



Associação
Saúde da
Família

**INTERNATIONAL SMALL
GRANTS FUND 2005
BRAZIL**



Elton John AIDS Foundation

FINAL REPORT

July, 2006.



Elton John AIDS Foundation

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GRANT REPORT COVER SHEET

(Please copy and attach this top sheet to subsequent report documents)

Please complete each section of this form FULLY and IN ENGLISH
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Your Letter of Agreement will stipulate by which date your report is due. If you are unable to complete any section of the form or have any specific problems completing your report, please indicate why. You may provide supplementary information as appropriate.

GENERAL INFORMATION

1. Name of Organisation:

ASSOCIAÇÃO SAÚDE DA FAMÍLIA

2. Project Title to which this report relates:

EJAF ISGF 2005 MONITORING PROJECT - BRAZIL

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MANAGER

Position:

ASF's HIV/AIDS/STD PROJECT

5. Type of Report (interim/final):

FINAL REPORT

6. Report Period:

From: JAN 2005

To: JUNE 2006

7. Date of Report:

24-JUL-2006

Signature:

Project Report Table for the Elton John AIDS Foundation

Name of Organisation: Associação Saúde da Família					Name of Project: EJAF ISGF 2005 Monitoring Project		
Overall Aim of project: To monitor EJAF ISGF Projects in Brazil (use a separate sheet for each aim)					Table prepared by: Silas P. Barbosa Jr. Date: 25.07.2006		
Objective	Activities	Undertaken by	Type and number of target beneficiaries reached	Timeframe	Actual output	Expected output = actual output?	Any resulting action?
					Actual impact	Expected impact = actual impact?	Any resulting action?
List objectives exactly as set out in your application	List activities exactly as set out in your application	List the people who organised/ran the activity	List which groups were targeted (e.g. girls aged 16-24) and how many people actually benefited from the activity	Detail the actual timeframe of the activity e.g. undertaken between..., evaluated on...	Detail actual <u>output</u> of activity, measured as set out in your application Detail actual <u>impact</u> of activity, measured as set out in your application	If the actual <u>output</u> differs from the expected output (as predicted in your application) please explain the reasons for this. If the actual <u>impact</u> differs from the expected impact (as predicted in your application) please explain the reasons for this.	Has any action been taken or is any planned in order to address issues raised in the previous column Has any action been taken or is any planned in order to address issues raised in the previous column
OBJECTIVE 1:	Technical monitoring of EJAF ISGF 2005 projects in Brazil (6 projects in São Paulo, Brazil)	Dr. Maria Eugenia Lemos Fernandes, MD MPH Executive Director of ASF; Tatiana Plucienick Dowbor, ASF Project Manager for EJAF ISGF 2005 Monitoring Project; Dr. Silas P. Barbosa Jr., MD PhD, ASF HIV/AIDS/STD Project Manager	Six EJAF ISGF 2005 recipient NGO's	Three monitoring meetings with NGO's project coordinators; two technical reports (interim and final)	Monitoring the work of the NGO's awarded the 2005 EJAF ISGF funding was very efficient as measured by the achievement of the proposed goals	The actual output supplanted the expect results	
OBJECTIVE 2:	Financial monitoring of EJAF ISGF 2005 projects in Brazil (6 projects in São Paulo, Brazil)	Staff of ASF's Finance Department - Director Ivan Fini	Six EJAF ISGF 2005 recipient NGO's		Na ASF proprietary finance software was used to monitor all financial operations of each small project as well as the Monitoring Project itself.	The actual output supplanted the expect results, ensuring transparency and good utilisation f resources.	
OBJECTIVE 3:	Conduct EJAF ISGF 2006 selection projects for Brazil (6 projects in São Paulo and 6 projects in Fortaleza)	Dr. Maria Eugenia Lemos Fernandes, MD MPH Executive Director of ASF; Tatiana Plucienick Dowbor, ASF Project Manager for EJAF ISGF 2005 Monitoring Project	Six NGO's in São Paulo and 3 in Fortalez received funding for projects to be implemented in 2006.		Selection process was conducted for São Paulo and Fortaleza NGO's. Only 3 NGO's in Fortaleza received funding from EJAF ISGF 2006.		For the next selection process a better support for the NGO's in Fortaleza will be provided to ensure better designed projects.

ASF Project Team

<i>Executive Director</i>	- Maria Eugênia Lemos Fernandes, MD, MPH
<i>HIV/AIDS/STD Project Manager</i>	- Silas P. Barbosa Jr., MD PHD
<i>ASF EJAF-ISGF Project Manager (2005)</i>	- Tatiana Plucienick Dowbor
<i>Project Assistant</i>	- Cleide Suely Brogna
<i>Finance Manager</i>	- Ivan Fini

Recipient Institutions

ALIVI – Associação Aliança pela Vida

FFF - Fundação Florestan Fernandes

CFSS - Coletivo Feminista Sexualidade e Saúde

Solar Eunice Weaver

GAPA - Grupo de Apoio à Prevenção à AIDS

IEPAS – Instituto de Estudos e Pesquisa em AIDS de Santos

Sponsored by

- **Elton John AIDS Foundation**

Report prepared by

- **Silas P. Barbosa Jr., MD, PHD**
- **Maria Eugênia Lemos Fernandes, MD, MPH.**
- **Ivan Fini**

1. EXECUTIVE SUMMARY

Associação Saúde da Família (ASF) has been the umbrella Organization for EJAF ISGF projects in Brazil. Since 2003, 30 projects were implemented in Brazil under the supervision and monitoring of ASF. In addition, as for 2006, ISGF projects have been extended to Fortaleza, in the north east region of Brazil.

The present report refers to the ASF EJAF ISGF 2005 Monitoring Project for the projects implemented in 2005. The reporting period was extended to June 2006 in order to conduct a joint meeting between project coordinators of 2005 and 2006 projects. The results from the selection process for 2006 were only available in April, 2006 and funding from EJAF was transferred in May, 2006.

All NGO's awarded the EJAF ISGF 2005 funding completed the actions and attained the expected results for their projects. ASF monitored all technical and financial aspects of each project.

Presently, ASF awaits for the approval of of ASF ISGF 2006 Monitoring Program in order to start the monitoring activities of 2006 projects ins São Paulo and Fortaleza and to conduct the 2007 selection process.

2. INTRODUCTION

Associação Saúde da Família (ASF) is pleased to present a report on the EJAF ISGF 2005 Monitoring Project and the six Brazilian projects awarded the EJAF ISGF 2005 (Table 1).

Table 1 – EJAF ISGF 2005 recipient organisations and projects

Organization / Project
ALIVI – Associação Aliança pela Vida <i>ALIVI Bakery Expansion</i>
FFF - Fundação Florestan Fernandes <i>Carrying Diadema in the Heart and Condoms in the Head</i>
CFSS - Coletivo Feminista Sexualidade e Saúde <i>Reducing Vulnerability Among Sex Workers</i>
Solar Eunice Weaver <i>Generating New Opportunities</i>
GAPA - Grupo de Apoio à Prevenção à AIDS <i>Human Rights and HIV/AIDS Legislation</i>
IEPAS – Instituto de Estudos e Pesquisa em AIDS de Santos <i>Integrated Response to Damage Reduction</i>

3. ASF MONITORING ACTIVITIES

ASF performed close monitoring activities with the Brazilian recipient organizations through monitoring meetings and reports.

