in this report, several of the IR indicators are not adequate for reporting on the full extent of the interventions carried out under the institutional capacity strengthening and condom social marketing programs of Pathfinder do Brasil and DKT do Brasil, or under the institutional

capacity strengthening capacity programs of FHI and MSH under IMPACT. In some instances, a similar situation exists in CN DST/AIDS system, in that surveillance statistics do not reflect the most accurate and up-to-date status of the HIV/AIDS epidemic in Brazil.

NGOs receive 10 percent of the AIDS II funds, and the nearly 500 NGOs working on HIV/AIDS activities with these funds are in need of considerable assistance if they are to become sustainable. While USAID will not be able to provide the needed level of assistance, a strategic approach to assisting selective NGOs by strengthening management and leadership skills, and possibly, resource planning and income diversification, should be considered.

APPENDICES

A. List of Contacts

CETAD, Salvador, Bahia, Brazil

- Dr. Tarcísio Matos de Andrade, Coordinator, Program on Reduction of Drug-Related Harm

DKT do Brasil, São Paulo, Brazil

- Carlos Ferreros, Country Manager
- Daniel Marun, Controller
- Márcio Rodovalho Clemente, Marketing Manager
- Simone Martins, Institutional Relations Manager
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- Paulo Roberto Proto de Souza, MD. , Director
- Valmir Costa, Project Manager

GRAPAAR, Rio de Janeiro, Brazil

- Murilo Peixoto de Mota, Director

JICA/Aliança Luz, Fortaleza, Ceará, Brazil

- Daisuke Onuki, Expert in Health Education and Social Assistance
- Márcia Costa Martins

Management Sciences for Health/IMPACT

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- Karen Johnson Lassner, Representante para o Brasil
- Lia Junqueira Kropsch

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- Cláudia de Paulo, SCDH
- Maria Alice Diparoni
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- Alexandre Grangeiro, Coodinador Adjunto
- Paulo Meireles, COOPEX
- Cristina Raposo, Assesor en ONGS
- Mário Angelo Silva, Unidade de Treinamento
- Mauro Teixeira de Figueiredo, Assessor – Cooperação Externa
- Dr. Paulo R. Teixeira, Director
- Maria Alice Tironi, Planejamento e Avaliação

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- Dr. Anastasio, Secretario da Saúde
- Francisca Marie Andrade

- Silvia Bastos de Paula, Consultora ao Estado de Ceará
- Virginia Maria Costa de Oliveira
- Dr. Luís Eduardo de Menezes Lima, Subsecretario da Saúde
- Dr. Francisco Holanda Júnior, Chefe, Celuala de Saúde Reproductiva
- Telma Martins, Coordendora, DST/AIDS

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- Artur Olhovetchi Kalichman, Diretor / Coordenador
- Leda Jamão, Vice-Coordenadora da Vigilância

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- Cássio Figueiredo, Coordenador, Programa Municipal de DST/AIDS de São Paulo
- José Cláudio Domínguez, Coordenador Programa Municipal de DST/AIDS de São Paulo

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- Alicina Andrade, Coordenadora Sit. Saúde Programa Estadual DST/AIDS
- Dra. Marlene T. Barros de Carvalho, Gerente/DIVEP
- Márcia Sampaio, Coordenadora, Programa Estadual DST/AIDS
- Míriam Sepúlveda, Diretora do Centro de DST/CTA

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- John Coury, G/PHN/OPFS
- Carol Dabbs, LAC/RSD/PHN
- Maggie Farrell, LAC/RSD/PHN
- John Novak, G/PHN/HIV-AIDS

World Bank, Brasilia

- John W. Garrison II

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C. Scope of Work

BACKGROUND:

The evaluation of the first IBRD loan to the Government of Brazil for HIV/AIDS prevention (AIDS I) found that most STD/AIDS prevention programs in Brazil have developed good prevention techniques, either through adapting other countries' experiences or creating new approaches according to Brazil's peculiarities. However, the same evaluation also detected management weaknesses in state and municipal STD/AIDS programs and recommended that these programs need to improve their autonomy and institutional sustainability, in addition to learning how to make best use of the resources available.

During the development phase of the second IBRD loan (AIDS II), in-depth discussions took place on ways to address the above issues, as well as on the monitoring and evaluation of these activities. As a result of active participation in those discussions, USAID/Brazil developed a five-year AIDS prevention strategy (Strategic Objective #3) for "Increased sustainable and effective programs to prevent sexual transmission of HIV among major target groups".

The four original SO level indicators (1) Number of 4 target states with greater that 5% increase in expenditures of HIV prevention; (2) Number of effective interventions adopted by USAID-funded and non-USAID funded programs;,(3) Percent financial sustainability of condom social marketing programs (DKT and BEMFAM); and (4) HIV incidence among military draft registrants) were revised in FY 1999 and currently include four new indicators: (1) Number of programs/organizations demonstrating low, medium and high levels of effectiveness in planning and implementation; (2) Number of programs/organizations demonstrating low, medium and high levels of effectiveness in evaluation; (3) Number of target programs achieving or maintaining low medium and high levels of expenditure of allocated funds from the loan for HIV/AIDS; and, (4) percent of financial sustainability achieved by DKT of Brazil (dropping BEMFAM) condom social marketing).

