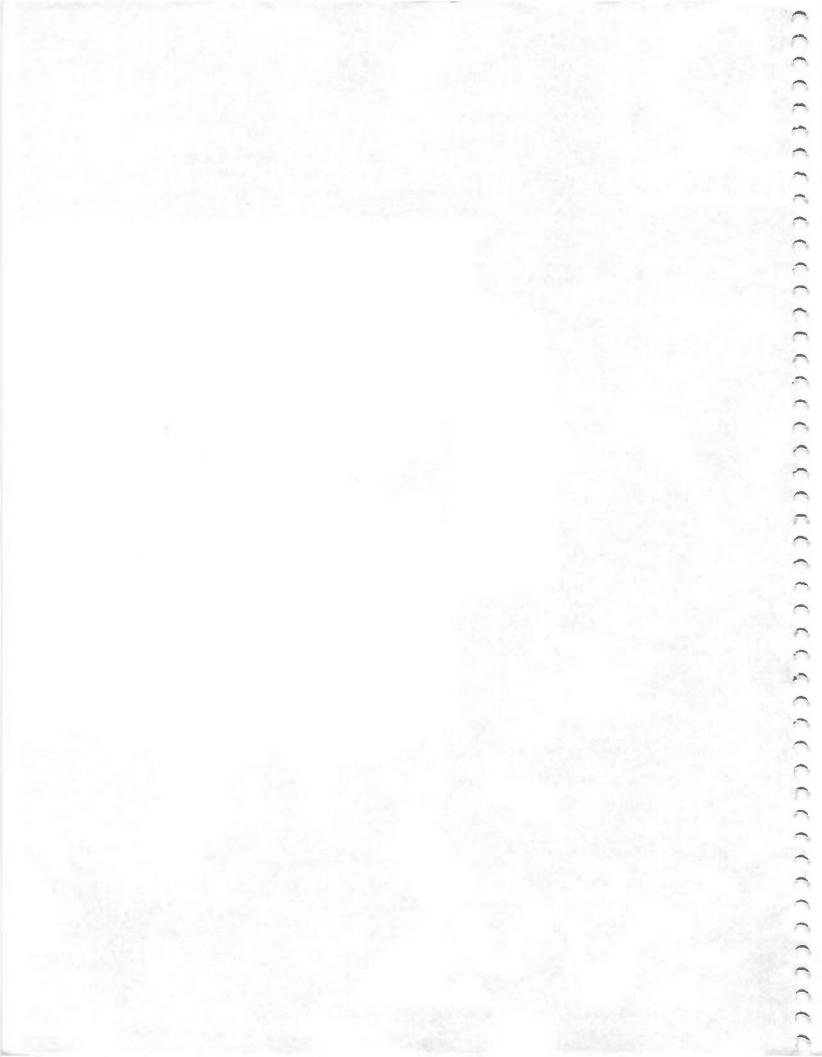


FAMILY HEALTH INTERNATIONAL AIDS CONTROL AND PREVENTION PROJECT

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Final Report for the AIDSCAP Program in BRAZIL

September 1992 to August 1997

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LIST OF ACRONYMS

ABAPEQ Associação Baiana de Apoio, Prevenção, Terapia e Pesquisa do Abuso de

Drogas

ABCA Brazilian AIDS Combat Association

ABIA Associação Brasileira Interdisciplinar de AIDS

ACPF Ação Comunitária Pró-Favela

AHRTAG Appropriate Health Resources and Technologies Action Group Ltd.

AIDS Acquired Immune Deficiency Syndrome AIDSCAP AIDS Control and Prevention Project

AIDSCOM AIDS Public Health Communications Project (Former AIDS project

under auspices of the Academy for Educational Development

AIDSTECH AIDS Technical Support Project (Former AIDS project under auspices

of FHI)

APROCE Association of Prostitutes in Ceará

APTA Association for the Prevention and Treatment of AIDS

ASF Associação Saúde da Família

ASSPE Santos Association for Research and Intervention

BCC Behavior Change Communication

BEMFAM Sociedade Civil Bem-Estar Familiar no Brasil

BUASTI Brazilian Union Against STIs

CAPS Center for AIDS Prevention Studies, University of California at San

Francisco

CASG Centro de Estudo Avançados em Ginecologia
CCIM Culture Concepts Institute and Medicine

CDC Centers for Disease Control
CEMINA Centro de Projetos da Mulher

CEPESC/UERJ Centro de Estudo e Pesquisa em Saude Coletiva/Universidade Estadual

do Rio de Janeiro

CGT Confederação Geral dos Trabalhadores

CRI Associação Criança Querida
CRIA Reference Center for Adolescents

CSM Condom Social Marketing
CSW Commercial Sex Worker
CUT Central Union of Workers

DHS Demographic and Health Survey

ECMIS Essential Commodities Management Information System

FGD Focus Group Discussion FHI Family Health International

GAPA Grupo de Apoio e Prevencao da AIDS

GTPOS Grupo de Trabalho e Pesquisa em Orientacao Sexual

HCP Health Care Provider
HIS Health Information System
HIV Human Immunodeficiency Virus

IA Implementing Agency

IBEAC Brazilian Institute for Study and Community Support

ICMS Circulating Merchandise Tax

IDU Injecting Drug Users

IEC Information, Education and Communication

IMPACT Implementing Agency for Cooperation and Training

IPI Industrialized Product Tax ISER Instituto de Estudo da Religião

JSI John Snow Incorporated

KABP Knowledge, Attitudes, Beliefs and Practices

LAC Latin American and the Caribbean

MAFH Men Away From Home

MCCS Women, Children, Citizenship and Health

MEAC Maternidade Assis Chateaubriand

MOH Ministry of Health MTP Medium Term Plan

MWM Men Who Have Sex with Men

NACP National Program on Sexually Transmitted Diseases and AIDS

NEPAIDS Nucleus for AIDS Prevention at University of São Paulo

NGO Non-Governmental Organization
NIH National Institutes of Health

NOSS Nucleus of Orientation in Social Health

OASIS Organização de Apio ao Portador do Virus da AIDS

PAHO/WHO Pan-American Health Organization - World Health Organization

PI Prevention Indicator
PIF Process Indicator Form

PLWA People Living With HIV/AIDS
PROSAD Adolescent Health Program
PVO Private Voluntary Organization
PSI Population Services International

PWP People in the Workplace

RA Resident Advisor
RRF Rapid Response Fund

SES Secretaria de Estado da Saude

STD/STI Sexually Transmitted Disease/Infection

SUNY State University of New York

TOT Training of Trainers

UNAIDS United Nations Programme on HIV/AIDS
UNFPA United Nations Fund for Population Activities
USAID United States Aggrey for International Development

USAID United States Agency for International Development

UW University of Washington

US United States

WHO/GPA World Health Organization/Global Program on AIDS

I. EXECUTIVE SUMMARY

Prazil became an AIDSCAP priority country in 1992, following completion of the USAID funded AIDSTECH and AIDSCOM projects. Asociação Saúde da Família (ASF) was created in 1993 with technical assistance from Family Health International (FHI) to legally implement the AIDSCAP project in Brazil.

With a population of approximately 158 million, Brazil is the largest and most populous country in Latin America and the fifth largest and most populous country in the world. The country's size has masked the seriousness of its HIV/AIDS epidemic: although HIV prevalence is below 1 percent in the overall population, Brazil ranks second in the world in cumulative AIDS cases reported, with 116,389 cases (reported by mid-1997) and an estimated 448,000 individuals living with HIV.

Core groups such as men who have sex with men (MWM) and injecting drug users (IDU) have experienced high rates of infection throughout the epidemic. In 1994, seroprevalence among MWM in Rio de Janeiro was 24 percent of the cumulative AIDS cases, and injection drug use accounted for another 19 percent. Sentinel surveillance has documented HIV prevalence as high as 65 percent among IDU in several cities. HIV prevalence is also high among commercial sex workers (CSWs) and sexually transmitted infection (STI) clinic attendees. However, during the past five years, the epidemic has been characterized by a shift of new infections to the general population, particularly to women and adolescents. The male-to-female ratio decreased from 6:1 in 1991 to 3:1 in 1996. Since 1992, AIDS has been the leading cause of death among women aged 20 to 34 in São Paulo state. The number of cases due to vertical transmission has increased as more women of reproductive age have become infected.

The Ministry of Health's (MOH) National Program on Sexually Transmitted Diseases and AIDS (NACP) has been the primary institution responsible for STI/HIV/AIDS control and prevention in Brazil. The NACP works in association with the country's 27 state governments, municipal governments and non-governmental organizations (NGOs) to reduce the incidence of STI/HIV/AIDS in Brazil and to strengthen the public and private institutions involved in control and prevention. The USAID-funded AIDS Control and Prevention Project (AIDSCAP) complements the NACP efforts to contain the spread of sexually-transmitted HIV infection in the key states of São Paulo and Rio de Janeiro, where 69 percent of Brazil's HIV infections are concentrated.

The goal of the AIDSCAP project was to reduce the incidence of sexually-transmitted HIV infection in Brazil. AIDSCAP/Brazil identified three strategies to achieve this goal:

- reduce sexually transmitted infection (STI) prevalence by improving STI clinical services, expanding services to new clinics and by increasing utilization of new and existing STI clinics through the creation of a referral system.
- reduce risky sexual behavior among target groups through behavior change communication (BCC).

 decrease structural obstacles to risk reduction by improving national policies related to HIV and improving the quality, accessibility and affordability of male condoms.

Program Accomplishments

The AIDSCAP/Brazil country program achieved noted successes in all three strategies - training health care providers; designing mass media and interpersonal communication campaigns; and influencing policy to increase exponentially access to affordable condoms.

AIDSCAP trained approximately 2,000 health care professionals from Rio, Santos, Ceará and Bahia in the syndromic management of STIs, and published in Portuguese nearly 2,000 copies of the acclaimed manual, Control of Sexually Transmitted Diseases: A Handbook for the Design and Management of Programs. In addition, AIDSCAP supported the development of a newsletter with updates on STI diagnosis and treatment for health professionals.

AIDSCAP supported the development of a Health Information System (HIS) in the states of Rio de Janeiro and the city of Santos and supported the decentralization of STI services and the initiation of new STI services within existing clinics. In Santos, the number of STI treatment facilities increased from one to 22 clinics. STI treatment is now available at *every* public health facility in the city. BCC campaigns emphasized appropriate treatment-seeking behaviors among target audiences — which, in turn, increased the utilization of STI services. STI drug logistics were also improved and training in syndromic management for health care providers in 27 Brazilian states was provided through AIDSCAP's technical support to the MOH.

The BCC component of the AIDSCAP/Brazil project targeted male and female CSWs, MWM, STI clinic attendees and their partners, men away from home (MAFH), women and adolescents. General audiences were reached through mass media campaigns. BCC activities utilized media such as videos, brochures, posters, radio programs and street theater to communicate messages about STI/HIV/AIDS prevention to the target audiences. AIDSCAP received support from the Brazilian postal service and the MOH to create an AIDS Awareness postal stamp. The stamp showed the red ribbon superimposed on a condom. The popular women's magazine *Claudia* collaborated with AIDSCAP by publishing a series of monthly articles about HIV/AIDS, allowing prevention messages to reach *Claudia*'s readership, which is estimated to be 700,000 women per issue. Behavior change messages included partner reduction, consistent and correct condom use, and seeking appropriate and timely treatment for suspected STIs. During the life of the AIDSCAP project, more than 16,000 people were trained and more than 1.3 million people were educated. In addition, 7.8 million educational materials were distributed.

The condom promotion component of the AIDSCAP/Brazil project exceeded its goals for distribution and sales. AIDSCAP contracted with DKT do Brasil to develop and market Prudence condoms. Prudence condoms were marketed on television, radio and billboards, and promoted by AIDSCAP's other implementing agencies. This affordably priced and well-advertised condom created competition in the condom market, which forced other condom manufacturers to aggressively promote their condoms. As a result, annual condom consumption increased from 50 million to 200 million between 1992 and 1996. Prudence is now the third largest selling brand of condoms in Brazil. During the life of the AIDSCAP project

14.8 million condoms were distributed free of charge and 72 million were sold through condom social marketing (CSM) programs. Of these 45.7 million condoms were sold in AIDSCAP target areas of São Paulo, Rio de Janeiro and the Northeast. In addition, a position paper written by DKT do Brasil is credited with the President's decision to decree a year long "tax holiday" on the 60 percent duty levied on imported condoms. The duty was reimposed after one year, at a rate of 10 percent.

During the five years of the project, AIDSCAP worked to develop policy dialogue related to the HIV/AIDS epidemic. AIDSCAP/Brazil assisted implementing agencies in the design, production, presentation and dissemination of sub-project outcomes at national and international conferences and through local media. AIDSCAP/Brazil also worked with the private sector to leverage an estimated 6.8 million US dollars in in-kind contributions from the mass media. To complement USAID support, AIDSCAP/Brazil had the cooperation of other donors, such as the European Community, ODA (now DFID), the World Bank and various foundations, including the Ford and Levi Strauss foundations.

A cross-cutting initiative in the AIDSCAP country program was the institutional development of NGOs and public sector institutions. The country office built capacity by training NGO and government representatives to properly manage, monitor progress and evaluate interventions. Several components of the AIDSCAP/Brazil program have been scaled up and are being used as models for HIV/AIDS prevention activities in other parts of the world.

Constraints

Despite endorsement from the Brazilian MOH and the World Health Organization WHO), some physicians have resisted adopting the syndromic approach to managing STIs. Brazilian medical schools continue to promote etiologic diagnosis over syndromic management. A study of 162 STI clinic patients found that syndromic treatment guidelines were used for only 50 percent of male and three percent of female patients. In the future, studies validating the effectiveness of the syndromic approach in the Brazilian setting may promote acceptance of this strategy.

While efforts to improve logistics have increased the availability of essential STI drugs, problems with supplies continued to affect many STI and primary care clinics. This undermined the implementation of syndromic case management, because the syndromic approach is dependent upon drugs being available at the patients first point of contact with the health system.

In a country as large as Brazil it is not feasible to pay for mass media HIV/AIDS prevention campaigns. However, AIDSCAP/Brazil overcame this potential constraint by leveraging private sector in-kind contributions.

Behavioral Outcome Data

In order to evaluate the effectiveness of the interventions, pre-and post-intervention surveys with several target groups were conducted on knowledge, attitudes, beliefs and practices (KABP) associated with STI/HIV/AIDS. Initial findings were that awareness of

HIV/AIDS was nearly universal among all target groups, but knowledge of specific means of prevention and the perception of personal risk was much lower. Qualitative data from indepth interviews and focus-group discussions was also used to inform the development of BCC messages and materials.

Post-intervention surveys showed improved KABP around STI/HIV/AIDS among the target groups. Among MWM in Rio, knowledge that condom use can prevent HIV transmission increased from 71 percent to 93 percent. While few MWM reported partner reduction, many reported increased condom use or avoiding penetrative sex with casual partners. The proportion of MWM reporting consistent condom use increased from 60 percent in 1993 to 89 percent in 1995. Among CSWs, knowledge that HIV can be transmitted through vaginal intercourse increased from 79 percent to 95 percent, and consistent condom use with clients increased from 57 percent in 1991 to 93 percent in 1997. More than 96 percent of CSWs interviewed had condoms with them at the time of the interview, but many CSWs reported that alcohol use sometimes interfered with their ability to enforce condom use with clients. CSWs' steady-partner condom use increased substantially, from 12 percent to 22 percent, but remains very low.

In follow-up surveys, adolescents reported fewer misconceptions about HIV/AIDS. Awareness of the asymptomatic nature of HIV infection increased from 76 percent to 90 percent in this population, although knowledge that other STIs can be asymptomatic was much lower. Consistent condom use increased from 25 percent to 40 percent among adolescent females and from 40 percent to 77 percent among males. This is a significant increase over control areas; the most recent Demographic and Health Survey (DHS) indicates that nationally only 20 percent of Brazilian women aged 15 to 19 use condoms.

The percentage of CSWs reporting STIs dropped from 27 percent to 16 percent from 1993 to 1997. Between 1994 and 1996, self-reported STIs decreased from 13 percent to 4.5 percent among female adolescents girls and from 14 percent to 6 percent among male adolescents.

II. COUNTRY PROGRAM DESCRIPTION

A. INTRODUCTION

The goal of the Brazil program was to reduce the incidence of sexually transmitted HIV infection among targeted populations in the states of Rio de Janeiro and São Paulo, the two geographic areas reporting the largest number of AIDS cases. The Brazil program focused on reaching individuals at risk of HIV infection, with the consideration that 60 percent of the HIV/AIDS cases are sexually transmitted. Initially, five target populations were selected: male and female CSWs, men who have sex with men (MWM), men working away from home (MAFH), STI patients and their partners, and adolescents.

AIDSCAP/Brazil identified three major strategies to achieve this goal:

- Reduce sexually transmitted infection (STI) prevalence by strengthening local capacity to
 provide diagnosis, treatment and prevention. This includes, but is not limited to, improving
 STI clinical services by training public and private sector providers in syndromic
 management, introducing STI services in existing clinics, increasing utilization of new and
 existing STI services through the creation of a referral system, upgrading facilities,
 improving epidemiological surveillance and developing educational materials to improve
 the counseling of STI patients.
- 2. Reduce risky sexual behavior among the target groups through behavior change communication (BCC) emphasizing partner reduction, consistent condom use and appropriate and timely treatment for suspected STIs.
- Decrease structural obstacles to risk reduction by improving national policies related to HIV and improving quality, accessibility and affordability of male and female condoms.

In order to enhance the major program areas above, the Brazil program included four supporting strategies:

- Improve logistics management for condoms and STI pharmaceuticals in the public sector by ensuring adequate supplies, and improving logistics cycles and management systems.
- Private sector leveraging to create a model, integrated program to form the foundation for greater private sector support for AIDS prevention. Small amounts of project funds are expected to leverage industry and union resources to provide AIDS prevention activities at the workplace.
- PVO/NGO/MOH support activities that complement the overall program. In addition to PVOs' competitive grants program and funds (to strengthen the capacity of NGOs to implement HIV/AIDS activities), a mechanism has been established to quickly respond to short-term technical assistance needs from the MOH.

 Condom social marketing (CSM) to ensure availability of condoms for all the program subprojects by intensifying the marketing in non-traditional outlets such as bars, brothels, saunas and other meeting points in sub-project areas.

Additional interventions provided overall program support to the program in Brazil, and included:

- Support of an in-country capacity-building component to provide effective and sustainable services to prevent and control the spread of HIV/AIDS. AIDSCAP supported implementing agencies as they enhanced their program designs and development skills; improved management, coordination, monitoring and evaluation capabilities; and institutionalized training as a mechanism of human resource capacity building.
- Behavioral research grant programs strengthened Brazilian institutions' research on sexual behaviors in populations at risk, paying careful attention to the validity and reliability of research on sexual behavior, a strengthened capacity to follow a cohort of at-risk participants in order to link behaviors to serostatus.
- Policy reform addressed activities in each major program area, such as policies of condom importation, taxation, and regulation. Restrictions on imported condoms made it difficult for NGOs to provide affordable condoms and recover costs.
- Program monitoring and evaluation included the major interventions in the four targeted populations and supporting program areas.

The key element of the Brazil program was a comprehensive approach to AIDS prevention. All program components worked to reduce risky behaviors and reduce the spread of STI among specific targeted populations.

B. COUNTRY CONTEXT

Cases of AIDS were first reported in Brazil in 1982, although a number of cases were identified retrospectively as far back as 1980, suggesting that HIV infection probably began to take place in the country sometime during the mid- to late-1970s. Since the reporting of these early cases, the size of the epidemic has continued to grow rapidly and steadily. With a population of some 158 million people, the extent of HIV/AIDS infection in Brazil tends to be masked. In reality Brazil has the second highest reported number of AIDS cases in the world (UNAIDS, 1996). However, if the per capita incidence is considered, Brazil occupies a much lower position, between the 40th and 50th (MOH, 1996). According to the MOH/NACP, the estimated number of HIV cases for the whole country is 448,000. From 1980 through August 1997 the cumulative number of AIDS cases was 116,389 (MOH/NACP,1997) of which 73 percent were reported in the Southeast region and 65.5 percent were reported in the southeastern states of São Paulo and Rio de Janeiro.

Table 1. Total number of reported AIDS cases by Brazilian regions 1980-1997

Geographic Region	Cumulative No. Cases
North Region	1,936
Northeast Region	9,691
Center West Region	5,690
Southeast Region (total)*	85,018
São Paulo	59,242
Rio de Janeiro	17,081
South Region	14,054
Total	116,389

^{*}Total of the southeast region includes the states of São Paulo (59,242), Rio de Janeiro (17,081), Minas Gerais (7,670) and Espirito Santo (1,025).

A gradual increase in reported cases of AIDS has been taking place in all regions of the country, as well as in the rural and interior districts. However, from the 5,000 municipalities of the country only 1,740 reported 1 or more cases and 427 reported 5 or more cases. This means that the epidemic continues to be concentrated in highly-populated urban areas such as São Paulo, Rio de Janeiro, Porto Alegre, Santos and Belo Horizonte (MOH, 1996). Major cities and state capitals are the epicenters of the HIV/AIDS epidemic in Brazil. In such centers, the accumulated incidence of AIDS was equivalent to the most severe epidemic in other countries. In the city of Santos, for example, the incidence rate was 432.4 per 100,000 inhabitants, a rate which exceeded the concurrent incidence rates found in San Francisco and New York (Castilho and Chequer, 1995).

Table II shows the ten municipalities most affected by the HIV/AIDS epidemic in reported number of cases in Brazil and Rio de Janeiro and São Paulo.

Table II. Incidence of AIDS cases (per 100,000 inhabitants) according to the municipality with highest number of cases. Brazil 1980-1997.

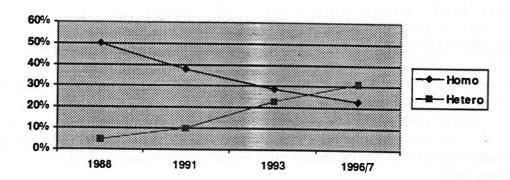
Municipality of				D	agnosti	c period	i		10917771	
Residence	80/88	89	90	91	92	93	94	95	96/97	Incidence
Itajaí (SC)	10.3	65.6	40.7	77.7	36.8	91.6	84.4	84.6	134.0	683.5
Balneário Camboriú	10.6	21.9	46.9	49.7	48.5	52.8	40.0	80.9	150.2	626.2
(SC)					1	2.0		ALL DE L		100000000000000000000000000000000000000
Santos (SP)	62.4	37.8	38.5	63.8	97.6	79.0	71.9	70.8	53.7	527.5
Ribeirão Preto (SP)	26.4	19.3	28.2	37.4	47.4	55.0	61.7	63.6	73.3	457.6
Bebedouro (SP)	8.1	22.5	36.9	35.4	44.3	47.9	53.6	38.9	57.7	457.0
São José do Rio Preto (SP)	30.6	16.7	24.0	30.4	53.1	69.6	46.6	49.4	49.8	449.8
Florianópolis (SC)	15.4	10.3	22.5	26.7	43.0	49.0	56.1	82.8	66.6	436.6
Catanduva (SP)	17.8	10.4	29.6	25.3	49.8	44.0	50.8	61.6	56.4	385.0
Barretos (SP)	39	9.8	25.3	23.0	23.6	58.2	56.4	57.6	49.7	373.7
São Vicente (SP)	24.8	17.1	19.4	37.6	43.2	44.9	41.6	46.4	23.9	327.1
São Paulo (SP)*	33.2	17.9	23.7	33.0	40.7	39.0	38.5	39.0	41.5	293.1
Rio de Janeiro (RJ)*	29.2	16.5	18.3	20.6	24.9	25.6	24.5	20.4	26.3	201.7

^{*} Although Rio de Janeiro and São Paulo are not among the current ten most-affected municipalities, they were included because when the project was designed in 1992 these municipalities had 70% of the AIDS cases reported to the MOH and therefore they were part of the AIDSCAP target area.

Modes of Transmission

Over the years an important decline on the homosexual and bisexual transmission can be observed. In 1988, 50 percent of all reported cases were infected homosexual or bisexual transmission, while in 1996-97 this proportion has dropped to 23 percent. The opposite phenomenon occurred with heterosexual transmissions, which have been increasing. They were 4.5 percent in 1988, 10 percent in 1991, 23 percent in 1993 and 31 percent in 1996/1997.

Graphic 1. Evolution of heterosexual and homosexual HIV transmission in Brazil from 1988 to 1996/97



As a result of the heterosexual transmission increase, the male-to-female ratio in adults has changed dramatically, moving from 9:1 in 1987 to 4:1 in 1994. In some urban centers, the ratio is now 3:1. Results from seroprevalence studies conducted in Brazil during the life of the project showed relevant variation in the levels of HIV infection both between states and within

states, based on comparisons of urban core groups and sentinel studies conducted among pregnant women in several Brazilian state capitals. These studies showed that the levels of HIV infection among pregnant women varied from 0 percent in the North of Brazil to 2.6 percent in Porto Alegre, South of Brazil. Moreover, considering the data available from seroprevalence studies examined, multiple epidemics occurring at the same time. In a country with the size of Brazil there are relevant differences in seroprevalence data between the risk groups and among pregnant women. Thus, future programs need to continue taking into consideration the geographic variation of HIV levels among core groups and the general populations.

Brazil's blood supply appears to be relatively safe, and blood transfusion does not represent a significant route of HIV transmission. At this time, injected drug use (IDU) is considered the main bridge to heterosexual transmission of HIV. Infection linked to injected drug use has risen from 0.8 percent of the total reported cases in 1984 to 19 percent in 1997. The number of AIDS cases related to injected drug use is highly concentrated in the state of São Paulo, Santa Catarina, Paraná and Mato Grosso do Sul, producing important and relevant differences in the epidemiological profile of the epidemic in these states when compared to the rest of the country. Seroprevalence studies among injecting drug users shows prevalence as high as 64.8 percent in São Paulo (HIV/AIDS Surveillance Data base/ US Bureau of Census 1993-1997).

Following the rapid increase in the number of AIDS cases among women, it has been observed that a significant increase due to vertical transmission in the number of AIDS cases. It has increased from 0.57 percent in 1985 to 3.2 percent in 1997. Prenatal transmission is the dominant cause of pediatric HIV infection, with many cases originating in IDU mothers. The number of pediatric AIDS cases is expected to increase in the years to come due to the increase of HIV infection among women during their reproductive years, especially in the Southeast region.

Groups known to be at high risk of HIV infection such as commercial sex workers (CSWs) show accelerated HIV transmission rates. In 1991 a study showed that HIV prevalence among CSWs was 27 percent in Santos, 12 percent in São Paulo and 14 percent in Campinas (Lurie et al, 1995). In the city of São Paulo, seroprevalence study among 112 transvestites showed a prevalence rate of 60.7 percent in 1992. As elsewhere in the world, the highest concentration of HIV infection has been found among lower socioeconomic status CSWs.

Pauperization

The Brazilian MOH does not use socioeconomic variables to report AIDS cases; instead the level of education has been used as a proxy indicator of the socioeconomic status. There is a trend indicating declining levels of education in reported AIDS cases. In 1985, 76 percent of the cases had a high education level (high school or university) and the remaining proportion only had primary school education levels or were illiterate. This proportion dropped to 31 percent in 1994 (MOH, 1996), increasing the incidence of HIV/AIDS among those with little formal schooling.

It has been observed that since 1987, two-thirds of women, who reported HIV/AIDS cases had low- or no-education levels. In 1994, they were 78 percent of the AIDS cases. Among

the cumulative cases reported, 3.5 percent of the men and 6.1 percent of the women were illiterate.

Age

Since the beginning of the epidemic, the age group most affected by AIDS has been 20 to 39-years-old (counting 71 percent of the cases reported until August 1996). However it has been observed that there is a progressive increase of infection of younger people, aged 20 to 29. This trend seems to be stabilized since 1991.

Sexually Transmitted Infections

STI incidence in Brazil is not well known. Notification of STIs are not compulsory except for congenital syphilis and AIDS. STI case definitions are not standardized, and the current surveillance system is dysfunctional. In addition, the infrastructure for diagnosis and management of STI is poorly developed. Some available data from clinics treating women indicate high prevalence of all forms of STI, including those most closely linked to AIDS transmission. Studies among female prostitutes in the State of São Paulo showed STI prevalence rates of 69 percent in Santos, 63 percent in Campinas and 66 percent in São Paulo (Lurie et al., 1995). Among chancroid patients in the city of São Paulo, almost all were infected with HIV (Siqueira et al., 1993). Men rely on self treatment through antibiotics obtained at pharmacies (estimated at 50-70 percent of STI occurrence among men) (Lima et al., 1995). Since STIs usually remain asymptomatic in women, they are left undiagnosed and untreated.

Policy and Other Donors

During the period from 1992 to 1997 there were important policy changes made to tackle the HIV/AIDS epidemic in the country. The Federal Republic of Brazil, through its Ministry of Health, requested a loan from the World Bank of US\$ 160 million for use from 1993 to 1997. The government of Brazil's counter-funding was equivalent to US\$ 90 million. The total budget for the AIDS and STI control project was US\$ 250 million, out of which 41 percent was for prevention (US\$ 102.7 million); 34 percent for treatment services (US\$ 84.6 million); 7 percent of total costs to surveillance (US\$ 16.2 million) and 18 percent for Institutional Development (US\$ 46.4 million). When using AIDSCAP intervention categories, levels of World Bank funding indicate: \$18.5 million for condoms, \$8.3 million for behavior interventions, \$51.5 million for STI prevention and control (of which \$25 million was used for the procurement of STI drugs at 300 existing STI clinics); and \$15 million was for information, education, and communication. In the AIDSCAP target areas during the life of the project, the World Bank committed \$33 million to São Paulo and \$10.4 million to Rio de Janeiro. Other donors included World Bank endemic project; US\$ 9 million, UNDCP US\$ 2.5 million, EEC US\$ 2.0 million, PAHO US\$ 1.6 million and the French Government US\$ 1.3 million. The Foundation for the Support of Research in the State of São Paulo (FAPESP) provided approximately US\$ 0.5 million. There are also other smaller donors including the Ford Foundation, the MacArthur Foundation, the Levi-Strauss Foundation and the National Research Center in Brazil.

The high level of investment in AIDS prevention has required most NGOs to work in close association with the MOH. This has expanded many small and community-centered

programs all over the country. A great production of BCC materials, training courses and mass media campaigns have been produced under the auspices of the MOH/World Bank loan. As a result many AIDSCAP sub-projects were developed in close association or replicated with the MOH support. After the Conference of Vancouver, the MOH decided to universalize the use of the HIV "cocktail" and committed 750 million for the procurement of this program for the year of 1996/97. So far, the MOH has bought the cocktail for all patients. The program was disrupted and distribution problems in the logistic system were identified. Presently it is a question whether or not government support of the "cocktail" will be maintained next year. Up to this time, a total of 750 million was committed for the procurement of the cocktail (Folha de São Paulo, 24/10/1997, interview with the PNDST/AIDS Director).

Brazil Country Program Timeline

PROGRAM ACTIVITY TIMELINE - BRAZIL

Planning and Organization

Strategic Plan

Implementation Plan

Funds Transfer

Program Review

Subprojects

AIDS Prevention for Men Who Have Sex with Men

HIV/AIDS Prevention for Men Who Have Sex with Men

Education Intervention for CSW in Fortaleza, Ceara and Sao Luis, Maranhao

Educational Intervention for CSW and Their Clients in the Municipality of Santos, Sao Paolo, Brazil

CSW AIDS Prevention in the Metropolitan Area of Rio de Janeiro

Training Program on Sexually Transmitted Diseases Management in Sao Paolo

Control and Prevention of STD in the Municipality of Santos, Sao Paolo

Prevention and Control of STD in Rio de Janeiro

Men in the Workplace: Intervention for Harbor Workers

AIDS Prevention and STD Treatment Among Street Children and Low Income Youth in Rio de Janeiro

Brazil Condom Social Marketing Project

Logistics Management

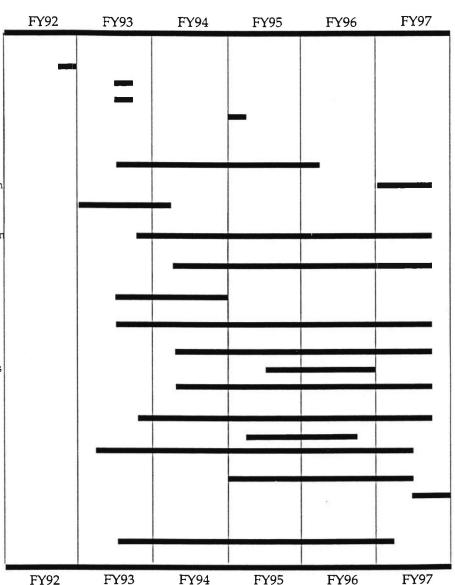
Cohort Study of High Risk Populations for HIV Infection in Brazil

AWI Female Condom Research

Training Course on HIV/AIDS Prevention

Non-Subproject Initiative

Rapid Response Funds



C. ACCOMPLISHMENTS AND OUTCOMES

1. INTRODUCTION

This section summarizes the major accomplishments obtained through the six components of AIDSCAP's technical strategy of the overall project in Brazil. These are the reduction of STIs, BCC, condom programming, policy development, behavioral research and evaluation.

In terms of project implementation, the AIDSCAP project in Brazil was able to fulfill all the strategic planned actions, activities and accomplishments although implementing a project in huge geographic areas such as Rio de Janeiro and São Paulo states (292.718 km2) was not a smooth or easy process. It is important to note that those geographic areas are in population and extension bigger than many countries — such as France, Spain or any other country in Latin American and the Caribbean. Although in terms of area, the states of São Paulo and Rio de Janeiro represent only 3.42 percent of Brazil, they have almost 30 percent of the Brazilian population (47,000,000). Several constraints had to be recognized in order to bring forth results.

The process of implementation and the evolution of the project during its life was rich and complex, responding to the AIDS epidemic in its multiples forms. This diversity was not only due to the differences of target populations but also to the different cultural settings in which AIDSCAP was developed in Brazil. Certainly the diversity of responses to the AIDS epidemic is related to the great variance of partners who developed these responses in cooperation and collaboration (the private sector, the media, the NGOs, women's groups, etc.). The partnerships that developed were crucial for the AIDSCAP implementation and success.

2. ACCOMPLISHMENTS AND CONSTRAINTS

a. Behavior Change Communication

BCC was a very strong component of the AIDSCAP Brazil program. A wide range of BCC techniques were produced and tested under the auspices of AIDSCAP. BCC lessons learned from previous interventions indicate that behavior does not change in isolation, and that there is a need to focus on several levels of education simultaneously. Interventions to impact and affect social norms must assume that information-based campaigns do not independently cause individuals to become proactive. Audiences should be segmented and situational factors such as lifestyles and professions need to be considered in terms of multiple reinforcing messages and multiple channels for reaching AIDSCAP target groups (MWM, CSWs, MAFH, and people with STI and their partners).

Once a specific group has been identified, combined BCC initiatives may include mass media that targets specific audiences reinforced by small media (such as brochures), and peer education/counseling to engender support from friends, family and community. BCC can be effectively utilized by all approaches, and serves to link behavior and prevention together. Traditional BCC techniques such as face-to-face counseling or production of IEC material were enhanced during the life of the project in Brazil. A total of 1,331,614 people were educated and a total of 7,744,458 BCC material were distributed during. Among the activities carried out with the target populations were safer-sex workshops, group discussions, face-to-face

interventions, individual counseling sessions, condom use demonstrations, video debates, street theater, role plays, and sociodrama techniques. BCC activities were conducted by trained health or community agents, health care providers or by trained peer-educators.

A relevant accomplishment was obtained after the production of a brochure based on the intervention for Adolescents in São Paulo Night students cohort study, named "Speak boy, speak girl." This IEC material was reproduced for the whole São Paulo State under the State Department of Education and 300,000 copies were issued. The MOH/World Bank sponsored the graphic production of this brochure. This material was also requested by the MOH for reproduction and national distribution. Other innovative new techniques such as the "Maze Installation" were produced and tested under the RRF program. Radio programs, video production, newsletters, brochures, pamphlets and posters were produced during the life of the project.

In association with the private sector, W/Brazil, Graficos Burti and others committed 50,000 US dollars to produce a glossy glitter-brochure for CSWs. These brochures were donated to the AIDSCAP Country Office for inclusion as part of the interventions with CSWs. The Levi Strauss Foundation sponsored the production of 5,000 copies (price of 15,000 US dollars). Two editions, totaling 10,000 issues were published in 1993 and 1995. In 1994, the Brazilian Association of Graphic Material recognized this material as the best didactic material of the year with an award. After the MOH-World Bank loan, a large and diverse amount of IEC material was produced by Brazilian NGOs and by the MOH itself. AIDSCAP sub-projects also used and/or reproduced good IEC materials produced by other NGOs or GOs. Through the MOH/World Bank loan several materials produced by AIDSCAP were also requested and reproduced by MOH, such the "Fala Preta" brochure, "Women and AIDS: pleasure without fear", and "Speak boy, speak girl." In 1996, in association with the private sector, the Levi Strauss Foundation and the British, the country office produced a display of the female and male body in natural size (8,000 issues). These IEC materials were distributed during the reproductive health and HIV prevention/integration training conducted for 104 health care providers from four Brazilian States.

A database bank designed to rate IEC material on its quality was developed in 1995. For example, for the adolescent population alone more than 300 IEC materials were processed, analyzed and rated. However, due to budget constraints the BCC officer position was canceled and this initiative was ended in 1995. AIDSCAP/Brazil considers this procedure to be a responsibility of the National Program on STI/AIDS from MOH. Unfortunately, up to now, there has not been any database analysis of IEC material produced in Brazil, and due to the size of the country it is common to have replications of efforts and IEC materials.

The main constraint in the BCC component of AIDSCAP project in Brazil was the limited resources to pay for mass media messages on TV and radio, which are expensive in Brazil. However, considering the size of the country, mass media messages are very much needed. To overcome these obstacles some strategies were developed in association with the private sector with ABRIL Editors through *Claudia Magazine*, *Capricho*, the fashion industry in the campaign Wear for a Cure, and the media in general. Analysis of free media published in local newspapers and magazines with the participation of AIDSCAP/Brazil was calculated on 6.8 million US dollars by a private company. Due to the size of the country, another major constraint was the quantities of materials necessary for national distribution versus needs and

demands for AIDSCAP-produced materials limited to the AIDSCAP-targeted geographic areas and programs. For instance, several requests of IEC material were made at the country office but could not be satisfied because they did not fit the implementation plan.

Because Brazilian culture is considered open and explicit, many BCC materials produced and used by IA to target geographic areas were produced by other donors or by the private sector. AIDSCAP/Brazil did not permit IA to produce very explicit IEC materials that could cause controversies outside Brazil. One leaflet produced in Santos without the permission or revision of AIDSCAP/Brazil was not distributed to the target population.

b. Sexually Transmitted Infections

The STI strategy focused on improving the utilization and expansion of services to existing public clinics offering medical services for STI care to the target populations (persons with STI, CSWs, MWFH, MWM). Interventions included:

- Strengthening STI clinics through professional health care training and diagnoses, provision of pharmaceuticals, improving counseling/education, and improving condom supply.
- Promoting clinics to target groups by using outreach programs and emphasizing the availability of STI services within clinics.

During AIDSCAP program a series of accomplishments were achieved regarding the STI component. The AIDSCAP sub-projects targeting STI patients became models for the MOH project. For instance, in the city of Rio de Janeiro, the STI project which started with AIDSCAP for 24 clinics was expanded all over the State of Rio de Janeiro. By the multiplication effect, the original goal of 24 clinics became 114 health care facilities trained for syndromic approach on STI. Health Information Systems on case-reporting has remarkably improved under AIDSCAP Project. In 1994, only 5 STI cases were reported, in 1996 this number had increased to 17,113 STI cases. In Santos, the STI program became a national referral center for MOH — which has, in addition to AIDSCAP, enhanced the facilities of the local laboratory originally established by AIDSCAP. A total of 106,558 STI patients were diagnosed, counseled and treated during the life of the project.

A major accomplishment was the translation of the book Control of Sexually Transmitted Diseases: a Handbook for the Design and Management of Programs, edited by Dallabetta, G., Laga, M. and Lamptey, P. AIDSCAP/ FHI, into Portuguese. This addressed the resistance in the academic area in Brazil to the syndromic approach to management of STI, and was a strategy to disseminate the approach to health professionals. This book was translated and launched during a satellite seminar carried out at the 8th Pan American and 10th Brazilian Infectious Diseases Meeting in Salvador, May 1997. AIDSCAP Brazil, in association with MOH, conducted this seminar for 80 health care providers from 27 Brazilian states.

The proper implementation of a comprehensive approach to STI in Brazil is an unmet, relevant public health need. Successful programs in the future will be highly dependent on the availability of STI drugs and condoms. Most clinics had condoms during the life of the project because USAID donated 15 million condoms to be used for the AIDSCAP Project. However, a

major impediment was the delivery of STI drugs which took about 10 months to arrive at the clinics after the project had started. The STI procurement and distribution were the responsibility of the MOH and suffered because of a long, bureaucratic process which hampered the States' receipt of STI drugs at the clinic level. In Santos, this obstacle was overcome by the Municipality's contribution to the project: the Health Secretariat of Santos Municipality bought all STI drugs needed for the project implementation. In Rio de Janeiro, where no funds were committed for STI drugs, it was difficult to keep health providers motivated without these supplies. Another constraint was the crisis of the health system and the low salaries paid for health professionals, especially in the state of Rio de Janeiro. Gynecologists are still very resistant to the syndromic approach in Brazil and their involvement will be is very important in future programs.

Despite all efforts from the government and NGOs, men continue to rely on drugstores for the treatment of STIs. Innovative approaches, such as M-STOP, are an important need for future programs. Use of the STI Handbook as a tool for sensitization, mobilization and for the training of University representatives is an important strategy to be used in the next HIV/STI program funded in Brazil.

c. Condoms

At the beginning of the AIDSCAP Project in 1992, the supply of condoms in the health system and NGOs was sporadic, and mostly dependent on donors. A field investigation revealed widespread complaints about the lack of condoms and the short supply of STI pharmaceuticals.

There was an increase of condoms sold commercially during the life of the project, showing an increase of awareness and some behavior changes regarding condom use. In 1992, 50 million condom units were sold in Brazil. In 1996, this number increased four-fold: 200 million condoms were sold. This is a great achievement considering the national production of condoms is insufficient to meet the needs of the country, which means that condoms were imported which is a time-consuming and inefficient process. During the life of the project all 86,700,030 condom units were dispensed by AIDSCAP. Among those, 14,791,489 condoms were donated from USAID for free distribution to the target geographic area and target populations in Rio de Janeiro and São Paulo. Most sub-projects relied on condom donations for free distribution during their activities. An additional 71,908,541 condoms were sold through the CSM project by DKT do Brasil from July 1993 to March 1997. CSM was developed in conjunction with 63 NGOs all over Brazil but focused on the AIDSCAP target geographic areas where 41 of these NGOs were located.

Logistics

AIDSCAP helped design a comprehensive logistics system to alleviate difficult conditions while giving initial attention to the project areas, to the essential commodities management information system (ECMIS), and to an allied distribution system. The State Health Departments of Rio de Janeiro and São Paulo created a Logistics Officer position and the personnel hired for this position were trained by AIDSCAP through John Snow Incorporated (JSI). The proposed logistic system was favorably received by the Federal Government of Brazil and the National Program on STI/AIDS. Two professionals from the

MOH were sent to the United States for training. Unfortunately, the MOH has never created a Logistic Officer position due to high turn-over of personnel. The logistics system created at state level in Rio de Janeiro and São Paulo sent essential HIV/AIDS commodities to targeted outlets, and traced their flow. Logistics needs were identified, such as expanded warehouse efficiencies, training of trainers (TOT) for logistics management, and improved inventory control. These efforts were successful to implement logistics in the system.

The main constraint in the logistics project was the ECMIS technology which was not appropriately transferred by JSI. Constant problems with the software made AIDSCAP opt for another software created at the country office. This latter can be easily supervised and technical assistance can be given in-country.

d. Policy

Policy development had three initial objectives for Brazil: 1) to create an awareness among policy-makers of the potential socio-economic and political impact of HIV/AIDS; 2) to encourage the revision of selected policies that present obstacles to AIDS prevention initiatives and/or suggest policy options that may enhance initiatives; and 3) to encourage greater investment by Brazilians in AIDS prevention initiatives.

From a policy development standpoint, the primary issue in Brazil was the tariff on condoms. There was compelling need to convince policy-makers that benefits are greater for Brazil and Brazilians if they would authorize a considerable reduction or elimination of the import duties and local taxes on condoms. From 1994 until 1995, AIDSCAP in conjunction with the MOH was able to reduce the taxes on condoms in the category of industrialized products (IPI-Industrialized Product Tax). Nevertheless, the federal government changed after the initial reduction and taxes were reinstalled and climbed as high as 40 percent. Lobbying, documentation and petitions were sent to policy makers in order to convince them of the benefits of tax reduction. In 1996, a reduction from 18 to 7 percent was obtained at the São Paulo State level for the "Circulating merchandise tax" called ICMS. At the national level all taxes continued to be charged. During the year of 1996 and 1997 the campaign for tax reduction led by the Associação Saúde da Família (ASF - the organization which implemented the AIDSCAP/Brazil project and acted as the AIDSCAP country office in Brazil) collected 5,309 signatures from newly elected politicians (64 percent), senators, all Brazilian NGOs working with HIV/AIDS, and civil society. Copies of certified petitions were sent on February 1997 to the President of Brazil, the President of the Senate, the House of Representatives and to the Governor of São Paulo. On October 15, 1997 the São Paulo State governor launched a decree reducing to zero any taxes on condoms at the state level. On the same day, ASF with a group of NGOs representatives, Union leaders, artists and representatives of the society handed the petitions to the Minister of Health. On October 20, 1997 the Minister published a decree reducing all condom taxes at the national level. This was a major accomplishment.

A second important policy objective is to utilize known human and financial resources controlled by the private sector. AIDSCAP/Brazil developed activities in partnership and cooperation with the private sector, especially with media, marketing and publicity companies. These partnerships had goals to promote fundraising and sustain the attention of the media. (These experiences are explained in details in section V. Non-Sub-Project Highlights.)

A third policy issue is to facilitate analysis and discussion among policy-makers about the existing regional approach. Increasing the awareness of the socioeconomic impact of HIV/AIDS — such as in the areas of national health care and lost productivity of workers — is one way to move beyond this regional approach. Special evaluation needs in Brazil indicate that recurrent analyses of costs and cost effectiveness are needed for the STI and condom distribution programs. Analysis should be conducted to determine if investment in AIDS prevention can have significant health and economic benefits in the future. Financial analyses can be used to create policy options on cost recovery and the sustainability of these interventions. With these objectives a socioeconomic study was planned to be conducted in Brazil. However, since the MOH was planning a larger socioeconomic study with the World Bank, AIDSCAP declined to conduct this activity.

An important accomplishment in the area of policy was the production of the HIV/AIDS Policy Book coordinated by Prof. Richard Parker from Centro de Estudo e Pesquisa em Saúde Coletiva/Universidade Estadual do Rio de Janeiro (CEPESC/UERJ). The book has seven chapters discussing major issues of the HIV/AIDS Policy in Brazil, starting from an introduction in which the organizer analyzes the evolution of the AIDS epidemic in Brazil and the political response from the government and society. The first chapter by Euclides Castilho and Pedro Chequer, the current Coordinator of the NACP/MOH, analyzes the epidemiological situation of the epidemic in Brazil. The second chapter by Paulo Roberto Teixeira approaches the public policies and programs that were carried out in the country in the last 15 years of the epidemic. Jane Galvão is the author of the third chapter, which analyses the actions of Non-Governmental AIDS Services Organizations as well as the Religious Organizations in chapter five. Chapter six, by Veriano Terto, Jr., describes and analyzes the response of the private sector, and chapter seven approaches the impact of HIV/AIDS on women in Brazil by Regina Barbosa. This book is under revision for publication and will contribute to a more comprehensive and up-to-date view of the AIDS epidemic in the country.

AIDSCAP/Brazil participated in commissions and committees to prepare documents, guidelines and policies that define the strategies for HIV/AIDS/STI prevention and control in the country over the life of the project. The main committees that AIDSCAP participated in are as follows:

Member in meetings held by the National Committee for Integral Prevention (CONEPI/SEPESC/MEC) providing technical assistance to the Minister of Education in the development of AIDS Prevention Strategies for Brazilian schools, 1993-1995. Dr. Maria Eugênia Lemos Fernandes;

Member of the scientific commission for AIDS/STI in the State of São Paulo to discuss and produce documents and recommendation on several policies regarding the prevention, treatment and care of HIV/AIDS and STI in São Paulo, 1992-1994. Dr. Maria Eugênia Lemos Fernandes;

Member of Technical Advisory Committee Organized by INMETRO to discuss the control of Quality of Male Condoms for the Mercosul, from 1995-1997. Dr. Maria Eugênia Lemos Fernandes and Dr. Elisabeth Meloni Vieira; and

Member of the Certification Committee Organized by Institute Falcon Bauer to certificate Quality of Male Condoms, 1996-1997. Dr. Maria Eugênia Lemos Fernandes and Dr. Elisabeth Meloni Vieira.

In August 1997 Associação Saúde da Família was elected by the Forum of NGOs to be part of the commission on HIV/AIDS vaccine trials in Brazil.

e. Behavior Research

São Paulo night school students youth cohort study

This controlled intervention trial targeted poor young adults (ages 18-25) completing their primary and secondary education in night schools. Three waves of HIV/AIDS-related questionnaires were given at 6-month intervals to 100 students at each of four schools. Between wave one and two, the students at two of the schools received a four-session intervention while those at the two other schools served as a wait -list control group. After wave two, students at the remaining two schools participated in the intervention. Of the total of 394 students enrolled in the study, 304 (77 percent) completed the study.

Baseline data showed that 87 percent of the students were sexually active and 76 percent reported having had sex in the last 6 months. Among the sexually active, 67 percent reported regular partners only, 12 percent casual partners only, and 21 percent both casual and regular partners. A minority of students reported consistent condom use in vaginal sex (15 percent). Two cases of syphilis (0.7 percent) and 2 cases of gonorrhea (0.7 percent) in the last 6 months were reported by students. Nineteen percent of youth reported vaginal discharge or itching and 5.3 percent reported genital sores. Fourteen percent reported having taken an HIV test and two were positive.

The intervention was based on a series of four 3-hour workshops. Males and females were separated in different groups. The workshops involved subjects such as HIV/STI transmission, reproductive health, sexuality, gender norms, condom use, and homosexuality. The effectiveness of the intervention was measured by a self-administered questionnaire before and after the intervention program in both groups. This questionnaire included a series of scales on the AIDS risk reduction model and asked additional questions regarding gender norms. ANCOVA was used to compare changes between intervention and control groups.

Two major changes were observed over the course of the study:

- 1. A decrease in unprotected sex with casual partners by women participating in the intervention.
- 2. An increase in the ability of women to discuss safe sex with her partner.

The study could not detect significant changes among men and regular partners. Causes for not using condoms included that the youth do not plan when they will have sex, and therefore do not have condoms with them. Some students complained that condoms were too expensive. The average condom price is R\$0.5, equivalent to 0.4 percent of minimum wage.

The topics of poverty, violence, lack of opportunities and access to quality and free reproductive health care and counseling consistently came up during workshop discussions showing several other important problems competing with AIDS. Additionally, other qualitative data from the intervention showed that AIDS is seen as less important than other problems, such as undesirable pregnancy. In order to improve intervention effectiveness, the socioeconomic aspects listed above should receive more emphasis for future programs. The low effectiveness of the intervention observed among male adolescents is still challenging educators and is a question that should be investigated by appropriate study design.

The intervention was well-accepted by the students and teachers. As a result of this study, the school based AIDS prevention program will be "scaled up" in 2,800 schools in the State of São Paulo. A total of 300,000 manuals based on the curriculum of this project are being distributed to schools throughout São Paulo and other states.

Santos harbor workers cohort study

A randomly selected cohort of 226 male harbor workers aged between 25 to 55 years old were followed for 3 years. Interviews and blood samples were collected in the first and second waves. Intervention was carried out between waves two and three. The majority of men were married (81 percent) and an additional 11 percent had a steady partner. At baseline, HIV seroprevalence was found to be 1.1 percent, and syphilis was found to be 2.2 percent. Thirty-eight percent of harbor workers reported a history of a STI. No intervention took place between wave one and two, because the two waves were planned to establish baseline levels and detect major trends prior to the intervention. Since no significant changes were found between wave one and two, it was assumed that there were no important and significant behavior change trends. In the third wave, after the educational intervention, important changes were detected, such as a reduction in the number of secondary sexual partners in last 12 months, and an increase in condom usage, especially with casual partners. Only 10 men reported unprotected vaginal sex with casual partners compared to 28 in wave two (representing a 64 percent reduction, p<00.1).

The main results are presented in the table below:

Reported sexual risk among Santos port workers (n=226)

	Wave 1	Wave 2	Wave 3	p value
Mean number of non primary partners	0.59	0.61	0.47	0.015
Percent with any casual partners	hundret 7	20 %	14 %	0.028
Percent reporting any unprotected sex with casual partners	*	12 %	4 %	0.001

SANTOS COHORT PORT WORKERS HIV SEROPREV ALENCE 1994 TO 1996	Wave 1	Wave 2	Wave 3	
HIV seroprevalence	1.1	1.1	1.6	

Though not a specific measure of the interventions effects, subjects were tested again for HIV and syphilis in wave three. One HIV seroconversion was identified giving a 0.2 percent incidence/year, and 21 men (9.3 percent) were FTA-positive for syphilis.

Truck drivers: Prevalence of HIV and other sexually transmitted diseases and risk behavior

A cross-sectional study involving face-to-face interviews and blood drawings was conducted among 300 male truck drivers in the port of Santos made up of a consecutive sample of drivers who were waiting in long lines at the port to load and unload cargo. Measures of HIV and syphilis serology (using two tests: VDRL and FTA-Abs), demographic characteristics, work history, sexual behavior and drug use behaviors, sex with different partners and history of STI were collected.

Results:

Of 300 subjects, 4 (1.3 percent) were positive for HIV, 25 (8.3 percent) were VDRL-positive and 38 (13 percent) FTA/ABS-positive. Ninety-three percent lived outside of Santos and 56 percent were away from home for over a week. Forty-seven percent reported ever having had any STI (38 percent gonorrhea and 5 percent syphilis). Seventy-one percent were married and 40 percent referred having more than one sex partner; 21 percent had sex with CSWs, 14 percent with girls they met on the road, 22 percent with friends and 16 percent with other men's wives. Three percent reported sex with other men in the last 12 months. A great proportion of them (43 percent) use Rebite, an oral stimulant. The use of this drug was statistically associated with FTA-ABS (p=0.04). Having sex with friends was associated with becoming HIV-positive and having sex with steady sex partners and other men's wives was associated with being VDRL-positive. It is important to highlight that all these sexual partners are considered "safe sex" by the truck drivers.

This was the first study to determine the HIV and syphilis seroprevalence among truck drivers in South America. Findings confirm that this group has a high potential risk for HIV and STI infection and the potential to spread infection to other areas of the country. It is clear that this is also an important epidemiological group to be included in intervention programs.

f. Summary of Process Indicators for Aggregate Country Program

Major AIDSCAP programs

Process Indicator	Target	Reached
People educated *	89,950	615,745
Persons trained	1,976	13,269
Condoms distributed	4,473,000	14,462,740
Condoms sold	64,000,000	71,667,149
Materials distributed	690,400	3,756,373
STI Treated		106,558

^{*}Included STI counseled during visit to the Health Service for STI treatment.

AIDSCAP rapid response fund process data

Process Indicator	Reached
CARL SALES CONTRACTOR	
People educated	715,869
Persons trained	2,889
Condoms distributed	304,893
Condoms sold	211,392
Materials distributed	64 6 ,2 10
Special events	7
Media Spots	52,858
People reached (through media	
spots and distribution of technical materials)	15,363,123

ASF process data

Process Indicator	Reached	
People reached	50,045	
People trained	414	
Condoms distributed	23,856	
IEC	3,341,875	
Issue number of printed media spots *	65,377,000	
Technical and scientific meetings	7 0	
Technical committee	10	
Community and political forum	34	
technical assistance provided to	226	
productions of articles		
Media spot aired on TV	46	

^{*}Number of spots in the magazines/newspaper and. X=the average number of issues of that magazine/newspaper.

Total AIDSCAP / Brazil process data

Process Indicator	Reached
People educated	1,331,614 *
Persons trained	16,572
Condoms distributed	14,791,489
Condoms sold	71,908,541/
IEC distributed	7,744,458 +
Media spots	52,858
Special events	7
People reached	15,413,168
Issue number of printed media	65,377,000
spots	
Technical and scientific meetings	70
Technical committees	10
Community and political forums	34
Technical assistance provided to	226
production of articles	
Media spots aired on TV	46
STIs treated	106,558

Note: Major projects were systematically interviewed on TV; however, the PIF form did not allow registration of this data and AIDSCAP/Brazil did not have sufficient resources to track media spots or the value of free space on electronic media (free radio and TV time). Thus, media spots of major projects are not reflected in the table above.

3. PROJECT OUTCOMES

Biological Data

Biological data can provide important information about the status and trends of the epidemic. It is not adequate as an evaluation of prevention programs because cultural behavioral changes take time, and even more time will be needed to reduce HIV seroprevalence. Incidence-rate studies would be more appropriate than prevalence studies in detecting behavior changes, but they are prohibitively expensive and logistically challenging. Due to the cost, AIDSCAP did not fund large-scale HIV seroprevalence studies in Brazil. Data is available in a range of populations targeted by AIDSCAP interventions and in studies funded by other sources. Data from research in Rio and São Paulo among MWM, CSWs, and STI clinic patients show an inconsistent and conflicting picture of the epidemic. Due to differences in sampling, high rates of migration into and out of target populations, and the unknown effects of AIDS-related mortality, it is difficult to identify specific trends in HIV incidence.

Nonetheless, biological studies leave the clear impression that a devastating epidemic is established in high-risk populations in Brazil, and making significant advances into the general population. Based on several studies, the Brazilian Ministry of Health is estimating an HIV seroprevalence of 1.0 to 1.2 percent among men and 0.8 to 1.0 in women from 15 to 49 years-old in the states of Rio de Janeiro and São Paulo.

The biological studies available among AIDSCAP target populations are presented below:

Two HIV seroprevalence studies among MWM carried out in São Paulo showed similar figures: 12.2 percent in 1988 and 9.1 percent in 1997. The latter seroprevalence data was taken from 695 MWM candidates participating in an HIV seronegative cohort study. A total of 594 volunteers were included and followed in the cohort. The HIV incidence rate was 1.42 percent per year (8 seroconversion for 562.9 persons followed by one year) and has been stable. This cohort sampling is composed mostly by exclusively homosexual subjects.

In Rio de Janeiro the results of seroprevalence studies among MWM were not very consistent. A 25 percent HIV seroprevalence was found in 1987-89, while in 1995 two other studies had different results: one reported a seroprevalence of 25 percent and another reported 8.9 percent (1995-96). A cohort study with over 600 HIV seronegative MWM showed an incidence of 3.4 percent per year. Over 50 percent of the subjects were male CSWs and bisexuals, a much higher risk population than the São Paulo cohort study, therefore both incidences are not comparable.