Monitoring Meetings

A total of three meetings were conducted with all project coordinators in order to monitor the progress of the projects and to facilitate the interchange of experiences among the recipient organizations. A summary of the meetings agendas is presented on Table 2. Additional meetings were also conducted upon request of the recipient organizations or ASF.

Table 2 – Monitoring meetings

Date	Agenda
January 19, 2005	<p>EJAF ISGF 2004 project coordinators presented their projects to ASF staff and to the EJAF ISGF 2005 project coordinators</p> <p>EJAF ISGF 2005 project coordinators presented their work plan to ASF staff and to the EJAF ISGF 2004 project coordinators</p> <p>Monitoring guidelines were presented to the EJAF ISGF 2005 project coordinators</p> <p>EJAF ISGF 2005 project coordinators received a cheque with the EJAF ISGF resources</p>
April 13, 2005	<p>The project coordinators presented their projects progress and discussed follow-up activities with each other and the ASF coordinator</p> <p>ASF staff answered questions concerning report requirements</p>
March 31, 2006	<p>Final results of each project were presented by the project coordinators</p> <p>Final technical and financial reports.</p>

Reports

The recipient organizations presented complete technical and financial reports to Associação Saúde da Família (ASF). A summary of the individual technical reports is presented in Appendix I.

Financial Advice and Monitoring

ASF financial department conducted meetings with each recipient organization for counselling and advice on financial matters and the ASF's reporting system.

An ASF proprietary software was developed to monitor all financial activities of the projects. All recipient organizations were instructed on how to use the program, which is available on-line for data input and consultation.

Information regarding financial management of each individual project is available upon request.

4. EJAF ISGF 2006 SELECTION PROCESS

ASF conducted the selection process for EJAF ISGF projects for 2006.

5. DISSEMINATION OF INFORMATION

New ASF Internet Site

The new ASF web site provides information on EJAF ISGF in Brazil. A version in English is currently under construction. Our web page is www.saudedafamilia.org.

Conferences and events

Individual EJAF ISGF projects and a summary of the work of EJAF-ASF in Brazil are being presented at major National and International Conferences and Events:

Human Rights and HIV/AIDS legislation in Brazil*
12th International Congress on Infectious Diseases
Poster Presentation
Lisbon - 13-18 June, 2006

PSF e Prevenção de DST/AIDS e Gravidez na Adolescência: Indicadores de Processo*
Primary Care and prevention of AIDS/STD and unwanted pregnancy among teenagers: Process Indicators
8º Congresso Brasileiro de Medicina de Família e Comunidade (8º CBMFC)
II Encontro Luso Brasileiro de Medicina Geral Familiar e Comunitária,
Poster Presentation
São Paulo – 15-18 June, 2006

Community Bakery: An Income Generation Project for People Living with HIV/AIDS

8th Brazilian Congress of Collective Health

11th World Congress of Public Health

Poster presentation

To be held in Rio de Janeiro – 21-25 August, 2006

Saúde Reprodutiva e Prevenção de DST/AIDS em Adolescentes: Modelo de Gestão de Atenção à Saúde Integral e Descentralizada no Município em Diadema-SP

Reproductive Health and AIDS/STD Prevention among Adolescents: management model for integral health care in the municipality of Diadema.

8th Brazilian Congress of Collective Health

11th World Congress of Public Health

Poster presentation

To be held in Rio de Janeiro – 21-25 August, 2006

Redução de Vulnerabilidade em Trabalhadoras do Sexo

8th Brazilian Congress of Collective Health

11th World Congress of Public Health

Poster presentation

To be held in Rio de Janeiro – 21-25 August, 2006

Fighting AIDS in Brazil through Impact Small Grants Projects

XVI International AIDS Conference

Conference CD-Rom

To be held in Toronto – 13-18 August, 2006

* documentation presented in Appendix II.

6. MONITORING PROJECT FINANCIAL REPORT

EJAF ISGF 2005 Monitoring Project budget, expenditures and counterpart contributions from January 2005 to June 2006 are shown in Table 3.

Detailed information is available upon request.

Table 3 - EJAF ISGF 2005 Monitoring Project budget from January 2005 to June 2006.

Category	Planned Budget (Sterling)	Planned Budget (Real)	Other income (Real)	Current Project Expenditure (Real)	Balance (Real)	ASF Counterpart Contribution (Real)	Total Project Expenditure (Real)
Project Manager Salary and benefits	7,900.00	38,747.11		35,767.05	2.980,06	20.718,36	56.485,41
Consultant fees						17.500,00	17.500,00
Translation jobs	800.00	3,904.22		3,740.54	163,68		3.740,54
Transport							
General office Expenses						3.000,00	3.000,00
Other Expenses	300.00	1,448.67		6.415,92	-4.967,25		6.415,92
Subtotal	9,000.00	44,100.00		45.923,51		41.218,36	87.141,87
Interest			1.823,51		1823,51		
Total	9,000.00*	44,100.00	1.823,51	45.923,51	0,00	41.218,36	87.141,87

*Exchange rate: £ 1.0 = R\$ 4.9

7. CURRENT STATUS OF EJAF-ISGF MONITORING PROJECTS

The present report refers to the monitoring activities of the period initially programmed for January to December 2005. This period was extended to July 2006 in order to conduct a joint meeting with the recipients of EJAF ISGF 2005 and 2006 (knowledge transferring and sharing of experiences), which was held in March, 2006 after the announcement of the winners of the 2006 competition.

In addition, EJAF ISGF 2006 recipient organizations initiated the projects only in June, 2006, after receiving the bank transfers, in May, 2006. Therefore, deadlines and duration of these projects will be extended for a total period of one year, starting in June, 2006 and ending in May, 2007.

ASF monitoring activities and support have been a determinant factor for the excellent results achieved by the projects developed by the recipient organizations, ensuring transparency and adequate utilisation of resources.

Opportunely, we inform you that ASF monitoring activities for EJAF ISGF projects during 2006 have been reduced due to delay in the approval of the current monitoring project (2006) and transfer of the necessary resources to monitor the activities of the projects in São Paulo and Fortaleza, as well as to conduct the 2007 selection process.

APPENDIX I – Overview of the Individual Projects

I. ALIVI BAKERY EXPANSION



Recipient organization: Alivi – Associação Aliança pela Vida
Project Coordinator: Isabel Cristina Crepaldi



New Bakery before refurbishment



New Bakery after renovations

Description of the Project

Alivi's Community Bakery is a self-sustainable project for people living with HIV/AIDS. ALIVI provides shelter for mothers and children living with HIV/AIDS due to socioeconomic reasons such as prejudice and social exclusion. This population consists of 40 HIV positive women and their children (around 60). These people need professional counseling and requalification to be able to seek their own sustainability. Moreover, life expectancy of people living with AIDS assisted by ALIVI has considerably increased in the last few years, requiring institutions to seek for self sustainable projects and additional income sources. This project was created with the purpose of generating opportunities for these persons to be trained and become able to perform a specific work activity and to support themselves and their children. The implementation of Bakery involved refurbishment and adaptation of a house owned by ALIVI, acquisition of equipment, training of professionals and distribution of products to local markets and groceries. Income generation projects such as hydroponics also contributed for the implementation of the bakery. In March 2001, ALIVI was granted a "Handmade Bakery Kit" by the Solidarity Social Fund of São Paulo, which represented the kick-off for this new project. An agreement was established with SENAI (Serviço Nacional da Indústria) through which two employees of the organization were trained as bakers/pastrycooks to serve as multipliers and instructors for the project. Financial and technical support from the Elton John Aids Foundation and Associação Saúde da Família allowed ALIVI to buy better equipment for the project. The pastry produced at the bakery are partly distributed to ALIVI's units and partly sold in small local markets. With the revenue, ALIVI is covering the costs of necessary materials to continue the bakery's operation and democratically distributing part of the profits to those women participating in the project. This project was strategic for the organization providing self-sustainability and income generation. For the residents of ALIVI, it meant a real opportunity for professional requalification, income generation and improvement of self-esteem. Barriers of prejudice were broken, since serum-positive people are working in food production, which was unthinkable some time ago. High quality products are being produced and sold with great acceptance, generating income for ALIVI's residents.

