WEAVING NETWORKS
An experience in the prevention of STD/AIDS among street boys and girls
Prepared by

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Network initiatives ensure the continuity of actions

Despite all the complexity involved in living on the streets, carrying out effective STD/AIDS prevention actions with street populations is possible. Throughout this book, several – and positive – examples of initiatives of the pilot Street Boys and Girls project will be provided to prove this.

The joint actions that were built involving government and civil society, coupled with the experience of dealing with this population, the competence of the health care and social work professionals involved in them, and the active role played by boys and girls on the streets showed that barriers can be overcome. There was no lack of engagement, creativity and, above all, commitment to overcome the adversities encountered along this initiative.

As Angela Donini, one of the designers of the pilot project, recalls, the idea from the outset was to establish a dialogue between reality and services, local NGOs, and public-policy makers. The need to “weave” an actual network in which street children and adolescents are actively involved was one of the guiding principles of the project from the outset.

With the participation of civil society organizations and government, the process of setting up the project’s Working Groups deserves special mention. Throughout the project, these groups were mutually supportive in their actions, discussed their difficulties and realigned their activities as necessary, sharing responsibilities and actions.

Despite occasional disagreements and misunderstandings, inherent in the relationship between the State and civil society, the existence of the Working Groups contributed to add several points of view and to overcome conflicts.

The Ministry of Health has strengthened initiatives in behalf of street populations in several areas and, as a result, actions based on a macro policy designed for them are now under way. There are also many and varied challenges to be tackled. A major one is that of strengthening intra- and inter-sectoral approaches effectively. Another one is that of extending this strategy to other capital cities.

The book Weaving Networks confirms a feeling that we had from the early stages of the project: seeds were planted in fertile ground, or else they would not have borne fruit. The Working Groups were able to make progress in consolidating the principles of the Unified Health System (Sistema Único de Saúde – SUS). In reviewing this history, it could be clearly seen that insisting on building network initiatives is worthwhile, as they provide appropriate conditions to guarantee the strategy’s continuity.

By sharing lessons learned, we hope to encourage other professionals to improve and promote the access of street boys and girls to their basic rights.

Magali Eleutério and Vânia Camargo da Costa,
technical advisors responsible for implementing/keeping track of the activities of the Working Groups and projects
A strategy that proved to be innovative

Brazil’s benchmark work in STD/AIDS prevention has become even more innovative as it removes the veil of invisibility from girls and boys on the streets.

With the aim of contributing to the dissemination of positive experiences, UNICEF supported, in partnership with the STD, AIDS and Viral Hepatitis Department of the Ministry of Health, this publication on prevention actions carried out by the government and civil society in four capital cities: Rio de Janeiro, São Paulo, Recife and Salvador.

The governmental and non-governmental institutions mentioned here had the courage to clearly see the violations of rights suffered by these individuals and respond to a huge challenge using playful methodologies that bring playing back to life, as well as the ability to reflect and dialogue. With a direct impact on public policies, innovative approaches were developed through intersectoral activities involving, mainly, the health and social care areas.

*Weaving Networks* shows how civil society organizations and different spheres of government undertook a joint study to exchange experiences, discuss the unique features of prevention actions with this population, and ensure the inclusion of this topic in Brazil’s public-policy agenda at the municipal, state and federal levels.

This publication is the result of a detailed interview-based survey involving more than 120 experts and dozens of children and adolescents that was carried out between October 2010 and January 2011. Relying on the collaboration of educators involved in the project, its most successful workshops were replicated to ensure a more accurate record of the methodologies developed by it.

By documenting this joint work in this publication, UNICEF intends to contribute toward strengthening and expanding this network, making it possible for more and more children and adolescents to enjoy their rights.

In the following pages, we share successes, challenges and lessons learned in this journey, with the sure feeling that this experience will contribute to guarantee the continuity of such an important project in the above-mentioned Brazilian cities and others.

Enjoy!

*Marie-Pierre Poirier*

*UNICEF Representative to Brazil*
Weaving Networks – An Experience in the Prevention of STD/AIDS Among Street Boys and Girls is the synthesis of an initiative that proved to be innovative: the pilot Street Boys and Girls (MMSR in Portuguese) project, proposed by then called National STD/AIDS Program of the Ministry of Health (today the STD, AIDS and Viral Hepatitis Department), along with the Technical Adolescent Health Unit (Área Técnica de Saúde do Adolescente) of the Ministry of Health, which relied on the support from the United Nations Children’s Fund (UNICEF) in some of its activities.

Since the late 1990s, the STD, AIDS and Viral Hepatitis Department has been supporting projects of non-governmental organizations engaged in actions designed to prevent STD/AIDS among street boys and girls, and in 2005 it began to focus more strongly on strengthening partnerships between civil society and government in this area. Relying on the collaboration of dozens of educators and children and adolescents, we provide, in this book, an account of the most successful workshops of the project that were held in São Paulo, Rio de Janeiro, Salvador and Recife.

