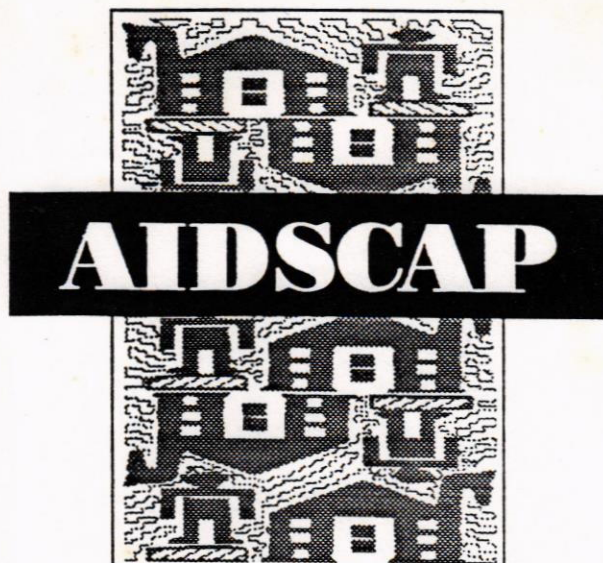


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Brazil Implementation Plan

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As approved by USAID/Brazil

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Following is the final working version of the Brazil Implementation plan, drafted by the site visit team in August 1992. The first draft was completed in December 1992. This document represents the second revision which was finalized in January 1993.

AIDSCAP/Brazil Implementation Plan

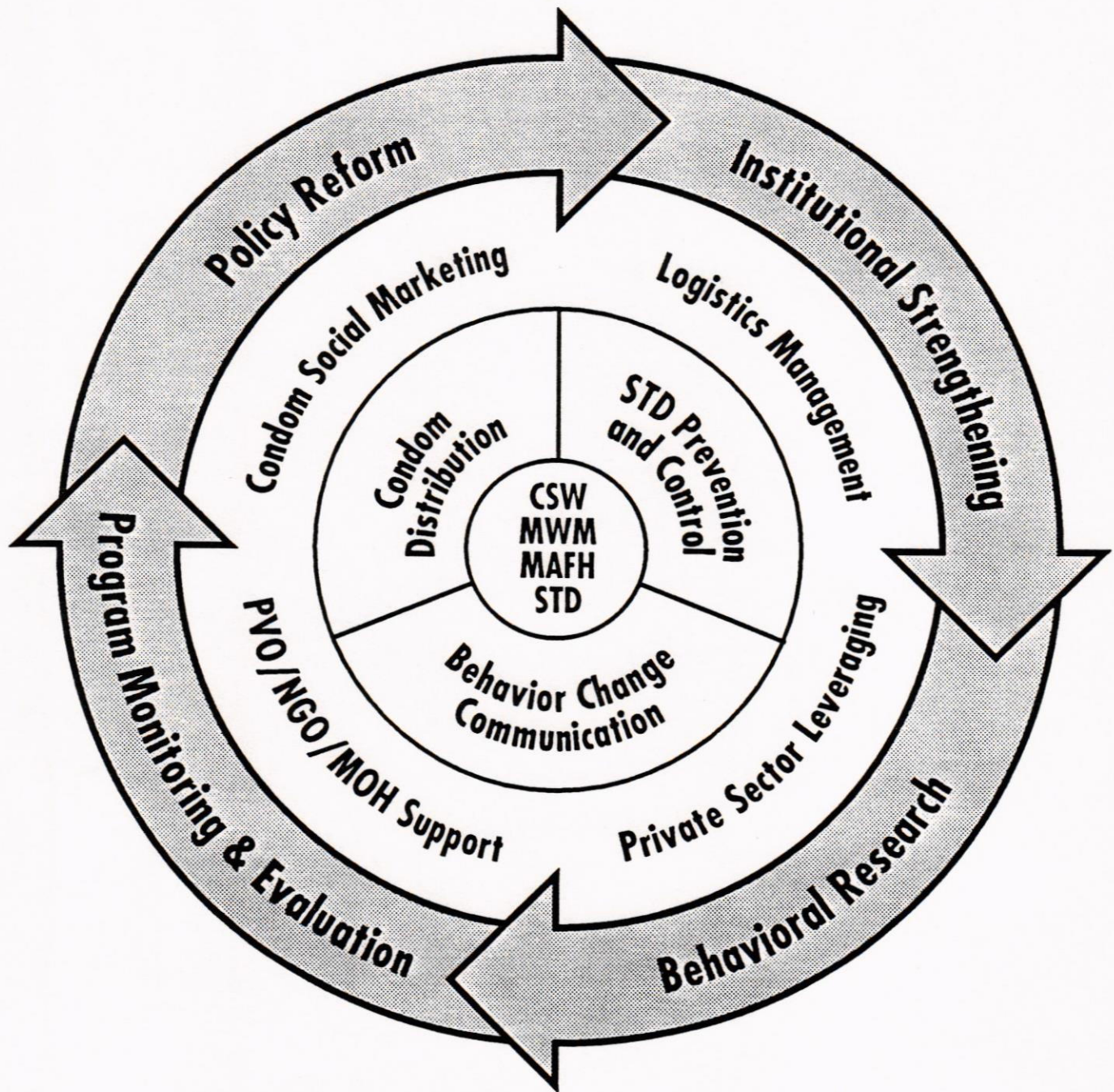


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ACRONYMS

A.I.D.	Agency for International Development
AIDS	Acquired Immune Deficiency Syndrome
AIDSCAP	AIDS Control and Prevention Project
AIDSCOM	AIDS Public Health Communications Project
AIDSTECH	AIDS Technical Support Project
ATS	Alternative Test Sites
BCC	Behavior Change Communication
CBD	Community-Based Distribution
CSM	Condom Social Marketing
CSW	Commercial Sex Worker
ECDS	Essential Commodities Distribution System
ECMIS	Essential Commodities Management Information System
ED•	Essential Distribution Outlets
HIV	Human Immunodeficiency Virus
IV	Intravenous
LA/C	Latin America & the Caribbean
MOH	Ministry of Health
MAFH	Men Away From Home
MCH	Maternal and Child Health
MWM	Men who have sex With Men
NG•	Non-Governmental Organization
PHC	Primary Health Care
PV•	Private Voluntary Organization
STD	Sexually Transmitted Disease
TA	Technical Assistance
USAID	U.S. Agency for International Development

I. INTRODUCTION:

The AIDS Control and Prevention Project (AIDSCAP) Brazil Implementation Plan is based on the AIDSCAP Brazil Strategic Plan and builds on prior experiences and lessons learned from AIDSTECH and AIDSCOM in Brazil. AIDSCAP is funded by USAID's LA/C Bureau and R&D/H/HIV-AIDS Division and provides a multi-disciplinary, multifaceted approach to HIV/AIDS prevention by focusing limited resources on behavior change communication to reduce high risk sexual behavior, promotion of condoms, and the control of other sexually transmitted diseases (STDs). The Implementation Plan reflects the USAID/Brazil Action Plan objective to reduce the incidence of sexually transmitted HIV infection in target geographic areas, particularly in the States of São Paulo and Rio de Janeiro.

This plan targets four selected population segments at high-risk for HIV/AIDS infection: (1) Commercial Sex Workers, (2) Men Who Have Sex With Men, (3) Men Away From Home, and (4) Men and Women with STDs. Since interventions for these populations depend on the availability of essential commodities to prevent the spread of HIV/AIDS infection, this plan also outlines supporting activities in condom social marketing and logistics management which are indispensable for the effective implementation of the overall program. In addition, interventions will be further supported and complemented through the identification of opportunities for institutional development, policy dialogue, PVO/NGO and MOH support, and behavioral research.

In view of Brazil's current lack of an adequate supply of essential commodities, particularly low cost commercially available condoms, and a perceived potential for future technical assistance in condom social marketing and logistics management from other donor agencies, scale down of support and assistance for these program components is anticipated once AIDSCAP's targeted populations are addressed. This will accelerate and strengthen other program components while assuring a supply of essential commodities to the project's targeted populations.

AIDSCAP/Brazil will maintain contact with international donors to identify areas of potential collaboration and/or resource sharing. For example, HIV/STD surveillance activities and the availability of appropriate STD drugs are major areas which will influence the success of components of the AIDSCAP program and for which the Brazil program must look to other potential donors. Since the World Bank has been involved with other international groups in developing a strategy for insuring the availability of affordable, appropriate STD drugs, AIDSCAP/Brazil will continue to participate in and contribute to dialogue about this need. Also, the French Agency for Cooperation has expressed an interest in conducting HIV/STD surveillance activities. Since the results of surveillance studies will be an important component of tracking project success in target areas of the AIDSCAP program, AIDSCAP/Brazil will continue to work with the French Agency for Cooperation to define needs and strategies in this area. In addition, AIDSCAP/Brazil will work closely with in-country collaborators (NGOs, private sector, and government institutions) to mobilize counterpart resources for each activity developed. A.I.D. requires that a minimum of 25

percent of total project costs be provided as counterpart. Based on past experience, USAID/Brazil believes that the level of counterpart can and should be significantly higher in many Brazil sub-projects.

For the most part, AIDSCAP activities reflect the scaling up of prior pilot projects in Brazil. Following the completion of the project and the evaluation of the models developed, lessons learned will be shared to allow for replication of successful experiences in other areas of the country. Specific mechanisms for achieving replication may include maintaining on-going dialogue with other groups working on HIV/AIDS interventions in Brazil, AIDSCAP staff participation in AIDS related meetings and events, and dissemination of sample materials and instruments, evaluation results, and publications to other organizations.

The interventions outlined in this plan and the accompanying budget are carefully balanced and represent a minimum set of coordinated activities required to achieve the objectives of the program. It is envisioned that initially, major activities will be supported to carry out each component in either São Paulo, Rio de Janeiro, or both. These activities will be supported for 1-2 years (Phase I) and then expanded or replicated based on evaluation results (Phase II). If additional resources are available in the second or third year of the program, it is recommended that a multi-component program be designed in one geographically circumscribed area to examine potential for additional impact of the AIDSCAP model when all components are implemented simultaneously. A potential site for such a program is the city of Campinas, which is referred to in several of the program area descriptions.

Once the Brazil Implementation Plan is approved, subagreements will be developed for specific components with each selected implementing agency. These subagreements will include detailed workplans, time frames and budgets. The responsibility for developing these agreements lies with AIDSCAP in conjunction with USAID/Brazil and R&D/H recommendations. Program management, close monitoring and evaluation will be performed by AIDSCAP/Brazil, supported by the AIDSCAP Latin America and the Caribbean Regional Office, in collaboration with USAID/Brazil. Based on information and feedback from subprojects, AIDSCAP, in consultation with implementing agencies, will refine program management and implementation, and allow for relevant modification of strategies and interventions.