EJAF supported this project in 2003 and is currently supporting the bakery expansion.

The objective of the current project is to install Alivi's Bakery in a new location, with better working conditions and adequate commercial space for consumers and to train more Alivi's residents on the manufacture of bakery products.

Project Activities

- Small renovations in the old bakery facility in order to maintain the training activities
- Architects developed a plan for the new bakery space and a budget was calculated. This budget was three times the amount received from EJAF (30,000 Reais). Alivi raised the remaining amount.
- Renovations in the new bakery facility.
- Training of more Alivi's residents on bread production.

Results and Constraints

Many of Alivi's residents were able to leave Alivi and go on with their lives without the support of the institution. Some of them were reintegrated to their families; some of them got married and others got jobs. Although this is a huge measure of success for our work it is an obstacle for the bakery sustainability since we need to be constantly training new labor force for bread production.

At the moment the bakery is producing less than before and trying to adapt to the cut on labor force. More residents were trained during 2005 although not all of them have the talent or the desire to work in the bakery. The residents near the Terra da Promessa Unit still come to buy Alivi's Bakery bread inside the Terra da Promessa Unit, but it is still in a small scale.

There was a significant delay on the renovation new bakery facility due to the fact that the municipality made it very difficult to get the permits to renovate and to utilize the house as a commercial space.

Another constraint was that Alivi's Bakery has a new coordinator. The new coordinator is already familiar with Alivi's work, but had to learn how to coordinate the bakery project.

Process indicators

Number of residents trained during 2005:	11
Number of trained people working at the bakery:	5
Number of bread units produced during 2005:	96.000

II. CARRYING DIADEMA IN THE HEART AND CONDOMS IN THE HEAD



Recipient organization: Fundação Florestan Fernandes
Project Coordinator: Epaminondas Cordeiro de Mendonça Neto



Project training



Project activities



Description of the Project

Diadema is a dormitory city of Sao Paulo. According to the census 2000, Diadema has a total of 368.000 people living with an average monthly income of ~200 USD. In Diadema, 33% of childbirths involve adolescents; the city occupies the 12th place in the HIV/AIDS rank in the state of São Paulo. As in several other situations involving social violence, adolescents are extremely vulnerable to this reality as it jeopardizes their health development and survival. All over the world, every year, one out of 20 adolescents gets infected with a sexually transmitted disease (STD'S), and every day more the 7 thousand youngsters –five for minute – get infected with HIV; this adds up to 2.6 million per year, which represents half of all cases registered. It is estimated that 40 million adolescents are currently infected with HIV or will probably develop AIDS in the next three fifteen years. Approximately 80% of HIV infections result from unsafe sex.

The objective of the current project is to reduce the incidence of HIV/AIDS/STD's and unwanted pregnancy in the north region of Diadema municipality. The target population include Health Professionals from Diadema Family Health Teams, Education Professionals, Community Health Leaders and Adolescents. project is a relevant initiative to integrate AIDS/STD agenda into primary care in a poor geographic area of the Municipality of Diadema, through multi-faceted actions involving professionals of the health, education, culture and sports sectors.

A sensibilization initiative with training of 350 health care provides and community leaders was conducted by a community board composed by the municipal departments of health, education, sports, culture, social assistance, local community leaders and volunteers. Several actions were conducted including door to door assistance by the family health teams, cultural, sports and education events and community interventions. All activities where supervised an monitored by a multidisciplinary team of professionals to ensure adequate implementation and sustainability for the project.

Project Activities

- Official project opening - March 4, 2005 – 1st Diadema Forum on Commemoration of the International Women's Day. This forum had the presence of several Diadema authorities including the chief executives of the secretariats of health, education and culture.

- Meeting with the Secretariat of Health to renegotiate their involvement in the project.
- Meeting with ASF to present the new plan of work approved by the Diadema Health Secretariat.
- Meeting to present the new plan of work to other partners
- Monthly meeting with the project team for monitoring and evaluation.
- Meetings with ASF for monitoring and evaluation.
- First and second training and sensitizing for Community Health Agents, community leaderships and other health and education professional for the formation of multiplying agents on STD/AIDS prevention. A total of 350 health care providers and other relevant community leaders were trained.
- Health and culture week – partnership with the health and culture on STD/AIDS project developed by the Diadema Municipality.
- Distribution of condoms
- Pre tests on STD/AIDS and non-planned youth pregnancy knowledge among 45 adolescents from Diadema North Region.
- Project presentation event (300 participants). This event counted with the volunteer help of well known Brazilian musicians and television actors.
- Post test on *STD/AIDS and non-planned youth pregnancy knowledge* among 212 adolescents capacitated through the project.
- Presentation of a theatrical piece on STD/AIDS prevention and non-planned youth pregnancy by the project adolescents. The public were other adolescents from Diadema. A total of 200 youth attended the play.
- Creation of community boards for project management for the Secretariats of health, sports, culture, social action and citizenship to give sustainability for the project and other future projects.
- Participation in the Second National Symposium on Youth and Adolescents Integral Health Care.
- Several art presentations as part of the multiplying activities planned by the project. They included cordel literature, rap, poetry, samba, pagode, capoeira, forró and other art expressions.
- Development of a data entry interface for the storage of project information.

This project exemplifies the success attained with joint efforts from the public sector, third sector institutions and the organized community and should be replicated in cities with similar situation and problems.

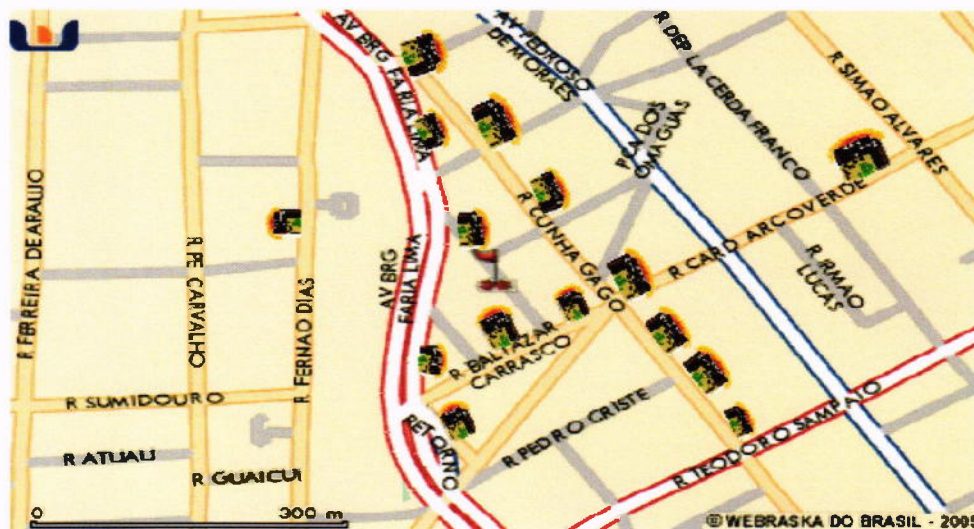
Process indicators

Professionals trained -	350
Educational kits distributed -	14
Male condoms distributed -	49.000
Educated adolescents –	4700
Multiplier adolescents trained –	428
Educational activities -	518