CSW seroprevalence data has varied substantially in Santos. In 1991 Lurie and cols. found a seroprevalence of 27 percent (n=100) among lower income and 1 percent (n=100) among higher income CSWs. Another study conducted by the MOH in 1995-97 attempting to include all Santos CSWs, found an 8.6 percent (n=625) HIV seroprevalence. This data should be examined with caution as it is difficult to compare both data because of their selection

methodological differences Additionally, the last study has not was not been analyzed yet by income.

In Rio, a CSW seroprevalence study was carried out in a poor area of Rio and showed a prevalence of 11.6 percent in 1991 and 11.2 in 1992-3. No other recent data are available among CSWs in Rio.

An HIV seroprevalence study in STI sentinel clinics showed a 23 percent (n=343) in Rio de Janeiro in 1994 and 15 percent (n=164) in São Paulo in 1993.

A recent study involving 23,000 male recruits at least 18 years old carried out in 1996-97 showed a 0.5 percent syphilis seroprevalence. HIV data is not available yet.

Behavior Outcomes

In 1996, for the first time, National DHS included questions regarding HIV/AIDS, STI and sexual attitudes and practices. This was conducted by BEMFAM in conjunction with Macro International, the Brazilian Institute for Geography and Statistics, with technical support from the AIDSCAP/Brazil project and funding from USAID. This survey interviewed 12,612 women and 2,949 men from a representative sample of the Brazilian population (see notes on the evaluation studies in the end of this chapter). AIDSCAP had a leading role in the questionnaire design and gave support to the data analyses and results dissemination. The study provided significant insights into the effect of HIV/AIDS prevention strategies to date.

The DHS findings showed that the majority of population knows that AIDS is a sexually transmitted disease and that condoms can prevent its transmission. The large majority of the population considers itself at no or a very low risk of getting infected. Condom use is still very low among the general population. The findings suggest that women, less-educated people, older people and adolescents (less than 20 years old) are more vulnerable than other groups. Unfortunately, there is no previous similar study available to provide comparative behavior trends among the general population.

Among the AIDSCAP target populations, the data from several studies conducted by the AIDSCAP and IA (see notes on the evaluation studies in the end of this chapter) suggested that a significant improvement in knowledge and risk perception was achieved among the CSWs, MWM, Harbor workers and adolescents at intervention areas. Additionally, improvements in self-esteem, self-confidence and group organization were achieved by the MWM and CSWs. These are conditions considered necessary in order for safer sexual behavior changes to occur. A significant reduction in the percentage of harbor workers reported casual partners after intervention. The use of condoms has increased in all four target population, especially among CSWs and MWM. Adolescents in the intervention area have higher condom use rates than the average Brazilian population their age. Despite the successes of interventions, there is a proportion of people who still engage in high-risk practices.

i. Knowledge

General population:

DHS data showed that among the surveyed population, condom usage was the most preferred HIV prevention method (80 percent for female and male). The other methods -- such as the use of disposable syringes (27.5 percent for both sex) or having only one partner (8.6 percent female and 1.9 percent of male) -- were not cited by the majority of parties interviewed.

Knowledge of HIV prevention was highly associated with level of education. Condom usage was cited by 92 percent of men and women with 12 or more years of schooling and only 49 percent (50 percent of female and 48 percent of male) with no education. Additionally, the proportion of people who did not know how to avoid HIV transmission (10 percent of female 8 percent male) varied from zero among men and women with more than 12 years of education to 37 percent among females and 26.4 percent of males with no school education.

A much smaller difference in knowledge about HIV transmission was found between age groups. The oldest age group (40-49) interviewed had the lowest knowledge for both sexes about HIV transmission and prevention. In this age group, 12 percent of women and 15 percent of men did not know what to do to avoid HIV transmission whereas only 7 percent among the 25-29 age group did not know how to avoid infection. A high proportion of people gave incorrect answers about HIV prevention (20 percent of men and 17 percent of women) such as avoid contact with a HIV-infected person, not using public bathrooms, going to see doctors, etc.

Knowledge about other STIs was much lower than AIDS. A great difference was also observed between genders, in that 68 percent of men knew or have heard about gonorrhea and 36 percent about syphilis, while only 35 percent and 29 percent of women knew about gonorrhea or syphilis respectively.

Target population:

A significant increase in knowledge of HIV transmission and prevention was observed in all AIDSCAP target populations with almost universal understanding among the adult and adolescents populations.

CSWs

The baseline studies revealed a great variation in knowledge of HIV transmission and ways of preventing transmission among lower-income CSWs in Rio and Santos. Improvements were observed in both places and in all variables. Correct answers about HIV transmission (via vaginal intercourse) has increased and is almost universal among the CSWs surveyed, increasing from 79 percent in 1993 to 95 percent in 1997 in Rio, and 90 percent in 1991 to 98 percent in 1996 in Santos.

Over 97 percent of CSWs in both towns recognize condoms as a means to prevent AIDS. Additionally, 99 percent in Santos and 95 percent in Rio agree that sharing syringes and needles can transmit HIV, and 95 percent in Santos and 92 percent in Rio recognize that a

pregnant woman might transmit HIV to her baby. Despite this progress there is still a proportion of CSWs who thinks HIV can be transmitted by social contact: kissing (5 percent), and drinking from the same glass (16 percent).

MWM

Among the MWM population, knowledge of means of HIV transmission and prevention have risen substantially in the period 1993-95, and is now very high in both Rio and São Paulo. Condoms as a method to prevent HIV transmission increased from 71 percent to 93 percent in Rio, and to 95 percent in SP. Over 96 percent of MWM know HIV is transmitted by semen or blood. Changing perception of risk can be demonstrated by the increase in proportion of men who would not accept having unsafe sex, from 40.4 percent in 1989 to 81.7 percent in Rio in 1995, and 81.3 percent in São Paulo the same year; and by the reduction of the proportion of MWM who incorrectly cited that HIV is contracted by chance (from 70 to 10 percent in Rio).

MWM as a group's understanding of what "safe sex" means has changed with time. In 1989, 50 percent of those interviewed associated it with condoms use and 52 percent with "selecting your sexual contacts" and 75 percent associated it with "avoiding sperm in mouth." In 1995, 100 percent would associate "safe sex" with constant condom use and only 8 percent with the other practices. This trend may reflect the position of the MWM implementing agencies which emphasize the use of condoms as the most important and efficient strategy to avoid transmission. BCC messages emphasize this message rather than partner reduction and partner selection, which are not viewed as effective strategies to prevent HIV/STI.

Adolescents

Adolescents' perception of the existence of AIDS was high and increased in both sexes from 98 percent to 100 percent among females, and 93 percent to 99 percent among males (p<0.01) Citing condoms as a method of HIV prevention increased from 80 to 89 percent (p<0.05), and a larger increase was observed among women (from 78 percent to 89 percent). Adolescents were increasingly able to contradict false statements about HIV/AIDS, such as: "only homosexuals and IVDU have AIDS" (correct answers increased from 91.8 to 95.8 percent, p<0.01). The correct answer about the perception that someone might have the AIDS virus despite appearing healthy also increased from 76 to 90 percent for both sexes.

Additionally, sexual transmission (97.7 percent), blood transfusion (95.5 percent), and shared use of syringes (93.7 percent) were the most common means of HIV transmission identified, while condom use was the preventive method most frequently identified through checklist questions (over 95 percent) for both sexes. The differences in the answers between two questions about condoms as a method of HIV prevention described above (citing condoms as methods and identifying condoms by checklist) may reflect some insecurity by a small portion of adolescents about the subject. A significant reduction (p<0.05) in the proportion of incorrect HIV transmission means was observed: the perception of transmission by mosquito bites (30 percent to 18 percent) and public bathrooms (39 percent to 18 percent) declined.

Regarding knowledge of other STIs, an increase was observed in the proportion of adolescents citing STI besides AIDS (increasing from 87 percent to 95 percent among female

and 92 percent to 96 percent among male adolescents p=0.003). The most cited STIs were gonorrhea, syphilis and herpes. Despite these improvements the proportion that correctly answered questions regarding existence of non symptomatic syphilis and gonorrhea in women has remained stable (26 to 27 percent among females and 32 to 23 percent among males adolescent). This suggests that more emphasis on other STIs should be given in interventions with adolescents.

ii. Sexual partner and behavior change - sex negotiation:

General population

The great majority of the population consider themselves at no- or low-risk of HIV infection (ranging from 77.3 percent in northeast to 85.5 percent south of Brazil). Conversely, the proportion that perceived themselves as high-risk ranged from 3.9 percent in São Paulo to 9.8 in the Center-west of Brazil. Although there is not much difference in risk perception between genders, men tended to initiate more behavior changes than woman (over two times higher) in all age groups.

Behavior change according to risk perception by gender. DHS 1996-Brazil

		Beh	avior change		
	Women	953 55 595355555555555555555555555555	Men		
Risk perception	Yes	No	Yes	No	
Small	16.9	83.1	46.3	53.7	
Moderate	25.6	74.4	64.3	35.7	
High	30.6	69.4	64.8	35.2	
NA	17.8	88.2	34.6	65.4	

It should be highlighted that, despite perceiving themselves at a high risk, 69.4 percent of women did not initiate any changes to protect themselves.

The low rates of behavior changes among women in comparison with men reflects the male-dominant cultural values of Brazilian society in which women are powerless to make choices, especially regarding sexuality. Several studies have confirmed this male-dominant cultural aspect of society. Trust, love and economic dependence were considered by several studies to be more important than risk perception in determining behavior changes. This matter should be considered during the program design of interventions.

As expected, behavior changes were associated with higher levels of education. Seventy percent of men and 92 percent of women with no schooling did not report any behavior changes. Among men (48 percent) and women (78 percent) who have had 12 or more years of education, lack of behavior changes was lower.

Target population:

Reduction of the number of sexual partners was not emphasized in the interventions with CSWs, MWM and adolescents for different reasons. The interventions emphasized consistent condom use and also stimulated the CSWs and MWM group organization and self-esteem in order to improve their self-confidence. The improvements in self-perception empowered them to negotiate safer sex and to care their own health through healthy behaviors. In the case of harbor workers, the reduction of number of partners was used as a strategy. A reduction of 30 percent in the proportion of males having sex with casual partners,

and the 23 percent of the mean number of non-primary partners over the last 12 months was observed.

CSWs

The CSWs KABP survey showed that the majority of women have increased confidence in negotiating condoms use. Over 87 percent reported that they would not accept sex without a condom and 96 percent had condoms with them in the interview. However, there is a minority (13 percent) stating they would have sex without a condom if they needed money.

In the focus group discussion (FGD) in Rio and Santos, it was mentioned by sex workers that techniques learned with peer educators to overcome men's resistance to condom use have been helpful. The influence of alcohol and drugs were cited as important barriers to the use of condoms. A total of 65 percent in Santos and 78 percent in Rio of sex workers reported a gynecological visit within the past year. Although these figures are far from ideal, they are much higher than the general population of Brazilian women, with only 37 percent reporting prior-year gynecological visits.

MWM

The majority (87 percent) of MWM reported some changes in their sexual behavior because of what they know about AIDS and 50 percent cited great changes. The most frequent change was the use of condoms with casual (60 percent) and regular (50 percent) partners. Other safer practices, such increasing masturbation (35 percent), reduction of penetrative sexual relations with casual (36 percent) and regular (25 percent) partners were reported. The proportion of the MWM population reporting zero or one sexual partner in the past 12 months is similar, in São Paulo at 45.6 percent and in Rio at 42 percent. In Rio this figure remained stable from 1993 to 1995. Changing from a passive to more active attitude to avoid transmission is demonstrated by the proportion of men in Rio who disagreed with the statement "in the passion of the moment I cannot do safe sex" from 40 percent in 1989 to 74 percent in 1995 and 81 percent in São Paulo in same year. Agreement with, "I cannot change my fate" went from 30 percent to 87 percent. This suggests more empowerment by this population, which might lead to safer sex practices.

Qualitative studies among MWM in Rio and São Paulo have shown that societal prejudices against homosexuality and risk factors for high-risk behavior are strongly associated. Individuals reporting the highest levels of risky behaviors were often at conflict with their homoerotic feelings. Because of this, important aspects of intervention were improved self-esteem and group support. The qualitative evaluation with participants and non-participants of interventions in São Paulo and Rio suggested that the focus of enhancement of self-confidence and self-esteem encouraged safer sexual behavior. Many of these results can be attributed to the MWM prevention intervention.

Despite the general improvement there are smaller groups still resistant to changes. The KABP survey in São Paulo and Rio (1995) identified a pocket of MWM in a higher risk bracket for infection with HIV. These people are from the lower socio-economic and educational levels, people who identify as bisexual, and people from the youngest age group (14-21 years old). Condom use among 14 to 21 years old was 68 percent whereas it was 84

percent among 22 to 31 age groups. These youth tend to have higher rates of unsafe sex, less confidence to negotiate safe sex, less access to information and less contact with gay organizations. Intervention programs have more difficulties reaching these groups; therefore, intervention programs should be designed to specifically target this population.

Harbor workers

Among the harbor workers, the proportion of men having sex with casual partners decreased 30 percent (from 20 percent to 14 percent, p<0.03) and the mean number of non-primary partners was reduced 23 percent (from 0.61 to 0.47, p< 0.015).

Adolescents

In Rio during the first wave in 1994, 30 percent of females and 62 percent of males were sexually active. No important changes were detected in the second wave in 1996 (32 percent of females and 65 percent of males). Among the sexually active adolescents in Rio, the reported ability to talk about condoms use with partners increased among female adolescents (73 to 84 percent) and remained stable among males (69 to 72 percent). Similar findings were observed in the behavior study of youth in São Paulo (see behavior studies session). Only female adolescents showed behavior changes (increase in the ability of discuss safe sex with male partner and reduction of unprotected sex with casual partner) as result of the intervention. No significant changes were observed among males.

In both interventions in São Paulo and Rio, the best results of interventions targeting safe sex behavior changes through sexual self-confidence were achieved by females. This is an important outcome because in Brazil women tend to have less power in their relationships with men. Additionally, several qualitative studies in Brazil have shown that youth are most likely to act out the traditional male and female sexual roles. This presents a significant obstacle to safer-sex negotiation for women.

As it was shown in the National DHS in 1996, women report making fewer behavior changes than men, even when they consider themselves at high risk of HIV transmission. The intervention in both sites successfully empowered female adolescents to insist on safer sexual practices. Male adolescents seemed to be more resistant to talking about STI/AIDS and using of condoms, especially in São Paulo. This subject should be investigated through specifically designed studies. The baseline qualitative research showed that sexual relations are irregular among adolescents and it is rare for them to have regular partners. Therefore, it was not considered feasible to expect reductions in the number of partners in this population.

iii. Condom Use:

General population

Although the health benefits of condom use is known by over 97 percent of general population, it is not commonly used. Only 33 percent of women and 60 percent of men reported ever having used a condom. The reported use of condoms during the last sexual contact (no matter the type of partnership) varied among women from 7.5 percent in the northeast to 14.4 percent in São Paulo, and among from men 29.6 percent in the south to 35.4

percent in north. Important educational level differences in condom use can be observed among both sexes (see table below).

Condom use in the last sexual intercourse by level of education and gender - DHS 1996

Level of	Women		Men	
Education	%	#	%	#
None	3.8	534	8.9	234
1-3	5.2	1698	21.9	516
4	7.6	1581	23.7	419
5-8	13.8	2828	38.1	748
9-11	15.8	1856	41.7	465
12 +	19.9	641	42	186

These findings reinforce previous data presented on knowledge about HIV prevention and behavior change between sex. The findings showed that people with lower educational (and therefore, socioeconomic) levels and women in all strata seem to be at higher risk of getting infected. The epidemiological surveillance data on AIDS showed an important increase of AIDS cases among women and in the inner parts of the towns.

Target population

It is important to highlight that condoms are still not frequently and regularly used either for STI prevention or family planning by the general population in Brazil. The 1996 National DHS reported that only 4.3 percent of woman use condoms regularly and about 10 percent use condoms for STI protection. Additionally, two-thirds of women and 40 percent of men have never used condoms before. Increases in the use of condoms during all sexual contact has been achieved among CSWs, MWM, harbor workers and adolescents. Condom use for MWM and CSWs (in sexual contact with clients) is now an internalized value and the norm rather than the exception.

CSWs

CSWs in Santos are a highly mobile population. Over 50 percent of them reported a primary address outside of the city of Santos. This implies that interventions need to be intense and continuous because of the high turnover of this population. Despite this, the use of condoms by CSWs with clients has shown an ongoing increase. The consistent use of condoms with clients (use of condoms in the last five sexual intercourses) increased from 57 percent 1991 to 74 percent in 1993 and 93 percent in 1997. In Rio, condom use in the last sexual intercourse increased from 87 percent in 1993 to 97 percent in 1997. In the city of Santos, a large study conducted in 1996 showed 86 percent of CSWs used condoms in the last sexual intercourse and almost everyone in the study (96 percent) had condoms with them during the interview. A minority of CSWs in Santos (13 percent) stated that they would sometimes accept sex without condoms if they needed money. The first KABP in Santos was conducted in 1991 and showed that 97 percent of the CSWs with both high and low incomes reported the use of condoms. Trend comparisons between both studies are hampered because each one had a different

sampling, the questions were asked differently, and the second study has not been analyzed by income yet.

Quantitative and qualitative research with CSWs in Rio has detected an important and positive trend among hotels to give or sell condoms as part of a CSW-targeted program's package. This is particularly important because it was a barrier a few years ago as many hotels did not want to sell or give condoms because they feared problems with police. Qualitative studies identified barriers to condom use such as lack of use with long-time clients (regular and faithful clients), and using condoms can be perceived as disrespectful to clients. The use of alcohol by CSWs, which is greatly encouraged in brothels and by escort services, was also identified as a barrier to the use of condoms. CSWs reported that they often forget to use condoms when drunk and/or clients would take them off without the CSW's awareness.

Condom use with regular partners, despite the significant increase from 12 percent in 1993 to 22 percent in 1997, is still very low. Trust and love ("I don't use condoms with someone I love") were identified as major barriers to condom use. CSWs stated that regular partners often refused to use condoms in order to appear "macho." But for the most part, condom use with clients is reported to be high and well-accepted practice, and considered a norm by CSWs. This is important to ensure ongoing use. It is easier to keep CSWs using condoms when it is already an internalized value. On the other hand, the use with regular partner is rare because relations with the regular partners are considered an "exception." Because of this, CSW-targeted interventions should also focus on supporting use with the regular partner.

MWM

Qualitative and quantitative studies found that condom use was accepted as a norm and an internalized value among the gay community. This is an important achievement for the sustainability of the high rates of condom use. The frequency of condom use ("always use condoms") has shown an important increase — from 21 percent in 1989, 60 percent in 1993 and 89 percent in 1995 in Rio and to 82 percent in São Paulo in 1995. The rates for the reported use of condoms in last sexual intercourse were somewhat smaller at 83 percent in Rio and 77 percent in São Paulo. Among MWM in São Paulo whose last sexual contact was with a casual partner, 87 percent used condoms, demonstrating higher rates of infection are perceived when a higher risk sexual contact is made.

Harbor workers

Condom use with casual partners among harbor workers increased substantially. The proportion who reported unprotected sex decreased from 12 percent in 1994 to 4 percent after the intervention in 1996, representing a 67 percent reduction (p<0.001).

Adolescents

The proportion of adolescents in Rio who reported always using condoms increased from 25 percent (20/80) to 40 percent (23/57) in girls and 40 percent (23/57) to 77 percent (52/68) in boys (p<0.0001 for both genders). Reported condom use in the last sexual intercourse increased from 30 percent to 39 percent among females and from 50 percent to 58

percent among males. This change, however, was not statistically significant because of the small sample size of sexually active adolescents. The differences between the two variables ("always use condoms" and "use condoms in the last sexual contact") might reflect differences in the frequency of condom use. It is not clear whether the use of condoms in last sexual intercourse reflects the more regular use and whether the variable "always use condoms" represents use with partners adolescents think are of higher risk. The rate of condom usage among the female adolescents in the intervention areas is much higher than the average of Brazilian female adolescents in the same age range. The 1996 National DHS study showed that in the general population only 20 percent of the sexually active female adolescents aged 15-19 use condoms.

A summary table of condoms use in the last sexual contact

Target population	Year of Study	Percent	Year of Study	Percent
CSWs / clients				
Rio	1993	87	1997	97
Santos	1991	97	1996	86
MWM			and the second	
Rio	1993	60	1995	89
Santos	no study		1995	85
Adolescents in Rio			ACTURA N. DE CAROL	2.27 6 1.96
Male	1994	30	1996	39
Female	1994	50	1996	59

Note: It is difficult to make comparisons between the two studies among CSWs in Santos because of different methodologies of sampling. The first study selected 100 high- and 100 low-income CSWs. The second tried to select all CSWs in the city, and collected 650 women. Additionally, CSWs in this city have a high rate of turn-over. At any one time, it appears 50 percent of CSWs do not live in Santos — they come for period of time to work and leave, only to be replaced by more incoming CSWs.

Any unprotected sexual contact with casual partners

Santos harbor workers	1995	1996
unprotected contact	12%	4%

iv. STI

General population:

The DHS showed that in the last 12 months, 24.1 percent of women reported STIs or symptoms related to STIs (i.e., vaginal discharge or itching, open sores, ulcers or warts in vulva). Candidiasis was the most common infection (13.2 percent). Other STIs reported were trichomoniasis (3.4 percent), genital herpes (1.1 percent), syphilis, and gonorrhea/genital warts (0.5 percent). The majority of women interviewed who had any symptoms sought treatment through health services (70.3 percent), a little more than half sought publicly provided health care (37.8 percent), and 14.9 percent sought care from the private health sector. Two percent sought pharmacological care only. Among symptomatic women, 42.9 percent took precautions to protect their partner, 32.2 percent practiced sexual abstinence, and 5.3 percent used condoms.

Despite the universalization of public health services in Brazil over the last decade, only a small proportion of the female population has routine/preventive gynecological visits and pap smear exams. Among all women interviewed, 60 percent had at least one visit in their lifetime to a gynecologist (excluding antenatal care), and 37 percent reported a visit within the last year. Only 45 percent of all women reported pap smear tests (although it should be taken into consideration 19 percent of the sample were between 15-19 years old and gynecological visits and pap smear exams are not commonly expected at this age). The health services still cover only part of the population and preventive visits are still not routine for most of women.

Target population

Reliable data on the prevalence of STI is very difficult to assess. There is no simple, reliable and cheap test to detect STIs. Additionally, self-reporting of STIs underestimates cases because people frequently do not recognize STI symptoms. Nevertheless, self reported cases might track STI trends if appropriate methodology is used to conduct such a study. In these two KABP surveys with adolescents and CSWs and in both waves, identical methodologies and instruments were used.

CSWs

The percentage of CSW reporting STI dropped from 27 percent in 1993 to 16 percent in 1997. Eighty percent of the latter group was treated in health services.

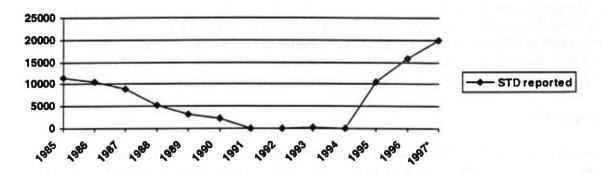
Adolescents

The proportion of adolescents in the intervention areas of Rio who reported one or more episodes of STI decreased in both sexes from 1994 to 1996. Among girls, this figure decreased from 13 percent (10/80) to 4.5 percent (3/67). A similar decrease was noted among male adolescents, from 14 percent (5/58) to 6 percent (4/68) (p<0.05 for both sex). STIs were treated by a medical doctor in 83 percent (15/18) of male and 71 percent (5/7) of female adolescents.

STI Control Program

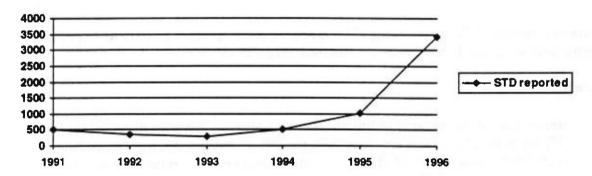
AIDSCAP's STI Control Program achieved accessibility of STI treatment. In Santos, STI treatment was decentralized from 1 to 22 health centers covering 100 percent of services. In the State of Rio by the end of the project, 114 health services were trained directly or indirectly by AIDSCAP to apply the syndromic approach. All services were trained to use a syndromic approach and counseling in the handling of STI cases. By the end of the project, treatment for STIs was available in every health unit of the city of Santos and in every town of the State of Rio de Janeiro. During the project a STI health information system (HIS) was implemented in both sites by the health departments as part of the STI control program. The importance of the HIS for the health departments of Santos and Rio de Janeiro can be demonstrated by the number of cases reported in both places:

STI cases reported by the HIS of Heath Department of State of Rio de Janeiro from 1985 to 1997 in the State of Rio de Janeiro



^{*} Data for 1997 was estimated from the 11,697 STI cases reported from January to July of that year.

STI cases reported by the HIS of Health Department of City of Santos from 1990 to 1996 in the city of Santos



Additionally, congenital syphilis reported in Rio de Janeiro by the HIS had a steep increase of almost 30-fold, from 16 cases in 1994 to 477 in 1996.

The larger proportion of women than men in the sampling culled from STI clinics reflect that men tend to treat STIs through pharmacies because it is the easiest treatment. This conclusion is supported by other Brazilian studies, and taken together they reinforce the importance of accessibility to health services. The quality of treatment assessed by the WHO Prevention Indicators 6 and 7 (PI6&7) showed a low compliance to the syndromic approach by the doctors — especially regarding female treatment. Among 162 patients (20 male and 146 female) in the cities of Santos and Rio, syndromic treatment was used in 50 percent of male but only 3 percent of female patients. Eighty percent of male and 28 percent of female patients were counseled to use condoms and 80 percent of male and 46 percent female patients were educated on their partners treatment.

Qualitative studies show doctors have difficulties discussing sexuality with patients, especially in the typical case of a male doctor attending a female patient. Additionally, the syndromic approach is not accepted by gynecologists, medical associations, or universities

because doctors tend to follow treatment guidelines with which they are most familiar. The Brazilian universities and medical leaders argue that the US Centers for Disease Control (CDC) itself does not follow the syndromic approach. Changing doctors' behaviors will probably take longer than two years and it is necessary to open discussion with Universities and medical associations to increase support to the syndromic approach. In this context AIDSCAP's translation of the book STD Control and Prevention was a important technical support in the introduction and dissemination of a comprehensive approach among the medical community.

Notes about the evaluation studies methodology

The evaluation analysis was based on the following studies:

- The KABP of MWM was carried out by Parker et al. in 1989, 1993 and 1995 in Rio de Janeiro
 and in 1995 in São Paulo. The same questionnaire, sampling selection and sampling size
 (300 men) was used in all studies. A convenient sampling was used, as all men were
 interviewed in gay meeting places such as bars, streets, and saunas. Additionally, focus
 group discussions (FGDs) and in-depth interviews were carried out in 1995 in Rio and in
 1996 in São Paulo.
- The KABP of CSWs in Rio was conducted by the Instituto de Estudos de Religião (ISER) in 1993, before AIDSCAP interventions in Brazil, and by ISER with AIDSCAP in 1997. A total of 98 CSWs were selected in the first wave and 128 in the second, and a convenient sampling was used in both waves. The first questionnaire was less comprehensive, and therefore some information is available only through the last study. FGD was conducted in 1995-96.
- The Santos CSW baseline study was a KABP with HIV Seroprevalence Study carried out in 1991 by Lurie and cols. It collected a sample of 100 low-income and 100 high-income CSWs. The second wave was carried out by the MOH in 1995-97 with 605 CSWs, and the purpose was to interview and test for HIV all CSWs in Santos. Data was still being analyzed when this report was written. As there is no stratification by income in this study, it is difficult to compare both waves. In Santos and Rio, two qualitative studies were carried out, one in each city, in 1995-96.
- A sample of stable Santos harbor workers was followed by a 2 year in- cohort study by the Santos Health Department and the Center for AIDS Prevention Studies of the University of California at San Francisco (CAPS). Three surveys were conducted and intervention occurred after the second wave. Further details are described below in the Behavior Study Session.
- KABP of adolescents was carried out by the Childhope/NESA/AIDSCAP among 8 schools in a poor area of Rio in 1994 (the first wave) and 1996 (the second wave). A total of 250 girls and 91 boys aged 15 to 25 were targeted in the first wave and 205 girls and 104 boys of ages 15 to 22 were targeted in the second wave. In both waves the samplings were randomized. The qualitative study used FGDs and was carried out in 1994 by the Childhope project, also referred to as the "Papos" or "chat" project.

- A Patient Exit Interview Study was used to assess the quality of STI prevention control
 programs in Santos and Rio. The WHO Preventive Indicators numbers 6 and 7 (PI6 and
 PI7) were used. PI6 measures the proportion of people who received appropriate
 treatment according the national STI guidelines, while PI7 measures the proportion of
 people who received counseling on prevention, use of condoms and treatment of partners.
- The National DHS was carried out in 1996 and interviewed 12,612 women and 2,949 men. The DHS sampling is representative of six Brazilian macro-regions (north, northeast, southeast, center west and south), and both the urban and rural populations of the states of Rio de Janeiro and São Paulo. For the first time, questions regarding knowledge of STI/AIDS, sexual behaviors and use of condoms to prevent STI/AIDS were included in a DHS survey. AIDSCAP supported the preparation of the questionnaire, its analysis, and the resulting dissemination of STI and HIV/AIDS sessions of the DHS. A separate manual with the results of the HIV/AIDS/STI questionnaire was published and 2,000 copies distributed.

4. CAPACITY BUILDING

During the life of the project, the IAs and AIDSCAP/Brazil showed an overall improvement in the ability to carry out project activities. This progress was measured by a study on capacity building, which revealed that the technical abilities of participating individuals and institutions in policy-making, program management, evaluation and networking were enhanced. Staff at the AIDSCAP country office level had opportunities to attend training courses and workshops on HIV/AIDS/STI prevention and control, research methods, epidemiology, condom social marketing, logistics, general computer and software training, management, secretariat updates, and neurolinguistic and emotional intelligence. A scholarship was awarded for one member of staff from the British Council English School, the Cultura Inglesa, to attend the ASF. A more detailed description of capacity building at the country office level can be found in the capacity building section of Section D of this report.

The implementing agencies also attended training courses, workshops and participated of scientific and technical meetings. Capacity building was implemented through close monitoring and on-going technical assistance from the country office to facilitate the improvement of their skills in areas such as report writing and data recording (process indicator forms). Training courses and workshops were carried out by the country office to improve technical skills of IA personnel. In the financial area, software was developed and implemented through technical assistance in all IAs, creating a comprehensive financial reporting system to facilitated financial control.

Two one-week meetings with all IAs of AIDSCAP projects were conducted during the project. The AIDSCAP meetings had as objectives intra-agency discussion of project implementations, strategies and evaluations, and the facilitation of networking.

Technical Skill Building

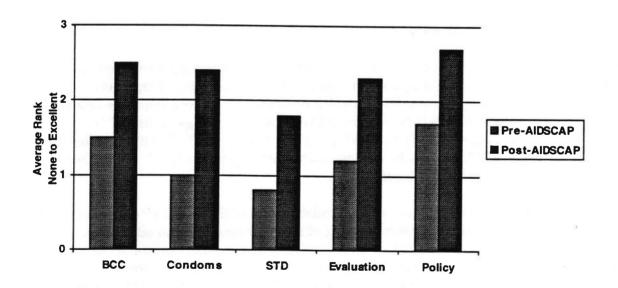
It is important to highlight that syndromic approach skills were not used before the implementation of the AIDSCAP project in Brazil. Before the AIDSCAP project, seven

organizations estimated that their level of technical skills was none or minimal in all aspects of condom promotion and logistics. Technical skills were assessed in four areas of STI intervention: overall STI service delivery, syndromic management, STI lab methodology, and STI clinic management. Technical skills in these areas increased to between good and excellent (with the exception of STI lab methods). At the end of AIDSCAP, every organization reported increased overall capacities. BCC-related skills improved from an average of between minimal and good to an average of between good and excellent. Even organizations with considerable experience in the area of BCC found some areas of improvement. Most IAs reported that this was due to the excellent technical skills of their trainers. The most important achievement noted was in the areas of condom programming and logistics. The estimated skills among all organizations increased from between none and minimal to between good and excellent.

Evaluation was assessed in the areas of focus group discussions, KABP surveys, interviewing techniques, data collection and data analysis. Every organization reported that there was a considerable improvement of technical capacity in evaluation. Three organizations reported significant increases in every category of evaluation capacity - increasing from only none or minimal skills in every category to overall good or excellent skills. Behavioral research protocol development and research methods were improved from minimal to good levels. The IAs rated pre-project policy dialogue between minimal and good. At the end of AIDSCAP, project managers rated their skills between good and excellent.

The overall evolution of technical capacity is summarized in the graphic below:

Graphic 1. Increased Technical Capacity

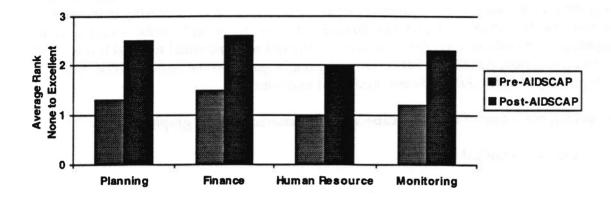


Organizational and Management Skill Building

Overall, program managers reported an increase in all four categories of management skills: overall planning, financial management human resources and project monitoring. All

but one IA reported improvement in the three examined aspects of over-all planning: strategic planning, project planning and organizational planning. This same IA reported no improvement in either strategic or organizational planning. The area of management skills related to finance, included financial management, budgeting and accounting ranged from minimal to good before the intervention to a final level between good and excellent. One NGO assessed their improvement in each of the three finance-related areas as increased from minimal to excellent. In the category of human resources management, program managers reported lower baseline and final levels of expertise than in the other management areas. Personnel performance evaluation skills in particular were low. Project monitoring, evaluation, reporting and quality control were more significantly changed, as every organization reported good or excellent skills by the end of AIDSCAP funding. Graphic 2 summarizes these changes.

Graphic 2. Increased Management Capacity



Organizational system development

In the financial area of management systems, every organization reported improved systems. One IA (ABIA) program manager described the improvement in management systems related to financial management with one word: "amazing." Describing the financial management software provided by AIDSCAP, the ABIA program manager stated, "The financial system has been used efficiently since March 1995. Starting in 1997 ABIA will use this system for all of the other ABIA projects funded by such other organizations..." Other OASIS and ISER program managers echoed this sentiment.

One IA lamented that the structure of their collaboration with AIDSCAP excluded them from receiving technical support in the development of stronger financial and administrative management systems. The program manager stated, "As Childhope had their financial control of the project in New York, NESA did not have a chance to gain the administrative and financial know-how that AIDSCAP transferred to other NGO in the project. This was the project's worse flaw."

NGOs in general are often characterized by weak human resource management systems, and often suffer from high staff turnover. Program managers were asked about their job descriptions and performance appraisal systems, and reported only a few improvements.

This is consistent with the results from the previous assessments of management skill building which found that personnel management was internally perceived as the weakest management skill.

Administrative management systems, including internal and external communication systems, record keeping, and cataloguing of reference materials were cited as improved. A number of organizations reported organizing reference materials and establishing resource libraries during the course of the AIDSCAP project. Related systems such as purchasing/ordering, equipment inventories and use, vehicle maintenance systems, and commodity distribution systems were strengthened in every organization.

Program managers stated that monitoring and evaluation systems were also strengthened, although the required PIF monitoring system was not utilized by all the IA implementing agencies. The most frequent complaint was that the AIDSCAP process indicator form (PIF) system "did not reflect the reality of the project" and did not include areas to note other important work being done, although it was recognized as improved over the course of the program. One assessment from ISER was that, "before AIDSCAP, the monthly reports were not very well prepared. After AIDSCAP it became more automatic". Other IAs such as OASIS and ABIA shared this opinion.

Specific monitoring systems were also created for specific circumstances like the SES/RJ and Santos Health Department for STI surveillance monitoring system for adult patients with AIDSCAP technical assistance. The development of condom and STI logistic systems were the main focus for two projects with Rio de Janeiro and São Paulo's Health Secretariat (SES/SP, SES/RJ), and also involved other organizations in condom promotion activities. The SES/SP center for condom and STI logistics described a remarkable overall improvement, estimating no experience whatsoever in condom logistics at the start of AIDSCAP support (in 1994), and excellent skills in this area by the end of AIDSCAP funding. Data collection and analysis skills also increased. MOH/RJ cited similar increases and stated that the improved logistics system allowed for better management of STI drug and condom distribution. The Health Secretariat of the Santos Municipality (SHS) also stated improved condom and STI drug logistics systems. The development of a condom programming system by the project became a model incorporated by the health secretariat.

AIDSCAP's capacity building efforts to improve management systems was less successful than its efforts to increase technical and management skills. While certain management systems were very successful (for example financial management and condom/STI logistics), others had mixed results (monitoring, human resource and administrative management). Nevertheless, overall the improvement in management systems contributed to a clear improvement in the effectiveness of the organizations. Describing the increased capacity developed through AIDSCAP technical assistance, one program manager (ABIA) stated, "The systematization of activities brought on the possibility of expanding interventions. At the same time, this systematization allowed ABIA to become more efficient: today fewer people are required to do the same work." An unexpected area of systematization cited by the SHS/Santos project was the BCC campaigns, in that, "we have established a formal timetable for the educational campaigns, for example: Carnival, International Woman's Day, Valentine's Day, International AIDS Day, and the summer/tourist season each represent

individual campaigns with defined schedules of activities. Each campaign is designed according to the target populations."

Networks and global learning enhancement

The improvement of organizational ties to constituents, peers, and policy makers increased support for project activities. An important collaborative network was built among the IAs and other NGOs, community representatives, government departments, donors, etc. The increased organizational ties reported by program managers can be summarized below:

Collaborative Relationships between Organizations

Organization	Types of relationship
NGOs	Exchange of ideas, experiences, information, news, and training. Assistance in proposal writing.
Government departments and programs: Secretariat of Health National AIDS Program Women's Health Program Mental Health Program Medical Department Secretariat of Justice Secretariat of Education Secretariat of Social Development Penitentiary system Municipal government Military police	Technical input, advocacy, policy development. STI drug supply, condom regulation and supply, and development of educational curriculum and materials.
National and international donors (including: the MacArthur, Ford, Kellogg, and Levi-Strauss Foundations; ICCO, EDE, SCIAS, Bilance, etc.)	Financial support and technical assistance
Community Groups: Schools and parent/teacher assoc. Clubs Churches Neighborhood Associations	Stakeholder involvement and support, particularly by gatekeepers. Ability to respond to community questions and concerns.
Health service providers (hospitals and clinics)	Improved continuum of care.
Universities	Support through research and publication. Improvement of public health curriculum.
WHO	Sponsorship of seminars and activities.
Press and community radio broadcasting	Increase awareness and public support.

D. IMPLEMENTATION AND MANAGEMENT ISSUES

In January 1992, AIDSCAP, AIDSTECH and USAID staff members and consultants met in Brazil to develop strategies, identify target populations, and select geographic areas for

program implementation. In August of the same year, a ten-member team embarked on a three-week implementation visit to Brazil. Included in the team were a BCC specialist, a private sector officer, and epidemiologist/evaluation officer, and the AIDSCAP Regional Director. These members joined AIDSCAP Resident Advisor, the AIDSCAP Project Advisor in Rio de Janeiro, a local STI consultant, the mission's AIDS Project Coordinator, and an experienced public health consultant.

1. Implementation

The development process of the strategies and implementation plans included program design, technical review and approval by AIDSCAP, USAID/Washington and USAID/Brazil, which took 11 months. Selection criteria for the two geographic regions chosen to be models for replication in other regions included: incidence and prevalence of HIV infection; potential for impact; governmental and non-governmental infrastructure, resources and potential for collaboration; previous USAID experience in selected regions; compatibility with other donor activities; and cost. The strategic planning team recommended that the AIDSCAP project focus on municipalities in São Paulo (Greater São Paulo), Santos and in the greater Rio de Janeiro.

The goal of the Brazil program was to reduce the incidence of sexually transmitted HIV infection among targeted populations in the two focus geographic areas. The primary program objectives were to reduce high-risk behaviors among target populations and reduce the incidence of STIs, including HIV. Initially, five target populations were selected to accomplish the goal and objectives: male and female CSWs, including transvestites; men who have sex with men (MWM) inclusive of self-identifying homosexuals and bisexuals who many not self-identify as gay or homosexual; men away from home (MAFH), targeted through workplaces and social settings; people with STI and their sex partners targeted in health care settings and through outreach programs; and adolescents at schools or living on the streets.

The Brazil program focused on reaching individuals at risk of HIV infection by improving the treatments of STI, minimizing high-risk behaviors, and increasing access to and use of condoms. This focus was reflected in the design of the major program, with specific interventions for target populations.

STI prevention and control was strengthened through local capacity to provide treatment and prevention. This included in-service training for clinic staff and other personnel, basic equipment for STI diagnosis, assistance with materials to improve client education, establishment of STI services in public health centers, development of information and training for public and private sector health care providers.

BCC was conducted through the distribution of information, education, and communication (IEC) materials using various types of media to increase the demand for STI treatment, reduce the number of sex partners, and increase the demand for and use of condoms among those at high risk of HIV infection.

Condom distribution, through condom social marketing and through the public sector sales, focused on target groups within the designated geographic areas.

In order to enhance these major program areas the Brazil program included four supporting interventions:

- AIDSCAP logistics management established state logistics units in target areas, to provide training and recommendations for the improvement of logistics cycles in the public sector.
- Private sector leveraging was conducted with the local media, through publicity companies and within the fashion industry, receiving more than 6.8 million US dollars free media publications and announcements.
- PVO/NGO/MOH support activities complemented the overall program. Through a competitive process Childhood was awarded funds to implement a project for poor adolescents in Rio de Janeiro.
- Furthermore, 49 small-grant projects were implemented through the Rapid Response Fund by NGOs in BCC materials development, interventions, research and innovative approaches. Several activities were developed to respond to the MOH request for technical assistance in STI, logistics, condom social marketing, private sector, training, and program design.

Condom Social Marketing (CSM), an aggressive and innovative program, was supported by AIDSCAP through PSI/DKT in Brazil. During the life of the project more than 71 million condoms were sold through traditional and non-traditional outlets, substantially increasing the access of low-price condoms.

Additional interventions integrated into the overall program were:

- IA support to build capacity to implement effective HIV/AIDS prevention programs.
 During the project, ongoing technical assistance was provided to IAs through program design, management, coordination, monitoring, evaluation, training establishment of health information systems, report preparation and writing.
- Behavioral studies were conducted through the Center for AIDS Prevention Study Group (CAPS) of the University of California San Francisco. CAPS provided technical assistance to the Nucleus for AIDS Prevention at University of São Paulo (NEPAIDS) and the Santos Association for Research and Intervention (ASSPE) in developing studies of sexual behavior among young adults, harbor workers and truck drivers.
- AIDSCAP Brazil developed several activities to mobilize politicians, opinion leaders, NGO and the media to address the taxation on condoms. Two petitions were organized, one with 7,000 signatures and the other with 5,309 signatures. In October 1997, 18 percent state taxation was lifted from condoms in 27 Brazilian states. The local market responded immediately, reducing prices on condoms.
- Evaluation and monitoring were part of the design of major programs. A total of 35 quantitative and 10 qualitative studies were performed during the life of the project.

A key element of the Brazil program was a well-designed, comprehensive approach to AIDS prevention. All planned program components were implemented achieving planned and unplanned results. The major projects created model programs and through Rapid Response Funds the AIDSCAP Project was able to test innovative approaches and reach women through a multifaceted approach.

The implementation of the AIDSCAP Project in Brazil had an important association with the National Program NACP/MOH/World Bank, especially at the project implementation level. The procurement of STI drugs by MOH/NACP was key for the implementation of the STI component. Furthermore, all AIDCAP projects distributed several BCC materials produced by NACP/MOH under the World Bank loan. This fact generated an important diversity of IEC materials that were distributed during the project. Strategies developed by AIDSCAP were used as models and replicated by MOH under the World Bank loan. The constant support of USAID was key for dissemination of the project which was facilitated by the participation of IAs in several national and international meetings, conferences, training and workshops.

2. Management

In order to legally implement the AIDSCAP project in Brazil, a local NGO was established called Associação Saúde da Família (ASF). ASF is a Brazilian NGO with the immunities established by Brazilian laws, and as such it is a separate entity from Family Health International (FHI) and from the AIDSCAP project. The establishment of ASF had the technical assistance of a group of Brazilian lawyers who acted as consultants to the US Embassy and the US Consulates in Brazil. To implement the AIDSCAP project in Brazil, ASF signed an agreement with FHI to monitor and manage the overall implementation of the AIDSCAP project in Brazil. To ensure that the ASF retained the status of a Brazilian NGO, it has only Brazilian citizens domiciled in the country as members. Since 1992 ASF was affiliated to FHI through the AIDSCAP project, and in order to implement the AIDSCAP project according to the norms and regulations established under the cooperative agreement and contract signed between USAID and FHI; ASF signed an agreement with FHI to implementation and manage the AIDSCAP Brazil program, thus ASF was the formal AIDSCAP/Brazil country office.

The mission of ASF, as a non profit organization, is to improve the quality of human life through the promotion of scientific, charitable, educational and literary activities — especially for the prevention and control of the dissemination of the HIV/AIDS, including divulging the means of Prevention and Control of the HIV/AIDS epidemic best practices. The other major mission of ASF is to work in the area of reproductive health matters. The AIDSCAP resident advisor was also the president of ASF, who was recruited and hired according to USAID/regulations. All staff from ASF were recruited and selected through a competitive process, with positions posted in local newspapers, at universities, and within public and private institutions. Selection criteria and job descriptions were established for all positions.

In order to financially manage the AIDSCAP/Project in Brazil, ASF translated the AIDSCAP/Washington finance manual into Portuguese and adapted the contents to meet the needs of a highly inflationary economy (inflation rates increased from 1 percent to 1.5 percent per day from 1992 until July 1994). During the inflationary economy period, USAID approved the investment of all resources into interest accounts so that ASF and IAs would not lose a total

of 30 percent to 40 percent of resources monthly. Thus, this procedure was a measure to protect the resources donated by USAID through the AIDSCAP program in Brazil. All IAs were trained to use the financial resources given directly to the NGOs or channeled through NGOs for project implementation in collaboration with the public sector. This procedure, on one hand, was essential to guarantee dynamic, flexible and non-bureaucratic management of resources. and on the other allowed AIDSCAP/Brazil to control the resources committed by USAID to IAs from the Brazilian public and NGO sectors.

Based upon lessons learned a new automated computerized financial system was created and all IAs were trained in its use. IAs considered this procedure a major accomplishment of the AIDSCAP project in Brazil. During the life of the project, ASF and IAs were financially audited each year by Ernst Young and technical area audits were conducted through a country review team (January 94), a mid-term evaluation (November 94) and a USAID review visit (May 96). The auditing procedures were important to the AIDSCAP Brazil program. The systematic technical auditing provided constant input and feedback important for refinement of overall program management. Constant FHI technical assistance through headquarters and LAC regional office were key for the quality of the program. Continuous advice assured that all USAID norms and regulations were followed during the life of the project. Initially FHI had to adjust to the fact that AIDSCAP/Brazil country office was a legal locally-established NGO, but this model was soon used to create FHI-affiliated NGOs in several countries such as Haiti, Dominican Republic, and Honduras. Based upon its Brazil experience, FHI developed NGO partnership initiatives, which were an important step towards future sustainability of HIV/AIDS prevention programs in several countries.

In 1995, USAID/Brazil took the initiative to support ASF by seeking funds from the private sector and through other donors. The USAID/Brazil initiative was the vanguard towards the development of sustainable HIV/AIDS prevention programs in Brazil. ASF responded to this support by seeking funds from the Overseas Development Agency (ODA) and Ford and Levi-Strauss Foundations, and through US \$82,000 grants from other donors. In addition, ASF was able to raise approximately US \$400,000 in collaboration with the Brazilian fashion industry. As a result of the USAID/Brazil support, ASF was able to maintain their office and team in a less expensive infrastructure supported in part by funds from the private sector. The major outcome of this support was the development of actions that sustain effective USAID response to HIV/AIDS in Brazil. Thus, this initiative may be considered a model for other USAID missions in new USAID-funded programs worldwide.

During the life of the project, the major constraints were:

- Inflationary economy and currency changes from 1992 1994 which generated additional administrative work.
- Devaluation of the US Dollar in relationship to the real plan and the inflation on the real itself. From July 1994 until September 1997, the inflation rate was more than 64 percent. These factors had a major impact on project implementation.
- Payment of unexpected taxes such as IPMF and CPMF, which are taxation on the value of all monetary and financial transactions, which varied from 0.025 to 0.20 percent.
- country office level salaries were not competitive with the local market after July 94.
 Furthermore complex labor laws required the payment of several taxes and benefits versus

- limited budgets which were not adjusted according to inflation, decreasing the buying-power for the AIDSCAP/Brazil staff.

 Delays on sub-agreement approvals, which took an average of 6 months. Delays were due to long reviews and comments at the regional and HQ offices. Delays on amendment
- approvals were also verified.
 Re-negotiation and rewrites of the same sub-project after the first year of implementation generated a burden at IA and country office levels. Future programs should design and budget resources for the life of the project.
- Behavioral research and PVO/Grants did not benefit long-term capacity building because
 the project was being funded through the University of California at San Francisco and
 through Childhope, New York. This factor generated country-level monitoring and
 assisting difficulties.
- Year-extensions generated an increase of administrative and technical work.
- In 1995, AIDSCAP/USAID suffered relevant budget cuts.
- All final reports from IAs were written and prepared at the country office level, generating an unexpected task at the end of the project.

3. Capacity Building

The capacity building activities initiated by AIDSCAP have unquestionably improved the organizational sustainability of its partners, and encouraged the sustainable impact of its goals. While the future holds numerous challenges for the design and implementation of HIV/AIDS prevention programs, AIDSCAP efforts will enable organizations to more effectively and dynamically respond to these challenges.

Technical skills in every area have increased due to the AIDSCAP project. Organizations cited an average of 15 technical skills acquired during the project. The high level of expertise in policy dialogue reflects the overall confidence in the technical skills of the organizations and a willingness to apply this knowledge.

AIDSCAP had an important role in the implementation of Syndromic Management in the states of Rio de Janeiro and São Paulo. Every category of management skills improved due to AIDSCAP activities. The four largest improvements in specific management skills were evenly divided by category: strategic planning, financial management, personnel management and quality control. All categories showed significant increases.

Personnel management represents the lowest overall level of achievement and remains a challenge for the future. In the uncertain environment of funded programs, managers must learn to motivate staff to overcome the obstacles of this emotionally draining work. The relevancy of quality control for service organizations, as well as STI/condom logistics organizations, should be better recognized and emphasized. The institutionalization of administrative, financial, and monitoring systems by the majority of organizations represent significant evidence of strategic planning to aid organizational development. The financial management software provided by the AIDSCAP project allowed significant improvements in financial management systematization.

The expansion of management systems from AIDSCAP projects to other projects represents evidence of impact sustainability. The PIF monitoring system, while succeeding in satisfying AIDSCAP reporting requirements to USAID, should be improved in order to be more useful and effective to monitor IA activities. AIDSCAP has supported the development of an extensive array of national and international contacts and professional networks among HIV/AIDS prevention organizations. Representatives of AIDSCAP funded organizations have participated actively in coalitions at the grass roots, regional, national and international levels. While some organizations have established extensive community ties, and have incorporated community member's insight into program design and decision making, others have not yet developed these ties. The lack of improvement in overall management systems by two organizations represents an obstacle to their growth and sustainability.

Capacity Building Activities developed at AIDSCAP/Brazil

- Participated in the Global Orientation Program of AIDSCAP in Arlington, VA, USA, during February 1992.
- Participated in the Resident Advisor Orientation in Arlington, VA, USA, in March 1993.
- Three AIDSCAP country office staff members participated in the MIS training course funded by the Italian Agency for International Development during March 1993.
- Three representatives of the State AIDS Coordination from São Paulo and Rio de Janeiro in conjunction with SUNY (State University of New York) were cosponsored to attend the "Primer Curso Internacional de Planificación y Administración de Programas de ETS en Latinoamérica" in Santo Domingo, October 1993.
- Participated in the evaluation orientation in Arlington, VA, USA, March 1994.
- Planned, organized and conducted the First National AIDSCAP Meeting in São Lourenço, MG, on September 12-16, 1994, with the participation of USAID/Brazil, FHI Washington (Headquarters and Latin America/Caribbean Regional Office), Brazilian implementing agencies and subcontractors (JSI, DKT do Brasil), September 1994.
- In liaison with SUNY (State University of New York), selected and supported 3 participants from AIDSCAP sub-projects in Brazil to attend a course: Implementing AIDS Prevention and Care Programs organized by International Health Programs Western Consortium for Public Health in Santa Cruz, CA, USA, August-September 1994.
- Conducted an EPI-INFO training course in São Paulo for 12 participants from governmental and non-governmental institutions working in collaboration with AIDSCAP/Brazil from São Paulo and Santos, August 1994.
- Conducted 3 training courses on Logistics and Management of condoms and pharmaceutical supplies to 80 HCPs in the State Department of Health in Rio de Janeiro, August-September 1994.
- In conjunction with SUNY (State University of New York) sponsored participation of São Paulo State logistics coordinator for the STI/AIDS Division to participate in JSI/FPLM Logistics Management Training.
- Organized two STI workshops (one in Santos and one in Rio de Janeiro) in order to discuss better data collection in target AIDSCAP/geographical areas on the number of STI patients being followed by the Health system in January, 1995.
- Participated at the Management Skills and Techniques For Supervisors seminar at the American Management Association, March 1995.

- Conducted the Second National AIDSCAP/Brazil Meeting with implementing agencies in Caxambu from May 22 to 26, 1995. A total of 47 representatives from implementing agencies, States Department of Health (São Paulo and Rio de Janeiro), USAID, AIDSCAP Regional and Country Office participated in a five-day workshop. The purpose of these meetings was to brief participants on AIDSCAP and IA activities in Brazil, providing an worldwide overview of epidemiology trends in LAC/Region. Preliminary results of AIDSCAP/Brazil's quantitative, qualitative research protocols were also presented. IAs were also appraised of current funding situations and given budget constraints agreed to work with the Country Office to reprogram activities.
- Writing Report Workshop for all Implementing Agencies, October, 1995
- "The Female Condom as a Woman-Controlled Protective Method Workshop" conducted by the HIV Center in New York promoted by AIDSCAP Women's Initiative, October 1995.
- Training in Evaluation at AIDSCAP LAC/RO, April 1996.
- English Course Scholarship. ASF was awarded with an English Course Scholarship from the British Council (Cultura Inglesa) which has been used by several members from 1995 to 1997. It was given to Ruth Prata, Telma Toniolo and João Batista F. Aguiar.
- English Course: As an institutional development policy, data clerk João Batista Fonseca Aguiar completed a 7-hour per week Basic I English Course during October, 14-December 10, 1996. The course was held at SENAC in São Paulo. João has been working at ASF since 1994 and had an outstanding performance in his English classes passing with the average mark of 9.2.
- Rapid Response Fund Workshop conducted by AIDSCAP/country office in September and October 1996. The small grant competition was opened in September for NGOs located in the São Paulo and Rio de Janeiro target areas and in Northeast of Brazil. The subject chosen for the competition was again STI/AIDS Prevention in Women. A one--day workshop was developed in order to inform NGOs of small grant procedures and FHI/USAID regulations. Four workshops were developed in Rio de Janeiro, São Paulo, Salvador and Fortaleza. The RRF contents were: Opening: An Overview Of AIDSCAP Project; a summary of RRF projects; the RRF proposal form (including FHI and USAID regulations); Evaluation of RRF; Financial Report of RRF; brainstorm of ideas and discussion of partnerships, and deadlines for the proposals. A total of 51 people participated of the RRF workshops and as a result a total of 33 RRF proposals (15 from São Paulo, 4 from Salvador, 10 from Rio de Janeiro and 4 from Fortaleza) were received by the end of October, 1996. The selection process was performed by a team which included representation from AIDSCAP country office (RA and SPO), USAID Local Mission (Coordinator of AIDS Program), AIDSCAP LAC-RO (Director) and AIDSCAP Women's Initiative (Associate Director).
- Training in Reproductive Health and STI/AIDS Prevention for Health Professionals in October and December 1996. A 32-hour training was carried out in the Northeast (Ceará and Salvador) and in São Paulo (Santos) for a total of 104 health professionals.
- Writing Skills: A two-day course on "Writing Skills for Secretaries" was attended by the Secretary Telma Antoniolo, Program assistant Elvira Carmo de Oliveira, data clerk João Batista Fonseca Aguiar and the bookkeeper Aparecida Verdu Caminoto on October, 1996.
- Neurolinguistic: The Evaluation Officer, Luis Antonio V. D'Angelo attended a one-day training course on neurolinguistics in order to improve abilities of work place communication and decision-making on October, 1996.

- Emotional Intelligence: RA, Maria Eugênia Lemos Fernandes and SPO, Elisabeth Meloni Vieira, attended one-day training course in Emotional Intelligence, November, 1996 in order to improve communication and decision-making at work.
- NGO Directors Partnership Workshop held in January 1997 in Arlington, VA, USA at AIDSCAP Headquarters. The main objective of this one-week workshop was partnership and sustainability.
- Gender and STI Workshop held in January 1997 in Arlington, VA, USA promoted by AWI.
 This workshop approached Gender Issues in STI/HIV Prevention.
- NGO Financial Officer Workshop held in January 1997 in Arlington, VA, USA.
- ASF staff members Retreat held in March, 1997 in a Farm Hotel in Socorro, March 1997. The meeting had as main objective to build capacity as an independent NGO.
- In conjunction with SUNY (State University of New York) sponsored participation of 20 professionals in the training course, "AIDS Program in Prevention and Assistance," Pernambuco, July 1997.
- HIV-Risk Behavior Surveillance: Country Examples, Lessons Learned and Recommendations for the Future workshop, Thailand, August 1997.

III. LESSONS LEARNED AND RECOMMENDATIONS

BCC

Negotiation of free media on HIV/AIDS prevention is feasible and should be encouraged. In Brazil more than 6.8 million materials were distributed on HIV/AIDS prevention with the technical assistance of AIDSCAP/Brazil. Due to the size of the country, the cost of media campaigns are extremely high. To offset this, it is feasible to develop campaigns in the radio, TV, newspapers and magazines for free.

Recommendation: Future programs should consider the negotiation of free time with the large communication companies such as radio and TV networks, newspapers, and magazines. Media is an important vehicle for disseminating the most effective practices on HIV/AIDS prevention.

Several communications strategies using participatory approaches such as role playing theater presentations, use of mazes, and the use of fortune tellers were used for HIV/AIDS prevention in Brazil.

Recommendation: The increasing use of participatory approaches in which the individuals and the groups participate actively in the process is highly recommended as a strategy on behavior change communication. Participant involvement should be considered a highly effective approach.