Currently USAID/Brazil is financing three implementing partners: FHI (located in Brasilia) with subcontractor MSH (located in Rio), PSI/DKT (located in Sao Paulo) and Pathfinder (located in Salvador, Bahia). At the SO level FHI/MSH report on results for indicators #1 and #2. The Ministry of Health in Brasilia reports of indicator #3 and DKT reports on indicator #4.
At the intermediate Results (IR) level FHI/MSH is responsible for implementing and reporting results on activities under IR#1"Strengthen institutional capacity to plan, implement and evaluate STI/HIV programs" - the nine programs include the three state secretariats of Health in Sao Paulo, Bahi and Ceara, and the six municipality health secretariats of Rio, Sao Paulo, Campines, Santos, Salvador and Fortaleza). Pathfinder is responsible of implementing and reporting results on IR#2 (Strengthen institutional capacity to conduct in-service training to implement quality integrated Reproductive Health (RH) and STI/HIV/AIDS services (in Bahia and Ceara only). DKT implements

and reports results on IR#3 (Sustainable condom social marketing).

PURPOSE OF THE EVALUATION:

The purpose of this mid-term evaluation is to assess the overall accomplishment of USAID's Strategic Objective #3 (HIV/AIDS) program in Brazil to date and the appropriateness of the project strategy as well as to make recommendations for improvements, expansions to and/or new activities in the HIV/AIDS prevention arena for implementation during the next few years. The evaluation will examine the adequacy of the current indicators, the data collection and monitoring systems, the tools and methods used to provide technical assistance to achieve SO#3 goals. Finally, the evaluation will examine the technical assistance and training provided by USAID/Brazil's implementing partners to SO#3 customers (State and Municipal Health Secretariat, GOB Ministry of Health AIDS national Coordination, Non-Governmental Organizations involved in AIDS prevention).

STATEMENT OF WORK:

The grantee shall conduct an evaluation and submit a report, which provides clear and concise findings, conclusions and recommendations. The evaluation reports shall also provide a statement of lessons learned and future directions that may emerge from the exercise.

The key aspects of the project to be addressed are listed below:

1. Approach:

USAID interventions focus on promoting behavior change to reduce high-risk sexual behaviors. In addition, the SO#3 aims at promoting the use of condoms, and improving the management capacity, and improving the quality of STD/HIV/AIDS services provided by NGOs and State and Municipal Secretariats.

Questions that should be addressed are:

- Are the interventions effectively achieving the SO#3 goals?
- Does the approach need to be revised or reinforced?
- How effective has the SO#3 strategy been at integrating its IR activities into Brazil's health care systems at various levels?
- Is there any duplication of effort between the initiatives of State and Municipal Secretariats and the activities under SO#3?
- Is there room for expansion without duplicating other programs or has the area been saturated?

Primary Responsibility -- Team Leader

2. Capacity Building/Partnership Development/Sustainability:

USAID/Brazil's SO#3 AIDS prevention program works with several organizations to accomplish the objectives of the program. Inherent in the strategy is strengthening the capacity of various organizations, to effect behavioral change among high-risk groups in the four target states. (Note: USAID/Brazil's US NGO implementing partners and their customers are considered as USAID's partners for the achievement of SO#3 goals.)

The Team should consider:

- What have been the efforts so far to create effective partnerships and what needs to be done to further these efforts?
- Is capacity building taking place? What further efforts need to be taken?
- Are the results of SO#3 activities sustainable? If not, what further efforts are needed?

Primary Responsibility – Program Monitoring & Evaluation Expert

3. Implementation:

To contribute to achieving the Strategic Objective three intermediate results were selected; (IR# 1- Strengthen institutional capacity to plan, implement and evaluate STI/HIV programs, IR#2 - Strengthen institutional capacity to conduct in-service training to implement quality integrated Reproductive Health (RH) and STI/HIV/AIDS services (in Bahia and Ceara, and IR#3 - Sustainable condom social marketing).

Issues to consider include:

- Is implementation on track and achieving satisfactory progress towards stated objectives?
- How effective have USAID/Brazil's implementing partners been in implementing SO activities (FHI/MSH, PSI/DKT, Pathfinder and to a lesser degree Population Council) and how effective have customers(state and municipal secretariats of health, the CN and AIDS NGOs) been in adopting the TA and training they have received to their HIV/AIDS programs?
- Are the indicators, data collection and monitoring systems adequate for measuring impact of current and future activities?
- Are the results of the SO#3 AIDS prevention program being produced at an acceptable cost?
- Is the financial and person-months input level adequate or too high/low for the intended outputs?
- Has the absorptive capacity of implementers been reached?
- What has been the impact to date of Technical Assistance provided by USAID/Brazil's implementing partners?

Primary Responsibility – PM&E Expert

4. Social Marketing & Communications

Sustainable social marketing was to contribute to the effectiveness of Brazilian efforts in preventing sexual transmission of HIV by making affordable condoms more accessible to lower middle class consumers. Free condoms for the lowest income groups were to be provided to public health facilities by the Ministry of Health.