The AIDS Control and Prevention Project of Family Health International in Brazil is designed to support the local capacity to prevent and control HIV/AIDS. AIDSCAP will collaborate with the government, international donor organizations, private organizations, universities and community groups to mobilize community participation and resources to implement HIV/AIDS prevention programs. It is expected that by focusing resources and expertise in selected interventions in a limited geographic area, successful prevention and control models will be demonstrated and replicated to slow the spread of HIV/AIDS.

II. MAJOR PROGRAM AREAS:

1. INTERVENTIONS FOR COMMERCIAL SEX WORKERS (CSWs):

Description

This component of the AIDSCAP program in Brazil will draw upon substantial experience with HIV/AIDS control programs among commercial sex workers in both São Paulo and Rio de Janeiro. Most AIDS prevention work with CSWs has been carried out among female CSWs. The AIDSCAP/Brazil program will focus on intensified efforts with female and transvestite CSWs, as well as with male CSWs wherever possible, recognizing that efforts to reach male CSWs will involve different approaches and therefore will substantially increase the cost of programs reaching this group.

This component will focus particularly on providing support to CSWs to act on their desire to practice safer sex, on involving brothel owners and other sex industry managers in making program services available to sex workers, and on providing intensive and complementary services directly to CSWs. More specifically, this component will emphasize promoting condom use with regular clients, as well as partners, strengthening of STD services, and changing CSW behavior in obtaining STD treatment. All subprojects will be designed keeping in mind the marginalized status of CSWs in society and the need to build self-esteem in individuals; the need for orientation for health professional working in STD services; and the need to provide social support through interventions with managers.

The program will reach 10,000 to 15,000 CSWs in 2 projects (1 in São Paulo and 1 in Rio de Janeiro) in the first phase of the program, with information and support for behavior change through peer education, counseling and support groups; condom distribution and sales; and STD diagnosis and treatment services. Additional sites will be added in either or both states if additional resources are available in the second phase of the project.

Objectives

- To provide support for CSWs' use of condoms and STD services by sex industry managers.
- To increase condom use with all partners by CSWs.
- To increase use of STD services among CSWs.

Activities

1. Behavior Change Communication

- Develop/standardize methodologies for reaching CSWs with counseling, support for development of individual self-esteem and negotiation skills, and group organization for improved welfare.
- Develop/refine a methodology with implementing agencies for approaching brothel owners and other managers to obtain cooperation in all facets of the program.
- Produce and/or revise educational and support materials for use by implementing agency professionals and outreach workers in support of behavior change strategies among proprietors and CSWs.
- Provide assistance to implementing agencies in developing adequate systems for the supervision of health agents/outreach workers.
- Develop/standardize materials and methods to train both implementing agency professionals and outreach workers in reaching CSWs with behavior change strategies.
- Train and sensitize health providers in implementing agencies in methods of working with CSWs and outreach workers.
- Train or retrain outreach workers, emphasizing CSW behavior change in relation to condom use and STD diagnosis, treatment and prevention.

2. Reduction of Sexually Transmitted Diseases

- Develop, strengthen and/or expand locally accessible STD diagnosis and treatment and STD/HIV prevention services within reasonable walking distance from the working areas of the CSWs targeted by the program, either in a free-standing, or a primary health care public or private service center.
- Provide assistance to STD services to achieve a required level of quality. This should include the consistent, timely, respectful, anonymous, reliable and effective treatment of clients which could serve to "make STD clinic services competitive with pharmacies" in the eyes of the client.

- Improve government and NGO logistics systems supplying pharmaceutical and other necessary commodities to STD programs.

3. *Condom Programming and Logistics Management*

- Provide assistance to government condom distributors at the national, state and local levels to improve distribution systems and to establish a list of priority facilities to guarantee a supply of free condoms for health facilities and outreach programs designated for participation in this component of the AIDSCAP program.
- Provide support to the collaborating condom social marketing program to ensure availability of low cost commercially available condoms in target areas at all times.

4. *Institutional Development*

- Identify counterpart institutions willing and able to work within a network, or in groups.
- Perform institutional diagnoses and identify areas for strengthening.
- Provide TA to strengthen the identified areas.
- Assist in developing capability of condom social marketing.

5. *Policy*

- Undertake policy dialogue to support community groups and associations of CSWs to address issues of concern to them, including reducing societal harassment, obtaining leave time while being treated for STDs, and improving enforcement of existing laws regarding mandatory reporting of STDs.

6. *Evaluation*

Baseline/formative, process and outcome/impact evaluation will be conducted for this subcomponent, as detailed in the program monitoring and evaluation section.

Indicators will include:

Baseline/Outcome Indicators

- % of CSWs reporting using condoms and lubricants correctly for high-risk sexual activities
- % of CSWs citing at least two acceptable methods of protection from HIV/STD infection
- % of CSWs reporting seeking STD services when needed
- % of CSWs able to obtain condoms as needed

Process Indicators

On BCC:

- # of outreach workers trained and using the materials developed
- # of targeted educational materials distributed to CSWs

On STDs:

- # of targeted STD service site providers trained for the standard STD services
- # of CSWs participating in or served by the subproject by gender

On Condoms:

- # of participating sites targeted for outreach to CSWs at which condom social marketing has been initiated
- # of STD service sites targeted for CSWs that receive a consistent supply of condom and STD treatment medications

Technical Assistance

TA for this component will include behavioral component design, STD program development/strengthening; condom supply; logistics management; condom social marketing; and possibly institutional development.

TA for this component will be provided by:

- In-country organizations/individuals able to assist the groups that work with CSWs.
- AIDSCAP Country Office, Regional Office and Headquarters staff.

Implementing Agencies

The following groups have been identified as possible implementing agencies for the CSW component of the AIDSCAP/Brazil program:

Phase I:

- The municipal government of the city of Santos to build on work done in STD control and condom provision to CSWs.
- The Institute for Religious Studies (ISER) in Rio de Janeiro to build on and expand the on-going project for CSWs working in identified commercial sex work areas outside the geographically circumscribed "red-light district." These interventions will take place in a limited number of areas of Rio.

Phase II:

- UNICAMP/CEMICAMP as part of a full-program intervention in Campinas (also including men who have sex with men, men away from home and persons with STDs components in the same geographical location).

This intervention will build on and strengthen the on-going project, and will also provide a unique opportunity to obtain reinforcement among all project components for all other components in the same location.

Commercial Sex Workers

Component	Year One				Year Two				Year Three				Year Four				Year Five			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Design of intervention strategy	X																			
Formative research/ evaluation baseline		X																		
Design of BCC Program		X																		
Training of STD service providers		X																		
Condom programming and logistics		X																		
Intervention implementation		X	X	X	X	X	X	X	X	X	X									
Monitoring process indicators		X	X	X	X	X	X	X	X	X	X									
Mid-term evaluation												X								
Project modification												X								
Phase II implementation												X	X	X	X	X	X	X	X	
Phase II monitoring process indicators												X	X	X	X	X	X	X	X	
EOP evaluation & report																				X

2. INTERVENTIONS FOR MEN AWAY FROM HOME (MAFH):

Description

The purpose of this component is to reduce the sexual transmission of HIV by reducing high risk sexual behaviors among men who are away from their usual social environment. Research worldwide has shown that these men tend to engage in high risk sexual behavior either with commercial sex workers of either sex, other casual partners, or other men; therefore, they are at higher risk of HIV and other STDs. This increased risk also increases the risk of sexual transmission of HIV and other STDs from these men to their regular sexual partners and/or spouses. Furthermore, the constant mobility of these men exacerbates the already rapid spread of HIV in Brazil. This component will develop prevention activities for men away from home such as truck drivers and civil construction workers and will implement multi-faceted activities at work-places and social settings, incorporating strong behavior change communication, condom promotion, and STD control programming. A constraint on the implementation of this subproject may be the difficulty in the follow-up of individuals with STDs due to their mobility and subsequent contact tracing.

Objectives

- To provide targeted communication programming through both printed and audio-visual materials which promote low risk sexual behavior and condom use, to truck drivers and civil construction workers in 2-3 subproject sites reaching a total of 5,000 to 10,000 men in both São Paulo and Rio de Janeiro states.
- To improve STD diagnosis and treatment services through existing health structures by training health professionals in appropriate STD clinical and social services for the selected project sites.
- To develop a condom promotion and distribution system at the project sites to ensure a consistent supply of accessible, affordable or free condoms.

Activities

1. *Behavior Change Communication*

All BCC activities in this component will work to change perceptions of social norms related to risk-reduction and condom use. Rather than relying on standard information-based health education programs, this component will seek to link low risk behaviors with socially desirable attributes among the target population.

- Reach out to industrial leaders in target sites to facilitate program

implementation.

- Identify peer leaders to implement interpersonal education program and peer support for behavior change.
- Develop targeted communication and promotional materials such as posters, coasters, key chains, and T-shirts to be sold or distributed for free.
- Explore the use of mass media (particularly radio) to alter perceptions of norms related to low risk behaviors.
- Promote STD services at worksites and in other locations accessible to target audience.
- Develop an educational strategy for locations where the target audience socializes, such as bars, truck stops, and motels.

2. *Reduction of Sexually Transmitted Diseases*

- Identify clinical sites where STD services can be provided for workers, both at and near work sites.
- Train clinical providers in appropriate STD diagnosis and treatment, as well as improving interpersonal communication skills.
- Implement contact tracing and partner referral to both worksite and external clinical services.
- Develop enhanced pharmaceutical and condom logistics systems for commodities in clinical services.

3. *Condom Programming*

- Utilize condom social marketing to reach target audience.
- Help industries to identify a consistent and affordable condom supply to provide to workers.

4. *Institutional Development*

- Institutionalize all prevention services at the companies.
- Provide STD training for the medical unit staff at the work sites.

- o Establish an ongoing educational program.

5. *Policy Development*

- Target decision makers, including union leaders, to increase awareness of the importance of STD services, condom availability and HIV/ AIDS prevention programs.
- Facilitate the implementation of policies that prohibit discrimination at worksites based on HIV status.
- Seek financial support for HIV/ AIDS prevention projects.
- Use socio-economic modeling presentations to enhance employer support.

6. *Evaluation*

Baseline/formative, process and outcome/impact evaluation will be conducted for this subcomponent, as detailed in the program monitoring and evaluation section. Indicators will include:

Baseline/Outcome Indicators

To be collected through KAP surveys among employees from participating organization(s) at beginning, mid-point and end of project.