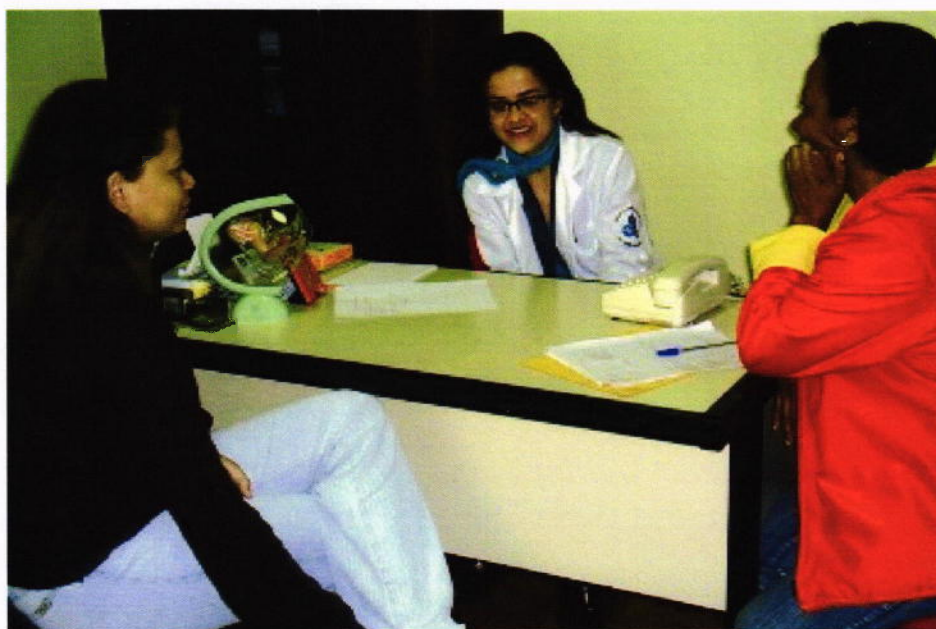
REDUCING VULNERABILITY AMONG SEX WORKERS



Recipient organization: CFSS – Coletivo Feminista Sexualidade e Saúde
Project Coordinator: Lenira Silveira



Mapped prostitution houses near the Coletivo Feminista headquarters



Medical consultation

Description of the Project

The goals of this project are:

- To increase knowledge about STDs and HIV among sex workers from the Largo da Batata and downtown Sao Paulo Regions.
- To increase the utilization of condoms among sex workers and their negotiation ability to demand the condom use with their clients and partners.
- To increase the knowledge and access of sex workers to health care services.
- To include the project target population in the Coletivo Feminista plan of work, offering sexual, reproductive and mental health services.

The project is dealing directly with two distinct sex workers populations: (1) Sex workers that work near the Coletivo Feminista headquarters. This population is composed by vulnerable young women, however, with better conditions of work and income than our second target group. (2) Sex workers from downtown Sao Paulo that frequent the *Center for Women Social integration*. This population is composed by street workers and small prostitution houses workers, with terrible work conditions and very low income.

Project Activities

- Survey of the sex workers in the Largo da Batata Region and purchasing of prevention supplies (male and female condoms) and workshop materials.
Baseline of prevention resources of the sex workers community: 16 prostitution houses were identified at the Largo da Batata Region. In each house works 10 to 30 women. A total of 8 prostitution houses were identified at downtown region.
- Workshops with the sex workers
- Individual medical consultations (24 consultations/month)
- Workshops/training for health care providers
- Writing and publishing a booklet for facilitators
- Reprinting of 1,000 copies of the Sexual Health Booklet "Fique amiga dela" (Be her friend)
- Intervention of the facilitators with their peers
- Meeting with facilitators to assess the intervention and improvement in prevention resources from initial baseline (1 meeting with 48 women in the CFSS)

- All necessary materials for the workshop were acquired. These included 1900 male condoms and 108 female condoms. A total of 1250 male condoms and 75 female condoms were already distributed.
- Individual consultations with sex workers at the Coletivo Feminista headquarters and at the *Center for Women Social Integration*.

The project is adapting its methodology to its different intervention sites:

In the Largo da Batata Region the project starts negotiating with the prostitution houses managers about the possibility of conducting workshop in the houses. In some cases a workshop on sexual health is conducted. In the Downtown Region workshops are being undertaken inside the *Center for Women Social Integration* and are scheduled by the Centers team as part of their regular activities.

The workshops utilized a participative methodology and condoms were distributed. After the workshop conduction many (96) sex workers scheduled individual visits to the Coletivo Feminista, where they learn more about all contraceptive methods and ways to stay healthy. They also receive more female and male condoms at the individual consultations.

Obstacles and Changes in Approach

The projects initial idea was to focus its activities in the Largo da Batata Region due to its proximity to the Coletivo Feminista headquarters; however, the project team had significant access restriction to the Largo da Batata sex workers population and for this reason the project team decided to include the downtown sex workers population into the project target population since its access was facilitated. The broadening of the sex workers population to the Downtown Region does not compromise the project objectives and helps the Coletivo Feminista to work with an even more vulnerable population than it had planed.

Process indicators

Mapped prostitution houses -	24
Male condoms distributed -	2820
Female condoms distributed -	204
Workshops conducted -	24

III. GENERATING NEW OPPORTUNITIES



Recipient organization: Solar Eunice Weaver
Project Coordinator: Clarice Mari Masson



Embroidery pieces produced and production sessions

Description of the Project

The objective of this project is to offer professional qualification in handcrafting to vulnerable HIV positive people and their relatives, as a strategy to generate income, improve their quality of life and to increase adherence to anti-retroviral treatment.

This project target population is comprised of HIV positive individuals and their families from four vulnerable regions of the Birigui Municipality. This population has to deal in their day to day with HIV/AIDS in the context of poverty and little access to social policies. The projects target group has to deal with the difficulty of day-t-day survival in the context of poverty, violence and other leadership conditions.

Project coverage by living area (30 families)

Region	Neighborhood	Nº of families	Living area characteristics	Coverage %
01	Santo Antonio	15	Concentration of poverty and drug traffic	50 %
02	Vila Bandeirantes, Cidade Jardim e	8	Concentration of poverty and drug traffic, violence	25 %

	Tereza Barbieri		and prostitution	
03	Vila Brasil, Aeroporto e Jardim Simões	05	Concentration of poverty and violence	17.85 %
04	João Crevelaro	02	Concentration of poverty and drug traffic, violence and prostitution	7.15 %
Total	—	30	—	100%

Current Status of the Project

The project planned to reach directly 30 families. The project also planned to reach 240 people indirectly and up to now 200 people were reached.

Nº of people benefited indirectly by the project

year	Nº of people planned to benefit indirectly by the project	Nº of people benefited indirectly by the project	% reached
2005	240	200	83.33

As part of the projects objectives Solar Eunice planned the development of handcrafts professional qualification workshops. As showed in the table below the workshops reached 99.3 % frequency attendance.

The families reported a 100% satisfaction with the workshops. The participants did not want to leave the trainings, staying frequently after hours and coming back in the following weeks with questions and comments.

