



## Final Report – Part I

(Year-3 progress report: July 2006 - June 2007)

**Project:** Expanding HIV/AIDS/STD prevention  
and care integrated to primary care in  
São Paulo, Brazil- Year 3.

*Sponsored by:*

*Johnson & Johnson*

**SÃO PAULO, BRAZIL**

**July, 2007.**



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The logo for Johnson &amp; Johnson, featuring the company name in a red, cursive script font.

SÃO PAULO, BRAZIL

July, 2007.

### ASF Project Team

General Supervision	-	Maria Eugênia Lemos Fernandes MD, MPH
Project Manager	-	Silas Pereira Barbosa Jr. MD, PhD
Data Analysis	-	Luiz Antonio Velinho D'Angelo MD, MSc
Internal Consultants	-	Isamara Graça Cyrino de Gouvêa, MD
	-	Rosicler Aparecida Viegas di Lorenzo MD, MSc
	-	Cristina Pandjarian
	-	Rosangela Ogawa
Project Assistants	-	Ana Cláudia Borja Ribeiro Lima
	-	Denise Rodrigues Nagatomy
	-	Vera Lúcia de Barros Parise
Finance Manager	-	Paulo Baptista de Oliveira
	-	Ivan Gouveia Fini

### Participating Primary Health Care Units

- Hélio Moreira Salles	- Teotônio Vilela	- Vila Iguazu
- Humberto Gastão Bodra	- Parque São Lucas	- Jardim Dona Sinhá
- Jardim Sapopemba	- Vila Reunidas	- Fazenda da Juta I
- Mascarenhas de Moraes	- Guairacá	- Fazenda da Juta II
- Iaçapé/Planalto	- Vila Renato	- Parque Santa Madalena
- Reunidas II	- Pastoral	

### Consultants

- Ana Maria Fonseca Zampiere, PhD, psychologist
- Cecília Ayres de Carvalho, psychologist
- Esperança Santos de Abreu, MSc, nurse
- Epaminondas Cordeiro de Mendonça Neto MD, PhD
- Juliana de Carvalho Moura, MD MSc
- Paulo Eduardo Espinosa, dentist
- Maria Teresinha Lello de Castro, biologist
- Marta de Oliveira Ramalho, MD, PhD
- Sílvia Bastos, MSc, nurse
- Suzana Kalckmann, biologist
- Vasco Carvalho Pedroso de Lima, MD
- Zarifa Khoury, MD, PhD

### Partner Institutions

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

### Sponsored by

- Johnson & Johnson
- Funding: US\$ 90.000,00

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### Report prepared by

- Silas P. Barbosa Jr. MD, PhD
- Denise Rodrigues Nagatomy
- Vera Lúcia de Barros Parise
- Ivan Gouveia Fini
- Maria Eugênia Lemos Fernandes MD, MPH

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

*Nelson Mandela*

## **EXECUTIVE SUMMARY**

### **Description of the project**

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

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

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

### **Scope of work for Project Year-3**

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

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

### **Project Implementation and achievements**

All HIV/AIDS/STD activities of the Family Health Teams (door-to-door, in the community and Health Units) initiated on Project Year-1, have been consistently maintained during Project Year-2 and Year-3. Training Workshops on Childhood and Adolescence Sexuality and AIDS/STI prevention and care were carried out in all 17 Health Units participating in the project. Educational materials were produced and equipments were distributed to the Health Units as well as printed material, CDs and DVDs containing proprietary material to be used in the education of community, patients and health professionals. Events were promoted, including the activities of World's AIDS Day, 2006 to intensify the actions of prevention in the community. A Community Therapy pilot project was implemented in 6 Health Units to strengthen Family Health Teams. Information on the project activities and achievements were presented at major National and International conferences. The analysis of the data from surveys, process indicators and secondary sources furnished important information regarding the project implementation. Continuous technical assistance to each Health Unit was provided by highly qualified consultants to ensure permanent and appropriate HIV/AIDS/STD education and care. Lessons learned were documented for dissemination and replication.

### **Constraints**

Major limiting factors for further development of project Year-3 included political changes in the government of the municipality of São Paulo, i.e. change of Mayor, Chief of Department of Health and Director of Family Health Program.

Participation in the project activities was also reduced due to change in the Municipal Health Department partners with migration of health professionals, resulting in management changes and different policies.

Financial support has also influenced the implementation of the project. ASF partnerships and concurrent projects have helped to sustain the project, which has surpassed the expected results and subproducts. As from May 2007 ASF has also taken over salaries and benefits of the project manager, which is essential for implementation of the different activities and interventions, thus ensuring the project continuation.

### **Financial Summary**

Table 1 shows summary information on budgets, expenditure and balance from July, 2006 to June, 2007. Interests on investments were included in the Total Project Income and were used in the project activities.

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