- % of those surveyed citing at least two acceptable methods from HIV infection
- % of those surveyed reporting having at least one non-regular sexual partner in the last 12 months, or number of non-regular sexual partners during the last 12 months
- % of time condoms are used for sexual intercourse with non-regular partners in the last x months
- % of those surveyed who can acquire condoms when needed

Process Indicators

To be collected on an on-going basis and to be included in the periodic progress reports.

On BCC:

- # of peer leaders for BCC identified and trained to implement the BCC
- # of BCC materials distributed at target sites
- # of educational sessions held at MAFH congregation sites by trained peer leaders

On STDs:

- # of appropriate STD training sessions (to be defined by AIDSCAP STD unit) conducted and # of STD providers at project sites trained
- # of MAFH served by the trained STD providers
- # of contact tracings initiated and partner referrals followed through

On Condom Promotion:

- o % of participating worksites with condom distribution (either free or through social marketing)
- % of participating STD service facilities with regular condom distribution to target clients (MAFH) (reduced stock out of commodities: STD treatment drugs and condoms)
- # of condoms distributed at participating worksites and at participating STD service facilities

Technical Assistance

TA areas for this program component will include communication, condom programming, logistics management, and STD control and treatment. TA will be provided by the following groups and individuals:

- In-country organizations/individuals able to assist the groups that can serve the needs of MAFH.

- AIDSCAP Country Office, Regional Office, Headquarters staff, and subcontractors.

Possible Implementing Agencies

AIDSCAP has explored with various industries, unions, and local governments, the most appropriate channels for reaching MAFH (specifically those involved in transportation and civil construction). AIDSCAP will place great emphasis on working with the institutions most willing to contribute resources and support for prevention programs in its decision-making process. Examples include FURNAS Centrais Eletricas in Rio de Janeiro and an affiliate of NTC (Brazilian Transportation Association) in São Paulo, with the possibility that the project model may be replicated at other sites. Once initial program models have been implemented and demonstrated that they have reached their objectives, AIDSCAP will explore the possibility of selecting other institutions or other interventions.

Men Away From Home

Component	Year One				Year Two				Year Three				Year Four				Year Five			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Select intervention institutions	X								X											
Conduct formative research		X																		
Collect baseline data		X																		
Outreach to management		X																		
Design intervention strategies			X																	
Assess current condom programming		X																		
Assess current health care services		X																		
Training for health professionals			X																	
Pre-test BCC program			X																	
Enhance drug/condom logistics			X	X	X	X	X	X	X	X	X	X								
Intervention implementation			X	X	X	X	X	X	X	X	X	X								
Monitor process indicators			X	X	X	X	X	X	X	X	X	X								
Midterm evaluation												X								
Modify interventions												X	X							
Implement modified interventions													X	X	X	X	X	X	X	
Monitor modified process indicators													X	X	X	X	X	X	X	
EOP evaluation and report																			X	X

3. INTERVENTIONS FOR MEN WHO HAVE SEX WITH MEN (MWM):

Description

Brazil's AIDS/HIV epidemic has followed a combination of internationally recognized epidemiological patterns. Initially, it affected those populations identified as at highest risk in countries like the United States and those of Western Europe. The earliest signs of the epidemic in Brazil were identified among men who have sex with other men (MWM). While other transmission factors have increased rapidly (such as IV drug use and male/female sexual transmission), MWM continue to experience high rates of HIV infection and cases of AIDS. While this population subgroup continues to be at risk, there have been few prevention efforts addressing the needs of MWM. A stigmatized group, MWM experience societal discrimination and the majority hide their sexual orientation and practices from friends, families, sometimes female partners and co-workers. The fact that most of these MWM lead "hidden" lives creates barriers for any interventions as the target population is inhibited from seeking services or support. Legislative issues do not seem to be the major policy barrier in implementing AIDS programs for MWM. Therefore, policy activities for this component will need to address more social than legal factors. Building on work developed during prior USAID-funded AIDS prevention programs, AIDSCAP will develop a model, multi-faceted project for MWM, incorporating targeted behavior change communication strategies, promotion and distribution of condoms, and STD control. This subproject will be implemented in Phase I in two selected districts in the City of Rio de Janeiro, and in Phase II in three selected districts in the city of São Paulo.

Objectives

- To increase condom availability, demand, and use and safer sexual practices among MWM in the selected geographical areas of the cities of São Paulo and Rio de Janeiro.
- To diagnose and treat STDs among MWM in the selected geographical areas of the cities of São Paulo and Rio de Janeiro.

Activities

Project activities for this population will be divided into two distinct phases, following the population breakdown discussed in the Strategic Plan.

The first phase will involve the development of prevention programming for gay-identified MWM through established gay institutions (e.g., bars, saunas, organizations). The second phase will develop programming for MWM who do not identify themselves as gay or bisexual, a population that is more difficult to reach. These men will be targeted principally through locales where men go to find sex ("cruising" areas) and through limited technical assistance to Brazilian groups already developing mass media programs.

This limited TA will help these groups to design and implement messages helping people understand that men have sex with other men and that AIDS prevention services, condoms, and programs are available for them. Activities discussed below will address jointly both proposed phases of this program component.

1. Behavior Change Communication

- Organize meetings of groups interested in working with MWM to design intervention strategy and develop connections between groups.
- Identify peer "leaders" through community outreach and mobilization strategy.
- Design targeted BCC messages appropriate for interpersonal communication channels in gay establishments.
- Encourage owners/managers of gay establishments to participate in prevention programs, by accepting print materials (e.g., posters, brochures) for distribution and allowing the occasional use of establishment space for prevention activities.
- Hold workshops in gay establishments to promote safer sex for MWM.
- Develop a "symbol" program to indicate that individuals and establishments practice/encourage safer sex (e.g., "safety pin" campaign in New York, "condom symbol" in Eastern Caribbean).
- Promote safer sex materials in video shops and theaters that cater to MWM.
- Develop a community-based distribution (CBD) system for regular contact with establishments and dissemination of materials and commodities. The distributors will be from DKT and others as identified in individual communities, as appropriate.
- Develop a peer education program in cruising areas, accompanied by discrete print materials for distribution and display.
- Promote inclusion of messages about sexual identity in broader mass media programs developed by institutions other than AIDSCAP (e.g., TV broadcasts by São Paulo State Dept. of Education).

2. *Reduction of Sexually Transmitted Diseases*

- Facilitate connection between groups that serve MWM and those that provide STD clinical services.
- Promote clinical services through multi-channeled outreach programs (e.g., posters in public places, service promotion in gay establishments, involvement of clinic outreach workers).
- Train STD health care providers in topics such as: taking a sexual history, sensitivity to the needs of MWM, specific clinical needs (e.g., rectal STDs).
- Designate "gay-sensitive" providers in select clinical locales and disseminate this information to MWM.
- Develop improved logistics management and condom supply to AIDSCAP-supported programs reaching MWM.

3. *Condom Programming and Logistics Management*

- Establish linkages between groups serving MWM and DKT for purchase of wholesale CSM condoms for re-sale.
- Develop and update lists of MWM-oriented establishments as sales points for DKT outreach staff.
- Facilitate contact between groups serving MWM and public sector condom supplies for free distribution when appropriate.

4. *Institutional Development*

- Work closely with NGOs serving MWM to develop their organizational capability to manage integrated prevention programs.
- Facilitate linkages between public and private sector, as well as between communication, condom, and STD services.
- Provide training in management areas such as staff supervision, budgets, proposal writing, and MIS.

5. *Policy*

- Identify major barriers to developing and implementing programs for MWM.

- Enhance visibility of groups that serve MWM to improve their status and empower them to reduce social stigma and facilitate programming to reach a broader MWM audience.

6. *Evaluation*

Although the content of BCC messages and intervention sites are different for MWM and MAFH, the same three intervention strategies are suggested for this component.

Baseline/formative, process and outcome/impact evaluation will be conducted for this subcomponent, as detailed in the program monitoring and evaluation section. Indicators will include:

Baseline/Outcome Indicators

- % of surveyed MWM citing at least two acceptable ways of protecting themselves from HIV-infection (preferably those messages promoted by the BCC messages targeted to the MWMs)
- % of surveyed MWM reporting reducing their number of non-regular sexual partners
- % of condom or barrier use for risky sexual activities
- % of MWM able to obtain condoms or barriers when needed for sexual activities

Process Indicators

On BCC:

- # of HIV/AIDS/STD preventive BCC activities taking place in gay establishments or targeted MWM congregation areas
- # of MWM peer educators trained and working actively in the targeted "cruising areas"
- # of MWM specific BCC materials distributed to MWM, gay establishments, and at "cruising areas"

On STDs

- # of identified STD providers from clinics serving MWM communities trained to address the STD service needs of MWM

- # of MWM receiving STD services (only if this indicator will be collected in the subproject design; due to confidentiality, this may not apply)

On Condoms

- # of condoms distributed to MWM oriented establishments
- # of MWM establishments with on-site condom distribution

Technical Assistance

TA for this component will be provided by:

- In-country organizations/individuals able to assist the groups that work with MWM.
- AIDSCAP Country Office, Regional Office, Headquarters, and subcontractor staff.

Possible Implementing Agencies

In Rio de Janeiro, possible implementing agencies include: ABIA, Atoba, BEMFAM, State University of Rio de Janeiro (UERJ), DKT do Brasil, City and/or State Dept. of Health.

In São Paulo City, possible implementing agencies include: Lambda, Grupo Pela Vida, GH (Grupo Homosexual), GAPA/SP, São Paulo City Dept. of Health, DKT do Brasil, DataFolha, University of São Paulo (USP) Study Nucleus on AIDS.

Men Who Have Sex With Men

Component	Year One				Year Two				Year Three				Year Four				Year Five			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
MWM group meeting	X																			
Design of intervention strategy	X																			
Formative research	X																			
Evaluation baseline		X																		
Design of BCC program		X																		
Training of STD service providers		X																		
Condom programming and logistics		X																		
Intervention implementation		X	X	X	X	X	X	X	X	X	X	X								
Monitoring of process indicators		X	X	X	X	X	X	X	X	X	X	X								
Mid-term evaluation												X								
Project modification												X								
Phase II implementation												X	X	X	X	X	X	X	X	
Monitor Phase II process indicators												X	X	X	X	X	X	X	X	
EOP evaluation and report																			X	X

4. INTERVENTIONS FOR PEOPLE WITH STDs:

Description

STDs are increasingly recognized as risk factors for HIV infection, both because of the behavioral aspects of the STD patients and because of the enhanced infectivity caused by the genital ulcers and/or inflammatory processes they present. The available national STD epidemiologic data are not consistent. The observed decrease in STDs reflects operational constraints and not a real decline in STD incidence.