Issue to consider include:

- Do the percentage changes of DKT do Brazil male and female condoms reflect that need is being met?
- What degree of financial sustainability has been achieved by the DKT do Brazil social marketing program?
- What are the identified effective interventions which have been disseminated?
- Are the interventions sufficient to meet SO#3 goals of preventing sexual transmission of HIV among the target groups?

Primary Responsibility -- Social Marketing/Communications Expert

5. Attribution:

While USAID/Brazil works directly with US NGO implementing partners, USAID/Brazil also works directly or indirectly with the Ministry of Health and other international donors through the UNAIDS Thematic Group to achieve the results under the Strategic Objective. During the implementation period of the World Bank-funded AIDS II Project, USAID/Brazil SO#3 will provide technical assistance to the Ministry of Health to ensure that the best practices developed under the existing government and donor programs are disseminated, thus spreading knowledge of effective use of resources already invested in pilot programs.

Issues to consider include:

- Is the host country (which includes central/state/municipal governments, private sector) and/or other donors providing support to any of USAID/Brazil's SO#3 activities?
- What is the nature of their intervention and what is the amount of the resources involved?
- Does the USAID/Brazil SO#3 project significantly influence the direction of the host country and/or other donor resources; i.e. did the USAID activities help to leverage new or additional funds? If yes, how did SO#3 activities accomplish this?
- Are interventions under SO#3 leading to replication of similar activities by the host country and/or other donors, i.e. did it have a demonstration effect?
- Based on these do the indicators accurately reflect the manageable interest of

USAID/Brazil's SO#3?

Primary Responsibility – Team Leader / PM&E Expert

6. Future Direction:

Based on the progress to date the Team is requested make recommendations regarding the initiation of new activities which would complement or strengthen SO#3.

Primary Responsibility – Team Leader and Team Members

METHODOLOGY

In order to examine the above issues, the following methodology should be considered:

- Review of documents such as USAID/Brazil's 1998-2002 Strategy Document, Result Review and Resources Request (R4) and semi-annual reports from implementing partners
- Meetings and discussions with appropriate officers at USAID and three implementing partners and their subcontractors, GOB's ministry of Health National AIDS Control Program (CN) other donors including UNAIDS and PAHO
- Review USAID/Brazil's of monitoring and evaluation reports
- Site visits to SO#3 funded activities in the field and other agencies
- Interaction with target groups
- Other information such as case studies, observational and anecdotal data may also be used as appropriate.

REPORTING REQUIREMENTS:

The grantee's consultant(s) undertaking the evaluation/assessment phase (Evaluation Team) of this Scope of Work (SOW) will conduct an initial briefing with appropriate USAID/Brazil officials to present a schedule of activities to carry-out the evaluation including a timeline for USAID/Brazil approval.

The grantee's evaluation team will submit a draft evaluation report (1 hard copy and a computer version - either in the form of floppy disk or as an email attachment) to USAID/Brazil for its review no later than two days prior to the final briefing in Brasilia USAID/Brasilia will have 2 weeks to provide comments to the draft after which the grantee will have 2 weeks to incorporate these comments and 1 week to edit, proof and print the final evaluation report (to be submitted to USAID/Brazil electronically).

The appendices will include at a minimum the following:

- bibliography of documents consulted
- list of institutions and individuals consulted
- list identifying other documents relevant to this evaluation.

PERFORMANCE PERIOD

The evaluation team will accomplish the field work in Brazil in two phases. In the first phase of approximately three weeks duration, Social Marketing Specialist will cover the DKT and Pathfinder programs. Depending on the availability of qualified and acceptable consultants, the Team Leader and Program Monitoring & Evaluation Specialist will return to Brazil for two to three weeks to cover the FHI and MSH programs)

The expected period of performance for the first phase will be September 25 through on or about October 12, 2000.

The schedule will be as follows:

Week 1: (Brasilia only)

- Initial briefing in Brasilia with USAID/B staff
- Meet in Brasilia with MOH AIDS Coordinacao National (CN) staff
- Meet in Brasilia with donors - World Bank, WHO/PAHO, UNAIDS, UNESCO
- Meet in Brasilia with USAID/Brazil's implementing partner for IR#1 (FHI)/MSH)

End of Week 1 plus Weeks 2 and 3:

- Field visits in the state of Sao Paulo to USAID/Brazil's implementing partner for IR#3 (DKT) and some of its local NGO subgrantees
- Field visits in the states of Ceara and Bahia to meet with USAID/Brazil's implementing partner for IR#2 (Pathfinder) as well as meet Pathfinders FHI/MHS and DKT's public sector (state and municipal secretariats of health) and private sector (local AIDS NGOs), and customers of USAID/Brazil's At Risk Youth programs which involve the dissemination of AIDS prevention information.
- Field visits to Rio de Janeiro to meet with the State secretariat of Health, visit DKT subgrantee customers, as well as potential implementing partner, BEMFAM. Also, meet with PAHO AIDS official., and the head of the National AIDS Committee in Brasilia.