

Expanding HIV/AIDS/STD prevention and care integrated to primary care in São Paulo, Brazil - Year -1- 4

Final Report

(Year 1-4 - July 2004 - June 2008)



Associação Saúde da Família

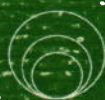
Johnson & Johnson

SÃO PAULO - BRAZIL
July 2008

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Associação Saúde da Família

Johnson-Johnson

SÃO PAULO - BRAZIL

July 2008

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- Secretaria Municipal de Saúde de São Paulo
- Universidade Federal de São Paulo - UNIFESP
- Elton John AIDS Foundation – EJAF-UK
- Associação Comercial de São Paulo

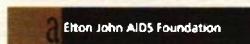
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US\$ 90.000,00 – Year-2
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Johnson & Johnson

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Year-1

**"Inclusion and not exclusion is
a key to survival"**

From the movie, "The Power of One"

Year-2

**" One thing is sure. We have to
do something. We have to do
the best we know how at the
moment... If it doesn't turn out
right, we can modify it as we go
along. "**

Franklin D. Roosevelt

Year-3

**" Numberless are the world's
wonders, but none more
wonderful than man. "**

Sophocles, Antigone

Year-3

**" Education is the
most powerful
weapon you can use
to change the world. "**

Nelson Mandela

Year-4

**" Knowledge has to be
improved, challenged, and
increased constantly, or it
vanishes. "**

Peter Drucker

Year-4

**" Knowledge is power.
Information is liberating.
Education is the premise of
progress, in every society, in
every family. "**

Kofi Annan

EXECUTIVE SUMMARY

Description of the project

This project is a relevant initiative to integrate the HIV/AIDS/STD agenda into primary health care in a poor geographic area of the City of São Paulo, Brazil.

During project Year-1, with funding donated by Johnson and Johnson, Associação Saúde da Família (ASF) implemented an interventional project that included a capacity building program to integrate HIV/AIDS/STD and reproductive health related activities into primary care in the region of Sapopemba/Vila Prudente, São Paulo, Brazil. Professionals from the Family Health Teams formed by physicians, nurses, nurses aides and community health agents were trained using several participatory approaches. ASF conducted training courses for health professionals who are working with community in this region in the prevention and care of HIV/AIDS/STD.

The present strategy is a viable model for implementation of large-scale HIV/AIDS/STD prevention and care in Brazil and has already been replicated to Fortaleza, State of Ceará, in another project funded by Johnson & Johnson.

Scope of work

The main objective of project Year-1 was to train Family Health Teams to implement door-to-door innovative HIV/AIDS/STD interventions. Project Year-2 project focused on reaching specific vulnerable population groups including women and female adolescents. Issues such as violence and reproductive health were included in all discussions and activities. Moreover, in this second year of the project strategies and actions were to be evaluated and modified whenever necessary. Surveys to assess the knowledge of health professionals as well as the situation of the Primary Health Units were carried out. Notable conclusions included: health professionals still have insufficient knowledge about HIV/AIDS/STD; there is need of for more efficient process and impact indicators; pregnant women in Sapopemba and Vila Prudente are still a very vulnerable

group to HIV/AIDS/STD; the amount of condoms distributed by the public sector is only 18.3% of the needs for a hypothetical and desirable coverage of 30% of the population.

The goal for Project Year-3 was to intensify actions towards training doctors, improving pre-natal care particularly regarding AIDS/STI prevention and care, promoting events to reach the community, supplying education materials and equipment to the Health Units, and to integrate the activities of the project into Family Health primary care routines to ensure continuation of the project actions.

Project Year-4 focused on the update of knowledge on HIV/AIDS/STI and reproductive health – Special attention has been given to women's sexual and reproductive health and HIV/AIDS/STD prevention and diagnosis.

As the project ends in June/2008 a series of evaluation activities are being conducted for documentation and dissemination of knowledge and experiences.

Project Implementation and achievements

All HIV/AIDS/STD activities of the Family Health Teams (door-to-door, in the community and Health Units) initiated on Project Year-1 have been consistently maintained during Project Year-2, Year-3 and Year-4. Educational materials were produced and distributed to the Health Units as well as equipment, printed material, CDs and DVDs containing proprietary material to be used in the education of community, patients and health professionals. Events were promoted, including the activities of World's AIDS Day, 2006 and 2007 and Open Fairs to intensify the actions of prevention in the community. Information on the project activities and achievements were presented at major National and International conferences. Analysis of data from surveys, process indicators and Municipal and National data bases furnished important information regarding the project implementation. Continuous technical assistance to each Health Unit was provided by highly qualified consultants to ensure permanent and appropriate HIV/AIDS/STD education and care. Lessons learned were documented for dissemination and replication.

Results

From July 2004 to June 2008 an estimated number of 10,513,840 door-to-door contacts were systematically and repeatedly made to women, men and adolescents by trained Health Community Agents. During the intervention approximately 2.5 million condom units were distributed, 68,325 people were vaccinated for Hepatitis B, and approximately 10,000 people were tested for HIV and syphilis. A noticeable decrease in the incidence of unwanted pregnancies among adolescents was observed as well as a substantial increase in the diagnosis and treatment of STIs.

Constraints

Major limiting factors for further development during the whole duration of the project included political instability in the government of the municipality of São Paulo, i.e. several replacements of the Director of Family Health Program, Municipal Secretary of Health and Mayor.

Participation in the project activities was reduced due to concomitant projects on other health issues implemented by the Municipal Department of Health.

Financial support has also influenced the implementation of the project. ASF partnerships and concurrent projects have helped to sustain the project, which has surpassed the expected results and subproducts. As from May 2007 ASF has also taken over salaries and benefits of the project manager, which is essential for implementation of the different activities and interventions, thus ensuring the project continuation. The project ends in June 2008 after a four-year period of funding by Johnson & Johnson.

Financial Summary

Tables 1, 2, 3 e 4 show summary information on budgets and expenditure from July 2004 to June 2008. Interests on investments were included in the Total Project Income and were used in the project activities.

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ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
ASF	Associação Saúde da Família
CCD	Coordenadoria de Controle de Doenças
CTC	Counseling and Testing Center
COVISA	Coordenadoria de Vigilância em Saúde
FHT	Family Health Team
HAART	Highly active antiretroviral therapy
HCA	Health Community Agent
HIV	Human Immunodeficiency Virus
HPV	Human Papiloma Virus
IDU	Intravenous Drug User
IPVS	Índice Paulista de Vulnerabilidade Social
PHU	Primary Health Unit
SEADE	Fundação Sistema Estadual de Análise de Dados
SIAB	Sistema de Informação da Atenção Básica
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
WHO	World Health Organization

DESCRIPTION OF THE PROJECT

The maintenance of a sustained response to HIV/AIDS/STD prevention, care and treatment is a considerable challenge, particularly in deprived areas of Brazil. The National AIDS Control Program is presently a verticalized program. In order to sustain HIV/AIDS/STD actions it is utterly necessary to integrate HIV/AIDS into other public health programs. This project is a relevant initiative to integrate the HIV/AIDS/STD agenda into primary care in a poor geographic area of the City of São Paulo. Furthermore, the intervention under implementation is in compliance with the directives of the National Health Care System in Brazil: universal access, decentralization and hierarchization. This project is an educational and care intervention initially planned for a period of 5 years and represents a relevant initiative to integrate the HIV/AIDS/STD agenda into primary health care in a poor geographic area of the City of São Paulo, Brazil.

During project Year-1, with funding donated by Johnson and Johnson, Associação Saúde da Família (ASF) implemented an interventional project that included a capacity building program to integrate HIV/AIDS/STD and reproductive health related activities into primary care in the region of Sapopemba/Vila Prudente, São Paulo, Brazil. Professionals of Family Health Teams formed by physicians, nurses, nurses aides and community health agents were trained using several participatory approaches. ASF conducted training courses for health professionals who are working with community in this region in the prevention and care of HIV/AIDS/STD.

The present strategy is a viable model for implementation of large-scale HIV/AIDS/STD prevention and care in Brazil and has already been expanded to the City of Fortaleza, in another project funded by Johnson & Johnson.



Figure 1 Project replication in the City of Fortaleza.

Background information



Fig. 2A



Fig. 2B

Figure 2 Fig. 2A – São Paulo, Paulista Avenue; 2B – São Paulo outskirts of Sapoemba/Vila Prudente (The hidden face of São Paulo)

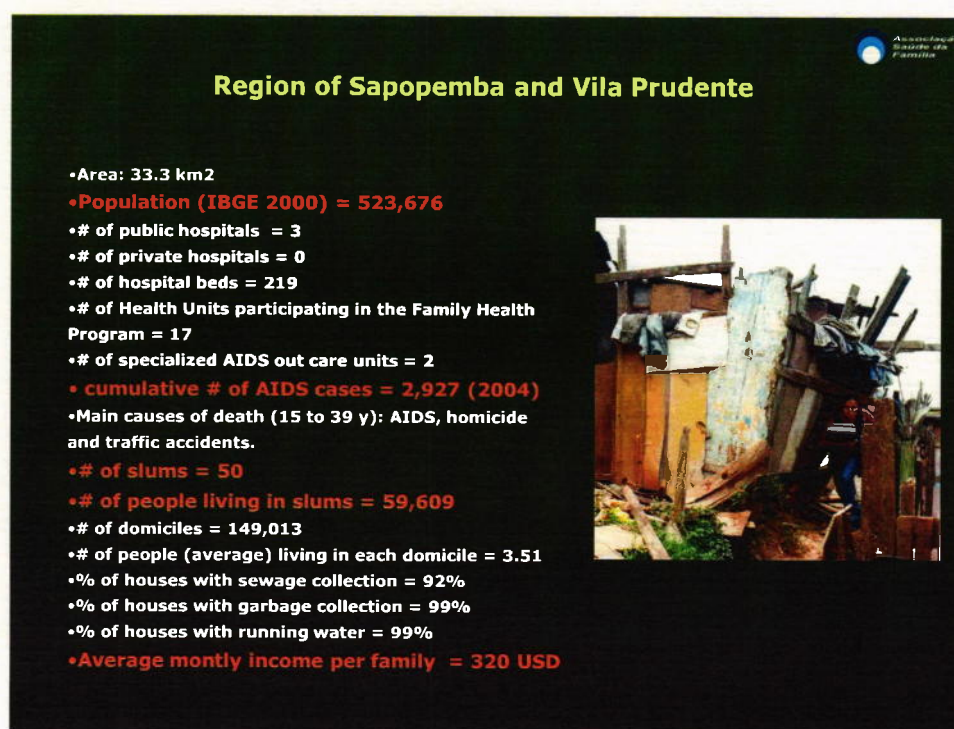


Figure 3 Region of Sapopemba and Vila Prudente

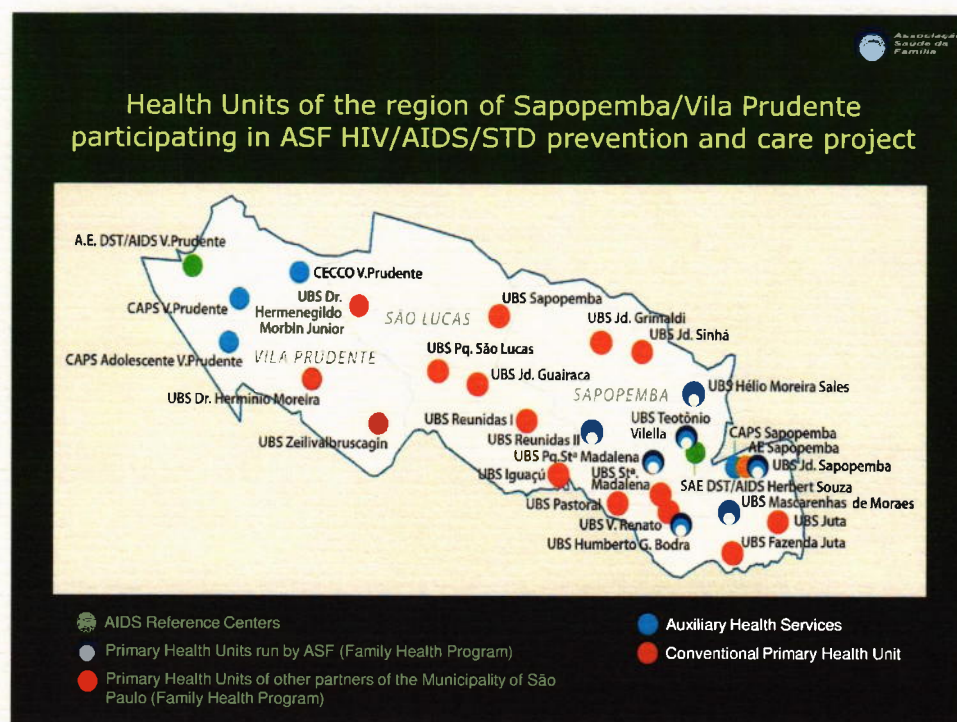


Figure 4 Health Units of the region of Sapopemba/Vila Prudente participating in ASF HIV/AIDS/STD prevention and care project

Scope of Work

The main objective of project Year-1 was to train Family Health Teams to implement innovative HIV/AIDS/STD interventions door-to-door and in the community. Project Year-2 project focused on reaching specific vulnerable population groups including women and female adolescents. Issues such as violence and reproductive health were included in all discussions and activities. Moreover, in this second year of the project strategies and actions needed to be evaluated and modified if necessary. Surveys to evaluate the knowledge of health professionals as well as the situation of the Primary Health Units were carried out. Notable conclusions included: health professionals still have insufficient knowledge about HIV/AIDS/STD; there is need for more efficient process and impact indicators; pregnant women in Sapopemba and Vila Prudente are still a very vulnerable group to HIV/AIDS/STD; the amount of condoms distributed by the public sector is only 18.3% of the needs for a desirable 30% coverage of the population by the public sector.

The goal for Project Year-3 was to intensify actions towards training doctors, improving pre-natal care particularly regarding AIDS/STI prevention and care, promoting events to reach the community, supplying education materials and equipment to the Health Units, and to integrate the activities of the project into Family Health primary care routines to ensure continuation of the project actions.

Project Year-4 focused on the update of knowledge on HIV/AIDS/STI and reproductive health – Special attention has been given to women's sexual and reproductive health and HIV/AIDS/STD prevention and diagnosis.

As the project ends in June/2008 a series of evaluation activities are being conducted for documentation and dissemination of knowledge and experiences.

Strategies

The project's technical strategy is based on the need to integrate reproductive health, HIV/AIDS/STD into primary health care units. Guiding principles were developed to help establish this project such as the full involvement of the family health teams in the process, expansion of the management of HIV/AIDS/STD prevention, care, diagnosis and treatment activities in the region of Sapopemba/Vila Prudente, and finally early diagnosis and treatment of HIV/AIDS/STD patients. Furthermore the strategy is working with the concept of vulnerability by actively involving community participants in HIV/AIDS/STD prevention interventions.

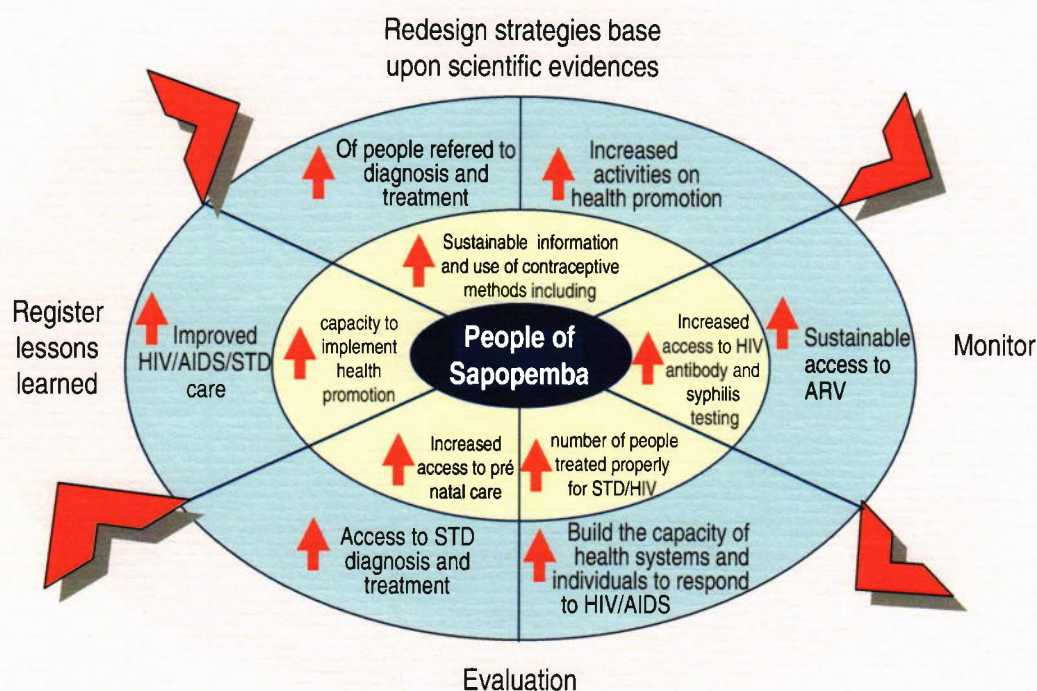


Figure 5 Diagram of the project strategies for HIV/AIDS/STD prevention and care in the region of Sapopemba/Vila Prudente

The present strategy is a viable model for implementation of large scale HIV/AIDS/STD prevention and care in Brazil and should be expanded to other geographic areas.