It has been locally demonstrated that VDRL seropositivity in Alternative Test Site (ATS) clients was consistently associated with a higher incidence of HIV seropositivity. In ATS clients, among subjects with a negative VDRL the HIV seroprevalence was 8%, while among subjects with a positive VDRL it was 24%. The difference was highly significant. The preliminary Sentinel HIV Seroprevalence Survey indicated high HIV seroprevalence (4%) among males who attend an STD clinic.

The majority of STD patients in Brazil seek treatment from the informal sector through shop assistants in pharmacies, in spite of this being an illegal procedure. This practice is probably due to inaccessibility of the formal public sector, although public sector treatment is free and drugs are supposedly available for STDs and other conditions. There is a frequent shortage of drugs and condoms in the public sector; seldom do the services promote and distribute condoms regularly.

There are also other constraints, especially the shortage of human resources, long queues, and low levels of motivation among health care workers. The health care workers often do not use the recommended treatments for STDs, because of a lack of laboratory facilities, a shortage of drugs, and a lack of training. Frequently the clinicians use clinical symptoms alone to make therapeutic decisions. The lack of specificity and sensitivity of the rapid tests available in the clinics and the use of clinical judgment in the absence of laboratory data are both limiting factors.

Objectives

- To increase care-seeking behavior among STD patients in the targeted geographic areas.
- To increase utilization of medical services for STD care competing with pharmacies by offering accessible, fast, confidential and free service.
- To increase rates of contact tracing.
- To increase condom use among STD patients in the targeted geographic areas.

- To increase the diagnosis of STDs in asymptomatic groups in the targeted geographic areas.
- o To increase the effectiveness of the information system and logistics systems for pharmaceutical and condom supplies in the areas the project will target.

Activities

1. *Behavior Change Communication*

- Conduct formative research about perceptions regarding STDs in the target groups, and the best teachable moments and providers to deliver educational messages to change, at least, short term behaviors (e.g. follow the treatment regimen, bring partners for exam and treatment, stop having sex until the disease is no longer transmissible, come back to see the results of tests, if any).
- Include STD topics in all program educational interventions. The interventions will focus on training to recognize the main symptoms (genital discharge or lesions) and the possible absence of symptoms for contacts. Communication will advise patients to stop sexual activity and seek health care as soon as symptoms begin, and refer them to a network of health care facilities in which the program is implemented or in which support is provided.

2. *Reduction of sexually transmitted diseases*

- Train health professionals (specialists or generalists) in the prevention, diagnosis and management of STDs. These training efforts will focus on a specific multidisciplinary STD care model and will target the creation of STD entities in the selected setting (STD, PHC, MCH or FP clinic in the targeted geographic areas).

Clinicians will be encouraged to utilize clinical protocols addressing the following aspects of STD prevention and treatment

- Symptoms and sexual behavior history taking and risk assessment.
- Physical exam (paying attention to STD association).
- On-site laboratory exams regarding the current STD and possible associations (syphilis screening obligatory and HIV test offering with pre and post-test counseling).
- On-site STD treatment with preference for single dose supervised

treatment

- Education and risk reduction, increasing the awareness of association of STD with HIV infection and the need for follow-up.
 - Condom promotion and distribution.
 - Contact tracing (at least through Index Patient Referral Slip and attention to special cases - e.g. pregnant women partners).
 - Appropriate record keeping for further evaluation and appropriate notification.
- Train pharmacists and pharmacy clerks in the recognition of STDs and their potential complications in order to link these professionals with STD care - public or private - in the target geographic areas.
 - Use the Ministry of Health system for STD surveillance in the targeted sites, taking advantage of the already existing information system for AIDS cases and the plans of the Ministry of Health.
 - Assess the feasibility of, and develop syndromic approaches for field testing prior to full scale implementation.

3. *Condom Programming*

- Develop activities to improve condom and pharmaceutical supply logistics with special attention to the facilities selected for work in cooperation with the AIDSCAP program.

4. *Institutional Development*

- Provide the implementing agencies with support for training, logistics and networking for public, non governmental and private organizations that target people with STDs in the target areas.

5. *Policy Development*

- Undertake policy dialogue regarding STD notification and information systems.
- Undertake policy dialogue to promote the display of STD/HIV information in pharmacies and the referral of pharmacy customers for STD diagnosis and treatment.
- Undertake policy dialogue to reduce taxation of condoms and basic STD drugs.

- Promote syphilis screening as a component of pre-natal care and also as a component of medical care for workers.

6. *Evaluation*

Baseline/formative, process and outcome/impact evaluation will be conducted for this subcomponent, as detailed in the program monitoring and evaluation section.

Indicators will include:

Baseline/Outcome Indicators

- % of STD providers trained under the STD care model who actually follow the model
- % of trained pharmacists and pharmacy clerks who actually follow the protocols
- % of STD clients served by the participating STD service sites for whom contact tracing is initiated or partners are referred
- % of STD clients seeking STD services (by gender) who receive condoms
- % of STD clients (by gender) receiving on-site treatment at the time of visit
- % of participating prenatal care facilities conducting syphilis screening

Process Indicators

- # of training sessions on STD care model conducted
- # of STD providers from participating sites trained using the STD care model
- # of pharmacists and pharmacy clerks trained in STD recognition using project protocols
- # of STD clients by gender, served by project-trained STD providers (including pharmacists and clerks)
- # of condoms distributed to STD clients

Technical Assistance

All STD professionals contacted in the potential implementing areas would welcome local, national or international technical assistance through AIDSCAP. TA for this component will

be provided by:

- In-country organizations/individuals able to assist the groups that work with people with STDs.
- AIDSCAP Country Office, Regional Office, Headquarters and subcontractor staff.

Potential Implementing Agencies

Institutions for cooperation would be:

- (1) The municipality of the city of Santos, where there is a well accepted STD reference clinic in the zone of commercial sex work at the harbor. This clinic has a computer network that links all the clinics of the city. This network presents an opportunity to implement a model program and to evaluate quickly all steps of interventions through analysis of existing data.
- (2) The Secretariat of Health of the State of São Paulo, in association with the State School of Public Health and other institutions as needed. This group has the capability to develop training for health professionals at different levels and for implementation of STD services within the comprehensive model in the areas proposed for the other three components.
- (3) Other STD services that must be close to the targeted areas could be provided by other organizations, specially NGOs through free-standing clinics.

Sexually Transmitted Diseases

Component	Year One				Year Two				Year Three				Year Four				Year Five			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Meetings with selected institutions	X																			
Assess condom and pharmaceutical logistics	X																			
Develop/adapt protocols and flow charts for interventions	X																			
Baseline evaluation/ formative research		X																		
Create/ strengthen selected clinics	X	X																		
Training	X	X																		
Intervention implementation		X	X	X	X	X	X	X	X	X	X	X								
Monitoring of process indicators		X	X	X	X	X	X	X	X	X	X	X								
Mid-term evaluation												X	X							
Modify project designs													X							
Implement modified interventions													X	X	X	X	X	X	X	
Monitor modified process indicators													X	X	X	X	X	X	X	
EOP evaluation and report																			X	X

III. SUPPORTING PROGRAM AREAS:

The supporting program areas are those which provide general systems support related to improving availability and supply of essential commodities for AIDS prevention and control (Condom Social Marketing and Logistics Management), and those which enhance the work and the effectiveness of the major program areas (Private Sector Leveraging, PVO/NGO support, Behavioral Research, Policy Support, and Evaluation).

An essential activity to ensure availability of condoms for all project components is support of Condom Social Marketing. One of the program subagreements will be developed with DKT, a firm specializing in social marketing of condoms in Brazil that has already begun marketing of condoms at low cost through an arrangement with a wholesaler which distributes Nivea products throughout Brazil. The AIDSCAP subagreement with DKT will intensify efforts to market condoms in non-traditional outlets associated with program efforts, such as bars, brothels, saunas, and other meeting points in subproject areas (See Section 5).

A second essential activity to ensure project success is improvement of the overall Logistics Management of condom and STD pharmaceutical supply in the public and private sector. This activity will ensure adequate supplies to AIDSCAP targeted interventions and essential AIDS Prevention and STD service delivery outlets. It is estimated that efficiency improvements in the public supply system will save the Ministry of Health a minimum of US \$12 million each year as a direct result of this AIDSCAP activity (See Section 6).

A third cross-cutting activity proposed by the Implementation Plan team is a Private Sector Leveraging Project, which will explore the feasibility of using small amounts of project funds to leverage industry and union resources in providing AIDS prevention activities at the workplace for a large-scale workforce. This proposal will be considered as a potential activity to be funded from the Rapid Response Fund line item (See Section 7).

Another supporting program activity will include a PVO and NGO Support Plan. One of the major lessons learned of AIDS programs has been the success with PVOs and NGOs to rapidly mobilize and respond to the current crisis; therefore, this Implementation Plan includes mechanisms to support PVO and NGO activities that complement the overall program (See Section 8).

In addition, a Behavioral Research Grants Program will be initiated in 1993. Although a research agenda must await the establishment of AIDSCAP programs, the research topics that might be selected are: 1) improving condom policy and condom promotion; 2) exploring workplace-based programming; 3) piloting programs for prevention during Carnival; and (4) improving STD treatment and prevention (See Section 9).

Finally, this Implementation Plan identifies specific policy and institutional strengthening activities and issues to be addressed in each of the major program areas. One policy area in particular is perceived to be a universal barrier and is included as a supporting activity. This

is the issue of policies of condom importation, taxation, and regulation. Present restrictions on imported condoms and NGOs make it difficult to provide affordable condoms and recover costs. This policy issue will be addressed in order to ensure program sustainability and availability of condoms to all people participating in subproject activities.

In order to accomplish many of the policy goals of the strategic plan for Brazil it is recommended that a socioeconomic impact assessment be performed if funds become available. This socioeconomic impact assessment will be presented by national collaborators to international, national, and private-sector policymakers in Brazil. Policy dialogue will illustrate and reinforce the need for creating a policy environment which is conducive to AIDS prevention programs.

5. CONDOM SOCIAL MARKETING (CSM):

Description

Condom Social Marketing (CSM) plays a supporting role to the four major programming areas of Commercial Sex Workers, Men Away From Home, people with Sexually Transmitted Disease, and Men who have sex With Men. These target populations will be specifically addressed by the CSM implementing organization DKT do Brasil.