Divided into five chapters, this publication explores the key practices of the pilot project, without forgetting to mention the challenges and successes of this experience.

The project on a map

Implemented in four capital cities, the pilot project trained hundreds of professionals, encouraged networking, and secured major achievements, such as the inclusion of STD/AIDS prevention among street boys and girls in Brazil’s public policy agenda and in the agenda of social organizations.
The first chapter of this book discusses who these street children and adolescents vulnerable to STD/AIDS are and how many of them exist, mentioning experts on the subject.

The second chapter, called *A puzzle with many challenges*, describes the methodology and main concepts of the project, which creatively managed to bring together the pieces of a puzzle (civil society organizations, governmental actors at the municipal, state and federal levels) to reduce the vulnerability of children, adolescents and youths on the streets to STD/AIDS.

Challenges were also part of the process and they were told – and addressed – by street boys and girls on the streets and dozens of professionals in different areas who took part in the Working Groups set up by the pilot project. The chapter *Multiple barriers* describes difficulties faced to refer these children and adolescents to health care services, strategies to facilitate this access, and the need to network and adopt public policies that consider them in their entirety.

The chapter *Main achievements* provides an account of the main successes of the MMSR pilot project in ensuring the rights of street children and adolescents. According to members of the working groups in the four cities, the project improved the lives of these boys and girls remarkably, apart from having strengthened the relations between civil society and government and from including STD/AIDS prevention actions in Brazil’s public policy agenda and in the agenda of social organizations.

In the *Annexes* section, we provide a list of suggested books, videos and links to websites and a summary of recommendations and reflections of more than 120 experts interviewed for this publication.

Like the pilot project, this book was built based on a “networked approach.” Children and adolescents suggested topics, sang their own songs, and shared dreams and drawings with us which can be seen throughout the book. Shown in photographs taken in capoeira and computer classes and as they engaged in different artistic activities contemplated in the art-based education methodology of the pilot project, these boys and girls took an active part in both the project and the publication.

Educators, sociologists, psychologists, and health and social care professionals also played a part in building this network by sharing not only their teachings, but also their distresses and challenges.

Each chapter also contains some special panels shown successful activities and practices of the Working Groups in the four cities. Obviously, there are no ready-made formulas for success in this area, but we believe that these experiences can be useful to other cities, states or countries in their efforts to prevent STD/AIDS among street children and adolescents and to ensure their rights.
CONTEXT

High vulnerability

Educators have been warning about rising rates of vulnerability to STD/AIDS among adolescents on the streets. There are, however, few records and information about this population in Latin America, and even less about those living with HIV/AIDS.

CONCEPT AND METHODOLOGY

A puzzle with many challenges

This is a project of the STD, AIDS and Viral Hepatitis Department of the Ministry of Health which brings together many pieces (civil society organizations, different government spheres and actors) with the aim of reducing vulnerability to STD/AIDS among street children, adolescents and youths.

PANELS

10 Extended network  The workshop of the Making My History (Fazendo a Minha História) project contributes to STD/AIDS prevention actions in São Paulo

34 Culture and prevention  Teachers of the Casa Taiguara shelter in São Paulo teach ballet, capoeira and other arts and also talk with children and adolescents about STD/AIDS

42 The story of each and every one  Educators of the If This Street Were Mine Project in Rio de Janeiro create a cartoon story to talk about love and sex
Multiple barriers

Networking and embracing policies that can see street children and adolescents in their entirety were some of the main challenges faced by the project in the cities in which it was implemented.

Main achievements

In its progressive efforts to ensure the rights of street children and adolescents, the project secured major achievements, such as the inclusion of STD/AIDS prevention measures in the public policy agenda and in the agenda of social organizations.

Organization and planning

In Salvador, creating the “job” of executive secretary is one of the project’s best practices.

Possibility of being treated at a health facility without showing ID documents

Salvador developed creative strategies to ensure the provision of health care services to its homeless population.

Protagonism and cinema

In Recife, the NGO Pé no Chão strengthened the STD/AIDS prevention work by producing documentaries that are shown outdoors.

Captains of the Sand

A team set up by the Municipal Health Secretariat is one of the achievements of the Salvador Working Group.

A creative and playful activity

Workshop opens up dialogue on sexuality and STD/AIDS in São Paulo.

Condom in my head

This project of the NGO Excola of Rio de Janeiro stresses the importance of not forgetting to use a condom.

Conversation Circle

In Recife, this group dynamic has been successful with street boys and girls.

Exchanging experiences

South-South Cooperation (Bolivia, Brazil, Colombia and Peru) strengthens domestic responses and allows for joint strategies to be developed.