An important variety of IEC materials were produced in Brazil for different target groups. There is a relevant need to collect and evaluate the quality of the materials produced.

Recommendation: Future programs should consider this possibility.

"Do not reinvent the wheel" — several excellent IEC materials such as videos, brochures, manuals, technical guidelines were produced by some groups but not accessible to others. It was common to discover materials by different groups with similar messages and target populations; however, there were varying degrees of quality.

Recommendation: Identify, translate, adapt, and reproduce IEC materials of good quality. This procedure should be considered one of the most efficient practices in HIV/AIDS prevention.

As important as reporting what works is the registration of what did not work in behavior change communications.

Recommendation: BCC strategies that are limited and generally not effective should be reported and registered.

The sophistication and quality of HIV/AIDS programs are highly dependent on the quality of people that are in front-line and pilot programs.

Recommendation: Qualified professionals should test and evaluate BCC strategies and work directly with target groups.

There are huge amounts of IEC materials produced and distributed on HIV/AIDS prevention in Brazil. The availability of information is very high according to the analysis of the DHS Session on HIV/AIDS and STIs, but this is not reflected in condom use which is incredibly low (4.3 percent among women and 5 percent among men).

Recommendation: It is time to invest more in BCC activities related to Condom Social Marketing. It is urgent to have better access to condoms throughout the country. Comprehensive CSM is an urgent need.

The need for person-to-person communication involving the target community will increase as the epidemic in Brazil moves to the low-income strata of society, especially to youth and women.

Recommendation: Increase the use of person-to-person, face-to-face interventions, small group discussions, role-plays and dialogue.

The use of BCC materials that facilitate interaction and participation, should be listed and promoted by target group. Logistics of IEC materials are very important as part of the programs.

Recommendation: Implementation of logistics for IEC materials on the prevention of HIV/AIDS/STI is highly recommended.

Contrary to HIV/AIDS, the DHS shows that the level of basic information on STIs are very low.

Recommendation: Production of IEC materials with basic information on STIs should be emphasized in the next program.

STI

Recommendations

Preventing STIs effectively prevents HIV. Simple etiologically diagnosis and treatment does not offer much in the way of a prevention program, especially given the current structure of the public health system in Brazil. The syndromic approach to STI management has shown itself to be both viable and pragmatic. The procurement and distribution of STI drugs is costly, but the cost benefit is high. In the health clinics where the sub-project was implemented, STI syndrome management proved to be an effective alternative for STI/HIV prevention. Nevertheless, in order to ensure the success of project activities, several points should be considered such as:

Medication and condoms should be available in all treatment centers.

The logistics system should be implemented. The system allows stock to be distributed as needed, and avoids the problem of depletion of stock, allowing medications and condoms to be supplied to clients on a regular basis.

Regular supervision of the health centers by trained teams is essential. Continuous direct contact is necessary for supervisors to identify and understand any problems that may occur during the admission, diagnosis, explanation of treatment, and counseling of clients. Early detection and correction of difficulties in the system could prevent repeated infections among clients and their partners. The recognition of system limitations allows supervisors to develop solutions and to follow the program guidelines and procedures.

STI prevention program activities have been integrated with those provided by the Program de Assistencia Integral à Saúde da Mulher, Criança e Adolescente (Integrated Health Program for Women, Children and Adolescents). These services were linked due to the fact that 70 percent of STI clients are women who attend gynecology and pre-natal clinics, and because the most serious health-related consequences tend to occur among women and newborn children.

The current stage of development of the MOH STI program requires the consolidation of monitoring and evaluation mechanisms. The methodology being used within the health centers presupposes the utilization of data provided to the health centers via standardized monthly forms (notification of the number of STI cases and management of medications and condoms). Activity reports and reports of meetings with municipal program managers to assess difficulties, which may be occurring at the local level, are important to be carried out. The experience of AIDSCAP to assess a number of indicators, for example, the client's perception of the quality of care provided, risk assessment and changes in attitudes and behavior in relation to relative risk of STI/HIV should be expanded to other municipalities. While significant improvements in surveillance, data collection, and STI diagnosis and treatment have been made during the life of this project, further improvements can be made in these areas as well as in the quality of STI care and in the partner referral system. Efforts made during AIDSCAP should not end, experiences can be used as a model for the second loan of the World Bank. The STI programs in Brazil were implemented due to the relevant counterpart contribution from local government that committed resources for the procurement of STI drugs.

Recommendation: USAID should establish continuous dialogue with the World Bank, UNAIDS and MOH in Brazil to consider the procurement of STI drugs as a priority in HIV/AIDS prevention.

Interventions to address the practice of males seeking STI treatments at pharmacies need to be considered.

Recommendation: Training of pharmacists on STIs is one intervention approach, but strategies should also be developed to improve male attendance at STI services in the polyclinics. AIDSCAP/Brazil also recommends the implementation of a pilot study, similar to the M-STOP project in Cameroon where STI kits based on the syndromic approach were

distributed to men seeking treatment in pharmacies. Social marketing programs at drugstores in Brazil for the treatment of urethritis should be considered.

Medical training programs in Brazil are still resistant to the syndromic approach. The wide dissemination of AIDSCAP project results could sensitize the universities and encourage adoption of the syndromic approach.

Recommendation: Considering the relevant results of AIDSCAP, USAID should allocate future resources to disseminate outcomes of AIDSCAP to teachers at university levels. The best way to do that would be through sophisticated and specialized public relations.

Further Recommendations:

AIDSCAP/FHI STI handbook, Control of Sexually Transmitted Diseases: A Handbook for the Design and Management of Programs, should be translated into more languages for further distribution based on the overwhelming response the Portuguese version received by the HCP and polyclinics.

Conduct research for the development of rapid, inexpensive and simpler diagnoses of STIs to facilitate treatment and strengthen the target population's ability to prevent and control HIV and STIs.

Lack of complete, accurate and reliable reporting of STIs is a major problem in Brazil. Considerable resources will be necessary to establish a comprehensive information system to properly monitor STIs in Brazil.

Considering the low level of knowledge of STIs in Brazil, massive informational campaigns using all available media is an important need.

Programs should continue to focus on early identification and treatment of STI.

Condoms

Condom social marketing (CSM) has proven to be an efficient, cost-effective, sustainable program that increases the availability of condoms to target groups and spreads through the general population. In Brazil, CSM has proven to be one of the most relevant tools in HIV/AIDS prevention.

Recommendation: High priority should be given to the implementation of CSM programs.

Although NACP/MOH had 250 million US dollars as part of the World Bank loan, in the last 5 years the availability of condoms for free distribution to the public sector was unstable, insufficient and problematic. Logistics cycles were also not in place. In the light of this situation the 15 million units of condoms donated by USAID to the AIDSCAP projects were crucial for the success of the programs, especially in consideration of the high risk to the low-income strata of AIDSCAP target groups.

Recommendation: Despite all the difficulties involving condom donations to Brazil, buffer donations should be considered in the future, especially in the northeast.

The increased collaboration of DKT do Brazil and local NGO was highly facilitated by ASF.

Recommendation: FHI and PSI should consider the positive partnering between DKT do Brazil and ASF on HIV/AIDS prevention. Thus, future collaboration should be encouraged. Furthermore, ASF can facilitate the increase on the collaboration between DKT with HIV/AIDS NGOs as well as women's groups and unions.

Limited resources are limiting the expansion of CSM strategies in Brazil.

Recommendation: Dialogue should be established with other donors to motivate them to fund CSM in Brazil as an essential strategy in the prevention of STIs and HIV.

The control of quality of condoms in Brazil has proven to be problematic on several levels. The participation of AIDSCAP on the commission for condom certification and the establishment of condom norms and regulations could have positively influenced this process.

Recommendation: In future HIV/AIDS prevention projects, the participation of a representative of the project in these commissions should be considered. In addition, HIV/AIDS is increasing among women and therefore CSM of the female condom as well as water-based lubricants and STI kits for drugstores need to be considered in future programs in Brazil.

Policy

In addressing HIV/AIDS prevention programs to women, sterilization may play a very important role in Brazil resulting in the low adoption of condom use. Working close with gynecological associations and the scientific societies along with women's groups and the women's health program from the MOH are relevant strategies to address this issue.

There is a need to encourage HIV listing among pregnant women and if needed use of AZT to prevent the vertical transmission of HIV.

Considering country size and budget limitations, HIV/AIDS prevention programs should focus on geographic areas with the highest prevalence of HIV/AIDS/STIs and incidences of infection. In the light of the epidemiological increase of HIV/AIDS among youth, it is necessary to start interventions at the primary school level.

The present AIDSCAP technical strategy has been proven and is results-driven. The implementation of AIDSCAP/Brazil included at project level issues such as integral health care, human rights, and the exercise of basic citizenship — and all have proven to be effective.

Considering the synergism between HIV and STI in areas where the HIV/AIDS epidemic is in its early stages, prioritizing interventions to treat and prevent STIs is crucial.

Special attention should be place on settings where high rates of STIs are found in CSWs due to the possibility of acquiring and transmitting STIs, as well as HIV, to a large number of individuals.

Collaboration should be coordinated, strengthened and expanded with CDC, NIH, UNAIDS, MOH and other donors to establish country-specific policies, agendas, and priorities according to the status of HIV/AIDS epidemic in the region.

Capacity building should remain one of the most important aspects of future programs. The development of effective programs is strongly related to individual investments and institutional capacity building.

In the light of the increase of HIV and STIs among women and adolescents in the Southeast region of the country, policies to integrate HIV/STI prevention and empowerment into the women's and youth health programs are an important need.

In Brazil, NGOs are involved in relevant advocacy for treatment of HIV/AIDS. The implementation of advocacy for prevention strategies, such as the integration of STI/HIV/AIDS prevention into all aspects of reproductive health, should be encouraged.

Evaluation

Prevention research should be translated into the design of effective prevention services.

Several studies conducted in Brazil with the general population and specific target groups show that the level of information on HIV/AIDS is high. However, behavior change that occurred in some intervention target groups such as MWM, CSW, did not become replicated in the general population. Support studies (quantitative and qualitative) that investigate the maintenance or relapse of behavior change in specific target groups should be conducted.

Training of new investigators, scientists and public health specialists to conduct effective HIV/ AIDS prevention should be a high priority.

The several KABP carried out by different organizations with different methodologies, with small and homogenous sample sizes were not the best means to monitor overall behavior change. Therefore, behavioral surveillance surveys (BSS) are recommended in the future.

Considering the need to improve evaluations, it is necessary to invest in the capacity building of new investigators in the area of HIV/AIDS/STI-related research. Thus donors might consider the allocation of resources to support HIV/AIDS/STI research and investigators. It is critical to actively encourage and involve exceptionally creative and productive individuals to devote at least a portion of their research effort to HIV/AIDS-related areas.

Results of research and evaluation should provide feedback for program design implementation and should influence policy charges.

Lessons learned from programs that were not effective should be carefully documented, analyzed and disseminated at national and international forums.

Management and Implementation

The implementation of the AIDSCAP/Brazil program through a legally established Brazilian NGO provided the potential to develop sustainable HIV/AIDS prevention programs in Brazil. One crucial, fundamental factor was the understanding, vision and support of USAID/Brazil in this process.

Implementation of creative and innovative prevention on HIV/AIDS/ STI was highly linked with the decentralization process of actions especially in relation with private sector.

With the support of the USAID/Brazil, the local AIDSCAP NGO ASF started to seek funds from other donors. This procedure was fundamental for the development of activities that allowed ASF and the AIDSCAP program to develop a series of complementary activities, which included further fundraising.

Recommendation: Missions should support long-term initiatives on HIV/AIDS prevention encouraging the umbrella NGOs responsible for the implementation of USAID-funded projects to seek monies from other donors. In addition, a plan for sustainability needs to be developed as part of program design.

Carefully designed strategies are crucial, and should be planned and implemented within six months. Bureaucratic process has been slow in the review and approval process of program implementation. In Brazil, there was an 11 month approval process; furthermore, the review and approval process of sub-agreements took six additional months.

Recommendation: Mechanisms for a more effective review and approval process are needed for strategy and implementation plans as well as sub-agreements and amendments.

The installation of automated computerized information systems in the technical and financial areas, followed by specialized training of implementation agencies are fundamental to building the local capacity to register data and generate financial and technical reports according to USAID norms and regulations.

Recommendation: Future programs should use automated and computerized systems as much as possible. Ongoing training to NGO staff and individuals are a relevant need for the development of the capacity-building program.

The availability of the Rapid Response Fund (RRF - small grants) should be used to test pilot interventions, seek activities which complement a larger project, or be allocated for research. The efficacy of activities developed during AIDS World Day, Carnival, or short term limited interventions are not cost effective in the prevention of HIV and STIs.

Recommendation: RRF should be used to complement larger activities or to pilot planned activities.

A bridging process to USAID-funded projects at the level of NGOs is a relevant need between funding periods, otherwise there is a great chance of destroying the model programs created with USAID resources. For example, a fundamental accomplishment in Brazil was that the programs in Santos for CSWs were maintained with resources from the MOH and the World Bank which prevented the dispersion of trained staff to other activities. This insured that there was minimal loss of the experience acquired during five years of front-line work with the target population.

Recommendation: Whenever possible, USAID-funded projects should encourage NGOs to seek funds from other donors and encouraged to implement intervention projects funded by different donors. It is important for continuity to diversify the funding base and not to depend solely on USAID funds.

In the history of the HIV/AIDS epidemic in Brazil, many prevention programs were implemented and closed based upon donors' visions of need and budget constraints. Many NGOs have had to constantly change their focus and missions based upon funding.

Recommendation: To build upon the programs implemented and the lessons learned, it must be communicated to donors that model programs cannot be sustained without resources. Programs cannot fulfill their potential without resources, therefore mechanisms are needed to sustain the model programs. Revamping a system already in place at an NGO to meet the specific "requirements" of the donor does not encourage efficient use of funds or experience.

The lessons learned in five years of the AIDSCAP implementation can provide relevant feedback for future program design.

Recommendation: Program design should take into consideration the lessons learned in previous research and implementation and ensure that HIV-prevention interventions are integrated and that there is comprehensive building upon lessons learned from the AIDSCAP project. For example, to maximize a program's effectiveness, previous research will point towards focusing interventions on those populations most vulnerable to *new* HIV infections.

The use of e-mail system should be refined or implemented at the level of IAs. The use of the Internet is an important networking tool and decreases the costs of communication.

Recommendation: Install and train of NGO to use e-mail systems and Internet in the future programs.

Epidemiological data (AIDS cases, seroprevalence studies, sentinel studies, cohort studies) among different groups, as well as other factors, are necessary to evaluate the country situation in the face of HIV/AIDS. It is well known that in the light of limited resources, programs should focus on geographic areas where epidemiological analysis shows concentrations of HIV/AIDS cases.

Recommendation: Future programs in Brazil should concentrate on the Southeast region of the country, which encompasses more than 70 percent of the AIDS cases. This way, major resources would be concentrated where USAID will be able to show the greatest impact

on the prevention of HIV/AIDS in Brazil. Furthermore, the implementation of HIV/AIDS prevention programs for women in São Paulo, especially among young women, is urgently needed.

It is not well documented which program practices and strategies related to behavior change were not successful. It is important to know what did not work well and why it did not work well and to have a listing of least effective strategies.

Inter-Institutional Relationships

The AIDSCAP project was implemented within the complex and diverse participation of many institutions, e.g., FHI and nine subcontractors, country offices, USAID/Washington, USAID missions, IAs, and the MOH. This reflects not only the size of the program, but the need for different areas of expertise. However, this complex system generated communication problems.

Recommendation: New programs need basic guidelines to provide structure in the methods and means of communication and an overview of "players," which reflects the needs and requirements of communication within the USAID missions. After setting up guidelines for external communication, specifications can be developed at the local level in conjunction with the local mission policies and country culture. This would reduce the potential for communication problems on several levels.

The PVO grant program channeled through Childhope New York and the behavioral research channeled through the University California San Francisco (UCSF) generated confusion about which entity was funding the program. In addition, this generated misunderstanding of the role of country office and FHI. The capacity-building survey showed that the local IA working with Childhope and UCSF did not benefit from ongoing financial technical assistance.

Recommendation: Although it is desirable to encourage the cooperation between US based universities and PVOs, clear mechanisms and guidelines for more effective program implementation are needed.

Logistics

Logistics sustainability depends upon complex political decisions at federal levels regarding the overall logistics management of HIV/AIDS/STI drugs and condoms in Brazil. Until now, the States depended upon federal decisions for shipment of commodities and therefore there is a need for a logistics coordinator at the federal level for HIV/AIDS prevention. Considering the size of the country and the Unified Health System, a logistics system for AIDS prevention needs to be inserted in the complex local health system. Logistic positions need to be created at federal, state and municipal levels. In this sense, the AIDSCAP project has established a model to serve as a basis for the expansion of a logistics system in the country. The appropriate technology along with training needs to be created and universally implemented.

IV. SUBPROJECT HIGHLIGHTS

1. Major Program Areas

a. Men with Men

AIDS Prevention for Men who Have Sex with Men

FCO #s: 26447, 46447

Implementing Agency:	Brazilian Interdisciplinary AIDS Association (ABIA)
Date of Subproject:	June 1993 through December 1995
Target Population:	Men who Have Sex with Men
Geographical Focus:	Rio de Janeiro and São Paulo cities

Background

This was a sub-project developed by ABIA (Associação Brasileira Interdisciplinar de AIDS) in Rio de Janeiro in association with Grupo Pela Vidda in São Paulo. For the first time in Brazil a large-scale program was developed for the population group that has suffered the greatest impact from the AIDS epidemic. According to the Epidemiology Bulletin of the National Program of Sexually Transmitted Diseases and AIDS (PN STI/AIDS), 40 percent of reported AIDS cases are related to sexual transmission among homosexual and bisexual men. This shows that despite the growing numbers of women affected by the epidemic in Brazil, men who have sex with men are still vulnerable to HIV infection. These figures illustrate and justify the necessity of a project specifically aimed at the prevention of HIV/ AIDS within this population.

The sub-project aimed to de-mystify the relation between homosexuality and HIV/AIDS, and encourage the development of an environment of social support to reduce high-risk behavior among homosexual and bisexual men.

Objectives

- To combat the stigmatization and discrimination attached to homosexuality in Brazilian society; to de-mystify homosexual behavior and encourage a more realistic perception of the relation between AIDS and homosexual behavior.
- To develop intervention activities aimed at men who have sex with men in various key places of the homosexual sub-culture of Rio de Janeiro and São Paulo.
- To develop support activities, particularly at the headquarters of ABIA and Grupo Pela

Vidda, and begin to involve men who have sex with men in social and psychological support networks to promote change in behavior conducive to risk reduction.

Accomplishments

Safer-sex promotion among the MWM community in Rio de Janeiro and São Paulo included site visits by peer educators with face-to-face interventions, safer-sex workshops and debates, production and distribution of BCC material including condoms, STI referrals and expressionist theater workshops.

Activities	Total
Expressionist Theater Workshop	3,872
Cultural Sessions/ Safer Sex workshop	2,776
Meeting of Positive Men	284
Interventions at sites (834)	4,564
BCC materials distributed	311,096
Condoms distributed	125,562

Evaluation

Two HIV seroprevalence studies among men who have sex with men carried out in São Paulo showed similar figures: 12.2 percent in 1988⁽¹⁾ and 13.9 percent in 1995-96⁽²⁾. In a cohort study of 594 MWM, a 1.42 percent per year⁽²⁾ incidence was found. In Rio de Janeiro, the results were not as consistent with a 25 percent seroprevalence rate found in 1987-89⁽³⁾, 25 percent in 1995⁽⁴⁾, and 8.9 percent in 1995-96⁽⁵⁾. A cohort study among 600 men found an incidence per year of 3.4 percent, however half of the sample were male prostitutes or bisexual men ⁽⁵⁾.

The knowledge of HIV prevention methods has risen and awareness was high in both cities in 1995. It is interesting to note that in Rio de Janeiro the most frequently cited preventive method is condom use, (91 percent) whereas in São Paulo the method most often cited (95 percent) was reducing the number of partners. The proportion of MWM who have zero or only one partner in both São Paulo (45.6 percent) and Rio (42 percent) has not changed much in the last 5 years. However, the use of condoms ("always use condoms") has shown an important increase: from 21.3 percent in 1989, 60 percent in 1992 88 percent in 1993, and 93 percent in 1995(6).

(1) Dias, M.B. (1988/89) (2) Luna E.et cols, Project Bela Vista cohort study, 1996, XI Int. AIDS Conference (3) US Bureau of Census, 1995 (4) Sutmoller et al, 1996, Projeto Rio cohort study, unpublished data (5) Schesstner, M. Projeto Praça Onze cohort study 1995 (6) Parker R. Práticas sexuais e conscientização sobre AIDS: uma pesquisa sobre o comportamento homossexual e bissexual 1989, 1991, 1993,1994 and 1995.

Another important change in the perception to negotiate safe sex was the proportion of men who would not accept having unsafe sex, going from 40.4 percent in 1989 to 81.7 percent in 1994. In 1994, 84.3 percent reported they were at risk while only 18.7 percent said that in the passion of the moment they do not think of having safe sex. Data showed that a change occurred in the perception of the risk of HIV infection, complemented by an increase in awareness of prevention. In spite of these changes, there is still the occurrence of high-risk sexual behaviors because of low citizenship awareness, insufficient schooling, and other social problems. These statistics should be taken into account when designing other AIDS prevention programs.

Qualitative data shows that prejudice against homosexuals is an important factor for high-risk behavior. The individuals who exposed themselves most to the risk of infection are the ones who suffer from the conflict of homoerotic desire versus the difficulty of coming out as homosexual. The study shows that effective

prevention must address the struggle of intolerance for moral and physical reasons.

Constraints

A discrepancy between the implementation of the sub-project with the implementation of the STI project in Rio de Janeiro followed by delays on the procurement and shipment of STI drugs to the states. These generated important delays in the availability of STI treatments in the region.

Social discrimination and physical violence against homosexuals is a problem in Brazil. The persistence of high-risk behavior among men who have sex with men is closely associated with the social isolation and internal conflicts caused by moral prejudice.

The project had difficulties in reaching gay and bisexual youths, especially those belonging to low-income strata of society.

Lessons Learned/Recommendations

- It is necessary to involve special interest groups and owners of gay establishments in HIV/AIDS prevention projects.
- Other projects were created using ABIA's experience because intervention projects require a multi-dimensional approach addressing personal homosexual identity and the social discrimination homosexual menface.
- The discussion and involvement of other groups and institutions were crucial for the sub-project success.
- Using the ABIA/AIDSCAP intervention model, project activities were expanded to MWM in Fortaleza, Ceará, and Chile.
- Additional efforts to reach low-income adolescents who have sex with men are an important need.

Budget:			
Estimated AIDSCAP	Counterpart	Verifiable	
Expenses	Contribution	Counterpart	
•	Agreed	Contribution	
455,720	211,280.00	181,943.92	

Process Indicator Summary

Category	Target	Actual		Percent
People Educated	5,850	11,496	196 per	cent
People Trained	8	314	3,925 per	
BCC Materials Distributed	15,000	311,096	2,073 per	
Condoms Distributed	10,000	125,562	1,255 perc	

HIV/AIDS Prevention for Men who Have Sex with Men

FCO #s: 56457, 46457

Implementing Agency:	Associação Brasileira Interdisciplinar de AIDS (ABIA)	
Date of Subproject:	October 1996 to May 1997	
Target Population:	Gay and Bisexual Men	
Geographical Focus:	Rio de Janeiro	

Background

The project continued to promote public discussion about sexual practices and behavior between same-sex oriented men and the discrimination and stigma resulting from such practices and behavior. The project also helped increase the level of awareness regarding the necessity of group action and an atmosphere of solidarity in the movement towards collective change. The main goal of this sub-project was to reduce HIV infection among homosexual and bisexual men through the continuation of successful sub-project outreach activities.

Objectives

The primary objectives of the original project were to de-mystify the relationship between homosexuality and HIV/AIDS, to encourage the development of social services necessary to reduce the levels of high-risk behaviors of men who have sex with men, and to address specific issues that had been brought to light by the original project, such as adolescence and homosexuality, seropositivity and bisexuality.

Accomplishments

Sub-project activities included interventions at gay community sites, expressionist theater and cultural workshops. To support interventions, BCC materials were produced and distributed, including the ABIA Bulletin (a circulation of 20,000 copies) about STI; providing addresses of hospitals and health centers for STI treatment and HIV testing; distributing 22,856 educational materials (from both phases of the MWM project) and 15,000 postcards aimed specifically at gay adolescents, seropositive individuals and bisexuals. A total of 7,622 condoms were distributed in all activities and during specific events, such as Carnival festivities.

Activities	Total
Expressionist Theater Workshop	720
Cultural Sessions/Safer Sex	328
workshop	
Interventions at sites	12,366
BCC materials distributed	22,856
Condoms distributed	7,622

Besides intervention activities, this sub-project developed activities to invite the participation of other interested groups who could use this experience as a model for interventions. A database was developed to catalogue all of the materials produced by the Project MWM, in both phases (93-95 and 97). This database, the documentation, and the wide-spread dissemination activities results can provide the basis for the creation of an action group focused on increasing the solidarity among populations affected by HIV/AIDS. It can also serve to stimulate the development of similar projects in other cities in Brazil and Latin America.

Two books were produced during the life of the project, one about Homosexuality in Brazil (in press) and other containing the script of the play Cabaret Prevenção which was produced by the members of the Expressionist Theater workshop. In addition 5 articles and essays were produced and submitted for publication in scientific journals. Two manuals were produced (in press) documenting the experience and the methodology of the Expressionist Theater workshops and of the weekly Gay Cultural Sessions. To disseminate this sub-project ABIA participated in national and international seminars, conferences and congresses

One important result of the Project MWM was the replication of the AIDSCAP/ABIA Prevention Model for MWM. Between 1993 and 1995, when ABIA started to work in collaboration with AIDSCAP for the implementation of intervention programs for MWM, few initiatives targeted this

population in Brazil. Through dissemination of work at seminars, meetings and conferences, a series of projects following the ABIA model are being implemented in several capital cities such as Fortaleza, Belo Horizonte, Port Alegre, São Paulo, Londrina, and other cities in Brazil. The Project MWM became a resource for the development similar projects in the country at both the national and international level. The Project MWM participated in a meeting with the Ministry of Health to define the policies of the ministry in relation to the male homosexual population of the country. The work and the experience of the Project MWM also provided the initiative for the regional meeting organized by ONUSIDA in Colombia in June, 1997, whose objective is to establish a policy for the prevention of HIV/AIDS within the MWM population in Latin America.

Constraints

The interruption of the previous project in December 1995 due to budget cuts from AIDSCAP LAC/Regional Office to AIDSCAP/Brazil Program was a major constraint in this subproject. Activities were interrupted and project-trained staff left ABIA.

Because of the short time available for project development, some of the objectives were not fully met. The issues of bisexuality, seropositivity, and adolescent homosexuality proved to be more complex than anticipated and need to be addressed in the future.

The topic of bisexuality was addressed by specific themes in the workshops. It was noted, however, that this is an extremely complex subject, due to the disassociation of bisexuals between their sexual practices and social identity.

To work with adolescents proved to be very complex since adolescents are less likely to have known people who have HIV/AIDS, or to have seen people die from the consequences of AIDS. To adolescents, AIDS seems distant and unreal. They know that HIV/AIDS exists, but their life experience does not reflect that knowledge. Furthermore, this group behaves with the characteristic attitude of denial, thinking "This will not happen to me"

The implementation of the social marketing of condoms was biased on the uproar provoked by the media about the inferior quality of both domestic and foreign condoms sold in Brazil. There were some difficulties with the intervention work in the saunas frequented by MWM. The dynamic in the saunas is completely different than that in open places such as bars, clubs, and beaches. Due to the anonymity in the saunas, the peer educators are unable to explain their presence in any detail, thus giving them the appearance of not "belonging" in the saunas.

¹ Castelo Branco et al. (1996) AIDS and Education: an invitation to prevention. Rio de Janeiro, ABIA.

Lessons Learned/ Recommendations

HIV/AIDS prevention should not be limited to information dissemination. Studies have shown that the level of knowledge about HIV/AIDS within the homosexual population is quite high. However there is a need for formal and informal networks to allow people to share their knowledge and experiences, as well as the social and psychological aspects surrounding the issues of AIDS and homosexuality. These topics need to be presented in positive light with respect to sexuality. Such an approach promises to facilitate behavioral change, and is more likely to take place within community networks.

The issues of violence and discrimination play an important role in all aspects of the daily lives of men who have sex with men (in their personal lives, at home, in the workplace, and from police). This reinforces the vulnerability of this population, in relation to the HIV/AIDS epidemic and other STIs, and in relation to civil rights.

The Project MWM/97 looked for ways to integrate the forces of this community through increasing their knowledge and working toward equity, and in creating opportunities for community mobilization and development.

The project publications (brochures, manuals and books) clearly show the worth and the importance of the social and psychological support networks established through the workshops.

Future HIV/AIDS work needs to more fully address the issues of bisexuality, seropositivity and adolescent homosexuality. Specific projects aimed at these populations need to be developed, to enable the idiosyncrasies of each population to be better observed, identified and addressed. In this way, interventions aimed at these groups are more likely to succeed.

In relation to bisexuality, the construction of a positive social identity needs to be addressed, and interventions need to include strategies for dealing with blame, prejudice and discrimination. There are very few studies that have examined this group and their characteristics. Sound scientific studies and reliable data about bisexuality would be extremely helpful in the design of interventions for these men.

Future discussion about bisexuality should include a dialogue with feminist groups including guidelines for discussions about reproductive health. This suggestion is based on the great number of women that are infected by HIV through sexual relations with bisexual men. It is essential that women's groups understand the importance of this issue and include it on their agenda and in their discussions.

As regards to seropositivity and living with AIDS, it is important to reinforce life experiences and to increase access to information about therapies, treatments, and safer sex techniques, among other issues.

Future projects should include ethnic issues of homosexuality, and there should be an increased dissemination of HIV/AIDS information among other marginalized and impoverished populations such as the Black-Brazilian community.

It is the important to open and maintain social and psychological support networks, not only for MWM but also within the general population. It is through this network of support that issues such as citizenship, human rights, and legal rights, among others, can be fully developed. The stimulation of cultural events such as plays and street theater also play an important role in the prevention of HIV/AIDS.

The issue of STI prevention should be included in HIV/AIDS prevention for men who have sex with men. There is a general lack of knowledge about STI transmission, particularly hepatitis B, herpes, and parasitism. This recommendation is especially helpful for people already infected with HIV who should be careful to avoid other infections that affect the immune system.

Additional efforts to increase STI awareness diagnosis, treatment and prevention are important.

Recent studies conducted in São Paulo during 1997 are showing a relapse in the adoption of safer sexual behavior among gay men. There is an important need to access the impact of the cocktail in the adoption of safer behaviors and an increase in the number of people who believe that the cocktail can be used as a "day after pill" to prevent infection.

Budget:			
	Estimated AIDSCAP	Counterpart	Verifiable
	Expenses	Contribution	Counterpart
	-	Agreed	Contribution
	296,307	38,500	35,892

Category	Target	Actual	Percent
People Educated	5,850	13,414	229 percent
People Trained	8	10	125 percent
BCC Materials Distributed		22,856	-
Condoms Distributed	-	7,622	

b. Commercial Sex Workers

Education Intervention for CSWs in Fortaleza, Ceará and São Luis, Maranhão

FCO# 23461

Implementing Agency:	Implementing Agency for Cooperation and Training (IMPACT)
Date of Subproject:	October 1992 to December 1993
Target Population:	CSWs
Geographical Focus:	Fortaleza and São Luis

Background

The goal of this project was to promote safer sexual practices among CSWs and their clients and to prevent the spread of HIV infection in Fortaleza and São Luis. The Northeast region in Brazil is the poorest area of the country, and prostitution among the low-income population is a way of survival. During the AIDSTECH project, a group of leaders and community agents in Fortaleza and São Luis were trained for HIV prevention among CSWs and their clients and developed an outstanding program. The success of the program was extended to AIDSCAP in order to continue activities through IMPACT/InterAIDE (Implementing Agency for Cooperation and Training). The project used peer educators to reach CSWs and clients through the use of BCC materials and condom social marketing, aiming to encourage safer sexual behaviors and consistent condom use, and to improve access to STI diagnosis and treatment.

Objectives

- Train 60 new leaders to support the work or activities of 16 multiplicadores. The leaders are CSWs recruited from among the target population to work in this project as peer educators. The multiplicadores supervise the leaders and promote community support.
- Develop and distribute educational materials.
- Improve access to STI diagnosis and treatment.
- Expand condom distribution programs through social marketing to sell 300,000 condoms and distribute 20,000 free condoms.

Accomplishments

Activities planned were training of health agents recruited among target population; weekly supervision of peer health agents, and face-to-face interventions at commercial sex sites by peer educators providing counseling, information and referral for STI treatment. The activities included 3,297 visits to prostitution sites where educational activities were performed with condoms and BCC materials distribution. Other activities included formal and informal meetings at commercial sex sites. A total of 72 specialized campaigns were organized. An additional 19,310 persons not belonging to the target population were reached by the program during Carnival time and World AIDS day. Peer educators received recognition from their communities and were invited by schools to provide HIV/AIDS education. In addition, most of the women are no longer working as prostitutes. This project since its inception developed relationships with local and national organizations through collaboration in AIDS prevention activities. The shared experiences, from conferences to condom distribution, have forged an informal network in each city. Two associations were formed by the teams of multiplicadores, and have matured into local partners: APROCE in Fortaleza and Fundação InterAIDS in São Luis. Presently the MHO/World Bank and the European Community are funding project activities. Based upon this experience and lessons learned under AIDSTECH/AIDSCAP, the European Community is funding a large intervention project for CSWs in 9 Brazilian states using the same methodology.

Activities	Target	Actual	Percent Achieved
Leaders trained	30	45	150 percent
Trained	7 6	178	234 percent
Multiplicadores			
Educational meetings	2,000	2,639	131 percent
New CSWs contacted	3,000	17,007	566 percent
Condoms distributed free	20,000	503,735	2,518 percent
Condoms sold	300,000	146,810	49 percent
STI referral	300	255	85 percent
BCC materials distributed	NA*	59,789	-

Evaluation

The quantitative KABP surveys conducted in 1992 and 1993 among 500 CSWs showed the following relevant results in reference to behavior change. In November 1992, 12 percent of CSWs reported always using a condom, in November 1993, 34 percent reported always using a condom. In 1993, 99 percent of CSWs interviewed had extensive knowledge of AIDS. In 1992, 42 percent reported

not using condoms with boyfriends, however in 1993, only 33 percent reported not using condoms with their boyfriends.

Constraints

Lack of proper STI diagnosis and care by the public sector during project implementation.

Lessons Learned

- Behavioral changes were produced by condom distribution projects.
- In a short period of time the project was able to increase knowledge on AIDS and slightly increase condom use.
- Through project activities some CSWs working as peer educators changed their status in society.
- Condom social marketing activities will not be successful if large amounts of free condoms are distributed to the target population.
 However, it is important to consider that free condoms are not always available, since they depend on continuous public procurement and distribution.

Budget:			
Estimated AIDSCAP	Counterpart	Verifiable	
Expenses	Contribution	Counterpart	
-	Agreed	Contribution	
45 <i>,</i> 6 7 5	50,000	50,000	

Category	Target	Actual	Percent Achieved
People Educated	NA*	167,026	moduling to some
People Trained	106	223	210 percent
BCC Materials Distributed	NA*	59,789	•
CSWs referred to STI Treatment	300	255	85 percent
Condom Social Marketing (sold)	300,000	146,810	49 percent
Condoms Distributed (free)	20,000	503,735	2,518 percent

Education Intervention for CSWs and their Clients in Municipality of Santos FCO#s 23464, 43464

Implementing Agency:	Organization for the Support of HIV-Positive People in Santos (OASIS)
Date of Sub-Project:	January 1994 to May 1997
Target Population:	CSWs and Clients in Santos
Geographical Focus:	Urban

Background

This sub-project aimed to reduce the spread of HIV/STI among CSWs and their clients in Santos. It was implemented by the Health Secretariat of the Municipality of Santos, São Paulo, Brazil and by OASIS (Organização de Apoio ao Portador do Virus da AIDS/Organization for the Support of HIV Positive People) a non-governmental organization which was responsible for the financial and administrative management of the project. It was originally designed as a three-year project and extended through May 30, 1997, in order to expand the Santos CSWs model to other Brazilian states (Ceará and Bahia).

Santos, a coastal city of a half million people, had the highest incidence of AIDS cases in Brazil at the beginning of this sub-project. Santos is a major harbor in Latin America with a workforce of 20,000 harbor workers. The port receives approximately 1,800 ships annually and attracts numerous sailors and truck drivers. By 1989, the harbor area was stigmatized because of the high prevalence of AIDS cases and a large, visible prostitution area. A seroprevalence study conducted in 1991 among low-income commercial sex workers (CSWs) showed that 27 percent were HIV positive and 69 percent tested positive for syphilis. Santos is also part of the international drug route in Latin America, making drugs easily accessible in the city. Furthermore, it is a tourist destination that attracts more than three times its population size during holiday and summer months.

Objectives

The main objective of this project was to decrease the risk of HIV/STI transmission among CSWs and their clients in Santos through the promotion of safer sexual behaviors among these populations.

Activities of the project included training of outreach workers, educational interventions with

CSWs and their clients, distribution of BCC materials and condoms, and the improvement of STI treatments. Integration of activities with other USAID/AIDSCAP-funded projects in the city included the expansion of STI care, an intervention for harbor workers, a comprehensive condom social marketing program and technical assistance in the area of logistics management for condoms and STI drugs.

Accomplishments

A fieldwork team (comprised of 10 health professionals and community agents) was trained to conduct outreach work with CSWs and their clients in human sexuality, HIV/AIDS/STI, education and counseling techniques. The team mapped the geographic area for project implementation and identified the commercial sex trade sites which were visited over the life of the project. From August 1996 to May 1997 project activities were funded by the national STI/AIDS program of the MOH after concluding that the continuation of these interventions was crucial.

Activities	Total
Number of contacts with CSWs	52,065
Number of contacts with male clients	16,084
Commercial sex sites visited weekly	52
Group discussions held	642
CSWs and clients reached by group discussions	5,657
STI referrals	8,783
Number of street theater presentations	31
People reached by theater presentations	4,460

As part of the integrated approach to HIV/AIDS/STI prevention in Santos, CSWs were referred for STI treatment and care to the polyclinics trained in the syndromic management

approach to STI treatment. Some CSWs were reluctant to seek STI care at the polyclinics due to the time spent in the waiting room and potential loss of earnings, so in 1995 a mobile clinic was purchased with funding from the MOH/World Bank loan to provide STI services in the neighborhoods. The one-year extension of the overall AIDSCAP contract provided the opportunity to expand the experience of this project to the northeastern states of Bahia and Ceará.

Evaluation

Despite the improved surveillance system, a decrease in the number of reported AIDS cases has been observed in Santos since 1994. At the beginning of this sub-project, Santos had the country's highest incidence of AIDS (287 per 100,000). In 1994, the incidence decreased to 99.49 per 100,000 inhabitants, and by 1996, it had decreased to 59.47 per 100,000. Although there are some discussions that this could be a deflection of the first wave of the epidemic and a second wave will start soon, the MOH argues that it is the efforts of the integrated interventions in Santos that have contributed to the decline in the number of reported AIDS cases.

Partial results from the quantitative research study being conducted among CSWs by the MOH and the Health Secretariat of the Municipality of Santos show an increase in knowledge of HIV/AIDS and modes of transmission from over 80 percent to more than 90 percent. However, reported condom use with clients appears to have decreased (96 percent in 1990/91 to 84 percent in 1996), although this may be attributable to the migratory flow of the CSWs. As these data are partial with final results not available until May 1998, the data should not be definitively interpreted. However, the results appear to indicate the need for continued interventions with CSWs and their clients, with particular emphasis on condom use with regular partners. A focus group discussion conducted in July-August 1995 reinforced the study's finding that condom use with regular partners is low (18 percent).

Constraints

 The Health Secretariat of the Municipality of Santos recruited and selected health agents who did not have prior experience working with CSWs or within the health system. Thus, a significant investment in capacity-building

- and training was necessary to implement the activities.
- The administrative demands and documentation required by AIDSCAP and all of the bureaucratic procedures were initially difficult for the project team to manage as they were not prepared for the amount of reporting requirements. Furthermore, in the beginning there was some confusion about the identities of and relationships between USAID/Washington, USAID/Brazil, FHI, AIDSCAP/Washington, AIDSCAP/LAC, AIDSCAP/Brazil and Subcontractors.
- There was a shortage of condoms between July 1993 and April 1994 for free distribution.
 The problem was resolved with the donation of condoms by USAID.
- CSWs were often resistant to seek STI care at the polyclinics because of the time spent in the waiting room. They considered this period of waiting as a loss of work time and potential earnings.

Lessons Learned/ Recommendations

- Health agents with previous experience working with the target population or within the health system should be recruited and selected. This will avoid lengthy training periods before implementation of interventions.
- The social organization of female CSWs was often difficult, particularly since many of them worked in the commercial sex industry without the knowledge of their families. If they had been more vocal and organized, they would have had to disclose their status. Furthermore, low levels of education, lack of time, competition among CSWs and the clandestine nature of some of the CSWs were constraints to social organization.
- Lessons learned from other organized groups should be taken into consideration to crossfertilize actions for the future in reference to social organization and movements. Signs of social organization are reported by this project, such as relevant participation of CSWs during the Municipal Health Conference and other forum.
- Cooperation, not competition, among donors working in the same region is critical to developing an effective public health response to the HIV/AIDS epidemic. Future programming should seek better coordination among the donors.

- Considering the findings in the latest KABP that showed a decrease in reported condom use among CSWs, it is critical to continue the educational interventions with CSWs and their clients. It is strongly recommended that this intervention not be interrupted. Special emphasis should be placed on condom use with regular partners, since reported condom use with regular partners was low. CSW's migration flow in Santos is as high as 50
- percent. Thus, continuous efforts need to be made to maintain acceptable adoption levels of safer sexual behavior.
- Due to the accessibility of drugs in Santos and the reported use of injection drugs among CSWs, interventions addressing the transmission of HIV through injection drug use need to be included in future project design and implementation.

Budget:			
	Estimated AIDSCAP	Counterpart	Verifiable
	Expenses	Contribution	Counterpart
	325,254	Agreed 256,054	Contribution 267,444.11

Category	Target	Actual	Percent
People Educated	30,000	79,3031	264 percent
People Trained	38	78	205 percent
BCC Materials Distributed	3,325	85,7232	2,578 percent
Condoms Distributed	80% target	714,014	>100 percent
CSWs referred for STI treatment	50% CSW's	65 percent ³	>100 percent
Clients referred for STI treatment	NA	8,783 ⁴	>100 percent

¹ This number reflects the number of contacts with the CSWs and clients during educational interventions. CSWs and clients were systematically and repeatedly reached during the life of the project.

^{2 95} percent of CSWs = 3,325. The project recorded 3,500 CSWs that were reached systematically.

³ Percent from KABP survey conducted 1995-96.

⁴ Total of STI male patients treated and registered under the STI/Santos sub-agreement and the interventions targeting harbor workers and truck drivers reached by other USAID funded projects. The target adds to number of CSWs treated.

AIDS Prevention with Commercial Sex Workers in the Metropolitan Areas of Rio de Janeiro

FCO#s 23463, 43463

Implementing Agency:	Institute for Religious Studies (ISER)		
Date of Sub-Project:	January 1994 to April 1997		
Target Population:	Urban CSWs		
Geographical Focus:	Rio de Janeiro		

Background

The AIDSCAP sub-project Commercial Sex Workers (CSWs) AIDS Prevention in the Metropolitan Area of Rio Janeiro aimed educational interventions to CSWs in Rio de Janeiro, focusing on the promotion of safe sex through peer education and outreach work.

The city of Rio de Janeiro is located in the Southeast region of Brazil, the area most affected by the AIDS epidemic. The State of Rio de Janeiro has a population of about 13 million people, 44 percent of this population living in metropolitan Rio de Janeiro. Besides being a tourist destination famous for its beaches, the city also has a major harbor. This environment attracts an important migration flow of all social classes, especially the poor. Historically commercial sex has been an important activity in the city since Rio was the capital of the Portuguese Monarchy. It has been estimated that the city alone has about 5,000 CSWs. This sub-project was planned to assist 15 commercial sex areas in the metropolitan area of Rio de Janeiro, comprising an estimated population of 7,000 CSWs.

Objectives

- Reduce the incidence of HIV and STI infections among female and male CSWs and their clients by promoting the adoption of safer sexual behaviors and personal risk assessment.
- Train CSWs both as health agents and community leaders.
- Emphasize the social empowerment of CSWs through the improvement of self-esteem, selfinitiative and greater access to civil rights.
- Promote STI treatment through behavior modification and increased knowledge of STIs
- Establish an effective HIV/AIDS/STI communication and referral program among the target population, improved access to STI

diagnosis and treatment services and maintained and expanded condom distribution systems to the target group.

Accomplishments

The project was developed by a team of five people working with 10 peer educators (called "health agents"). Six university students participated through Civiu, a theater group responsible for street interventions carried out during special events.

Activities planned to support these efforts included training of health agents recruited among the target population; weekly supervision of peer health agent activities; and face-to-face interventions at commercial sex sites by peer educators providing counseling, information and referral for STI treatment for CSWs and clients. Other activities included formal and informal meetings at commercial sex sites and meetings with those responsible for the local health system, to ensure CSWs and their clients access to STI diagnosis and treatment. Contacts were also made with managers and clients of commercial sex establishments informing them about the main STI referral centers. In addition, special events were held with a total participation of 163,291 people.

The sub-project also achieved the important role of supporting the political discussion about citizenship and conditions of CSWs. Meetings and seminars were conducted in which the legal situation of CSWs, STI/AIDS prevention, safer sex and specific women's health issues were discussed.

ACTIVITIES	Target	Actual	Percent Achieved
Commercial sex sites contacted	300	946	315 percent
CSWs and clients referred to STI clinic	7,000	7,990	114 percent
Meetings held with CSWs and clients	620	1,018	164 percent
Safer sex workshops	620	647	104 percent
Special events	15	79	526 percent
Educational kits distributed	10,000	32,160	322 percent
Pamphlets distributed	50,000	84,350	169 percent
News letters distributed (19 issues)	8 issues	19,270	237 percent
Condoms distributed	366,000	578,954	158 percent
Referral cards distributed	7,000	6,549	94 percent
Basic training courses	18	64	355 percent
Health agents trained	180	286	159 percent

Evaluation

Project evaluation included data analysis of a baseline study, the conduction of a KABP survey at the end of project, a qualitative data collection and analysis of CSW focus group discussions. The main finding of the project showed that there was an increase of condom use among CSWs from 75 percent in 1991 (baseline study) to 97 percent in 1997. There was also an increase of condom use with regular partners from 18 percent to 22 percent. This demonstrates the adoption of safer sex behavior. However, with their non-paying partners, CSWs still engage in unprotected sexual encounters. This points to the need of continuous interventions focusing on the fact that love and affection do not protect people from HIV infection. Another important finding is that the HIV transmission knowledge is unevenly distributed among the CSW population as there is a constant influx of newcomers to prostitution sites. Additionally, the high rate of legal and illegal drugs used by CSWs can influence condom use.

The progress of the sub-project, with its multiple needs and demands, created the institutional need to establish a new and independent NGO. In January 1996 PIM (Integrated Program on Marginality) was created with the support of ISER and other NGOs resulting in an increase of target population participation in the project activities and a progressive growth of the peer educators as community leaders at local, regional and national levels. Organization of CSWs was increased and enhanced through their participation in events conducted to improve their political, social and individual awareness regarding HIV/AIDS transmission and other issues. As a result of PIM and AIDSCAP collaboration which created a model intervention, a partnership with the Ministry of Health/World Bank project was strengthened with ISER/PIM. In addition, the program conducted by the ASTRAL group, which focuses on transvestites, also received collaboration and support from the sub-project. Furthermore, the experience of PIM enables NGOs to expand the model to new projects, such as the project "Meninas da Calçada" (Sidewalk Girls) which aims to provide educational opportunities to adolescents engaged in prostitution. This project was approved and funded by the Solidarity Community and provides professional training and educational support to street teenagers, who, due to their family disruption, engage themselves in prostitution.

Constraints

- The most important constraints were the limits of the public health system within the state of Rio de Janeiro. In addition to lack of personnel within the health care system, there is a scarcity of drugs used to treat STIs. The STI drugs that were to be provided by the MOH took one year to arrive at the health centers.
- The delay in receiving STI drugs resulted in a related delay in the implementation of the STI referral component of the project.
 Modifications to the original scheme of using colored cards for referral were also necessary due to this delay.
- The project experienced a significant shortage of free condoms for distribution due to bureaucratic constraints in releasing condoms from customs and to the control of quality of condoms.
- The health agents were required to fill out project-specific forms which were different from those they normally use. The majority of

- the health agents were not experienced in keeping detailed records, resulting in delays in completing project process indicator forms. This issue was resolved by implementing continuous education of the health agents.
- The implementing agency was unfamiliar with USAID/AIDSCAP funding mechanisms and reporting systems, resulting in delays in completing technical and financial reports. This problem was resolved by holding training for management personnel and the continuous technical assistance of the AIDSCAP team in Brazil.
- Due to the above lack of familiarity with USAID/AIDSCAP mechanisms, the implementing agency experienced a delay in reimbursement of funds for project activities, which in turn resulted in delays in carrying out those activities.
- The attempt at creating a condom social marketing program for purposes of selfsufficiency was unsuccessful. The implementing agency had neither the business knowledge nor infrastructure (systems of supply, distribution and payment) necessary to accomplish this type of economic venture.
- Implementation of project activities was affected by the AIDS-related deaths of three staff members.

Lessons Learned/Recommendations

- Collaboration with the public health system is crucial to facilitate access to STI/AIDS diagnosis and treatment and to monitor discrimination against CSWs at public health centers. Empirical observation shows that the attitude of medical staff toward CSWs as patients determines the preventive health seeking behavior of this group.
- Project studies showed a large increase in the number of commercial sex establishments that carry condoms at the reception desk, either for free or for sale, in large part due to condom social marketing. There is also a large increase in the number of CSWs who rely on hotels to have condoms. The availability of condoms is an important factor for preventive behavior and establishments should be encouraged to join and support prevention work. Therefore, condom social marketing supported by NGOs should be maintained. Start up for any such program should include specific planning, training and appropriated strategies.

- Collaboration between prevention projects

 and other AIDS-related NGOs provides health
 agents with referral options to seropositive
 CSWs and clients who are seeking treatment
 and support. In addition to prevention and
 referral, the training curricula for health
 agents should include techniques for dealing
 with the relevant topics of mourning and
 death.
- Project studies showed that knowledge about HIV transmission is unevenly distributed among CSWs, in part due to the high turnover rate in the areas with constant influx of newcomers, and also due to misconceptions. Continuing education efforts must emphasize consistent information and include safe sex practices for work-related situations involving more than two people.
- Special events targeting clients may have a limited impact on their willingness to adopt preventive measures. A more comprehensive method for reaching this group should be developed, including research on male sexuality and the development of client-specific materials. At the same time, a positive outlook regarding condom use by "real men" should be presented with the support of mass media, thereby creating a favorable sociocultural environment for change.
- Project studies confirmed a high rate of legal and illegal drug use by CSWs during working hours, a factor associated with inconsistent condom use with clients. Knowledge about substance abuse and control (mainly alcohol and cocaine) must be included in health agents' training curricula and specific educational materials should be developed to include daily situations at prostitution sites.
- Studies showed that there is still a high discrepancy between preventive measures adopted by CSWs with commercial and noncommercial sexual partners. Continuing education efforts for CSWs should include self-examination of one's sexuality and risk assessment with non-commercial partners.
- The inclusion of democratic initiatives, such as the exercise of basic citizenship by CSWs, collaborated to change CSWs' perception of their role as human beings and citizens. Human rights-related activities were highly emphasized during project implementation and should be included in future projects.

Budget:	THE PERSON OF SCHOOL AND ADDRESS OF THE PERSON OF THE PERS				
	Estimated AIDSCAP Expenses	Counterpart Contribution	Verifiable Counterpart		
	341,745	Agreed 77,600	Contribution 113,025		

Category	Target	Actual	Percent Achieved
People Educated	7,000	173,311	2,475 percent
People Trained	180	286	159 percent
BCC Materials Distributed	60,000	135,780	226 percent
CSWs referred to STI Treatment	7,000	7,990	114 percent
Condoms Distributed	366,000	578,954	158 percent

c. STI Patients

Training on Sexually Transmitted Diseases Management in São Paulo

FCO#s 41445

Implementing Agency:	São Paulo Health Department, Brazilian
	Union Against STIs (BUASTI)
Date of Sub-Project:	June 1993 to July 1994
Target Population:	General Population
Geographical Focus:	Metropolitan Regions in the State of São Paulo

Background

This sub-project aimed to increase the correct management of STI in three urban areas in the State of São Paulo: the metropolitan region, Santos and Campinas; and was implemented by the BUASTI (Brazilian Union Against STI/ União Brasileira Contra As DST). BUASTI is connected to the STI service of the Public Health School of the University of São Paulo. Although São Paulo is the most developed and industrialized state in Brazil, it still has many problems related to poverty. STIs remains a non-tackled problem with large numbers of people seeking treatment through shop assistants in pharmacies and self-medication. As a result, there is an increasing percentage of STI agents resistant to traditional medication.

Objectives

The goal of this project was to reduce the rates of STI in three selected areas in the state of São Paulo, by expanding the quality of STI prevention, diagnosis and treatment. In addition, the project sought to train Health Care Providers (HCP) in appropriate STI management, strengthen laboratory services for improved diagnosis and detection of drug resistance, increase condom distribution, and produce informative newsletters for HCP for increased dissemination of information.

Accomplishments

A total of 1,539 STI patients were assisted by the program through the STI clinic of the School of Public Health, University of São Paulo and at the STI clinic in Guarulhos. The STI clinic of the School of Public Health is a traditional STI service for homosexual men in São Paulo city. Approximately 70 percent of the service users are MWM.

A further 1.356 medical consultations with counseling and education were performed in the Guarulhos STI clinic. A total of 1,045 VDRL and 192 FTABs were tested, as well as 301 bacteroscopies using the Gram technique. A total of 1,293 other lab tests such as cultures and direct bacteroscopies were also performed. The subproject distributed a total of 6,500,000 condoms during the life of the project. In 1993, 3,000,000 condoms were distributed to STI/AIDS clinics in target areas. Among theses 1,800,000 were distributed by the Regional Health Offices and approximately 1,200,000 by the Women's Comprehensive Health Program. Since the use of condoms as a contraceptive method is very low, (about 4 percent) it is assumed that majority of condoms were distributed among female STI patients and their partners. In 1994, 3,500,000 condoms were donated by USAID to the Logistic Unit of São Paulo State Health Department and were distributed according to a specific plan. A total of 98 HCPs were trained in STI management in three long-term training courses.

This project produced a total of 4 issues of the newsletter "Boletim de la Union Latino Americana Contra las Enfermidades de Transmission Sexual". A total of 128,000 newsletters with updated articles on STIs were distributed to HCPs.

Two sentinel studies were conducted during the life of the project with all STI cases assisted by the sub-project. All patients were tested for HIV-1 through two Elisa and one Western Blot test. In 1993, 9.8 percent of the STI patients were positive for HIV-1 and in 1994, 11.2 percent were positive for HIV-1.

Constraints

 Political changes at the São Paulo State Health Department interfered in project implementation. During a 6-month period, all advisors and key personnel changed and the head of the State Health Department changed twice. In addition, new office staff at the legal department could not comply with USAID standards of provisions and regulations due to legal requirements of the financial department. Considering the USAID/AIDSCAP budget constraints and these political obstacles to project implementation, USAID and AIDSCAP decided to cancel this sub-project. Nevertheless, collaboration in logistics and condom donation was maintained between AIDSCAP/USAID and the State Health Department.

- The relationship between universities and public authorities depends upon several factors. New personnel in the State Department of Health in São Paulo refused to channel resources through BUASTI, or any other NGO that could follow USAID procedures. Despite the interest of the State to implement this project in collaboration with AIDSCAP, the legal advisor could not find a way to comply with the USAID contract or regulations.
- Fear of channeling resources through an NGO to comply with USAID regulations was an impediment to the implementation of this project.

 There is a laboratory-driven culture at the universities in Brazil . The University team involved did not accept the syndromic management of STI. The academic groups follow the CDC guidelines and value highly recommendations from the CDC. AIDSCAP had an important and relevant problem regarding this matter.

Lessons Learned/Recommendations

- Relevant political changes can interfere strongly with project implementation, especially with newly-designated technical people.
- Partnership with academic organizations, such as the BUASTI and universities, need to be reviewed. Universities have their own legal requirements for financial and technical reporting and many times efforts are doubled. Universities also have a tradition of intellectual freedom and autonomy; many do not want to follow the procedures required by a donor contract.
- There is an important need to broaden the knowledge and acceptance of university leaders on various methods of STI management.

Budget:			
	Estimated AIDSCAP Expenses	Counterpart Contribution	Verifiable Counterpart
	39,463	Agreed 82,000	Contribution 82,392

Activities	Target	Actual	Percent Achieved
HCP trained	1,200	98	8 percent
STI Patients treated	300,000	2,895	1 percent
HCP Supervisors trained	150	NA	-
Supervisory Meetings	36	NA	-
Condoms Distributed	3,000,000	6,500,000	216 percent
BCC Materials Distributed	NA	128,000	-

Project for the Control and Prevention of HIV/STIs in Santos Municipality FCO#s: 26450, 46450

Implementing	Organization for the Support of HIV-Positive
Agency:	People in City of Santos (OASIS)
Date of Subproject:	June 1993 to May 1997
Target Population:	STI patients and their sexual partners
Geographical Focus:	The City of Santos

Background

The goal of the project was to reduce the rate of HIV/AIDS/STI in the city of Santos through improved diagnosis, treatment and prevention of STI and expanded access to STI services in Santos. This sub-project was implemented by the Health Secretariat of the Municipality of Santos, and OASIS (Organização de Apoio ao Portador do Virus da AIDS/Organization for the Support of HIV Positive People), the non-governmental organization which was responsible for the administrative and financial management of the project. It was originally designed as a three-year project, however received a one year extension to expand the Santos STI model to other Brazilian States.

In 1993, Santos, a coastal city of a half million people, had the highest incidence of AIDS cases in Brazil. Although the municipality of Santos has one of the most organized public health systems in the country with 22 polyclinics serving its population, in 1993 only one polyclinic was providing care for STIs. Approximately 10 patients with STI-related complaints were reported per day, and the total number of STI cases reported to the municipality during the one-year period was 519. The syndromic approach for the diagnosis and treatment of STIs was rarely used by HCPs. The only STIs that are required by law to be reported to the MOH are AIDS cases and congenital syphilis. Additionally, an inefficient and passive STI surveillance system was in place when the project began.

Objectives

- Maintain and expand STI treatment in the city of Santos:
- Improve HCP capacity to diagnose and treat STI;
- Reproduce and distribute educational materials at STI centers for patients and HCPs;

 Establish condom distribution in STI polyclinics and CSM in the city of Santos.