DKT do Brasil has an existing national Condom Social Marketing program in Brazil with an office in São Paulo. DKT is an affiliate of Population Services International (PSI), a major subcontractor of the AIDSCAP project. DKT and PSI have extensive, worldwide social marketing experience.

Commodities for the AIDSCAP CSM program will be supplied by DKT do Brasil, leveraging AIDSCAP's limited resources. DKT will promote consistent and correct condom usage among AIDSCAP's target populations utilizing, among other media, Point of Purchase (POP) materials and radio advertising. PSI will be assigned management oversight of the CSM program to further reduce program costs and DKT overhead.

A promotion/advertising blitz is proposed to kick off the program and will be the centerpiece of CSM activities in Brazil along with the targeted population approach mentioned earlier. Years 2 through 5 of the program will be determined on the basis of available funds, performance evaluation, and activities of other donor organizations.

Objectives:

The general goal of this subproject is to increase the direct availability of affordably priced condoms to the major programming target audiences, provide information about advantages of condom use, and encourage regular and correct use of condoms to reduce the transmission of HIV/STDs. The objectives are as follow:

- To establish a network of CSM outlets with NGOs, organizations/establishments collaborating with the major programming components of this implementation plan (e.g., CSW, MWM, MAFH, and STD projects).
- To achieve product and POP materials distribution in 10,000 outlets in focus areas in both traditional outlets (drugstores, supermarkets, mercearias (mom/pop stores), and non-traditional outlets including brothels, saunas, gay establishments, and other establishments frequented by target groups in the specified areas of concentration.
- To attain a 70% awareness of quality and affordability of the social marketed condom among target groups in the specified areas of concentration.

- To sell 50 million condoms over the next four years in the urban areas of the states of São Paulo and Rio de Janeiro as the focus areas.

Activities:

Specially equipped and trained, dedicated promotional teams (1 in São Paulo and 1 in Rio de Janeiro) will target the low-priced commercial sex work centers, worksites, and non-traditional outlets for AIDSCAP's targeted integrated approach to AIDS prevention. These teams will also coordinate their activities with NGOs and other groups working within the major programming components. The CSM implementing organization will therefore:

- Build upon existing CSM activities in the states of São Paulo and Rio de Janeiro with intensive promotional and sales strategies targeting:
 - a. Men who have sex with men.
 - b. Commercial sex workers and their clients.
 - c. Men away from home at/near their place of work.
 - d. Areas near Centers of Excellence for STD control.
- Make available the CSM condom Prudence in social centers where the target audience gathers.
- To intensify the efforts of the CSM commercial distributor (Nivea products), expanding from São Paulo city to include the state of Rio de Janeiro and the outlying cities of the state of São Paulo where specific populations have been targeted in the major programming components.
- Engage drugstore owners and other distributors in CSM activities.

Technical Assistance:

PSI will provide the technical assistance needed by its affiliate, estimated at 14 days a year.

Implementing Agency:

DKT do Brasil, an affiliate of PSI.

Time Table:

Targeted activities under funding from AIDSCAP will begin the month following the signing of a subagreement (Task Order with PSD).

Evaluation:

The proposed condom indicators are 1) Condom use prevalence, 2) Condom availability, and 3) Condom accessibility. These indicators are taken from the targeted populations within the geographical confines of the AIDSCAP effort in Brazil. Prevalence could be assessed by rapid survey interviews while availability and accessibility could be assessed through inventory checks and a spot or random sampling of condom outlets.

Refer to section III.10 for details of evaluation methods for this supporting program area.

6. LOGISTICS MANAGEMENT:

Description

Efforts to control the HIV/AIDS epidemic in Brazil are presently hampered by lack of essential commodities (e.g. condoms, STD pharmaceuticals, etc.) in sufficient quantities at "front-line" public sector clinics and hospitals in the battle against AIDS. For example, a recent logistics review by a JSI/PSI team fielded by AIDSCAP (July, 1992) analyzed condom procurement, distribution, and inventory in the public health sector and found lack of adequate training, management systems, and logistics procedures for the correct management of a condom strategy. In brief, short-term as well as long-term stock-outs of essential commodities are common, management information is poor, inventory control procedures are inadequate, and distribution lines are long, complicated, and often inefficient (See Figure 1).

Lack of adequate pharmaceutical and condom supply for free distribution to the poor will impair targeted intervention efforts in São Paulo and Rio de Janeiro with Commercial Sex Workers, Men Who Have Sex With Men, Men Away From Home, and People with STD. Since the project does not have resources to directly supply essential commodities in support of targeted interventions, nor is this within AIDSCAP's scope of effort, intervention efforts, whether NGO, community-based, or government-implemented, are primarily dependent on the government health system for an adequate supply of appropriate, quality pharmaceuticals for STD control and quality condoms for free distribution to STD patients and the indigent. These facts argue for practical, rapid, and targeted technical assistance in logistics management which directly supports intervention efforts with AIDSCAP's target populations.

It is important to recognize that the lack of adequate resources for health care in Brazil is due to inadequate budgets as well as to inefficient utilization of available funds. The combined result is spending inequity which has a great and negative impact in the provision of basic drugs and medical supplies. A necessary step is the improvement of logistics, management, organization, and evaluation systems of federal, state, and municipal agencies involved in the procurement, distribution, and control of medical supplies essential in AIDS prevention and control.

With an annual pharmaceutical budget of over US \$50 million in the States of São Paulo and Rio de Janeiro alone, and a World Bank loan request by the Government of Brazil for US \$15 million for condom supply currently under consideration, AIDSCAP will make an important contribution to AIDS prevention in Brazil through improved logistics management. Assuming an achievable objective of 10-20% supply efficiency improvement and a modest technical assistance investment, return on this investment will be annual savings of US \$5-10 million for the Ministry of Health. Additional multiplier effects will be realized since the systems of logistics management developed specifically to support AIDSCAP interventions will be transferred to government and NGO personnel allowing duplication across the Brazil health system using government rather than AIDSCAP financing. Perhaps most importantly, essential commodities in AIDS prevention will efficiently flow to clinics and hospitals serving

the indigent and other marginalized population segments.

Objectives

- To support AIDSCAP interventions in São Paulo and Rio de Janeiro with Men Away From Home, Men Who Have Sex With Men, Commercial Sex Workers and People With STD by improving logistics systems, condom supplies, and pharmaceutical supplies for targeted programs.
- To assist State and Municipal Health Departments in São Paulo and Rio de Janeiro and the Federal STD/AIDS Division in developing improved logistics cycles and management systems for essential commodities (condoms, pharmaceuticals, test kits, etc.) for AIDS prevention and STD control efforts. (See Figure 2).
- To support the planned condom social marketing program especially in the areas of evaluation and regular quality assurance efforts.

Activities

Public Sector:

- (1) Conduct distribution strategy and logistics assessments in the states of São Paulo and Rio de Janeiro and at the Federal AIDS/STD and CEME (centralized procurement and warehousing).
 - o Focus on essential commodity distribution to AIDSCAP intervention activities.
 - o Conduct an operational field review of overall distribution strategy, warehousing, transportation, personnel, inventory control, MIS, stock management, and procurement.
- (2) Implement an Essential Commodities Distribution System (ECDS) for AIDS Prevention (See Figure 2)
 - Develop an essential commodities list for HIV/AIDS prevention and STD control through collaboration with government officials.
 - Develop essential distribution outlets (EDOs) list and distribution system configuration.
 - Analyze distribution patterns to EDOs.
 - Develop Federal and State-level reporting systems.

- Develop Maximum-Minimum supply inventory control system for ECDS.
- (3) Develop an Essential Commodities Management Information System for HIV/AIDS Prevention (ECMIS) (See Figure 2).
- Conduct systems analysis and design.
 - Develop software prototype and test.
 - Design management reports.
 - Procure necessary hardware and OS, DBMS software.
 - Deliver and implement systems in States of São Paulo and Rio de Janeiro and at the Federal AIDS/STD division.
- (4) Conduct Logistics Management Training of Trainers Workshop, utilizing adult learning theory, for commodity managers at the State and Federal levels and NGOs, particularly AIDSCAP's implementing and/or collaborating agencies.
- Include 2-3 local trainers from NGOs and/or state government.
 - Include coursework in forecasting, warehousing, transport, inventory control, quality assurance, MIS, and the Essential Commodities Management Information System.
- (5) Condom Forecasting
- Use FOCUS software (Forecasting Condom Supply Method V 1.1) to plan condom requirements for States of São Paulo and Rio de Janeiro and the Federal AIDS/STD division.
 - Develop/adapt LOGDATA software (Logistics Data Forecasting System V 1.3) for use in the ECMIS and AIDS prevention and STD control program.
- (6) Develop Quality Assurance Program
- Develop sampling methodology and analysis methods for State and Federal programs.
 - Utilize the Condom Quality Index (CQI) and ISO 4074 international quality standards for condoms.

Private Sector:

(7) Quality Assurance Program Development

- Develop condom quality assurance system for field-level sampling of condoms from the condom social marketing (CSM) program including the wholesale and retail levels in São Paulo and Rio de Janeiro.
- Develop annual sampling plan based on stratified random sampling procedures and the JSI/CDC sampling plan for contraceptive commodities.
- Utilize the Condom Quality Index (CQI) and ISO 4074 international standards for condoms

Evaluation:

In addition to supply indicators and service statistics mentioned in the Target Interventions, the following indicators will be monitored:

- Condom availability

100 X [# of essential distribution outlets (public or retail) with an adequate supply of condoms/ # of total outlets in the geographical area (city)]
- Condom accessibility

of essential distribution outlets with free or affordable condoms
- Pharmaceutical availability

100 X [# of essential distribution outlets with an adequate supply of essential pharmaceuticals/ # of total outlets in the geographical area (city)]
- Pharmaceutical accessibility

of essential distribution outlets with free or affordable pharmaceuticals.

Notes:

- "Adequate" supply is measured by 1-3 months stock on-hand at essential distribution outlets, stock-out frequency, length, etc.
- "Affordable" supply will be defined based on GNP and inflation adjustments at the time of assessment.

- "Essential commodities" and "essential distribution outlets" for AIDS Prevention will be defined through AIDSCAP technical assistance and collaboration with State and Federal STD/AIDS officials during Quarter 1/Year 1 of this project.

Technical Assistance

TA for this component will be provided by AIDSCAP Country Office, Regional Office, Headquarters and subcontractor staff.