PROJECT IMPLEMENTATION

1. Management

1.1. Project Monitoring

The overall project coordinator was Dr. Maria Eugênia Lemos Fernandes, Executive Director of ASF, who supervised all project activities

Dr. Silas Pereira Barbosa Júnior was the project manager responsible for implementing the project and interacting with the 17 health units.

ASF performed close monitoring of the activities in site and through the analysis of data from Municipal and National databases, as well as process indicators collected from the Health Units, meetings and reports.

Monitoring was carried out through systematic follow up of the intervention process, thus allowing implementation of planned activities or redefinition of the actions taken.

1.2. Financial Summary

During the four-year period of the project, Johnson and Johnson contributed with a total of US\$ 300,000.00 whereas ASF and its partners documented verifiable counterpart contributions of US\$ 32,961,873.22 for the payment of salaries of community health agents, nurses, nurses aides and physicians working in the Family Health Program in Sapopemba. The criteria for counterpart contribution were the payroll of ASF employees trained to conduct HIV/AIDS/STD prevention in the region. Additional counterpart was provided by the Municipal Health Department such as medication for HIV/AIDS/STD treatment, laboratory exams and health unit administration.

Tables 1, 2, 3 and 4 summarize information on budgets and expenditure from July, 2004 to July, 2008.

Please notice that interest on investments was included in the Total Income and used in the project activities.

Table 1 **Project Johnson & Johnson (São Paulo) – Year-1: budget, expenditure and balance from July, 2004 to June 2005.**

Category	Planned Budget (USD)	Planned Budget (Real)	Total Project Expenditure (Real)
Consultant fees	20,000.00	60,500.00	60,500.00
Educational Materials	6,200.00	18,755.00	18,755.00
Communication	1,100.00	3,327.50	3,327.50
Transportation	2,000.00	6,050.00	6,050.00
Office supplies and photocopies	5,400.00	16,335.00	16,335.00
Training activities	10,760.00	32,549.00	32,549.00
Overhead (10%)	4,540.00	13,733.50	13,733.50
Subtotal	50,000.00	151,250.00	151,250.00
Salary and Benefits – Family Health Teams ASF and partners Counterpart	3,450,246.00	10,436,994.15	10,436,994.15
Total	3,500,246.00	10,588,244.15	10,588,244.15

* Exchange Rate; US\$ 1.00 = R\$ 3.025

Table 2 Project Johnson & Johnson (São Paulo) – Year-2: budget, expenditure and balance from July, 2005 to June 2006.

Category	Planned Budget (USD)	Planned Budget (Real)	Revised Budget (Real)	Other Income distribution (Real)	Total Project Expenditure (Real)
Consultant fees	31,000.00	71,455.00	134,442.77	924.28	135,367.05
Educational Materials	4,900.00	11,294.50	4,086.81	0.00	4,086.81
Equipment	1,500.00	3,457.50	3,457.50	3795.50	7,253.00
Transportation	4,600.00	10,603.00	10,716.55	2,991.57	13,708.12
Office supplies and photocopies	1,000.00	2,305.00	2,333.45	3,991.86	6,325.31
Secretary	9,000.00	20,745.00	2,570.00	0.00	2,570.00
Training activities	29,000.00	66,845.00	29,097.92	7,358.77	36,456.69
Overhead (10%)	9,000.00	20,745.00	20,745.00	0.00	20,745.00
Subtotal	90,000.00	207,450.00	207,450.00	19,061.98	226,511.98
Interest				19,061.98	
Salary and Benefits – Family Health Teams ASF and partners Counterpart	8,790,000.00	20,260,950.00	20,260,950.00		20,260,950.00
Total	8,880,000.00	20,468,400.00	20,468,400.00	19,061.98	20,487,461.98

* Exchange Rate; US\$ 1.00 = R\$ 2.305

Table 3 Project Johnson & Johnson (São Paulo) – Year-3: budget, expenditure and balance from July, 2006 to June, 2007.

Category	Planned Budget (USD)	Planned Budget (Real)	Revised Budget (Real) 31/7/2007	Other Income distribution (Real) 31/7/2007	Total Project Expenditure (Real) 31/7/2007
Consultant fees/Training activities	68,000.00	144,500.00	136,107.86	14,739.13	150,846.99
Transportation	3,000.00	6,375.00	8,831.55	00.00	8,831.55
Office supplies and photocopies	1,000.00	2,125.00	2,568.12	00.00	2,568.12
Secretary	9,000.00	19,125.00	24,617.47	00.00	24,617.47
Overhead (10%)	9,000.00	19,125.00	19,125.00	00.00	19,125.00
Subtotal	90,000.00	191,250.00	191,250.00	14,739.13	205,989.13
Salary and Benefits – Family Health Teams ASF and partners Counterpart	10,434,782.61	22,173,913.05	22,173,913.05	00.00	22,173,913.05
Total	10,524,782.61	22,365,163.05	22,365,163.11	14,739.13	22,379,902.18

* Exchange Rate; US\$ 1.00 = R\$ 2.125

** Committed to the payment of materials to be distributed to PHUs (Infection Control Manual)

Table 4 Project Johnson & Johnson (São Paulo) – Year-4: budget, expenditure and balance from July, 2007 to June, 2008.

Category	Planned Budget (USD)	Planned Budget (Real)	Revised Budget (Real) 25/07/2008	Other Income distribution (Real) 25/07/2008	Total Project Expenditure (Real) 25/07/2008
Consultant fees/Training activities	48,000.00	92,578.29	72,571.44		99,888.73
Transportation	3,000.00	5,786.14	3,467.07		3,467.07
Office supplies and photocopies	1,000.00	1,928.71	8,594.79		8,594.79
Secretary (Salários)	11,000.00	21,215.86	36,875.70		36,875.70
Overhead (10%)	7,000.00	13,501.00	13,501.00		13,501.00
Carried Over from Project Year-3				12,961.75	
Interest Account				14,355.54	
Subtotal	70,000.00	135,010.00	135,010.00	27,317.29	162,327.29
Salary and Benefits – Family Health Teams ASF and partners Counterpart	10,434,782.61	20,125,713.39	20,125,713.39	0.00	20,125,713.39
Total	10,504,782.61	20,260,723.39	20,260,723.39	27,317.29	20,588,040.58

* Exchange Rate; US\$ 1.00 = R\$ 1.928

2. Project Activities

2.1. Capacity building

2.1.1 Training Activities

Year-1

ASF conducted 8 training courses for 409 professionals (21 physicians, 43 nurses, 76 nurses aides and 269 community health agents). The training provided ASF and partners the opportunity to build the local capacity of individuals and primary health care units to implement HIV/AIDS prevention and care in the region of Sapopemba/Vila Prudente. Before 2004 ASF trained 33 physicians, 33 nurses, 66 nurses aid and 187 community health agents. Presently all 920 professionals working in family health teams in the region of Sapopemba/Vila Prudente trained.



Fig. 6A



Fig. 6B

Figure 6 **Fig. 6A and 6B – Workshops**

Year-2

A total of seven workshops were conducted in the first semester of 2006. The target public included health units' managers, physicians, nurses, nurse aides and community health agents.

The topics addressed in the workshops included HIV/AIDS/STD prevention and care, reproductive health, sexuality, sharing of experiences, community therapy, violence, use of educational materials, hepatitis and infection control.

Table 5 Workshops for Family Health Teams (Physicians, Nurses, Nurses Aides and Health Community Agents)

Date	Title/Subject	Target Public	Number of participants
07/02/06	Workshop on HIV/AIDS/STD prevention and care, and sharing of experiences	<ul style="list-style-type: none"> Health Units Managers Teams from each Community Health Unit 	77
21/02/06	Community Therapy	<ul style="list-style-type: none"> Managers Physicians Nurses Nurse aides 	60
14/03/06 15/03/06	Refresh course on the use of educational materials	<ul style="list-style-type: none"> Community Health Agents Nurses Aides Nurses 	161 174
18/04/06	Hepatitis	<ul style="list-style-type: none"> Managers Physicians Nurses 	67
23/05/06	Infection Control in the Health Units	<ul style="list-style-type: none"> Health Units Managers Nurses Nurses Aides 	52
07/06/06	HIV Vertical Transmission	<ul style="list-style-type: none"> Managers Physicians Nurses 	132
28/06/06	Sexually Transmitted Diseases	<ul style="list-style-type: none"> Managers Physicians Nurses 	92

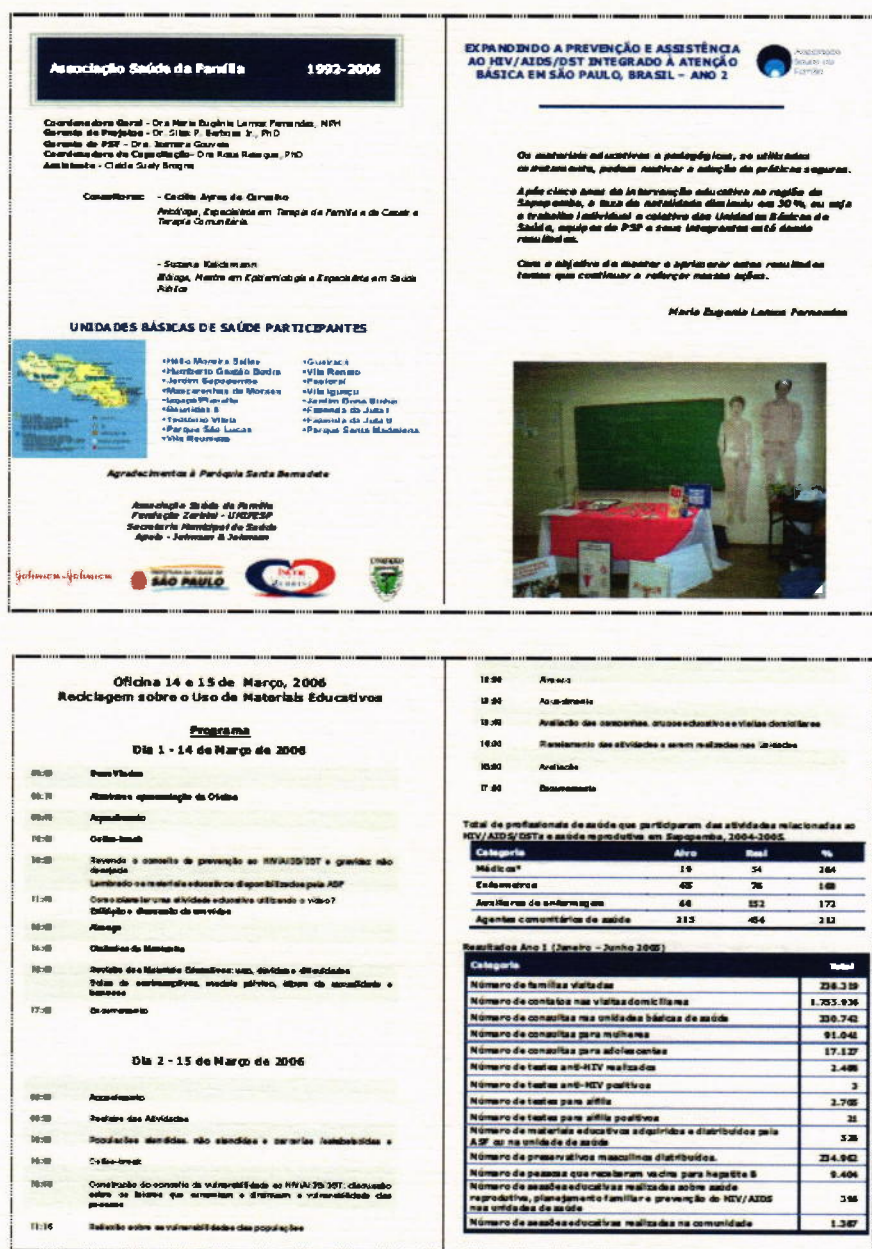


Figure 7 Workshop printed program "Refresh course on the use of educational materials"

Year-3

Three series of workshops, one in each Health Unit, were conducted during project Year-3, accounting for a total of 1058 trained people: "Childhood, Sexuality and AIDS Prevention" (December, 2006); "Reproductive Health and STD/HIV/AIDS Prevention" (March, April, May and June 2007); "Adolescing with Prevention and Pleasure" (June, 2007). The target public

included health unit's managers, physicians, nurses, nurse aides and community health agents.

The workshop "Childhood, Sexuality and AIDS Prevention" was conducted in all Health Units participating in the Project, including a special session held at Santa Bernadete Parish, which gathered professionals of all participating units. A total of 461 professionals were trained.



Fig. 8A



Fig. 8B

Figure 8 Fig. 8A and Fig. 8B – "Childhood, Sexuality and Prevention AIDS" Workshop

"Reproductive Health and STD/HIV/AIDS Prevention and Care" was a workshop developed with the aim to train 125 new FHT professionals on STD/HIV/AIDS Prevention and Care.



Fig. 9A



Fig. 9B

Figure 9 Fig. 9A and Fig. 9B – "Reproductive Health and STD/HIV/AIDS Prevention and Care" Workshop

A total of 472 professionals were trained in the "Adolescing with Prevention and Pleasure" workshop, which was also conducted in all participating PHUs.



Fig. 10A



Fig. 10B

Figure 10 **Fig. 10A and Fig. 10B – "Adolescing with Prevention and Pleasure" Workshop**

Courses on Health Planning

ASF organized a course on Local Health Planning for managers and administration personal from the Health Units. This course was carried out in partnership with the Family Health Program Team of ASF, which implemented the project "Expanding Breast Cancer Prevention into the Family Health Program". A total of 21 people of the region of Sapopemba/Vila Prudente were trained.

Year-4

The workshop "Women's Reproductive and Sexual Health and HIV/AIDS/STI Prevention", conducted on 22/11/2007 at Santa Bernadete Parish gathered professionals of all participating units. A total of 251 professionals were trained.

This workshop intended to deliver knowledge on general women's sexual and reproductive health including breast and gynaecological cancer prevention, emergency contraception and techniques for approaching women regarding HIV/AIDS/STD prevention.



Fig. 11A



Fig. 11B

Figure 11 **Fig. 11A and 11B – “Women’s Reproductive and Sexual Health and HIV/AIDS/STI” Workshop**

2.1.2 Community Therapy

Community therapy sessions have been implemented in six primary health care units in the first year of the project and were extended to additional units in the second phase of the project on Year-2.

A total of 103 sessions were conducted in six PHUs. Approximately 300 health professionals, including PHU managers, nurse, nurse aides and community health agents, participated in these sessions. The main topics discussed included pregnancy during adolescence, women and violence, adolescence, Health Units' lack of resources and shortage of referring centers for the patients, and the stress caused by day-to-day pressure due to these challenging working conditions. A cooperation program with the Municipal Department of Health is under consideration to allow implementation of Community Therapy in all Health Units of Sapopemba/Vila Prudente.

2.1.3 Materials Produced and Distributed

Year-1

All the Health Community Agents of the HCUs received a rack sack containing HIV/AIDS/STI prevention and reproductive health materials: educational folder; rubber penis; a case containing contraceptive methods materials, and a KY Gel tube donated by Johnson & Johnson.

In addition a manual on STI developed by the Ministry of Health was also given to each HCA.

Each Family Health Team received a set of dolls "Gertrudes and Gervásio" and a kit containing 9 VHS tapes with information on STI/HIV/AIDS.



Fig. 12A



Fig. 12B



Fig. 12C



Fig. 12D

Figure 12 **Fig. 12A – STI Manual developed by the Brazilian Ministry of Health; Fig. 12B – Health Community Agents carrying the rack sack; Fig. 12C – Dolls Gertrudes e Gervásio; Fig. 12D – VHS tapes with information on STI/HIV/AIDS.**

Year-2

During project Year-2 several printed materials were distributed to the HCUs for use with the population.

Year-3

The following materials and equipment were donated to each of the 17 Primary Healthcare Units participating in the project: DVD player; Digital camera; DVD, "Projeto Integrando Saúde Reprodutiva e Prevenção ao HIV/AIDS no Programa Saúde da Família" (Project "Integrating Reproductive Health and HIV Prevention into the Family Health Program"; Book "Onde Não Há Médico" (Where there is no doctor), by David Werner; Banner for the World AIDS Day.

Juta II Primary Health Care Unit received support to make new clothes for the "Cordel da Camisinha" group.

Vila Reunidas Primary Health Care Unit, which organized an event to gather the other Health Units for the World Aids Day at Arthur Friedenreich, Municipal Club received: Banners; 1.000 condom units; Red ribbons and pins; Indoor soccer balls; 12 sets of t-shirts indoor soccer; 140 medals (70 gold and 70 silver); 6 trophies (3 large and 3 small).

Jardim Dona Sinhá Primary Health Care Unit organized an sports event with adolescents to celebrate the World Aids Day and received: Indoor soccer balls; Sets of uniforms for indoor soccer.