Accomplishments

All polyclinics received training on the syndromic management of STIs to provide diagnosis and treatment of STIs. A total of 838 HCPs were trained throughout the life of the project, including physicians, nurses, social workers, psychologists, receptionists, nurses' aides, pharmacists, health educators, dentists, public health personnel and laboratory personnel. A special training was conducted for gynecologists to treat congenital syphilis, and public and private sector pharmacists were trained in STIs. Trained HCPs and polyclinics received copies of technical materials, among them the National Guidelines for the Syndromic Management of STI from the MOH and AIDSCAP/Family Health International's STI handbook, Control of Sexually Transmitted Diseases: A Handbook for the Design and Management of Programs (Portuguese version). Supervisory visits and staff meetings were conducted to discuss STI case management, including diagnosis, treatment, counseling, reporting, condom promotion and distribution of BCC materials; and to determine needs for STI drugs and condom supplies. In addition, technical and BCC materials were produced and distributed at the polyclinics, including manuals, posters, folders, and pocket folders. Part of these materials were produced by the sub-project and part by other institutions, such as the MOH/NACP, the State Secretary of Health in São Paulo and the Health Secretariat of the Municipality of Santos. Condoms were distributed free to all STI patients. Technical assistance in logistics management was provided by John Snow, Inc. for the control of free distribution of condoms and STI drugs in the polyclinics. In addition, DKT do Brazil promoted condom use in Santos through promotional TV campaigns during Carnival, World AIDS Day and other special events, and implemented an aggressive CSM project in pharmacies, supermarkets and alternative outlets.

It was estimated that 20,000 STI patients and their partners would be assisted by the project, however a total of 74,988 STI patients and their partners (66,905 female and 8,083 male) were diagnosed and treated, surpassing the original target by over 300 percent.

From 1993 to 1995, the Health Secretariat of the Municipality of Santos provided STI drugs as part of its counterpart contribution. In October of 1995, the Health Secretariat of the Municipality of Santos received the first donation of STI drugs from the Ministry of Health/NACP. A STI surveillance system was established in the 22 polyclinics in Santos to record STI data to be subsequently aggregated by the Municipality Center for Disease Control (MCDC). Based on this model, the MOH is presently developing a national surveillance system for STI. Laboratory equipment was donated by USAID/AIDSCAP for the establishment of an STI laboratory in Santos. The laboratory was later expanded by the municipality to perform other tests and syphilis screening for pregnant women. An unforeseen accomplishment of this project was the expansion of STI care and management to include a local women's prison in Santos, whereby in a one-year period 140 female inmates received STI care, counseling and condoms.

By the end of this project, the Health Secretariat of the Municipality of Santos had significantly improved skills in report writing, preparing and negotiating agreements, and planning and conducting training programs. Capacity building also resulted in improvements in financial management, budgeting and accounting through adoption of the financial accounting system developed by AIDSCAP/Brazil. The staff gained considerable technical skills in the areas of FGD and KABP survey methods, data collection and analysis, condom programming, and logistics management.

Evaluation

A pilot study was conducted in 1996 to assess the WHO indicators PI6 and PI7 in the municipality of Santos and the state of Rio de Janeiro. The results indicated that the syndromic approach was utilized in 50 percent of the male cases and 2.6 percent of the female patients. Ninety percent of the male patients reported receiving preventive messages regarding partner treatment, while just 34 percent of the female patients reported receiving these messages. Similarly, 80 percent of

the men and 28.2 percent of the women reported receiving counseling on condom use. While the use of the syndromic approach to diagnose and treat STI has increased to 50 percent for males and 2.6 percent for females since the beginning of the project, it is important to note that the increase was not substantially higher due to the resistance of the HCPs to accept the syndromic approach as a valid method to diagnose and treat STI, particularly in the case of women. These data reflect the struggle by HCPs, professors at the University of São Paulo and other opinion leaders to accept the syndromic approach and demonstrate the remaining problems in STI case management, particularly in the diagnosis and treatment of women.

The MOH has reported a decline in reported AIDS cases in Santos in the last four years. In 1994, 416 new AIDS cases were reported, while in 1995 there were 374 new cases, and by October of 1996, only 249 cases had been reported. This decrease has occurred despite the improved surveillance system, and although further research is needed to determine the contributing factors, it does appear to be the result of Santos' integrated approach to combat the epidemic.

Constraints

- Resistance by some HCPs to accept the syndromic approach. Several HCPs were resistant to accept the syndromic approach as a valid method to diagnose and treat STI since most of them were trained to diagnose based on the etiological approach and considered the syndromic approach a lesser quality of medicine. HCPs also lacked confidence in the guidelines provided on the syndromic approach. Fortunately, the supervisory meetings assisted HCPs on the subject. The distribution of AIDSCAP/FHI STI handbook, Control of Sexually Transmitted Diseases: A Handbook for the Design and Management of Programs, was considered by the HCPs to be a useful reference and source of comprehensive STI guidelines.
- Males continue to seek STI treatment at pharmacies as antibiotics are available over the counter. Studies have shown, however, that pharmacists sell drugs which are either ineffective or inadequate, including recommending lower doses than necessary to treat the infections. The project team responded to this obstacle by conducting a training in STIs for 31 public and private

sector pharmacists. Due to limited resources, a more aggressive training of pharmacists was not possible, and further efforts are needed to address this problem, including the development of strategies to improve male attendance at STI clinics.

 Between July 1993 and April 1994, the project experienced a significant shortage of condoms for free distribution in the polyclinics. The problem was resolved with the donation of condoms by USAID.

Lessons Learned/Recommendations

The frequent and systematic supervisory visits to support the trained HCPs and polyclinics were a key factor in ensuring the quality and quantity of STI case management. The visits allowed for further discussion and instruction on the implementation of the syndromic approach and proved useful in the sensitization of gynecologists to STI, since most did not consider some cases of vaginal discharge as STI and did not report these cases. In addition, the supervisory visits motivated the HCPs to expand STI care beyond the clinic walls, with one of the unexpected results being the provision of STI care to female inmates in a local prison.

The provision of STI drugs by the Health Secretariat of the Municipality of Santos as part of its counterpart contribution was an essential component of the program. It allowed the project to diagnose and treat the target populations of the other USAID/AIDSCAP-funded projects, such as low-income CSWs, harbor workers and truck drivers, who otherwise may have had difficulties affording the treatment.

While significant improvements in surveillance, data collection, and STI diagnosis and treatment have been made during the life of this project, further improvements can be made in these areas as well as in the quality of STI care and in the partner referral system.

Interventions to address the practice of males seeking STI treatment at pharmacies need to be considered. Training of pharmacists on STI is one approach, but strategies should also be developed to improve male attendance at STI polyclinics. AIDSCAP/Brazil also recommends the implementation of a pilot study, similar to the M-STOP project in Cameroon, whereby STI kits based on the syndromic approach are distributed to men seeking treatment in pharmacies.

Studies are also needed to better identify and understand the factors involved in the decline of reported AIDS cases in Santos.

AIDSCAP/FHI's STI handbook should be translated into more languages for further worldwide distribution, based on the overwhelming response the Portuguese version received by the HCPs and polyclinics.

Budget:		
Estimated AIDSCAP	Counterpart	Verifiable
Expenses	Contribution	Counterpart
•	Agreed	Contribution
239,854	931,816	1,698,323.97

Category	Target	Actual	Percent Achieved
HCP Trained	276	838	303.62 percent
STI Patients Treated	20,000	74,988	374.94 percent
Materials Distributed to STI patients	20,000	137,970	689.85 percent
Materials Distributed to HCP and Polyclinics	NA	9,856	NA
Condoms Distributed	1,000,000	1,392,985	139.30 percent

Prevention and Control of STD in Rio de Janeiro

FCO #s:31445, 51445

Implementing Agency:	Institute for Religious Studies (ISER)	
Date of Subproject:	January 1994 to May 1997	
Target Population:	STI patients and their sexual partners	
Geographical Focus:	Rio de Janeiro	

Background

The Prevention and Control of STIs in Rio de Janeiro project aimed to expand and improve the quality of diagnosis and treatment of STIs within the state of Rio de Janeiro by developing training activities for health care providers (HCPs) and by adopting the syndromic approach model. These activities took place in 24 primary health care facilities, located in 16 municipalities in the state of Rio de Janeiro, covering 8 administrative regions. The sub-project was implemented by the State Health Department of Rio de Janeiro and the Institute of Religious Studies (ISER). This subproject was developed within the context of the action plan proposed by the MOH and the state program. In 1992, the MOH received financial support by the World Bank for a National Project of STI and HIV/AIDS Prevention and Control. This AIDSCAP sub-project was integrated into the World Bank project, adding activities complementary to the MOH program. The activities developed under the AIDSCAP subproject were expanded to another 67 municipalities through the MOH project, which began one year later.

Objectives

- Reduce the rate of HIV/AIDS/STI in 8
 administrative regions of the State of Rio de
 Janeiro.
- Improve STI management and treatment in 16 municipalities through training and supervision of HCPs.
- Reproduce and distribute BCC materials on STI.
- Establish condom distribution through logistical management of condoms and STI drugs.
- Develop and implement a health information system (HIS) in order to improve epidemiological surveillance.

Accomplishments

During the life of project a total of 12 training courses on STI syndromic management were attended by 119 HCPs. Six training courses were replicated at regional and local levels training an additional 516 HCPs working in 90 health clinics. Moreover, 311 HCPs received STI syndromic approach training through the 119 HCPs trained at the central level. Another 177 people were trained in other areas, such as logistics and HIS, in order to support the sub-project. Thus a total of 1,123 HCPs were trained over the life of the project.

A Health Information System (HIS) was implemented and STI surveillance was improved significantly. As a result of the HIS, 12 municipalities sent notification forms regularly during 1995. In 1996 and 1997 all of the project municipalities sent STI case reports. There was a marked improvement in STI notification and reporting during the life of the project due to the HIS implementation. In 1994, only five STI cases were reported; 10,469 STI cases were reported in 1995; and 17,113 STI cases were reported in 1996. In 1997 (January to June) a total of 7,354 STI cases were reported. Similar results were observed with the case reporting of congenital syphilis (from 1994 -1997). In 1994 only 16 cases of congenital syphilis were reported in the state, compared to 311 cases reported in 1997 (January-June).

Constraints

Most of the constraints faced by this sub-project were related to the status of public health care provision in Brazil, such as insufficient supplies, high turn-over of personnel, political changes and lack of infrastructures. For the success of STI case management, it is essential to have available drugs for the treatment of patients. However, this sub-project depended on the MOH for STI drugs which arrived 10 months after the sub-project had started.

Another major problem was the high turn-over of HCPs and their lack motivation to participate in the project. This was particularly true in the case of physicians, since the sub-project involved a one-

week training far from their municipalities. Due to low salaries versus the high cost of living in Brazil, it is common for doctors to have more than one job, and many cannot afford to stop working for an entire week.

Lack of transportation for supervisory visits to the municipalities was also an important constraint during project implementation. This was resolved in September 1995, when a van was bought with MOH/World Bank funds.

Although STI data reporting has increased significantly during the life of the project, this was an important constraint faced by project staff, since the only STIs required by law to be reported to the MOH are AIDS cases and congenital syphilis. There was also some resistance from the HCPs to integrate the STI program into the other existing primary health programs. Thus, one of the goals of the supervisory visits and team meetings was to show the disadvantages of a vertical program.

Evaluation

A pilot study was conducted in 1996 to assess the WHO indicators PI6 and PI7 in the municipality of Santos and the state of Rio de Janeiro. The study utilizing exit interviews with STI patients was conducted by trained interviewers in 12 primary health care centers in Santos (São Paulo) and in 13 health centers in Rio de Janeiro, using a structured, pre-tested questionnaire. A total of 162 patients were interviewed, 20 men and 142 women. Approximately 50 percent of the drugs prescribed were recommended by the MOH, and the syndromic approach treatment was prescribed in 50 percent of the men and in 2.6 percent of the women. Preventive messages concerning partner treatment were reported by the patient in 90 percent of the men, and in 34 percent of the women. Condom promotion was reported by the patient in 80 percent of the male patients, and in 28.2 percent of the female patients. These data reflect the struggle by the HCPs and other opinion leaders to accept the syndromic approach and demonstrate the remaining problems in STI case management, particularly in the diagnosis and treatment of women.

Lessons Learned/Recommendations

The main objective of the prevention program activities was to prevent HIV infection. Preventing STIs effectively prevents HIV. Simple etiological diagnosis and treatment does not offer much in the

way of a prevention program, especially given the current structure of the public health system in Brazil. The syndromic approach to STI management has shown itself to be both viable and pragmatic. The procurement and distribution of STI drugs is costly, but the cost benefit is high. STI management strategies which consider only clinical diagnosis have shown themselves to be ineffective from the public health perspective. The syndromic approach to STI case management, which is based on the detection of clinical symptoms and signs also has its limitations, and should be complemented by methods of identification and treatment of asymptomatic individuals.

The MOH met with a group of STI experts to determine the exact medications to be used for HIV treatment in Brazil, and recommended that medication and condoms should be available in all treatment centers.

A new medical supply system capable of supporting the state health network is being implemented. The new system demonstrates how stock problems resulting from insufficient training can be avoided. Due to training, 100 percent of the municipalities send their stock re-supply requests to the central supply center, which in turn uses these requests to plan the allocation and distribution of medication to health centers. This system allows stock to be distributed as needed, and avoids the problem of depleted stock, allowing medications and condoms to be supplied to clients on a regular basis.

Regular supervision of health centers by trained teams is essential. Continuous direct contact is necessary for supervisors to identify and understand any problems encountered during the admission, diagnosis, explanation of treatment, and counseling of clients. Early detection and correction of difficulties in the system could prevent repeat infections among clients and their partners. The recognition of system limitations allows supervisors to develop solutions and to follow the program guidelines and procedures.

STI prevention activities have been integrated with those provided by the Programa de Assistencia Integral à Saúde da Mulher, Criança e Adolescente (Integrated Health Program for Women, Children and Adolescents). These services were linked due to the fact that 70 percent of STI clients are women who attend gynecology and pre-natal clinics, and because the most serious

health-related consequences tend to occur among women and new-born children.

The current stage of development of the MOH STI program requires the consolidation of monitoring and evaluation mechanisms. The methodology being used within the health centers presupposes the utilization of data via standardized monthly forms (notification of the number of STI cases and management of medications and condoms). Activity reports and reports of meetings with municipal program managers are one way of assessing difficulties occurring at the local level, especially if supervisory visits can only be made on an annual basis. The evaluation study carried out by AIDSCAP in 1996 showed that adapting the methodology in this way can be useful to assess a number of indicators; for example, the client's perception of the quality of care provided, risk assessment and changes in attitude and behavior in relation to relative risk of STI/HIV.

In the health clinics where the sub-project was implemented, STI syndromic management proved to be effective. Regular supervision of the health centers by trained teams is essential. Continuous direct contact is necessary for supervisors to identify and understand any problems that may

occur during the admission, diagnosis, explanation of treatment, and counseling of clients.

Despite the improvement in STI case reporting, efforts in STI case management should continue in Rio de Janeiro as there are still many steps to be taken in order to expand these actions.

The STI programs in Brazil were implemented due to the relevant counterpart contributions from local government that committed resources for the procurement of STI drugs.

In the recent review conducted by the World Bank of the national STI/AIDS Program they decided not to provide resources in the second loan to Brazil for STI drugs. This decision is due to the fact that STI drugs were used to treat other health pathologies at local levels. It is highly recommended that the MOH/World Bank review this position, as addressing STIs are key for HIV/AIDS prevention. In order to meet World Bank requirements, a logistics system should be established. The examples of the AIDSCAP projects implemented for STIs in Santos and Rio de Janeiro should be taken into consideration.

Budget:			
	Estimated AIDSCAP Expenses	Counterpart Contribution	Verifiable Counterpart
	174,137	Ag r eed 382,719	Contribution 404,236.27

Process Indicator Summary

Category	Target	Actual	Percent Achieved
Health Care Facilities trained	24	114	475 percent
Health Care Providers trained	540	946	175 percent
Logistics Personnel trained	NA	177	
Population assisted by trained HCP	NA	2,680,000	al all an up le
STI patients treated	10,000	34,946	349 percent
Congenital syphilis notified	NA	850	The state of the s
Supervisory Visits	34	73	214 percent
BCC Materials Distributed	10,000	106,383	1063 percent
Condoms Distributed	3,000,000	4,552,770	151 percent
Seminars and Meetings	18	12 (+6)**	>100 percent

^{** 12} seminars were developed centrally and at least 6 locally by the multiplier. The process of multiplication is still continuing.

Cohort Study of High-Risk Populations for HIV Infection in Brazil FCO #: 44045

Implementing	Center for AIDS Prevention Studies (CAPS)
Agency:	University of California at San Francisco
Date of Sub-Project:	May 1995 to August 1996
Target Population:	Harbor Workers
Geographical Focus:	Urban Santos

Background

The goal of this sub-project was to decrease the transmission of STI and AIDS among the harbor workers in Santos. The Center for AIDS Prevention Studies (CAPS) of the University of San Francisco California developed the project in collaboration with the Health Secretariat of the Municipality of Santos, and a local NGO, Santos Association for Research and Intervention (ASSPE). The intervention was designed for the harbor workers in Santos following the cohort study design and implemented by CAPS for this population.

Santos is the major port in Latin America and receives hundreds of ships from all over the world and thousands of trucks daily. The port is very large and has approximately 20,000 port workers. Since AIDSCAP was already focusing interventions on CSWs and STI patients in the city, it was important to develop an intervention for harbor workers using the established structure for behavioral research, providing BCC materials, condom access and other HIV/AIDS prevention activities.

Objectives

- Provide educational activities to harbor workers informing them about HIV/STI prevention;
- Improve the harbor workers access to the diagnosis and treatment of STI/AIDS;
- Increase safer sex practices through the easy access of condoms;
- Provide educational opportunities to harbor workers about behavior change;
- Build capacity among the harbor workers in order to continue the intervention in the community.

Accomplishments

The project was developed by a team of six trained health agents who visited the harbor daily working in pairs. Activities consisted of face-toface contacts, safer sex "demonstrations", workshops, video debates, counseling and referrals for STI treatments, and distribution of condoms and BCC materials. Other activities planned included selection, recruitment and training of health professionals and weekly supervision of health agents. Contacts were made with the local health system to ensure that harbor workers had access to STI diagnosis and treatment. Four training courses were conducted for peer educators and a total of 56 harbor workers were trained in a 12-hour training. These peer educators had no special assignment in the project but to gave institutional support to the project activities.

Evaluation

A Cohort Study among Harbor Workers was conducted by CAPS/UCSF and ASSPE (FCO# 44045) from January 1994 to August 1996. A total of 601 male harbor workers aged between 25 and 55 were randomly selected and invited to participate in the study. Interviews and blood samples were collected for 395 men in the first wave and 394 in the second wave. The study population was randomly selected from the Santos Port Authority harbor workers. These men are relatively stable harbor workers; most of them are married and have families. In the baseline of 1994. 1.1 percent were found to be positive for HIV, 2.2 percent were positive for syphilis and 38 percent reported a history of STIs. After one year no one became HIV positive, however six men (1.5 percent) became positive for syphilis.

The knowledge about HIV transmission was high (HIV can be transmitted by needle sharing - 98 percent, sex intercourse without condom - 97 percent, and only homosexuals are in risk of AIDS - 93 percent). Ninety-one percent reported that

condoms were never used with their regular partner. Twenty-six percent reported having had more than one sexual partner in the past year, and only 42 percent of those reported consistent condom use during vaginal sexual intercourse, and 7 percent during anal intercourse.

After one year, the proportion of men with more than 1 partner remained the same (26 percent). However the proportion of men who never use condoms with regular partners was reduced to 55 percent and qualitative studies suggest that these workers have a low-risk perception. Due to their work environment, they believe themselves to be very powerful and not vulnerable to diseases, including AIDS.

Constraints

- Project resources were limited, health agent salaries were low and the work was conducted in the harbor which is not a very safe place.
- Santos Harbor is large and the health agents had to walk long distances due to the lack of a transportation system within the harbor. A small budget was allocated for transportation and partially solved the problem.
- There were changes in the organization of the companies in the harbor. The process of modernization included the privatization of one of largest company belonging to the state,

- the CODESP, and generated job instabilities and insecurity for the workers.
- Life of project was very short compared to the needs of this population.

Lessons Learned/Recommendations

- Planning and mapping intervention areas are crucial for the development of education, especially in a large area such as the Santos harbor.
- Institutional support of local authority as well as of the local health system were fundamental for the development of activities.
- Knowledge and respect of the target populations' habits, culture and language is essential to tailor appropriate BCC messages.
- Clear definition of indicators as well as daily recording of activities is important to conduct interventions with successful, measurable results.

This was the first large intervention project developed for harbor workers in Brazil and the lessons learned as well as intervention techniques created an important model for the country.

Considering the increase of AIDS among women, it is crucial to foster intervention programs for married men.

Estimated AIDSCAP	Counterpart	Verifiable
Expenses	Contribution	Counterpart
•	Agreed	Contribution
609,789	0	0
		Expenses Contribution Agreed

Activities	Total
Contacts made with harbor workers	34,483
Harbor worker counseled	3,788
STI referral	351
Face-to-face intervention	34,578
BCC Materials Distributed	40,685
Health agents trained	6
Peer educators trained	56
People attended safer sex workshop	1,123

d. Adolescents PVO

AIDS Prevention and (STI treatment) among Street Children and Low-Income Youth in Rio de Janeiro

FCO =: 50045

Implementing Agency:	Childhope	
Date of Sub-Project:	January 1994 to May 1997	
Target Population:	Low-Income Youth	
Geographical Focus:	Urban Rio de Janeiro	

Background

Rio de Janeiro State is the second most affected by the AIDS epidemic in Brazil with a total number of 15,092 cases in 1996, and the city of Rio Janeiro has 64 percent of the AIDS cases in the state. Analysis of the epidemiological data shows that the most affected age group is between 25 to 44 years old. Considering the long incubation period of HIV infection, it is probable that many were infected during adolescence. This sub-project was designed by Childhope-New York, a US based PVO, in collaboration with Childhope-Brazil. Childhope-Brazil worked in close collaboration with the Adolescent Health Clinic (UCA) which is now called NESA, and is a nucleus of study of the State University of Rio de Janeiro (UERJ).

Objectives

The goal of the project was to stabilize or reduce HIV/STI prevalence among low-income youth in Rio de Janeiro. Its purpose was to decrease highrisk sexual behavior among youth in favela and street youth in target areas of Rio de Janeiro by providing AIDS education, STI information, diagnosis and treatment and general health services.

Accomplishments

This sub-project focused on activities among poor adolescents living in slums, shelters and streets in the city of Rio de Janeiro, where violence and drug trafficking are daily threats.

In conjunction with the target population, project coordinators decided to call this sub-project *Projeto Papos*, which roughly translates as the "Chat project". During the life of the project, a total of 108,971 adolescents were reached by project teams, street educators or teachers trained through a series of educational activities such as group

discussion, face-to-face interventions, safer sex workshops, video presentations, theater presentations, lectures, context participation, brochures, pamphlets, newsletters and other materials. In addition, adolescents were diagnosed, treated and counseled on STI, a condom distribution program was developed and special events were promoted.

Educational interventions for adolescents were developed following a holistic approach in which human sexuality, reproductive health and rights, exercise of citizenship, self-esteem, and human rights were discussed. All these subjects were very important to be addressed because of life conditions of adolescents living in slum areas, streets and shelters of Rio de Janeiro. A broad understanding of the environment was essential for the project team to understand and design proper intervention activities. The project developed participatory and dynamic activities which are very much appreciated and interesting for young people and therefore more enjoyable and effective.

Evaluation

A total of two quantitative studies and one qualitative were conducted during the life of the project. Data showed that the perception of the existence of AIDS increased from 93.4 percent to 99.0 percent (p<0.01). Condom use was the preventive means more frequently cited to prevent HIV transmission (94.6 percent among females and 96.2 percent among males). Among the sexually active adolescents there was an insignificant increase in risk perception of getting infected among the males (57.1 percent to 70.6 percent). Sexually active females no change was found in risk perception between the two studies (64.5 to 66.7 percent). The proportion of adolescents who reported consistent condom use increased from 25 percent (20/80) to 40.4 percent

(23/57) among girls and 40.4 percent (23/57) to 76.5 percent (52/68) among boys (p<0.0001 for both genders). The use of condoms in the last sexual intercourse increased from 30.4 to 38.7 percent among females and 50.0 to 57.6 percent among males. There was a decrease in STI occurrence in both sexes: 12.5 (10/80) to 4.5 percent (3/67) among female and 13.8 percent (5/58) to 5.9 percent (4/68) among male adolescents (p<0.05 for both genders). Data on children recruited through the residential shelter showed that 80 percent of adolescents identified at least two prevention strategies and there was 100 percent increase in reported condom use during last intercourse.

Constraints

Administrative Changes: Changes in the administrative staff delayed project start which shortened the life of the project affecting its results.

Condom distribution: There were different positions among the school heads regarding condom distribution. Many were resistant to have condoms distributed arguing about the legality of this procedure and concerned about parents' complaints.

Strikes: During the life of the project there were several strikes affecting school classes and project planning and schedule.

Violence: Situation of violence related to the drug traffic wars interrupted project activities many times. The situation of vulnerability the adolescents faced due to drug traffic also affected their participation in the project activities.

Non-Approval of the COAS: The unexpected non-approval of the Anonymous HIV Testing Center (COAS) has affected project results since some goals could not be reached.

Lessons Learned/Recommendations

The development of a partnership with governmental organizations produced important results. It facilitated the accomplishment of tasks through institutional support and sensitized heads of programs to the needs of the target population.

Working with teachers and community leaders is an important strategy to reach young people. Training must emphasize life conditions of lowincome youth and their needs. In addition, the use of peer educators to reach target populations is also an important strategy to reach young people.

Since young people are still learning about their sexuality they want further information and orientation on the subject and not only about STI/AIDS prevention. The challenge seems to include such messages within educational activities meeting the needs and interests of the youth.

Although youth have a high level of knowledge about HIV/AIDS, believe that HIV/AIDS exists, that condoms are effective and have a high-risk perception, the increase of condom use was found relatively low but significant. This suggests that there are influences of social forces especially sexual scripts. In fact, gender inequality concerning condom use and sex negotiation is a major finding of the qualitative study. This showed that there is clear and conservative sex double standards among teenagers. In addition, the notion of sex as uncontrollable and the image of the passionate short-term encounter are pervasive among young people. This idea fits into both gender scripts, which certainly influence the attitudes and behavior related to STI/AIDS prevention.

Sexual activity was found as irregular and associated with specific social events - such as parties and rap dance - where drug and alcohol are used to encourage loss of control. There is a need to discuss drug use, sexual abuse and sexual coercion. Sexual coercion may also complicate the ability to negotiate sexual relationships, to communicate to partners and to feel one has control over his/her body.

Given that traditional classroom-based AIDS education - which tends to be information-based instead of values or feeling-based - seems to have no impact either to level of knowledge about AIDS or condom use, alternative methodologies should be considered.

The lack of clear and specific laws regarding condom use by adolescents hinders the discussion of HIV/AIDS prevention, especially in schools.

Budget:	Estimated AIDSCAP Expenses	Counterpart Contribution Agreed	Verifiable Counterpart Contribution	
	305,122	922,825	0	

Category	Target	Actual	Percent Achieved
STI patients treated	3,000	275	9,16 percent
Adolescents trained as peer educators	30	49	163 percent
Adolescents registered at Condom Program	NA	432	1 .
Adolescents counseled on STI	3,000	1,010	33.7 percent
Street educators trained	180	185	103 percent
Adolescents reached directly through educators	1,800	3,938	219 percent
Teachers and community leaders trained	540	585	108 percent
Adolescents and young adults reached by teachers	1,800	100,800	5,600 percent
Adolescents at theater presentations	NA	1,500	
Adolescents at special events	NA	1,016	-
Teachers who participated at theater presentations	NA	150	-
Total condoms distributed	30,000	30,020	100 percent
Total IEC materials produced and distributed	1,400	19,000	135 percent

2. Support Areas

a. Brazil Condom Social Marketing Project

FCO #: 22447, 42447, 52446

Implementing Agency:	Population Services International/DKT
	do Brasil
Date of Sub-Projects:	July 1993 to April 1995
	October 1995 to March 1996
	October 1996 to March 1997
Target Population:	Low-income populations and AIDSCAP
And Think I was by his	target populations
Geographical Focus:	Country Wide

Background

The Brazil Condom Social Marketing Project was implemented by DKT do Brasil, a legally established entity in Brazil and affiliate of Population Services International, to increase the direct availability of affordably priced condoms to target populations and to promote the regular and correct use of condoms to reduce the sexual transmission of HIV/STI. This project was funded under a series of four Task Orders.

Objectives

- Increase access to condoms to low-income populations and AIDSCAP target populations in several Brazilian regions.
- Promote regular and correct use of condoms.
- Collaborate for the decrease of STI/HIV transmission through condom use.

Accomplishments

1. Expand PRUDENCE Sales and Distribution Network

Prudence cumulative sales from July 1993 through May 1997 were 71,550,339 units — of which 45,792,200 were in the AIDSCAP target areas of São Paulo, Rio de Janeiro and the Northeast. This represented 64 percent of total country volume. AIDSCAP research indicates that where Prudence is present it outsells the market leader Jontex. In

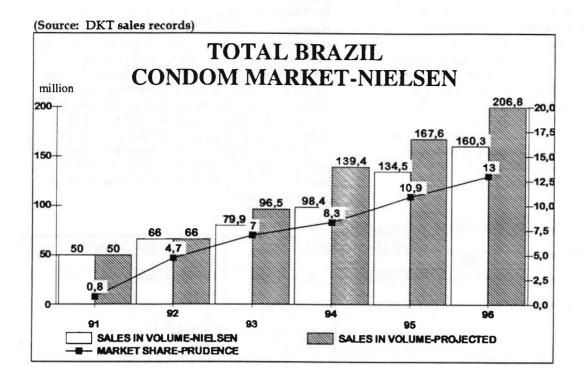
addition, AIDSCAP research, supported by Nielsen and Ministry of Health surveys, confirms that Prudence is the lowest-priced brand on the market.

Number of retail outlets selling Prudence as of May 1997:

	Brazil	AIDSCAP Target Areas
Drugstores	19,039	10,810
Food Stores	8,723	5,066
Non-traditional	2,000	1,200
(includes motels, bars, etc.)		
Total	29,762	17,076

(Source: Nielsen audit reports and DKT sales records)

As depicted in the graph below, the total condom market grew four fold from the time Prudence condoms were introduced. The aggressive introduction of the socially marketed brand forced local producers to respond to competition for the first time, thus increasing the number of promotional activities for condoms. This coincided with an increase in government spending for condom promotion and AIDS education. The total effort helped increase awareness of AIDS and prevention methods, leading to increased consumer use of the product.



2. Promote AIDS prevention and PRUDENCE brand condoms:

<u>Television</u>: A total of 6,000 15-second TV spots were aired with two themes: *Lifesavers* – which showed a circular flotation device on the side of a cruise ship that dissolved into a condom; and *Weekend* – which showed the things to pack for a weekend, including condoms. These same spots were also aired in select cinema theaters 4,000 times in São Paulo in the lower-income neighborhoods.

<u>Billboards</u>: The above-mentioned TV advertisements were also aired on backlit billboards for 15 days on the principal avenues of São Paulo in 1995.

Radio: A total of 3,400 spots were aired under the theme "True Act of Love" which were 15-second depictions of slices of romantic life.

Event Marketing: Due to the high cost of media advertising, Prudence switched to sponsorship of major events such as Carnival, and minor fairs (School, Post-Carnival, Discotheque). Starting in 1995, this became the major advertising effort for the brand.

<u>IEC and Promotional Materials</u>: A variety of promotional materials were developed, depending upon the event or activity.

3. Collaboration With NGOs:

Crucial to the marketing efforts and success of Prudence has been the collaboration with NGOs. This effort was begun in 1995 and intensified over the past two years. A total of 63 NGOs, of which 41 are in AIDSCAP target areas, have collaborated with the social marketing project on a national basis. The NGOs allowed Prudence to directly access target groups such as homosexuals, commercial sex workers, transport workers, and students, creating a low-cost vehicle for sampling operations. Prudence is now the most sought-after brand for collaboration with samba schools, radio stations, universities, and other NGOs.

Three exemplary examples of NGO collaboration are:

- APTA-BARONG: Together with AIDSCAP, Prudence sponsored this NGO which set up a mobile bar promoting condoms and safe-sex behavior, as well as other means of AIDS and STI prevention in the beaches and parks of São Paulo state.
- CENTRO CORSINI: This Campinas-based AIDS prevention center operates an AIDS hot-

- line and also serves as the consumer center for information for Prudence. AIDSCAP and Prudence jointly sponsored this activity.
- ARCO IRIS: Although this NGO does not work in the AIDSCAP target areas but rather in Brasilia, this is a good example of a group working with a target segment. This NGO works the satellite cities populated by the lower-income population of the area.
 Working out of a van loaned by Prudence, this group sets up in a central area and begins disseminating AIDS information and sells condoms at an affordable price.

DKT do Brasil helped with a seminar sponsored by USAID and organized by Partners of the Americas in 1996, with the objective to train NGOs in social marketing. The DKT management group presented its project and expounded on the principles of social marketing. Unfortunately, as NGOs have to register as a commercial entity in order to engage in active selling of condoms, the social marketing activity is difficult to extend to these groups. As a result, these NGOs work in collaboration with DKT to provide their target populations with low-cost condoms and AIDS information, and jointly engage in activities that promote condom use.

List of Collaborating NGOs at AIDSCAP Target Areas

SÃO PAULO	RIO DE JANEIRO	NORTHEAST
APTA-BARONG	ABIA	APA
CASA SOL	ATOBA - MOV.HOMOSSEXUAIS	APRA - ASSOC. PREV. REF. AIDS
CENTRO CORSINI	CENTRO SOCIAL ARRAIAL DO CABO	CENTRO CRIANÇA ADOLESCENTE
CEPEO	CONFEDERAÇÃO DAS MULHERES	СЕРЕО
COL.FEMINISTA LÉSBICAS	ISER	CONGRESSO EPIDEM. AIDSCAP
CRI – ASSOC. CRIANÇA QUERIDA	FED. ASSOCIAÇÃO AS MULHERES	FORUM AIDS
GTPOS	FUNDAÇÃO BIO RIO	FUND. DESENVOLVIMENTO COMUNITÁRIO
GAPA	GRUPO DA VIDA	GAPA
MAPA	GRUPO PELA VIDDA	GRUPO DIALOGAY
OGBAN	SESI	GRUPO GAY (Bahia)
S.O.S. ADOLESCENTE	SOC. BENEF. SÃO CAMILO	GRUPO GAY (Pernambuco)
CEMINA	SOC. EST. DROGADIÇÃO	JICA
SESI	UNIVERS. FEDERAL DO RIO DE JANEIRO	KIYOSHI/FICA
		MARIA AMÉRICA DA CRUZ
		RAPRA - ESSOR
TOTAL = 13	TOTAL = 13	TOTAL = 15

OTHER REGIONS OF BRAZIL
AMAVIDA (Amazonas)
ASSOCIAÇÃO CIDADANIA PLENA (Paraná)
CENTRO MED. PREV. MULHER (Goias)
ESSOR (Pará)
FUNAI (Paraná)
FUND. MUNICIPAL ITUMBIARA (Minas Gerais)
FUNDAÇÃO AÇORIANA (Santa Catarina)
FUNDAÇÃO ESPERANÇA (Pará)
GAPA (Minas Gerais)
GAPA (Rio Grande do Sul)
GEMPAC (Pará)
GRUPO AMOR E VIDA (Goias)
GRUPO ARCO IRIS (Brasilia)
GRUPO DIGNIDADE (Paraná)

GRUPO E A VIDA CONTINUA (Minas Gerais)
GRUPO PELA VIDA (Paraná)
GRUPO SOLIDARIEDADE (Minas Gerais)
GRUPO VHIVER (Minas Gerais)
I.D.T.V. ALFREDO MATTA (Amazonas)
LAR ESPIRITA (Minas Gerais)
MULHER SAUDE (Minas Gerais)
UNIVERSIDADE FEDERAL MINAS GERAIS
(Minas Gerais)
TOTAL = 22

Total NGOS collaborating with CSM in Brazil = 63 **Constraints**

 Condom quality regulations constitute a nontariff barrier for importers.

- Pre-collection of ICMS taxes and the taxation system itself increases the cost of doing business and forces up the cost of the product. It is estimated that 46 percent of the cost of a condom is composed of the various taxes.
- Well-meaning but uninformed consumer defense groups add unnecessary and ultimately harmful pressure onto regulatory agencies to further restrict condom imports. The recent condom quality controversy initiated by the consumer defense group, IDEC, agitated the regulatory agency, INMETRO, to impose stricter in-country lot testing on all imported condoms, even those that were granted the ISO 9002 certification that, in theory, would have exempted these condoms from the required tests. IDEC commissioned tests based on unknown criteria, using erroneous sampling and testing methods, all contrary to ISO and Brazilian standards. Yet these were given credence by INMETRO. These actions severely limited imports over the following months, and precluded importers from participating in bids and regular selling, thus granting market opportunities to the higher-priced national brands. For the importers, and for Prudence, funds had to be invested to assure the consuming public of the brands' quality and integrity, thus routing resources away from productive educational uses.
- High costs of advertising in electronic media prevents a more aggressive and widespread effort to educate the public about AIDS and STIs. For example, the cost of a 30-second prime-time spot on network TV is 65,000 USD.
- Social charges double the cost of hiring personnel, limiting the scope of activities in all areas of operations. For every \$1.00 in salary, the social charges are equivalent to \$1.06.

Capacity Building

During April 1994, DKT do Brazil conducted a workshop on Condom Social Marketing for NGOs and governmental organizations from AIDSCAP geographic areas. The meeting discussed the basic concepts of condom social marketing and successful pilot experiences with NGOs in Brazil. Furthermore, the legal aspects of establishing a condom social marketing operation at the NGO level was also discussed with the technical assistance of a Brazilian lawyer.

In addition, issues related to the norms and regulations related to the quality control of

condoms were also discussed. During the life of the project DKT do Brazil local staff provided ongoing assistance to NGOs to build their capacity in the development of CSM. In collaboration with AIDSCAP/Brazil a team of promoters was trained to develop activities on HIV/AIDS/STI prevention during special events. Field research protocol to evaluate the access of condoms at AIDSCAP geographic target areas was developed in close collaboration with AIDSCAP/Brazil. The results were analyzed and discussed to generate a rich and valid experience with relevant exchange of expertise between research teams and DKT do Brazil.

Lessons Learned/Recommendations

Because of high advertising costs, alternative channels for promoting condom use must be tapped. The most effective of these alternative channels has been local NGOs. DKT do Brasil works with over 40 NGOs countrywide, providing them with low-cost condoms and educational and promotional material. Samples are also given that allow the product to be promoted directly to those practicing high-risk behaviors. Sponsoring NGO activities allows for one-on-one interventions, and goodwill on the part of the various municipalities where the NGOs work.

Again, because of limited advertising funds, care must be exercised in choosing the promotional channels. Apart from the NGOs, sponsorship of special events, called "event marketing" has turned out to be effective for social marketing. During Carnival, DKT do Brasil sponsors several "samba schools" that parade in front of a multitude of spectators, drawing attention to the product. Although some research maintains that condom promotion during Carnival is a waste as samples get used like balloons, the objective of the activity is to draw attention to the product, its use and advantages. For example, Coca-Cola consumption does not necessarily increase during the Olympic Games it sponsors, but the after effect of product awareness is priceless. With the sponsorship of special events by Prudence condoms, they have become the third largest brand in the Brazilian market.

Sponsorship of special events should not be limited to big spectacles. Radio stations periodically sponsor dance nights at discos, and access to groups at the earlier stages of sexually-active life is obtained. Fairs at various schools provide the opportunity to promote AIDS prevention among the younger populations.

It is important to show strength and defend the product in the face of unjustified attacks by regulatory agencies. With the recent condom quality controversy that resulted in the tightening of regulations on imported condoms, the regulatory agency, INMETRO, was trying to show the public that it was in the forefront of protecting the consumer. However, the actions taken, primarily requiring in-country lot-testing of condoms from international factories duly accredited by INMETRO itself, served only to promote the interests of the local producers, and not to enhance safety. Furthermore, the consequences could have been less imports, thereby reducing product availability, and price

increases on the part of the local brands, thus putting condoms out of the reach of low-income consumers. This would have led to an overall decline in protection for the Brazilian public. The fact that this did not occur was a result of DKT do Brasil's resolve to go to court and obtain an injunction against the new regulations, citing unfairness, unconstitutionality vis-à-vis Brazilian law, and the ineffectiveness of the new regulations regarding overall consumer protection. In essence, DKT do Brasil has served notice to the regulatory agencies that their actions must be based on the law, and not on the capriciousness of individual regulators.

Budget:			
	Estimated AIDSCAP	Counterpart	Verifiable
	Expenses	Contribution	Counterpart
		Agreed	Contribution
	1,090,791	680,000	2,227,345

b. Logistics Management FCO #: 42448

Implementing Agency:	John Snow Incorporated (JSI)
Date of Sub-Project:	April 1993 to November 1996

Background

The AIDSCAP logistics and management plan in Brazil was designed to support AIDSCAP interventions in target geographic areas to improve the logistics system, condom supplies and STI pharmaceuticals supplies. The main objectives were to increase the availability and accessibility of pharmaceuticals and condoms through improved logistics management within the public health system. The majority of prevention and treatment efforts, including government programs and NGO- and communitybased interventions, rely on the public health system for STI and AIDS medications as well as condoms for free distribution. At the beginning of the AIDSCAP project the lack of essential commodities was a grave impediment to controlling the AIDS epidemic, especially in the target geographic areas. The logistics management component of the project was a multi-year collaboration of the government of Brazil, John Snow Incorporated (JSI) and AIDSCAP.

In addition, developing condom requirement estimates within the policy planning cycle was essential for National AIDS/STI Prevention Programs. The practices of condom requirement estimation and procurement included a review of condom requirement estimation methods. Furthermore, AIDSCAP assisted during three years the State Department of Health in Rio de Janeiro and São Paulo establishing and improving logistics cycles and management systems for essential commodities such as condoms, pharmaceuticals, and test kits for AIDS prevention and STI control efforts.

Strategy

The analysis of the logistic system found that condom requirements were often considered too late in the policy-planning cycle to assure an adequate condom supply. In addition, comparison data from most condom requirement estimation models showed a tendency to underestimate condom needs of population segments at high risk of HIV and overestimate the general population's demand for condoms. Two practical models were

developed for use by national HIV/STI program planners:

1. Policy Planning Model — integrating condom requirements and procurement cycles; and 2. Forecasting Condom Requirements Estimation Model (FOCUS) — a sensitive and reliable measurement of population segment differences in condom acceptance and use.

The management of logistics-essential commodities included a four-part strategy: a) The creation of an Essential Commodities Distribution System (ECDS) integrated vertically in the public health system under the control of AIDS Division Directors; b) implementation of an essential commodities management information system to control inventory and evaluate results; c) identification and training of AIDS Division Logistics Coordinators; and d) technical support for the public health system, forecasting, health planning and procurements of condoms and other essential commodities.

Results

After three years of activities the logistics management achieved the following results:

An in-depth operational field review survey in the State of São Paulo and Rio de Janeiro provided recommendations to improve logistics management systems in target geographic areas.

- Installed FOCUS 2.0 and trained staff on its use.
- Completed five-year commodity condom forecasting in São Paulo, Rio de Janeiro and Santos.
- Completed five-year commodity forecasting for STI pharmaceuticals in São Paulo and Rio de Janeiro.
- Establishment of the logistics positions of a HIV/AIDS/STI Logistics Coordinator in São Paulo and Rio de Janeiro.
- Establishment of an HIV/AIDS/STI logistics unit in São Paulo as part of the AIDS state program.

- Designed and tested logistics data collection forms which have been adopted as State of São Paulo and Rio de Janeiro Official Forms.
- Trained 5 Logistics Coordinators in the US (two from at Federal level, one from São Paulo and two from Rio de Janeiro) during one month.
- Designed, developed and installed the software prototype ECMIS and tested the commodity tracking system.
- Adjusted ECMIS after testing per counterparts request in target geographic areas.
- Developed a list of essential drugs for STIs and AIDS.
- Reviewed warehousing conditions, transportation, staffing, stock management, and procurement procedures in São Paulo, Rio de Janeiro and Santos.
- Developed a training curriculum for condom storage, inventory control and ECMIS.
- Donated computers, printers and software to the State Department of Health in São Paulo, Rio de Janeiro and MOH.
- Trained logistics personnel in the use of ECMIS data entry and management.
- Developed essential distribution outlets (EDOS) list in the States of São Paulo and Rio de Janeiro.
- Conducted training on logistics management for 262 professionals in São Paulo, Rio de Janeiro and Brasilia.

Sustainability

Logistics sustainability depends upon complex political decisions at the federal level regarding the overall logistics management of HIV/AIDS/STIs drugs and condoms in Brazil. Up to now the States depend upon federal decisions for shipment of commodities and there is no logistics coordinator at the federal level for HIV/AIDS prevention.

Constraints

The main constraint in the logistic component was the ECMIS technology which was not appropriately transferred by JSI. Constant problems with the software which could not be fixed in Brazil made AIDSCAP opt for another software created at the country office. This latter can be easily supervised and technical assistance can be given in-country.

Considering the size of the country and the profound federal problems with logistics it is clear that logistics needs are beyond the scope of work of this project and depends upon complex decisions at federal levels for the proper implementation of this area in Brazil.

Another constraint in the logistics areas was that Brazil did not adopt the ISO 4074 for the control of quality of condoms and the Logistics Training Manual was not translated to Portuguese.

Budget:			
	Estimated AIDSCAP	Counterpart	Verifiable
	Expenses	Contribution	Counterpart
		Agreed	Contribution
	452,851	0	0

c. The Female Condom Study

The Female Condom As a Woman Controlled Protective Method FCO #: 54047

Implementing Agency:	Women, Children, Citizenship and	
Date of Sub-Project:	Health	
Target Population:	October 1995 to January 1997	
Geographic Focus:	Urban Women	
Geographic Focus:	São Paulo	

Background

This study, carried out in Kenya and in Brazil, was designed by AIDSCAP Women's Initiative and focused on women as the condom user. The study was conducted by the Institute of Health of São Paulo State Health Department and the NGO MCCS (Women, Child, Citizenship and Health) with technical assistance from AIDSCAP/Brazil.

Objectives

The main objectives of the study were to:

- identify factors affecting use and non-use of the female condom;
- determine ways in which introduction of the female condom affects women's ability to negotiate protection against HIV and others STIs; and
- explore the role of peer groups in sustaining the use of the female condom.

These objectives were to be achieved through:
a) determining the range and the type of women's protective strategies;

- b) assessing women's perceptions of the female condom as a protective device;
- c) exploring the impact of the female condom on male-female sexual relationships;
- d) assessing the strategies and practices to facilitate a user's ability to negotiate use and to act on her sexual choices.

Methodology

Urban women, sexually active, aged between 18 and 40, willing to not get pregnant and aware of HIV/AIDS transmission were recruited through women's organizations, community leaders and media sources to participate in the study. Women

were alerted about the study by the media and through contact with institutions responsible for delivering health care to women and STI/AIDS patients. These also included university facilities and twenty Women and AIDS Prevention NGOs. In the process, members of the research team were interviewed on the female condom for TV and articles, several of which were published in newspapers and magazines. Forty-seven recruitment meetings were held with the participation of almost 400 women. All women who received a box of female condoms for a trial period were invited to return to a selection meeting, some two to four weeks later. Quantitative and qualitative methodologies were used for data collection.

Data was collected through initial and final exit interviews, two focus group discussions and two intervening peer group meetings with all of the women and a focus group discussion with consenting male partners. These data revealed factors of use and non-use, male and female perceptions of the female condom, and any changes in the nature of the sexual relationship that occurred as a result of the introduction of the device.

Women were categorized into age groups of 18-24 and 25-40, as well as high and low socio-economic status. Eight women's groups were formed of women who met these criteria and self-selected to enroll in the study.

Individual interview and focus group discussions were the primary mechanisms of data collection. Two focus group discussions were held, one at the beginning (FGD1) and the second near the end (FGD2) of data collection. All sessions were taped and recorded. Two peer support group discussions (PSG1 and PSG2) were held between FGD1 and FGD2. These served as support for the

participants as they practiced use of the female condom. Initial and final interviews using a structured questionnaire collected demographic individual data and women's perceptions and experiences with the female condom. Each woman was given a coital log and a daily diary on which to register each sexual encounter and the means of protection adopted by the couple, i.e., male condom, female condom, other barrier method, withdrawal, or no method.

Results

A total of 394 women took female condoms for a trial, out of which 298 filled the self-answered recruitment form. Some 126 women (32 percent of the recruited) attended the selection meetings, but 11 did not meet the inclusion criteria. The 115 women eligible for the study (91 percent of those attending the decision meetings) answered the initial interview, and were allocated and scheduled for any of the eight study groups.

Women who had by the end of the project participated in at least one group session were considered included in the study (N = 103). Ninety-six women (93 percent) out of 103 answered the final individual interview. Activities to supplement the primary data compiled on the participating women were developed. One male coordinator and one male observer conducted three meetings involving 24 men.

In general, the coital log was adequately filled. Women less literate had greater difficulty, mostly in registering the day of the month. The lesser compliance to the instrument occurred in the younger, higher socio-economic status group, and 28 women did not return their diaries. Among the 103 participants the average age was 26.6 years and average education was 10.4 years. Ninety-four percent reported having a steady partner. Eightysix percent of the women had only one sexual partner in the last 3 months. Forty-four percent were in the lower social classes. Seventy percent were white and 15 percent black; the others were mulattos. Most of the women (77 percent) work in paid activities and 17 women were temporarily unemployed.

Prevention Strategies

(i) Use of Method

All women who were at the recruitment meeting were already using contraception: 28 percent used the pill, 51 percent used the male condom, and about 11 percent used other methods (such as IUD,

diaphragm, injectables or withdrawal). About 7 percent of women had a tubal ligation or the partner had a vasectomy. The male condom had already been tried by 98 percent of the women. About 9 percent of women used other contraceptives, such as the pill and the Ogino-Knauss associated to the male condom. All participants were asked about their familiarity of male condom use and in the month prior to the study, 43 percent reported they had always used condoms with the main partner, 16.5 percent reported they had almost always used condoms, 9 percent reported that they sometimes used condoms. Thirty-two percent reported they did not use condoms at all. The use of barrier method was related to the desire to avoid pregnancy by 34.5 percent of the women. By 52.5 percent it was also associated with the need for protection against STI/AIDS. Only 9 percent reported the use of condoms solely as STI/HIV protection.

(ii) Safer Sex Negotiation

The initial interview showed that STI and AIDS had been discussed with their partners before the project started. The majority of women (at least 60 percent) approached the issue directly within the relationship, 23 percent reported having talked about it with their partner when the issue was featured in the media or about cases that happened in their community or at their workplaces. It is important to underline that AIDS was the theme of the dialogue for 81 percent of the women and their partners.

Condom Use

The majority of the women (88) reported they negotiate the use of condoms with their main partners while a minority (7) only considered condom use for possible extra-marital relationships. Sixteen percent considered the condoms as an integral part of their sexual lives, and as a requirement for intercourse. However, for most of the women, the use of condoms is very recent. About 58 percent reported they were using condoms for the last year or less.

Group discussion showed that the way the female condom was proposed within relationships varied. Proposals, invitations and 'non-verbal seduction games' are some of the strategies adopted, in the perspective that the 'power of seduction' is the most efficacious feminine argument, especially for married women or those who have affectionate links with their partners. Some preferred to introduce the condom in a more

direct way, although still through negotiation. Another strategy reported was to present it as a novelty, something erotic and not relating the female condom to STI/AIDS or to protection.

The negotiation under the form of demanding the use of condoms as a requirement for intercourse appears when the partners were recent, eventual, or when there was a second partner. For some younger women, it was difficult to introduce the idea of any kind of protection, since it might connote suspicion of his unfaithfulness, or a confession of her own. Some women had bad experiences of negotiating the condom, and the female condom appears as an alternative to negotiate from a more empowered position.

The participants considered that women are achieving similar positions as men in the areas of education and work, which is a perception compatible with the population trends. The younger and more affluent considered this 'equality' universal, while all of the less affluent participants gave hints that more effort is socially and culturally demanded of women. This difference suggests that greater economic resources minimize gender difficulties. Men are perceived as pleasure-seekers who can afford sex without commitment and without considering the possible moral and physical consequences of sex. Younger women of lower socio-economic status are those who stated most sharply the differences in consequence of men and women. All of them realized that the exercise of sexuality for women is socially sanctioned by love even though they stated that the access to a sexual life is an important source of freedom for women. Even the younger women of higher socio-economic status who feel themselves more 'equal' to men, feel that women are educated to fulfill a more passive and submissive role. Yet despite this role, the responsibility for seeking information about sexuality is the woman's, according to the participants. Women are the vehicles of information for men who supposedly have more taboos restricting talk about sex and their own anatomy.

To identify factors that determine the disposition and intention to adopt protection practices, the following variables were considered: the concern with AIDS; the need to use protection against HIV; and the use of condoms in the last intercourse. The association of these variables with age, socioeconomic status, years of education, marital status, knowledge about AIDS, definition of intercourse

and the importance of sex in their lives were explored.

No significant association was found between these indicators and socio-economic status, age, education and their basic knowledge about AIDS. However, there is an association between level of concern about AIDS and the way the women feel about and define their sexual encounters. Those that define sex solely as the expression of affection show a lesser concern about AIDS.

The feminine efficacy in obtaining protection for contraception and against STI/AIDS is elaborated from ambiguous parameters, given the fact that even the use of the female condom will depend on the agreement of the partner. Coexisting in the same woman can be traditional role standards and the need for love in a sexual relationship, and the need to control her body and make choices about her sexuality.

The feeling of 'empowerment' was reported by some of the women, although for the majority it is the partner's opinion that is going to stimulate or interrupt the use of the female condom. Especially the younger women of lower socio-economic status and but with a high level of cultural sophistication for their class/age, that referred to the female condom as belonging to them — they showed great enthusiasm with the idea of an instrument that would allow them to decide about the prevention of STI/AIDS and unwanted pregnancy. They stimulated one another to notice the gender contradictions present in daily life, and mainly in negotiations to use the female condom.

The majority of women (70 percent) have basic and general information about STI and AIDS, but their information about HIV and its mode of transmission is more frequent than other STIs. About 30 percent have equivocal information. Previous experience of STI is denied by 85.5 percent although only 28 percent reported never having vaginal discharge or itching. Those who reported a discharge did not consider the episode as a STI, even when their partners also underwent some treatment. The majority of those that reported complaints or symptoms (63.5 percent) could not specify or did not learn the diagnosis, maybe because the health professionals who treated them diminished its importance, reinforcing the idea that these discharges are commonplace and normal.

When asked about their potential risk for STI and HIV, 84.5 percent reported a great need to use

protection against HIV, 78.6 percent reported great concern of acquiring STI and 78 percent of acquiring HIV/AIDS. Only 15 percent and 13 percent respectively thought that they have a great risk. Probably this is related to the conception of AIDS in a society which views it as a disease affecting only various 'risk groups' (prostitutes, the promiscuous, homosexuals, IDUs, etc.) with whom women do not want to be identified.

(i) Perception of the risk for AIDS

A more refined perception of risk appears in women who, regardless of their social class or age, presented life histories that linked sexual experiences to STI or unwanted pregnancies. They expressed that their interest in the female condom is more related to curiosity and desire to participate in the project than to the prevention of STI/AIDS. At the same time, they make explicit that the use or lack of use of the female condom, as much as other methods of prevention, depends on their partners' agreement - which resist more to the adoption of protective practices. This suggests that, for many women, the perception of lack of risks, or of the autonomy that the female condom confers, must be seen as relative.

The need to question the security of the steady relationships is verbalized, having as a presupposition the male unfaithfulness. Love, time of the relationship, and trusting the partner are factors that hinder the adoption of protection practices in the main relationship. Broaching the topic, together with the issues relative to faithfulness and betrayal, rise very diverse and ambiguous reactions, becoming one of the most polemical and central focuses of the discussions in all groups.

The Use of Female Condom

After an average of two months of follow-up, 92 women (96 percent) had used the female condom. A total of 72 women (75 percent) reported to be using the female condom, among those women, 24 (33 percent) were exclusively using the female condom, 38 women (53 percent) were using it alternately with the male condom and 10 women were occasionally using it associated with other contraceptive methods. At the exit interview a total of 24 women had stopped using the female condom for different reasons (9 women decided to use only the male condom, 5 had no partners, 4

preferred the pill along with the male condom and 6 women were using other methods). At the initial interview insertion was considered easy by 54 percent and difficult by 46 percent. At the final interview only 8 women continued to find insertion difficult. Most women's difficulties of insertion were overcome during the intervention process. After having used the female condom at least three times, 87.5 percent of women had no more problems of insertion.

The opinions of the women about the female condom were very positive and only two did not find any advantage. Their partners also had positive opinions about it, and 68 cited advantages in its use. Nevertheless, for 22 partners the use of the female condom was not considered good. The main advantages referred by the women were its comfort, the autonomy it provides, protection against STI/AIDS, and protection against unwanted pregnancy. For the partners, the most valued attributes were its comfort, the fact that it does not squeeze the penis (30 percent), and the fact that it does not interfere with his sensitivity (15 percent). Sixty-four percent of the women made no comments when asked about its negative aspects. Twenty-two percent did comment, however, on the aesthetics and this was the main complaint cited by the partners (23 percent). For 16 percent of the women, the way to manipulate it is another negative aspect, as they found it difficult and arduous. But an encouraging eighty-nine percent positively evaluated the female condom.

Almost all the women provided the female condom used it during the study and 83 percent discussed its use with the partner during the study. Sixty-two percent of those women used the method during more than half of their sexual encounters. Asked at the final interview, 75 percent of women "liked very much" using the female condom, 20 percent "liked" using it and only 5 percent "disliked" using it. Almost half of the women in the study (43.5 percent) preferred the female to the male condom, 37 percent liked it as much as they like the male condom, 11 percent preferred the male condom and 8 percent did not give their opinion. Eighty-seven percent declared they would be willing to pay for a method, including the female condom, that would guarantee protection. Eighty-two percent believe that female condoms will be well-accepted when available for sale.

В	ud	lge	et:
D	шc	120	٠.

Estimated AIDSCAP Expenses

75,720

Counterpart Contribution Agreed 0

Verifiable Counterpart Contribution 0

d. Training

AIDS: Programs in Prevention and Assistance

rco	₩:	20422

Implementing Agency:	The Research Foundation of the State University of New York
Date of Sub-Project:	April 1997 to July 1997

Background

An HIV/AIDS prevention workshop designed for specialists from Brazilian governmental and non-governmental institutions involved the planning, evaluation and implementation of AIDS prevention programs, financed by AIDSCAP, with funding from USAID, and implemented by the State University of New York (SUNY).