Activities

- Meeting to present the project to interested people and enrolment
- 6-hours trainings on Introduction to the Entrepreneurship
- Weekly handcraft workshops, taught by two monitors. Total: 36 workshops of 4 hours each to teach macramé, cross stitch, vagonite, knitting and crochet
- 09 monthly workshops of 2 hours each to discuss the prevention of STDs/HIV/AIDS and the adherence to the anti-retroviral therapy

- Bazaar to show and sell the handcrafted items
- Evaluation of the project

Process Indicators

Number of families enrolled -	30
Number of workshops conducted -	36
Number of workshops on AIDS/HIV/STD prevention and care -	9
Number of handcraft pieces produced and sold -	450

Considerations

In addition to offering an opportunity for income generation, the project's qualification sessions on handcrafts are providing to its participants a safe place to share experiences. The handcraft sessions are impacting on the self-image of its participants and revealing personal abilities that were unknown to them. All the sessions are conducted in an informal atmosphere. The joy of the participants with the project is translucent, contrasting with their harsh daily lives.

IV. HUMAN RIGHTS AND HIV/AIDS LEGISLATIONS



Recipient organization: GAPA SP – Grupo de Apoio a prevenção a AIDS.
Project Coordinator: Áurea Celeste Abbade.



**Book cover: human Rights
and HIV/AIDS: a right under construction**

Description of the Project

The Brazilian program for HIV/AIDS has been very successful due to prevention actions, government support, free and universal access to treatment and medication and the interaction of the third sector through local and international institutions. However, reintegration of people living with HIV/AIDS remains a challenge regarding human rights, discrimination and legal and civil matters.

With the support of Elton John Aids Foundation and Associação Saúde da Família, experts recommendations and material from the experience of GAPA - SP (Grupo de Apoio e Prevenção a AIDS - São Paulo) were collected and compiled into a book.

Different issues were addressed including the right to health, bioethics, human rights, discrimination, citizenship and practical aspects of civil and legal matters.

A total of 1500 books were initially printed that will benefit lawyers and legal operators, and particularly people living with HIV/AIDS. The material has been distributed to the Judge's Association of São Paulo, AIDS NGOs, the Forum of the State of São Paulo, the Ministry of Health, the Ministry of Justice, the Brazilian Lawyers Order and the Brazilian Lawyers Network for Human Rights.

Issues addressed in the book

- *Aids and Society - Eduardo Luiz Barbosa*
- *Aids: What has changed? - José Carlos Veloso P Silva*
- *An overview of AIDS in Brazil - Wildney Feres Contrera*
- *Sensibilization - Roberta Rodrigues Alves Torres*
- *Initial Studies on Bioethics Áurea Celeste da Silva Abbade -*
- *Health, Life and Welfare - Marcelo Moscogliato*
- *Access to Justice System in Brazil, Human Rights and Discrimination - Firly Nascimento Filho*
- *Justice and Discrimination _ An overview of the Judicial System - Aroldo José Washington*
- *Mediation and Conciliation - Alma Santander*
- *Arbitration - Arbitragem - Jeanlise Velloso Couto*
- *Foundations for the Study of Human Rights and Citizenship - Edvaldo Lopes Araújo*
- *Aids: also a Matter of Justice - Maria Berenice Dias*
- *The Right to Health - Marlon Albert Wichert*
- *HIV and Work Relationships, Prejudice, Discrimination and Job Placement - Marcelo Deaultry Turra*
- *The Performance of the Department of Justice in the defense of Human Rights of HIV/AIDS Employees - Cecília Zavariz*
- *Reproduction Technology: Legal, Ethical and Psicosocial Aspects - Frozel de Camargo*
- *Social Security Law - Guilherme Roberto Ferreira Viana Filho*
- *Social Security Law - Fátima Baião*
- *Discrimination and Prejudice - Carmen Dora Freitas Ferreira*
- *Aids and Citizenship - Roberto Gouveia*
- *Women – Discrimination/Prejudice – Legal Protection - Maria Elisa Munhol*
- *Homosexual Citizenship - Fernando Quaresma de Azevedo*
- *The Right to Health as a Right to Citizenship - Marcelo Turra and Carlos Côrtes Vieira Lopes*

- For a Criticism of the Androcentric Reason: Gender, Homoeroticism and Exclusion of Legal Science - *Rosa Maria Rodrigues de Oliveira*

This is a unique initiative in Brazil, which will provide consultation material for legislators and lawyers, advancing the discussion on the legal aspects of people living with HIV/AIDS.

V. INTEGRATED RESPONSE TO DAMAGE REDUCTION



Recipient organization: Instituto de Estudos e Pesquisa em AIDS de Santos
Project Coordinator: Rita de Cássia Haiek



Damage reduction activities

Description of the Project

The goal of this project was to qualify PROAD (Drug Assistance Program - Universidade Federal de São Paulo) to include syringe exchange as an HIV prevention strategy among injectable drug users, transvestites and sex workers.

The specific goals included:

1. Implementation of the PRD-PROAD project.
2. Identifying, recruiting and training of volunteers to act as Hazard Reduction Agents.
3. Referring IDUs to health services.
4. Monitoring and coordinating the project.
5. Promoting hazard reduction strategies and STD prevention actions among drug users, transvestites and sex workers.
6. Ensuring the safety of field agents and monitoring the execution of both field and office activities.

The Project is dealing with three different target populations:

1. **Injectable drug users** - Usually adult man and women, some are homeless and most of them make combined use of cocaine. The resources that fund drug consumption are generally obtained through small contraventions and prostitution. Together with cocaine utilization, there is also the use of other drugs, especially crack. This population is being contacted by the project's Damage Reduction Agents in the streets and bars.
2. **Transvestites** - Transvestites were not initially a target group in this project. However, during the damage reduction work they started asking for syringes to apply silicone, botox and cocaine. This target group is mainly formed by sex professionals. This target group is being contacted by the Damage Reduction Agents in the streets and other prostitution areas. They also combine the use of cocaine with many other drugs, such as crack and alcohol.
3. **Sex workers** - Another group reached by the project was the sex workers group, basically formed by women. The project distributes a great deal of condoms and syringes to these women. Many sex professionals are sex partners of injectable drug users and sometimes are IDU themselves.

Activities of the Project

Selection of Damage Reduction Agents

The patients recruited to the interview were indicated by the PROAD psychiatry team. These patients were selected according to the following criteria: disposition to deal with collective health, current status of their treatment, communication capabilities, network established with injectable drug users and prior experience. The recruited patients received from PROAD 30 hours of training on damage reduction, health and citizenship, AIDS and STDs, drugs and its reactions, counselling, approaching techniques and field work.

Field Work

The damage reduction work was initiated just after the training and is weekly monitored by means of meetings and periodic visits of the Project Coordinator to the fields. The Damage Reduction Agents began their work by visiting places with high concentration of drug users and prostitution. They introduced themselves and explained the program to the drug users and offered them the prevention kit. The kits

are provided by the Estate STD/AIDS program and contain syringes, needles, a cup to dissolve the solution, alcohol sheets, water for injection and condoms.

Once an injectable drug user demonstrated interest in the kit, the project team started delivering it in a weekly basis. A date and time, and place are accorded with the user for the delivery. After a bond is established, it is requested that the user presents people from its relationship that could also benefit from the project (snowball technique). By these means the program is constantly broadening its coverage.

Results

1. A total of 597 injectable drug users were reached;
2. A total of 659 drug users were approached;
3. A total 4591 syringes were distributed;
4. A total of 7826 condoms were distributed;
5. A total of 6 new fields of work were opened;
6. A total of 5 collaborators adhered to the project voluntarily;
7. Drug users were referred to health departments and clinics: 105 for HIV and hepatitis testing; 34 for STD diagnosis; 60 Mental Health and chemical dependency clinics; 71 primary care units.