Fig. 13A

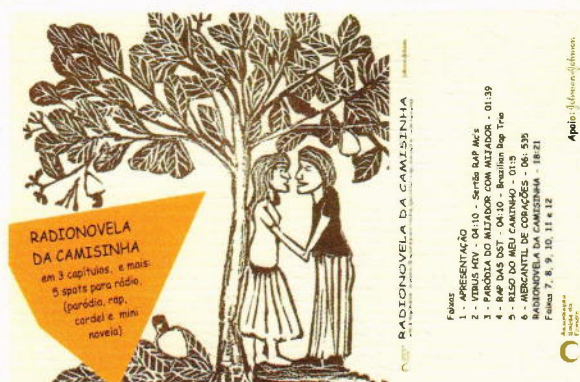


Fig. 13B



Fig. 13C



Fig. 13D



Fig. 13E



Fig. 13F



Fig. 13G

Figure 13 Fig. 13A – DVD player; Fig. 13B – CD “Condoms Soap Opera”; Fig. 13C – DVD, “Project “Integrating Reproductive Health and HIV Prevention into the Family Health Program”; Fig. 13D – Banner of the World AIDS Day; Fig. 13E – Book “Onde Não Há Médico”; Fig. 13F – Banners; Fig. 13G – trophies

Educational materials were produced and distributed to all ACU: Reproduction of the radio program “Condoms Soap Opera”; Reproduction of Teaching Films on HIV/AIDS/STI prevention on DVD media; CD/DVD with

lectures on HIV/AIDS/STI to be used in the Health Units to train the Family Health Teams – under preparation; DVD with the workshops “Childhood, Sexuality and AIDS Prevention” and “Adolescing with Prevention and Pleasure”.

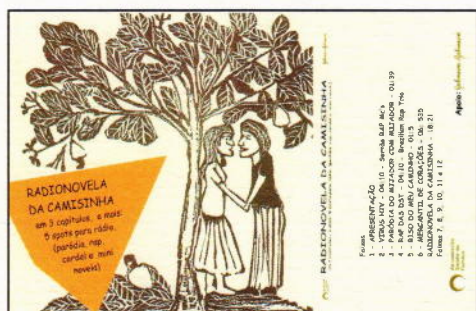


Fig. 14A



Fig. 14B

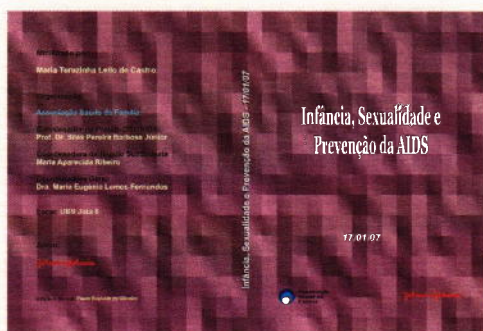


Fig. 14C



Fig. 14D

Figure 14 **Fig. 14A – The Condom Radio Soap Opera – CD cover; Fig. 14B – HIV/AIDS/STI Teaching – DVD cover; Fig. 14C – Childhood, Sexuality and AIDS Prevention – DVD cover; Fig. 14D – Adolescing with Prevention and Pleasure – DVD cover**

Year-4

- Infection Control Manual for Health Units. This manual represents an important milestone in Infection Control for outpatients clinics, particularly Family Health Units. The first edition is being published in Portuguese and Spanish and may benefit health clinics in Brazil and in Latin America. The book was prepared after a survey conducted by ASF considering the daily needs of Health Units, identified through a survey conducted in 17 PHUs in Sapopemba/Vila Prudente. The Spanish version will be distributed at the world AIDS Conference 2008 in Mexico City to disseminate the acquired knowledge.

- World AIDS Day T-shirt designed and distributed for PHUs prevention activities.

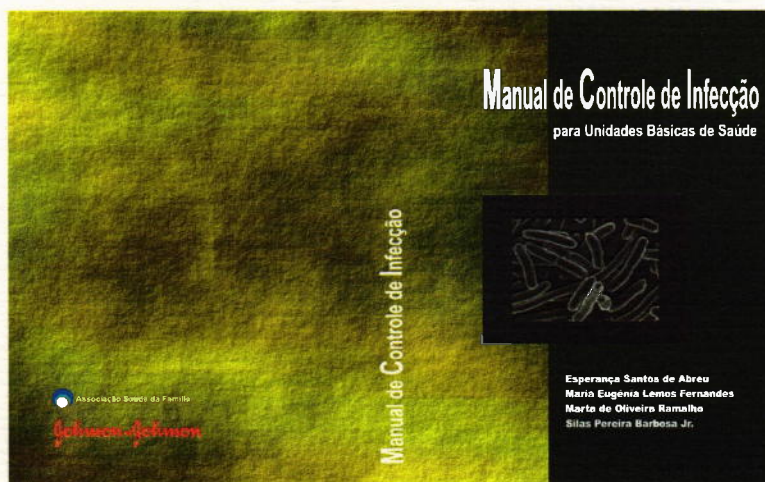


Fig. 15A

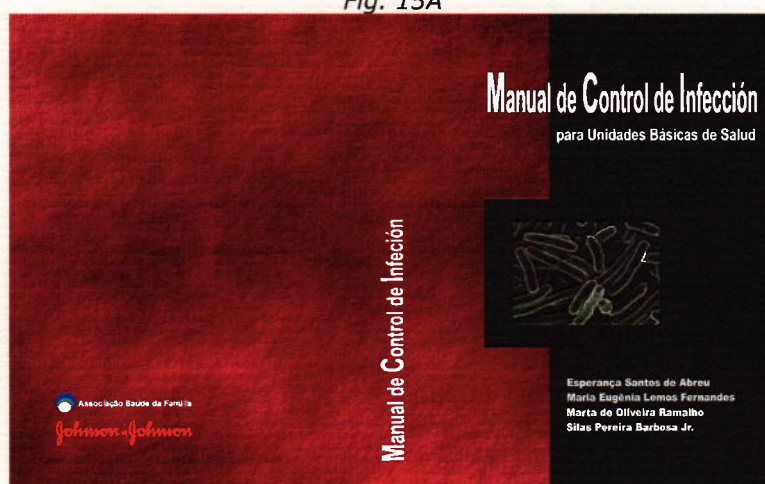


Fig. 15B



Fig. 15C



Fig. 15D

Figure 15 Fig. 15A – Infection Control Manual for Health Units (Portuguese version); Fig. 15B – Infection Control Manual for Health Units (Spanish Version); Fig. 15C – World AIDS Day t-shirt; Fig. 15D – Pins produced for the World AIDS Day

- A kit with DVDs on different health subjects was produced and distributed to all units participating on the project. They will serve to educate the FHTs to promote health care and prevention action at the PHUs.
- Newly admitted HCAs received also a rack sack



Fig. 16A



Fig. 16B

Figure 16 **Fig. 16A – Health Agents in Action DVD kit; Fig. 16B – HIV/AIDS/STI prevention rack sack**

2.2. Health promotion, HIV/AIDS prevention activities and condoms distribution

In this project, the core of health promotion and health prevention relies on the door-to-door and community based educational activities performed by the Health Community Agents (HCA), and the educational and assistance work of other health professionals at the Primary Health Units.

HCAs have a key role in performing domiciliary visits, educating men, women and adolescents, distributing condoms, referring patients to the Primary Health Units and promoting community activities for the prevention of HIV/AIDS/STD, reproductive health and family planning. Presently, there are 533 HCAs working in the FHTs.

PHUs participating in the project have currently a mean number of 89,461 enrolled families. An estimated number of 2,628,460 domiciliary visits were

registered accounting for 10,513,840 potential contacts in the period of four years

A summary of the main process indicators of these activities is shown on Table 6. Estimates have been extrapolated from data collected using the HCAs and PHUs indicator forms, and from secondary data from SIAB and other databases. Data are consolidated at the end of each 6-month period. The full analysis for the period from July to December, 2007 will be available in March, 2008.

Table 6 Project educational activities performed door-to-door, in the community and in the Health Units.

Source: extrapolated from data collected from the PHU and HCAs, and SIAB

Category	JAN-JUN 2005	(%) of change	JUL-DEC 2005	(%) of change	JAN-JUN 2006	(%) of change	JUL-DEC 2006	(%) of change	JAN-JUN 2007	(%) of change	JUL-DEC 2007	(%) of change	JAN-JUN 2008
Number of families visited	83,134	(7.5)	89,366	(-1.4)	88,086	(-1.6)	86,643	(2.6)	88,884	(0.2)	89,104	(3,3)	92,000
Number of domiciliary visits	320,476	(19.1)	381,681	(-2.9)	370,627	(17.6)	435,755	(-4.3)	416,968	(-37.8)	258,971	(71,4)	443,982
Number of educational sessions conducted for reproductive health, family planning and HIV/AIDS prevention at Health Unit level	457	(27.1)	581	(98.8)	1,155	(-19.2)	934	(-48.4)	482 *	(-6,6)	450	(159.9)	1,156
Number of educational sessions conducted at community level**	1,520	(49.4)	2,271	(-14.0)	1,952	(5.6)	2,062	(22.4)	2,524	(-32.7)	1,699	(134,2)	3,979

* Decrease in the number of sessions is due to concomitant activities of the FHTs promoted by the Municipal Health Department

Distribution of Condoms

As part of the intervention actions, condoms were distributed to the population at the PHUs and by the HCAs (Table 7).

Table 7 **Number of condoms supplied and distributed to the PHUs participating in the project**

Source: extrapolated from data collected from the PHUs and HCAs.

Period	Condoms supplied to the Health Units	Condoms distributed
JAN – JUN 2005	-	234,962
JUL – DEC 2005	575,352	537,180
JAN – JUN 2006	523,374	432,720
JUL – DEC 2006	621,996	492,847
JAN – JUN 2007	274,010	276,721
JUL – DEC 2007	337,321	270,277
JAN – JUN 2008	229,140	218,072

The total amount of condoms distributed by the PHUs (i.e. public sector) could hipotetically provide coverage for 30% of the population needs, leaving 70% to the sales of the private sector, since male condoms are relatively cheap and can be afforded by most of the population if properly promoted.

An inference of the necessary number of condoms to be distributed by the PHUs for a satisfactory coverage in the region of Sapopemba/Vila Prudente could be calculated by multiplying the number of sexually active males by the number of sexual relations (approximately 100 per year - WHO). The male population of Sapopemba/Vila Prudente aged 18-60 years was 150,566 in 2005 (SEADE). Therefore, the estimated number of necessary

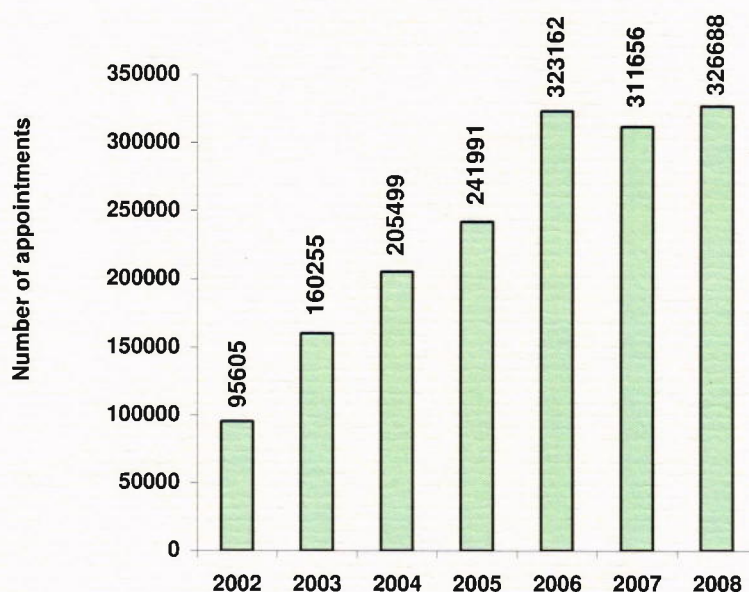
condoms is 15,056,600 per year, and a desirable 30% coverage by the public sector would account for a total of 4,516,980 male condoms. The amount of condoms distributed by the PHUs in 2005 and 2006 was 826,972 and 925,567, accounting for less than 20% of the estimated amount for a 30% coverage provided by the public sector.

The number of condoms distributed in the period from January 2007 to June 2007 was considerably lower than the previous 6-month period, most probably due to irregular supply to the PHUs. However, all the condoms received by the PHUs were distributed. In spite of better supply logistics, only 270,277 condoms were distributed in the period from July to December 2007 due to irregular supply.

2.3. Assistance and referral

A summary of the main process indicators of assistance and referral are shown in the figures and tables below. Estimates have been extrapolated from data collected using the HCAs and PHUs indicator forms, and from secondary data from SIAB. Door-to-door education has been an efficient means to augment the number of people searching for assistance at the PHUs, including adolescents, pregnant women for pre-natal care, HIV and syphilis testing and hepatitis B vaccination.

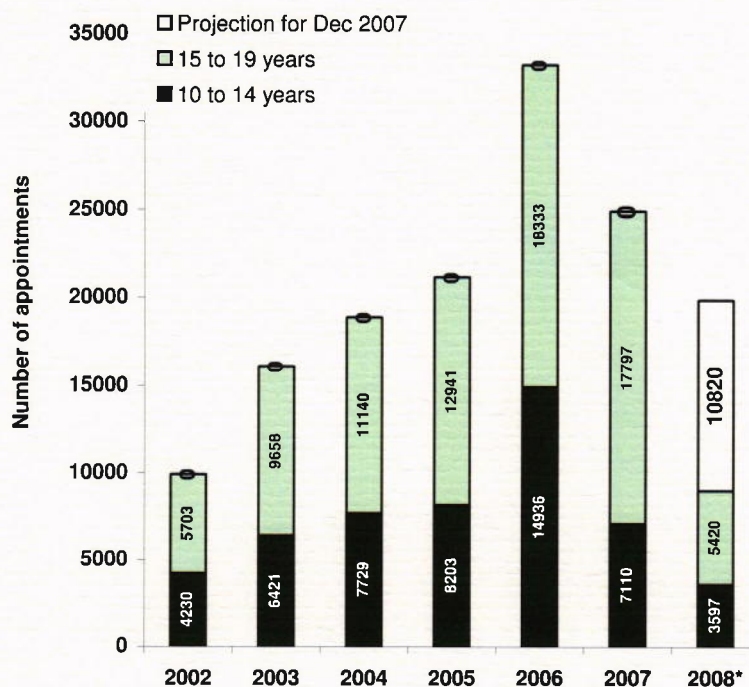
Source: extrapolated from data collected from the PHU and HCAs.



* Estimated data full data will be available from March 2007.

Figure 17 Appointments at PHUs participating in the project in Sapopemba/Vila Prudente

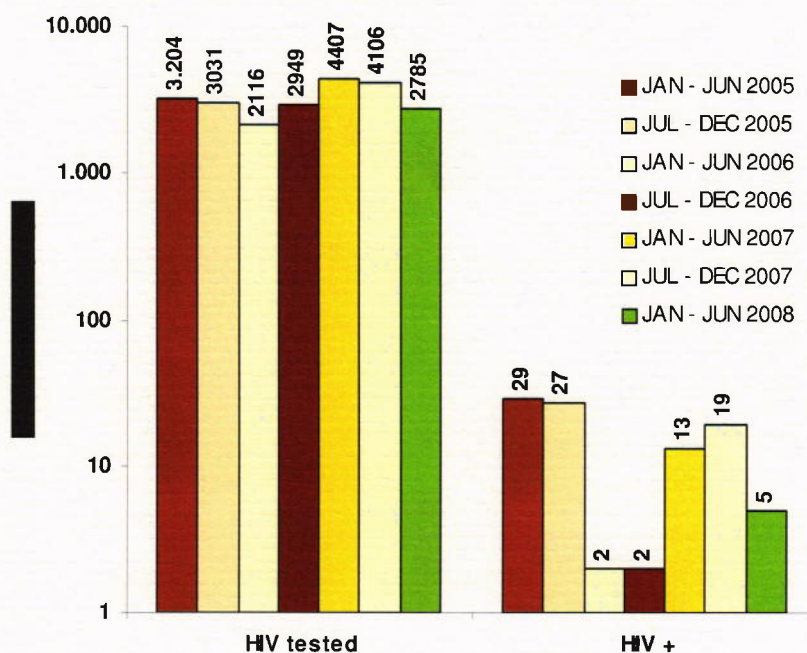
Source: extrapolated from data collected from the PHU and HCAs.



* Estimated data; full data will be available from March 2009

Figure 18 Appointments for adolescents at the PHUs participating in the project

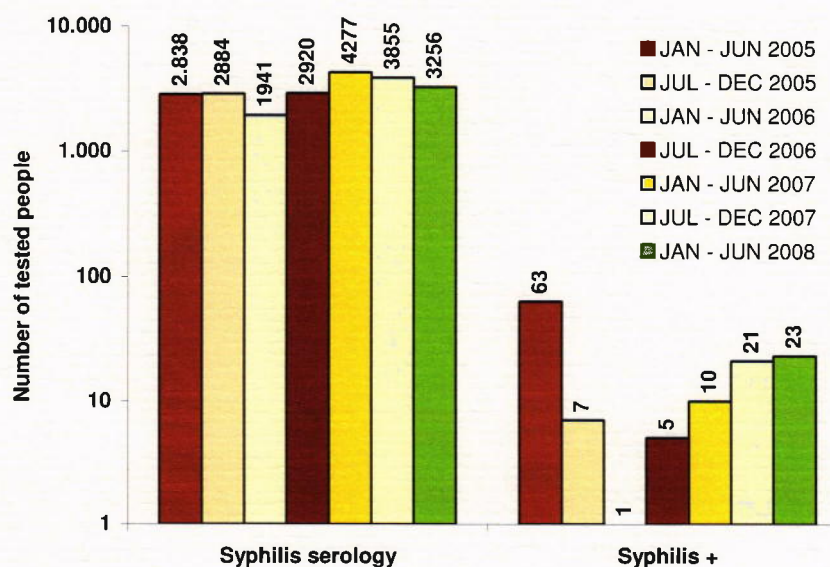
Source: extrapolated from data collected from the PHU and HCAs.