Participants for AIDS: Programs in Prevention and Assistance were selected from among Brazilian governmental, non-governmental and academic organizations attending to the needs of specific HIV-risk groups currently targeted for USAID assistance in Brazil. The workshop was designed to strengthen the capacity of these organizations to plan and implement effective HIV/AIDS prevention programs. The workshop, which was held June 2-26 1997 in Porto de Galinhas, Pernambuco, was an overwhelming success. The four-week calendar and the small number of participants (20) provided ample time and familiarity for a constructive interactive learning experience.

Objectives

The major performance objectives for workshop participants were as follows:

- To effectively communicate current knowledge about transmission, epidemiology, clinical treatment methods, and prevention of HIV;
- To apply a variety of behavior modification theories, appropriate to their target population;
- To demonstrate ability to conduct individual and small group counseling and to use mass media for HIV prevention
- To develop a specific program plan for HIV prevention, for subsequent implementation.

Accomplishments

Participants were selected from agencies attending to the needs of low-income women with stable partners, youth-at-risk, and patients with STIs. These risk groups are the focus of USAID assistance in Brazil, and were chosen as such based on recent epidemiological trends, as outlined in the May, 1996 USAID/Brazil HIV/AIDS Program Review. In addition to focusing on specific risk groups, USAID has chosen to concentrate a greater share of resources in the northeastern region of Brazil.

Many of the agencies from which participants were selected already conducted successful HIV/AIDS prevention programs while others were in the process of implementing such programs for the first time. The result of this diverse audience was a divergence of strengths and experiences, even though this diversity caused some misunderstanding and questioning of the methods used in the selection process. All parties agreed that the selection process could have benefited from a longer lead time, which, through more thorough dissemination, could have led to a larger pool of candidates. However, some of the choices which were questioned were far from random, and actually in keeping with the USAID strategy of maximizing impact via concentration of resources, i.e.: the inclusion of individuals with little or no experience in HIV prevention; the inclusion of a greater number of participants from Northeastern governmental organizations and NGOs, and; the exclusion of candidates with a great deal of experience in already established and respected AIDS prevention organizations.

The workshop was very highly rated by the participants, who indicated in their evaluations that they would enthusiastically recommend it to their peers. The ideas, information, and techniques presented in the workshop were valuable and appropriate to the work situations of the

participants. All of the participants indicated that the workshop had been very valuable to them, and every single participant indicated that they would strongly recommend it to their colleagues (on a scale of 1-5 on their evaluation forms, this item drew unanimous fives).

Instruction in the following areas was considered particularly valuable:

- needs-assessment techniques;
- focus group technology;
- active listening and feedback;
- conflict resolution, and;
- responding to difficult questions.

Constraints

The major constraint encountered during this training was probably the variation in backgrounds and experience among participants. Participants with a great deal of experience in planning and implementing HIV/AIDS prevention programs were grouped together with professionals with virtually no experience in HIV/AIDS prevention, and this can be awkward for participants and facilitators alike. While from an instructional standpoint differing abilities are always a challenge, these differences can be translated into strengths for the group as a whole, and to widen the perspective of the individuals. Given the context of this particular training event, the input of experienced professionals working in the Brazilian "realidade" was valuable to the success of the workshop, and greatly benefited those who were new to the field.

This constraint also contributed to the success of the workshop. Though, in many ways, it is easier to work with a group where all members have similar backgrounds, the richness of experience found in this diverse group was an asset.

As mentioned earlier, the selection process was another constraint. Actually, when SUNY conducted a similar workshop last year with Ms. Mota, SUNY was, at the time, a USAID/Brazil AIDS grantee. As a result, there was ample lead time for effective dissemination, and participants were chosen from a large pool of qualified candidates from targeted institutions. Unfortunately, in this instance, the Letter of Agreement governing this training activity was in place only two months prior to the start date of the training. This left a very limited amount of time in which to make the announcement, accept applications, analyze applicants, conduct selection meetings, and make travel arrangements for participants.

Lessons Learned/Recommendations

The selection process is crucial for the success of a training course. Implementing agency and stakeholders should be partners in strategy design.

Sites visits should be prepared in advance (i.e., of the three educational site visits the group made ASAS, an interactive center for people living with HIV and AIDS, was extremely well-received; Casa de Passagem, a project that targets girls in highrisk situations, was a disappointment, and will be excluded from any future agenda.

Limited time can influence results.

Heterogeneous groups can share experiences and give good results.

ated AIDSCAP penses	Counterpart Contribution	Verifiable Counterpart
),641	Agreed 0	Contribution 0
	penses	penses Contribution Agreed

e. MOH SUPPORT

Background

The MOH support component was included as part of the implementation plan for Brazil in order to provide technical collaboration to the NACP/MOH whenever requested to USAID/Brazil.

The following major activities were developed under the MOH support component:

- AIDSCAP provided technical assistance for the development of a 15,000,000 USD proposal as part of the condom component for the MOH/World Bank Project, July 1992.
- AIDSCAP provided technical assistance for the development of a proposal for condom supply logistics management and STI/AIDS pharmaceutical logistics management for HIV/AIDS/STI prevention programs in Brazil.
- Provided technical assistance to the MOH/NACP for the development of AIDS and STI control projects, strategic and implementation plans of the state of Mato Grosso as part of the MOH/World Bank Project.
- Supported the training of MOH staff in the area of logistics management.

- Supported MOH to access and design information and computer systems.
- Supported MOH staff in the area of condom social marketing site visits to condom factories in Asia and to Condom Social Marketing Programs.
- Provided technical assistance to MOH/NACP for the selection of research proposals as part of the MOH/World Bank Project.
- Supported the training of MOH staff in the area of needle exchange program during one month in USA.
- Supported the participation of 41
 professionals to attend the First HIV/AIDS
 Prevention Conference in Salvador, Bahia.
- In collaboration with MOH, conducted the International Workshop on STIs in Salvador, Bahia.
- Provided technical assistance in the areas of condom social marketing and in the private sector area.
- Supported the participation of the MOH/NACP director at the IX and X International AIDS Conference in the years of 1993 and 1994 in Berlin and Yokohama.

Budget:	Estimated AIDSCAP Expenses	Counterpart Contribution Agreed	Verifiable Counterpart Contribution
	193,395	0	0

f. NGO Support: The Rapid Response Funds 1993-1996

Background

Through NGO Rapid Response Funds (RRF), the AIDSCAP/Brazil program complemented major program areas. In 1993 the Rapid Response Fund mechanism was established to assist NGOs with seed money to develop pilot projects in HIV/AIDS prevention. From 1993 until June 1997, a total of 49 proposals were implemented in the areas of IEC materials production, conducting workshops, training, seminars, conferences, cultural activities (such as theater concerts produced aiming AIDS prevention), capacity building and institutional development, research projects, media campaigns and interventions. These pilot projects were required to educate men in the workplace, women, and adolescents on HIV/AIDS and reproductive health in USAID target geographic areas. During the life of the project (5 years) proposals were selected through a competitive process. Projects were selected with the participation of USAID/Brazil, AIDSCAP/Brazil and AIDSCAP/Washington. Resources were provided to 40 different NGOs to complement major program areas.

Accomplishments

 Trained NGOs to apply to the RRF program in São Paulo, Rio de Janeiro, Bahia and Ceará.

- Disseminated the RRF program to more than 100 NGOs in Brazil working with HIV/AIDS/STIs and reproductive health.
- Selected proposals submitted by NGOs through a competitive process.
- Provided technical assistance on technical and financial report writing.
- Documented implementation of each RRF in collaboration with the IA.
- Reviewed technical and financial reports.
 Discussed IA reports whenever needed.
- Constructed final reports of each RRF implemented in Brazil.
- Submitted final reports to USAID/Brazil and AIDSCAP/Washington.

Lessons Learned

Even limited resources can be staffed to produce innovative, creative IEC materials, technical guidelines, research findings and pilot interventions that can complement AIDSCAP major program areas, other donors funding (such as MOH, MacArthur Foundation and Ford Foundation) and thus increase project dimension and outcomes.

Whenever possible RRFs should count upon counterpart contribution(s) from other donor(s).

Category	Total	
People educated	715,869	
People trained	2,889	
IEC materials distributed	646,210	
Condoms distributed	304,893	
Condoms sold	211,392	
Mass media aired	52,858	
Special events	7	

Budget:		
Estimated AIDSCAP Expenses	Counterpart Contribution	Verifiable Counterpart
283,631	Agreed NA	Contribution 279,944

The following are short descriptions of all RRF projects:

Ação Anti-AIDS/AIDS Action

Implementing Agency:	Associação Brasileira Interdisciplinar de AIDS (ABIA)
Year:	1993
Budget:	25,000 (committed by USAID/Brazil for ABIA newsletter)
Geographic area:	National

Background

The AIDS Action, a publication from AHRTAG (Appropriate Health Resources and Technologies Action Group Ltd.), was translated into Portuguese by ABIA, a Brazilian NGO, to be distributed throughout Brazil. This special issue had the objective to increase the technical capacities and the confidence of health educators conducting educational sessions and training activities in HIV/AIDS prevention.

Objectives

To increase access of health educators on how to conduct educational and training sessions and activities in the prevention of HIV/AIDS.

Accomplishments

Translated and edited AIDS Action Number 19 to Portuguese.

Produced and distributed 30,000 samples of AIDS Action in Brazil to health educators, health care providers, people working at NGOs and in the public sector.

Lessons Learned/Recommendations

The translation and dissemination of IEC and technical materials that are evaluated as effective should be encouraged between countries.

Category	Total
No. of AIDS action produced and distributed	30,000
No. of institutions and individuals reached	30,000

One Week HIV/AIDS Prevention Campaign as Part of AIDS

2,600 USD	AIDSCAP
4,526 USD	Counterpart contribution
Rio de Janeiro	
	4,526 USD

Background

ISER is an internationally-known NGO which has been working with community-based AIDS prevention projects for commercial sex workers and transvestites since 1988. ISER received funds through the small grants program to conduct HIV/AIDS/STI prevention activities among sex workers and their clients for a one-week period as part of the AIDS World Day activities. During the campaign ISER showed videos, promoted and distributed condoms and materials.

Objectives

- To develop a one-week HIV/AIDS awareness campaign in Rio de Janeiro.
- To promote safer sex behaviors and distribute condoms.
- To disseminate information on HIV/AIDS through pamphlets, brochures, video presentations and group discussion.

Accomplishments

Conducted 6 days of activities for 5,000
people. During activities the video Venus Of
Fire was shown to CSWs and clients. Video
presentation was followed by discussions.

- Performed workshops to demonstrate how to use a condom using cucumbers, bananas and vibrators.
- Distributed 18,000 free condoms, 2,000 leaflets and 250 posters.
- The project team evaluated the street activities as positive based on the response from the audience. This was measured by applause, effective participation and attention/silence during presentations.
- Increased the demand for information and condoms from the target population.
- The coverage of the activities by local and national newspaper and TV networks reached also the general public.

Lessons Learned/Recommendations

The informal, provocative performance of peer educators called the attention of the general population.

The development of activities to CSWs and clients also reached the general public and increased their interest in condom use and informational materials.

Category	Total
People reached during activities	5,000
IEC materials distributed	2,250
Condoms distributed	18,000

Il Psychosocial Symposium on HIV/AIDS

Implementing Agency:	NEPAIDS - Nucleus for AIDS Prevention at University of São Paulo	
Year:	1993	
Budget:	2,696USD	AIDSCAP
	2,079USD	Counterpart contribution
Geographic area:	São Paulo	

Background

The Nucleus for AIDS Prevention at University of São Paulo was established by a group of professors, students and professionals from the Referral Center for AIDS (CRT) with the goal to discuss AIDS as a social problem, and with the mission of disseminating information, building networks, conducting research, training students for research and for the implementation of HIV/AIDS prevention programs. Thus, as part of NEPAIDS activities in 1993, a II Symposium on Psychosocial Aspects of HIV/AIDS in São Paulo was developed as part of the AIDSCAP small grants program.

Objectives

- Discuss themes related to responsibility, guilt, AIDS, sexuality and behavioral interventions.
- Update students and professors on current HIV/AIDS epidemiology, anti-HIV vaccine situation, human rights and popular education, health communication and public health issues.
- Develop a theoretical basis for the implementation of practical work.

Accomplishments

Conducted a 3-day Symposium on the psychosocial repercussions of AIDS. The main Safer Sex, the experiences with preparatory studies for HIV vaccines in Brazil, and AIDS and Human Rights. A total of 150 participants attended to the meeting and 52 presentations were made. Distributed 200 condoms, 600 technical

Responsibility, AIDS, Sexuality and The Body, Behavioral Interventions, Evaluation and

Methodologies, Epidemiology, Rethinking

topics discussed were Guilt and

- support materials and provided two interviews for newspapers and one for the university radio.
- Analyzed evaluation questionnaires which showed that 78 percent of participants considered the opportunity to discuss in small groups relevant themes related to HIV/AIDS as positive. Furthermore the meeting brought together people very committed to HIV/AIDS prevention.

Lessons Learned/Recommendations

The establishment of a nucleus with professors and students from different disciplines interested in HIV/AIDS prevention at a university is an important strategy to be considered as it permits a multidisciplinary and multifaceted approach to HIV/AIDS prevention.

Category	Total	
Participants	150	
IEC material distributed	600	
Condoms distributed	200	
Spots aired in the media	2	

Il National Meeting for Pediatric AIDS

Implementing Agency:	Associação de Auxílio a Criança Portadora de HIV
Year:	1994
Budget:	3,000 USD (AIDSCAP/USAID)
	10,000 counterpart contribution

Background

The Associação de Auxílio à Criança Portadora de HIV is a national non-profit organization, with the mission to improve the life of women and children living with HIV/AIDS. In recognition of the relevant increase of HIV/AIDS among women and children, the Associação planned, organized and conducted the II National Meeting on Pediatric AIDS in São Paulo, Brazil during November 27-30, 1994. The meeting was composed of round tables, workshops and plenary sessions, and was an important forum for training and sharing ideas and experiences. The meeting had representatives from the NACP, Ministry of Health, HIV/AIDS/STI State Program, US and a Brazilian Universities as well as AIDSCAP. This meeting was sponsored by AIDSCAP through the NGO small grants program with an important counterpart contribution.

Among the major topics discussed were Epidemiological, Clinical Aspects, Treatment, Prophylactics, Anti-Viral Therapy and The Prevention Of Vertical Transmission, and Nutrition and Prevention Among Adolescents and Children.

Objectives

- To raise awareness among HCPs about pediatric AIDS management and prevention in Brazil.
- To improve the capacity of HCPs and local institutions to manage properly pediatric AIDS.
- To share experiences and provide technical

guidelines for the proper management and prevention of vertical transmission of HIV.

Accomplishments

- Conducted four-day national meeting for 820 health care providers.
- Distributed 1,400 scientific materials and magazines including 400 copies of the guidelines "Pautas para la Atención clínica del niño infectado por el VIH" produced by the PanAmerican Health Organization (PAHO) in 1994.
- Updated 820 HCPs from 20 Brazilian states, and the state of São Paulo in the management and prevention of HIV among children.
- Established collaboration between Brazilian, US and European institutions in the management and prevention of pediatric AIDS.

Lessons Learned/Recommendations

The counterpart contribution was very important for the implementation of this activity.

Considering that the majority of experiences in the management of pediatric AIDS is concentrated in São Paulo, the meeting was an important forum to discuss technical and practical procedures for the proper management and prevention of pediatric AIDS.

Due to the size of Brazil and the difficulties of reading scientific articles in English, the meeting was an important forum for updating, training and sharing experiences.

Category	Total
Participants	820
Materials distributed	1,400
Mass/alternate media	24 articles in two main newspapers and spots run twice a day on three TV channels over three days.

Evaluation Methodologies on HIV/AIDS Prevention

Implementing Agency:	Sociedade Civil Bem-Estar Familiar no Brasil (BEMFAM)
Year:	1994
Budget:	3,000 USD
Geographic area:	Rio de Janeiro

Background

BEMFAM is a non-profit organization founded in 1965 with the mission to implement reproductive health and family planning services in collaboration with the public sector, states and municipal governments. In 1993, BEMFAM was able to reach more than 670,000 new clients. Since 1985, BEMFAM has been engaged in AIDS prevention activities. In response to the need to improve evaluation methodologies BEMFAM, in collaboration with AIDSCAP/Brazil, conducted a two-day seminar in Rio de Janeiro to discuss evaluation methodologies in the area of HIV/AIDS prevention.

Objectives

To train ten BEMFAM staff on HIV/AIDS prevention evaluation methodologies.

Accomplishments

- Conducted a two-day workshop with 18 participants, including staff from BEMFAM projects, selected NGOs, universities, IPPF and AIDSCAP/Brazil.
- Participating organizations shared experiences and lessons learned in program design, implementation and project evaluation.
- Held lectures and discussions on quantitative evaluation, the implications of gender and sexuality on evaluation of programs, analysis of the evaluation models used on HIV/AIDS prevention, use of indicators and process data.

Lessons Learned/Recommendations

There is a need for more scheduled meetings between selected professionals to discuss relevant issues in the area of HIV/AIDS evaluation in Brazil.

Participants at the seminar	18
Printed materials distributed	18 seminar kits

The Sociodrama Group on AIDS (AIDS World Day)

Implementing Agency:	Catholic University of São Paulo	
Year:	1994	
Budget:	3,000 USD - AIDSCAP	
Geographic area:	São Paulo	

Background

The Sociodrama Group on AIDS was organized in 1986 and was organized by three psychodrama psychologists, two of whom specialized in family therapy, and one physician specialized in children and adolescents. The group works with AIDS education and prevention among university and high school students, and factory workers. Through the small grants program USAID/AIDSCAP Brazil supported the "Sociodrama on AIDS" during AIDS World Day and two additional sessions performed at public schools.

Objectives

- To develop HIV/AIDS prevention through sociodrama to adolescents in São Paulo during AIDS World Day.
- To develop two additional sociodrama sessions at public schools.
- To record experiences to be reported as part of a master thesis about the use of sociodrama for AIDS prevention

Accomplishments

- Conducted "Sociodrama on AIDS" for 290 adolescents, teachers and parents at two public schools in poor neighborhoods of São Paulo.
- Activities were recorded through videos and pictures.
- Published a 345-page book on the use of sociodrama for AIDS prevention in which the experience supported by AIDSCAP/USAID was highlighted.

Lessons Learned/Recommendations

A small resource can contribute to relevant academic work by providing written guidelines on how to use sociodrama techniques for HIV/AIDS prevention.

Highly-qualified professionals working directly with the target population is key to delivering an effective HIV/AIDS prevention program.

Category	Total
Females trained	2
Males trained	2
Females educated	160
Males educated	130
Condoms distributed	290
Materials distributed	290
Media	2 videos were produced

International Symposium on Sexually Transmitted Diseases

Implementing Agency:	Centro de Es	tudos Avançados em Ginecologia
Year:	1994	
Budget:	2,400 USD	AIDSCAP
Geographic area:	São Paulo	

Background

The Center for Advanced Studies in Gynecology (CASG) is a non-profit organization responsible for research and courses in gynecology at the Medical School of the University of São Paulo, Brazil. Since 1992, AIDS is the main cause of death among women of reproductive age in the city of São Paulo. In response to this situation CASG planned, organized and conducted an International Symposium on STI/AIDS with an objective to address specific issues regarding the interaction of HIV/STI among women for gynecologists and other HCPs working in the area of women's health care. The CASG recognized a relevant gap in gynecological care for STIs in women's comprehensive health care.

Objectives

- To increase awareness among HCPs regarding HIV/AIDS interaction with STIs.
- To support the participation of 35 HCPs from São Paulo working in USAID/AIDSCAP STIrelated projects.
- To promote the Syndromic Management of STIs.

Accomplishments

 Conducted a two-day International Seminar on STIs in São Paulo, Brazil.

- Out of 175 participants, AIDSCAP supported the participation of 35 HCPs related to the implementation of STI projects in São Paulo.
- Distributed 200 copies of syndromic management brochures and other IEC materials.
- The event was disseminated at "Folha de São Paulo" newspaper (sells more than one-half million daily) through 3 articles and at "O Estado de São Paulo" (sells on average 400,000 copies per day). In addition, the seminar was disseminated on TV (four interviews) and one video was produced.

Lessons Learned/Recommendations

The participation of AIDSCAP/Brazil was very important to disseminate the syndromic approach as the University of São Paulo is a technical opinion maker. However, resistance to use of the syndromic approach for STIs in women is still very high.

There is an important need for research and articles which demonstrate clearly the benefits of using syndromic management for the treatment of STIs.

Involving leaders in the area of gynecology is key to responding to the HIV/AIDS epidemic among women.

Category	Total
HCPs participating at the International STI Symposium	175
Professionals supported by AIDSCAP/Brazil	35
Materials distributed	200
Media dissemination	11 (6 newspapers, 4 TV interviews and one video)
People reached through mass media*	1,700.000

^{*}Note: The Estado de São Paulo sells 400,000 per day and Folha half a million. This data does not include TV interviews.

Radio HIV/AIDS Prevention Campaign for Adolescents

Implementing Agency:	Centro de Proje	tos da Mulher (CEMINA)
Year:	1994	
Budget:	3,000 USD	AIDSCAP
	2,000 USD	Counterpart Contribution
Geographic area:	Rio de Janeiro	

Background

CEMINA is a NGO specialized in communication for social purposes. CEMINA produces a one-hour daily radio program in Rio de Janeiro and also special programs and campaigns that are distributed to a network of more than 77 radio stations throughout the country. CEMINA has built a good reputation in the development of radio campaigns to promote social issues, thus with the increase of HIV/AIDS cases among adolescents, CEMINA implemented an HIV/AIDS Prevention Campaign through the NGO Rapid Response Fund to adolescents emphasizing the use of condoms.

Objectives

- To create a series of HIV/AIDS radio spots for adolescents using rap and other popular music.
- To raise awareness of HIV/AIDS prevention of the public, especially adolescents.
- To promote condom use through rap and popular music.
- To provide radio HIV/AIDS prevention spots of good quality to the CEMINA radio network.
- To develop a radio HIV/AIDS prevention campaign throughout Brazil.

Accomplishments

- Visited and interviewed several projects in Rio de Janeiro working with adolescents, sexuality and HIV/AIDS prevention.
- Developed scripts for the campaign and discussed with target population for feedback.
- Developed 4 different HIV/AIDS prevention campaigns for radio.
- Sent 70 different radio stations from the CEMINA network a copy of the HIV/AIDS Prevention Campaigns (since 1993 CEMINA has trained journalists from radios with the objective to motivate them to air campaigns on social issues).

Lessons Learned/Recommendations

Due to the small amount of resources and the size of Brazil the evaluation of this activity was limited to the number of radio stations broadcasting the spots. The number of people reached was not recorded. For similar activities a more proper evaluation should be planned and discussed in advance with IA.

Category	Total
Materials distributed	70 kits with 4 AIDS Prevention Campaigns to 70 major radio stations in Brazil

HIV/AIDS/STI Prevention Conference for Transportation Workers

Implementing Agency:	General Confederation of Workers (CGT)	
Year:	1994	
Budget:	2,400 USD	
Geographic Area:	São Paulo and Rio de Janeiro states	

Background

Founded in 1986, CGT - Confederação Geral dos Trabalhadores -- is a national organization of workers with 600 affiliated unions representing more than 3 million workers. The CGT headquarters is in São Paulo City, the HIV/AIDS epidemic epicenter in Brazil.

Recognizing the vulnerability of transportation workers CGT, in collaboration with AIDSCAP/Brazil, developed a two-day seminar on how to establish HIV/AIDS/STI prevention programs at the workplace.

Objectives

- To train 100 transport workers on the prevention of STI and AIDS to act as peer educators.
- To share experiences on how to develop a HIV/AIDS prevention program in the workplace.

Accomplishments

- Planned, organized and conducted a seminar at FUNDACENTRO for 64 transportation workers.
- Shared experiences on how to implement HIV/AIDS prevention in the workplace with the participation of the private, public and NGO sectors in São Paulo, Brazil.
- Conducted safer sex workshops for transportation workers.
- Distributed 192 condoms and 198 IEC materials.

Lessons Learned/Recommendations

In order to develop a comprehensive and effective HIV/AIDS prevention program with CGT it is necessary to implement a long-term project with the allocation of resources.

It is important to consider unions as a partner for HIV/AIDS prevention. They can be an important mechanism to pressure the private sector to develop HIV/AIDS programs in the workplace.

Category	Total
People trained	64
IEC materials distributed	198
Condoms distributed	192

III National Congress of Sex Workers in Rio de Janeiro

Implementing Agency:	Davida - Prostitution, civil rights and health	
Year:	1994	<u> </u>
Budget:	2,000.00 USD	AIDSCAP
	12,898.37 USD	Counterpart contribution
Geographic Area:	Country wide	

Background

Davida is a NGO dedicated to the health of outcast groups — mainly prostitutes, their families and clients — to conquer low self-esteem and civil stigmas. Founded in 1992, Davida has the mission to organize socially CSWs and thus increase their access to education, health services and knowledge of their human rights. As part of Davida's activities the III National Meeting For Commercial Sex Workers was planned, organized and conducted. AIDSCAP/USAID Brazil cosponsored this meeting through the Rapid Response Fund Program.

Objectives

- To discuss prostitution social organizations, laws and the civil code.
- To discuss child and adolescent prostitution.
- To promote safer-sex behaviors.
- To debate sexual fantasies and their implications on HIV/AIDS and STI prevention and control.

Accomplishments

 Conducted a five-day national meeting with the participation of 60 CSWs representing 14 Brazilian states. An additional 26 professionals representing 18 NGO and four Brazilian public programs also attended.

- A total of 774 condoms and 1,834 copies of IEC materials were distributed during lectures and the overall meeting.
- The national meeting discussed several issues related to prostitution such as the history of prostitution; civil, legal and human rights, child and adolescent prostitution; alternatives for income-generation for older CSWs; sexual fantasies and STI; prostitution and health; and condom social marketing.
- In addition the meeting conducted safer sex workshops, cervical cancer control and showed a series of videos on HIV/AIDS prevention and prostitution.
- Conducted a press conference with extensive media coverage.
- Performed a confraternization ball at Estudantina Dancing on Friday night.

Lessons Learned/Recommendations

Social organization of CSWs and NGOs working with CSWs and their clients are key for the development of sustainable HIV/AIDS prevention programs.

Construction of local, regional and national networks among CSWs are very important to increase their access to civil, legal, human rights, educational and health services.

Category	Total
CSWs who participated at the meeting	60
Professionals from NGO and public sector	26
IEC materials distributed	1,834
Condoms distributed	774

Life is a Party, but AIDS is Not for Play

Implementing Agency:	Grupo de Apoio e Prevenção da AIDS (GAPA) - Santos	
Year:	1994	
Budget:	3,000 USD	
Geographic Area:	Santos City	

Background

GAPA - Santos is a legally-registered NGO established in 1988 in the city of Santos with the mission to develop prevention and control activities in the area of HIV/AIDS. Santos was well known as the country's AIDS capital with a large number of AIDS cases among women and adolescents In 1994 GAPA, in collaboration with AIDSCAP/Brazil, developed the campaign Life Is A Party, But AIDS Is Not For Play for adolescents in the city of Santos.

Objectives

- To reach students and the community through trained teachers.
- To produce and distribute IEC materials.

Accomplishments

 Planned, organized and conducted the campaign Life Is A Party, But AIDS Is Not For Play.

- Produced and distributed 10,000 IEC materials.
- Trained 2,500 teachers do develop HIV/AIDS prevention at public schools in Santos.
- Educated 7,000 adolescents and 500 people from the general public.
- Conducted 4 special events with active participation of adolescents.

Lessons Learned/Recommendations

GAPA/Santos committed relevant in-kind counterpart contributions for the implementation of this program.

Participatory techniques are important in the implementation of HIV/AIDS prevention programs.

In the experience of GAPA/Santos, small resources were used in the implementation of a large HIV/AIDS prevention program for adolescents.

Category	Total
IEC materials produced and distributed	10,000
People trained	2,500
People educated	7,500
Special events	4

Reflections on the Institutional and Management of NGOs Working in AIDS in Brazil

Implementing Agency:	GAPA - São Paulo	
Year:	1994	
Budget:	3,000 USD AIDSCAP	
- 9	4,977 USD Counterpart contribution	
Geographic area:	Brazilian NGOs work in AIDS prevention	

Background

The lack of reflection and the construction of a critical vision of our daily work are factors that contribute to the disintegration of activists working at HIV/AIDS-prevention NGOs. Thus to reflect on the role, objectives, and mission of NGOs working with AIDS, GAPA/São Paulo, with the support of AIDSCAP/USAID/Brazil, developed a comprehensive manual that reflects NGO planning, management and evaluation capacity. Furthermore, the manual addresses legal issues in applying for public utility awards.

Objectives

To produce a manual to serve as an instrument to improve the internal capability of HIV/AIDS NGOs in Brazil to plan, manage and evaluate programs.

- To improve the quality of the prevention and care activities provided by NGOs in working with HIV/AIDS.
- To improve the community images of HIV/AIDS NGOs.
- To provide legal advice on how NGOs can be established as a public utility, benefits and duties.

Accomplishments

Designed and wrote a 127-page manual with the following main topics:

- Social Organization Of NGOs
- Working On AIDS In Brazil
- Process Indicator Summary
- Category Total
 Manuals produced and distributed 500

- What Is Planning (What Needs To Be Done? Why It Needs To Be Done? For Whom Needs To Be Done? When? How Much? Where? With What? By Whom?)
- Stages of Planning
- Training and Capacity Building
- Training Methodologies
- How To Access the Operational Capacity and the Infrastructure of NGOs Working With AIDS.

The manual analyzes research conducted among 60 Brazilian NGOs. and explores selection, training and supervision of volunteers; home care experiences; legal and ethical issues and how to organize a national HIV NGO meeting.

Produced and distributed 500 copies of the manual to Brazilian NGOs working with AIDS, MOH and state programs working on AIDS and donors.

Lessons Learned/Recommendations

With ongoing capacity-building of NGOs and individuals HIV/AIDS prevention programs will be effective. This is a major role played by FHI and AIDSCAP/Brazil.

Ongoing technical assistance to NGOs is key for the development of effective HIV/AIDS prevention programs.

The production of the manual was important to assist NGO personnel to gain perspective on their work. Quite frequently staff is overwhelmed with the implementation of activities, fundraising, management, etc.

Fala Preta

Implementing Agency:	GELEDES - Institute for Black Women	
Year:	1994	
Budget:	3,000 USD	AIDSCAP
	2,800 USD	Counterpart contribution
Geographic area:	São Paulo	Section 1

Background

Geledes is an NGO funded by black women activists in 1988 to assist low-income black women and youth. The NGO conducts a regular series of reproductive health and rights workshops. In 1994, AIDSCAP/USAID co-sponsored Geledes in the design, production and publication of a comprehensive 63-page magazine called Fala Preta to educate low-income black adolescents on the prevention of HIV/AIDS and STI. Fala Preta was distributed as part of a larger intervention project funded by MOH/NACP called "Save Lives".

Objectives

- To design, produce and publish a HIV/AIDS/STI prevention magazine to educate low-income black students.
- To produce educational material that takes into consideration other reproductive health issues such as sexuality, contraception, and the male and the female body.
- To design educational material that raises the self-determination of black youth.

Accomplishments

 Designed, produced and published a 63-page magazine that talks about sex, the human

Process Indicator Summary

Category	Total
People educated	1,000
IEC materials distributed	3,500
Condoms distributed	250

- body, contraception, drugs, STI and AIDS using simple and concise language.
- The magazine uses beautiful pictures of young black youth exercising self-confidence and fighting prejudice with the messages "how to deal with prejudice," "use your head," and "black is beautiful."
- Distributed 3,500 IEC materials of which 1,000 were magazines, 1,000 posters, 1,000 buttons, 250 caps and 250 condom pocket purses.
- The magazine Fala Preta was used in a larger intervention project called Salva Vidas (Save Lives) funded by the MOH/NACP under the World Bank loan.

Lessons Learned/Recommendations

The Fala Preta material was so well designed that is recommended to be reproduced in large-scale for Brazil and other Portuguese-speaking countries.

The STI session takes into consideration the syndromic approach to STI management which is very important to HIV/AIDS programs.

The magazine was constructed taking into consideration the reproductive health agenda.

Barão de Limeira Project

Implementing Agency:	GENOS International	
Year:	1994	
Budget:	3,560 USD	AIDSCAP
	12,500 USD	counterpart contribution
Geographic area	São Paulo	

Background

During the period of 1990 -1992, an epidemiological study of HIV1, HIV2, syphilis and hepatitis-B, linked with educational interventions was carried out among low-income commercial sex workers living in downtown São Paulo. Among the major findings, the project results showed that 66 percent of the subjects were positive for syphilis (VDRL/FTA/ABS) and 14 percent of CSWs were positive for HIV1. In July 1992, the intervention and STI care were interrupted due to the lack of resources. Thus, Genos International, a private organization with the mission to develop activities in the areas of human sexuality and STI/AIDS in collaboration with the State Department of Health, submitted a project to AIDSCAP/Brazil to implement face-toface HIV/STI activities to low-income CSWs living in a 9-story building in downtown São Paulo city. The intervention was composed of a series of strategies including condom distribution, referring individuals to health services for STI diagnosis and treatment, distribution of IEC materials, and counseling during a 6-month period.

Objectives

- Provide, through face-to-face intervention, counseling to 300 low-income prostitutes working in downtown São Paulo City.
- Distribute condoms during intervention activities.
- Refer CSWs to health services to receive diagnosis and treatment of STI.

Accomplishments

Three public and university institutions were contacted to refer CSWs for the diagnosis and treatment of STIs: The School of Public Health from the University of São Paulo, the Referral Center for Women's Health, and the Out Care Unit ERSA, a clinic for the treatment of drug abuse. DKT do Brazil was contacted and a total of 5,000

condoms and IEC materials such as posters, coasters, matches, etc. were donated as part of the promotional materials.

A total of 1,000 booklets for CSWs were donated by the AIDSCAP country office in Brazil.

The MOH/NACP donated a total of 14,400 condoms for this project, as well as folders and posters.

During the life of the project a total of 1,326 CSWs and their clients were reached by project activities, of which 1,304 were CSWs and 22 were clients.

A total of 31,976 condoms were distributed during intervention activities and 1,615 IEC materials were distributed.

A total of 37 CSWs were referred to health centers for health treatment.

As part of the evaluation activities, Genos International, the State Department of Health in São Paulo, and the School Of Public Health, developed a KABP survey and seroprevalence of HIV1 and HTVL1 study among 78 CSWs. The ELISA kits to test for HIV were donated by Embrabio, and a total of 82.98 percent reported always using condoms.

Trained 4 HCPs (3 female and 1 male) to work with CSWs.

Lessons Learned/Recommendations

The collaboration between different institutions from the public and private sectors was essential to answer the needs of this project.

STI care for CSWs should be provided on-site as they have very little access to existing services. Mobile trailers and other alternatives must be considered.

Mental health care, especially for drug users, is an important need, otherwise prevention efforts will not be effective.

A more complex, long-term intervention is still an urgent need for CSWs and their clients in downtown São Paulo.

Category	Total
Females trained	03
Males trained	01
CSWs (female) educated	1,304
Condoms distributed	31,976
Articles published in the media	2
IEC kits distributed	1,615

Development of IEC materials for Civil Construction Workers

Implementing Agency:	Central Union of Workers (CUT)	
Year:	1994	
Budget:	3,000 USD	
Geographic area:	São Paulo City	

Background

The Central Union of Workers/CUT, the largest central trade union in Brazil, assembles 2,186 trade unions, which represent 4.6 million associated workers. CUT operates in all sectors of workers defense and conditions of living. In 1994, epidemiological data on AIDS in São Paulo City reported AIDS as the first cause of death among women and the second among men 20-40 years of age. Considering the vulnerability of civil construction workers to HIV/AIDS, CUT in collaboration with AIDSCAP, developed IEC materials to be distributed at civil construction plants.

Objectives

- To increase the adoption of safer-sex behaviors among civil construction workers.
- To promote the use of condoms among managers/unions and workers.

 To produce clear, concise IEC materials on the prevention of HIV/AIDS.

Accomplishments

- Designed, pre-tested and produced a leaflet on HIV/AIDS prevention for civil construction workers.
- Distributed 15,000 leaflets and 15,000 condoms to civil construction workers during the project activities.
- Educated 15,000 construction workers through peer educators.

Lessons Learned/Recommendations

CUT was able to train peer educators and to implement an intervention project for civil construction workers. The AIDSCAP contribution was to produce and distribute IEC materials.

Category	Total
People educated	15,000
Condoms distributed	15,000
IEC materials distributed	15,000

Women and AIDS Sex and Pleasure Without Fear

Implementing Agency:	MCCS - Women, Children, Citizenship and Health	
Year:	1994	
Budget:	3,000 USD AIDSCAP	
Geographic Area:	São Paulo	

Background

The Women, Children, Citizenship and Health (MCCS) is a non-profit organization, founded in 1989, with the mission to implement activities in the area of reproductive health and rights including AIDS. In 1994, AIDSCAP provided support to update, review, edit, design and produce the matrix of a manual called "Women and AIDS: Pleasure Without Fear". The manual is a 95-page book that teaches step-by-step what AIDS is, forms of transmission, prevention, contraception, STIs, and also basic knowledge about the human body. In addition, the manual teaches through five modules techniques for group discussion as well as evaluation. The manual also includes the rights of people living with HIV/AIDS and a list of services and NGOs working with AIDS.

Objectives

- Design and produce the final version and the matrix of the manual "Women and AIDS: Pleasure Without Fear" based upon material that was produced and pre-tested among target group.
- Inform and sensitize professionals to develop HIV/AIDS prevention programs for women.
- Give 12,000 professionals willing to work with HIV/AIDS prevention among female adolescents and women access to welldesigned materials.

Accomplishments

- A comprehensive, well-designed model was produced for the prevention of HIV/AIDS/STIs among women.
- The NGO MCCS was able to accumulate resources from USAID/AIDSCAP/Brazil, the World Council of Churches, National AIDS Control Program from MOH, and the Canadian International Development Agency (CIA) and produce 1,000 copies of the manual

- in the first edition and 11,000 in the second edition. Additional copies are being made by the MOH/NACP to be distributed countrywide as an effort to increase HIV/AIDS prevention programs for women.
- AIDSCAP provided resources for the review, update and matrix development. Other donors provided resources for different phases of this project such as pre-testing, reproduction, and training of educators.

Lessons Learned/Recommendations

The use of the manual using participatory methodologies allows participants to review experiences, fears and difficulties in the exercise of sexuality. It also establishes a sense of closeness and permits discussions of doubts, questions related to AIDS, and sexuality.

A well-elaborated material has facilitated women's groups and NGO working with AIDS/HIV prevention to discuss various techniques and dynamics that stimulates group discussion and reflection.

HIV/AIDS/STI prevention should always be considered part of a large reproductive health and rights approach. Male and female anatomy, contraceptive methods, relationship with partners, pleasure, and the transmission of other STI s are important themes and need to be considered in the design of effective HIV/AIDS prevention programs for women.

Working close to women in small groups is an important learning experience. Some women had never touched a condom and did not know how to put it on or take it off. Thus, training women in the use of condoms and water-based lubricants in small groups conducted in a informal manner is a strategy that should always be considered.

Most women who had negative perceptions about the male condom had never used one.

Category	Total
Manuals produced and distributed	12,0001
Number of health care providers reached	12,000

¹ the matrix and laser film was produced by AIDSCAP/USAID, the reproduction of 1,000 was funded by MOH, the World Council of Churches and São Paulo State Department of Health.

An additional 11,000 copies (second edition) were re-printed with resources from the government of São Paulo and was distributed to high school teachers.

HIV/AIDS Prevention for Clients of Male Prostitutes

Implementing Agency:	NOSS - Nucleus of Orientation in Social Health	
Year:	1994	L. Frank but be the fire
Budget:	3,000.00 USD	AIDSCAP
	4,300.00 USD	Counterpart contribution
Geographic Area:	Rio de Janeiro	

Background

NOSS is a non-governmental, non-profit organization established in 1991 with the mission to provide HIV/AIDS prevention skills to socially-alienated people, among whom are male sex workers and their clients in Rio de Janeiro. Building upon the experience established through the "Pegação" project among young male sex workers, NOSS identified the need to reach the male clients and produced IEC materials to reach this target population with the collaboration of AIDSCAP/Brazil Rapid Response Fund Program.

Objectives

- To produce a leaflet to reach young prostitutes and clients.
- To promote safer sex behaviors in two languages with the purpose of reaching foreign clients.

Process Indicator Summary

Category	Total
People educated	10,000
IEC materials distributed	10,000
Condoms distributed	10,000

Accomplishments

- Designed, pre-tested and produced leaflets in two languages.
- Distributed 10,000 leaflets together with condoms through 10 trained male prostitutes (peer educators). An average of 1,000 leaflets was distributed per month during project activities.
- Leaflets contents were attractive with clear and concise information and easy to carry.

Lessons Learned/Recommendations

The production of a specific leaflet to target male prostitute's clients facilitated the contact of peer educators with the target population.

There is an important constraint in reaching clients of young male prostitutes since these clients want anonymity, privacy and often hide their homosexual behavior.

Translation of the Population Reports – Controlling Sexually Transmitted Diseases (series L, number 9 – Issues in World Health – June 1993)

Implementing Agency:	Polimathé Ideias	
Year:	1994	
Budget:	1,500 USD AIDSCAP	
Geographic area:	National	

Background

Considering the need to have updated technical materials in Portuguese to implement the STI management component of AIDSCAP/Brazil, the translation of the Population Reports Controlling Sexually Transmitted Diseases (series L, number 9 - Issues in World Health - June 1993) was achieved through the Rapid Response Fund program.

A consultant working in the area of journalism, publishing and translation of medical journals translated the material.

The translation of the material was key for the training of HCP peer educators and was extensively used by AIDSCAP IAs. A copy of the translation was also sent to the MOH/NACP.

Objectives

- Disseminate correct information on STIs.
- Provide support through educational technical material to existing projects on STI in the country.
- Contribute to the implementation of AIDSCAP and MOH/World Bank STI project.

Accomplishments

- Translated and revised the publication Controlling Sexually Transmitted Diseases (series L, number 9 - Issues in World Health - June 1993 - Population Reports).
- Distributed 200 copies to NGO and public institutions such as the MOH/NACP in São Paulo and Rio de Janeiro, working in the field of AIDS/HIV/STI prevention and control programs.
- Authorization for translation was obtained from the population reports.
- The translation was reviewed with technical assistance from the Institute of Tropical Medicine, Belgium.

Lessons Learned/Recommendations

HIV/AIDS/STI programs always should seek good technical materials that can be easily used and accessible to HCPs from different backgrounds. It is generally more cost effective to translate good existing technical material rather than producing new materials.

Process Indicator Summary

Category	Total
Copies distributed	2001
Number of professionals	
reached	200

This does not include copies that were distributed at the level of IAs.

Dance with Life

Implementing Agency:	SOS Adolescent	
Budget:	3,000 USD	AIDSCAP
	4,530 USD	Counterpart contribution
Geographic Area:	Campinas and São Paulo	

Background

SOS adolescent is a non-profit NGO located in Campinas, the second largest city in São Paulo, with the mission to improve health and education of adolescents. In 1994 as part of the AIDSCAP/Brazil Rapid Response Fund Program, SOS developed an innovative street theater presentation called "Dance With Life" composed of big puppets (larger than human size) with wooden legs, torch juggling, and live music to educate adolescents on HIV/AIDS prevention.

Objectives

- To provide HIV/AIDS education to adolescents using theater techniques.
- To develop a participatory methodology involving adolescents on HIV/AIDS prevention through street theater presentations.

Accomplishments

 Created and developed big puppets (larger than human size).

- Constructed and rehearsed the play with the technical assistance and collaboration of the theater group called Alquimia.
- Held five presentations of the street play for HIV/AIDS prevention for 1,540 adolescents and the general public. One presentation was conducted during AIDS World Day.
- Distributed 2,700 condoms and 5,140 IEC materials.
- Published 8 articles about the play in different newspapers and 2 radio stations. A total of 4 newspaper ads were published to announce Dance With Life activities.
- Presented the play in five strategically located sites: downtown Campinas, at the II Annual Meeting For Adolescents, at a park, inside a high school gymnasium and in poor neighborhoods.

Lessons Learned/Recommendations

Innovative, creative and participatory methodologies using drama techniques are excellent tools for HIV/AIDS prevention.

The involvement of a professional drama group is essential to develop an effective HIV/AIDS popular street theater.

Category	Total	
People at presentations	1,540	
IEC materials distributed	5,140	
Condoms distributed	2,700	
Articles mass/alternate media	08	

HIV/AIDS Door to Door HIV/AIDS Prevention at Slums in São Paulo

Implementing Agency:	CRI - Associação Criança Querida	
Year:	1995	
Budget:	3,000.00 USD	AIDSCAP
	5,700.00 USD	Counterpart contribution
Geographic area:	São Paulo	

Background

The pauperization phenomenon of the HIV/AIDS epidemic in São Paulo has been described in several studies. CRI-Criança Querida, a NGO with the mission to bring health education and wellbeing to children, adolescents and families decided the first step to those living in slums was developing a door-to-door HIV prevention program to assess the level of knowledge on HIV/AIDS. After using the questionnaire, trained professionals from CRI provided specific information on HIV/AIDS and counseling according to poor families' needs.

Objectives

- To provide door-to-door visits to low-income populations living in slums of São Paulo during a two-month period.
- To interview 200 families to assess their level of knowledge on HIV/AIDS through a structured questionnaire.
- To provide door-to-door HIV/AIDS education to low income populations.
- To develop and present a play composed by slum residents on HIV/AIDS prevention using the assessment findings to construct the script and scenarios.
- To develop a leaflet called Living Well In Times
 Of AIDS to distribute to the target population.

Accomplishments

- Planned and designed a standard questionnaire to assess the level of AIDS information and prejudice among families living in 3 slums in the south region of São Paulo City.
- Interviewed 212 adults (109 women and 103 men) during the month of August 1995. The major findings were 58.7 percent of the

population had good or excellent information on AIDS (82 percent of answers were correct); only one individual answered less than 50 percent of questions properly. However a relevant number of participants (25 percent) reported they do not believe that condoms are effective in preventing the sexual transmission of AIDS. Seventy-five percent of the people interviewed reported that their main source of information is the media; 93 percent through TV. The study also identified that 40.5 percent of the individuals know someone with HIV or AIDS. However 77.8 percent of the men and 83.64 percent of the women reported no condom use.

- Conducted 3 courses for 75 people to raise awareness on HIV/AIDS prevention.
- Developed a popular street play based on assessment findings and presented it to the populations of 3 slums.
- Presented the HIV/AIDS prevention play 4 times during AIDS World Day in Tokyo, Japan per invitation of the government of Japan. In addition it was presented in Chile, Ecuador and Paraguay.
- Distributed 5,000 IEC materials and 25,000 condoms during assessment (door-to-door visits) and during play presentations in São Paulo.

Lessons Learned/Recommendations

The development of interventions that are complemented by quantitative and/or qualitative studies increases the quality of the interventions implemented.

The use of popular street theater with the participation of the community is an important strategy to fight prejudice and to increase solidarity among people living with HIV/AIDS.

STI Diagnosis and Treatment in a Family Planning Program

Implementing Agency:	: Maternidade Assis Chateaubriand (MEAC) - Universidade Federal do Ceará	
Year:	1995	Pull access
Budget:	5,000 USD	AIDSCAP
	21,038 USD	Counterpart contribution
Geographic Area:	Fortaleza	

Background

The Maternidade Assis Chateaubriand (MEAC) is a teaching hospital that belongs to the Federal University of Ceará. Its family planning services started in 1979 and since 1984 has been considered by the MOH a referral center for the Federal Comprehensive Women's Health Program. MEAC assists mainly women living in the city of Fortaleza and the surrounding districts. In the light of HIV/AIDS increase among women and considering the synergism between STI and HIV, MEAC in collaboration with AIDSCAP-Brazil, developed strategies to improve the diagnosis and treatment of STIs at the MEAC Family Planning clinic.

Objectives

 To improve the diagnosis and treatment of STIs in a family-planning clinic in Fortaleza, Ceará.

Accomplishments

- A total of 4,665 women and their partners were educated, among those 1,251 received face-to-face counseling.
- A total of 10,300 condoms were distributed over the life of the project.
- A standard questionnaire was developed to assess the risk for HIV/STI of women and

their partners attending the MEAC clinic in Fortaleza.

- From June 1 until August 15 1996, a total of 349 new women were interviewed to assess their risk for HIV/STI.
- Out of 349, a total of 241 (69 percent) were considered low risk; 57 (16 percent) were considered medium risk and 51 (14.7 percent) were considered high risk for HIV/STI.
- Based upon risk assessment women received counseling, condoms and contraceptive methods.
- All 51 women with symptoms of STI were treated using the syndromic approach guidelines. Furthermore bacterioscopies, VDRL/FTA/ABS, pap smears, wet mount (CV+10 percent KOH) pH, and Elisa were performed as needed.
- Treatment was offered for all partners of women with symptoms of STI.
- STI drugs and condoms were distributed free to women and their sexual partners.

Lessons Learned/Recommendations

The collaboration with AIDSCAP allowed MEAC, a family planning clinic, to integrate STI care to atrisk women and their sexual partners.

The integration of family planning with STI/HIV through a study, especially in a teaching hospital, is an important strategy.

Category	Total
Women and men educated	4,665
Women that received counseling (face to face)	1,251
IEC materials distributed	1,399
Condoms distributed	10,300

Distribution of BCC Materials for CSW

Implementing Agency:	Associação Piracema
Year:	1995
Budget:	Donation of 500 CSW booklets
Geographic area:	São Paulo

Background

The Association Piracema is a NGO with the mission to work in the comprehensive care of female commercial sex workers in São Paulo. Brazil. In light of the increase of HIV/AIDS and STIs among female CSWs, the Associação Piracema applied for a Rapid Response Fund to produce a brochure for female commercial sex workers. In 1994 the book "Everything You Always Would Like To Know and Have The Courage To Ask About Sex, Condoms, STI, Drugs, AIDS, Gynecology" published by Veronica Hughes was donated to AIDSCAP. It was recognized as the best didactic material of the year. This book produced for female CSWs was based upon 1,200 questions of CSWs and the questions were answered in a clear, easy and concise manner. Considered by specialists as a "piece of art" for the prevention of AIDS, this book was donated to Associação Piracema to be used during their intervention activities.

Process Indicator Summary

Category	Total
Female CSWs educated	500
IEC materials distributed	500

Objectives

 To provide a well-designed, pre-tested, glossy, glamorous, technically appropriate booklet on HIV/AIDS/STI prevention to female commercial sex workers living in São Paulo.

Accomplishments

- AIDSCAP/Brazil donated 500 HIV/AIDS STI prevention books to Associação Piracema.
- Associação Piracema distributed 500 books to female CSWs during educational interventions.

Lessons Learned/Recommendations

A well-designed, pre-tested material of good quality can be reproduced for wide use.

The donation of the first edition of 5,000 books by Veronica Hughes was estimated at 50,000 USD.

The KABP Study Among Low Income High School Students in Salvador

Implementing	Associação Baiana de Apoio, Prevenção, Terapia e	
Agency:	Pesquisa do Abuso de Drogas (ABAPEQ)	
Year:	1996	
Budget:	5,000 USD AIDSCAP	
Geographic area:	Salvador	

Background

Considering the lack of data on the knowledge, attitudes, behaviors and practices among youth in Salvador, Bahia, ABAPEQ with the technical assistance of AIDSCAP/Brazil Country Office conducted a study among public high schools students of poor neighborhoods in Salvador, Bahia.

Objectives

 To access AIDS prevention, information, knowledge, behavior, sexual practices and drug use among high school students in downtown Salvador.

Accomplishments

- Designed and pre-tested a standard questionnaire.
- Trained study team and discussed study protocol.
- Contacted schools administration to discuss the study and schools participation.
- Gave 154 questionnaires to students (33 percent were male and 73.3 percent female) between 14 to 17 years of age.

Data was processed and analyzed with the following major findings:

- 48 percent of the women and 8 percent of the men reported never having had a sexual relationship.
- Among those who reported sexual relationships (52 percent of women and 92 percent of men); anal sex was reported by 33.3 percent of men and 7.7 percent of women; vaginal intercourse (89.85 percent) of the men and 71.8 percent of the women, oral sex was reported by 40.5 percent of men and 17 percent of women. 92.6 percent of men and 96.3 percent of women reported having a regular sexual partner. In reference to condom use, sexually active women reported that 60

- percent did not use a condom in the last 6 months; 16 percent used them 50 percent of time, and 20 percent use them all the time.
- In reference to men and condom use: 37.4 percent did not use condoms in the last 6 months, 61 percent used them 50 percent of time and 43.8 percent used them always. None of the women with regular partners reported condom use during anal sex. 33 percent of female and 36 percent of male respondents reported condom use during casual sex. The major reasons for not using a condom were trust in their partners, being in love, use of other contraceptive methods, lack of erection, use of drugs.
- Male adolescents expressed in different ways their opinions about condoms such as: 56.9 percent reported that condoms decrease sexual pleasure; 34.8 percent reported that condoms are an impediment for a good sexual relationship; 77.5 percent reported that condoms are easy to use; 62.8 percent reported that condoms can be used with pleasure, 80.4 percent reported that condoms are a good contraceptive method.
- Female adolescent opinions about condoms were: 49.3 percent reported that condoms decrease sexual pleasure; 76.5 percent reported that they think condoms are easy to use and 79.7 percent reported that condoms can be used with pleasure.

All participants received IEC materials, counseling and condoms.

Lessons Learned/Recommendations

Gender, social, cultural and economic issues need to be considered in the design of interventions.

Trusting or loving the partner is an important barrier for condom use:

Alcohol use was high among teenagers: 44 percent of men and 49.2 percent of women. Thus this information should be considered in the design of an intervention. It is well known that the use of

alcohol can interfere in the adoption of safer sex behaviors.

In reference to the questionnaire, the adolescent target group was very happy to be part of the study as reflected in the following statements "I

Process Indicator Summary

Category	Total
Participants	154
IEC materials distributed	154
Condoms distributed	154
People educated	154

loved to participate and we need someone to talk with us about AIDS/STI/sex/drugs." "We need information on STIs." "This questionnaire called my attention for safer sex and condom use"." "After answering the questionnaire I will do HIV antibody testing."

Training of CSW's on STI/AIDS Prevention in 5 Municipalities in the State of Ceará

Implementing Agency:	APROCE - Association of Prostitutes in Ceará	
Year:	1996	
Budget:	5,000.00 USD AIDSCAP	
Geographic area:	Rio de Janeiro	

Background

Social organization of CSWs is a fundamental strategy for the implementation of effective HIV/AIDS/STI prevention programs among CSWs. This is the mission of APROCE, a community-based NGO in Fortaleza, Ceará, involved in HIV/AIDS prevention programs for CSWs since 1990. In 1996, with the support of AIDSCAP/USAID-Brazil, APROCE expanded its experience to CSWs living in 5 municipalities in the interior of Ceará.

Objectives

- To train CSWs on HIV/AIDS/STI prevention and how to act as peer educators in the 5 municipalities of Ceará.
- To develop the skills of CSWs towards self and social organization.
- To reach CSWs from 5 municipalities through trained peer educators.
- To increase the adoption of safer sex behaviors among CSWs from 5 municipalities.

Accomplishments

- Planned, organized and conducted 5
 decentralized training courses for 128 CSWs of
 6 municipalities in Ceará (Sobral, Canoa
 Quebrada, Russas, Itagé, Canidé and
 Mundaré).
- Distributed 128 kits of IEC materials and 2,160 condoms during training activities.
- Designed and applied pre- and post-test questionnaires to evaluate training activities.
- Included in training format participatory techniques with the use of small group discussions, role playing, and safer sex workshops including:

- Anatomy Of Male and Female Body: Myths and Realities.
- Use Of Drugs: How To Get Out Of It
- Panel On AIDS. How You Get It; How You Don't Get It.
- How To Live With An HIV-Positive Person.
- What are the Symptoms of AIDS?
- How To Prevent HIV/AIDS.
- Panel on STI. (One period lecture, small group discussions and testimonies).
- Epidemiology of AIDS.
- Testimonies, agree and disagree session.
- Discussions. How to self and socially organize CSWs.

Lessons Learned/Recommendations

Although HIV/AIDS prevention programs are being conducted in large urban areas of Brazil, the expansion to the interior areas through state capital cities, where prostitution is an important activity, is a need to be addressed.

Self and social organization of CSW is a long-term process beyond the scope of this project.

The development of volunteer work among CSWs in Brazil is a long process, thus beyond the scope of this project.

There is a need to maintain support to CSW prevention programs. Despite national, international and local efforts CSWs will remain a dynamic population (new elements always joining and leaving the profession) thus prevention activities must be reinforced to this target group.

Category	Total
CSWs trained	128
IEC kits distributed	128
Condoms distributed	2,160

"Sociodrama on AIDS"

Implementing	ABCA - (Brazilian AIDS Combat Association) and the Rainbow	
Agency:	group	
Үеаг:	1996	(Equipment of the Control of the Con
Budget:	5,000.00 USD	AIDSCAP
Geographic Area:	Brasilia	

Background

Based upon the experience of Sociodrama use for HIV/AIDS prevention in São Paulo, the ABCA and the Rainbow Group decided to use Sociodrama with female adolescents in Brasilia, Federal District.

The group received resources from the Rapid Response Fund Program to hold an AIDS Awareness Sociodrama Presentation.
Psychologists conducted the Sociodrama with long-term experience in the use of drama as a therapeutic technique. This process permits active involvement of the audience in the discussion of HIV prevention, transmission, stigmas, taboos, gender matters and other issues raised during the performance.

Each Sociodrama is unique, and depends upon the specific dynamics of each group. Thus, well-trained professionals are important in this process. During the sessions of Sociodrama, condoms and other IEC materials were distributed to teachers, school staff and students.

Objectives

- To promote HIV/AIDS prevention through the use of Sociodrama techniques.
- To involve female adolescents in the discussion of HIV/AIDS prevention.
- To identify barriers, stigmas and taboos in the prevention of HIV/AIDS.
- To promote safer sex behaviors to female adolescents.

Accomplishments

- Trained two professionals to use Sociodrama in HIV/AIDS prevention, conducted 16 Sociodrama sessions in schools for 1,110 female adolescents. Five were in Brasilia, capital of Brazil, and two were peripheral areas surrounding Brasilia.
- Produced 11,000 folders and distributed 4,000 during activities. The additional amounts were distributed to adolescents beyond the life of the project.
- Distributed 3,000 condoms during Sociodrama activities.
- Conducted 6 additional sessions of Sociodrama to school directors, teachers and school staff. All professionals received IEC materials
- Provided additional information through video sessions, small group discussions and counseling.

Lessons Learned/Recommendations

The Sociodrama raised an important demand to go beyond lectures and informational sessions.

The psychodrama activity provided students an important time for reflection about what they think, how they act, what they feel about AIDS, how they deal with their feelings and what their perceptions are.

Sociodrama is an effective strategy to use with adolescents. This model and technique should be expanded.

The Sociodrama has limited potential for implementation because it demands input from qualified and trained professionals.