Constraints

One important obstacle is the presence of drug dealers in the places where the Damage Reduction Agents work, since drug dealers are afraid Damage Reduction Agents might attract the police.

Other obstacle is the police action itself, since it makes the drug user constantly look for other areas; bringing more and new connections to the drug users and making more difficult to the damage reduction agents to establish a constant connection with the drug users.

APPENDIX II – Dissemination of Information (Documentation)

1. Human Rights and HIV/AIDS legislation in Brazil

Poster presented at the 12th International Congress on Infectious Diseases, Lisbon - 13-18 June, 2006



to HPS and lessons learned since the program implementation in December 2005.

Results: The total number of cases reported was 65: 55 occupational exposures from private and public health services, 6 non-occupational exposures and 4 sexual violence exposures. The number of cases jumped from 4 cases in December to 44 in February. The results showed that most occupational exposures were percutaneous (77.0%) and involved mainly nurses (36.1%) and trainees (18.0%). 68.8% of occupational exposures happened without use of EPIs. 14.7% sources had diagnosis of either HIV (55.5%), HBV (11.1%) or HCV-infection (22.2%). PEP was initiated for sexual violence victims and individuals exposed to HIV-positive sources. The most commonly prescribed anti-retroviral regimen was AZT/3TC. Prophylaxis to others STDs was offered for every sexual violence victims. 38.5% cases had indication to receive HBV vaccine, 16.9% received HBV-immune globulin. Time intervals between exposure and emergency assistance and PEP initiation, when indicated, ranged from less than 2 hours (44.6%), to after 72 hours (4.6%).

Conclusions: There was a significant increase in cases referred to HPS. Most occupational exposures were preventable, and EPIs use was extremely low, highlighting the need for educational strategies. This system was effective with a short time-lag between exposure and initiation of PEP. Use of rapid HIV testing limits unnecessary PEP toxicity and side-effects. PSbio software enables our staff to analyze local data against a national database.

6.014 Human Rights and HIV/AIDS Legislation in Brazil

S.P. Barbosa Jr.¹, M.E.L. Fernandes¹, F. Baião², A.C.S. Abbade²,
¹Associação Saúde da Família, São Paulo, Brazil; ²Grupo de Apoio e Prevenção à AIDS—São Paulo, São Paulo, Brazil

Background: The Brazilian program for HIV/AIDS has been very successful due to prevention actions, government support, free and universal access to treatment and medication and the interaction of the third sector through local and international institutions. However, reintegration of people living with HIV/AIDS remains a challenge regarding human rights, discrimination and legal and civil matters.

Methods: With the support of Elton John Aids Foundation through Associação Saúde da Família, experts recommendations and material from the experience of GAPPA—SP (Grupo de Apoio e Prevenção à AIDS—São Paulo) were collected and compiled into a book. Different issues were addressed including the right to health, bioethics, human rights, discrimination, citizenship and practical aspects of civil and legal matters.

Results: A total of 1500 books were initially printed that will benefit lawyers and legal operators, and particularly people living with HIV/AIDS. The material has been distributed to the Judge's Association of São Paulo, AIDS NGOs, the Forum of the State of São Paulo, the Ministry of Health, the Ministry of Justice, the Brazilian Lawyers Order and the Brazilian Lawyers Network for Human Rights.

Conclusion: This is a unique initiative in Brazil, which will provide consultation material for legislators and lawyers, advancing the discussion on the legal aspects of people living with HIV/AIDS.

6.015 Lopinavir/Ritonavir Use in Pregnancy: A Pilot Study

A. Castelo, J. Senise, R. Palacios, R. Cruz, L. Lunardi, M.J. Rodrigues, A. Ahmed. UNIFESP, São Paulo, Brazil

Background: In pregnant women, safety issues of nevirapine when CD4 counts are >250 cells/mm³ and limited zidovudine efficacy when baseline viral load (VL) is >100,000 copies/mL have prompted the use of lopinavir/ritonavir (LPV/r).

Objective: To assess tolerance, safety and efficacy of LPV/r during pregnancy.

Methods: Retrospective chart review of 74 pregnant women receiving LPV/r. Exclusion criteria were twin pregnancy, severe hypertension or unreliable gestational age (GA). GA was estimated by the date of last menstruation period (LMP) and obstetrical ultrasound (US). Prematurity (P) was defined as GA at delivery < 259 days and LBW as < 2,500 g.

Results: 64 pregnant women were analyzed. Ten were excluded from the analysis. Mean age was 29.4 years. Virologic failure to other protease inhibitors (46.9%) was the main reason for initiating LPV/r. Nine women were already on LPV/r at the time of conception. LPV/r was used for a mean of 108.8 days (10–282 days). Median CD4 count and VL at base-

line were 29 cells/mm³ and 19,050 copies/mL respectively. At delivery, median CD4 cell count and VL were 323 cells/mm³ and <400 copies/mL respectively. Fifty-nine women (92.2%) had peripartum VL <1,000 copies/mL. No HIV-1 MTCT was observed. LBW was observed in 13 (20.3%) and P in 16 (25%) newborns. Of note 12/16 premature births were elective C/S and at least one other risk factor for LBW and P were present in each case. Time on LPV/r during pregnancy, maternal age, baseline CD4 count and VL, GA at initiation of LPV/r, reason for prescribing LPV/r and type of delivery were not associated with P.

Conclusions: LPV/r was well tolerated in pregnant women and effectively reduced VL with no HIV MTCT. LBW and P rates were 20.3% and 25%, respectively. Neither the duration nor the timing in pregnancy of LPV/r use was associated with P.

Session 7

(POSTER PRESENTATIONS)

Drug-Resistant Tuberculosis

Friday, June 16, 2006

Pavilhão 3 / Poster Area B

09:45–10:15 and 12:30–14:30

7.001 Recurrent Tuberculosis from Rwandese Patients with Multidrug-Resistant Strains of *M. tuberculosis*

N. Umubuyi¹, I. Chola Shamputa¹, A. Dediste², G. Zissis³, E. Karita⁴, M. Struelens⁴, F. Portaels⁴. ¹IMT, Antwerpen, Belgium; ²Departement of Microbiology, CHU St Pierre, Brussels, Belgium; ³Projet San Francisco, Emory University, Kigali, Rwanda; ⁴Department of Microbiology, Erasme Hospital, Brussels, Belgium; ⁵Mycobacteriology unit, Institute of Tropical Medicine, Antwerpen, Belgium

Background: Recurrence of active tuberculosis after treatment can be due to relapse of infection with the same strain or reinfection by a new strain of *Mycobacterium tuberculosis*. The proportion of recurrent TB cases caused by reinfection has varied widely in previous studies. Our aim was to analyze the role of reinfection and mixed infection in TB recurrence in a cohort study of Rwandese patients, who had successfully completed treatment for pulmonary tuberculosis.

Methods: Serial *M. tuberculosis* isolates from patients diagnosed with multidrug-resistant (MDR) tuberculosis were evaluated by phenotypic drug susceptibility testing and sequencing of *rpoB*, *katG*, *inhA*, and *embB*. Genotyping analysis was done by Spoligotyping and MIRU-VNTR.