*pre-natal tests were counted separately

Figure 19 Number of people tested for HIV at PHUs participating in the project

Source: extrapolated from data collected from the PHU and HCAs.



*pre-natal tests were counted separately

Figure 20 Number of people tested for syphilis at PHUs participating in the project

Table 8 Data from pregnant women under pre-natal follow-up at trained PHUs

Indicator	JUL-DEC 2005	(%) of change	JAN-JUN 2006	(%) of change	JUL-DEC 2006	(%) of change	JAN-JUN 2007	(%) of change	JUL-DEC 2007	(%) of change	JAN-JUN 2008
Number of pregnant women	3,865	(-3.3)	3,738	(16.3)	4,347	(-2.6)	4,234	(-14.9)	3,605	(-55.2)	3,100
Number of pregnancy tests	4,075	(-49.1)	2,075	(37.8)	2,859	(2.9)	2,943	(2.9)	3,028	(-12.1)	2,663
Number of HIV antibody testing performed	2,572	(-11.7)	2,271	(18.9)	2,701	(15.4)	3,117	(-4.5)	2,976	(-44.1)	1,665
Number of HIV antibody testing positive	0	-	3	-	2	-	5	-	2	-	3
Number of syphilis serology's performed	2,644	(-17.6)	2,179	(21.2)	2,640	(15.1)	3,038	(4.9)	3,186	(-36.1)	2,035
Number of syphilis serology's positive	2	-	0	-	1	-	2	-	1	-	4
Coverage indicator for HIV testing in pregnant women under pre-natal follow-up at PHUs [Number of HIV test performed / pregnant women under pre-natal follow-up]	66.5%	-	60.7%	-	62.1%	-	73.6%	-	82.5%	-	53.7%
Prevalence rate of HIV positive in pregnant women [Percentage of HIV positive among pregnant women under pre-natal follow-up]	0	-	0.13%	-	0.04%	-	0.11%	-	0.05%	-	0.09%
Coverage indicator for syphilis testing in pregnant women under pre-natal follow-up at PHUs [Number of syphilis test performed / pregnant women under pre-natal follow-up]	68.4%	-	58.2%	-	62.1%	-	71.7%	-	88.3%	-	65.6%
Prevalence rate of syphilis positive in pregnant women [Percentage of syphilis positive among pregnant women under pre-natal follow-up]	0.07%	-	0	-	0.02%	-	0.04%	-	0.02%	-	0.12%

* Estimated data full data will be available from March 2007.

Table 9 Hepatitis B vaccination at the PHUs participating in Sapopemba/Vila Prudente

Category	JAN-JUN 2005	JUL-DEC 2005	JAN-JUN 2006	JUL-DEC 2006	JAN-JUN 2007	JUL-DEC 2007	JAN-JUN 2008
Number of people vaccinated against hepatitis type B	13,645	10,934	9,060	8,234	9,258	8,547	8,647

2.4. Events and Activities in the community

Year-1 and 2

During Year-1 and Year-2 several activities in the community were conducted focusing the general population and specific group such as adolescents, drug users and sex workers.



Fig. 21A



Fig. 21B

Figure 21 Fig. 17A – Cordel Group; Fig. 17B – AIDS Rap Group

Year-3

- 2 Johnson & Johnson Contributions Committee 2007/2008 projects presentation meeting – Brazil, 16/10/2006
- World Aids Day 2006 – ASF participated and supported a number of events performed by the Primary Healthcare Units involved in the project:

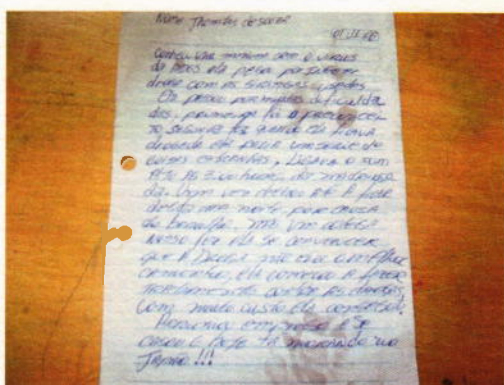


Fig. 22A



Fig. 22B



Fig. 22C



Fig. 22D



Fig. 22E



Fig. 22F



Fig. 22G



Fig. 22H



Fig. 22I



Fig. 22J

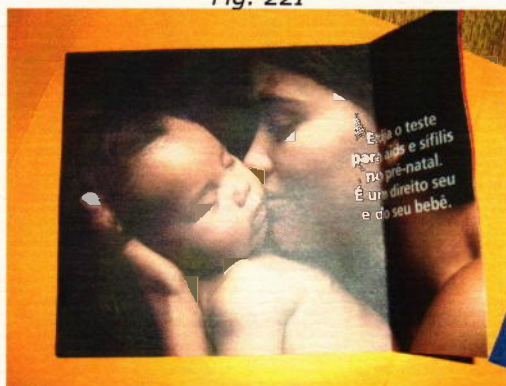


Fig. 22K

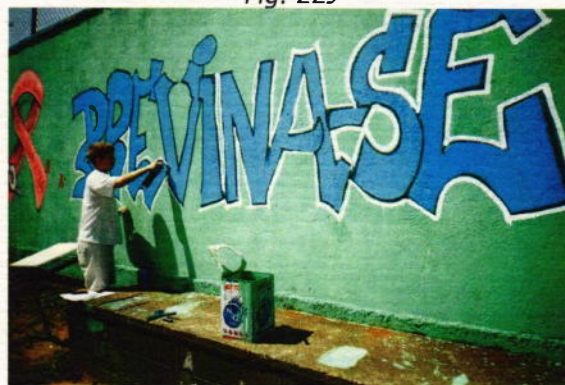


Fig. 22L

Figure 22 Fig. 22A – Writing, sentences and slogans competitions; Fig. 22B – HIV antibody testing (AIDS tests); Fig. 22C – Presentation to the community on “how to use them; Fig. 22D – Cordel da camisinha” presentation; Fig. 22E – The HIV/AIDS prevention Rap; Fig. 22F – Indoor Soccer championship (12 teams); Fig. 22G – Public events for distribution of condoms in the community; Fig. 22H – Distribution of educational materials and condoms at traffic lights; Fig. 22I – Promotion of HIV test for pregnant women during prenatal care; Fig. 22J – A number of presentations related to his topic; Fig. 22K – Promoting HIV and Syphilis tests for pregnant women; Fig. 22L – Scutaí Project

- **AIDS Roleplay**

In partnership with Elton John AIDS Foundation a role-play sensibilisation session on HIV/AIDS with health professionals and educators from Sapopemba/Vila Prudente was conducted in February 2006.



Figure 23 HIV/AIDS Role-play session for Health Professionals of Sapopemba/Vila Prudente

- Visit of Johnson & Johnson staff to the Project - 12/02/2007. This was a visit to the project site for photographic documentation of the activities including PHUs and door-to-door visits.

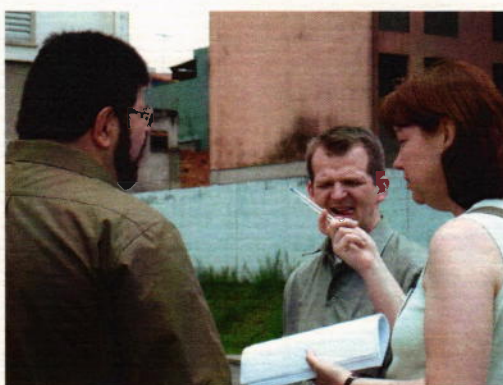


Figure 24 Visit of Johnson & Johnson to the project site for photographic documentation

- 7th Open-air Health Fair of São Paulo
In partnership with Associação Comercial de São Paulo and Secretaria de Justiça e Defesa da Cidadania do Estado de São Paulo, ASF participated of the 7th Open-air Health Fair of São Paulo on 13-14 April 2007. A total of 558 people were educated about reproductive health HIV/AIDS/STI Prevention and the correct use of male and female condoms. Free condoms were also distributed. A Petition for tax exemption on male and female condoms and inclusion on the worker's basic-needs grocery package was also available for signing.



Fig. 25A



Fig. 25B



Fig. 25C



Fig. 25D

Figure 25 Fig. 25A and Fig. 25B – ASF Stand; Fig. 25C – Petition for tax exemption on condoms; Fig. 25D – Educating people on how to use condoms

- Visit of Inter-parliamentary Union AIDS Committee to ASF and project site – 04/06/2007. Mr. Jesudas Seelam – India, Mrs. Hendrietta Bogopane Zulu – South Africa, Mrs. Eva Bjorling – Sweden, Mr. Elioda Tumwesiye – Uganda, Mr. James Jennings – Switzerland, Mrs. Preggs Govender – South Africa visited ASF and the project site. A copy of all project reports as well as educational materials were given to each member of this Committee in order to disseminate information about the project, particularly regarding the methodology employed and its large scale applicability.



Fig. 26A



Fig. 26B

Figure 26 Fig. 26A and Fig. 26B – Members of the Inter-parliamentary Union AIDS Committee visit to the project site

Year-4

- The STI Cordel - This folk group formed by Health Professionals from the project units has been acting in the community during the entire project proving to be an excellent means to sensitize the population on HIV/AIDS/STD. A professional art director was hired to help the group to develop new skills, turning the presentations suitable for different public and ages. The "Cordel" will continue to perform in the community, serving as an important tool for HIV/AIDS/STI prevention in the region of Sapopemba/Vila Prudente.



Figure 27 The STI Cordel

- Health Fair at São Paulo State Legislative Assembly In partnership with Legislative Assembly, ASF participated of the Health Fair on 26-28 November 2008. A total of 203 people, 124 men and 79 women were educated about reproductive health HIV/AIDS/STI prevention

and the correct use of male and female condoms. Free condoms were also distributed.

A letter reminding the importance of STI/AIDS prevention and a World AIDS Day pin was delivered to all State Deputies.



Fig. 28A



Fig. 28B

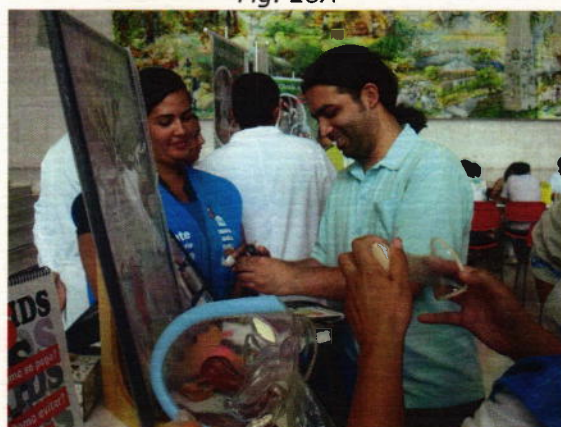


Fig. 28C



Fig. 28D

Figure 28 Fig. 28A – ASF Stand; Fig. 28B – Information about contraceptive methods; Fig. 28C – Educating people on how to use condoms; Fig. 28D – Educating people on how to use condoms

- World Aids Day 2007 – ASF participated and supported a number of events carried out by the Primary Healthcare Units participating in the project. Activities included demonstration of the use of contraceptive methods, AIDS prevention parades, condom distribution, theatre plays, soccer competition, community campaigns and activities for children.



Fig. 29A



Fig. 29B



Fig. 29C

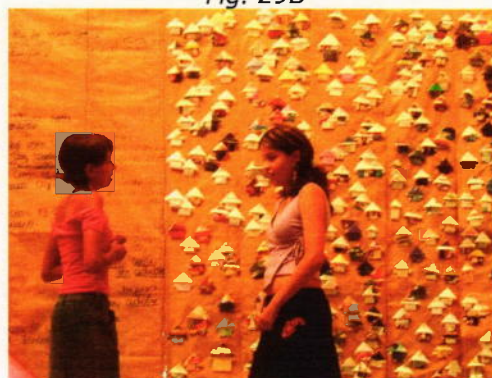


Fig. 29D



Fig. 29E



Fig. 29F



Fig. 29G



Fig. 29H

Figure 29 Fig. 29A - Demonstration of the use of contraceptive methods; Fig. 29B - AIDS Prevention parades; Fig. 29C - Condom distribution; Fig. 29D - Theatre plays; Fig. 29E - Soccer competition; Fig. 29F and Fig. 29G - Community campaigns; Fig. 29H - Activities for children

- Health Fair at Pateo do Colégio, São Paulo downtown, in partnership with Associação Comercial de São Paulo held on 7/4/2008. Over 1,000 people were educated about reproductive health HIV/AIDS/STI prevention and the correct use of male and female condoms. Free condoms were also distributed.

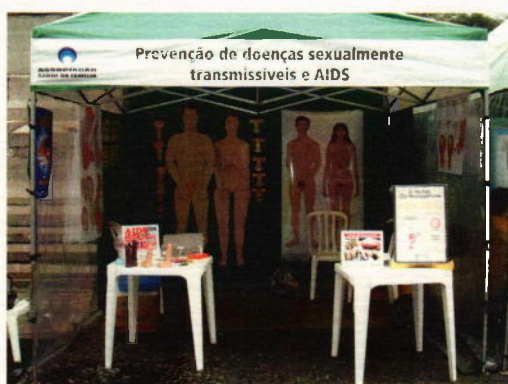


Fig. 30A



Fig. 30B



Fig. 30C



Fig. 30D



Fig. 30E

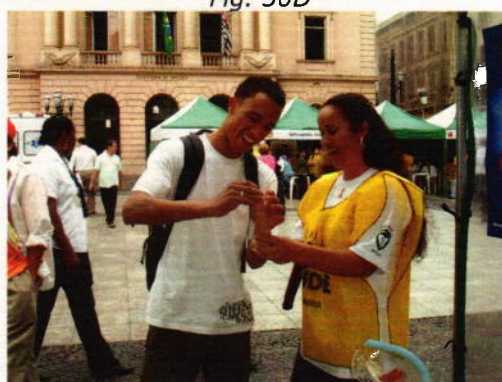


Fig. 30F

Figure 30

Fig. 30A – ASF Stand; Fig. 30B – ASF Team; Fig. 30C – Marine in the prevention of STI/HIV/AIDS; Fig. 30D – Army in the prevention of STI/HIV/AIDS; Fig. 30E – Information on STI/HIV/AIDS; Fig. 30F – Learning how to use a condom.

- Visit of Kátia Reis, new Johnson & Johnson Social Responsibility representative, to ASF headquarters and Project site.



Fig. 31A



Fig. 31B

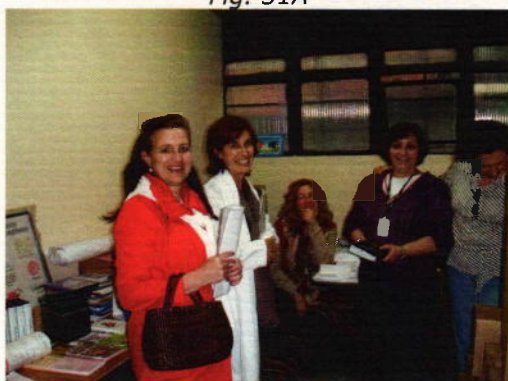


Fig. 31C

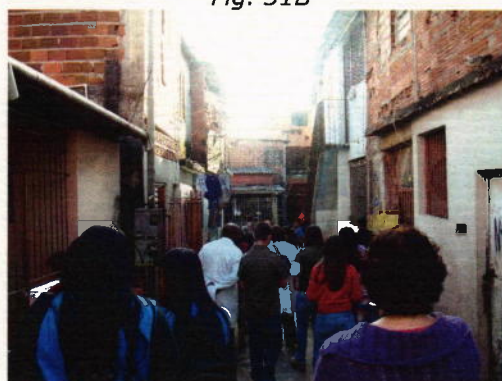


Fig. 31D

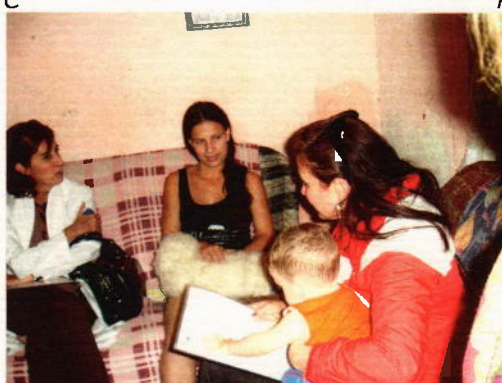


Fig. 31E

Figure 31 Fig. 31A – ASF headquarters; Fig. 31B and 31C– Humberto Gastão Bodra Health Unit ; Fig. 31D – Project site street; Fig. 31E – Family Health Team visit to one of the enrolled families.

2.5. Ongoing Activities

Year-4 activities included training activities, assessment of results and impact of the project and dissemination of information. The following activities have been planned and prepared for the second half of 2008:

- In-Depth interviews and focal group discussions will be conducted in August/September in order to evaluate the overall impact of the project;
- A itinerant workshop to present the Infection Control Manual will be conducted in September 2008 in all PHUs participating in the project;
- A final project workshop entitled "Recalling the future" will be conducted with all health professionals in September 2008;
- A documentary film will be produced to register all project activities during the project including the STI Cordel and the RAP group.

2.6. National and International Dissemination

ASF Internet Site

The ASF web site provides information on Johnson & Johnson projects in Brazil. ASF web page is www.saudedafamilia.org

Conferences and events

8º Congresso Brasileiro de Medicina de Família e Comunidade (8º CBMFC)

II Encontro Luso Brasileiro de Medicina Geral Familiar e Comunitária,

- Expandindo a Prevenção e Assistência ao HIV/AIDS/DST integrado à atenção básica em São Paulo, Brasil.