Implementing Agencies

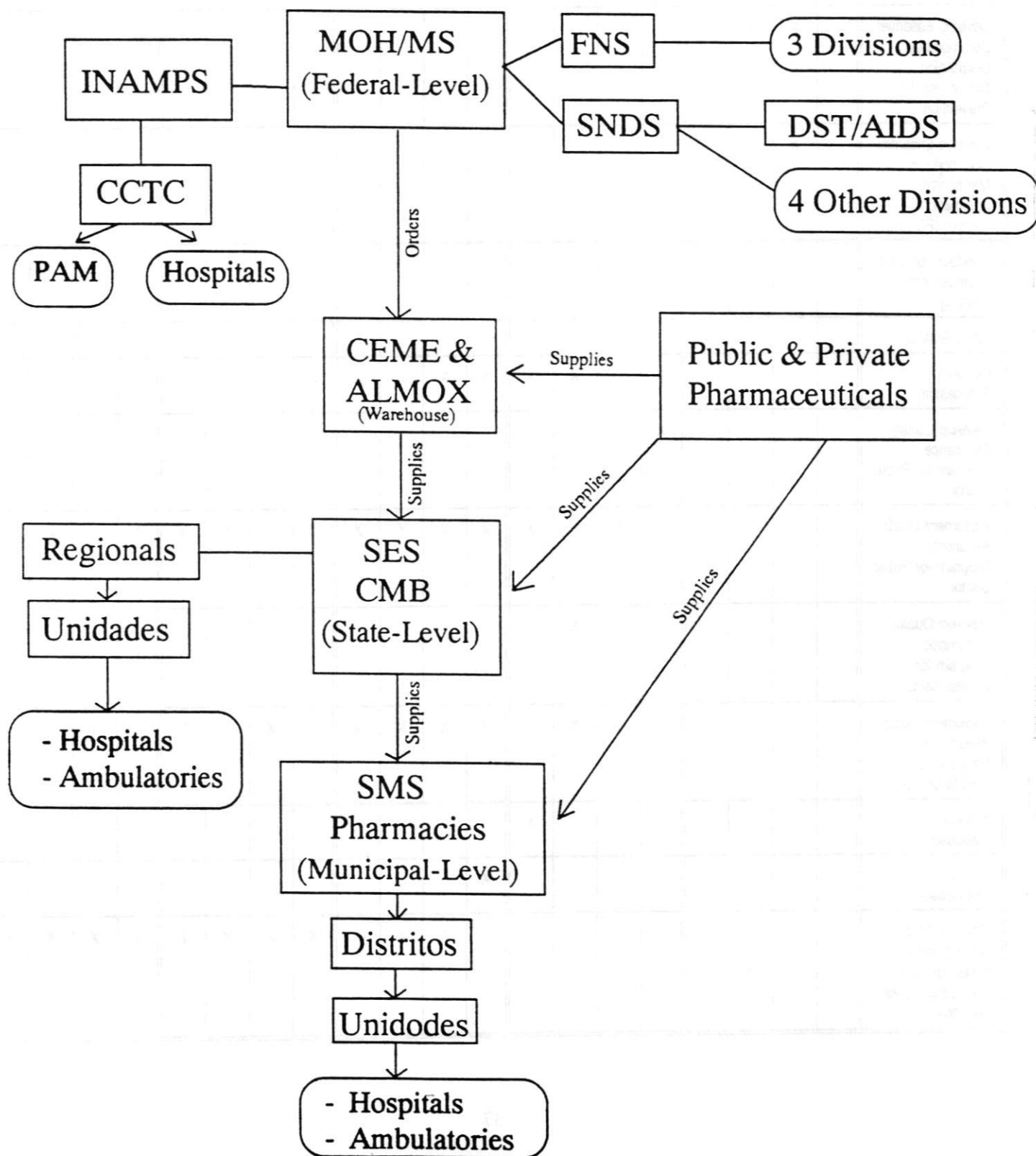
State Departments of Health in São Paulo and Rio de Janeiro, Ministry of Health AIDS/STD Division, CEME and CMS warehouses, and AIDSCAP-identified NGOs handling essential commodities for AIDS prevention and STD treatment.

Logistics

Component	Year One				Year Two				Year Three				Year Four				Year Five			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Distribution strategy and logistics assessments	X																			
Develop Essential Commodities Distribution System for AIDS Prevention		X	X																	
Develop Essential Commodities Management Information System (ECMIS)		X	X																	
Conduct Logistics Management Training			X																	
Install ECMIS				X																
Condom Forecasting				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Develop Quality Assurance Program for Public Sector					X	X														
Implement Quality Assurance Program for Public Sector						X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Develop Quality Assurance Program for Private Sector						X	X													
Implement Quality Assurance Program for Private Sector							X	X	X	X	X	X	X	X	X	X	X	X	X	X
Mid-term Evaluation								X												
Project Modification									X											
Ongoing field assessments, implementation, and retraining as necessary										X	X	X	X	X	X	X	X	X	X	X

Figure One

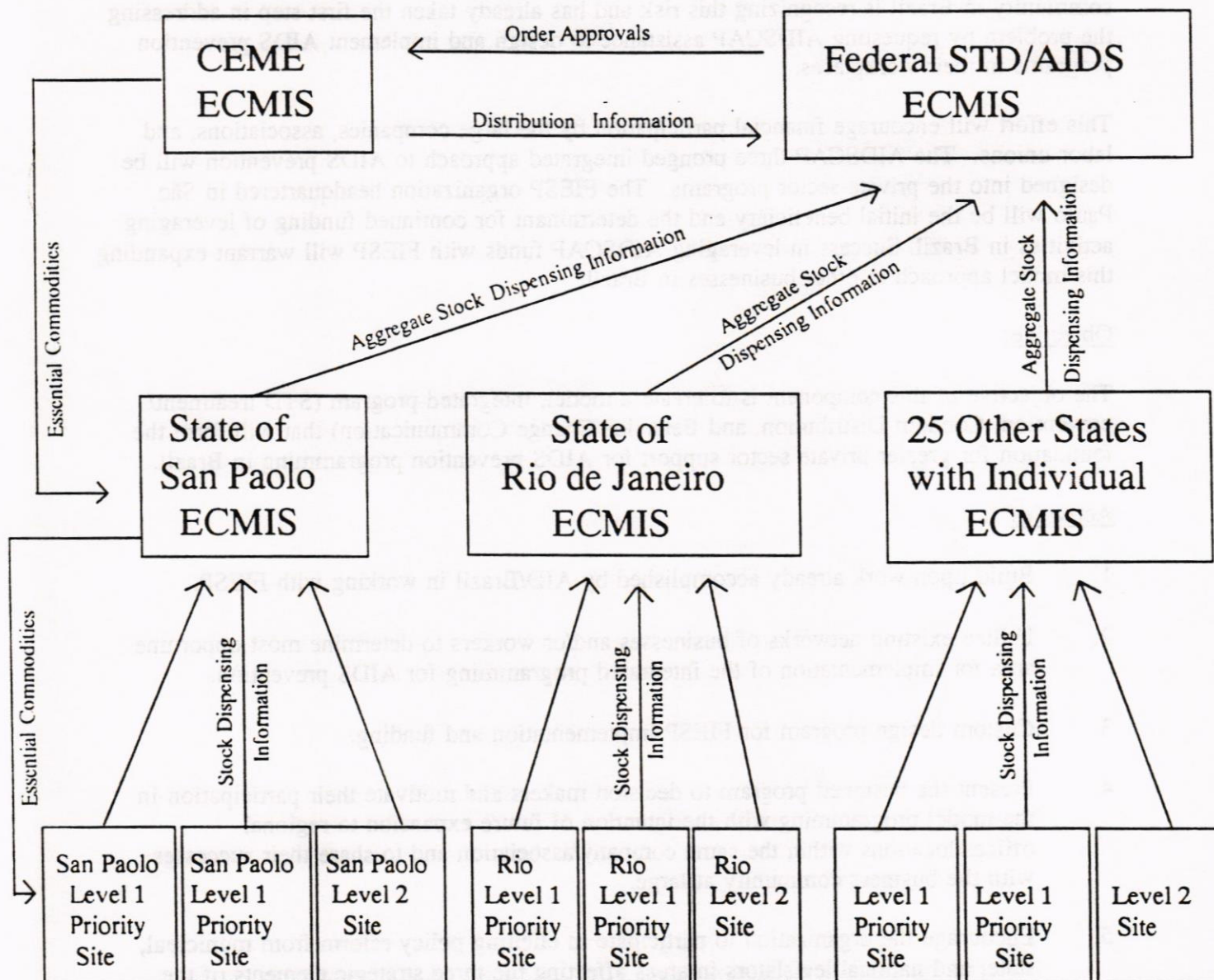
Brazil Health System Logistics for Pharmaceuticals and Condoms



BRAZIL

AIDS PROGRAM Essential Commodities Management Information System (ECMIS)

Figure Two



7. PRIVATE SECTOR LEVERAGING

Description

The socioeconomic impact of AIDS in the world and the diminishing resources of the public sector to combat the problem have greatly increased the need to mobilize the resources of the private sector to form a unified front in HIV/AIDS prevention efforts. The business community in Brazil is recognizing this risk and has already taken the first step in addressing the problem by requesting AIDSCAP assistance to design and implement AIDS prevention programs in their workplaces.

This effort will encourage financial participation by the large companies, associations, and labor unions. The AIDSCAP three pronged integrated approach to AIDS prevention will be designed into the private sector programs. The FIESP organization headquartered in São Paulo will be the initial beneficiary and the determinant for continued funding of leveraging activities in Brazil. Success in leveraging AIDSCAP funds with FIESP will warrant expanding this model approach to other businesses in Brazil.

Objective

The objective of this component is to create a model, integrated program (STD treatment/prevention, Condom Distribution, and Behavior Change Communication) that will form the foundation for greater private sector support for AIDS prevention programming in Brazil.

Activities

1. Build upon work already accomplished by AID/Brazil in working with FIESP.
2. Utilize existing networks of businesses and/or workers to determine most opportune area for implementation of the integrated programming for AIDS prevention.
3. Custom design program for FIESP implementation and funding.
4. Present the designed program to decision makers and motivate their participation in the model programming with the intention of future expansion to regional offices/locations within the same company/association and to share their successes with the business community at large.
5. Encourage the organization to participate in eliciting policy reform from municipal, state, and national legislators in areas affecting the three strategic elements of the integrated AIDS prevention programming.

Technical Assistance

Private sector expertise will be provided by AIDSCAP Country Office, Regional Office and Headquarters staff and the USAID/Brazil AIDS Program Coordinator, who will provide orientation, introduction and additional input.