Category	Total
Female adolescents that participated at Sociodrama	1,100
IEC materials produced	11,000
IEC materials distributed	4,000
Condoms distributed	3,000

Qualitative Evaluation of the Integration of HIV Prevention into Reproductive Health Programs

Implementing Agency:	Sociedade Civil Bem-Estar Familiar no Brasil (BEMFAM	
Year:	1996	Value of the Control
Budget:	5,000 USD	AIDSCAP
	4,630 USD	BEMFAM
Geographic area:	Rio de Janeiro	

Background

In the early 1990's, BEMFAM was concerned with the HIV epidemic and STI epidemiology and launched a behavior HIV/STI research intervention with the goal of assuring the integration of HIV/STI prevention into reproductive health services. Close monitoring by BEMFAM central staff followed the implementation of this program. In face of the efforts made, BEMFAM, with the support of AIDSCAP/Brazil, designed a qualitative evaluation to verify the effectiveness of this program.

Objectives

- To evaluate the integration of HIV/AIDS prevention and reproductive health programs.
- To evaluate the effectiveness of the program using qualitative research as a means for investigation.

Accomplishments

- Designed and conducted a pilot project using qualitative approach methods at two BEMFAM clinics in Rio de Janeiro (Meier and Vila Kennedy). A total of 40 women were interviewed. Major findings: "I do not use condoms because I trust myself and my husband." Furthermore, qualitative data showed that heterosexual couples seldom talked about sex and condom use in their daily life.
- Conducted quantitative study to identify the reasons that motivate women to talk or impede from talking about HIV/AIDS prevention and STIs. A standard questionnaire was developed and a total of 210 women were interviewed with the following major findings: Dialogue between couples usually is about fidelity and infidelity. Couples believe that the dialogue should be a means to encourage reflection about their

- relationship, although this dialogue can generate anger in men, and women are afraid to be abandoned by initiating these conversations.
- Constructed additional focus groups with 74 women divided in 10 groups to evaluate the booklet called, "Wake up, ADELAIDE."
- Based upon this pilot experience, the evaluation of the project Women-AIDSprevention (WAP) was implemented in the states of Rio de Janeiro, Pernambuco, Bahia, Rio Grande do Norte and Maranhão. AIDSCAP/USAID, IPPF/USAID and the Ministry of Health - NACP, sponsored the evaluation of WAP.
- Conducted evaluations using group discussions, participatory observation.
 Interviews with women and health care providers were performed by trained BEMFAM team. Regional analysis of data was conducted and compared.
- Major findings The evaluation of the project WAP showed that women were better informed then men about AIDS/HIV and their risk levels. They learned during the workshops how to use a condom and they felt more prepared to "talk condoms" with their partners. The educational materials helped women at the home and community levels to talk about AIDS and condoms, thus acting as educators in their communities.
- The difficulties of introducing condom use to a married couple was also identified. It was easier to reach young and/or single women through educational activities.
- Some groups reported the cost of condoms as an impediment to their use.

Lessons Learned/Recommendations

The use of condoms as a contraceptive method should be emphasized and proper condom use needs to be continuously promoted as a means of contraception and prevention of STI/AIDS. The advantage of condoms should be emphasized.

There is a need to investigate the influence of gender and STI/HIV/AIDS prevention approaches among HCP.

Category	Total
Participants	324
Women educated	324
Condoms distributed during workshops	324
IEC kits distributed	324

Who Calls? A Hotline on HIV/AIDS Prevention for Women

Implementing Agency:	Centro Corsir	ui	
Year:	1996	2.20 migan-	
Budget:	5,000 USD	AIDSCAP	
	11,616 USD	Counterpart contribution	
Geographic area:	Campinas and São Paulo		

Background

In the absence of a vaccine or a cure for HIV/AIDS, prevention is the only means to slow its spread. For this reason, Centro Corsini, a nonprofit NGO/community-based organization decided to create a campaign to disseminate a hot line service, increasing the access to confidential and accurate information on AIDS, especially for women. The campaign had the collaboration of the local media (large and small) that dispersed the hot line number and services for free.

Objectives

- Provide confidential and accurate information on HIV/AIDS and STIs to help women to protect themselves, their family and their communities against HIV transmission.
- Increase by 100 percent the number of women who use the hot line services through the dissemination of services in Campinas region.
- Disseminate the hot line phone services to 2,000 women between 19 to 49 years old by radio, TV, magazines, posters and brochures.
- Refine the hot line service through an updated course to re-educate the hot-line team to knowledgeably answer all the questions and to assure confidentiality.

Accomplishments

- Produced and distributed a 30-second video which aired for free over 30 days at the Globo TV in Campinas, Bandeirantes TV, SBT TV, and cable TV Channel 25.
- Produced a musical spot, aired on the 5 major radio stations in Campinas.
- Announced for free the services in the local newspapers: "Correio do Povo," "Diário do Povo" and "Folha Sudeste." Furthermore, the Center for Outdoors provided 20 free strategically distributed spaces announcing the services.
- Produced and distributed a total of 1,400 posters which were fixed at women restrooms

- at bars, restaurants, beauty parlors, lingerie stores, cosmetics stores, police stations for women, hospitals (especially gynecology wards), health care and day care centers. Downtown posters were fixed at central post offices, churches and stores. A total of 364 buses (50 percent of the buses of Campinas) displayed the posters. Posters were also displayed at schools and universities.
- Promoted special events twice a week with a microphone, music and car to disseminate hot line services.
- Conducted special one-day activities for women on March 8, 1997 - The Women International Day at Centro Corsini - with small group discussions, role-plays and gifts promoting the hot line number.
- Updated and re-educated hot-line staff over 7 days with special emphasis on HIV/AIDS and women, as well as on the logistics of the campaign. The training used real, participatory situations to discuss the refinement of the services provided by the hot
- Answered a total of 2,911 calls (1,671 from men and 1,197 from women). In the previous year, before the campaign, the hot line answered 897 calls from women and in just one month of the campaign period answered to a total of 1,197 call from women. Thus the objective was surpassed.
- Collected demographic data from all phone callers (age, sex, education, marital status) and information about where they got the phone number. A sample of thirty calls performed by randomly selected women were analyzed with the following findings: 31.3 percent of the phone calls were made by adolescents between 15 and 19 years of age and 22.8 percent were young adult women (20-29 years of age); 36 percent had not completed first grade, 56.3 percent were single and 37.2 percent of the calls were performed from public telephones. Sixty-five percent of the target population acquired the phone number through TV ads. Fifty-four percent of the

information requested by women were about the means of transmission.

 A total of 18,680.00 USD were documented as a verifiable counterpart contribution.

Lessons Learned/Recommendations

The Rapid Response Program with modest resources can be an important strategy to "warm up" prevention activities in a specific community

improving the awareness and response to HIV/AIDS.

Future programs should seek projects with important counterpart contributions to increase the dimensions of the program.

NGOs can play an active role in the negotiation of free space to air HIV/AIDS prevention messages.

Category	Total
Men and women that called the hot line	2,911
Women that called the hot line	1,197
IEC materials distributed	5,020
People reached via TV (183 São Paulo municipalities)	11,658,123

TV Campaign for HIV/AIDS Prevention among Women and Female Adolescents

Implementing Agency:	Casa de Passagem - Centro Brasileiro da Criança e do Adolescente		
Year:	1996		
Budget:	5,000 USD	AIDSCAP	
	1,400 USD	Counterpart contribution	
Geographic Area:	Recife		

Background

Casa de Passagem is a NGO with the mission to promote social educational and civil rights of low-income young girls and adolescents in the cities of Olinda and Recife, Pernambuco, located in Northeast Brazil. The NGO is run by a multidisciplinary team of lawyers, doctors, nurses, anthropologists, sociologists, social workers and social educators.

In response to the need to raise awareness on HIV/AIDS prevention among adolescents and women from the poor strata of society, Casa de Passagem planned, organized and aired three different 30-second videos at TV Globo Northeast, TV Jornal and TV Manchete. All TV channels aired for free the campaign during November and December 1995 and January 1996.

Objectives

- To raise awareness on HIV/AIDS situation among women and adolescents in Pernambuco.
- To promote the use of condoms.
- To empower women and adolescents to negotiate safer sex.

Accomplishments

- Planned, produced and pre-tested three 30second videos to be aired at the three main TV channels for free.
- Conducted five focus group discussions with 100 adolescents (20 per group) over two months to create the videos. All discussions were tape-recorded.

The main conclusions of the focus groups were: the need to reach women for the adoption of safer sex; the need to strengthen female adolescents in the negotiation of condoms with their partners and especially in their first sexual encounter; the need to respond to the partners arguments about using a condom; the myths and prejudice on AIDS not associated with the adoption of safer sex behaviors.

Three videos were produced based on focus group conclusions. The first video was for married women in a stable relationship (this video shows the reality of poor neighborhoods and addresses the double-moral standard). The second video raises the difficulties of negotiating safer sex., as boys will equate using a condom as a proof the girls do not love or trust them. The video addresses the issue through a dialogue between adolescents in which the girls take the boys' arguments. The third video shows that abstract fear of AIDS should not generate denial of its existence or the elimination of preventive practices. The campaign logo was: You also should use a condom.

Three TV channels aired the campaign during the three months (November, December and January) of summer for free in the State of Pernambuco. The counterpart contribution from TV channels was not reported.

The campaign aired by the media mobilized several sectors of society that requested from Casa de Passagem video presentations, lectures and discussions.

The campaign was presented in populous poor neighborhoods, schools and during meetings of community-based associations.

During three months the campaign directly reached 6,800 adolescents and women; 6,800 IEC materials were distributed and 2,770 TV spots were aired on TV.

Lessons Learned/Recommendations

It is fundamental to sensitize the private sector, which was accomplished in this case by using TV channels to air HIV/AIDS prevention campaigns for free. The price is astronomical to pay for the

costs of an HIV/AIDS prevention campaign on TV in Brazil.

During focus group discussions adolescents mentioned that HIV/AIDS is often acquired through loving relationships, and thus creative and effective prevention measures should address this issue.

Adolescents should be taught to respond to negative arguments that put them at risk of HIV/AIDS or other STIs.

Condoms are not affordable for poor adolescents living in slums. Strategies to improve their access to condoms is an important need.

Category	Total
Adolescents and women reached directly	6,800
IEC materials distributed	6,800
Spots aired on TV	2,770
People reached through mass media*	2 million

^{*}This data is based upon TV audience in the city of Recife during a 3-month period during summer time.

Community Mobilization on HIV/AIDS Prevention in Salvador, Bahia: "With Art – Without AIDS"

Implementing Agency:	CRIA - Reference Center for Adolescents 1996		
Year:			
Budget:	5,000.00 USD	AIDSCAP	
9	1,972.00 USD	Counterpart contribution	
Geographic area:	Northeast		

Background

Salvador, the capital of Bahia, is a city with strong influences from African cultures. Located in the Northeast region of Brazil, Salvador was the first Brazilian Capital. The city is characterized by important socio-economic and educational differences. Epidemiological data shows that Salvador is one of the major urban areas in Brazil highly affected by HIV/AIDS. In 1996 CRIA, a NGO with the mission to develop educational and health activities to adolescents, considered the vulnerability of low income adolescents and developed an adolescent theater program for the prevention of HIV/AIDS through the Rapid Response program.

Objectives

- To raise awareness of HIV/AIDS prevention to low-income adolescents in Salvador, Bahia.
- To promote safer sexual behaviors and condom use among adolescents.
- To involve adolescents in the HIV/AIDS prevention through popular street theater.
- To present the play at public sites in Salvador including a presentation during World AIDS Day.

Accomplishments

• Conducted focus groups with adolescents to assess their perceptions of HIV prevention and condom use. Some of their comments: "AIDS is a disease that generates despair, fear and prejudice;" "There is no cure or hope for AIDS;" "I do not use condoms because I trust my partner;" "I do not use condoms because it blocks my blood flow;" "To use condoms is like eating candy through the wrapper;" "I do not use condoms because I loose erection;" "It is too difficult to the adolescents to be concerned with so many things;" "Body changes, virginity and so many other things make it difficult to think about AIDS;" "I date a 'family girl' so she is not at risk and neither am I."

- Based upon focus-group findings, major issues were grouped together and analyzed and a script for the HIV/AIDS play was created using music, dance and local culture.
- Presented the play to 500 people during AIDS World Day at the heart of Salvador in the Pelourinho Square.
- Distributed 1,500 condoms and four different leaflets totaling 520 issues.
- Conducted a discussion about HIV/AIDS/STIs and sexuality after the play.
- Evaluated the play with adolescents who were recorded by CRIA. "Participating as an actor in this play made me feel more involved as a citizen... integrating forces to a better world" (Tatiana Cardoso). "I feel the people present had the opportunity to learn more about AIDS" (Debora dos Santos). "I had the privilege to be part of this activity. I feel that I have learned many things in a fun and informal way" (Alexandro). "I loved to participate it was a must" (Cassia).

Lessons Learned/Recommendations

AIDS prevention communication strategies should seek examples using participatory methodologies. It seems that theater, music, role-playing, and creating sociodrama with adolescents is an important strategy to consider in future programs across all borders. "Clap your hands and you can guess the thoughts in other lands."

International Congress on STI in Rio de Janeiro

Implementing Agency:	Federal University of Rio de Janeiro		
Year:	1996		
Budget:	5,000.00 USD	AIDSCAP	
	115,00.00 USD	Counterpart contribution	
Geographic area:	National		

Background

The control of sexually transmitted infections is key for the prevention and control of HIV/AIDS and should be a major concern of health care providers. The Federal University of Rio de Janeiro planned, organized and conducted a three-day international seminar on STIs in Rio de Janeiro in September 1996. AIDSCAP/Brazil cosponsored this meeting through the RRF program.

Objectives

- To conduct four satellite meetings on STIrelated issues before the conference.
- To promote the Syndromic Management of STIs to professionals in Brazil as a joint effort with MOH and AIDSCAP.
- To discuss reproductive health issues including HIV/AIDS control and prevention.

Accomplishments

- Planned, organized and conducted four satellite meetings prior to the conference on sexual orientation, HIV/AIDS, and STI; the limits of laboratory education and STI; how to build a participatory work; and the use of bimolecular techniques on the diagnosis of STIs.
- Conducted an International Congress for 1,200 health care providers with plenary sessions, round tables, workshops and 145 abstract presentations.

Process Indicator Summary

Category	Total
Participants	1,200
IEC materials distributed	25,000
Abstracts presented	145
Spots in the media	23

- Performed a public examination of STIs for professionals to acquire the status of specialists.
- Distributed 25,000 copies of the Brazilian
 Journal of STI (issue No. 3 and No. 4). Issue
 number 4 has the publication of all AIDSCAP
 abstracts presented in Vancouver.
- Disseminated the conference through 23 articles published in the newspapers and called for abstracts book.
- The scientific program of the Conference had the participation of professionals from MOH/NACP, State Prevention and Control Program in Rio de Janeiro, universities, NGOs and professionals from CDC, IPPF, FHI and AIDSCAP/Brazil. Furthermore, professionals from Canada, Argentina and Spain participated at round tables and plenary sessions.

Lessons Learned/Recommendations

AIDS prevention and control programs should consider the systematic participation in academic forums to promote Syndromic Management, especially in countries where there is a relevant resistance to the adoption of the syndromic approach.

Taking into consideration the reputation of the CDC in the USA, USAID should consider supporting CDC to develop a guideline for Syndromic Management as part of the effort to control HIV/AIDS worldwide.

Providing Access to the Translation of the Guidelines for Comprehensive Sexuality Education Develop by SIECUS, USA

Implementing Agency::	Grupo de Trabalho e Pesquisa em Orientacao Sexual (GTPOS) 1996	
Year:		
Budget:	5,000.00 USD	AIDSCAP
Geographic Area:	São Paulo	

Background

GTPOS is a non-governmental organization founded in 1987 with the mission to empower professionals working in the areas of education and health to run projects on sexuality and AIDS prevention.

In the face of the urgent need to develop prevention and educational guidelines on sexuality, GTPOS in conjunction with two other NGOs (ECOS and ABIA), produced a guide on sexuality to serve as a key instrument in the education of teachers. Since its publication a total of 16,000 were sold. GTPOS receives numerous requests of donations from all over Brazil and to respond to this need, AIDSCAP/USAID supported the distribution of the guidelines in the State of São Paulo.

Objectives

- To distribute 400 free copies of the Guia de Orientação Sexual - Diretrizes e Metodologia, to 400 educators and/or professionals that are already working on HIV/AIDS prevention programs in São Paulo.
- To provide well-designed and well-written technical material on sexuality to professionals working in HIV/AIDS prevention.
- To prioritize cities in the state of São Paulo with high incidence of HIV infection such as São Paulo, Santos, São Vicente, São Bernardo do Campo, Ribeirão Preto and São José do Rio Preto.
- To collaborate with the State Council for Women to identify women's organizations working on the prevention of HIV/AIDS and STIs to be part of the GTPOS mailing list to receive the guidelines.

Accomplishments

- Organized the mailing list after consulting with the State Council for Women in São Paulo and AIDSCAP/Brazil. Included also institutions from the northeast Bahia, Ceará and Pernambuco, which are USAID target areas for reproductive health.
- Distributed 400 copies of the Manual Guia de Orientação Sexual to women's groups and organizations by prioritizing the geographic regions with highest incidences of HIV in the state of São Paulo.
- With the technical assistance of AIDSCAP/Brazil, designed a simple two-page questionnaire with 14 questions to evaluate the use of the manual by 400 selected recipients. AIDSCAP/Brazil also provided technical assistance for analysis of data.
- Out of 400 distributed questionnaires, 120 answered the evaluation with the following findings: 40 percent of the recipients work with women; 22 percent work in education; 21 percent are linked to public health and 17 percent are NGOs working with AIDS and sexuality. Forty-seven percent of the respondents were coordinators or directors of institutions; 87 percent had university level education; 13 percent first- or second-grade; 84 percent were women and 16 percent men. The average ages of respondents were at or older than 30 years of age. Fifty-five percent of respondents did not know of the guide, 45 percent had some contact with the material and 15 percent had already read or used the material before receiving it through AIDSCAP. Thirty percent had superficial contact in that they had heard about or seen it.
- After receiving the manual, 24 percent did not read it due to lack of time. However 76 percent of the respondents read the manual and 51 percent planned activities with their colleagues after reading it. A total of 66 percent of the respondents reported that the

guide will help them to reflect and plan an educational activity in the area of sexuality

and HIV/AIDS prevention.

Category	Total	
Materials distributed	400	

Training of Teachers from Secondary Schools in São Paulo

Implementing Agency:	IBEAC - Brazilian Institute for Study and Community	
	Support	the first section of the
Year:	1996	
Budget:	5,000 USD	AIDSCAP
Geographic Area:	São Paulo	hou sole by the

Background

IBEAC is a non-governmental, non-profit organization established in 1981. It is considered public interest by federal, state and municipal laws. IBEAC's main mission is to stimulate and support civilian society in solving social problems within the community. It aims to improve the political consciousness of the population and to develop the true exercise of citizenship. The Councils Of Education (COE) of fifteen communities conduct IBEAC programs. The main concern of the communities' COE is to implement programs to teach people between 14 and 30 years old to read and write.

IBEAC involves in this process 681 teachers and 85 pedagogical advisors which are supported by the Ministry of Education. In view of the current AIDS situation in Brazil, IBEAC submitted a proposal to AIDSCAP to train two teachers/coordinators from each of the fifteen community councils to act as trainers for the other 85 coordinators, who in turn will pass the theoretical and practical training to 681 teachers working in the classrooms.

Objectives

- Increase AIDS awareness among 30 selected community educators in São Paulo City.
- Train 30 selected community educators on HTV/AIDS/STI and related matters to act as trainers of 85 community coordinators and 681 teachers.
- Educate 17,000 students on HIV/AIDS prevention through trained teachers.

Accomplishments

- Trained 30 women who are pedagogic coordinators at the community education level to act as trainers on HIV/AIDS STI prevention.
- Distributed 330 guidelines on eleven different types of HIV/AIDS/STI prevention to 30 pedagogic coordinators as educational support materials.
- Produced 17,000 leaflets on HIV/AIDS prevention to distribute to IBEAC target population (students between 14-30 years of age) learning how to read and write.
- Trained representatives from 12 different target geographic areas: Arujá, Cotia, Embu, Itapeva, Jandira, Jundiaí, Lorena, Osasco, Campo Limpo, Santo Amaro, Barueri, Itapevi (most areas belong to the great São Paulo city and are poor neighborhoods).
- Established a pre- and post-test to evaluate the training.

Lessons Learned/Recommendations

Existing infrastructures such as community-based systems that are already organized, committed and have good access to at-risk individuals are an important avenue for the development of HIV/AIDS prevention programs at relatively low cost.

Working with a well-established and respected NGO in the area of education allows integrating HIV/AIDS/STI prevention more easily in the community.

Category	Total
Teachers trained	30
Guidelines on HIV/AIDS prevention distributed	330
Leaflets produced and distributed	17,000

Fortunetellers as Romantic Advisors and Their Potential for AIDS Prevention

Implementing Agency:	Culture Concepts Institute and Medicine (CCIM)	
Year:	1996	
Budget:	5,000 USD AIDSCAP	
Geographic Area:	Ceará	

Background

The Culture Concepts Institute and Medicine (CCIM) is a Brazilian NGO dedicated to conduct community-based research on the interface of medicine and culture in Fortaleza, Ceará. CCIM has built upon the international experience and reputation of a nucleus of researchers in social medicine who have investigated the socio-cultural context of illness in the Northeast Brazil over the past 20 years. The rapid increases of HIV/AIDS among low-income women have motivated the researchers from CCIM to seek new approaches and strategies for HIV/AIDS prevention taking into consideration the existing culture.

In Fortaleza, Ceará, CCIM has identified the fortuneteller as a key player in solving problems of love and romance for couples of all socioeconomic classes and lifestyles. Busy housewives normally isolated from sources of official medical care go to fortunetellers hoping to solve problems. During the consultations, clients "open the game," presenting a clinical history of their private interpersonal relationships without apparent shame or discretion to the fortuneteller, who has the power, it is believed, to foretell and advise for the future. Thus, CCM conducted a four-month ethnographic study to explore the potential role of the fortuneteller in HIV/AIDS prevention.

Objectives

 To prevent the transmission of HIV among couples by conducting an ethnographic (anthropological) descriptive study on the role of the popular, amorous advisor, the fortuneteller, and her/his clients.

Accomplishments

- Seven experienced professionals worked together to establish research logistics for a week-long period.
- Conducted 20 in-depth ethnographic interviews with persons from four distinct socio-economic strata (impoverished slum dwellers, lower class workers, middle class and wealthy urbanites) who have consulted the fortuneteller regarding amorous/sexual problems in the past 6 months.
- Identified and interviewed 20 fortunetellers in the city of Fortaleza. Interviews explored their role, beliefs, practices and cures.
- Transcribed, coded, processed and analyzed 40 interviews using the computer program "The Ethnographic."
- Created pre-test social marketing strategies based upon research findings for the inclusion of fortunetellers in AIDS prevention efforts, including distribution and promotion of condoms.
- Project team had created the "Cards Of Love" for HIV/AIDS prevention.

Lessons Learned/Recommendations

Fortunetellers and card readers are considered by many Brazilians as experts in love. People seek them to gain information about the future and believe what the cards reveal. Some people believe that card readers "read the thoughts and worries that a person has." At this moment, with the rapid increase of HIV/AIDS in Brazil among heterosexual couples, new strategies of HIV/AIDS prevention should be explored. Study results highly suggested that fortunetellers should be trained to deliver HIV/AIDS prevention advice, condoms.

Category	Total	
Fortunetellers interviewed	20	
Persons interviewed that went to Fortunetellers	20	
Materials produced*	6	

Male Goat

Implementing Agency:	Culture Concepts and Medicine Institute (CCM)	
Year:	1996	
Budget:	5,000.00 USD AIDSCAP	
Geographic Area:	Fortaleza, Northeast	

Background

The implementation of culturally-appropriate intervention health programs is one of the missions of CCM, an NGO based in Fortaleza-Ceará, that is dedicated to conducting community-based research to serve as the basis for interventions. In 1996 CCM, with the technical support of AIDSCAP/Brazil and funds from USAID, performed qualitative research among women to better access their views, aspirations, expectations, sexual beliefs and behaviors.

Objectives

- To conduct an ethnographic (anthropological) descriptive study to access women's sentiments and sexuality.
- To create an informal, face-to-face educational intervention for women adapted to the cultural context of northeast Brazil and to these women's day-to-day reality based upon these findings.

Accomplishments

- Formed a multidisciplinary team composed of 3 researchers, 1 transcriber, 2 university research assistants, 1 popular artist, and 2 community researchers.
- Trained multi-disciplinary team and discussed research protocol.
- Conducted 40 in-depth interviews with 40
 men and women with steady partners from 4
 distinct socio-economic levels (high society,
 upper middle/middle class, lower class and
 urban slum dwellers) in Fortaleza. The
 interviews were conducted at the
 interviewee's home, workplace or a
 comfortable private setting.
- Following an ethnographic interview, guide information was collected assigning a number to the cultural norms of sexuality - attitudes, costumes and behaviors -- which shape and

influence the intimate relationship of heterosexual couples in northeast Brazil. The information collected included demographic data, popular language and terminology, notions of marriage, fidelity and infidelity, extra-marital affairs, gender- and sex-linked roles and obligations, ethnotypologies of men and women, sexual relationships and sexual behaviors.

- Interviews were conducted with 24 married persons with fixed partners over the past 5 years (12 males and 12 females who had tested HIV-negative. An identical sample (24) of HIV-positive married men and women were identified and interviewed.
- All interviews were transcribed, typing directly into the ethnographic program.
 Interviews were read and a list of codes created. Interviews were then re-read and coded one by one. Codes were entered into the computer and processed.
- Analyzed data based upon findings created 12 IEC prototypes to be used in future interventions for the prevention of HIV among heterosexual couples in the northeast.

Lessons Learned/Recommendations

Based upon IEC prototypes, posters, cards, leaflets etc., can be developed for the prevention of HIV among heterosexual couples.

Ethnographic (anthropological) descriptive studies provide rich background information for the proper design and implementation of HIV/AIDS prevention programs.

The in-depth link between research and intervention in the design and implementation of AIDSCAP HIV/AIDS/ STIs prevention programs is key for quality programs and should be considered for future programs.

KABP Research Among Adolescents to Evaluate Condom Use During the Winter Festival in Campos do Jordão, São Paulo.

Implementing	M/W Marketing Social and the State Department of Health is	
Agency	São Paulo	
Year:	1996	
Budget:	Not available	
Geographic Area:	São Paulo	

Background

The Winter Festival in Campos do Jordão attracts each year an average of 210,000 people from São Paulo and other Brazilian states. Most people who go to Campos do Jordão are young and belong to middle- or upper-social class. During winter festival young people have an opportunity to meet and date each other informally and sexual relationships can take place with partners that they just met. Quite frequently on occasions like this, prevention is not considered. In addition, the use of alcohol among adolescents is very prevalent in Brazil so the State Department of Health in conjunction with the private group M/W Social Marketing developed a KABP survey with the main objective to evaluate condom use. This study was supported by USAID through DKT/AIDSCAP Brazil Program with important counterpart contributions from the State Department of Health.

Objectives

- Identify the main characteristics of the young population who participate at Winter Festival in Campos do Jordão in order to design HIV/AIDS future interventions for this target group during the festival.
- Verify the frequency of condom use among adolescents participating in the Winter Festival.
- Identify reasons and motivation for condom use.
- Identify behavioral differences in condom use according to gender, age, education and residency (from Campos do Jordão and tourists).

Accomplishments

- A structured questionnaire with 18 questions was developed, pre-tested and professionals were trained as interviewers.
- A total of 282 adolescents (50.7 percent male and 48.2 percent female) answered the questionnaire. Out of 282, 63 percent were between 18 to 21 years old, 35.8 percent were between 14 to 17 years old and 1 percent was between 10 to 13 years old. Most participants had either finished high school or were at university. Out of 282, 64.8 percent were from other cities and 35.2 percent were from Campos do Jordão.
- Out of 282, 57.1 percent had never used condoms.
- The studied showed a low perception of risk related to oral sex. The reasons reported were lack of detailed information and incomplete media coverage.
- Among the major reasons for not using a condom was "I don't need it." Low perception of risk, lack of practice with condoms and lack of detailed information for proper use were other reasons for not using condoms.
- The number of adolescents from Campos do Jordão reporting never using a condom was significantly higher than the response of adolescents from São Paulo and other cities.

Lessons Learned/Recommendations

It is clear that adolescents need a more participatory education to teach proper condom use.

Barriers for not using condoms should be addressed based upon quantitative and qualitative research.

Programs need to be designed based on assessment of local needs and culture. Baseline data should be collected on a systematic basis for adequate intervention design.

Category	Total
People educated	600
Condoms distributed	600
IEC materials distributed	600

Amplifying the Communication Spaces on HIV/AIDS Prevention Among Women

Implementing Agency:	Nós Mulheres	
Year:	1996	
Budget:	5,000 USD AIDSCAP	
	41,991 Counterpart contribution	
Geographic area	Rio de Janeiro	

Background

The group Nós Mulheres is a non-profit organization in Rio de Janeiro, which has been acting in the areas of women's health since 1984, implementing educational activities among health care providers, community leaders and women. In 1996 "Nós Mulheres," in collaboration with AIDSCAP/Brazil, developed an intervention during a four-month period in 11 health services to increase access to existing educational materials produced for women, in a special 6-video kit containing, as follows:

Julieta e Romeu (ECOS/1995); Mancha de Batom (SES-SP/1995) Vênus de Fogo (PIM/ISER/1991); Uma Vezinha só (ECOS/1995); O dia da cura (ABIA/IBASE/1993); Sem camisinha não dá (CECIP/1992);

The kit was reproduced and distributed to the 11 selected Health Centers as part of the Rapid Response program.

Objectives

- Amplify the access of BCC materials at women's health services.
- Provide a kit of 6 videos on AIDS and women to health services in Rio de Janeiro.

Accomplishments

- Reflection workshops were conducted with health care providers from women's health services to include video sessions as support for the discussion of HIV/AIDS prevention among women.
- The kit of 6 videos was distributed to 11 different health services in conjunction with condoms and other IEC materials.

- Professionals were recruited and trained to use HIV/AIDS prevention videos for women during the development of daily activities at 11 health centers.
- The project obtained funds from USAID and the MacArthur Foundation to implement HIV/AIDS prevention activities for women.
- A total of 1,104 women participated in project activities, among those 279 were health care providers.
- A total of 378 men, 32 of whom were health care providers, were reached through project activities.
- A total of 7,066 educational materials were distributed to target population at the centers.
- A total of 11 video kits with 6 different videos were distributed to health centers. A total of 1,066 people participated at video sessions and debates.
- Special events were conducted during World AIDS Day.

Lessons Learned/Recommendations

The videos were used according to the specific service of each health center. For example, one health center composed a group of men to discuss the video session with special emphasis on condom use.

The kit was well accepted among women attending the anti-natal services or seeking contraception methods. Project coordinators evaluated that the use of videos contributed to the reflection process.

The activities were conducted during summertime (vacation period) in Rio de Janeiro. Project team evaluated that more women could be reached if project activities would remain beyond funding.

Category	Total
Females educated	1,104
Males educated	378
Condoms distributed	3,643
IEC materials distributed	7,066
Videos distributed to health centers	66

HIV/AIDS Intervention at the Waiting Room Clinics in Rio de Janeiro

Implementing Agency:	Grupo Pela Vidda - Rio de Janeiro	
Year:	1996	have be
Budget:	5,000 USD	AIDSCAP
Ü	3,030 USD	counterpart contribution
Geographic Area:	Rio de Janeiro	

Background

Pela Vidda group located in Rio de Janeiro city is a community-based non-governmental, non-profit organization dedicated to the advocacy for the rights of people with HIV and AIDS, AIDS awareness and prevention.

In 1996, through the Rapid Response program, Pela Vidda developed an intervention for men and women on HIV/STI at 3 waiting rooms at a gynecology department, an internal medicine and a tuberculosis out-patient care unit. During the intervention, information counseling was provided with IEC materials.

Objectives

- Increase HIV/STI awareness among women and men attending health care centers in Rio de Janeiro through the development of safersex workshops at waiting rooms.
- Taking gender issues into consideration, discuss with men and women HIV/AIDS prevention.

Accomplishments

- Reached 410 people (261 female and 149 male) in the waiting rooms providing at-site HIV/AIDS/STI information.
- Produced 40.000 leaflets -- 22,000 for men and 18,000 for women -- for distribution beyond the life of the project.
- Conducted safer-sex workshops with 410 people at clinic waiting rooms.
- Evaluated activities through a questionnaire for participants.

Lessons Learned/Recommendations

Although the level of general information on HIV/AIDS transmission and prevention is high, there is a need for more detailed information.

There is an urgent need of HIV/AIDS prevention programs for men which will consider their specific needs and cultural norms.

Process Indicator Summary

Category	Total
Females educated	261
Males educated	149
IEC materials produced	40,000*

Note: IEC materials will be distributed beyond the life of project.

The Community Response to HIV/AIDS: an Experience in Slum Areas in Rio de Janeiro.

Implementing Agency:	Ação Comunitária Pró-Favela (ACPF)	
Year:	1996	Teach you have
Budget:	5,000 USD	AIDSCAP
	3,600 USD	Counterpart contribution
Geographic Area:	Rio de Janeiro	

Background

The expansion of the HIV/AIDS epidemic in the late eighties and early nineties is characterized by a growing number of infected women, demanding a reassessment of the current prevention policies and programs, as well as the implementation of specific interventions to target women. In this context the Ação Comunitária Pró-Favela (ACPF) a philanthropic non-profit organization with the support of the AIDSCAP Rapid Response Fund promoted a training course on HIV/AIDS/STI for 32 community educators from 3 slums in the city of Rio de Janeiro. IEC materials were reproduced and distributed in door-to-door educational activities.

Objectives

- To update and train community educators to integrate reproductive health and HIV/AIDS/STI prevention activities in their daily work at 3 slums in Rio de Janeiro.
- To reproduce and distribute IEC materials for the prevention of HIV/AIDS/STI to women living at slums in Rio de Janeiro.
- To promote safer-sex behavior and condom use among women living in slum areas in Rio de Janeiro.

Accomplishments

- Planned, organized and conducted an updated training course for 32 community educators to integrate HIV/AIDS/STI into the reproductive health agenda.
- Reproduced and distributed 10.000 copies of IEC materials for HIV/AIDS/STI prevention (5,000 folders and 5,000 booklets).
- Educated 8,207 women and 1,790 men during door-to-door work by trained community educators.
- Promoted and distributed 77,372 free condoms during project activities.

Lessons Learned/Recommendations

HIV/AIDS prevention programs should be built upon existing organized groups with credibility and access to the target population. The training of community educators who know the violent and complex environment of slums in Rio de Janeiro is an important strategy in reaching and educating vulnerable, low-income women.

Category	Total
People trained	32
People educated	9,997
IEC materials reproduced and distributed	10,000
Condoms distributed	77,372

Safer Sex Education Community Journey

Implementing Agency:	Adolescent Health Program (PROSAD) and Viva Mulher	
Year:	1996	
Budget:	5,000 USD	AIDSCAP
0	3,150 USD	Counterpart contribution
Geographic Area:	Fortaleza	- (44) - 12)

Background

PROSAD and Viva Mulher are institutions in Fortaleza, Ceará, located in the Northeast of Brazil, involved with the assistance of adolescents and women in terms of physical, psychological, developmental and social well-being. The PROSAD/Viva Mulher program aims to improve the health situation of women and adolescents in 10 low-income neighborhoods in Fortaleza-Ceará. Over time, USAID/Brazil has supported "Viva Mulher" as part of their reproductive health programs in the Northeast. In response to the increase of heterosexual transmission of HIV in the region, USAID/AIDSCAP initiated pilot activities through the small grant program to integrate efforts on HIV/AIDS programs into reproductive health targeting female adolescents and women. To achieve this, PROSAD and Viva Mulher conducted a multi-faceted educational intervention which was evaluated through the administration by a structured questionnaire and focus group discussion.

Objectives

- To increase the capacity of youth, women and men to communicate about different aspects of safer-sex practices and AIDS prevention.
- To reach low-income youth through participatory methodologies and approaches to the prevention of HIV/AIDS/STI and unwanted pregnancy.

Process Indicator Summary

Category	Total
People trained	24
People educated	42
IEC materials distributed	718
Condoms distributed	144

Accomplishments

- Conducted preparatory meetings with the participation of PROSAD, Viva Mulher, and state AIDS control and prevention program.
- Identified and trained 24 professionals to act as facilitators and reporters during projects activities.
- Conducted activities using role-plays, small group discussions, and safer-sex workshops for 442 participants to whom were distributed 718 copies of IEC materials and 144 condoms.
- Promoted contraceptive use to avoid unwanted pregnancy.
- Applied questionnaires and conducted focus group discussions as part of the evaluation process.

Lessons Learned/Recommendations

There is a need to conduct HIV/AIDS prevention for adolescents and women in low-HIV prevalence regions were epidemiological data is showing an increase of HIV transmission among heterosexuals.

Epidemiological study of HIV and STI as well as behavioral studies of the target population are a important needs in the region to better assess the epidemic situation.

Evaluation of Maze Use on HIV/AIDS Prevention

Implementing Agency:	SOS Adolescents	
Year:	1996	
Budget:	5,000 USD	- AIDSCAP
	6,207 USD	- Counterpart contribution
Geographic area:	São Paulo	

Background

The number of HIV infected women is increasing rapidly and the male and female ratio in Campinas is 1:3. SOS Adolescents, a NGO established in 1992 in the city of Campinas, the second largest city in the state of São Paulo, has the mission to develop programs for adolescents. In an effort to control the rapid increase of HIV/AIDS among adolescents, SOS Adolescent created a Maze to target women with the collaboration of AIDSCAP. The Maze strategy as an educational tool has the objective to attract the attention of adolescents and women. In addition, several other public and private institutions as well as NGOs were interested in the Maze's model. Through the small grant program SOS was able to evaluate the methodology with the technical assistance of AIDSCAP/Brazil.

Objectives

- To conduct a quantitative and qualitative evaluation of the Maze as an educational device
- To prepare a Manual, describing the methodology used in the Maze.
- To disseminate information about the Maze use in HIV/AIDS prevention.
- To acquire a patent on the "Maze as an Educational Device."

Accomplishments

 The Maze was constructed to develop activities and be evaluated from November 28-30, 1996.

- Developed a standard questionnaire to evaluate the use of the Maze as a educational device.
- Before and after walking through the Maze 1,624 subjects answered questionnaires.
- Focus group guidelines were developed and two focus group discussions with adolescents were conducted to evaluate the Maze use as a educational device.
- A manual for Maze use was developed and 500 copies were distributed.
- The qualitative data show that adolescents acquired substantial new information on HIV/AIDS prevention through the Maze strategy. For example: "I had information, but I didn't knew about the proper use of condoms and lubricants at all..."
- The experience to be inside of the Mazes was considered good by 91 percent of the participants. The stories inside Mazes were considered real by 98 percent. The Maze was considered proper for women by 98 percent of the adolescents interviewed and considered adequate for men by 99 percent.
- The Maze was disseminated in the major newspaper in the country "Folha de São Paulo" (548,280 issues per day).

Lessons Learned/Recommendations

Creative and innovative strategies can be used or adapted to different target groups and to different regions/countries. The Maze is an innovative way to approach HIV/AIDS using participatory and interactive methodologies.

Category	Total
People educated	2,534
Female adolescents interviewed	823
Male adolescents interviewed	<i>7</i> 91
Special events	03
Manuals produced and distributed	500
Articles in the media	01 article in Folha de São Paulo that sells 548,280 newspapers per day

The Use of Maze as an Educational Device

Implementing Agency:	SOS Adolescent		
Үеат:	1996		
Budget:	5,000 USD	AIDSCAP	
Geographic area:	Campinas and S	São Paulo	

Background

Although adolescents are well informed on HIV/AIDS prevention in the city of Campinas there is a need to go a step further — from information to the adoption of prevention practices. This need motivated SOS adolescents to produce and test a prototype of an educational interactive material: a maze with information about HIV/AIDS/STI specially targeted to women and female adolescents. This project was funded under the Rapid Response Fund and provided one of the most innovative tools of HIV/AIDS prevention. This model can be adapted to different settings and cultures playing on natural human feelings: curiosity, interest and adventure.

Objectives

- To produce and test a prototype of an educational interactive material, the maze as an educational device to HIV/AIDS prevention.
- To construct and install the maze in high schools in Campinas.
- To promote through maze the personal responsibility for the options made.
- To promote safer sexual behaviors.

Accomplishments

- Planned and constructed an installation in a maze format, built with a light structure with colorful "walls." The construction of the maze required the technical assistance of an architect and a professional specialized in tent production.
- Developed the information and scenarios inside the maze based upon the most common

questions and problems faced by adolescents based on SOS files and counselors' experience. In addition, it had the technical assistance of a health education professional. Construction of educational materials required the experience of a professional from art and communication area.

- Trained 28 professionals to use the maze.
- Presented the maze to 938 adolescents (468 female and 470 male).
- Distributed 2,856 free condoms and 1,820 IEC materials; 50,000 media spots promoted the maze.
- Provided counseling and safer sex education for all participants.

Lessons Learned/Recommendations

The use of maze as an educational device is an extremely creative, innovative way of providing HIV/AIDS prevention. The maze uses the concept of having positive, risk-preventing options and can be constructed with different materials and in different countries, depending upon the materials used. For example, making the drawings about HIV/AIDS prevention on bamboo and bananas is inexpensive and involving people in the activity makes it fun..

The maze can be used for HIV/AIDS/STI, reproductive health or any other educational activity. It will depend on the scenarios and information incorporated inside.

A maze constructed with more sophisticated, permanent materials remains inexpensive and is a mobile tool.

Category	Total
People trained	28
People educated	938
IEC materials distributed	1,820
Condoms distributed	2,856
Spots in the media	50,000

VI Congresso Brasileiro DST/AIDS

Implementing Agency:	Brazilian Union Against Sexually Transmitted Diseases (BUASTI)
Year:	1996
Budget:	5,000 USD - AIDSCAP
Geographic area:	National

Background

The Brazilian Union against Sexually Transmitted Diseases is a non-profit organization that is more than 20 years old. During this time it has organized seminars, conferences, workshops in the area of sexually transmitted diseases, including the VI Congresso Brasileiro DST/AIDS. Numerous epidemiological and biologic studies show that STIs, both ulcerative and non-ulcerative, enhance HIV transmission. Studies also show that treating STI reduces the transmissions of HIV. Thus, AIDSCAP-supported activities are necessary to improve the management of STIs in Brazil. As part of the strategy to improve the management of STI in Brazil AIDSCAP supported the VI Brazilian Conference on STI and AIDS in Porto Alegre, Rio Grande do Sul, Brazil, through the NGO smallgrant program. The conference was held in Porto Alegre with representatives from WHO, PAHO, CDC, Institute Pasteur, Institute Fournier, MOH and professionals from Brazil, Argentina, Uruguay and Chile.

Objectives

- To update HCPs from Brazil, Argentina, Uruguay and Chile on the scientific knowledge on HIV/AIDS/ STIs and its interaction and synergism.
- To integrate actions in the area of STI/HIV/AIDS between MOH, WHO, PAHO, CDC and the local scientific community.
- To promote technical scientific exchange among health care providers from Brazil, Argentina, Uruguay and Chile.

Accomplishments

 The VI Brazilian Congress on STI/AIDS was held from October 9-12, 1996 in Porto Alegre, Rio Grande do Sul, Brazil, with the participation of 1,200 professionals. One hundred and thirty teachers (20 were from other countries) collaborated with the scientific program.

- The meeting had MOH representatives from Argentina, Uruguay and Chile. Furthermore the Conference had the support from The Brazilian Society for Gynecology and Obstetrics, the Brazilian Society of Dermatology, Pediatrics, Infectious Diseases and Proctology.
- A total of 6,000 conference newspapers, 1,500 abstract books and 3,000 posters were distributed.
- A total of 40,000 calls for abstracts were distributed in Brazil and other countries.
- A total of 125 abstracts were presented and 3 satellites meetings were conducted prior to the conference.
- Highlighted events: Dr. Luc Montagnier from Institute Pasteur presented "The Present Situation and Future Perspectives Of HIV Dissemination;" Dr. Wiener GrossKurth from the United Kingdom presented in plenary session "The Treatment Of STIs and The Control Of HIV: The Example Of Tanzania."
- Several issues such as prevention of HIV, counseling, management of STIs, syndromic approach, STI among adolescents and children, contraception and HIV/STI, and the epidemiology of AIDS and STIs were extensively discussed.
- Meetings were conducted during the conference between WHO, PAHO, CDC, MOH, and the Union Against Sexually Transmitted Diseases to discuss collaboration and procedures.
- AIDSCAP supported the participation of professionals from the Northeast, the poorest region of Brazil.

Lessons Learned/Recommendations

Collaboration between national and international agencies, inter-regional countries and Brazilian societies were keys for the success of this conference.

Massive participation of professionals from different states and specialists was very important.

The change from STI etiologic, laboratory driven approach to syndromic approach is a long process. Brazilian professionals have shown a strong resistance to accepting the Syndromic Management of STI.

Future projects should build upon AIDSCAP experience on STIs to improve STI management in Brazil. The expertise in proper STI management from USAID-funded projects is a comparative advantage and needs to be considered in future programs.

Category	Total
Participants	1,330 (650 female / 550 male)
Technical materials distributed	50,000
Abstracts presented	125

V Brazilian Congress on STI and the II Symposium on Genital Ulcers and AIDS

Implementing Agency:	Brazilian Union Against Sexually Transmitted Diseases	
Year:	1996	
Budget:	3,000.00 USD	AIDSCAP

Background

The Brazilian Union Against Sexually Transmitted Diseases, a non-profit organization, held a three-day Brazilian Congress on STIs and a Symposium on Genital Ulcers and AIDS for medical specialists, dermatologists, urologists, gynecologists and HCP. Updated information on epidemiology, diagnosis, treatment and prevention of STI/AIDS was discussed.

There were lectures, conferences and roundtables. Some of the topics were: Prevention and Control of STI; Interaction of STIs and HIV; Sexuality and STIs; Mechanisms of Bacterial Resistance on STI, Pappilomavirus, Genital Ulcers, Pelvic Inflammatory Diseases; Syndromic Management of STIs; and AIDS and Ethical and Medical Aspects in the Management of STI.

Objectives

- To plan, organize and conduct the V Brazilian Congress on STI and the II Symposium On AIDS and Genital Ulcers.
- To share experiences with colleagues.
- To improve STI management.
- To discuss Syndromic Management.

Accomplishments

- Planned, organized and conducted a 3-day national conference on STI/AIDS in Recife, Pernambuco, for 350 participants.
- Disseminated the conference for abstracts to 2,000 BUAST members.

Process Indicator Summary

Category	Total
Participants	350
IEC materials distributed	9,200
Spots on the media	10

- Distributed 4,400 technical materials bulletins, 2,000 on STIs. A total of 800 posters were selected and presented.
- Awarded the "Walter Belda" prize for the best scientific work in the following areas: epidemiology, laboratory, clinic and treatment.
- Disseminated the event on the media through 10 newspaper articles, magazines, TV and radio interviews.
- AIDSCAP/Brazil was part of the organizing committee and the Institute of Tropical Medicine from Belgium presented the Syndromic Management of STI.
- The conference had the participation of professionals from MOH, PAHO, AIDSCAP, Universities, Argentina, Spain, USA, France and Uruguay.

Lessons Learned/Recommendations

Considering the relevant resistance to Syndromic Management, all the opportunities should be explored to disseminate the technical and specific aspects of Syndromic Management.

USAID should mobilize top senior specialists in the regions to address Syndromic Management in developing countries, especially the ones with important resistance to a comprehensive approach to STI.

Combined efforts from UNAIDS, USAID, CDC. NIH, Fournier Institute, US and European universities to recommend the Syndromic Management through articles, books, brochures, guidelines (for example CDC) are important actions to promote the STI-prevention agenda worldwide.

V. NON SUBPROJECT HIGHLIGHTS

During AIDSCAP Project in Brazil several originally non-planned activities took place in order to respond to the evolution of the HIV/AIDS epidemic within the country. Among those activities was the inclusion of reproductive aged women as part of the target population. In the early nineties the heterosexual transmission of HIV was noticed due to the increase of cases among females. The male/female ratio that was 28:1 in 1985 become 3:1 in 1994. Also, during the project's evolution it was also noted that there was some resistance to the STI syndromic approach at academic institutions. An important goal to achieve during the life of the project became appropriating technical material which disseminated the syndromic approach and making it accessible for HCPs.

A national stamp campaign to raise HIV prevention awareness promoting the use of condoms was launched during 1997, in association with the Federal Post Office. An assessment of the private sector response to the AIDS epidemic was carried out in 1996.

In 1992, AIDSCAP was implemented in Brazil through a legally established Brazilian NGO named Associação Saúde da Família (ASF). From 1995, USAID gave permission to ASF to search for funding. This allowed ASF to begin a major fund-raising campaign with the fashion industry in Brazil.

The major non-planned activities developed during AIDSCAP Project were:

- 1) Prioritizing through RRF actions to women
- 2) Training on the Integration of HIV/AIDS Prevention and Reproductive Health for health professionals
- 3) Female Condom Research
- 4) The translation and publication of the book on STI
- 5) National stamp campaign
- 6) Assessment of the private sector response
- 7) Fund raising and sustainability which included:
- 8) "Wear for a Cure" Campaign
- 9) Other donors
- 10) Media collaboration
- 11) In-kind fund raising

1) Training on the Integration of HIV/AIDS Prevention and Reproductive Health

Background

The Women's Health Comprehensive Program was established in 1983 by the MOH. This program offered comprehensive care to women's health during all phases of life and women's needs, including antenatal care, contraception, gynecological assistance, etc. However, due to the problems faced by the health system, it was assessed that only approximately 40 to 50 percent of the population has access to these services (Costa, 1992). In addition, with the spread of the AIDS epidemic, a strong social movement was able to demand actions from the state and national STI/AIDS program. As a result, the two vertical programs were developed, isolated and even in competition at the service level.

The number of cumulative cases among women for the period from 1980 to 1996 has reached 1/5 of all notified cases. AIDS, since 1992, has been the first cause of death for women aged 15-49 in São Paulo State. The MOH estimated that the number of all Brazilian women infected by HIV in 1996 is between 133,369 and 204,001. Most AIDS cases among women have been reported as due to sexual transmission (50 percent), with only half as many due to IDU (26 percent), and an even smaller proportion (12 percent) due to partnering bisexual men (MOH, 1996).

The increase in cases of congenital syphilis reported by the MOH reflects the improvement on data-recording but points to problems in antenatal care and the lack of proper management of STIs in medical services. There has also been a recent increase in the number of births in 10-14 year old women and among all births delivered in Brazil, 24.5 percent are among women less than 20 years old. The situation of female vulnerability to HIV is complicated by the fact that 40 percent of women in their reproductive years (15-44) are surgically sterilized and therefore protected from unwanted pregnancy but not from HIV, and sterilization was an obstacle for condom use.

A training model taking this situation into account was tested among 104 health professionals from São Paulo, Santos, Fortaleza and Salvador. The training was conducted in October 1996 and December 1996. In São Paulo the training was developed with the State Health Department, in Salvador with the Institute of Collective Health from the Federal University of Bahia, and in

Fortaleza with State Health Department of Ceará and Maternidade Assis Chateaubriand from the Federal University of Ceará.

Objectives

The training course aimed to

- provide information and support so that HCPs could implement educational prevention of HIV/AIDS into women's health programs;
- build the capacity of the HCPs to embrace new methodological approaches to develop prevention activities;
- update knowledge in reproductive health and HIV transmission and prevention among HCPs.

The training model

The 32-hour training course was comprised of lectures, seminars, group discussions and workshops conducted by local teachers specifically selected for the workshops. The subjects were: The Integration of HIV into Reproductive Health; IEC as a Form of STI/HIV Prevent;, Anatomy and Physiology Of Reproduction; Sexual Response; The Epidemiology Of STI and AIDS in Brazil; Gender, Sexuality and Reproductive Health; STI/AIDS Among Women; STI/AIDS and Contraception; The Benefits Of HIV Testing, and Preand Post-Test Counseling; and STI Management. A participatory methodology was used to discuss subjects such as the body, sexuality and gender, contraception, AIDS prevention and the planning of educational activities. The goal was to increase HCPs abilities to establish and improve communication with clients in order to meet their needs. Health professionals were trained to use male and female body displays during workshops. A total of 200 samples of female and male body displays were distributed to each of the local services during this training.

Accomplishments

 104 health professionals were trained to develop educational activities of HIV prevention in health clinics assisting women at reproductive age;

- 600 displays of the human body were distributed to serve as support material for educational activities;
- Training evaluation revealed an increase of awareness regarding HIV and gender issues among health professionals and managers;
- The training stimulated new routines in the health services and partnerships among local institutions; and
- The health program guidelines were strengthened after the training.

Evaluation

An evaluation questionnaire was administered immediately after the training and another evaluation was carried out in another 3 to 5 months. In the initial evaluation, most of the participants (91 percent) highly rated the training, 42 percent found it enriching and informative, 23 percent said it was very good, and 26 said that it was good. Some participants suggested allotting the program more time and including other topics. The later evaluation was comprised of site visits, in-depth interviews, questionnaires and following up on project proposals developed during training. This second evaluation showed that there were important results for the institutions involved as well as to participants of the training. There was a strengthening of the relationships among institutions.. There was sensitization of health professionals to AIDS/HIV prevention for women. The evaluation also showed that there was an effect of improving and changing the service delivered to target populations with the creation of new activities and group discussions for women at the clinics. There were also changes in the methodological approach in terms of carrying out activities already developed by the clinics, and in Salvador a commission to follow up the integration of activities was created after the training

Changes regarding condom use and prevention attitudes from health professionals were also reported. Reported results were a more assertive attitude in recommending condom use, a greater understanding of the negotiation issues between partners and reinforcing knowledge of the correct use of condoms. The training had different results depending on the level of integration of each local health system. The training produced a sensitization effect in Fortaleza promoting change at the service delivery level, while in Salvador this effect was observed and broadened with the addition of having stimulated a seminar with several institutions and the creation of the commission. In Santos, the training produced new activities in the service delivery level and it reinforced the programs already being carried out in the region.

Lessons Learned/Recommendations

- This model of training should be improved and used to sensitize health professionals working at all health system decision-making levels including the executive, planning and management levels. The results of the training showed that it works to bring gender issues forward during discussions and to include HIV prevention in the agenda of health care institutions.
- Specific courses with more detailed information and a longer period of training should be developed, and feedback gathered after the training. The follow-up should include support, supervision and refreshment courses for the trainees.
- Facilities should refine the training according to specific local strategies and target populations most effected by the HIV epidemic.
- Assessing the results of the training is crucial to improve capacity-building of health professionals and their attitudes regarding gender issues.

2) Female Condom Research: Acceptability of the Female Condom among Clinic Users in São Paulo, Brazil

Background

A study of 101 women aged between 18 and 45 was conducted between September 1996 and January 1997 in a Women's Health referral clinic in São Paulo City.. Eligible women were randomly selected on weekly basis to attend a 30-minute meeting in which the female condom was presented. After the meeting they were given a questionnaire and were offered the female condom for personal use.

The objectives of this study were to:

- determine the proportion of women who would accept the device;
- discover the socio-economic and health characteristics of those women;
- assess the level of information and awareness about HIV/AIDS associated with the use of the female condom; and
- raise awareness about the device.

The questionnaire was structured to gather information about the female condom participants in five areas: 1) demographic and socio-economic data; 2) medical and obstetrics data; 3) sexual practices; 4) knowledge and risk perception for HIV/STI; and 5) data on use of the female condom. Eligible women did not have health problems, were sexually active and were willing to not get pregnant. The selection occurred once a week among the users of the clinic. Between 8 and 12 women participated in each weekly meeting. The women who accepted the female condom were given a box with 6 devices and had an interview scheduled two months after the initial interview. No dissemination or publicity was performed during the research conduction.

Results

Seventy-eight women out of 101 agreed to use the female condom and less than 25 percent (23 women) would not agree to try the device.

Thirty-four women returned for the second interview and used the female condom and two returned for the second interview, however did not use the female condom.

The initial interview showed that 63 percent of these women were married, 34 percent were single and the remaining 3 percent were divorced or separated. Ninety-five percent had an active sexual life, 97 percent had some education (knew how to write and read), and only 6 percent had attended university. As expected, none of them belonged to class A, the highest socio-economic group in Brazil. Eleven percent belonged to class B, most of them (66 percent) belonged to social class C or D, and 23 percent fell in social class E.

The average number of living children was 2.4, and 25 percent had had at least one abortion or miscarriage. The most used contraceptive was the pill at 38 percent, followed by the male condom at 28 percent. Other health-related questions revealed that only 3 women had used drugs and few had experienced STIs (3 hepatitis, 2 condiloma accuminatus, and 1 syphilis).

Many women (35 percent) reported worries about HIV/AIDS and among those the group of single women was significant. Still, only four percent reported they felt they had a great chance of getting AIDS. Only 16 percent reported they had ever had an HIV test.

Of the 78 women who accepted the device, 60 percent reported that it was because of dual protection, 21 percent reported it as a sole contraceptive and 19 percent used it primarily as protection against AIDS.

When the group of women who accepted the method was compared to the group which did not, the significant differences were that the former group had previously asked their partner to use a condom and had talked with the partner about the concern of getting AIDS. These women in general had greater concerns than the second group in relation to AIDS. This difference was statistically significant, showing that women with a higher risk perception are willing to try new protection measures.

not like it. Almost 60 percent of the partners (19 out of 32) liked the device. Most of women (66.6 percent) said that the main advantage of the female condom was the dual protection, 20.5 percent said that it was easy to put in and did not interfere in the intercourse, 5 percent said that sex was better with it and 5 percent said they liked it for other reasons.

The main disadvantage cited by 10 women was that it was difficult to insert and interfered with sexual intercourse, 7 women reported that it had too much lubricant, 5 women reported discomfort

Thirty-six women were interviewed after using the female condom when they returned to the health clinic. The remaining 42 did not come to the clinic although they had an interview scheduled with the doctor. Among the 36 women who received the condom and reported back for an interview, 34 used the device and two had not. One of these two women said that her partner did not want to use it and the other said that she had an IUD.

Most of women who used the device and reported back to the clinic were married (68 percent), 29 percent were single and 3 percent were divorced. Most women (25, 73 percent) used 3 or more female condoms during the two months observed. Only nine women used two or less. The average number of female condoms used was 3.76. Twenty-five women reported that they liked the experience (among those 6 women said that although they liked the condom, their partner did not), one said that the partner liked it but she did not, and 7 women along with their partners did

The main disadvantage cited by 10 women was that it was difficult to insert and interfered with sexual intercourse, 7 women reported that it had too much lubricant, 5 women reported discomfort during sex, and 3 simply found it difficult to insert. Most women (66 percent) reported they would like to continue receiving the condoms, with most of them (26/34) willing to buy female condoms. Ninety-one percent said they would recommend it to their friends. Although with a limited sample size and short follow-up, this study shows that the female condom can be accepted as a part of a dual-protection method.

3) Translation of the Book: Control of Sexually Transmitted Diseases: a Handbook for the Design and Management of Programs, edited by Dallabetta, G., Laga, M. and Lamptey, P.