- Terapia Comunitária: Uma Ferramenta para o Aprimoramento do Trabalho em Equipe do Programa de Saúde da Família

Poster Presentations*

São Paulo - 15-18 June, 2006

12th International Congress on Infectious Diseases

- Expanding HIV/AIDS/STD prevention and care to primary health care in São Paulo, Brazil.

CD Rom - Poster presentation*

Lisbon - 13-18 June, 2006

8th Brazilian Congress of Collective Health

11th World Congress of Public Health

- Expandindo a Prevenção e Assistência ao HIV/AIDS/DST integrado à atenção básica em São Paulo, Brasil.

- Community Therapy

Poster presentation

Rio de Janeiro – 21-25 August, 2006

XVI International AIDS Conference

- Expanding HIV/AIDS/STD prevention and care to primary health care in São Paulo, Brazil.

Poster presentation

Toronto – 13-18 August, 2006

XVI International AIDS Conference - Toronto – 13-18 August, 2006

- Poster presentation

- o Expanding HIV/AIDS/STD prevention and care to primary health care in São Paulo, Brazil.

8º Congresso Brasileiro de Saúde Coletiva (8th Brazilian Congress on Collective Health) and 11º. Congresso Mundial de Saúde Pública (11th World Congress on Public Health) - Rio de Janeiro – 21-25 August, 2006

- Poster presentation

- o Expandindo a Prevenção e Assistência ao HIV/AIDS/DST integrado à atenção básica em São Paulo, Brasil.
- o Terapia Comunitária: Uma Ferramenta para o Aprimoramento do Trabalho em Equipe do Programa Saúde da Família.

VI Congresso Brasileiro de Prevenção das DST e AIDS 2006 (VI Brazilian Congress on Prevention of STD and AIDS 2006) - Belo Horizonte – 4 a 7 de November, 2006

- Oral presentation

- o Terapia Comunitária e Cuidando do Cuidador na Prevenção e Controle das DST/HIV/AIDS no Programa de Saúde da Família.

- Poster presentation

- o Resgate da História Familiar e Cultural Como Estratégia Para Reduzir a Infecção pelas DST/HIV/AIDS e a Gravidez na Adolescência.
- o Cuidados que Eu Preciso: Um Trabalho de Atenção e Cuidados Permanentes aos Profissionais de Saúde da Atenção Básica em Sapopemba - São Paulo / SP"

9º Congresso Brasileiro de Medicina de Família e Comunidade

2º Congresso Cearense de MFC

1º Simpósio Internacional para a Saúde do Brasil: 30 Anos Após Alma-Ata

1-4 May 2008

Fortaleza/CE - Brazil

XVII International AIDS Conference

3-8 August 2008

Mexico City – Mexico

3. Constraints

Major limiting factors for further development during the whole duration of the project included political instability in the government of the municipality of São Paulo, i.e. changes of the Director of Family Health Program, Secretary of Health and Mayor.

Participation in the project activities was reduced due to concomitant projects on other health issues implemented by the Municipal Department of Health.

Financial support has also influenced the implementation of the project. ASF partnerships and concurrent projects have helped to sustain the project, which has surpassed the expected results and subproducts. As from May 2007 ASF has also taken over salaries and benefits of the project manager, which is essential for implementation of the different activities and interventions, thus ensuring the project continuation. The project ends in June 2008 after a 4-year period of funding by Johnson & Johnson.

LESSONS LEARNED AND RECOMMENDATIONS

ASF is pleased to have implemented this project in the region of Sapopemba/Vila Prudente, where population vulnerability and needs are so complex and just as acute. We would like to acknowledge Johnson&Johnson for the financial support during 4 years and the great interest in this important action.

This model of educational and care intervention has been very effective and was already reproduced with success in Fortaleza. We envisage to disseminate the method, which represents a sustainable means to integrate HIV/AIDS/STD prevention and care into the public health system structure. This experience may be replicated in other regions of Brazil and other third world countries

APPENDICES

- Appendix 1. Project History**
- Appendix 2. Secondary Data Analysis**
- Appendix 3. Picture Gallery**

Appendix 1

Project History

APPENDIX 1 – PROJECT HISTORY

The project "***Integrating HIV/AIDS/STD education and care for a low income community in the city of Sao Paulo***" implemented by the Associação Saúde da Família (ASF), the Municipal Department of Health, the Zerbini Foundation, the Federal University of São Paulo with support from Johnson & Johnson has enabled ASF to incorporate Reproductive Health and HIV/AIDS/STD prevention and care into existing primary health care activities. The major player in the door to door health promotion activities is the community health agent, responsible for implementing educational activities at homes, schools and at community level. The community health agents create local strategies to disseminate information and care related to Reproductive Health and HIV/AIDS/STD. One of the community health agents activities is to promote better gender equity, the self esteem of individuals, and to work to reduce the population's vulnerability by increasing the individual's responsibility to take care of their health.

What are the reasons that motivated ASF to implement this project?

Despite efforts to fight HIV/AIDS, it is estimated by the United Nations Program on AIDS that globally there are 40 million people with the AIDS virus of which 95% are from the developed world. A total of 5 million new cases are due to HIV infection acquired during 2004 (approximately). In other words, a total of 14.000 new cases occur per day worldwide.

In Brazil, according to the Ministry of Health (MOH) more than 300.000 cases of AIDS have been reported to the MOH and it is estimated that there are an additional 660.000 people living with HIV in the country. The Brazilian policy of universal access to antiretroviral therapy is reflected in the decrease in the rate of mortality related to AIDS and the related decrease in the number of hospitalizations of the people living with HIV/AIDS in Brazil. According to the Brazilian government, a total of US\$ 2,2 billion has been economized due to the present policy. During 2004, expenses with the procurement of ARV therapy totaled US\$ 350 million. As the number of people living with HIV/AIDS increases, the federal budget for ARV drug procurement also increases. Despite our efforts in Brazil, the epidemic continues to expand, especially among poor women and adolescents, causing health care providers working in AIDS public health to intensify and scale up HIV/AIDS interventions and programs that have proven to work in poor underserved communities. According to the World Health Organization, Brazil is the second country in absolute number of AIDS cases in the Americas.

During the 1990s, the AIDS epidemics in Brazil expanded rapidly among women, and presently data show a related increase in the number of cases among females between 13 and 19 years of age. In our country, vulnerability to HIV/AIDS is associated with low levels of education. According to the MOH, 46,3% of the new AIDS cases in Brazil are in individuals who have less than 7 years of education. Analysis of epidemiological data permit us to conclude that the AIDS epidemic in Brazil shows the following major patterns: it is reaching females, the young and the poor segments of society. Taking into account the

present scenario there is a relevant need to seek HIV/AIDS prevention models and strategies that are designed, implemented according to the specific needs of the vulnerable population in Brazil. The present project was built upon a successful experience implemented in the Sapopemba region.

Since 1988, with the Brazilian law that established the Unified Brazilian Health System, called the SUS, a process to decentralize health activities to the municipal level has been taking place. This strategy has been particularly important to face local health needs and also to design specific strategies to respond to those needs. Since 1994, the federal government has been utilizing the Family Health model as one of its key strategies to implement the SUS and organize primary care assistance in the country. The Brazilian model for primary care includes a community actor, the community health agent, who are individuals selected from the community where they live. The criteria to participate in the selection process for becoming a community health agent are to live at least two years in the community that they will be working. They also act as a bridge between the primary health unit and the community. Each community health agent is linked to a family health team, which is also responsible for the monitoring, supervision and discussion of their field activities. This fact allowed us to tailor interventions and strategies in response to specific community needs.

Since 2000, the ASF has been integrating HIV/AIDS/STD prevention and care into the Family Health Program in São Paulo city. In 2001, the ASF and 11 other institutions signed a cooperative agreement with the municipality of São Paulo to implement primary health services in the city of São Paulo. ASF works in 6 geographic areas marked by social exclusion. The history of ASF in HIV/AIDS prevention and care is allied to recognition of the need to deliver primary health care to the low income population, presently the group most vulnerable to HIV/AIDS/STD in the country. This was fundamental to the organization's decision to test an HIV/AIDS education and care model which contemplates the population's specific needs. In addition, project managers wanted to answer key questions:

How can we develop sustainable HIV/AIDS prevention and care programs in Brazil integrated into the existing health system (SUS)?

Can this model be replicated to other poor underserved areas in Brazil and other countries?

Considering that the Brazilian government is implementing primary care through the Family Health Program, a model of integration started to be tested in the year 2000.

Origins and implementation of the project

From 2000 to 2001 the ASF, in close cooperation with the Zerbini Foundation and the São Paulo State Health Department, implemented a pioneer project to integrate HIV/AIDS prevention and care into primary care services in the region of Sapopemba. This project counted upon the technical assistance of Family Health International and had as one of its major objectives to create a new model of HIV/AIDS/STD intervention and care for poor underserved populations in Brazil by integrating the HIV/AIDS portfolio into the ongoing primary care program in the region of Sapopemba, a poor neighborhood of São Paulo city. Moreover, the professionals involved in the design of the project believed there was a relevant need to test an intervention model in a poor neighborhood of a mega city like São Paulo. This model, if successful, could also be replicated in the future to similar poor communities in mega cities around the world and to other regions of Brazil.

Since its inception, the National HIV/AIDS Program has worked vertically with special funding. As the epidemic evolved, project participants diagnosed the need to integrate HIV/AIDS horizontally into primary care services and to deliver prevention and care to the neediest people.

During this period, the project team developed and tested a capacity building HIV/AIDS/STD training module for health care providers working in the Family Health Program. The HIV/AIDS/STD training modules were designed to motivate health care professionals to work with a broad agenda of reproductive and sexual health issues, using participatory methodologies and teaching materials to support interventions at health care units, schools, during home visits and at the community level. A new technology for delivering HIV/AIDS prevention and care was created to facilitate access to prevention and care. The new method increased motivation, participation and the discussion of issues related to reproductive and sexual health, HIV/AIDS/STD. It improved the health seeking behaviors of individuals and demand for HIV and syphilis testing, Pap smears, STD diagnosis and treatment, and condoms increased. This first initiative in the country trained 187 community health agents, 33 physicians, 33 nurses and 64 nurses aides.

As a result, the project generated the initiative by family health teams to implement a series of innovative and creative HIV/AIDS/STD interventions door to door to poor underserved populations living in Sapopemba. This experience is partially documented in the book "HIV/AIDS Prevention, Door to Door", written basically by community health agents. This was the first book written by community health agents in Brazil describing their work with the community. Other existing literature in Brazil about the Family Health Program is written by professionals with academic backgrounds, researchers or government officials.

During 2003, the ASF tried to expand the experience to other regions of the city but the resources were so limited, they did not allow us to conduct proper monitoring, supervision and exchange of lessons learned among the teams, and thus the lack of resources was an impediment to expanding the model.

In 2004, with support and funding from Johnson and Johnson, the ASF was able to expand the model in Sapopemba region.

Project objectives

The goal of the project is to intervene in attitudes, behaviors and strategies used by health care providers working in the Family Health Program with respect to reproductive health and HIV/AIDS/STD prevention and care of individuals living in Sapopemba. Developing HIV/AIDS/STD prevention and care and sexual and reproductive health care in the areas covered by the Family Health Program empowers communities and individuals to adopt safer behaviors and attitudes by improving their access to health services and HIV/AIDS prevention and care. In addition, this can motivate and support individuals in adopting safer sexual practices and to decrease the overall vulnerability to HIV/AIDS/STD.

Another project goal is to increase access to HIV/AIDS/STD prevention and care for the 100.000 women and adolescents living in low income communities in the Sapopemba region by integrating HIV/AIDS related matters into the existing Family Health Program. Each community health agent works in a specific geographic area conducting door to door HIV/AIDS/STD prevention and reproductive health care encouraging behavior change, the adoption of safer sex practices and harm reduction among drug users. Community health agents serve as a bridge between the community and the primary health care units and act by referring those in need of care to treatment or follow up by family health teams, which are composed of physicians, nurses, and nurse's aides as needed. Each community health agent reaches 800 to 1.200 people per month during home visits. In Sapopemba, there are 76 family health teams. Each team is composed by one physician, one nurse, two nurses aides and 6 community health agents.

To promote a sustained response to HIV/AIDS/STD in the Sapobemba/Vila Prudente region (an area of half million people), ASF and partners submitted a project to Johnson & Johnson to include an additional 43 family health teams in HIV/AIDS prevention and care activities as well as related matters. The inclusion of the new teams allowed project participants to scale up successful interventions with low income populations in São Paulo city.

Considering the fact that the Family Health Program is a priority for the Ministry of Health in Brazil, with consequent increased investments in primary care delivery to deprived geographic areas, the successful implementation of this project can give us an unique opportunity to mobilize and sensitize policy and decision makers to replicate the same model in the state of São Paulo, as well as in Brazil and other developing countries.

Appendix 2

Secondary Data Analysis

APPENDIX 2 Secondary Data Analysis

São Paulo belongs to this new group of megacities, where the sheer size of the problems and the rythm of growth make people worried. We look at the figures, and try to find points of reference to size up the situation. It is important to remember that we are the first generation to face such huge urban concentrations.

Ladislau Dowbor

*In: São Paulo, Space and Development , May 1992
Prof. Ladislau Dowbor is an economist and professor at the
Catholic University and Methodist University in São Paulo.*

Assessment of objective data on the results of any interventional project on HIV/AIDS is always a challenge due to the long incubation period of the disease and due to the scenario of multiple variables, including concomitant interventions and social characteristics of each community. Analysis of secondary data is therefore important to evaluate the overall significance of the intervention.

AIDS is still a serious health issue in Brazil in spite of the even more threatening worldwide scenario (Figure 1). The characteristics of the epidemic in Brazil have changed over the years and now exhibit clear trends that should be considered to control the epidemic (Figure 2).

Source: UNAIDS – WHO, 2006.

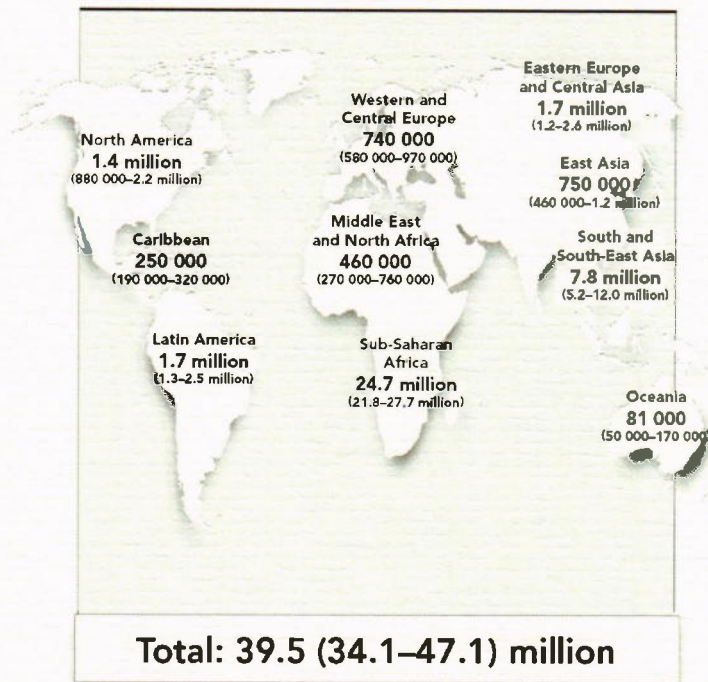


Figure 1 Worldwide number of cases of AIDS

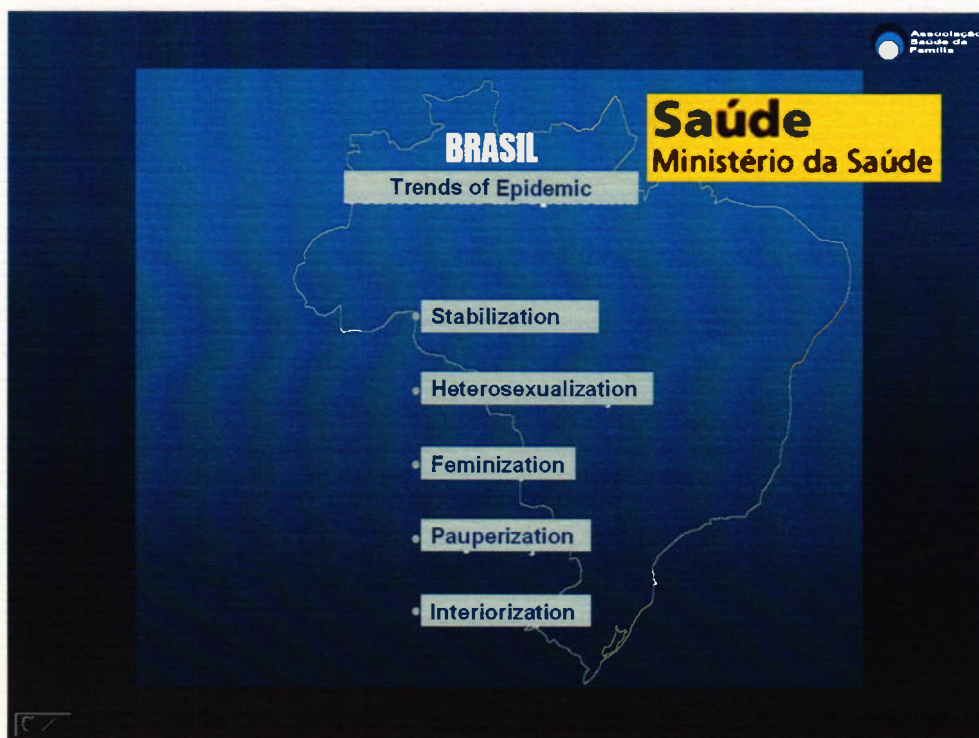


Figure 2 Trends of AIDS epidemic in Brazil

The City of São Paulo has 10 million inhabitants, and grows by more than 100,000 a year. This means a new big city within the city, year by year. The municipality is part of a larger metropolitan area with approximately 16 million inhabitants, which grows by roughly a quarter of a million inhabitants every year.