Implementing Organizations

FIESP will be the only implementing organization in this initial phase of the leveraging effort. It is envisioned that NTC, a major bank, and a publications firm among others will be subsequent beneficiaries of this programming. The companies already participating at some level in AIDS prevention will be encouraged to expand their activities by integrating the three strategic components.

Time Table

This activity will begin upon approval of this document. It is anticipated that two private sector specialists will, in collaboration with the USAID/Brazil AIDS Prevention Project Officer, schedule a visit of approximately ten work days to design an AIDS prevention program for FIESP implementation and funding to be carried out within the FIESP organization.

Evaluation

The implemented private sector financed AIDS prevention activity will have an evaluation component which will be incorporated into the overall AIDSCAP evaluation program. The leveraging activity will be evaluated on the amount of resources allocated on a semi-annual basis for AIDS prevention by the private sector organization(s) compared to the amount of resources utilized by AIDSCAP to initiate and monitor the activity.

8. PVO AND NGO SUPPORT:

One of the major lessons of AIDS programs to date has been the success with PVOs and NGOs, which have been able to mobilize rapidly and respond to the current crisis. The AIDSCAP Brazil Implementation Plan includes mechanisms to support PVO and NGO activities.

PVO Competitive Grants Program:

Under the AIDSCAP PVO Competitive Grants Program, grant awards of \$200 - 400,000 for a three year period will be made to U.S.-based, A.I.D.-registered PVOs for AIDS prevention projects in Rio de Janeiro and/or São Paulo. The proposal review and funding process are coordinated at AIDSCAP Headquarters with input from the country level through the Resident Advisor in collaboration with the AIDSCAP Regional Office and USAID/Brazil. The AIDSCAP Regional Office and Headquarters will also be available to provide technical assistance during project implementation.

Projects supported through this mechanism will complement the AIDSCAP Brazil Strategic/Implementation Plans. Under this program, PVOs will collaborate with a local group (governmental or non-governmental or community) in all phases of the project. All grant activities will be cost-shared by the proposing PVO, with A.I.D. support not to exceed 75% of the estimated costs of the program.

No projects were selected for development in Brazil in the first round of the grants program. However, concept papers for projects in Brazil will be solicited in the second round, to be scheduled in FY 93.

NGO Rapid Response/Seed Funds:

Funds will also be made available each year in Brazil to strengthen the role and capacity of NGOs to implement HIV/AIDS activities. This funding is available to any NGO with or without previous funding by AIDSCAP.

For the first year of the project, rapid response/seed grants will be used to support several projects in the areas of condom social marketing, communications, and private sector support. Funds will be provided through this mechanism to ABIA for the publication of an AIDS newsletter and to IMPACT for continuation of an outreach to CSWs project.

In future years, quick provision of small funding allocations will be made in response to short-term requests for financial assistance by NGOs. Grants ranging from \$5,000 to \$20,000 will be available to meet immediate, small project and institutional development and training needs. These funds will be managed by the AIDSCAP country office. It is hoped that this rapid response mechanism will instill flexibility into work with NGOs, given that NGOs often need a mechanism to access small amounts of money on short notice.

A simple, abbreviated funding request application form will be developed by headquarters staff to facilitate application and review of these requests. Additionally, a simplified reporting form will also be developed to facilitate financial and programmatic reporting. These forms will be available at the AIDSCAP/Brazil offices and will be promoted among the local NGO community.

9. BEHAVIORAL RESEARCH:

The Behavioral Research subprojects in Brazil will consist of two activities:

- 1) A major collaborative award between the University of California San Francisco Center for AIDS Prevention Studies (CAPS) and three local institutions in Rio de Janeiro and São Paulo to conduct cohort studies of sexual behavior in high risk populations; and

Based on a site visit was conducted in October 1992, to discuss behavioral research activities, CAPS proposes requesting letters of intent from institutions interested in research collaboration. Three institutions will be selected for further protocol development in December, 1992. Among the high risk groups that CAPS hopes will be involved in the project are homosexual and bisexual men in Rio de Janeiro, working men away from home in São Paulo, and intravenous drug users. The highest priority has been placed on working with populations identified in the country plan. The exception, IV drug users, have been identified as an epidemiological priority because they serve as a bridge to heterosexual transmission. The final selection of institutions and groups will be made in Brazil in collaboration with the USAID/Brazil Mission.

- 2) A small grants program for operational research to improve the delivery of prevention programs.

The grants program will be initiated in 1993. Although a research agenda must await the establishment of AIDSCAP programs, the research topics that might be selected are: 1) improving condom policy and condom promotion; 2) exploring workplace-based programming; 3) piloting programs for prevention during Carnival; and (4) improving STD treatment and prevention.

10. PROGRAM MONITORING AND EVALUATION:

While specific evaluation indicators are included in each of the component descriptions, the overall monitoring and evaluation plan for the program is follows:

Evaluation Procedures

The evaluation procedures for assessing the effective implementation of intervention activities include the following.

- (1) Baseline formative assessment using both qualitative and quantitative methods.
- (2) Process evaluation, primarily using quantitative assessment of:
 - the effective implementation of the sub-project activities;
 - the development of the target outputs in a timely fashion;
 - the organization's administrative and financial management of the AIDSCAP sub-projects.
- (3) Outcome evaluation, both qualitative and quantitative, to compare the effect of intervention, based on selected indicators, for any difference from the baseline.
- (4) Impact evaluation to assess the biomedical monitors such as HIV and syphilis serologies, when feasible.
- (5) Use of comparison sites and populations where no intervention was implemented to factor out intervening influences that might have affected the outcome indicators measured independent of the sub-project interventions.

Evaluation Guidelines

Certain generic instruments and methodologies for the measurement of indicators are being developed by the AIDSCAP evaluation unit. Whenever feasible and appropriate, these standard tools will be adopted for the AIDSCAP/Brazil evaluation activities.

No formal, routine HIV surveillance system is in place in Brazil. In addition, the STD surveillance system is non-functional at present. Plans have been made to strengthen the STD surveillance/case recording at selected target STD clinics for the sub-projects. Consequently, no national HIV and STD prevalence surveillance will be done by AIDSCAP/Brazil. In the event that the STD and/or HIV surveillance systems are activated by the Ministry of Health, AIDS Division, under the funding from the World Bank, AIDSCAP will make every effort to incorporate the data in the evaluation activities.

The proposed alternative condom indicators are listed as follows:

(1) Condom use prevalence:

$100 \times [\# \text{ of men who use condoms during sexual activity} / \text{population estimate of men who are sexually active}]$

(2) Condom availability:

$100 \times [\# \text{ of outlets (retails or public) with an "adequate" supply of condoms} / \# \text{ of total outlets in the geographical area (city)}]$

"Adequate" is measured by : stock out frequency, length, etc.

(3) Condom accessibility

of outlets with affordably priced condoms.

"Affordable" will be defined based on the GNP and inflation adjustments at the time of assessment.

Condom use prevalence will be assessed by rapid survey interviews. Condom availability and accessibility will be assessed through inventory checks and spot or random sampling of condom outlets.

The specific process indicators for each component of this implementation plan are listed in each of the components. However, the actual evaluation indicators will not be limited to these indicators. More specific and detailed indicators and evaluation procedures/ methodologies will be developed once each sub-project design is finalized.

Evaluation Activities

AIDSCAP/Brazil evaluation activities include not only the four major intervention components, but also encompass the evaluation of supporting program areas: logistics management, MOH collaboration, condom social marketing, private sector initiatives, and AIDSCAP/Brazil country office administration and management.

Annual evaluation meetings to update all implementing agencies for the AIDSCAP/Brazil subagreements will be held in Brazil. A portion of this annual meeting will be devoted to epidemiologic updates and topic specific evaluation methodology seminars. The intent is to stimulate awareness, understanding, collaboration and support for the evaluation component of all sub-projects. Furthermore, this is an opportunity for an exchange of lessons learned in the development and implementation of the sub-projects among implementors.

Evaluation Implementation Agencies

To maximize institutional capacity building, promote project sustainability, contribute to the development of local Brazilian evaluation professionals, and utilize their insights, AIDSCAP will work to develop evaluation-specific subagreements with CEMICAMP, Campinas, São Paulo State and one other institution in the City of Rio de Janeiro. These institutions will serve as the primary implementors of evaluation activities, with support and guidance from the Resident Advisor and Regional/HQ staff, as needed. In the event that no suitable evaluation counterparts from these institutions can be identified for the City of Rio de Janeiro, CEMICAMP will conduct evaluation activities for São Paulo and Rio de Janeiro sub-projects. IBAM, Rio de Janeiro, will be considered as the organization assessment/evaluation institution to perform organizational diagnosis to define areas to be strengthened as part of the institutional capacity building aspect of the AIDSCAP activities.

The evaluation sub-contractor(s) will be responsible for the following tasks in collaboration with the AIDSCAP LA/C Regional Office Evaluation Officer:

- (1) Adopting the generic model evaluation instruments developed by AIDSCAP into Brazil-specific versions;
- (2) Applying methodologies from Brazil-specific AIDSCAP evaluation tools modules when appropriate;
- (3) Developing additional evaluation assessment tools as necessary to reflect the appropriate measurements of sub-component evaluation indicators;
- (4) Producing the evaluation tools in Portuguese;
- (5) Designing specific evaluation protocols for each of the subprojects. When appropriate, collaborating with designated specialists or institutions as recommended by AIDSCAP LA/C Regional Office Evaluation Officer for protocol development;
- (6) Designing the data processing and analysis flow chart and plans;
- (7) Conducting the actual evaluation studies including baseline, process, outcome and/or impact following the time schedules agreed upon;
- (8) Data processing, conducting data quality checks, data analysis and generating reports/graphs;
- (9) Assuming responsibility for the organization, preparation and presentation of the annual AIDSCAP/Brazil evaluation meetings, in conjunction with the Regional Office and the LA/C Regional Evaluation Officer;

- (10) Conducting other ad hoc evaluation activities for AIDSCAP/Brazil as identified by the LA/C Regional Office in consultation with the AIDSCAP/Brazil country office;
- (11) Producing baseline, process, outcome and impact evaluation reports.

CEMICAMP will be responsible to the AIDSCAP LA/C Regional Office Evaluation Officer for all evaluation related activities.

The AIDSCAP LA/C Regional Office will be responsible for overall evaluation of AIDSCAP/Brazil sub-project implementation based on the evaluation procedures outlined. Collaboration with the AIDSCAP Headquarters technical units will be sought as needed.