AIDSCAP in association with Te-Corá Editora coordinated the translation of this book into Portuguese. Brazil is cosmopolitan but the English language is not widely spoken. As a strategy to disseminate the Syndromic Management Approach of STI to Brazilian health professionals, this book was translated and launched during a satellite seminar carried out at the 8th Pan American and 10th Brazilian Infectious Diseases Meeting in Salvador, May 1997.

The book has 15 chapters and a preface from Dr. P. Piot, Director of the UNAIDS Program. It was officially launched in English during the 10th Conference on AIDS in Vancouver, 1996. The chapters are split into three sections. In the first section the management of STI programs is approached through 7 chapters which comprise a general overview of global challenges for STI control, guidelines for the management, issues surrounding the integration of STI treatment into health care systems, the communication approach, utilizing condoms, training and drugs. In Section II case management of STI is approached through

case management, STI and pregnancy, behavior changes, partner management and STI laboratories. The Portuguese translation was complete and revised by AIDSCAP/Brazil and a group of Brazilian experts in several areas such as Infectious Diseases, Public Health, Behavior Change Communication and Condoms. This revision gives the book an endorsement from the academic institutions because most of the reviewers belong to important Brazilian Universities.

The book has been distributed to scientific forums, libraries, and medical schools — especially to the departments of Dermatology, Infectious Diseases, Gynecology and to specialists working with HIV/AIDS. A hundred and seventy copies were donated to the MOH. NGOs working with HIV/AIDS prevention and care also received copies. The book has been used in the State Health Departments for training and to facilitate discussions with health professionals implementing STI programs with an emphasis on the USAID geographic target areas.

4) National Stamp Campaign

In association with the Brazilian Government Mailing Service a national stamp was launched in April 1997 by the Minister of Health. The proposal was presented by ASF to the Brazilian Post Office Company and approved through a competitive process after peer review. The stamp shows the red ribbon dressed in a condom with the ASF initials and the words: "Put on this cause." In an expressive and simple way the stamp to draws attention to the HIV/AIDS epidemic in Brazil. The artist used the red ribbon, a strong symbol of AIDS awareness and the World Campaign Against AIDS, and synthesized it with the symbol of prevention, the condom, drawn free-hand in gauche and brush. The stamp says, "Put on this cause and wear the condom". This is the first time a condom has been used in a national stamp. The

background colors with the colors of the Brazilian flag reinforced the fact that HIV/AIDS is a Brazilian problem and major concern. Each stamp was sold for 0.23 cents totaling 690,000 USD. Further, a post card was produced as a part of the collaborative campaign. The stamp was launched on April 7, 1997 at the Pan-American Health Organization office during the Health International Day by the Minister of Health himself. The event had the participation of several authorities, ambassadors, donors and the media. Three million stamps were issued accompanied by a post card. The main objective of the stamp is to raise AIDS prevention awareness and to promote condom use. As it is stated in the promotional leaflet, the purpose of the stamp is "to remember that this is also a problem and a concern in Brazil."

5) Assessment of the Private Sector Response

Background

A study on the private sector was conducted in Brazil in 1997. The rationale for the study was to review experiences of "leveraging" private sector resources for HIV/AIDS prevention. Leveraging is "an intentional effort to involve businesses to invest" in HIV/AIDS prevention.

Methodology

In March 1997, a set of interviews was held in Brazil with representatives of twenty-one mostly private companies but included several significant government-owned companies. In addition, representatives of four major trade union confederations, ten NGOs, three business-financed agencies, and several state and federal government agencies were interviewed.

A representative sample of larger businesses was sought. Some of the elements in company selection included the diversity of industrial sectors, e.g., manufacturing, agriculture, food processing, retail, banking, insurance, transport, hotels and resorts; both long established companies and others that are relatively new; companies that operate in a single industry and some that are conglomerates; some companies known to have or have had HIV/AIDS prevention programs.

Most of the interviews were in companies that are large (at least four being among top twenty companies in Brazil) and who employed medical personnel. In several cases, efforts to set up interviews were met with little interest by company executives. It should be noted that the review of leveraging experiences explicitly was not to assess the prevention activities within the companies. This was made clear to those interviewed.

Over the course of less then 15 years, the HIV/AIDS epidemic in Brazil has emerged as one of the most serious public health problems facing the country. Economic conditions in the 1980s and early 1990s contributed to situations in which sexual activity carried higher risks. High unemployment (15-18 percent) and inflation made it more difficult for people, especially women, to secure adequate incomes. There has been a sharp

decline in industrial employment every year for the past seven years -- companies "down sizing" is very much part of neo-liberal Brazil — even though the past couple years have yielded relatively good economic returns.

The deterioration of the public health system, like other social welfare services in Brazil, took place during the authoritarian period from 1964 to 1984, and continued to worsen during the extended economic recession that accompanied the return to civilian rule. This limited the country's capacity to address its many existing health problems, and conditioned ways in which it might respond to the emergence of a new socially, culturally, and epidemiologically explosive infectious disease.

Findings

HIV/AIDS is not currently a priority concern for most Brazilian companies.

During 1990 the first known cases of HIV infection began to appear in many companies. Many interviewees recalled that "at first" no one knew what to do-what the policy response should be, what benefits should be available to the person, how to address workplace problems resulting from the phobias of fellow workers, and so forth.

Most of the companies set up committees or other mechanisms, often with help of the health authorities and in some cases a NGO, to establish policies regarding HIV/AIDS. Fortunately, beyond laying the foundation for prevention, the policies tended to emphasize the rights of employees and which benefits the company would or would not provide relative to HIV/AIDS. Today, these companies are proud of their policies.

The companies now feel that the "AIDS problem" is under control. They believe they now have:

- enlightened (and legally correct) internal policies regarding HIV/AIDS;
- liberal benefits for those with HIV/AIDS; and, due to prevention education efforts both internally and in the public, an educated workforce;

- a workplace environment in which persons with HIV will be accepted and not regarded as "disruptive;" and
- confidence that the number of "cases" will stay low enough for the associated costs to the company to be manageable.

The chief of the health department at a government-owned utility company in the process of being privatized, stated that AIDS is far from the biggest problem for the company. In support of this assessment, he noted that the number of days of employee hospitalization for HIV/AIDS was 2.5 percent of the total hospitalization days for the 7,200 employees.

Currently, most of the companies pay for all or part of the costs of HIV/AIDS treatment including the anti-retroviral multi-drug "cocktail." The company also pays for diagnoses and other procedures not covered by the government. These companies appear to feel they can manage the current costs. However, several companies feel that they pay "doubly" for health: first through the taxes for health and then through the costs of their own health services and/or group health plans.

It is clear that the perception of those interviewed is that HIV/AIDS no longer represents a significant problem or, if it is a problem, is at least now manageable for business operations. The reported incidence of HIV/AIDS in the companies interviewed is quite low, ranging from 0 percent to one-half of one percent of the total workforce. Several of those interviewed acknowledged possible underreporting but thought that HIV/AIDS was not a significant problem for the company. Others commented that it appears that health authorities had exaggerated the extent of the epidemic.

The number of cases of AIDS reported in Brazil on a per capita basis is relatively low. Perhaps even more significant are the changes in the social and demographic profile of the epidemic. The recent data suggest that the epidemic has become increasingly focused in the poorest and most marginalized sectors of society. These are not the people likely to be working for the larger companies, even in the HIV/AIDS "epicenters" of São Paulo and Rio de Janeiro. To any extent likely to make a difference to the companies, even as customers, these social sectors have little impact.

Companies have devoted little attention and resources to HIV/AIDS prevention.

Most of the companies interviewed developed a response to the epidemic, but only after the first incidence(s) within the company appeared. Their focus was less on implementing HIV/AIDS prevention strategies than on understanding the rights of workers who became infected or ill; on the personnel and benefits policies relating to care and treatment; and on responding to discrimination and phobias on the part of coworkers.

The approach to prevention has been similar in every company interviewed. Usually it has been the health professionals on staff who have sought to provide employees with informational materials (often reproduced materials from government health authorities) including videos (in some cases produced by the company), and give formal and informal lectures. In some cases, short training sessions were provided for certain employees who then were to be "multipliers" (i.e., peer educators) of the prevention education they had received in the sessions. In many companies this approach was eventually extended to the dependents of employees. In certain communities with companies that are dominant, this approach was often extended to all residents of the community. The presentations have taken place on company time to ensure attendance. Peer educators usually received time off their regular schedule if they worked on weekends.

A 1988 decree by the Ministry of Labor required all companies to carry out internal AIDS prevention education as part of the annual Week for Prevention of Work-Related Accidents (SIPAT). The companies interviewed regard a talk, a play or a video during that week, or a pamphlet about AIDS, as both fulfilling the legal obligation and being a sufficient effort at prevention. No mechanism was set up for monitoring or evaluating the extent to which this decree has been implemented, especially outside publicly-owned companies and the larger (often multinational) companies. An official from the Prevention and Training Unit of the Department of Health of the State of São Paulo expressed his opinion that only a "small minority" of companies, outside the large ones, even have such activities. He noted that even though the decree carried a significant fine for non-compliance, he does not know of a single instance in which a fine has been levied.

In only a very few companies have costs, either in money or staff time, been considered significant enough to track. One exceptional past case is that

of Goodyear do Brasil. In 1988 the company dedicated an edition of its in-house magazine on HIV/AIDS "in order to clarify a lot of misleading notions about AIDS in the media." They did this in consultation with the AIDS center at the Department of Health. At the request of the Department Goodyear do Brasil did several printings, producing a total of 750,000 copies. above and beyond the original plan to produce only enough for the 7,000 employees and their families. The cost, even without the factor of labor, was well over \$2 million. Since 1988 the company at least twice a year tries to put an article about AIDS in its in-house magazine that appears every other month. Only a few other companies have developed pamphlets on HIV/AIDS and produced extra copies for public distribution.

Another case among the companies interviewed of devoting more than the minimum resources to prevention awareness is the Brazilian firm Industrias Villares. Within the company, six teams of AIDS educators have been developed and given HIV/AIDS prevention trainings in towns in the State of São Paulo. In 1996, 250 teachers in two towns received training. The company covers the staff time involved and the costs of reproducing materials from the Health Department of the State of São Paulo. Villares, along with the Health Department, is playing a leadership role in attempting to interest other companies in developing internal HIV/AIDS policies and programs.

Staff at publicly-owned companies felt that their employers involved more personnel and spent more money on internal HIV/AIDS prevention education than privately owned companies. A contrasting experience was offered at one of the publicly-owned utility companies in São Paulo. It carried out internal prevention education, including the making of a video, in 1988 with the collaboration of the Department of Health. Since then, however, there have only been mentions of HIV/AIDS in the annual posting regarding the prevention of accidents. Efforts by two social workers on staff raise further awareness have been opposed by their superiors and the top administration. The staff social workers interviewed commented that this may be because the company is under pressure to be more profitable in preparation for a likely sale to private interests.

As noted above, many companies feel they are contributing to HIV/AIDS prevention through their taxes. Materials have been developed by

SESI (Social Service of Industry) which is part of the National Confederation of Industries, SESI's very sizable budget is derived from a de facto tax of 1.5 percent on the payrolls of all members of the confederation; SESI fosters in many and diverse ways the welfare of employees especially in health, recreation and education. The São Paulo division of SESI between 1988 and 1990, in collaboration with the Department of Health, did awareness and information trainings in many large companies in São Paulo. According to the interview with the doctor in charge of the Department of Preventive Medicine of SESI, things "fell apart" around 1990 because of the lack of organization and materials. Only with the help of a \$100,000 grant from the National AIDS Program (in turn supported by the World Bank loan), is SESI trying to start up again focusing on mid-size companies.

Despite this investment a number of business executives and SESI officials belonging to the Group for Social Action of FIESP (the Federation of Industries of the State of São Paulo) of the National Confederation of Industries felt it was money "down the drain." In any case, in terms of the issue of leveraging support from the commercial private sector for AIDS prevention, the SESI resources are effectively limited to employees in the formal sector and not groups likely to be identified as primary for prevention strategies.

The overall impression is that the companies do not really believe in HIV prevention programs. They have tended to focus less on prevention than on the consequences of HIV/AIDS for the company, especially the rights of those infected; the ways the company will or will not help them; and education against discrimination by coworkers.

The lack of belief in prevention programs is not surprising given that there seems to be few efforts in Brazil to develop indicators to monitor their effectiveness. Moreover, given the nature of the HIV/AIDS epidemic, it is hard to demonstrate cost effectiveness to persons who make decisions about investments based on expectations of measurable results in the short term. As an official of the Prevention and Training Unit of the Department of Health of the State of São Paulo commented, "The companies are concerned about profits. You have to convince them that spending something now helps with profits in the long run."

"Prevention is the government's responsibility" was the clear message from several of the company representatives interviewed. Several gave precisely the same statistic, namely, that employers in Brazil pay \$1.08 in benefits for every \$1 in salary and that anything else spent on HIV/AIDS prevention would be in addition to this already burdensome amount. Employers think that their responsibility starts and stops with providing health insurance for their employees. Again, care, not prevention, is the role of the employer.

Most of the companies interviewed do not provide condoms for their employees. Several stated that the employees are relatively "privileged" financially and therefore should simply buy condoms at the regular commercial places.

Corporate social responsibility and corporate philanthropy are not significant traditions in Brazil. When asked about making outside donations for the benefit of society, several persons interviewed emphasized that their companies are already doing enough by providing health services to their own workers and their dependents. Some commented that until recently the economy in Brazil was so bad that companies could hardly think of donations and public service. Now many companies are recovering, but they are spending heavily on rebuilding and updating the infrastructures which were neglected during the long period of economic bad times.

Donations seem to be often in-kind. Also, three of the publicly-owned companies interviewed referred to training programs they are running for poor youths. As part of the orientation given in those programs there is a lecture by a medically trained person or a social worker about STI/AIDS.

Two psychologists on the staff of a drug company are teaching NGO HIV prevention "as well as how to use our products" and ten doctors under contract do the same with other doctors. Also, the company is donating its protease inhibitor for ninety persons selected by the Department of Health in São Paulo.

The trade unions, both the locals and the major confederations, have not been pressuring companies to do AIDS prevention activities. Both business managers and the officials of the major labor confederations spoke about the lack of a "push" from organized labor. In company after company, interviewees said that the initiative for AIDS activities came from management and not

from the union. One reason is that labor unions have bought into the widespread association of AIDS with male homosexuality. The director of a major labor confederation in São Paulo that includes the auto industry, food processing and construction, said that most workers did not consider themselves at risk because of the "machismo" factor.

Traditionally, unions priorities are the issues of wages and protecting jobs in the face of downsizings. If they play a role regarding HIV/AIDS, said one labor organizer, it is because the union believes that is a problem of discrimination in the workplace, including people being secretly tested for HIV. Labor organizations are thus not likely to pressure the commercial private sector to support AIDS prevention activities. and whatever pressures they might apply would likely be focused on workplace-centered activities and not on the more vulnerable populations outside the formal labor market.

There are some limited possibilities but there are also fundamental obstacles for NGOs to leverage support for HIV prevention work from the companies. A few NGOs working with HIV/AIDS have assisted companies, mostly the larger companies, with the development of internal HIV/AIDS policies and programs. Most of the work carried out has centered around talks and other presentations to sensitize management and workers, around the training of employees to give informational presentations to other employees, and around providing advice on legal and ethical issues and on HIV/AIDS-specific personnel policies. This work has occurred only within a few mostly large and multinational companies.

Most of these kinds of involvement by AIDS NGOs with companies appears to have been in the first half of the 1990s. One São Paulo NGO recalls that in 1988 it sent out over 7,000 letters to companies offering its services and received only two responses of any sort. More recently, the involvement of limited NGOs with companies seems to come from invitations to give talks during the SIPAT week.

Two factors constrain NGO leveraging of resources from the commercial private sector:

 Companies think that because NGOs are nonprofit organizations they should not charge for their services. If a company pays money to an AIDS NGO, it expects specific services to be rendered in a quid pro quo way. Moreover, the tendency in these cases is to want to pay less than the cost of delivery of the service.

As a result of these attitudes, NGOs are not inclined to charge for their services and most lack the skills to sell their services in the private sector.

The experience of one NGO indicates some of the problems encountered in leveraging resources from corporations. In 1990, two high-profile persons with AIDS approached the top executives of a number of companies. The companies were persuaded to make donations to ABIA "for the fight against AIDS." (The donations eventually totaled about \$120,000 plus some office equipment.) The NGO agreed to advise the companies, if they so desired, in establishing internal policies and programs. Before long, however, the NGO found that a number of the companies were demanding a level of services that exceeded NGO costs. Consequently, the project stopped 1993.

Opportunities and Constraints for Leveraging HIV/AIDS Resources

Two overall lessons emerge from the review of private-sector leveraging in Brazil. The first is that efforts to persuade the businesses to support HIV/AIDS prevention in areas most needed by society beyond the professional milieu are not likely to succeed when those businesses do not perceive HIV/AIDS and the associated internal company costs are unmanageable; have a plentiful supply of labor to draw on; are not convinced that prevention activities are cost effective in any foreseeable time period; have no tradition of social responsibility, especially vis-à-vis public health problems; or regard public health as the responsibility of the government which already receives their tax dollars.

The second lesson is the more optimistic message that businesses can be persuaded that prevention is in their self-interest and therefore worth the investment of resources. Among the opportunities which can be taken are:

- demonstrating to individual businesses through cost analysis and impact projections that HIV/AIDS may have a significant economic impact on future profits in the absence of effective prevention interventions;
- persuading media businesses to present prevention as a topic of public interest and concern, i.e., the examples of Claudia and Playboy which have each offered guidelines to support the argument that stories on aspects of HIV/AIDS will contribute to the company's profits;
- seeking alliances for public and private cost sharing in the development and implementation of prevention efforts, following the examples of other countries where governments have subsidized condom distribution at worksites;
- forming "prevention partnerships" between companies, especially ones with a direct commercial relationship. A company with HIV/AIDS prevention policies and/or programs can share with other companies their experiences, offer qualified members of their staff to do training, reproduce printed and audio-visual materials that have worked well with their employees, and perhaps contract a NGO with particular expertise to be part of the process;
- the use of senior management in businesses as peer prevention/policy educators, perhaps through regular business gatherings;
- involving most companies with philanthropic programs favoring the assistance of poor children and adolescents. Those companies may be persuaded to support STI/HIV/AIDS prevention programs that integrate sexuality, vocational counseling, skills building, substance abuse and personal fulfillment for youth; and emphasizing drug and alcohol dependencies as tie-ins for HIV/AIDS awareness and prevention programs because these are more of a serious concern than HIV/AIDS for many companies.

6) Fund Raising and Sustainability

a. The Campaign Wear for a Cure

The Campaign Wear for a Cure was launched in July 1996, by the Brazil's First Lady, Dr. Ruth Cardoso, at the Ministry of Foreign Affairs in Brasilia. This campaign was a result of an agreement between Associação Saúde da Família, the Fashion Industry, John Casablancas Model Agency and an American organization, Dishes. The Campaign was to sell T-shirts with a red ribbon on the front, and on the back several logos, including the AIDSCAP logo. Famous top international models, including Claudia Schiffer, and a top national model posed for the campaign for free. A video with the campaign launching was showed in the Fashion Industry Fair in July 1996 and on several TV channels.

From October until December 1996, approximately 60,000 Wear for a Cure T-shirts were sold in more than 1,000 outlets all over the country. This generated approximately 400,000 Reais (equivalent to 400,000 US dollars) for ASF. A series of shows and events happened in several regions of Brazil to promote the T-shirt campaign. A popular talk show sold — in 5 minutes — 17,000 T-shirts! This was considered a major accomplishment by the marketing industry in Brazil. The campaign was also advertised free in several magazines, newspaper and TV shows.

The funds raised through this campaign will be used in selected projects and activities for AIDS prevention and care. A Technical Advisory Group (TAG) composed by representatives from MOH, USAID, the Ford Foundation and the European community will be responsible for the selection of projects. Resources were allocated to ASF to monitor, evaluate and disseminate information about this experience

b. Other Donors

Levi Strauss Foundation

This foundation has committed small grants for ASF during the life of the project. They funded AIDS....Everything You Have Always Wanted to Know and Have Not Had the Courage to Ask, for female commercial sex workers. Two editions, one in 1993 and another in 1995, were published. This booklet has been used successfully in many CSW intervention projects all over Brazil, including in

the AIDSCAP project. The Levi Strauss Foundation also funded the female body displays which were reproduced by the ASF and the creation of the male display. These displays were distributed during trainings for health professionals about HIV prevention and reproductive health. During the life of the project, the Levi Strauss Foundation committed a total of 42,000 USD.

British Council

The British Partnership co-sponsored the female and male body display project developed and described above. During the life of the project, the British Partnership committed a total of 14,000 USD.

Ford Foundation

A study, Male Motivation on Reproductive Health, is being conducted by ASF with financial support from the Ford Foundation. The total cost of this study is 52,000 USD and final data is under analysis.

c. Media Collaboration

ABRIL EDITORS

Playboy made a \$30,000 grant for a survey on HIV/AIDS awareness of Brazilian men and their attitudes about condoms (conclusion: "they still don't use them") which served as the basis of a 12-page article in the January 1994 issue. The article carried with it prevention advice, condom instructions and references to sources for further information. ASF provided technical assistance. The value of the article calculated by the private sector company specialized on the area was 499,968. 61 USD.

Claudia, Brazil's largest circulation woman's magazine, was persuaded to publish two features on AIDS and a number of smaller articles (always indicated by a red ribbon) for which ASF was a principal consultant. A one-year campaign was developed in association with ASF. Articles on the Vancouver and Beijing Conferences were published during the campaign year. A cover page with the Brazilian flag and the red ribbon and pictures of the Wear for a Cure campaign were published for free in the magazine. A total of

1,974, 282.49 USD was committed to free space to introduce and reinforce prevention to adult and adolescent women. The main objective was to promote awareness in the female population. The magazine achieves a total of 3,500,000 readers monthly. The editor responsible for these articles said that the magazine publishes such social issue articles "not (only) because we have good hearts" but "as part of a strategic vision of modernizing the image" of the oldest women's magazine in Brazil. "More and more modern women won't read the magazine without this type of article," she explained. "These women want them there, even if they don't actually read such articles. We sell more magazines." Claudia is starting a Social Marketing Department to develop more articles on social issues. The March 1997 issue, for instance, devotes a page to an anti-drug campaign ("Show your son what you know about drugs"). The editor wants to try to convince the magazine to support research about AIDS and women in Brazil.

d. In-Kind Collaboration

W/Brasil and Ford Models

A publicity agency and a modeling agency contributed money and services toward the production of the booklet, AIDS....Everything You Have Always Wanted to Know and Have Not Had the Courage to Ask, for female commercial sex workers. Two editions were published (1993 and 1995). A total of 50,000 USD was committed to the

production and printing of the first edition which was donated to the AIDSCAP program.

VARIG

VARIG is the major Brazilian Airline. During several international and national conferences VARIG donated the transportation of materials for free to AIDSCAP/Brazil. For example, in the STI Congress and HIV/AIDS Pan-American Conference held in Porto Alegre, Rio Grande do Sul, in 1996, a cargo transportation priced at 900 USD was transported for free. These materials were disseminated through the AIDSCAP Project during the conferences. VARIG also donated free transportation of materials to Chile in 1995, and to Salvador in 1997. Each cargo costs about 600 US dollars.

British Council

Tutoring to attend the English Language Course was given to ASF staff starting in 1995. Three staff from ASF had the opportunity to attend this course. It is estimated that the cost of the scholarship was more than 2,000 US dollars.

Time Voluntary basis:

Several individuals donated their time to the AIDSCAP project working on a voluntary basis for important staff events, such as AIDS World Day Conference, Love Parade, etc.

VI. ATTACHMENTS

Attachment A: AIDSCAP Brazil Country Program Financial Summary

Life of Project Funding/Estimated Expenditure

USAID Funding	Obligated Funds
Cooperative Agreement - USAID/Brazil	2,401,000
Cooperative Agreement - LAC Bureau	200,000
Q contract-USAID/Brazil	3,625,293
Field Support and Project Core Funds	3.143.550
Total Funding	9.369.843
Expense Detail Summary	Estimated Expenses
I. Subgrants & Program Activities	
AHRTAG	30,800
Associação Brasileira Interdisciplinar de AIDS	296,307
Association for the Prevention & Treatment of AIDS	7,366
Brazilian Interdisciplinary AIDS Association	455,720
Brazilian Union Against Sexually Transmitted Diseases	39,463
Center for AIDS Prevention Studies, University of California at San Francisco	609,789
Centro de Estudos e Pesquisas	6,994
Childhope	305,122
Country Evaluation Activities	658,320
Implementing Agency for Cooperation and Training	45,675
Institute for Religious Studies: AIDS Prevention with CSWs in the Metropolitan Areas of Rio de Janeiro	341,745
Institute for Religious Studies: Prevention and Control of STDs in Rio de Janeiro	174,137
John Snow Incorporated: Condom Logistics	452,851
John Snow Incorporated: Technical Assistance	2,923
John Snow Incorporated: Logistics Workshop	11,686
Organization for the Support of HIV-Positive People in City of Santos: Education Intervention for CSWs and their Clients in Santos	325,254
Organization for the Support of HIV-Positive People in City of Santos: Project for the Control and Prevention of HIV/STDs in Santos	239,854
Population Services International	1,090,791
Rapid Response Grants	283,631
Shell Brazil	12,316
Support Ministry of Health	193,395
The Research Foundation of State University of New York	100,641
Women, Children, Citizenship and Health	<u>75,720</u>
Total Subgrants & Program Activities	5,760,500
II. Country Program Support*	3.609,343
Total Projected LOP Expense	9.369,843

^{*} Country Program Support consists of country office costs, direct funded program activities (e.g. international conference participation, trainings), technical assistance, and conference program support

Attachment B: DISSEMINATION

Since 1992, several activities were developed reflecting the relevant and effective participation of ASF and AIDSCAP IAs in the dissemination of updated information on the situation of the HIV/AIDS pandemic in the local media, at both national and international meetings. In addition, ASF and collaborating IAs presented project progress and outcomes at numerous national and international conferences, seminars, workshops and meetings.

Project dissemination included several aspects: participation in conferences and scientific meetings, in technical and scientific committees, and in community and political forums. Moreover, it includes media dissemination and networking.

A. Conference and Scientific Meetings

Besides participating in conferences and scientific meetings, AIDSCAP developed activities to disseminate calls for abstracts for international and national conferences for the Brazilian community. In addition, AIDSCAP Project activities were disseminated through IEC and institutional materials were distributed at many conferences.

1. Presentations

VIII International Conference on AIDS/STD in Amsterdam, July 1992.

Oral presentations:

"The AIDS Epidemic in Brazil" by Maria Eugênia Lemos Fernandes at the satellite meeting. "Physicians Battling the AIDS Epidemic" promoted by the American Medical Association.

Participation at the round table, "AIDS and the Future of Public Health" by Maria Eugênia Lemos Fernandes.

Participation at the round table, "Women's access to prevention and care" by Maria Eugênia Lemos Fernandes.

Poster presentations:

<u>Ferreira, A.</u>, Arevolo, E., Fernandes, M.E.L., Goihman, S., Hearst, N. "HIV Infection Among Users and Non-Users Of Injected Drugs."

<u>Lima, V.C.P.</u>, Chiattoni, C.S., Buratini, M.N., Ferrari, L.F., Fernandes, M.E.L. "Seroprevalence Study Of Hepatitis C Virus Antibody and HIV-1: Infection Among Volunteer Blood Donors In São Paulo, Brazil."

Inglesi, E., Hughes, V., Fernandes, M.E.L., Barbosa, R., Pacca, J., Perez, C. "Building Up Positive AIDS Prevention At Carnival Time."

<u>Hughes, V.</u>, Fernandes, M.E.L., Inglesi, E.A., Cardoso, B., Ramos, N.P., Perez, C. "Perception In The Use Of Lubricants Among Prostitutes."

Lecture "AIDS Prevention Program for Women" by Maria Eugênia Lemos Fernandes at the Center of Studies of the Association Maternity São Paulo, October 1992.

International AIDS Prevention Meeting organized by the MOH/French government Salvador, Bahia, November 1992.

Oral presentation:

"HIV and Migration in Brazil" by Maria Eugênia Lemos Fernandes. Article published in the book, "Seminaire International de Prévention Du VIH-De La Richerche à L'Action" (pag. 110-114).

IX International Conference on AIDS/STD in Berlin, Germany, June 1993.

Chairperson of the session "Natural History of HIV Infection" Maria Eugênia Lemos Fernandes.

Oral presentation:

<u>Luire, P.</u>, Fernandes, M.E.L., Bennett, A., Koetsawang, S., Coates, T.J. "Ethical, Behavioral and Social Prerequisites for conducting HIV Vaccines Trials in Developing Countries."

Poster presentations:

Czeresnia, J., <u>Ferreira, A.</u>, Arevolo, E., Fernandes, M.E.L., Goihman, S., Grandi, J.L. "Condom use among users in São Paulo State."

Inglesi, E., Pacca, J., Barbosa, R., <u>Fernandes, M.E.L.</u>, Hughes, V., Ramos, P. "Training of AIDS Health Care Professional in São Paulo, Brazil."

IV Latin American Congress on Sterility and Fertility, São Paulo, June 1993.

Oral Presentation:

Plenary session: "STD and AIDS," by Maria Eugênia Lemos Fernandes.

International Seminar on the Prevention of Drugs, São Paulo, August 1993, sponsored by the University of São Paulo.

Oral presentation:

Plenary session: "The interaction between HIV and Drug Use in the World and in Brazil" by Maria Eugênia Lemos Fernandes.

Seminar of the Brazilian Society for Infectious Diseases, organized and funded by Welcome Foundation, Bahia, November 1993.

Oral presentation:

"AIDSCAP project in Brazil," by Maria Eugênia Lemos Fernandes.

1st National Meeting on AIDS Pediatrics, December 1993.

Oral presentations:

"Epidemiology of HIV Infection in the World and in Brazil," by Maria Eugênia Lemos Fernandes.

"The Prevention Strategies of AIDSCAP in the World and in Brazil," by Maria Eugênia Lemos Fernandes.

Seminar "Psycho social aspects of HIV/AIDS Prevention" December, 1993. University of São Paulo.

Chairperson: Maria Eugênia Lemos Fernandes.

Annual Seminar on AIDS, Reproductive Health and Public Policies, organized by ABIA/FORD Foundation, in Rio de Janeiro, January 1994,

Mediator: Maria Eugênia Lemos Fernandes.

X international Conference on AIDS Yokohama, Japan. August 1994.

Moderator of the round table "Increasing AIDS Prevention Through Increasing Condom Use," Maria Eugênia Lemos Fernandes.

Poster presentations:

<u>Lima. V.C.P.</u>, Brito, G.S., Fernandes, M.E.L., Fini, I.G, Ribeiro, M.A., Morais, J.C., Souza, G. et cols. "Study Of Uretritis Management In Pharmacies In São Paulo, Brazil."

<u>Gravato, N.</u>, Tellini, R., Lacerda, R., Martins, D., Linhares, A., Brito, G.S., Fernandes, M.E.L. et cols "Census of Commercial Sex Workers (CSW) In Santos City, Brazil."

Bacha, A., <u>Fernandes, M.E.L.</u>, Pastene, L., Linhares, I., Miranda, S.D., Pinotti, J.A. "Analysis Of Condom Use Among Sexually Active Women In The State Of São Paulo, Brazil."

Perez, R., Fernandes, M.E.L., Pimenta, M.C., Ferreiros, C., Wasek, G. "Analysis of Condom Social Marketing (CSM) in Brazil."

Fini, I.G., <u>Fernandes, M.E.L.</u>, Arnette, L., Lima, E.M.S.P., Pimenta, M.C. "AIDS Control and Prevention In Brazil."

Linhares, I.M., Miranda, S.D., <u>Hughes, V.</u>, Santos, M.F.Q., Pinel, A., Fernandes, M.E.L. "AIDS Sexuality, Sexually Transmitted Diseases: Everything You Have Always Wanted To Know and Had The Courage To Ask."

Condom Social Marketing Logistics Seminar, São Paulo, May 1994. Promoted by AIDSCAP/Brazil. Participation of the National AIDS/STD Prevention and Control Program, the Rio de Janeiro and São Paulo State Departments of Health and representatives of all AIDSCAP NGOs. Total: 50 participants.

I Forum of Sexology of the University Gama Filho, For The Masters Degree Studies and Professors In Rio De Janeiro, 1994.

Oral presentation:

"AIDSCAP Project Technical Strategy" by Maria Cristina Pimenta.

II Meeting: AIDS Psychosocial Aspects, NEPAIDS-University of São Paulo, December 1993.

Chairperson of the round table "Responsibility and Guilt," Maria Eugênia Lemos Fernandes.

International Symposium for Sexually Transmitted Diseases and AIDS, São Paulo, May, 1994.

Moderator of round table "The Virus and the STD," Maria Eugênia Lemos Fernandes.

Oral presentation:

"Epidemiology and Etiopathogeny," by Maria Eugênia Lemos Fernandes.

Scientific Meeting at the Maternity Hospital Pro-Mater, São Paulo, June 1994.

Oral presentation:

"HIV in Women" by Maria Eugênia Lemos Fernandes.

Sexual Education Seminar (SEMESEX) in Rio de Janeiro, June 1994, sponsored by the State Department of Health of Rio de Janeiro.

Oral presentation:

"AIDSCAP Project" by Maria Cristina Pimenta.

International Seminar "State of the Art in Gynecology," São Paulo, June 1994.

Oral presentation:

"Strategies for the Prevention of STD and AIDS" by Maria Eugênia Lemos Fernandes.

Seminar "The Socioeconomic Impact of HIV/AIDS in Brazil," Rio de Janeiro, July 1994, organized by ABIA and the State University of Rio de Janeiro.

Oral presentation:

"Condoms policy in Brazil" by Maria Eugênia Lemos Fernandes.

Seminar HIV/AIDS/STD organized by the MOH AIDS/STD division to discuss AIDS Prevention and Control Strategies in Brazil for the implementation of the World Bank Project. Participants were representatives of 27 states, 42 municipalities, WHO, CDC, PAHO, 1994.

Participant:

Maria Eugênia Lemos Fernandes.

V AIDS Seminar in Santos through Rapid Response Fund, October 1994.

Oral presentation:

"AIDS Prevention Programs in Developing Countries," Maria Eugênia Lemos Fernandes.

Women's Health Week: AIDS and Women Symposium, Mar del Plata, November, 1994.

Participant:

Maria Cristina Pimenta.

2nd National Meeting on Pediatric AIDS, São Paulo, November, 1994. Round table discussion regarding AIDS among children and students.

Oral Presentation:

"The Impact of STD and AIDS Prevention" by Maria Eugênia Lemos Fernandes.

V Brazilian Congress of STD and II International Symposium on Genital Ulcer and HIV, Recife, November 1994.

Participant:

Maria Eugênia Lemos Fernandes.

STD Course in Santos, February, 1995.

Oral presentation:

Lecture, "STD and HIV Infection and Evaluation Tools On STD Services Project" by Maria Eugênia Lemos Fernandes.

XXXI Congress of the Brazilian Society for Tropical Medicine, São Paulo, March 1995.

Oral presentations:

<u>Fernandes, M.E.L.</u>, Pimenta, M.C., Calderon, R. "Technical Strategy for AIDS Prevention and Control in Brazil."

Lima. V.C.P., <u>Brito, G.S.</u>, Fernandes, M.E.L., Fini, I.G, Ribeiro, M.A., Morais, J.C., Souza, G. et cols. "Study Of Uretritis Management In Pharmacies In São Paulo, Brazil."

Bacha, A., Fernandes, M.E.L., Pastene, L., Linhares, I., Miranda, S.D., Pinotti, J.A. "Analysis of Condom Use Among Sexually Active Women In The State Of São Paulo, Brazil."

Gravato, N., Tellini, R., Lacerda, R., Martins, D., Linhares, A., Brito, G.S., Fernandes, M.E.L. et cols. "Census Of Commercial Sex Workers (CSW) In Santos City, Brazil."

III Brazilian Conference on Epidemiology, II Ibero American Conference and I Latin American Conference held in Salvador Bahia on April , 1995.

Participants:

Elisabeth Meloni Vieira, Expedito Luna and Maria Aparecida Ribeiro

III Latin American Conference in Social Sciences and Medicine in Atibaia, April, 1995.

Participant:

Elisabeth Meloni Vieira.

Seminar "Evaluation Methodologies for HIV/STD Prevention Programs," Rio de Janeiro, April, 1995, organized by BEMFAM and supported by AIDSCAP (Rapid Response Fund).

Participants:

Maria Eugênia Lemos Fernandes, Elisabeth Meloni Vieira and Glacus de Sousa Brito.

Resident Advisor Meeting in Washington DC, May, 1995.

Oral Presentation:

"AIDSCAP/Brazil Program" by Maria Eugênia Lemos Fernandes.

Medical Congress at Santa Casa Medical School in São Paulo, August, 1995.

Oral presentation:

"AIDSCAP Strategy and Results Of AIDSCAP Sub Projects In The Country" by Maria Eugênia Lemos Fernandes.

XXV Interamerican Congress of Psychology in Puerto Rico, June, 1995.

3rd USAID Conference on HIV/AIDS, August 1995, Washington DC

Oral presentations:

Lima. V.C.P., Brito, G.S., <u>Fernandes, M.E.L.</u>, Fini, I.G, Ribeiro, M.A., Morais, J.C., Souza, G. et cols. "Study of uretritis management in pharmacies in São Paulo, Brazil."

Linhares, I.M., Miranda, S.D., Hughes, V., Santos, M.F.Q., Pinel, A., <u>Fernandes, M.E.L.</u> "AIDS Sexuality, Sexually Transmitted Diseases: Everything you have always wanted to know and had the courage to ask."

Meeting "Planning for the future of the Epidemic among women in Latin America and the Caribbean," August, 1995, Washington, DC.

Oral presentation:

"The epidemic hits home?" by Maria Eugênia Lemos Fernandes.

Seminar on Family Planning Administration for Senior Program Officer II at Japanese Organization for International Cooperation in Family Planning (JOICF) organized by Japan International Cooperation Agency (JICA). The Seminar was held in Tokyo and in Yamagata Province from 24th of August to 14th of September.

Participant:

Elisabeth Meloni Vieira.

Seminar "Applied Research in Medical School at Paulista School of Medicine," October 1995.

Oral presentation:

"AIDSCAP Project In Brazil As An Example Of Project Funded Specifically In The Area Of HIV/AIDS and STD Prevention" by Maria Eugênia Lemos Fernandes.

Meeting with MOH, Epidemiology Unit, to discuss a quantitative research for CSWs in Santos, at the center for Epidemiology control (CVE) in São Paulo, October 1995.

Participants:

Maria Eugênia Lemos Fernandes and Elisabeth Meloni Vieira.

National Forum for the Prevention and Control of AIDS in the Workplace, November 1995, organized by the MOH, AIDS/STD National Program.

Participant:

Maria Eugênia Lemos Fernandes.

4th Pan-American AIDS Conference and 10th Latin American Conference on STD, Santiago, Chile, November, 1995.

Poster presentations:

Hughes, V., Linhares, I.M., Miranda, S.D., Santos, M.F.Q., Pinel, A., Fernandes, M.E.L. "AIDS Sexuality, Sexually Transmitted Diseases: Everything You Have Always Wanted To Know and Had The Courage To Ask."

Fini, I.G., <u>Fernandes, M.E.L.</u>, Arnette, L., Lima, E.M.S.P., Pimenta, M.C. "AIDS Control and Prevention In Brazil."

<u>Tellini, R.,</u> Gravato, N., Lacerda, R., Andrade, V., Fernandes, M.E.L. "Project for the Control and Prevention of Sexually Transmitted Diseases in the Municipality of Santos, São Paulo, Brazil."

Lima. V.C.P., Brito, G.S., <u>Fernandes, M.E.L.</u>, Fini, I.G, Ribeiro, M.A., Morais, J.C., Souza, G. et cols. "Study Of Uretritis Management In Pharmacies In São Paulo, Brazil."

Almeida, V., Parker, R., Quemmel, R., Terto, Jr. V., Guimarães, K., Pimenta, C., Fernandes, M.E.L. "Cabaret Prevenção: Expressionist Theater and HIV/AIDS Prevention For Men Who Have Sex With Men In Brazil."

Martins, V.M.F., Brito, G.S., <u>Tellini, R.M.</u>, Chinen, E., Fernandes, M.E.L. "HIV Infection and STD Prevalence Among Women Monitored Through Pre-Natal Program In High Risk Area In Brazil."

9th International Conference on AIDS Education: Interventions in Multi-Cultural Societies, Jerusalem, Israel, November-December, 1995.

Posters presentations:

Clemente, M. Ferreros, C., Fernandes, M.E.L. "Condom Social Marketing Experience in Brazil."

Hughes, V., Linhares, I.M., Miranda, S.D., Santos, M.F.Q., Pinel, A., Fernandes, M.E.L. "AIDS Sexuality, Sexually Transmitted Diseases: Everything You Have Always Wanted To Know and Had The Courage To Ask."

Martins, V.M.F., Brito, G.S., Tellini, R.M., Chinen, E., Fernandes, M.E.L. "HIV Infection and STD Prevalence Among Women Monitored Through Pre-Natal Program In High Risk Area In Brazil."

XXXII Brazilian Congress on Tropical Medicine, Goiânia, Goiás. March, 1996.

Oral presentations:

Wasek, G., Paterson, P., Rodrigues, L.G.M., Matida, A., <u>Pluciennik, A.M.</u>, Ninomya, T., Lopes, F., Fernandes, M.E.L. "Brazil Logistics Management Of Essential Commodities For AIDS Prevention."

<u>Hughes, V.</u>, Linhares, I.M., Miranda, S.D., Santos, M.F.Q., Pinel, A., Fernandes, M.E.L. "AIDS Sexuality, Sexually Transmitted Diseases: Everything You Have Always Wanted To Know and Had The Courage To Ask."

Fini, I.G., Fernandes, M.E.L., Arnette, L., Lima, E.M.S.P., Pimenta, M.C. "AIDS Control and Prevention In Brazil."

Parker, R., Quemmel, R., Terto Jr., V., Pimenta, M.C., Fernandes, M.E.L., Sant' Anna, P. "AIDS Prevention For Men Who Have Sex With Men In Rio De Janeiro and São Paulo."

<u>Parker, R.</u>, Lourenço, L., Mota, M., Pimenta, M.C., Fernandes, M.E.L. "Sexual Behavior and Behavior Change Among Men Who Have Sex With Men In Brazil."

Barker, G, <u>Froes, C.</u>, Barros, C., Peres, E., Brito, G.S., Pimenta, M.C., Fernandes, M.E.L. "HIV/AIDS Knowledge, Attitude and Practices Among Low Income Youth, Including Street Youth In Rio De Janeiro, Brazil."

Martins, V.M.F., Brito, G.S., <u>Tellini, R.M.</u>, Chinen, E., Fernandes, M.E.L. "HIV Infection and STD Prevalence Among Women Monitored Through Pre-Natal Program In High Risk Area In Brazil."

Terto Jr., V., Quemmel, R., Guimarães, K., <u>Parker, R.</u>, Sant'anna, P., Fernandes, M.E.L., Vieira, E.M. "Saúde (Homo) Sexual, Cidadania E A Prevenção Ao HIV/AIDS/DST"

Almeida, V., Parker, R., Quemmel, R., Terto, Jr. V., Guimarães, K., Pimenta, C., Fernandes, M.E.L. "Cabaret Prevenção: Expressionist Theater and HIV/AIDS Prevention For Men Who Have Sex With Men In Brazil."

Quemmel, R., <u>Guimarães, K.</u>, Terto Jr., V., Parker, R., Sant'anna, P., Fernandes, M.E.L., Vieira, E.M. "Encontro Com Homens Positivos: Um Espaço Para Discussões Sobre Sexualidade E Prevenção."

Wasek, G., Thomas, S., Paterson, P., Baggaley, R., Fernandes, M.E.L. "National AIDS Control Policy Planning For Condom Requirements Forecasting."

<u>Clemente, M.</u>, Ferreros, C., Fernandes, M.E.L. "Condom Social Marketing Experience In Brazil."

Guimarães, K., Quemmel, R., Terto Jr., V., Parker, R., Sant'anna, P., Fernandes, M.E.L., Vieira, E.M. "Intervenção Para Homens Que Fazem Sexo Com Homens Na Cidade Do Rio De Janeiro."

<u>Tellini, R.M.</u>, Salgado, M., Carvalho, E., Andrade, V., Brito, G.S., Fernandes, M.E.L. "Estudo Piloto Para Vigilância Das Doenças Sexualmente Transmissíveis, Realizado No Município De Santos-SP, Brasil."

<u>Tellini, R.</u>, Gravato, N., Lacerda, R., Andrade, V., Fernandes, M.E.L. "Project For The Control and Prevention Of Sexually Transmitted Diseases In The Municipality Of Santos, São Paulo, Brazil."

<u>Lima. V.C.P.</u>, Brito, G.S., Fernandes, M.E.L., Fini, I.G, Ribeiro, M.A., Morais, J.C., Souza, G. Et Cols. "Study Of Uretritis Management In Pharmacies In São Paulo, Brazil."

Seminar Reproductive Health in the Age of AIDS promoted by ABIA, Rio de Janeiro, May, 1996.

Oral presentation:

"Women and AIDS: questions to be made" by Elisabeth Meloni Vieira.

6th Study Program in Reproductive Health and Sexuality promoted by NEPO, UNICAMP, May, 1996.

Lecture:

"Female Condom Study" by Susana Kalckmann.

Course in Research Methodology on AIDS promoted by NEPAIDS and Public Health School of the University of São Paulo, June, 1996.

Lecture:

AIDS and changes: testing new alternatives by Susana Kalckmann.

48 Annual Meeting of the Brazilian Society for the Progress of Science, São Paulo, July 1996.

Poster presentation:

Wasek, G., Paterson, P., Rodrigues, L.G.M., Matida, A., <u>Pluciennik, A.M.</u>, Ninomya, T., Lopes, F., Fernandes, M.E.L. "Brazil Logistics Management of essential commodities for AIDS prevention."

Wasek, G., Thomas, S., Paterson, P., Baggaley, R., Fernandes, M.E.L. "National AIDS Control Policy Planning for Condom Requirements Forecasting."

Henriques, C.M.P., Tellini, R.M., Lacerda, R., Melo, L.F., <u>Bezerra, I.</u>, Vilarinho, L., Rebouças, M., Vieira, E.M. "Educational Intervention for CSW and their clients in the municipality of Santos."

Lacerda, R., Carvalho, R., Vieira, E.M., Fernandes, M.E.L., Stall, R., Hearst, N. "Intervention for HIV AIDS Prevention among harbor workers in the city of Santos, São Paulo, Brazil."

Pupo, L., Perez, C., Hearst, N., Monteleone, M.L., Silva, E., Damaceno, J., Fernandes, M.E.L. "Speak girl & speak boy prevention of STD/AIDS, safe sex, reproduction and sexuality."

Martins, D., Marcondes, R.C., Duarte, N.F., Ferreira, M.L., D'Angelo, L.A.V., Alonso, L.B. 'Qualitative Assessment of Commercial Sex Workers Intervention Program in Santos, Brazil."

Tellini, R., Lacerda, R., Gravato, N., <u>Andrade, V.</u>, Vieira, E.M., Fernandes, M.E.L. "Control and Prevention of Sexually Transmitted Diseases in the Municipality of Santos, São Paulo, Brazil."

Gravato, N., Tellini, R., Martins, D., <u>Peçanha, C.M.</u>H., Lacerda, R., Brito, G.S., Fernandes, M.E.L. et cols. "Refinement of Census for commercial sex workers (CSW) in the city of Santos, Brazil."

XI International Conference on AIDS, Vancouver, Canada, July, 1996. Satellite Meeting: Men, Women and AIDS Prevention: A Dialogue Between Sexes. Organized by AIDSCAP Women Initiative/ FHI. Opening Ceremony Commentaries by Maria Eugênia Lemos Fernandes. Support to Dr. Maxine Ankrah, Associate Director of AWI, by Elisabeth Meloni Vieira.

Poster presentation:

Pinto, V.M.F., <u>Tellini, R.M.</u>, Brito, G.S., Chinen, E., Fernandes, M.E.L. "HIV Infection and STD prevalence among women monitored through pre-natal program in high risk area in Brazil."

Pupo, L., <u>Perez, C.</u>, Hearst, N., Monteleone, M. L., Silva, E., Damaceno, J., Fernandes, M.E.L. "Speak girl & speak boy prevention of STD/AIDS, safe sex, reproduction and sexuality."

<u>Tellini, R.</u>, Lacerda, R., Gravato, N., Andrade, V., Vieira, E.M., Fernandes, M.E.L. "Control and Prevention of Sexually Transmitted Diseases in the Municipality of Santos, São Paulo, Brazil."

<u>Cromack, L.</u>, Barros, C., Castro, D., Gonçalves, F., Fernandes, M.E.L. "Should we distribute condoms to adolescents? The experience in Rio de Janeiro, Brazil."

<u>Perez, C.,</u> Munhoz, R., Antunes, M.C., Paiva, V., Stall, R., Fernandes, M.E.L. "Sharing a successful experience on HIV/AIDS prevention among young adults and adolescents in São Paulo, Brazil."

<u>Fernandes, M.E.L.</u>, Fimenta, M.C., Vieira, E.M., Fini, I.G., Kottelos, K., Gitchens, W. "Capacity Building: A critical component in the implementation of HIV/AIDS Prevention in Brazil."

Ankrah, M.E., Kalckmann, S.A, Kabira, W., Vieira, E.M., Ruminjo, J., McGeown, M.K., Schueller, J. "The Female Condom as a woman-controlled protective method in Brazil."

Kalckmann, S.A, Ankrah, M.E., <u>Vieira, E.M.</u>, Fernandes, M.E.L., McGeown, M.K "Female Condom and the media in Brazil."

Carvalho, R.G., Setianto, F.G., Aragão, D.C., Sayeg, F.A., Eppinghaus, A.F., Matida, A.H., Vieira, E.M. "STD Control: Building Bridges for HIV/AIDS prevention in Rio de Janeiro, Brazil."

<u>Lacerda, R.</u>, Vilarinho, L, Carvalho, R., Vieira, E.M, Fernandes, M.E.L, Stall, R., Hearst, N. "Intervention for HIV AIDS prevention among harbor workers in the city of Santos, São Paulo, Brazil."

Paterson, P., Wasek, G., Rodrigues, L.G.M., <u>Matida, A.</u>, Pluciennik, A.M., Ninomya, T., Lopes, F., Fernandes, M.E.L. "Brazil Logistics Management of essential commodities for AIDS prevention."

Delgrande, J.P., Nogueira, M.C.B., Mendes, F.E., <u>Pimenta, M.C.</u>, Fernandes, M.E.L. AIDS prevention for low income CSW in two urban areas in the Northeast of Brazil."

<u>D'Angelo</u>, L.A.V., Vieira, E.M., Fernandes, M.E.L. "Process Indicator Information System: A tool for monitoring and evaluating HIV/AIDS prevention program."

<u>Perez, A., Maurell, R., Kaliran, T., Vieira, E.M., Fernandes, M.E.L."Women and AIDS prevention: the private sector response through Claudia magazine."</u>

<u>Tellini, R.M.C.</u>, Carvalho, E.L., Gomes, E., Ebner, F.V., Castro, M.T.F., Mello, L.B., Arreaza, L. A., Soares, M.C., Vieira, E.M., Fernandes, M.E.L. "STD survey among female inmates in the city of Santos, Brazil."

Almeida, V., Parker, R., Terto, Jr. V., Galvão, J., Fernandes, M.E.L., Vieira, E.M. "Cabaret Prevenção: expressionist theater and HIV/AIDS prevention for men who have sex with men in Brazil."

Mota, M., Parker, R., Terto, Jr. V., <u>Almeida, V.</u>, Galvão, J., Fernandes, M.E.L., Vieira, E.M. "Sexual Behavior and behavior change among men who have sex with men in Brazil, 1989-1995."

Henriques, C.M.P., Gravato, N., Tellini, R.M., Lacerda, R., Cismeiro, R., Melo, L.F., Bezerra, I., Vilarinho, L., Rebouças, M., Vieira, E.M., Fernandes, M.E.L. "Educational Intervention for CSW and their clients in the municipality of Santos, Brazil."

<u>Alves, A.B.</u>, Szterenfeld, C., Vieira, E.M., Pimenta, M.C. "Training and capacity-building on forms of STD/AIDS infection for information multiplying agents among marginalized populations in Rio de Janeiro."

Martins, D., <u>Gravato, N.</u>, Alonso, L.B., Marcondes, R.C., Duarte, N.F., Ferreira, M.L., Vilar, C., D'Angelo, L.A.V. "Qualitative Assessment of a commercial sex workers intervention program in Santos, Brazil.."

Lima, I.S., Szterenfeld, C., <u>Pimenta, M.C.</u> "Commercial sex workers (CSW) experience as health agents in Rio de Janeiro."

<u>Gravato, N.</u>, Tellini, R., Martins, D., Peçanha, C.M.H., Lacerda, R., Brito, G.S., Fernandes, M.E.L. et cols "Refinement of Census for commercial sex workers (CSW) in the city of Santos, Brazil."

Szterefeld, C., Fonseca, Z., Alonso, L. B., Vieira, E.M., <u>Fernandes, M.E.L.</u>. "Focus Group Discussion with female sex workers in Rio de Janeiro, Brazil: Diversity in the perception of sexuality and sex work."

Seminar "Women's Health: the program we have and the program we want," promoted by several women's organizations, September, 1996.

Lecture:

"Sexuality: STD/AIDS" by Susana Kalckmann.

1st Portuguese Congress of Epidemiology, Porto, Portugal, October, 1996.

Oral presentations:

Wasek, G., Paterson, P., Rodrigues, L.G.M., Matida, A., Pluciennik, A.M., Ninomya, T., Lopes, F., Fernandes, M.E.L. "Brazil Logistics Management Of Essential Commodities For AIDS Prevention."

<u>Clemente, M., Ferreros, C. Fernandes, M.E.L. "The Brazilian Condom Market: Positive Effects Of Social Marketing."</u>

Pupo, L., Perez, C., Hearst, N., Monteleone, M. L., Silva, E., Damaceno, J., Fernandes, M.E.L. "Speak Girl & Speak Boy Prevention Of STD/AIDS, Safe Sex, Reproduction and Sexuality."

Cromack, L., Barros, C., <u>Castro, D.</u>, Gonçalves, F., Fernandes, M.E.L. "Should We Distribute Condom To Adolescents? The Experience In Rio De Janeiro, Brazil."

Perez, C., Munhoz, R., Antunes, M.C., Paiva, V., Stall, R., Fernandes, M.E.L. "Sharing A Successful Experience On HIV/AIDS Prevention Among Young Adults and Adolescents In São Paulo, Brazil."

Fernandes, M.E.L., Pimenta, M.C., <u>Vieira, E.M.</u>, Fini, I.G., Kottelos, K., Gitchens, W. "Capacity Building: A Critical Component In The Implementation Of HIV/AIDS Prevention In Brazil."

Tellini, R., Lacerda, R., Gravato, N., Andrade, V., Vieira, E.M., Fernandes, M.E.L. "Control and Prevention Of Sexually Transmitted Diseases In The Municipality Of Santos, São Paulo, Brazil."

Tellini, R.M.C., Carvalho, E.L., <u>Gomes, E.,</u> Ebner, F.V., Castro, M.T.F., Mello, L. B., Arreaza, L. A., Soares, M.C., Vieira, E.M., Fernandes, M.E.L. "STD Survey Among Female Inmates In The City Of Santos, Brazil."

Kalckmann, S.A, Ankrah, M.E., <u>Vieira, E.M.</u>, Fernandes, M.E.L., McGeown, M.K "Female Condom and The Media In Brazil."

Carvalho, R.G., Setianto, F.G., Aragão, D.C., Sayeg, F.A., Eppinghaus, A.F., Matida, A.H., Vieira, E.M. "STD Control: Building Bridges For HIV/AIDS Prevention In Rio De Janeiro, Brazil."

Lacerda, R., <u>Vilarinho, L.</u>, Carvalho, R., Vieira, E.M, Fernandes, M.E.L, Stall, R., Hearst, N. "Intervention For HIV AIDS Prevention Among Harbor Workers In The City Of Santos, São Paulo, Brazil."

<u>Delgrande, J.P.</u>, Nogueira, M.C.B., Mendes, F.E., Pimenta, M.C., Fernandes, M.E.L. AIDS Prevention For Low Income CSW In Two Urban Areas In The Northeast Of Brazil."

D'angelo, L.A.V., <u>Vieira, E.M.</u>, Fernandes, M.E.L. "Process Indicator Information System: A Tool For Monitoring and Evaluating HIV/AIDS Prevention Program."

<u>Perez, A., Maurell, R., Kaliran, T., Vieira, E.M., Fernandes, M.E.L. "Women and AIDS Prevention: The Private Sector Response Through Claudia Magazine."</u>

Henriques, C.M.P., Gravato, N., Tellini, R.M., Lacerda, R., Cismeiro, R., Melo, L.F., Bezerra, I., <u>Vilarinho, L.</u>, Rebouças, M., Vieira, E.M., Fernandes, M.E.L. "Educational Intervention For CSW and Their Clients In The Municipality Of Santos, Brazil."

Pinto, V.M.F., Tellini, R.M., Brito, G.S., Chinen, E., Fernandes, M.E.L. "HIV Infection and STD Prevalence Among Women Monitored Through Pre-Natal Program In High Risk Area In Brazil."

Alves, A. B., Szterenfeld, C., Vieira, E.M., Pimenta, M.C. "Training and Capacity-Building On Forms Of STD/AIDS Infection For Information Multiplying Agents Among Marginalized Populations In Rio De Janeiro."

Martins, D., Gravato, N., Alonso, L. B., Marcondes, R.C., Duarte, N. F., Ferreira, M.L., Vilar, C., D'angelo, L.A.V. "Qualitative Assessment Of A Commercial Sex Workers Intervention Program In Santos, Brazil."

<u>Lima, I.S.</u>, Szterenfeld, C., Pimenta, M.C. "Commercial Sex Workers (CSW) Experience As Health Agents In Rio De Janeiro."

Gravato, N., Tellini, R., Martins, D., Peçanha, C.M.H., Lacerda, R., Brito, G.S., Fernandes, M.E.L. Et Cols. "Refinement Of Census For Commercial Sex Workers (CSW) In The City Of Santos, Brazil."

Szterefeld, C., Fonseca, Z., Alonso, L.B., <u>Vieira, E.M.</u>, Fernandes, M.E.L. "Focus Group Discussion With Female Sex Workers In Rio De Janeiro, Brazil: Diversity In The Perception Of Sexuality and Sex Work."

VI Brazilian Congress of SDT/AIDS of Rio Grande do Sul, October 1996.

Participants:

Maria Eugênia Lemos Fernandes, Luis Antonio V. D'Angelo, Maria Aparecida Ribeiro and Elvira do Carmo Oliveira.

Seminar "Women's Health: from the biology to social." Nurse School of the University of São Paulo, November 1996.

Oral presentation:

"Trends and Limits of Investigation on Women's Health" by Elisabeth Meloni Vieira.