The district of Sapopemba/Vila Prudente is the second most populous region in the municipality of São Paulo with a total of 523,676 inhabitants (2002 census) living in an area of 33.3 km².

A primary health model based on Family Health Teams (FHT), namely *Programa Saúde da Família* (PSF) (Family Health Program), composed by physicians, nurses, nurse aides and health community agents was implemented in part of the region of Sapopemba/Vila Prudente. The total population assisted by the PSF is 290,943 people, accounting for 55% of the total population of the region. The number of FHT and HCA of the 17 PHUs participating in the project is shown on the table below.

Table 1 **Number of Family health Teams and Health Community Agents at 17 Primary Health Units participating in the project.**

Primary Health Unit	Number of Family Health Teams	Number of Health Community Agents
UBS Fazenda da Juta I	4	20
UBS FAZENDA DA JUTA II	5	25
UBS HÉLIO MOREIRA SALLES	6	36
UBS HUMBERTO GASTÃO BODRA – JARDIM ELBA	6	32
UBS IÇAPE / PLANALTO	7	42
UBS JARDIM DONA SINHA	6	36
UBS JARDIM GUAIRACÁ	6	36
UBS JARDIM SAPOEMBA	6	36
UBS MASCARENHAS DE MORAES	6	36
UBS PARQUE SANTA MADALENA	2	11
UBS PARQUE SÃO LUCAS	6	37
UBS POSTO DA PASTORAL	3	18
UBS TEOTÔNIO VILELA	7	42
UBS VILA IGUAÇU	6	36
UBS VILA RENATO	3	18
UBS VILAS REUNIDAS I	7	42
UBS VILAS REUNIDAS II	6	30
TOTAL	92	533

The aim of the following analysis is to establish baseline parameters for monitoring the project's evolution and to modify strategies according to the characteristics of the target groups.

Social vulnerability

A Social Vulnerability Index of the State of São Paulo (*Índice Paulista de Vulnerabilidade Social – IPVS*) is used to quantify and to stratify the status of vulnerability of the population. Figure 3 shows the stratification of the population of Sapopemba/Vila Prudente according to vulnerability. The population classified as having medium to high risk accounts for 25.8% of the population or 135,233 people. Since the incidence of HIV/AIDS/STD is closely

related to the socioeconomic status, the region of Sapopemba/Vila Prudente is considered very vulnerable.

Source: IBGE. Censo Demográfico; Fundação SEADE

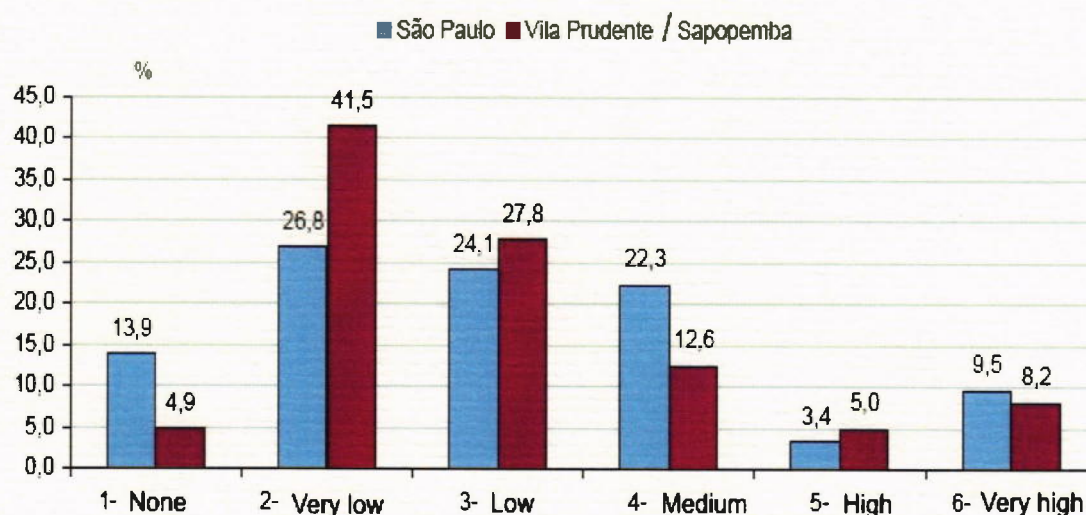


Figure 3 Stratification of the population of Sapopemba/Vila Prudente according to vulnerability (IPVS).

Incidence of HIV/AIDS/STD

The incidence of HIV/AIDS in the municipality of São Paulo has diminished over the past years, particularly after the introduction of the Highly Efficient Anti-retroviral Therapy (HAART) (Figures 4 and 5). Mortality rates have also decreased after 1996 (Figure 6). AIDS incidence coefficients for the region of Sapopemba/Vila Prudente were 84.87, 72.69, 44.07, 30.32, in 1991, 1996, 2000 and 2001, respectively.

Source: SINAN/CCD/COVISA and SEADE

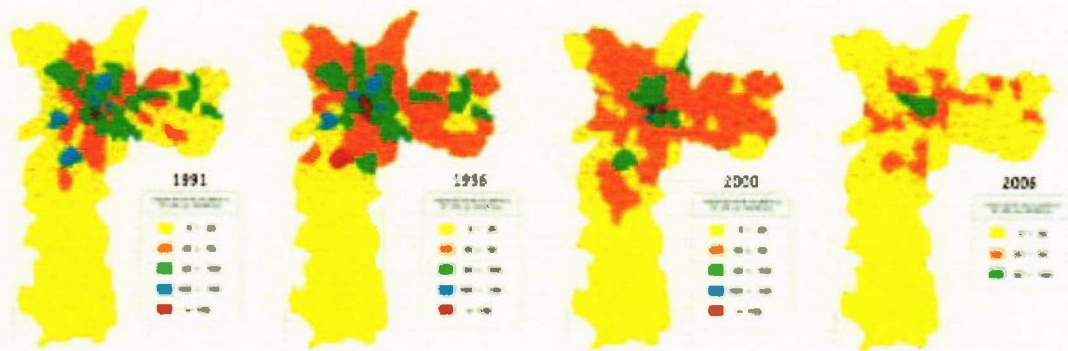


Figure 4 Incidence of AIDS in the municipality of São Paulo

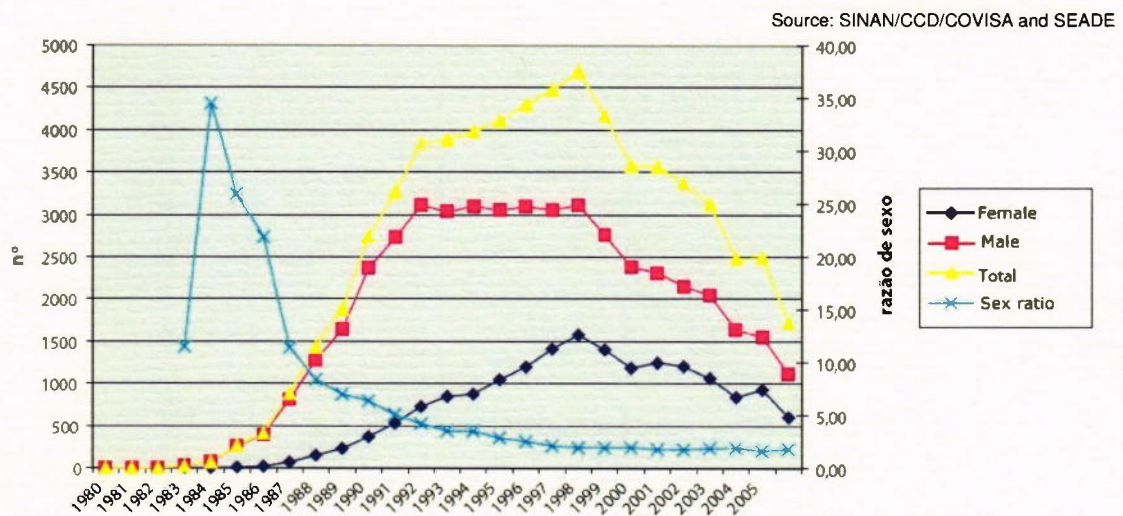


Figure 5 Cases of AIDS distributed by sex and year of diagnosis, with sex ratio. Municipality of São Paulo, 1980-2006.

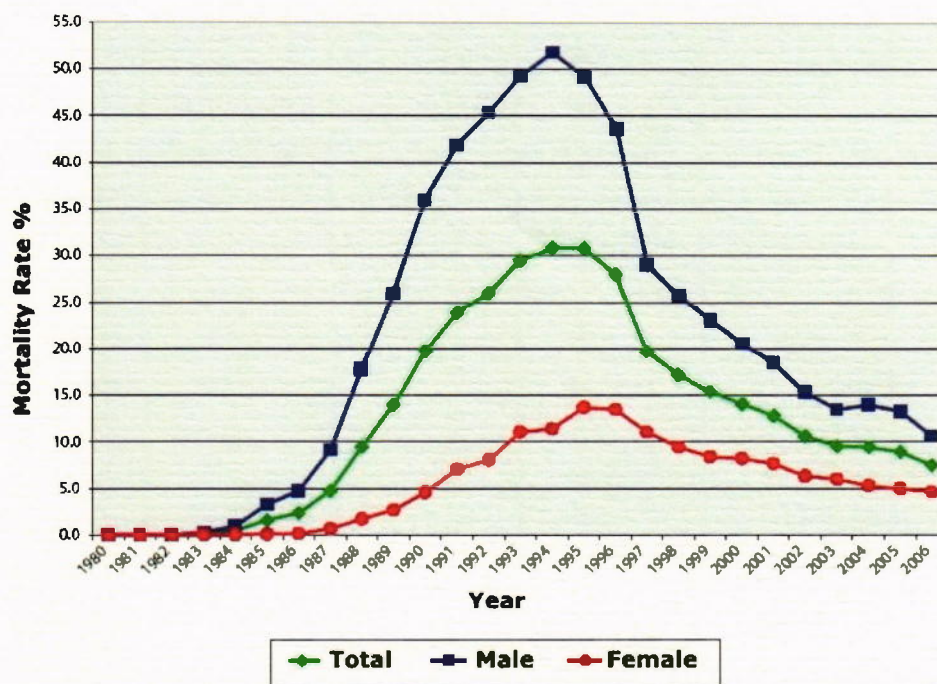


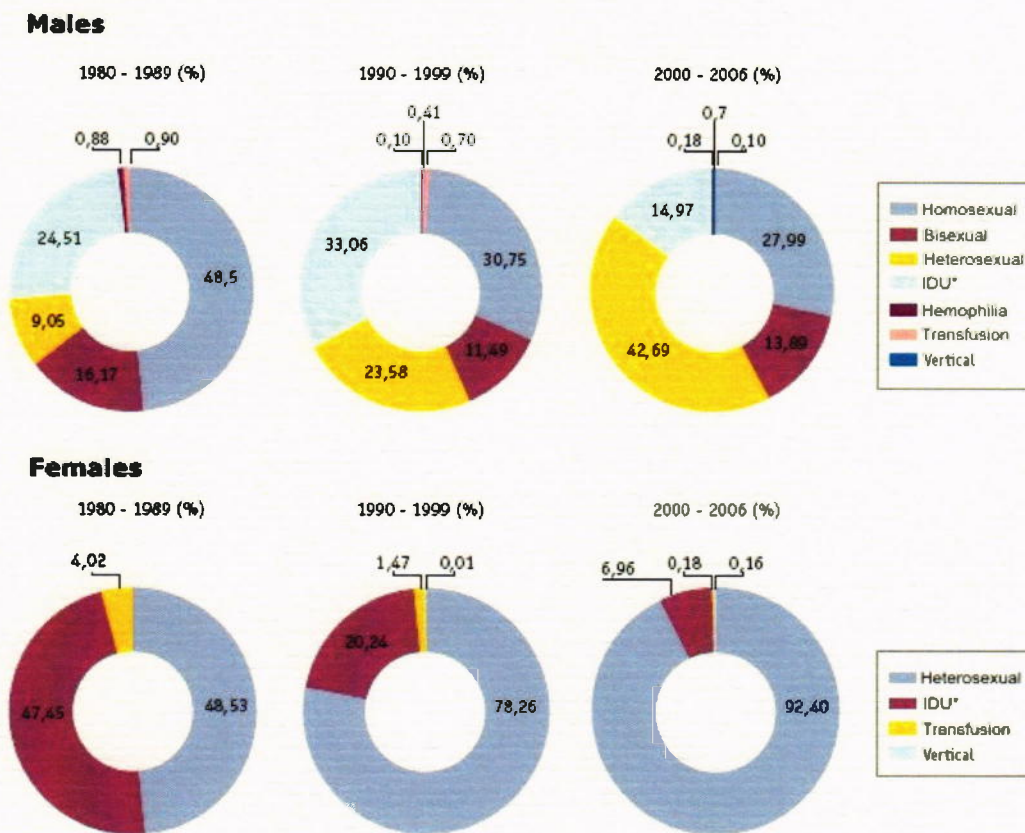
Figure 6 AIDS mortality rates by gender and year of death, Municipality of São Paulo.

Categories of exposition to HIV/AIDS have also changed in the municipality of São Paulo over the years. HIV/AIDS is currently more frequent among male and female heterosexuals (Figure 7). Male heterosexuals are exposed for being unaware of the risks or for not accepting the use of prevention methods such as condoms. The second most frequent exposition category for males is the use of intravenous drugs. In the region of Sapopemba/Vila Prudente the population groups with higher incidence are heterosexuals, intravenous drug users (IDU) and homosexuals (Figure 8).

The exposition category of heterosexual women account for 76.3% of the cases in women. These women are at risk mainly because of IDU or bisexual partners whereas HIV infection in heterosexual males due to IDU sexual partners is less frequent (Figure 9).

In the population aged < 13 years, the most frequent exposition category is vertical transmission (Figure 10).

Source: SINAN/CCD/COVISA and SEADE



*IDU Intravenous Drug User

Figure 7 Percentage of cases of AIDS, in male and female individuals, > 13 y, distributed according to exposition category and year of diagnosis. Municipality of São Paulo, 1980-2006.

Source: SINAN/CCD/COVISA

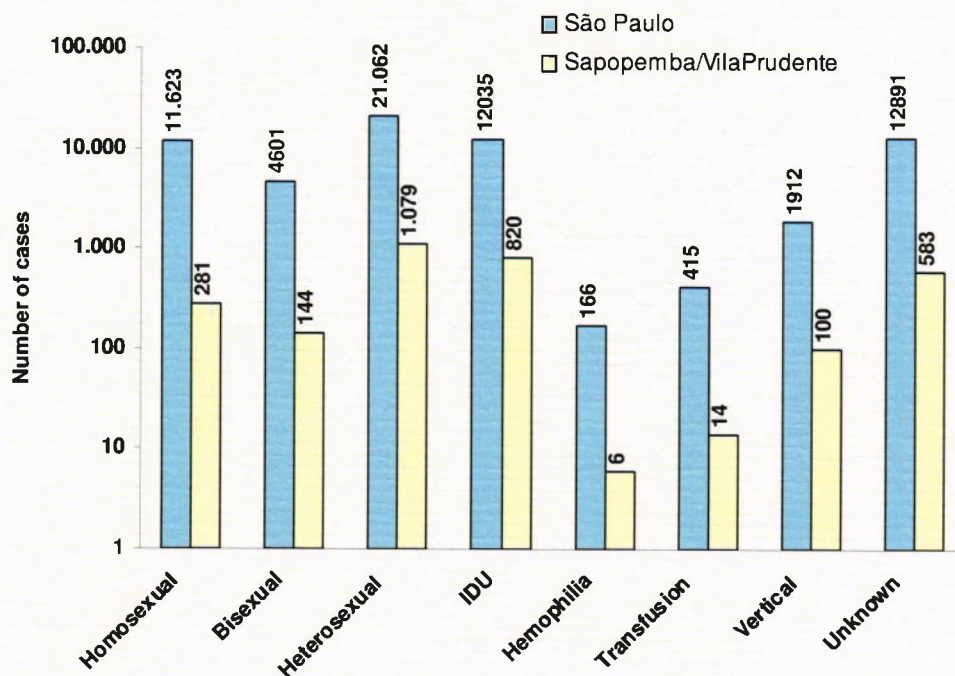


Figure 8 Number of cases of HIV/AIDS in the male population of Sapopemba/Vila Prudente and Municipality of São Paulo, according to exposition category (1980 - 2006).