Since the AIDSCAP Brazil plan will only be implemented in the cities of Rio de Janeiro, São Paulo and Santos, no overall country-level evaluation will be conducted.

It is necessary to conduct proper and adequate evaluation in order to provide informative results for AIDSCAP at the mid-point of the program (estimated to be around year 2-3). Programmatic decisions will be made following the mid-point evaluation concerning the continuation, modification or discontinuation of specific sub-project activities.

Program Monitoring

The AIDSCAP/Brazil office will adopt the AIDSCAP MIS to monitor sub-project activities. Quarterly reports will be submitted by the Resident Advisor. The Brazil AIDSCAP country office staff will be responsible for getting timely updates from sub-contractors to compile the MIS reports and transmitting them to the Regional Office.

A micro-computer (PC) version of the AIDSCAP MIS will be ready for installation in the Brazil country office in 1993. Training of country staff will be conducted and user manuals will be made available. In addition, if desirable, any sub-project implementation agencies may use the PC version of the AIDSCAP MIS to generate their periodic reports to the AIDSCAP/Brazil office.

Evaluation

Component	Year One				Year Two				Year Three				Year Four				Year Five			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Develop instruments and eval. methods for baseline/ formative research	X																			
Baseline/ formative research		X																		
Develop process evaluation tools and methods			X																	
Annual evaluation meeting				X				X				X				X				
Field test			X																	
Modify tools			X																	
Monitor process indicators		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Mid-point evaluation												X	X							
Modify projects												X	X							
Prepare outcome/ impact evaluations																		X	X	
Prepare final report and project close-out evaluation meeting																				X

IV. PROGRAM MANAGEMENT AND COUNTRY OFFICE:

In-Country Project Management:

The project will be implemented through the AIDSCAP/Brazil Country Office in São Paulo City which is managed by a Resident Advisor and supported by a bilingual accountant and secretary, and a part time Project Advisor resident in Rio de Janeiro.

In-Country Technical Monitoring:

The Resident Advisor will be responsible for developing and monitoring all AIDSCAP-funded subprojects. For each subproject, a subagreement will be developed with the implementing agency or agencies. Subagreements are contractual documents that incorporate the subproject plan and obligate funds and technical assistance. All subagreements will be reviewed and approved by AIDSCAP's LA/C Regional Office and Headquarters.

All subagreements will delineate the progress reporting and the monitoring and evaluation data collection requirements of the implementing agencies. Implementation agencies will collaborate with AIDSCAP to facilitate the baseline, process and outcome/impact evaluation of subprojects and, if applicable, the organization/management assessments during the life of the subagreements.

Once subagreements are approved, the Resident Advisor is responsible for monitoring subproject activities, identifying additional technical assistance needs, and mobilizing resources to ensure that implementing agencies receive proper guidance to implement their activities. Regular reports will be collected from the implementing agencies to determine the extent to which they are conforming to the subagreements on which their funding is based.

All communications from AIDSCAP/Brazil will be handled through the Resident Advisor to AIDSCAP's LA/C Regional office. Communications between AID/Washington to AIDSCAP/Brazil will be channeled through the AIDSCAP LA/C Regional Office.

Under the supervision of the Resident Advisor the Project Advisor will assist the Country Office in these duties for the subagreements implemented in Rio de Janeiro, and any other tasks as required. The Country Resident and Project Advisors will conduct routine monitoring visits to each implementing agency, liaise with the Ministry of Health, Secretary of Health, and other donor agencies' HIV/AIDS prevention related activities, and assure the timely completion of monthly progress/process indicator reports.

In-Country Financial Management:

A country office accountant will be hired to monitor the disbursement of funds to the subprojects and the transaction of accounts. The accountant will ensure that financial reports are prepared regularly and that all required documentation is submitted. The accountant will conduct a financial review and assessment of implementing agencies in Brazil to assure financial management capabilities prior to the authorization of subproject subagreements. He/she will also strengthen implementing agencies' accounting systems if necessary. The overall responsibility for country office expenditures and subproject activities will be the responsibility of the Resident Advisor through support and assistance provided by the AIDSCAP/Brazil accountant.

AIDSCAP LA/C Regional Office Project Management:

The Resident Advisor reports to the Director of the LA/C Regional Office. The Regional Director reports to the Office of the Director at AIDSCAP's Headquarters. The AIDSCAP LA/C Regional Office will monitor all project activities through monthly reports and close communications with AIDSCAP/Brazil. The Regional Office, together with the AIDSCAP/Brazil country office and in consultation with USAID/Brazil and Washington, will review subproject monitoring and evaluation reports to decide on subproject modifications to ensure that project activities fulfill AIDSCAP/Brazil's Strategic and Implementation Plans.

AIDSCAP LA/C Regional Office Technical Monitoring:

The Resident Advisor will identify technical assistance needs through periodic monitoring of subprojects with the assistance of the Project Advisor in Rio de Janeiro. She will channel requests for technical assistance to the LA/C Regional Office.

The Regional Office will identify and recruit technical assistance in response to local needs. If appropriate technical support is not available locally, assistance will be provided in the following order: (1) Regional Office Technical Staff, (2) AIDSCAP Headquarters Technical Staff, (3) Project Subcontractors, and (4) External Consultants.

AIDSCAP LA/C Regional Office Financial Management:

Subagreement budgeting and expense reporting is guided by the AIDSCAP Finance and Administration Division which provides templates and report forms to facilitate financial planning and reporting. The overall financial oversight of project expenditures will be the responsibility of the LA/C Regional Office through support and assistance provided by the regional Financial Officer.

V. ILLUSTRATIVE FIVE YEAR BUDGET
AIDSCAP/BRAZIL IMPLEMENTATION PLAN¹
December 1992 (Figures in thousands)

Component	Year One ²	Year Two	Year Three	Year Four	Year Five	Total
Major Programming						
CSW	260	275	305	330	325	1,495
MAFH	145	175	300	310	320	1,250
MWM	185	225	300	310	320	1,340
STD	200	250	305	330	325	1,410
CSM ³	245	300	0	0	0	545
Logistics Management ⁴	150	230	95	70	40	585
Subtotal	1,185	1,455	1,305	1,350	1,330	6,625
Other Programming						
MOH Support ⁵	100	100	100	50	50	400
Behavioral Research	80	110	110	110	110	520
Evaluation	81	80	100	100	100	461
Condom Strategy ⁶	0	30	50	50	50	180
PVO Grants	50	80	100	100	100	430
Rapid Response/Pilot ⁷	55	45	50	50	50	250
IMPACT ⁸	50	0	0	0	0	50
Subtotal	416	445	510	460	460	2,291
Country Office	250	250	250	250	250	1,250
Total AIDSCAP	1,851⁹	2,150	2,065	2,060	2,040	10,166

¹ FHI/AIDSCAP costs are incorporated with buy-in into line item interventions. Overhead rate is 34.7% charged only on technical assistance (excluding major commodities) and subagreements (first \$25,000 only).

² Y1 costs for major programming are based on subproject implementation by phases. Phase I includes activities in São Paulo (SP) and Rio de Janeiro (RJ) as follows: CSW (SP/RJ), MWM (RJ), MAFH (SP/RJ) and STD (SP). Phase II includes expansion and/or inclusion of other subproject activities in SP and RJ beginning in later years.

³ Years 2-3-4-5 subject to assessment of the availability of condom supply for targeted interventions, negotiation, performance of the implementing agency, availability of funds, and support of other donor agencies.

⁴ Years 3-4-5 subject to availability of funds and assessment of technical assistance and support from other donor agencies.

⁵ MOH support is set aside for USAID/Brazil discretion.

⁶ Condom strategy is an USAID/Brazil contingency fund for commodities.

⁷ \$30K for FIESP (private sector leveraging activities) and \$25K for ABIA (AIDS Newsletter).

⁸ Funds committed to IMPACT/Fortaleza as a one time only contribution.

Year One Illustrative CSW Budget Breakdown
(Figures in thousands)

Item	Year One Cost
Field Costs	
São Paulo	120
Rio de Janeiro	112
Subtotal	232
AIDSCAP Costs	
Technical Assistance	6
Travel	4
Overhead ¹⁰	18
Subtotal	46
CSW Total	260

⁹ Y1 budget consists of \$850,000 core funds and \$1,001,000 from the LA/C Bureau.

¹⁰ Based on two subagreements.

Year One Illustrative MAFH Budget Breakdown
(Figures in thousands)

Item	Year One Cost
Field Costs	
NTC (São Paulo)	56
FURNAS (Rio de Janeiro)	56
Subtotal	112
AIDSCAP Costs	
Technical Assistance	10
Travel	5
Overhead ¹¹	18
Subtotal	33
MAFH Total	145

¹¹ Based on two subagreements.

Year One Illustrative MWM Budget Breakdown
(Figures in thousands)

Item	Year One Cost
Field Costs	
Rio de Janeiro	100
São Paulo	60
Subtotal	160
AIDSCAP Costs	
Technical Assistance	4
Travel	3
Overhead ¹²	18
Subtotal	25
MWM Total	185

¹² Based on two subagreements.

Year One Illustrative STD Budget Breakdown
(Figures in thousands)

Item	Year One Cost
Field Costs	
São Paulo #1	122
São Paulo #2	40
Subtotal	162
AIDSCAP Costs	
Technical Assistance	12
Travel	8
Overhead ¹³	18
Subtotal	38
STD Total	200

¹³ Based on two subagreements.

Year One Illustrative CSM Budget Breakdown
(Figures in thousands)

Item	Year One Cost
Task Order with Population Services International	245
Subtotal	245
AIDSCAP Costs	
Technical Assistance	
Travel	
Overhead	
Subtotal	
CSM Total	245

Funds will be passed through PSI, an AIDSCAP Subcontractor, with a Task Order of which all overhead obligations have previously been met. All technical assistance and travel have been accounted for through the subcontractor budget. This is based on activity through September 1993.

Year One Illustrative Logistics Budget Breakdown
(Figures in thousands)

Item	Year One Cost
Task Order with John Snow, Incorporated	150
Subtotal	150
AIDSCAP Costs	
Technical Assistance	
Travel	
Overhead	
Subtotal	
CSM Total	150

Funds will be passed through JSI, an AIDSCAP Subcontractor, with a Task Order of which all overhead obligations have previously been met. All technical assistance and travel have been accounted for through the subcontractor budget. This is based on activity through September 1993.

Year One Illustrative Private Sector Leveraging Budget

The initial effort will cost approximately \$30,000 including transportation, lodging, salaries, supplies, benefits, etc. for 2 U.S. specialists and 1 local advisor.