Task Group Meeting "Planning a book on Reproductive Health, Sexuality and Gender." Population Council-Brazil, São Paulo, December 1996.

Participant:

Elisabeth Meloni Vieira.

Seminar on "Women's Health and AIDS" promoted by the State Health Department of Rio de Janeiro, December 1996.

Oral presentation:

"Evaluation of STD Care in the Patient's Perspectives" by Luis Antonio V. D'Angelo.

I Brazilian Congress of STD/AIDS Prevention, Salvador, Bahia, December 1996.

Oral presentations:

Medina, C., Chicrala, M. A., D'angelo, L.A.V., <u>Barros, C.</u>, Azono, C., Vieira, E.M., Fernandes, M.E.L. "Conhecimentos, Attitudes E Práticas Relacionadas A Prevenção De AIDS/DST Entre Adolescentes No Rio De Janeiro."

<u>Fernandes, M.E.L.</u>, Pimenta, M.C., Vieira, E.M., D'Angelo, L.A.V. "A Experiência De Implementação Do Projeto AIDSCAP No Brazil."

<u>D'angelo, L.A.V.</u> Vuylsteke, B., Ramos, M., Guedes, R.C. Fernandes, M.E.L. "Avaliação Do Manejo De Casos De DST Utilizando Indicador Proposto Pela OMS (PI6 E PI7)."

Mota, M.P., Terto Jr, V., Almeida, W., Galvão, J., Fernandez, O.F.R.L., D'Angelo, L.A.V., Parker, R. "Avaliação Qualitativa Do Programa De Prevenção Para Homens Que Fazem Sexo Com Outros Homens."

Almeida, V., Parker, R., Terto, Jr. V., Guimarães, K., Galvão, J., Vieira, E.M., Fernandes, M.E.L. "Cabaret Prevenção: O Teatro Expressionista E A Prevenção Ao HIV/AIDS Para Homens Que Fazem Sexo Com Homens."

Martin, D., <u>Gravato, N</u>., Marcondes, R.C., Duarte, N. F., Ferreira, M. L., Villar, C., D'angelo, L.A.V., Alonso, L. B. "Avaliação Qualitativa De Programas De Intervenção Com Trabalhadores Do Sexo Em Santos, SP."

Gravato, N, Henriques, C., Lacerda, R., Tellini, R. Cisneiros, R., Melo, M. L., Bezerra, I., <u>Vilarinho, L.</u>, Villar, C., Fernandes, M.E.L., Vieira, E.M. "Intervenção Educativa Com Trabalhadores Do Sexo E Seus Clientes."

<u>Gravato, N.</u>, Tellini, R., Henriques, C.M., Lacerda, R., Martin, D., Brito, G.S., Fernandes, M.E.L. "Refinamento Do Censo Dos Trabalhadores Do Sexo Em Santos."

Vieira, E.M., Fernandes, M.E.L., Villela, W. V., <u>Aquino, E.</u>, Queiroz, T, Lago, T.G. "Integrando Saúde Reprodutiva E Prevenção Às DST/AIDS: A Experiência Do Projeto AIDSCAP."

Poster presentations:

<u>Fernandes, M.E.L.</u>, Vieira, E.M., D'Angelo, L.A.V., Fini, I.G. "Lições Aprendidas Na Implementação Do Fundo De Resposta Rápida Do Projeto AIDSCAP No Brazil."

Terto Jr, V., Almeida, V., Sant'anna, P., Vieira, E.M., Fernandes, M.E.L., <u>Parker, R.</u> "A Prevenção À AIDS Para Homens Que Fazem Sexo Com Homens No Rio De Janeiro E São Paulo."

Szterenfeld, C., <u>Fonseca, Z.</u>, Afonso, L., Vieira, E.M., Citeli, T., Fernandes, M.E.L., "Estudo Qualitativo Com Trabalhadores Do Sexo No Rio De Janeiro."

Seminar "Reproductive Health in the Age of AIDS," promoted by ABIA, Rio de Janeiro, March 1997.

Chairperson of the round table, "AIDS Prevention for Women," Maria Eugênia Lemos Fernandes.

Reporter, "Prevention and Power," Elisabeth Meloni Vieira.

Seminar on "Presentation Of The Results Of The Female Condom Study" organized the Institute of Health, MCCS and ASF, April 1997.

Oral presentation:

Susana Kalckmann.

Seminar on "Gender and STD Challenges to Partners in the Latin American and Caribbean Region," promoted by AIDSCAP LAC/RO, Arlington, April 1997.

Oral presentation:

"STD and Gender in Brazil" by Elisabeth Meloni Vieira.

International Conference Female Condom: From Research to the Marketplace, Arlington, May 1997.

Oral presentation:

"The Female Condom as a Woman Controlled Protective Method In Brazil" by Elisabeth Meloni Vieira and Susana Kalckmann.

8th Pan American and 10th Brazilian Infectious Diseases Meeting, Salvador, Bahia, May 1997.

Oral presentations:

<u>D'angelo, L.A.V, Vuylsteke, B., Ramos, M., Guedes, R.C. Fernandes, M.E.L. "Avaliação Do Manejo De Casos De DST Utilizando Indicador Proposto Pela OMS (PI6 E PI7)."</u>

Perez, A., Maurell, R., Kaliran, T., Vieira, E.M., <u>Fernandes, M.E.L.</u> "Women and AIDS Prevention: The Private Sector Response Through Claudia Magazine."

Alves, A. B., Szterenfeld, C., Vieira, E.M., <u>Pimenta, M.C.</u> "Training and Capacity-Building On Forms Of STD/AIDS Infection For Information Multiplying Agents Among Marginalized Populations In Rio De Janeiro."

<u>Tellini, R.M.C.</u>, Carvalho, E.L., Gomes, E., Ebner, F.V., Castro, M.T.F., Mello, L.B., Arreaza, L.A., Soares, M.C., Vieira, E.M., Fernandes, M.E.L. "STD Survey Among Female Inmates In The City Of Santos, Brazil."

<u>Clemente, M.</u>, Ferreros, C. Fernandes, M.E.L. "The Brazilian Condom Market: Positive Effects Of Social Marketing."

Pupo, L., <u>Perez, C.</u>, Hearst, N., Monteleone, M. L., Silva, E., Damaceno, J., Fernandes, M.E.L. "Speak Girl & Speak Boy Prevention Of STD/AIDS, Safe Sex, Reproduction and Sexuality."

<u>Cromack, L.</u>, Barros, C., Castro, D., Gonçalves, F., Fernandes, M.E.L. "Should We Distribute Condom To Adolescents? The Experience In Rio De Janeiro, Brazil."

Perez, C., Munhoz, R., <u>Antunes, M.C.</u>, Paiva, V., Stall, R., Fernandes, M.E.L. "Sharing A Successful Experience On HIV/AIDS Prevention Among Young Adults and Adolescents In São Paulo, Brazil."

Fernandes, M.E.L., Pimenta, M.C., Vieira, E.M., Fini, I.G., Kottelos, K., Gitchens, W. "Capacity Building: A Critical Component In The Implementation Of HIV/AIDS Prevention In Brazil."

<u>Carvalho, R.G.</u>, Setianto, F.G., Aragão, D.C., Sayeg, F.A., Eppinghaus, A. F., Matida, A.H., Vieira, E.M. "STD Control: Building Bridges For HIV/AIDS Prevention In Rio De Janeiro, Brazil."

Martins, D., Gravato, N., Alonso, L.B., Marcondes, R.C., Duarte, N. F., Ferreira, M.L., Vilar, C., D'angelo, L.A.V. "Qualitative Assessment Of A Commercial Sex Workers Intervention Program In Santos, Brazil."

<u>Lima, I.S.</u>, Szterenfeld, C., Pimenta, M.C. "Commercial Sex Workers (CSW) Experience As Health Agents In Rio De Janeiro."

Gravato, N., Tellini, R., Martins, D., Peçanha, C.M.H., <u>Lacerda, R.</u>, Brito, G.S., Fernandes, M.E.L. Et Cols. "Refinement Of Census For Commercial Sex Workers (CSW) In The City Of Santos, Brazil."

<u>D'angelo, L.A.V.</u>, Vieira, E.M., Fernandes, M.E.L. "Process Indicator Information System: A Tool For Monitoring and Evaluating HIV/AIDS Prevention Program."

Henriques, C.M.P., Gravato, N., Tellini, R.M., <u>Lacerda, R.</u>, Cismeiro, R., Melo, L.F., Bezerra, I., Vilarinho, L., Rebouças, M., Vieira, E.M., Fernandes, M.E.L. "Educational Intervention For CSW and Their Clients In The Municipality Of Santos, Brazil."

Kalckmann, S.A., Ankrah, M.E., Vieira, E.M., Fernandes, M.E.L., Mcgeown, M.K "Female Condom and The Media In Brazil."

Szterefeld, C., <u>Fonseca, Z.</u>, Alonso, L.B., Vieira, E.M., Fernandes, M.E.L. "Focus Group Discussion With Female Sex Workers In Rio De Janeiro, Brazil: Diversity In The Perception Of Sexuality and Sex Work."

Poster presentations:

Vieira, E.M., <u>Fernandes, M.E.L.</u>, Villela, W. V., Aquino, E., Queiroz, T, Lago, T.G. "Integrando Saúde Reprodutiva E Prevenção Às DST/AIDS: A Experiência Do Projeto AIDSCAP."

Fernandes, M.E.L., Vieira, E.M., D'Angelo, L.A.V., Fini, I.G. "Lições Aprendidas Na Implementação Do Fundo De Resposta Rápida Do Projeto Aidscano Brazil."

Wasek, G., Thomas, S., Paterson, P., Baggaley, R., <u>Fernandes, M.E.L.</u> "National AIDS Control Policy Planning For Condom Requirements Forecasting."

Mota, M.P., Terto Jr, V., Almeida, W., Galvão, J., Fernandez, O.F.R.L., D'Angelo, L.A.V., Parker, R. "Avaliação Qualitativa Do Programa De Prevenção Para Homens Que Fazem Sexo Com Outros Homens."

Fernandes, M.E.L., Pimenta, M.C., Vieira, E.M., D'Angelo, L.A.V. "A Experiência De Implementação Do Projeto AIDSCAP No Brazil."

Wasek, G., Paterson, P., Rodrigues, L.G.M., Matida, A., <u>Pluciennik, A.M.</u>, Ninomya, T., Lopes, F., Fernandes, M.E.L. "Brazil Logistics Management Of Essential Commodities For AIDS Prevention."

International Workshop on STDs, Satellite to the 8th Pan-American and 10th Brazilian Infectious Diseases Meeting, Salvador, Bahia, May, 1997 promoted by AIDSCAP Brazil as part of MOH support. AIDSCAP sponsored the participation of 46 delegates of the Congress. A total of 85 professionals from 27 Brazilian states, representatives from the MOH NACP Program, universities and NGOs participated at the workshop. In addition, Dr. Gina Dallabetta, Mary Lynn Field and Dr. Bea Vuylsteke from the Institute of Tropical Medicine played key roles during the seminar. During the Workshop free copies of the STD Handbook, Portuguese version, were distributed to all participants.

XXVI Inter-American Congress of Psychology, São Paulo, July, 1997.

Oral presentations:

Kalckmann, S.A., Réa, M.F., Villela, W. V., Vieira, E.M., Fernandes, M.E.L., Ankrah, M.E. "O Preservativo Feminino Como Um Método Protetor Controlado Pela Mulher."

Perez, A., Maurell, R., Kaliran, T., Vieira, E.M., <u>Fernandes, M.E.</u>L. "Women and AIDS Prevention: The Private Sector Response Through Claudia Magazine."

Medina, C., Chicrala, M. A., D'angelo, L.A.V., Barros, C., Azono, C., Vieira, E.M., Fernandes, M.E.L. "Conhecimentos, Attitudes E Práticas Relacionadas A Prevenção De AIDS/DST Entre Adolescentes No Rio De Janeiro: Uma Análise Comparativa Pré E Pós Intervenção Educativa."

Fernandes, M.E.L., Pimenta, M.C., Vieira, E.M., D'Angelo, L.A.V. "A Experiência De Implementação Do Projeto AIDSCAP No Brazil."

<u>Vieira, E.M.</u>, Fernandes, M.E.L., Villela, W. V., Aquino, E., Queiroz, T, Lago, T.G. "Integrando Saúde Reprodutiva E Prevenção Às DST/AIDS: A Experiência Do Projeto AIDSCAP."

Mota, M.P., Terto Jr, V., Almeida, W., Galvão, J., Fernandez, O.F.R.L., D'Angelo, L.A.V., Parker, R. "Avaliação Qualitativa Do Programa De Prevenção Para Homens Que Fazem Sexo Com Outros Homens."

Lacerda, R., Vilarinho, L., Carvalho, R., Vieira, E.M, Fernandes, M.E.L, Stall, R., Hearst, N. "Intervention For HIV AIDS Prevention Among Harbor Workers In The City Of Santos, São Paulo, Brazil."

Martins, D., Gravato, N., Alonso, L. B., Marcondes, R.C., Duarte, N. F., Ferreira, M.L., Vilar, C., D'angelo, L.A.V. "Qualitative Assessment Of A Commercial Sex Workers Intervention Program In Santos, Brazil."

Lima, I.S., <u>Szterenfeld, C.</u>, Pimenta, M.C. "Commercial Sex Workers (CSW) Experience As Health Agents In Rio De Janeiro."

Szterefeld, C., Fonseca, Z., Alonso, L.B., Vieira, E.M., Fernandes, M.E.L. "Focus Group Discussion With Female Sex Workers In Rio De Janeiro, Brazil: Diversity In The Perception Of Sexuality and Sex Work."

Alves, A. B., <u>Szterenfeld, C.</u>, Vieira, E.M., Pimenta, M.C. "Training and Capacity-Building On Forms Of STD/AIDS Infection For Information Multiplying Agents Among Marginalized Populations In Rio De Janeiro."

V Brazilian Congress on Collective Health, V Paulista Congress of Public Health, promoted by ABRASCO, Aguas de Lindóia, August 1997.

Chairperson of the round table, "Intervention on Women's Health," Elisabeth Meloni Vieira.

Oral presentations:

Delgrande, J.P., Nogueira, M.C.B., Mendes, F.E., Pimenta, M.C., Fernandes, M.E.L. AIDS Prevention For Low Income CSW In Two Urban Areas In The Northeast Of Brazil."

<u>Kalckmann, S.A.</u>, Réa, M.F., Villela, W.V., Vieira, E.M., Fernandes, M.E.L., Ankrah, M.E. "Preservativo Feminino: Opinião Dos Homens."

Martins, D., Gravato, N., Alonso, L.B., Marcondes, R.C., Duarte, N. F., Ferreira, M.L., Vilar, C., D'angelo, L.A.V. "Qualitative Assessment Of A Commercial Sex Workers Intervention Program In Santos, Brazil.."

Perez, A., Maurell, R., Kaliran, T., Vieira, E.M., Fernandes, M.E.L. "Women and AIDS Prevention: The Private Sector Response Through Claudia Magazine."

Kalckmann, S.A., Réa, M.F., Villela, W. V., Vieira, E.M., Fernandes, M.E.L., Ankrah, M.E. "O Preservativo Feminino: Experiência De São Paulo."

Poster presentations:

Pinto, V.M.F., Tellini, R.M., Brito, G.S., Chinen, E., Fernandes, M.E.L. "HIV Infection and STD Prevalence Among Women Monitored Through Pre-Natal Program In High Risk Area In Brazil."

<u>D'angelo, L.A.V.</u>, Vieira, E.M., Fernandes, M.E.L. "Process Indicator Information System: A Tool For Monitoring and Evaluating HIV/AIDS Prevention Program."

Wasek, G., Paterson, P., Rodrigues, L.G.M., Matida, A., <u>Pluciennik, A.M.</u>, Ninomya, T., Lopes, F., Fernandes, M.E.L. "Brazil Logistics Management Of Essential Commodities For AIDS Prevention."

Alves, A. B., Szterenfeld, C., Vieira, E.M., Pimenta, M.C. "Training and Capacity-Building On Forms Of STD/AIDS Infection For Information Multiplying Agents Among Marginalized Populations In Rio De Janeiro."

Fernandes, M.E.L., Pimenta, M.C., Vieira, E.M., Fini, I.G., Kottelos, K., Gitchens, W. "Capacity Building: A Critical Component In The Implementation Of HIV/AIDS Prevention In Brazil."

Tellini, R., Lacerda, R., Gravato, N., <u>Andrade, V</u>., Vieira, E.M., Fernandes, M.E.L. "Control and Prevention Of Sexually Transmitted Diseases In The Municipality Of Santos, São Paulo, Brazil."

Tellini, R.M.C., Carvalho, E.L., Gomes, E., Ebner, F.V., Castro, M.T.F., Mello, L.B., Arreaza, L. A., Soares, M.C., Vieira, E.M., Fernandes, M.E.L. "STD Survey Among Female Inmates In The City Of Santos, Brazil."

Carvalho, R.G., Setianto, F.G., Aragão, D.C., Sayeg, F.A., Eppinghaus, A.F., Matida, A.H., Vieira, E.M. "STD Control: Building Bridges For HIV/AIDS Prevention In Rio De Janeiro, Brazil."

Gravato, N., Tellini, R., Martins, D., <u>Peçanha, C.M.H.</u>, Lacerda, R., Brito, G.S., Fernandes, M.E.L. Et Cols. "Refinement Of Census For Commercial Sex Workers (CSW) In The City Of Santos, Brazil."

Clemente, M., Ferreros, C. Fernandes, M.E.L. "The Brazilian Condom Market: Positive Effects Of Social Marketing."

Henriques, C.M.P., Gravato, N., Tellini, R.M., Lacerda, R., Cismeiro, R., Melo, L.F., Bezerra, I., Vilarinho, L., Rebouças, M., Vieira, E.M., Fernandes, M.E.L. "Educational Intervention For CSW and Their Clients In The Municipality Of Santos, Brazil."

Cromack, L., Barros, C., Castro, D., Gonçalves, F., Fernandes, M.E.L. "Should We Distribute Condom To Adolescents? The Experience In Rio De Janeiro, Brazil."

Perez, C., Munhoz, R., <u>Antunes, M.C.</u>, Paiva, V., Stall, R., Fernandes, M.E.L. "Sharing A Successful Experience On HIV/AIDS Prevention Among Young Adults and Adolescents In São Paulo, Brazil."

Lacerda, R., Vilarinho, L, Carvalho, R., <u>Vieira, E.M</u>, Fernandes, M.E.L, Stall, R., Hearst, N. "Intervention For HIV AIDS Prevention Among Harbor Workers In The City Of Santos, São Paulo, Brazil."

Wasek, G., Thomas, S., Paterson, P., Baggaley, R., Fernandes, M.E.L. "National AIDS Control Policy Planning For Condom Requirements Forecasting."

XXI Congress of the Latin-American Association of Sociology (ALAS), September 1997. Round table: "Gender and Reproductive Health"

Oral presentation:

"Female Condom: Greater Autonomy For Women In The Age Of AIDS?" By Susana Kalckmann.

I Metropolitan Seminar on AIDS promoted by the Municipality of São Vicente, September 1997. Round table: "Women and AIDS."

Oral presentation:

"The Acceptability of the Female Condom" by Susana Kalckmann...

2. Booths

III Brazilian Conference on Epidemiology, II Ibero American Conference and I Latin American Conference held in Salvador Bahia on April 1995. The participation was through an AIDSCAP/USAID Stand. The Conference had the support from the MOH, Pan-American Health Organization, the Ford Foundation, the International Society of Epidemiology, the National Council for Science, and private sector and local funding agencies. The Conference had 4,000 participants with 300 speakers, and 2000 scientific papers were presented at round tables, panels, conferences, and posters sessions. The AIDSCAP/ USAID stand distributed 3,320 leaflets with information about AIDSCAP/Brazil, Dominican Republic, Jamaica, Haiti, policy, evaluation, behavior change communication, PVO/NGO Program, and condom accessibility and use (in English). A total of 600 samples of the booklet "Los Campos de Acion del Project AIDSCAP, and 1,000 samples of the folder "Partners in Prevention," were distributed. Furthermore, a total of 800 CSM flyers, a leaflet "How to Use a Condom" and 3,500 Prudence Condoms were distributed at the AIDSCAP stand. A total of 46 copies of the document AIDSCAP Technical Strategy translated to Portuguese was distributed to key leaders in the area of public health in Brazil and Latin America, Caribbean, Spain and Portugal as well as to the Secretariats of Health.

A total of 1,200 professionals visited the AIDSCAP/USAID stand from Central and South America and other countries: USA, Canada, Spain, and Portugal. The philosophy of Condom Social Marketing raised great interest among the Secretariats of Health from different Brazilian states. Several representatives from the Brazilian States were interested in the procurement of Prudence condoms. The videos presenting our projects were applicated by stand visitors.

4th Pan-American AIDS Conference and 10th Latin American Conference on STD, Santiago, Chile, November 1995. The private editor ABRIL donated a total of 300 issues of Claudia magazine, with a special article on AIDS and women. All magazines were distributed at the AIDSCAP/FHI stand. A resident advisor and an editor/writer from Claudia Magazine were interviewed by local media, 4 TV channels and 3 radio stations. In addition to the Claudia issues a total of 100 books entitled, "Everything You Always Wanted To Know About AIDS, STD and Sex and Had The Courage To Ask," funded by the Levi Strauss Foundation were also distributed.

48th Annual Meeting of the Brazilian Society for the Progress of Science (SBPC), São Paulo, July, 1996. SBPC is the major traditional forum for scientific discussion in Brazil. During this conference, AIDSCAP/ASF participated with poster and oral presentations and a booth for exhibition and project dissemination. About 5,000 Brazilian students, university teachers and scientists participated at this conference. Although not well located the AIDSCAP booth was visited by 500 people who received BCC and technical materials from AIDSCAP, including AIDSCaptions and the summary sheets of AIDSCAP Project Strategies for Latin American countries. A total of 5,000 condoms were distributed during the week-long conference.

XI International Conference on AIDS, Vancouver, Canada, July 1996. AIDSCAP Brazil participated at AIDSCAP booths distributing BCC materials and sharing with FHI/AIDSCAP dissemination.

VI Brazilian Congress on STD/AIDS, Rio Grande do Sul, October 1996. The AIDSCAP stall received the visit of 409 participants of the Congress. A total amount of 1,474 IEC materials were distributed. Among them were samples of Presentations of AIDSCAP in Vancouver Conference, The Status and Trends of the Global HIV/AIDS Pandemic-Final Report, Proceedings from the Third USAID HIV/AIDS Prevention Conference, USAID Responds, AIDSCAP

Models of Interventions, Cairo and Beijing, Technical Strategy, A Dialogue Between Sexes, One Strong Voice/Writing on Women and AIDS, AIDSCAPTIONS. Twenty books, STD Case Management Workbook 1, were raffled among AIDSCAP booth attendees during the days of the Congress. A total of 1,000 Prudence condom units were distributed from the AIDSCAP stall.

8th Pan American and 10th Brazilian Infectious Diseases Meeting, Salvador, Bahia, May 1997. During the conference ,Associação Saúde da Família was an exhibitor and the AIDSCAP Project was well disseminated. The epidemiological reports on HIV/AIDS produced by AIDSCAP/FHI such as "The Status and Trends of Global HIV/AIDS Pandemic" (300 copies), and the epidemiological overviews for the Latin American and the Caribbean regions (200 copies each). Other IEC material such as AIDSCAPTIONS, NETWORK, HOW TO DO HANDBOOK, condoms (male and female) were distributed to participants. The AIDSCAP booth collected signatures for the exemption of taxes on condoms. A total of 864 female condom units and 3,000 male condoms were distributed. The female condom called the media attention and several interviews were given to TV, radio and newspapers. The conference had 2,500 participants from Brazil. Representatives from several scientific societies and from the MOH LAC countries as well as from the USA and Europe and were present. The ASF was the only NGO to have exhibitor status in this conference.

XXVI Inter-American Congress of Psychology, São Paulo, July 1997. AIDSCAP Brazil was an exhibitor during this conference that had an attendance of 4,000 professionals. About 1,000 people visited the AIDSCAP/ASF booth. A total of 2,430 copies of IEC materials were distributed: 200 copies of each edition of "Emma says" (vol. 1, 2 and 3), 50 copies of Network (vol.16 No.3), 40 copies of AIDSCaptions (April and May), 40 copies of Models of Intervention, and 600 copies of the brochure "Everything You Always Wanted To Know About AIDS, STD and Sex and Had The Courage To Ask." Two petitions, one on condom tax exception and the other on free media spots concerning the AIDS prevention campaign were signed by 500 people.

V Brazilian Congress of Collective Health (ABRASCO), V Paulista Congress of Public Health, August 1997. This national conference on public health in Brazil had the participation of approximately 5,000 health professionals. AIDSCAP had a booth in which a total of 1,579 IEC materials, 432 female condoms and about 4,000 male condoms were distributed. Among these materials were 986 copies of "Emma says" (vol. 1, 2 and 3), 13 copies of Network (vol.16 No.3), 50 copies of AIDSCAPTIONS, 19 copies of Model of Intervention, and 300 copies of the brochure "Everything You Always Wanted To Know About AIDS, STD and Sex and Had The Courage To Ask." Forty-one tee shirts and almost 200 ASF pins were sold.

B. Technical and Scientific Committees

Participated in the AIDSCAP/FHI meeting's technical advisory group in Washington, DC, USA, February 1993 to discuss the strategy and implementation plans for Brazil. Maria Eugênia Lemos Fernandes presented an epidemiological overview of HIV/STI in Brazil,...

Maria Eugênia Lemos Fernandes participated as a member in monthly meetings held by the Scientific AIDS Commission of the State of São Paulo, 1992-1994.

Maria Eugênia Lemos Fernandes participated as a member in the Scientific Committee for the BUASTD (Brazilian Union against Sexually Transmitted Diseases) from 1992 until presently.

Maria Eugênia Lemos Fernandes participated as a member in two meetings held by the National Committee for Integral Prevention (CONEPI/SEPESC/MEC) providing TA to the Minister of Education in the development of AIDS Prevention Strategies for Brazilian schools, 1993-1995.

Maria Eugênia Lemos Fernandes participated in monthly meetings (total of 36) as a member of the scientific commission for AIDS/STD in the State of São Paulo to discuss and produce documents and make recommendations on several policies regarding the prevention, treatment and care of HIV/AIDS and STD in São Paulo, 1992-1994.

Maria Eugênia Lemos Fernandes participated at the Technical Advisory Group of AIDSCAP/FHI meeting on August 1995 presenting the private sector leveraging models in Brazil and the lessons learned by AIDSCAP/Brazil Country Program.

Maria Eugênia Lemos Fernandes. Participated of the International Program Committee of the 2nd International Conference on Health and Human Rights, Harvard University, USA, October 1996.

Maria Eugênia Lemos Fernandes participated in the Scientific Committee of the I Brazilian Congress of STD/AIDS Prevention, Salvador, Bahia, December 1996.

Maria Eugênia Lemos Fernandes participated in the technical advisory committee organized by INMETRO to discuss the control of quality of male condoms for the Mercosul, from 1995-1997.

Maria Eugênia Lemos Fernandes and Elisabeth Meloni Vieira participated in the Technical Certification Committee Organized by Institute Falcon Bauer to certify quality of male condoms, 1996-1997.

C. Community and Political Forums and Meetings

Congressional Forum on AIDS Pandemic at the United States House of Representatives in Washington, DC, USA., June 1992.

National AIDS NGO Meeting Fortaleza, Ceará, November 1992.

Oral presentation:

"AIDSCAP Strategy in Brazil" by Maria Eugênia Lemos Fernandes.

International meeting organized by Partners of America entitled "AIDS in the Workplace." São Paulo, December 1992.

Oral presentation:

"Lessons Learned in the Development of HIV/AIDS Prevention in the Workplace," by Maria Eugênia Lemos Fernandes.

International Seminar on AIDS and Youth organized by Partners of America, São Paulo, September 1993.

Chairperson of the session "Epidemiology of HIV/STD," Maria Eugênia Lemos Fernandes.

Participated in several activities during AIDS World Day in 1992 and 1993, São Paulo and Rio de Janeiro states.

Supported the Seminar "AIDS and STD Prevention in the Workplace," October 1993. Organized by the Cultural Institute of Labor for the three main labor unions in the country (General Center for Labor Force - CGT; United Center for Labor Force [CUT] and Union Force).

National AIDS NGO Seminar in Vitoria, Espírito Santo, April 1994.

Oral presentation:

"AIDSCAP Evaluation Strategy" by Glacus de Sousa Brito.

Maria Eugênia Lemos Fernandes, in conjunction with USAID representatives, presented the AIDSCAP project to the US Consul in São Paulo, 1994.

Forum of NGOs and State Department of Health in Rio. Six monthly meetings which were formalized by the Division of STD/AIDS of the State Health Department and organized by Maria Eugênia Lemos Fernandes to discuss and evaluate the prevention activities carried out by AIDSCAP, 1994..

III National Congress of Sex Workers in Rio de Janeiro, May 1994.

Oral presentation:

"Condom Social Marketing As A Strategy For Increasing Condom Use Among CSWs" by Maria Eugênia Lemos Fernandes.

Visited Johnson and Johnson, the main condom factory in Brazil in order to discuss condom price, quality and to exchange experiences, 1994. Maria Eugênia Lemos Fernandes.

Participated in a one-day Evaluation Workshop Of MWM Project with ABIA and Grupo Pela Vidda, 1994. Maria Eugênia Lemos Fernandes.

In liaison with Partners of the Americas in Brazil provided TA in the organization of the "Women, Love and AIDS" Seminar in Rio de Janeiro, September 1994.

Oral presentation:

"The Epidemiology Of HIV Infection, Syphilis and Hepatitis B Among Prostitutes: a study report," by Maria Eugênia Lemos Fernandes.

São Paulo Solidarity Social Fund's one-day seminar organized by the São Paulo Governor's wife, who is the Fund president, in order to present a summary of the X International Conference on AIDS to local NGOs, governmental institutions and representatives from municipalities working with HIV/AIDS prevention, September 1994. Participation of Maria Eugênia Lemos Fernandes.

NGO Regional Forum in Mar Del Plata on September 20-24, 1994 to discuss women's health and AIDS issues as part of the preparatory meeting for the United Nations 1995 Beijing Conference on Women, September 1994. Participation of Maria Eugênia Lemos Fernandes.

Seminar "AIDS, Together to the Future," São Paulo, October 1994, organized by APTA.

Participation in the round table, "and the Future?" by Maria Eugênia Lemos Fernandes.

Participated in six meetings organized by the wife of the governor of the State of São Paulo, 1992 to 1996. Maria Eugênia Lemos Fernandes.

X Congress of the International Lesbian and Gay Association (ILGA), Rio de Janeiro, July 1995. Participation of Elisabeth Meloni Vieira.

Fourth World Conference on Women, Beijing, China, September 1995. Maria Eugênia Lemos Fernandes participated assisting the head of the AIDSCAP Women's Initiative in networking distribution of IEC materials, press kits, and lobbying the NGO and official UN Conference. Assisted the Brazilian press in arranging several interviews including Ambassador Sally Sheldon and Ms. Gertrudes Mongella, Chair of the Conference. Resident Advisor met daily with representatives from the official UN Conference parliamentary observers and NGO representatives from Brazil to discuss the progress of the platform for action and the Beijing declaration.

Beijing Preparatory Meetings attended by Maria Eugênia Lemos Fernandes. These meetings of women's and feminist groups in Brazil were to assure that HIV/STD/AIDS were included in the Beijing 1995 Conference in China in the official and NGO delegation agenda.

Women's Health Program Coordinator of the State Health Department. These November 1995 meetings were to discuss condom needs for the State of São Paulo and request support for ICMS (a state tax) exception on male condoms. Attended by Maria Eugênia Lemos Fernandes.

International Seminar on Condom Social Marketing "AIDS: Seduction and Prevention," promoted by Partners of America, Rio de Janeiro, November 1995.

Oral presentation:

"The current situation of the AIDS epidemic in Brazil" by Maria Eugênia Lemos Fernandes.

AIDS World Day. Participation in a political meeting with the Secretary of Health in São Paulo, AIDS/STD State Director, the wife of the governor, and NGOs during the launching ceremony for "a Campaign for the adoption of an NGO." NGO representatives expressed public health authorities and the Governor's wife their urgent needs. The meeting was held at Emilio Ribas

Hospital, December 1995. Senior program officer participated in a meeting where a media campaign on AIDS prevention for the private sector was launched. December 1, 1995.

Participation in the National AIDS NGO Meeting in São Paulo, May 1996. This is major forum of AIDS NGOs. In conjunction with DKT, AIDSCAP had a booth at this meeting. The Minister of Health and the Head of the São Paulo State Health Department visited the meeting. The book funded through the RRF, "Institution Planning and Management of AIDS/NGO- the Return," was launched. A total of 195 kits with AIDSCAP technical and BCC material were distributed. Each kit included AWI publications, AIDSCaptions, the ASF Newsletter, the summary sheet of AIDSCAP in Latin American countries, Companheiros de la Prevenção, Assessment and Monitoring of BCC Interventions, the booklet "Everything You Always Wanted To Know About AIDS, STD and Sex and Had the Courage to Ask," and other materials. A total of 2,795 BCC and technical materials were distributed, in addition to 60 female and 400 male condoms. Each visitor to the stand was eligible for one of nine prizes donated from DKT: two Easter eggs filled with condoms. The dissemination booth collected addresses for the AIDSCAP/ASF mailing list. The media covered this meeting extensively. Participation of Maria Eugênia Lemos Fernandes and Ayko Takemoto.

Presented the AIDSCAP Project to the Ambassador of the US to Brazil, in São Paulo, June 1996 by Maria Eugênia Lemos Fernandes.

Launching of the T-shirt Campaign "Wear for a Cure" / "Vista esta causa." In July 26, 1996 this Media Campaign for fund-raising for HIV/AIDS was launched in the Ministry of Foreign Affairs in Brasilia with the presence of the First Lady of Brazil, Dr. Ruth Cardoso who bought the first sample T-shirt. ASF is the recipient of 30% of the proceeds from this campaign conducted by Elite Models, the Fashion Industry, and Dishes. AIDSCAP logo was printed on all T-shirts. The Campaign Launching had the participation of models, ambassadors and wives, and government ministers. Dr. Peter Lamptey and Dr. Maria Eugênia Lemos Fernandes represented AIDSCAP Project during this important event.

Provided TA in liaison with Partners of the Americas in Brazil at the International Seminar "Lessons Learned: The Contribution Of USAID In The Prevention of STD/AIDS," Rio de Janeiro, September 1996.

Oral presentations:

"The AIDSCAP Project Technical Strategy" by Maria Eugênia Lemos Fernandes.

"The Methodology and Design of studies for the Evaluation of the AIDSCAP Project" by Elisabeth Meloni Vieira.

"The Continuous Evaluation of AIDSCAP Project" by Luis Antonio V. D'Angelo.

"The Rapid Response Fund" by Elisabeth Meloni Vieira.

Meeting promoted by the Ford Foundation at ECOS, to discuss recommendations for Ford Foundation activities during 1996. Elisabeth Meloni Vieira participated in these meeting

representatives from Ford Foundation, international consultants and representatives from NGO, November 1996.

AIDS World Day, December 1, 1996. The country office participated actively in AIDS WORLD DAY, and event coordinated by the State Health Department in the park *Parque Ibirapuera* where an ASF stall was placed. IEC materials and condom units were distributed. A total of 600 ASF newsletters were distributed. More them 800 people signed three petitions and T-shirts and pins were sold. A total of 700 USD contributions were obtained on this day. The National Coordinator of MOH Program on AIDS/STD visited ASF stall. The MOH invited ASF for a celebration musical show held at *Teatro Municipal* in São Paulo. ASF distributed a gift for each of the 1,200 MOH VIP guests the T-shirt "Wear for a Cure/Vista esta Causa." Participation of Maria Eugênia Lemos Fernandes, Elisabeth Meloni Vieira, Luis Antonio D'Angelo, Elvira Carmo Oliveira, Adarcy Pareja and several volunteers.

Family Health International 25th Anniversary Celebration, December 1996. A celebration of FHI was held on December 12, 1996 at *Pinacoteca do Estado* in São Paulo with the participation of about 250 people. Abbott Laboratories sponsored the party, which kindly offered a cocktail, as well as DKT do Brasil and Rubens Flowers. An opening address was made by the representative of Dr. Ruth Cardoso, the First Lady of Brazil. A representative of the MOH National Program on STD/AIDS, Dr. Euclides Castilhos, Dr. Rebecca Cohn, USAID Representative and Dr. Tania Lago representing the Secretary of State Health Department also opened the celebration. Dr. Sheila Mitchell, from AIDSCAP/HQ and Dr. Fernandes, RA, on the behalf of FHI, welcomed all participants. Forty-nine organizations (among them NGO, private sector and Universities) received a written acknowledgment of partnership with AIDSCAP/FHI

Mayor State Meeting at the State Governor Palace, January 1997. Participated at the meeting for the new elected mayors in the State of São Paulo, organized by the CEPAM. AIDSCAP's Resident Advisor presented the example of Santos as a model which reduced the number of AIDS. The session had approximately 300 people. In addition, a petition was collected for condom tax reductions. Participation of Maria Eugênia Lemos Fernandes, Ayko Takemoto and several volunteers.

8th International Women and Health Meeting, Rio de Janeiro, March 1997. Participation of this international meeting with the presentation, "Prevention of STIs and Pregnancy" by Susana Kalckmann. Participation of Maria Eugênia Lemos Fernandes, Elisabeth Meloni Vieira, Maria Aparecida Ribeiro and Giane Ribeiro. The AIDSCAP booth received about 300 participants of the Congress. A total of 634 IEC materials were distributed (135 issues of AIDSCaptions Nov. 96; 150 issues of Network vol. 17; 152 issues of Network vol. 16; 147 issues of Model Intervention-AWI; 50 issues of A Dialogue Between The Sexes). A total of 246 signatures were collected from women from more than 30 different countries to support a petition for the development of a HIV/AIDS Prevention program in Brazil especially targeting women.

National AIDS NGO Meeting, Brasilia, April 1997. AIDSCAP had a booth at the conference to disseminate project activities. During the conference signatures were collected in support to MOH for World Bank loan #2 for AIDS Prevention. Signatures were also collected for condom

tax exemptions. Participation of Maria Eugênia Lemos Fernandes, Elisabeth Meloni Vieira and Ayko Takemoto.

46th Meeting of the Mayors and Municipalities of São Paulo State, São Paulo, May 1997. In conjunction with DKT, participated at the State Mayor meeting to disseminate project activities em Águas de Lindóia. RA participated at the political debate as the only representative of a Health NGO together with representatives from MOH, Federal Council of Medicine and Health private sector to discuss health issues in Brazil. The AIDSCAP video in Portuguese was presented to 400 mayors and legislators. About 5,000 condoms were distributed. BCC materials such as an adolescents brochure, the calendar donated the State Health Department and ASF Newsletters were also distributed. Moreover the stand also collected signatures for a petition supporting a free campaign in the media and condom tax exemptions. The petitions were handed to the governor of São Paulo State. This event was very important to disseminate AIDSCAP information throughout the political arena and to network with state companies. Participation of Maria Eugênia Lemos Fernandes, Ayko Takemoto and DKT and ASF staff.

Meeting organized by Partners of America in Fortaleza, Ceará, May 1997.

Oral presentation:

"AIDSCAP Project and strategies for HIV/AIDS Prevention" by Maria Eugênia Lemos Fernandes.

"Love Parade" June 1997. A public demonstration for solidarity and support for marginalized society, including gays, transvestites and drag queens with the participation of 1,500 people. A "rain of condoms" was thrown by a musical truck. Participation of Ayko Takemoto, Elvira Carmo de Oliveira, Adarcy Pareja, Mary Markowicz and ASF volunteers.

Mercado Mundo MIX, June 1997. Fashion fair with massive participation of young people and the gay community with 30,000 visitors. In conjunction with other NGOs, ASF collected food and clothes for donation to people living with HIV. About 10 tons of food were collected. ASF had a stand where AIDSCAP Project IEC material and condoms were distributed. Participation of Ayko Takemoto, Elvira Carmo de Oliveira, Adarcy Pareja, Mary Markowicz and ASF volunteers.

São Paulo State AIDS/ NGO Meeting, September 1997. Associação Saúde da Família hosted the State NGO meeting to present major activities and lessons learned in the implementation of AIDSCAP Project in Brazil. Forty-six people representing 30 NGOs participated of the meeting.

D. Media Dissemination

A total of 226 articles were published in national, regional and local newspapers and magazines. These articles were analyzed and occupied a media space valued at \$6.8 million US. The articles disseminated the AIDSCAP project components of the technical strategy, discussing condoms, STIs, AIDS prevention in general and behavior change in particular. Many articles were also published about the female condom and 78 about the Campaign Wear

for a Cure. As it shows in the table below, 42,888,000 people were potentially reached by the news papers and 22,624,000 by the magazines. This media space was provided for free.

Newspapers

Name	Issue	Times	Total
Folha de São Paulo	500,000	69	34,500,000
Estado de São Paulo	407,000	09	3,663,000
Jornal do Brasil	150,000	03	450,000
O Globo	330,000	04	1,320,000
Correio Braziliense	5,000	01	5,000
Jornal da Tarde	119,000	02	218,000
Diario do Comercio	30,000	01	30,000
Meio Norte	10,000	13	130,000
O Dia	11,000	10	110,000
Diario do Povo	13,000	05	45,000
O Nacional	10,000	17	170,000
Diario da Manha	8,000	02	16,000
Zero Hora	160,000	02	320,000
Noticias Populares	120,000	02	240,000
Folha da Tarde	100,000	03	300,000
Diario Popular	150,000	04	600,000
Gazeta Zona Norte	57,000	03	171,000

TOTAL = 42,888,000

MAGAZINES

Name	Issue	Times	Total
Isto É	500,000	06	3,000,000
Claudia	700,000	17	11,900,000
Caras	310,000	02	620,000
Boletim da Moda		1 1-1	
R da Folha	775,000	04	3,100,000
Ver Faça Facil	145,000	02	290,000
VIVER Psicologia	30,000	04	120,000
J Assinante Net	380,000	02	760,000
Suprimentos e Serviços Hospitalares	10,000	01	10,000
Marie Claire	320,000	04	1,280,000
Mais Vida	45,000	01	45,000
Principal Homem	150,000	04	600,000
Raça Brasil	250,000	01	250,000
Desfile	64,000	01	64,000
GQ Brasil	100		-,
Carta Capital	50,000	01	50,000
Playboy	253,000	01	253,000
Previna se			Annual State of the state of
DO Urgente			
Capricho	267,000	01	267,000
Abigraf	15,000	01	15,000

TOTAL OF NEWSPAPERS AND MAGAZINES = 65,512,000

1. AIDSCAP General Media Dissemination

Jornal Folha de São Paulo - Cotidiano - Metade das prostitutas paulistas tem sífilis, p. 4-8, 16.08.92;

Revista Capricho - Camisinha: tem que usar! P. 36 - 49, Março/93, Ed. Abril;

Revista Dignitas Salutis - Prostituição, p. 16 - 19, Abril/93, Ed.

Revista Claudia - Perigo - A Aids está cada vez mais perto das mulheres,

p. 106 - 111, Maio/93, Ed. Abril;

Diário Oficial do Município de Santos - 500 mil dólares contra AIDS, p. 3, 29.06.93;

Iornal Folha de São Paulo - Relações Sexuais são 100 milhões por dia, 05.08.93;

Jornal Folha de São Paulo - Cotidiano - Acaba estoque de camisinha do Ministério da Saúde, p. I - 6, 16.08.93;

Revista ABIGRAF - Prêmio de excelência ressalta evolução do produto gráfico, p. 28, 29, Setembro/93;

Revista Marie Claire - A hora do preservativo, p. 35 - 40, Novembro/93,

Ed. Globo;

Revista Âmbito Hospitalar - Especialistas debatem tratamento da Aids em crianças, p. 9 - 18, Novembro/93, Âmbito editores Ltda.;

Jornal O Estado de São Paulo - Seção Geral - Entidades dizem que governo banalizou Aids, p. A-18, 01.12.93;

Revista ISTO É - 40% dos brasileiros adultos jamais compraram este produto, p. 34 - 38, 19.01.94;

Jornal Folha de São Paulo - Cotidiano - Venda de preservativo cresce 10%, p. 3 - 7, 22.01.94;

Jornal do Brasil, Rio de Janeiro - O preço absurdo dos preservativos, 28.01.94;

Jornal do Brasil, Rio de Janeiro - Preservativo caro impede combate à Aids, 28.01.94;

Jornal Folha da Tarde - Camisinha cara atrapalha combate à Aids no Brasil, 28.01.94;

Revista Playboy - AIDS - A distância entre intenção e gesto, p. 104 - 116, Janeiro/94;

Jornal de Genêve et Gazette de Causanne - Prévenir le sida auprès des Latino-Américains: que d'obstacles! 07.02.94;

Jornal de Genêve et Gazette de Causanne - Alerte au Brésil, p. 41, 25.02.94;

Jornal Folha de São Paulo - Cotidiano - SP precisa de 177 milhões de camisinhas, p. 3 - 7, 07.03.94;

Jornal O Estado de São Paulo - Especial Domingo - Teste de vacina anti-Aids exige novas normas, p. 18, 20.03.94;

Jornal O Estado de São Paulo - Confaz vai decidir se retira ICMS dos preservativos, p. A - 12, 28.03.94;

Jornal Folha de São Paulo - Adolescentes ganham 1º livro sobre Aids, p. 4 - 6, 03.04.94;

Manual Previna-se - São Paulo - Encontros - ONGs fazem intercâmbio sem avanços políticos, p. 7, Junho/94;

Jornal Folha de São Paulo - Para especialistas, número é alarmante, p. 3 - 5, 01.07.94;

Jornal Mais Saúde - Santos-SP - AIDS: americanos visitam Santos, p. 8, 08.11.94;

Revista Claudia - É bom comemorar, p. 4, Março/95, Ed. Abril;

Revista ISTO É - Sexo Teen, p. 93 - 98, 07.06.95, Ed. Três;

Revista Claudia - AIDS - O tamanho do risco, p. 204 - 216, Setembro/95, Ed. Abril;

Revista Capricho - Especial sexo, p. 1 - 97, Outubro/95, Ed. Abril;

Revista da Folha - Se sexo é pecado, melhor não contar com a proteção divina, p. 6, 19.11.95;

Revista Qué Pasa - Chile - El hombre que descubrio el virus del siglo, p. 56 - 59, Novembro/95;

Jornal Folha de São Paulo - Aumentam os casos de doenças sexuais, p. 3 - 7, 01.12.95; Revista Claudia - Pequim: As mulheres tomam conta do seu destino, p. 214 - 277, Dezembro/95, Ed. Abril;

Revista IMPRENSA - São Paulo - Aids em discussão, p. 14, Dezembro/95, Ed. Três; Revista ISTO É - Geração ameaçada, p. 40, 41, 31.01.96, Ed. Três;

Revista Claudia - Sexo - Caderno especial - 40 perguntas sobre sexo, p. 24 - 34, Fevereiro/96, Ed. Abril;

Jornal Folha de São Paulo - Carnaval é época de liberdade conjugal, p. A - 8, 18.02.96;

Jornal Diário Popular - Passeata com velas pede atenção para aidéticos, 05.04.96;

Jornal Viver Embu-Guaçu - Uma especialista em grande estilo, 19/03/96;

Revista Claudia - Casos de Aids no mundo, p. 207, Abril/96, Ed. Abril;

Revista Claudia - Um mundo, uma esperança, p. 10, 13, Julho/96, Ed. Abril;

Revista Claudia - O mundo se une na luta contra a AIDS, p. 54 - 57, Outubro/96, Ed. Abril;

Jornal Folha de São Paulo - Ceará usa linguagem local contra a Aids, p. 3 - 9, 22.12.96;

Revista Viver Psicologia - AIDS - A fantasia da cura, p. 6, 7, Janeiro/97,

Ed. Psicologia e Saúde;

Jornal Viver Embu-Guaçu - ASF tem Boletim Informativo, p. 3, 19/04/97;

Suprimentos & Serviços Hospitalares - Controle de doenças sexualmente transmissíveis, p. 56, Julho/97, Ed. Suprimentos & Serviços Ltda.

2. Female Condom Media Dissemination

Jornal Folha de São Paulo - Camisinha feminina chega para as ativas, 25.07.93; Jornal Folha de São Paulo - Cotidiano - Camisinha cara barra luta anti-Aids, 28.01.94; Jornal Folha de São Paulo - Cotidiano - Camisinha cara emperra campanhas anti-Aids, 28.01.94;

Jornal O Estado de São Paulo - Preservativo feminino é eficiente na prevenção da Aids, diz especialista, 28.01.94;

Boletim ABIA - A hora e a vez da camisinha feminina, Julho/setembro/95;

Jornal Notícias Populares - Seção Geral - Camisinha de moça é maior que a de macho, p. 5, 11.08.95;

Jornal Folha da Tarde - Camisinha para mulheres chega ao Brasil e será testada em SP, 11.08.95;

Jornal O Estado de São Paulo - Coluna MaSão Goto Filho - Camisinha Feminina começa a ser testada em Setembro, 16.08.95;

Jornal Diário Popular - Camisinha feminina será testada por voluntárias, 16.08.95;

Jornal O Globo - Coluna Daniel Hessel Teich - Preservativo feminino será testado em São Paulo, 16.08.95;

Boletim MAIS - Camisinha feminina - Você quer experimentar? Agosto/95;

Revista Marie Claire - Recrutamento - p. 145, Agosto/95, Ed. Globo;

Jornal Gazeta da Zona Norte - Coluna Camila de Alvarenga - Preservativo feminino começa a ser testado por paulistanos, 02.09.95;

Revista Desfile - A camisnha da vênus - p. 123 - 127, Outubro/95, Ed. Bloch;

Revista Go Brasil - Ela está de camisinha, p. 32 - 35, Novembro/95, Carta Editorial Ltda.;

Jornal Gazeta da Zona Norte - Instituto de Saúde prossegue com os testes do preservativo feminino, p. 01, 09, 11.11.95;

Jornal Folha de São Paulo - Coluna Aureliano Biancarelli - Mulheres aprovam camisinha feminina, p. 4 - 6, 18.05.97;

Revista ISTO É - Seção Saúde - Vênus de camisinha, p. 66, 18.06.97, Ed. Três.

3. "Wear for a Cure" Campaign Rio De Janeiro and São Paulo (National Press)

Jornal Folha de São Paulo - Coluna Joyce Pascowitch, p. 4, 28.06.96;

Estado de São Paulo - Capa - Sonho Dourado, 12.07.96;

Globo, Rio de Janeiro - Coluna Luiz Augusto Michelazzo e Cristina Ramalho, 13.07.97; Revista Caras, 19.07.97;

Boletim da Moda, São Paulo - Mundo da moda faz marketing da caridade, p. 2, 23.07.96;

Jornal Folha de São Paulo - Coluna Joyce Pascowitch, p. 5 - 2, 24.07.96;

Revista Toda Moda - Palestras/Eventos - Top models na luta contra a Aids, 26.07.97;

Jornal Folha de São Paulo - Ruth abre campanha e defende camisinha, p. 3, 27.07.97;

Correio Braziliense, Brasilia - Campanha contra a Aids, 27.07.97;

Jornal da Tarde, São Paulo - Seção Geral - Campanha, 27.07.97;

Globo, Rio de Janeiro - Dona Ruth: Aids não é uma questão religiosa, 27.07.97;

Jornal da Tarde, São Paulo - Seção Geral - Campanha, p. 15 - A, 27.07.96;

Estado de São Paulo - Seção Geral - Ruth Cardoso participa da campanha ainti-Aids, p. A - 14, 27.07.97;

Revista Caras - D. Ruth contra a AIDS - Primeira-Dama veste a causa, 09.08.96;

Jornal Folha de São Paulo - Seção Divulgação - Cristina Reali faz fotos contra a Aids, 19.08.97;

Diário do Comércio - Empresas, São Paulo - Seção Divulgação - Shoppings aderem à luta contra a Aids, 20.09.97;

Revista Claudia - AIDS e Melissa, p. 93, Setembro/96, Ed. Abril;

Revista Mais Vida, p. 9, Outubro/96, Ed. Três;

Revista Principal - Homem, p. 13, 34, 35, Outubro/96, Ed. Símbolo;

Revista Raça - Vista Esta Causa - Junte-se aos líderes da moda na luta pela cura da Aids, p. 111, Novembro/96, Ed. Símbolo;

Revista Principal - Homem, p. 104, 105, Novembro/96, Ed. Símbolo;

Revista Claudia - AIDS: Entre nessa luta pela vida, p. 8 - 15, Novembro/96, Ed. Abril;

Revista Claudia - Boa Ação - Wear for a cure - Vista esta causa, p. 86, Dezembro/96, Ed. Abril;

Revista Principal - Homem, p. 58, 59, Dezembro/96, Ed. Símbolo;

Revista Viver Psicologia - Vista Esta Causa - Junte-se aos líderes da moda na luta pela cura da Aids, p. 34, 35, Dezembro/ 96, Ed. Psicologia e Saúde;

Revista Claudia - A Campanha da Fitinha vermelha, p. 16, Janeiro/97,

Ed. Abril;

Revista da Folha - Vista Esta Causa - Junte-se aos líderes da moda na luta pela cura da Aids, p. 2, 3, 05.01.97;

Revista da Folha - Vista Esta Causa - Junte-se aos líderes da moda na luta pela cura da Aids, p. 2, 3, 19.01.97;

Revista Festas Faça Fácil - Vista Esta Causa - Junte-se aos líderes da moda na luta pela cura da Aids, p. 2, Janeiro/97, Ed. Globo;

Revista Crescer em Família - Vista Esta Causa – Junte-se aos líderes da moda na luta pela cura da Aids, p. 74, Fevereiro/97, Ed. Globo;

Revista Ponto Cruz - Vista Esta Causa - Junte-se aos líderes da moda na luta pela cura da Aids, p. 2, Fevereiro/97, Ed. Globo;

Jornal do Assinante - NET São Paulo - Vista Esta Causa - Junte-se aos líderes da moda na luta pela cura da Aids, p. 2, Abril/97;

Jornal do Assinante - NET São Paulo - Vista Esta Causa - Junte-se aos líderes da moda na luta pela cura da Aids, p. 2, Maio/97.

4. "Wear for a Cure" Campaign - Teresina-Pi

Convite - Desfile "Tome Consciência" - Vista Esta Causa - Junte-se aos líderes da moda na luta pela cura da Aids, Outubro/96;

Jornal Meio Norte, Teresina-PI - Coluna Zoom Claúdio Barros - Beleza Anti-Aids, 19.10.96; Jornal O Dia, Teresina-PI - Modelos entraram definitivamente na batalha contra a AIDS, p. 20, 21, 20.10.96;

Jornal O Dia, Teresina-PI – Torquato – Combate HIV – Modelos entram em campanha contra a Aids, p. 18, 20, 20.10.96;

Jornal Meio Norte, Teresina-PI - Coluna Elvira - Raulino - Desfile, p. 2, 20.10.96;

Jornal Meio Norte, Teresina-PI - Coluna For Teens - Movimento, p. 8, 24.10.96;

Jornal Meio Norte, Teresina-PI - Coluna Elvira - Raulino - Wear For a Cure, 28.10.96;

Jornal Meio Norte, Teresina-PI - Coluna Elvira - Raulino - Wear For a Cure, 29.10.96;

Jornal Meio Norte, Teresina-PI - Coluna Elvira - Raulino - Wear For a Cure, 30.10.96;

Jornal Meio Norte, Teresina-PI - Piauí veste causa no combate à Aids, p. 3, 30.10.96;

Jornal O Dia, Teresina-PI - Torquato - Uma campanha bate a AIDS, 30.10.96;

Jornal O Dia, Teresina-PI - Torquato - Wear for a Cure, p. 22C, 31.10.96;

Jornal O Dia, Teresina-PI - Torquato - Luta pela cura, 31.10.96;

Jornal Meio Norte, Teresina-PI - Coluna For Teens - Vista esta causa, hoje, 31.10.96;

Jornal Diário do Povo - Desfile Beneficente é atração nos "Diários," p. 17, 31.10.96;

Jornal O Dia, Teresina-PI - Modelos engajados em prol da AIDS, 31.10.96;

Jornal O Dia, Teresina-PI - Coluna Mara Beatriz, Beleza, 02.11.96;

Jornal Diário do Povo - Sociedade -Desfile, p. 18, 03.11.96;

Jornal O Dia, Teresina-PI - Torquato - Capa - Beleza contra a AIDS? 04.11.96;

Jornal Meio Norte, Teresina-PI - Coluna Elvira - Raulino, 06.11.96;

Jornal Meio Norte, Teresina-PI - Coluna For Teens - Vista esta causa mobiliza Teresina, 07.11.96;

Jornal O Dia, Teresina-PI - Torquato - Coluna Mara Beatriz, 08.11.96;

Jornal O Dia, Teresina-PI - Torquato - Coluna Mara Beatriz, 09.11.96;

Jornal O Dia, Teresina-PI - Torquato - Coluna Mara Beatriz, 10.11.96.

5. "Wear for a Cure" Campaign - Passo Fundo-Rs

Convite "Desfilando pela vida" - Novembro/96 - Vista Esta Causa; Jornal O Nacional, Passo Fundo-RS - PS: A campanha Wear for a cure, p. 17, 13.11.96; Cadernos de Saúde - Encarte especial, Passo Fundo-RS - AIDS: Campanha de prevenção envolve Governo, Indústria da Moda e Meios de Comunicação, p. 3, 16.11.96;

Jornal O Nacional, Passo Fundo-RS - Coluna Júlio Campos - A Top Model Cláudia Schiffer vestindo a camiseta da campanha, p. 18, 23, 16.11.96;

Jornal O Nacional, Passo Fundo-RS - Fontes EM OFF - Aids, p. 3, 16.11.96;

Diário da Manhã, Passo Fundo-RS - Indústria da moda realiza campanha para combate e prevenção à AIDS, 23.11.96;

Jornal O Nacional, Passo Fundo-RS - Seção Onleitor - Wear for a cure, p. 18, 30.11.96;

Jornal O Nacional, Passo Fundo-RS - Alunos de Tecnólogo organizam desfile conceitual de moda, 04.12.96;

Diário da Manhã, Passo Fundo-RS - DM Comunidade -Lourdes De Conto 06.12.96;

Jornal O Nacional, Passo Fundo-RS - Seção Geral - Campanha de Prevenção à AIDS, p. 8, 13, 06.12.96:

Cadernos de Saúde - Encarte especial, Passo Fundo-RS - A luta contra a AIDS, p. 7, 25, 07.12.96;

Jornal O Nacional, Passo Fundo-RS - Wear for a cure - Desfile - Colabore! 14.12.96;

Diário da Manhã, Passo Fundo-RS - Seção Geral - Campanha "Vista esta causa" promove festa na Oppium, p. 17, 18.12.96;

Jornal Zero Hora - Passo Fundo-RS - Seção Geral - Promoção arrecada recursos para combate mundial à Aids, p. 45, 18.12.96;

Caderno O Estado das Coisas - Segundo caderno - Por uma causa nobre, p. 3, 18.12.96; Jornal O Nacional, Passo Fundo-RS - Nós abraçamos esta causa. E você?, p. 14, 18.12.96.