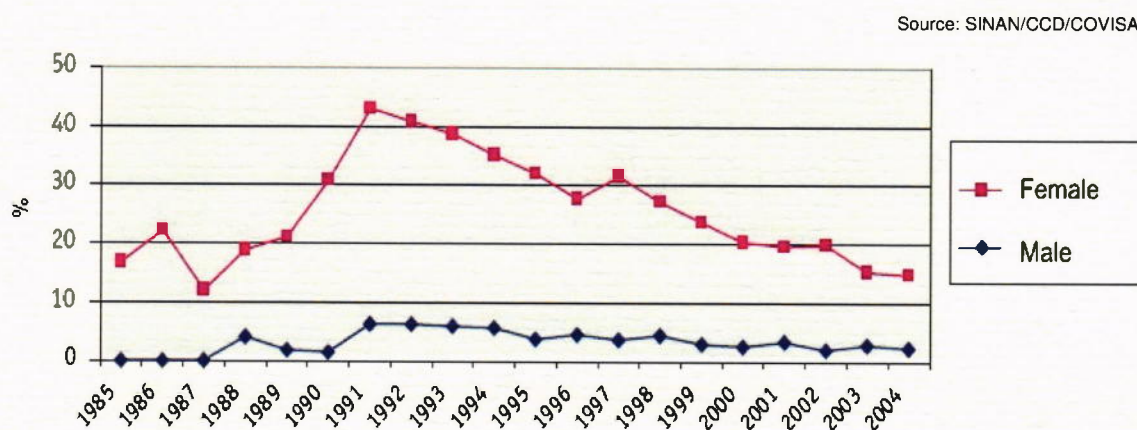


Figure 9 Percentage of cases of AIDS, in male and female individuals, > 13 y, distributed according to heterosexual category of exposition and injectable drug user partners category and year of diagnosis. Municipality of São Paulo, 1980-2004.

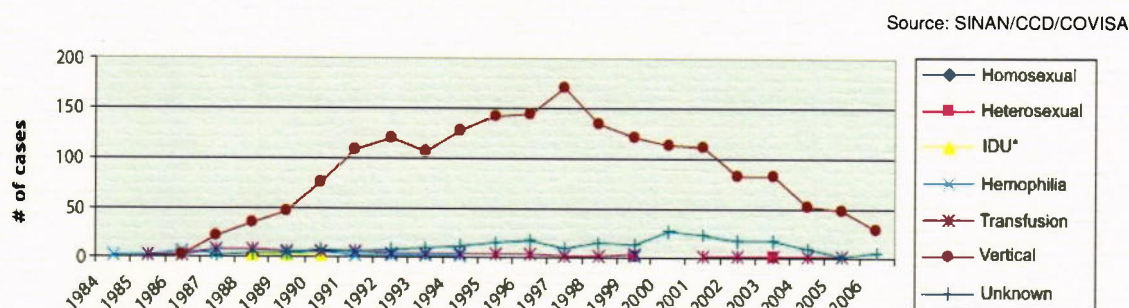


Figure 10 Cases of AIDS, in < 13 y, distributed according to exposition category and year of diagnosis. Municipality of São Paulo, 1984-2006.

AIDS was the 5th cause of death in the municipality of São Paulo in 1996. This rank position has moved down to 14th place in 2006, after the introduction of HAART.

The number of HIV positive pregnant women in the municipality of São Paulo during the period from 1983-2005 was 2709, out of which 91.6% were infected via sexual transmission (SINAN/CCD/COVISA). Prevention measures during pre-natal follow-up were only possible in 13.6% of the patients who were diagnosed before getting pregnant or during pre-natal follow-up. Breast feeding was among the main causes of vertical transmission in HIV positive women diagnosed only after delivery (62.5%).

Incidence of other sexually transmitted diseases

The total number of notified sexually transmitted diseases (STD) in the municipality of São Paulo during the period 1998-2006 was 15,721 cases. Considering that São Paulo is one of the world's megacities these figures are underestimated most likely due to inefficient reporting. However these data can help to evaluate the current status of STDs in São Paulo. The proportions of STDs in men and women were 59.3% and 40.7%, respectively. The most affected group was people aged 19-39 years (Figure 11).

Risk practices and sexual behavior were closely related to the occurrence of STDs, as these were more frequent in people with multiple sexual partners (Figure 12).

The most frequent STDs were HPV infection, syphilis and HIV infection (Figure 13).

In the period between 2001 and 2005, Hepatitis B and C were diagnosed in 3,366 and 4,208 people, respectively. The number of cases has increased over the past three years partially due to implementation of a surveillance program that improved both diagnosis and notification of cases.

Source: SINDST

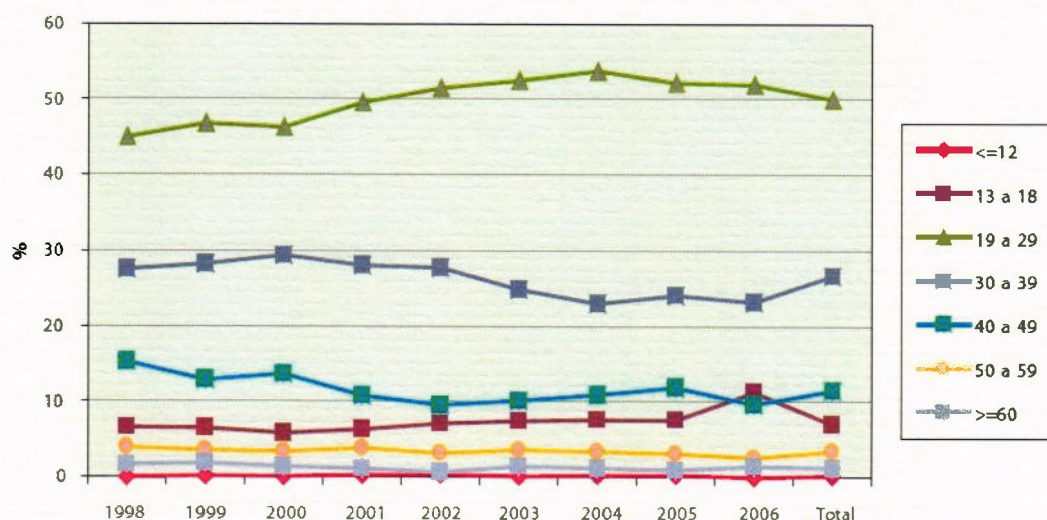


Figure 11 Cases of STD according to age group. Municipality of São Paulo, 1998-2006.

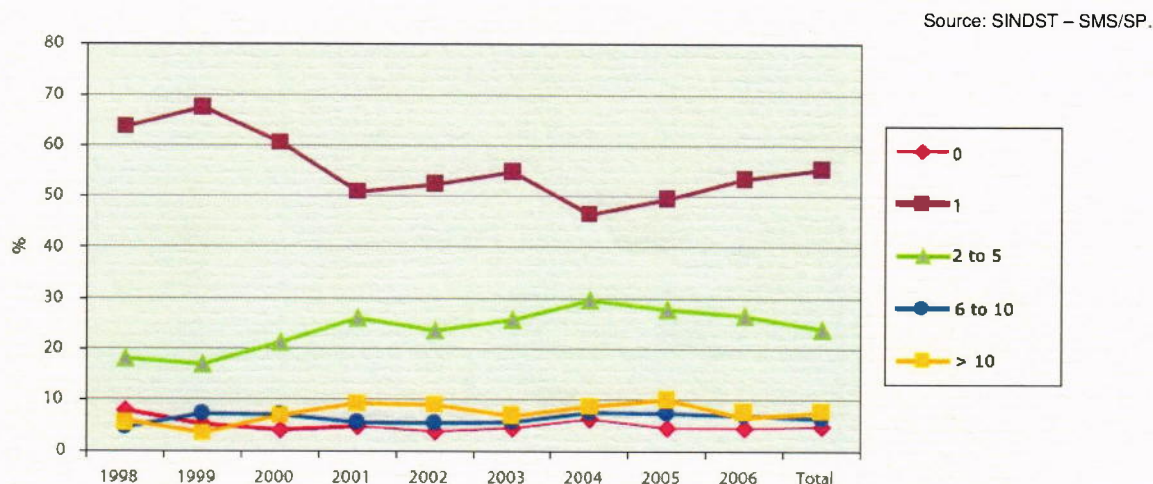


Figure 12 Sexually transmitted diseases cases according to the number of sexual partners. Municipality of São Paulo, 1998-2006.

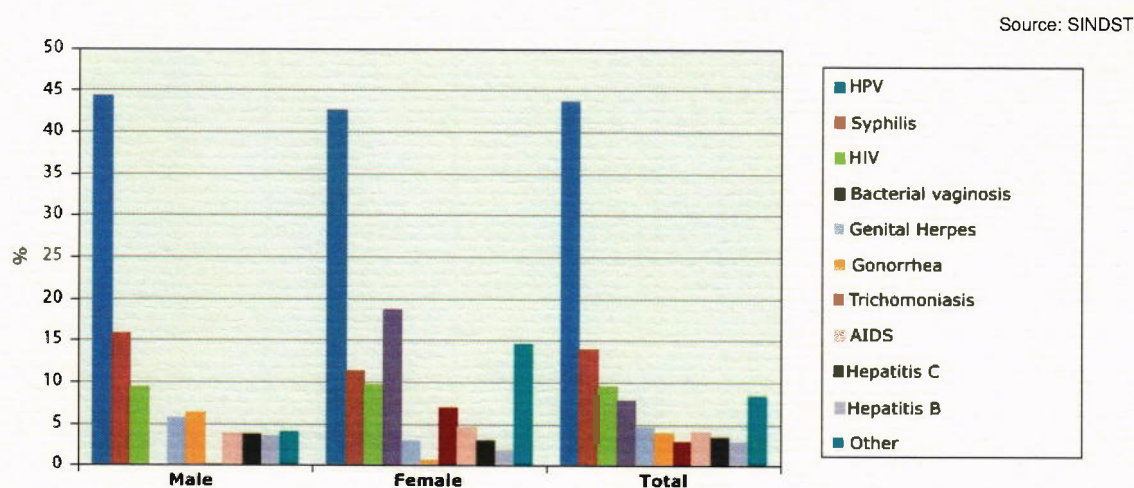


Figure 13 Percentage of occurrence of STDs in the male and female populations. Municipality of São Paulo, 1998-2006.

The incidence of congenital syphilis is a good indicator for measuring the efficiency of pre-natal care and incidence of syphilis in the general population (Figure 14). The number of cases of congenital syphilis in the municipality of São Paulo has decreased slightly in the last three years. In the region of

Sapopemba/Vila Prudente there were 11 cases in 2003, 7 in 2004, 4 in 2005 and 4 in 2006.

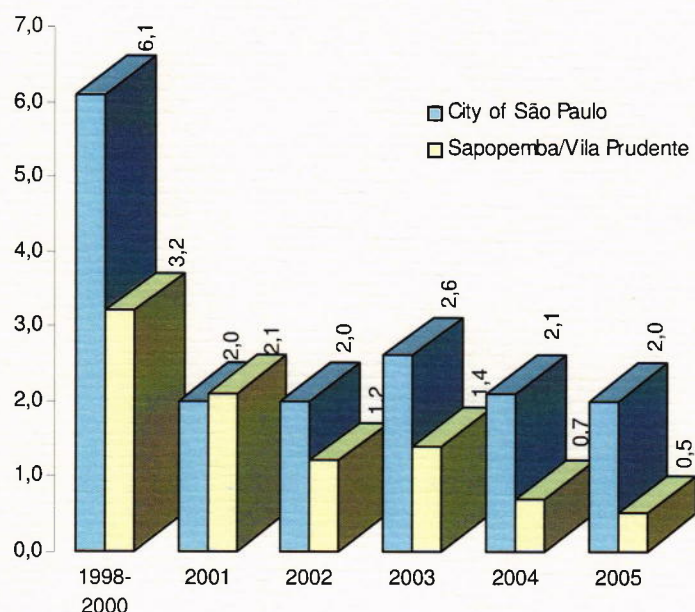


Figure 14 Incidence coefficient of notified cases of congenital syphilis in Sapopemba/Vila Prudente and Municipality of São Paulo

Incidence of unwanted pregnancy

Family planning and reproductive health are also part of the goals of the project, and therefore, a major concern is the reduction of pregnancy during adolescence. The number of adolescent pregnancies has decreased in São Paulo over the last 7 years but still represents a serious health issue (Figure 15). Figure 25 shows the proportion of adolescent mothers in the district regions of São Paulo. Note that the proportion for the region of Sapopemba/Vila Prudente is still as high as 7% (Figure 16). However, a decrease in the proportion of adolescent mothers was observed from the year 2000, when approximately 25% of the mothers were adolescents.

A consistent decrease in the number of adolescent mothers in the project target area has been demonstrated (28% from 200 to 2006).

Source: SEADE

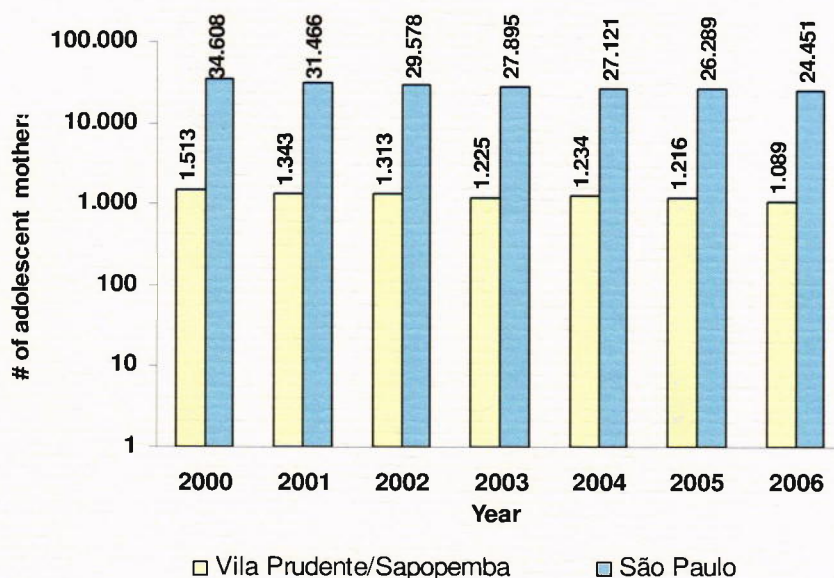


Figure 15 Number of adolescent mothers in the City of São Paulo and Sapopemba/Vila Prudente

Source: SEADE

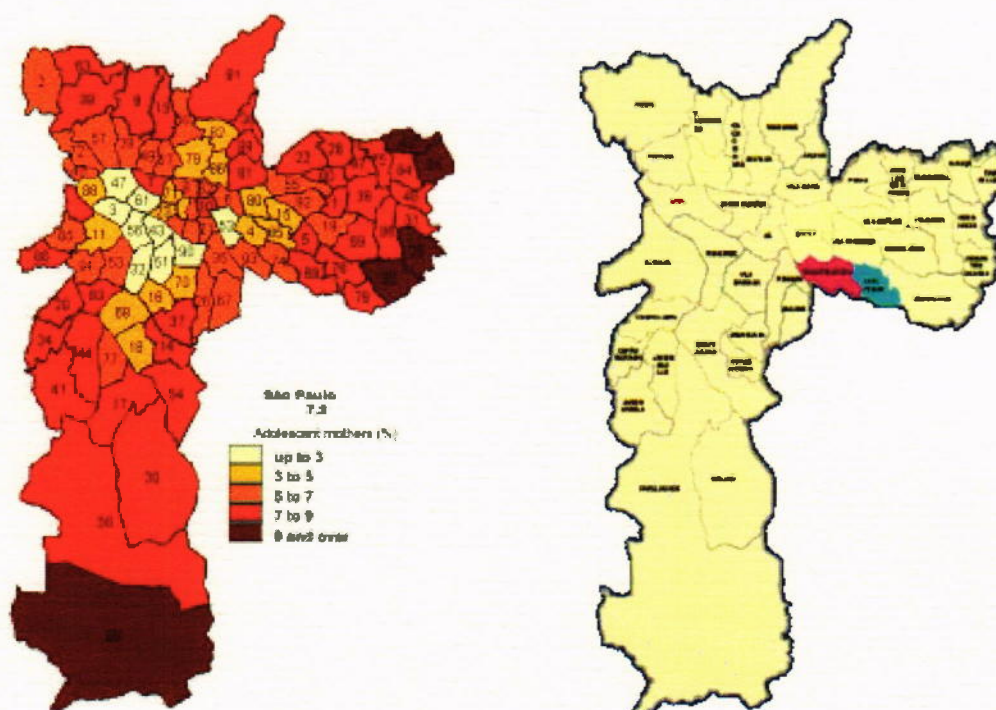


Figure 16 Proportion of adolescent mothers in the district regions of São Paulo

Prevention and sexual behavior

Data from the Counseling and Testing Centers (CTC) in São Paulo provide important information on sexual behavior and practices regarding the use of condoms.

Only 20.1% of people with single partners and 44.7% with casual partners refer the use of condoms in all sexual relations (Figures 17 and 18). The reasons for not using condoms vary considerably and need to be evaluated and addressed.

Note that access to condoms is still a relevant problem since 15.1% of interviewed CTC clients reported not using condoms due to unavailability at PHUs (Figure 19).