Results: During the period from September 2002 to January 2005, 815 patients resident in the epidemiological field sites (4 provinces of Rwanda) were culture positive for *M. tuberculosis*. Isolates from 644 of these patients were available for further analysis. Phenotypic drug-susceptibility testing classified 69 (10.7%) of them having an episode of MDR tuberculosis. DNA fingerprinting showed a single strain in sputum cultures from 47 of the 69 patients with MDR-TB. Serial sputum cultures from the remaining 22 patients showed the presence of genetically distinct strains. On the other hand, DNA fingerprinting data suggested reinfection in 4 cases (18.2%) mixed infection in 1 case (4.5%), and 17 cases (77.3%) with identical genotype suggested reactivation. Reinfection, mixed infection and reactivation could be confirmed by using MIRU-VNTR method.

Interpretation: Analysis of clinical data suggests that in a setting with a high risk of tuberculosis infection HIV1/2 increases the risk of recurrent tuberculosis because of an increases risk of reinfection. Interventions to prevent recurrent disease, such as lifelong chemoprophylaxis or antiretroviral treatments in HIV positive patients are necessary and recommended.

7.002 Molecular Characterization of Drug-Resistant *Mycobacterium tuberculosis* Strains from Poland by Use of Multiple Genetic Markers

A. Sajduda¹, J. Dziadek¹, R. Kotłowski², F. Portaels³. ¹Department of Genetics of Microorganisms, University of Lodz, Lodz, Poland; ²Center for Medical Biology, Polish Academy of Sciences, Lodz, Poland; ³Chemical Faculty, Gdansk University of Technology, Gdansk, Poland; ⁴Mycobacteriology Unit, Institute of Tropical Medicine, Antwerp, Belgium

Human Rights and HIV/AIDS Legislation in Brazil

A.C.S. Abbade¹, M.E.L. Fernandes², S.P. Barbosa Jr.², F. Baião¹

¹Grupo de Apoio e Prevenção à AIDS - São Paulo, São Paulo, Brazil.

²Associação Saúde da Família, São Paulo, Brazil.

The Brazilian program for HIV/AIDS has been very successful due to prevention actions, government support, free and universal access to treatment and medication and the interaction of the third sector through local and international institutions. However, reintegration of people living with HIV/AIDS remains a challenge regarding human rights, discrimination and legal and civil matters.

With the support of Elton John Aids Foundation and Associação Saúde da Família, experts recommendations and material from the experience of GAPA - SP (Grupo de Apoio e Prevenção a AIDS - São Paulo) were collected and compiled into a book. Different issues were addressed including the right to health, bioethics, human rights, discrimination, citizenship and practical aspects of civil and legal matters.

A total of 1500 books were initially printed that will benefit lawyers and legal operators, and particularly people living with HIV/AIDS. The material has been distributed to the Judge's Association of São Paulo, AIDS NGOs, the Forum of the State of São Paulo, the Ministry of Health, the Ministry of Justice, the Brazilian Lawyers Order and the Brazilian Lawyers Network for Human Rights.

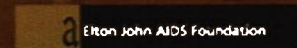
This is a unique initiative in Brazil, which will provide consultation material for legislators and lawyers, advancing the discussion on the legal aspects of people living with HIV/AIDS.



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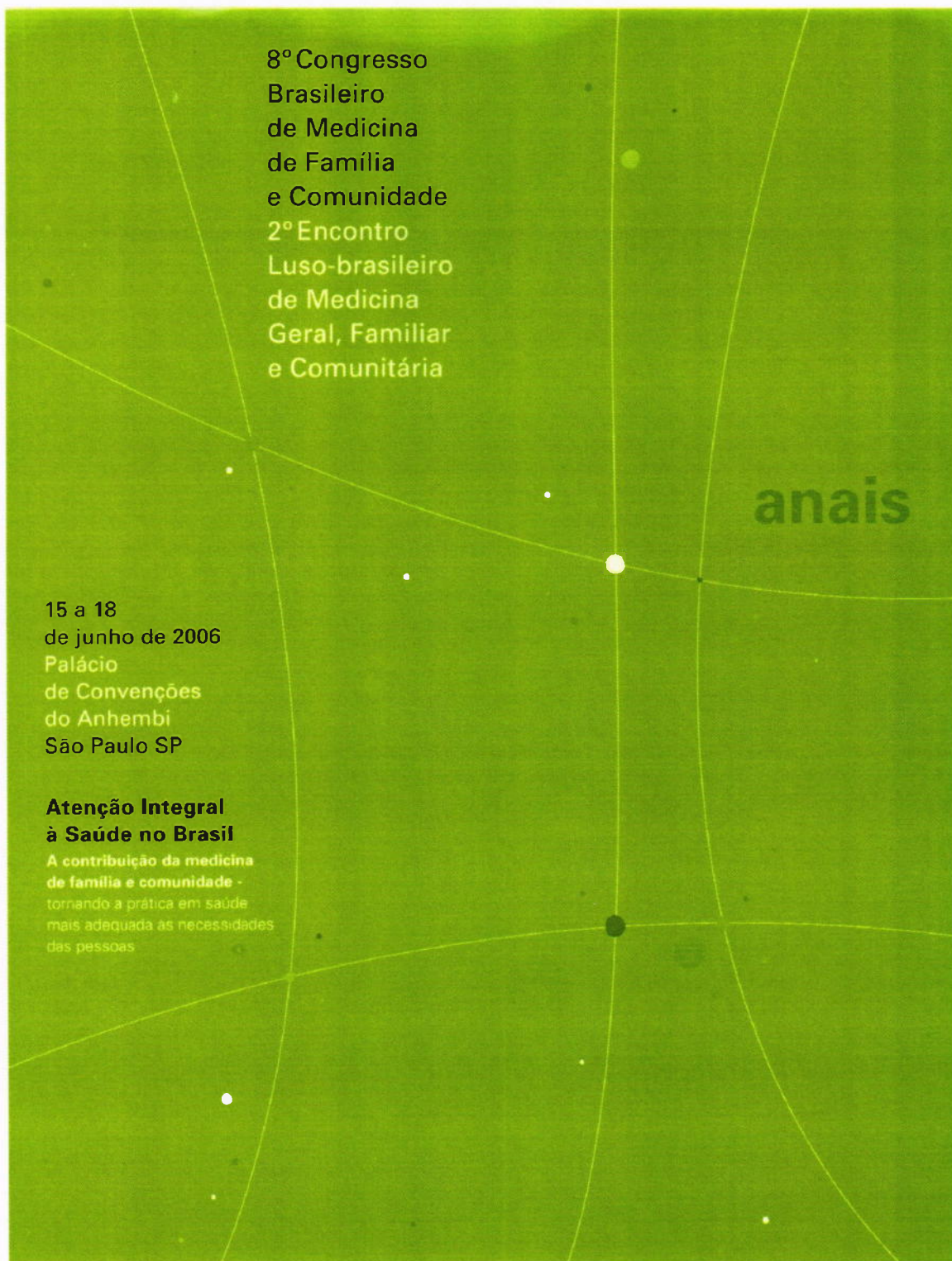
www.gapabrsp.org.br



www.ejafuk.com

2. Primary Care and prevention of AIDS/STD and unwanted pregnancy among teenagers: Process Indicators

Poster presented at the 8º Congresso Brasileiro de Medicina de Família e Comunidade (8º CBMFC) and II Encontro Luso Brasileiro de Medicina Geral Familiar e Comunitária, São Paulo – 15-18 June, 2006



cadastrada. Para imunização utilizou-se o critério de 95% de cobertura vacinas em menores de um ano de acordo com o SINASC. As doses avaliadas foram de vacinas BCG, hepatite B, poliomielite e tetravalente. Resultados: o percentual de municípios com SF e cobertura das vacinas maior ou igual a 95% foi maior que os sem SF em todas as comparações: Tetravalente 60,8% e 54,7%; Poliomielite 62% e 54,7; hepatite B 58,6 e 48,4 e BCG 47,4 e 35,9. Mas não houve diferença estatística entre os valores. Conclusões: Os resultados mostram que SF vem melhorar as atividades de prevenção realizada, mas que um caminho de qualificação pode se alcançado. **Palavras Chave:** Vacinação - saúde da família - indicadores de saúde.