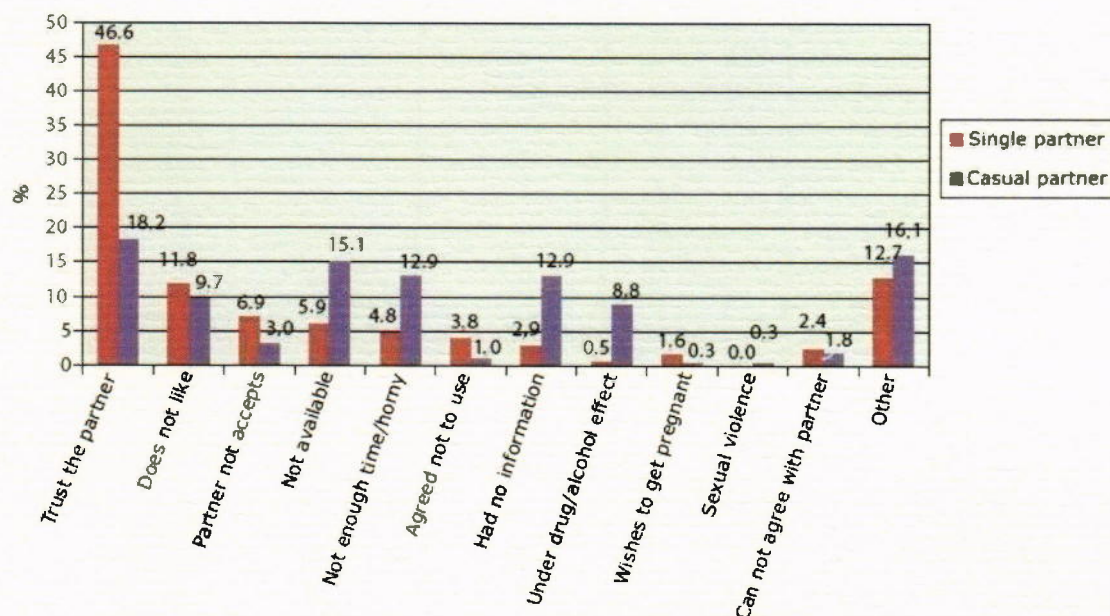


Figure 17 Main reasons for not using condoms in clients of São Paulo Counseling and Testing Centers

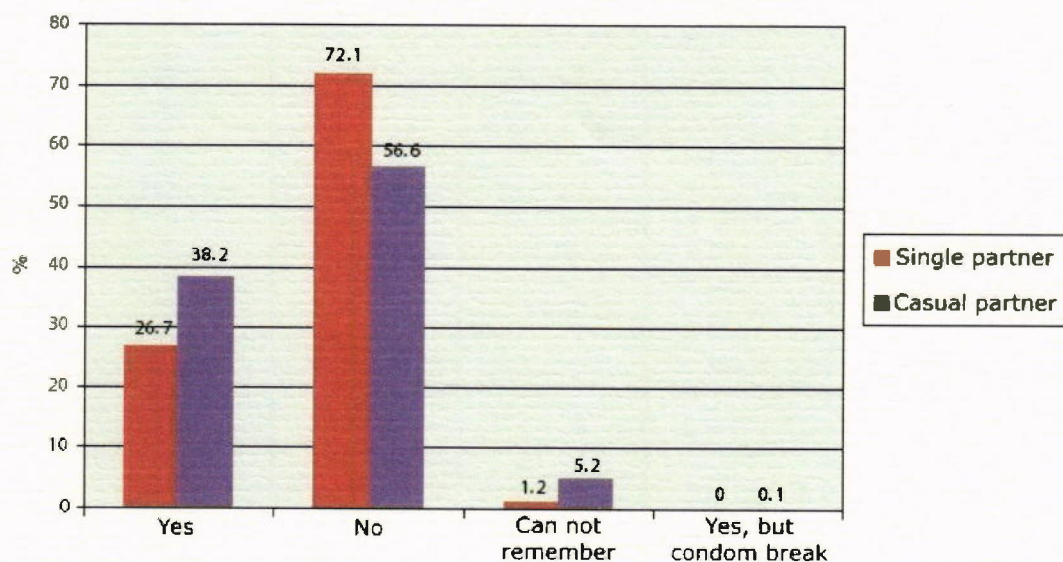


Figure 18 Use of Condoms in the last sexual relation referred by clients in Counseling and Testing Centers in São Paulo

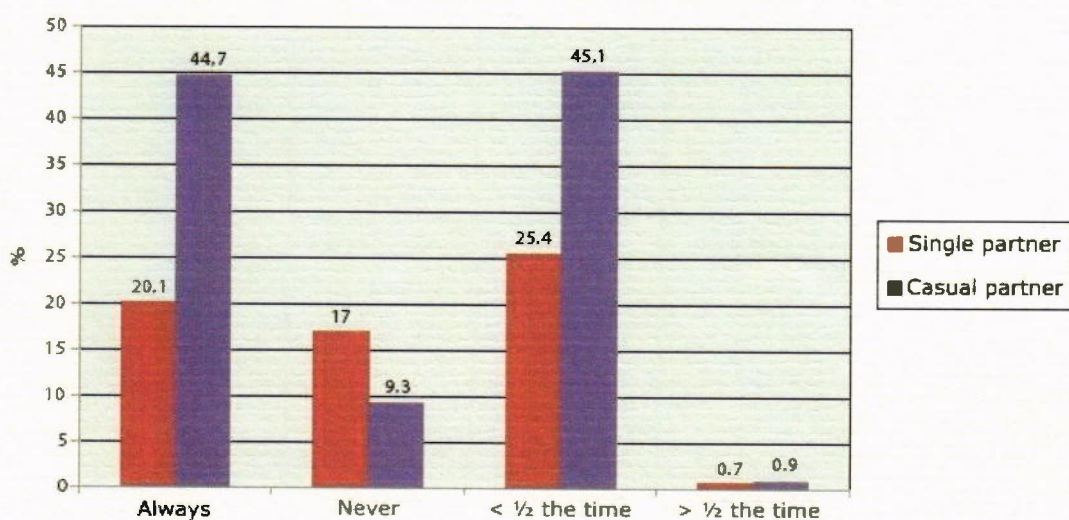


Figure 19 Use of Condoms in the last year referred by clients in Counseling and Testing Centers in São Paulo

Considerations

Recent data published in The Epidemiological Bulletin for AIDS/HIV/STI/Hepatitis in the municipality of São Paulo present relevant information on the status of the epidemic.

The main conclusions were:

- There were 1720 (1113 men and 607 women) new AIDS cases in 2006.
- AIDS incidence coefficient has decreased for both men and women.
- Men/Women ratio was 26/1 in 1985 and 2/1 from 1997.
- There was decrease in the number of cases among people aged 20-29 y and increase in the population aged 50-59 y.
- The proportion of cases among homosexuals is stable since 2000, and the number of IDU has diminished in the last three years.
- Vertical transmission has decreased significantly from 2002 (3.54%) to 20004 (2.1%).

Appendix 3

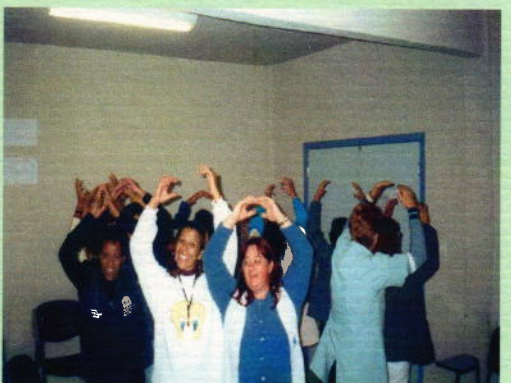
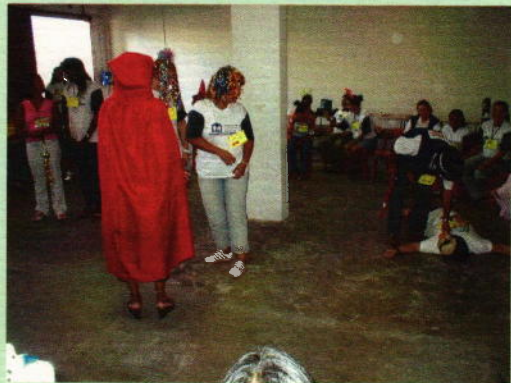
Picture Gallery

Year 1

Workshop for Doctors and Nurses



Workshop for Health Community Agents



Year 2

07/02/2006

Workshop on HIV/AIDS/STD prevention and care sharing of experiences



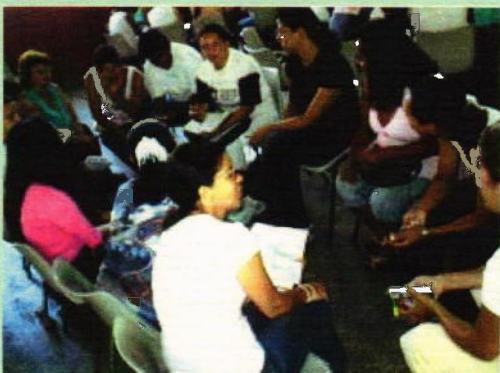
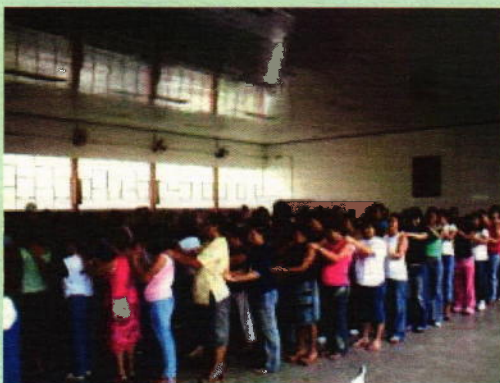
21/02/2006 – Workshop on Community Therapy



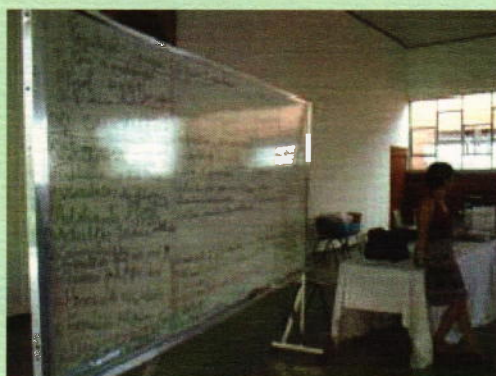
21/02/2006 – Workshop on Community Therapy



14 e 15/03/2006 – Refresh course on the use of educational materials



14 e 15/03/2006 – Refresh course on the use of educational materials



18/04/2006 – Workshop on Hepatitis



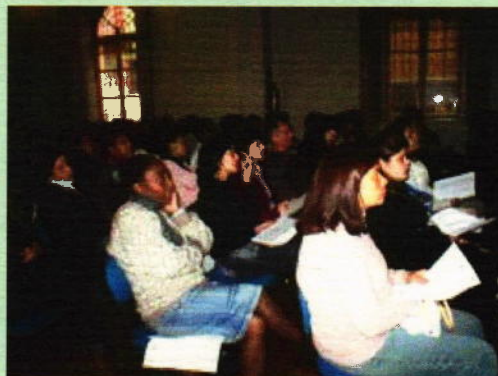
23/05/2006 – Workshop on Infection Control in the Health Units



23/05/2006 – Workshop on Infection Control in the Health Units



28/06/2006 – Workshop on Sexually Transmitted Diseases



HIV/AIDS prevention activities at Humberto Gastão Bodra Health Unit



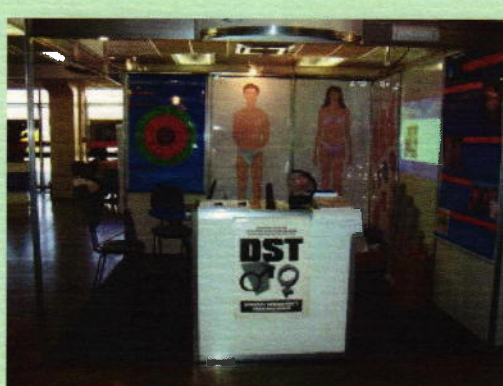
Community Therapy Sessions



ASF Stand 8º Congresso Brasileiro de Medicina de Família e Comunidade (8º CBMFC) II Encontro Luso Brasileiro de Medicina Geral Familiar e Comunitária



ASF Stand
8º Congresso Brasileiro de Medicina de Família e Comunidade (8º CBMFC)
II Encontro Luso Brasileiro de Medicina Geral Familiar e Comunitária



Year 3

"Childhood, Sexuality and Prevention" Workshop



World AIDS Day, 2006



World AIDS Day, 2006



"Reproductive Health and STD/HIV/AIDS Prevention" Workshop



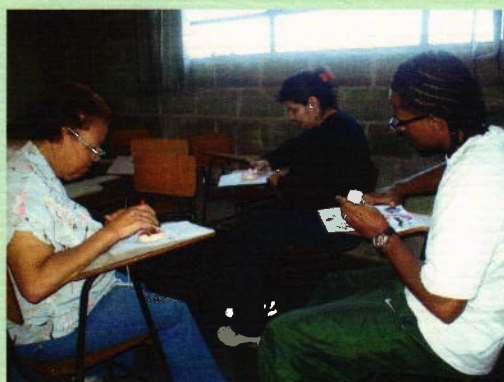
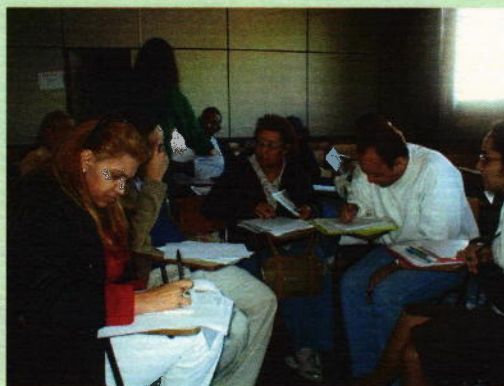
"Adolescing with Prevention and Pleasure" Workshop



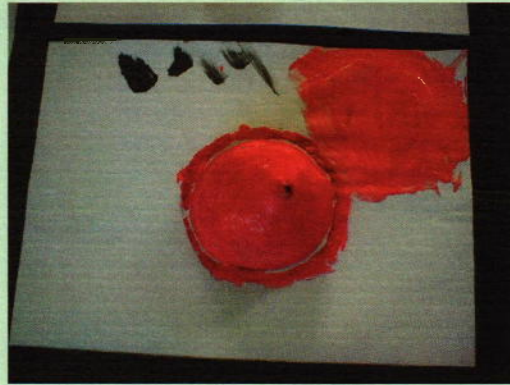
"Adolescing with Prevention and Pleasure" Workshop



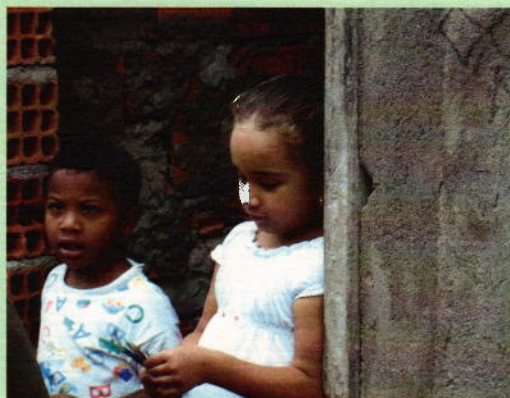
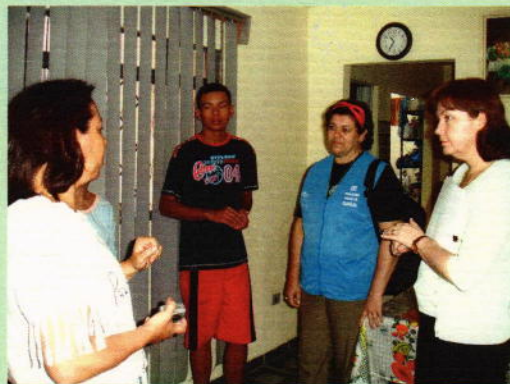
Course on Local Planning



Course on Local Planning



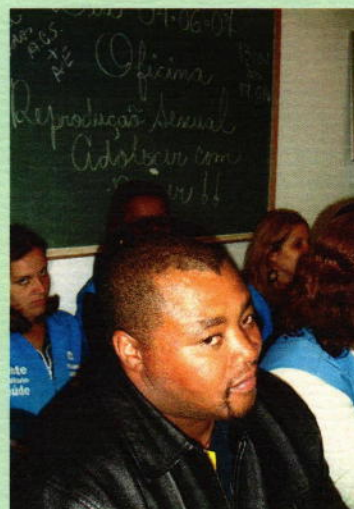
Visit of Johnson & Johnson Staff to the Project – 12/02/2007



7th Open-air Health Fair of São Paulo



**Visit of Inter-Parliamentary Union AIDS Committee
to ASF and Project Site**

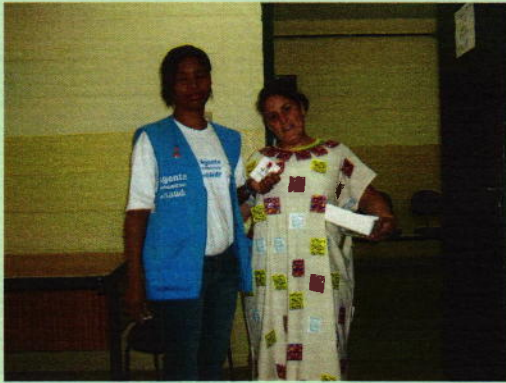


Year 4

**"Women's Reproductive and Sexual Health and HIV/AIDS/STI Prevention"
Workshop – 22 November 2007**



World AIDS Day, 2007



World AIDS Day, 2007



**Health Fair at São Paulo State Legislative Assembly
26-28 November 2007**



8th Open-air Health Fair of São Paulo



Visit of Johnson & Johnson Staff to the Project – 15/07/2008