12.003

PSF E PREVENÇÃO DE DST/AIDS E GRAVIDEZ NA ADOLESCÊNCIA: INDICADORES DE PROCESSO

Mendoza Neto, E. C.¹; Moura, J. C.²; Barbosa Jr., S. P.³; Calvo, M. E.²; Custodio, M.¹ - ¹Prefeitura Municipal de Diadema - Secretaria de Saúde; ²Prefeitura Municipal de Diadema - Secretaria da Saúde; ³Associação Saúde da Família - Projetos HIV/AIDS/DST e Saúde Reprodutiva

Introdução: O município de Diadema ocupa o 12º lugar de casos de AIDS notificados em São Paulo sendo 33% das grávidas do município adolescentes. O projeto "Levo Diadema no Peito e Camisinha na Cabeça" tem como objetivo reduzir a incidência de DST/AIDS e gravidez na adolescência na região norte do município de Diadema-SP. Metodologias participativas e visitas domiciliares que buscam promover saúde tornam o Programa de Saúde da Família o ítem estratégico junto à comunidade. O monitoramento e avaliação das atividades realizadas no período de 2005 constituem um pilares da implantação, implementação e sustentabilidade deste projeto. **Objetivo:** Monitorar implantação e implementação das atividades desenvolvidas no pelo projeto "Levo Diadema no Peito e Camisinha na Cabeça" no ano de 2005 mediante a construção de indicadores de processo. **Metodologia:** Capacitação de 350 multiplicadores de informação em prevenção de DST/AIDS e gravidez na adolescência utilizando metodologias participativas (oficinas lúdicas, sóciodrama construtivista e Pedagogia do oprimido). Criação

de instrumentos de monitoramento das atividades realizadas pelos multiplicadores de informação capacitados. Construção de indicadores de processo e fluxos de informação. Tabulação e análise dos dados (programa Excel). **Resultados:** População alvo (zona norte do município de Diadema) = 22.240 adolescentes (AD); AD cadastrados = 350; AD envolvidos em atividades comunitárias = 878; Atividades de Informação em prevenção DST/AIDS (prevenção porta à porta) = 330; Encaminhamentos para aconselhamento individual e coletivo = 935; AD encaminhados para UBS = 65; Indicadores: de cobertura = 21,1%; AD captados aderidos ao projeto = 38,9%; Multiplicadores de informação capacitados = 89,6%; Nº atividades educativas realizadas = 516; Materiais educativos produzidos = 14; Preservativos masculinos distribuídos aos AD captados = 4700; Nº Banco de preservativos = 2. **Conclusão:** Os resultados do monitoramento das atividades e dos indicadores de processo do projeto "Levo Diadema no Peito e Camisinha na Cabeça", reforçam a potencialidade das ações intersetoriais e descentralizadas junto ao Programa de Saúde da Família para a diminuição da incidência do DST/AIDS e gravidez entre os adolescentes da região norte do município de Diadema-SP. **Palavras Chave:** Prevenção DST/AIDS e gravidez na adolescência; Indicadores de processo.

12.004

AValiação de um Serviço de Atenção Primária à Saúde numa Cidade do Norte de Minas

Martins, G. S.¹; Andrade, M. C. T.¹; Araújo, R. O. S.¹; Lopes, F. P.¹; Rodrigues, O. A.¹ - ¹UNIMONTES - Saúde Coletiva

Introdução: O trabalho da atenção primária à saúde pode ser definido como o exercício de estar à porta de entrada de um sistema de saúde, em íntimo contato com grupos populacionais mais ou menos restritos: A Comunidade. Assim, é a atenção primária o primeiro contato de indivíduos, famílias e comunidades com uma complexa rede de serviços, dispensando cuidados a toda sorte de enfermidades, prevenindo os agravos, promovendo a saúde e estimulando o auto-cuidado, próximo ao cenário que a população vive o seu cotidiano. **Objetivos:** Tem como objetivos avaliar a qualidade do serviço da atenção primária à saúde; verificar como está a integralidade dos serviços; quantificar o acesso à unidade de

PSF E PREVENÇÃO DE DST/AIDS E GRAVIDEZ NA ADOLESCÊNCIA: INDICADORES DE PROCESSO

Mendonça Neto, E C¹; Fernandes, M E L²; Moura, J C¹; Calvo, M E C¹; Custódio, M¹.; Barbosa Jr, S P²

¹Prefeitura Municipal de Diadema; ²Associação Saúde da Família

Introdução

O município de Diadema ocupa o 12º lugar em casos de AIDS notificados em São Paulo sendo 33% das grávidas do município adolescentes. O projeto "Levo Diadema no Peito e Camisinha na Cabeça" tem como objetivo reduzir a incidência de DST/AIDS e gravidez na adolescência na região norte do município de Diadema-SP. Metodologias participativas e visitas domiciliares que buscam promover saúde tornam o Programa de Saúde da Família o eixo estratégico junto à comunidade. O monitoramento e avaliação das atividades realizadas no período de 2005 constituem um pilar da implantação, implementação e sustentabilidade deste projeto.



Metodologia

Capacitação de 350 multiplicadores de informação em prevenção de DST/AIDS e gravidez na adolescência utilizando metodologias participativas (oficinas lúdicas, sócio-drama construtivista e Pedagogia do oprimido). Criação de instrumentos de monitoramento das atividades realizadas pelos multiplicadores de informação capacitados. Construção de indicadores de processo e fluxos de informação. Tabulação e análise dos dados (programa Excel).

Objetivo

Monitorar implantação e implementação das atividades desenvolvidas no pelo projeto "Levo Diadema no Peito e Camisinha na Cabeça" no ano de 2005 mediante a construção de indicadores de processo.



Resultados

População alvo (zona norte do município de Diadema = 22.240 adolescentes (AD); AD cadastrados = 350; AD envolvidos em atividades comunitárias = 878; Atividades de Informação em prevenção DST/AIDS (prevenção porta à porta) = 330; Encaminhamentos para aconselhamento individual e coletivo = 935; AD encaminhados para UBS = 65; Indicadores: de cobertura = 21,1%; AD captados aderidos ao projeto = 38,9%; Multiplicadores de informação capacitados = 89,6%; Nº atividades educativas realizadas = 516; Materiais educativos produzidos = 14; Preservativos masculinos distribuídos aos AD captados = 4700; Nº Banco de preservativos = 2.



Conclusão

Os resultados do monitoramento das atividades e dos indicadores de processo do projeto "Levo Diadema no Peito e Camisinha na Cabeça", reforçam a potencialidade das ações intersetoriais e descentralizadas junto ao Programa de Saúde da Família para a diminuição da incidência do DST/AIDS e gravidez entre os adolescentes da região norte do município de Diadema-SP.



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Primary Care and prevention of AIDS/STD and unwanted pregnancy among teenagers: Process Indicators

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

II Encontro Luso Brasileiro de Medicina Geral Familiar e Comunitária,

Poster Presentation

São Paulo – 15-18 June, 2006