Useful tools

Suggested books, websites and videos, along with a summary of recommendations and reflections that can be useful in dealing with STD/AIDS among street boys and girls.
At the Casa Taiguara shelter in São Paulo, reading opens the doors for children to talk about their lives.
A recent study on sexual behavior involving 161 street adolescents in the city of Porto Alegre revealed worrying data: 9.1% of the respondents had tested positive for HIV* and 9.5% of those who had had sex reported that they had had a sexually transmitted disease in the preceding one-year period.
Who are these street children and adolescents and how many of them are there in Brazil? What is the incidence of HIV/AIDS in this population? These are questions for which we have no answers. “We still face major difficulties in measuring this phenomenon,” recognizes sociologist Irene Rizzini, President of the International Center for Studies and Research on Children (Ciespi) and a leading expert on the subject in Brazil. According to her, there are even different views on how to define and count street children and adolescents. According to several recent studies, for example, only those who sleep on the streets fall under the category of street children and adolescents, and not others, even if they spend whole days there. Between 2000 and 2009, Ciespi only identified 13 quantitative surveys of street children and adolescents. These are very hard to come by, and those available are highly fragmented.

**DIFFICULTIES RANGE FROM CONCEPTS TO COUNTING METHODS**

Concepts vary from one researcher to another and from one place to another. According to social worker Juliana Alves de Oliveira, one of the authors of the publication *Censo da Exclusão ou Falta de Inclusão nos Censos?* (Exclusion census or lack of inclusion in censuses?),¹ all the Brazilian cities that contributed data to the report adopted one or more different definitions for street children and adolescents. In two surveys conducted in Fortaleza (in 2007 and 2008), for example, the concept varied from children and adolescents who “sleep out at least two days and two nights and keep interrupted or weak family ties” in 2007 to those who “cut off their family ties completely and for whom the streets have become their home” in 2008. In the city of Joao Pessoa (2008), in turn, the concept is more comprehensive: it comprises children who spend most of their days and nights on the streets in search of shelter, income, adventure, with or without family ties, unaccompanied or accompanied by adults, relatives or guardians.

The first theoretical concepts on this population emerged at the start of the 1990s, when the results of a study conducted by the American Mark Lusk in Rio de Janeiro, for which he interviewed 113 children and adolescents, were published. According to the author, a standard definition of the term was lacking in the literature, which in his opinion led the number of children and adolescents actually on the streets to be overestimated.

¹ This publication was used as source in a survey carried out by Ciespi with the Catholic University of Rio de Janeiro (PUC-Rio).
Street adolescent in Salvador
In a workshop held by the NGP Childhope in Rio de Janeiro, adolescents on the streets recreated the Brazilian flag in their own way.
In his study, Lusk used the definition adopted by the United Nations\(^2\) and subdivided the population he observed on the streets into four groups, including the so-called street workers (independent and with family ties), children who spent the whole day on the streets with their families, and children who no longer had any family ties.

Throughout the 1990s, this kind of work in Brazil focused on two groups: “street children” (crianças de rua) and “children on the streets” (crianças na rua). The so-called “street children” were those who had severed their family ties and were literally living on and off the streets. “Children on the streets” were those who kept family ties and spent time on the streets working, playing, and engaging in other activities.

\(^2\) Any boy or girl for whom the street (in the widest sense of the word, including unoccupied dwellings, wasteland, etc.) has become his or her habitual abode and/or source of livelihood, and who is inadequately protected, directed, and supervised by responsible adults. In Vida nas Ruas, coordinated by Irene Rizzini, PUC-Rio and Edições Loyola publishing house, 2003.

A history of exclusion

Since the colonial days, children could be seen wandering on the streets of Brazil, but the term “on the streets” is recent

There are reports of children wandering around on the streets of Rio de Janeiro since the colonial period. It is therefore very difficult, according to Antonio Reguete Monteiro de Souza, the author of a master’s thesis on social work submitted to the Catholic University of Rio de Janeiro, to talk about the first records of this phenomenon.

In A Institucionalização de Crianças no Brasil – Percursos Históricos e Desafios do Presente (Institutionalization of children in Brazil – historical paths and current challenges, PUC-Rio publishing house, Loyola, 2004), Irene Rizzini and Irma Rizzini provide a detailed account of the assistance provided to children on the streets and abandoned from the colonial period to the present.

According to the authors, “Brazil has a long tradition of institutionalizing children and adolescents in shelter homes.” They recall that this practice began in Brazil’s colonial days, based on the Jesuits’ educational model. In the eighteenth century, the Holy House of Mercy created the so-called Roda de Expostos system to shelter abandoned babies. The first educational institutions for orphans date from the same period (eighteenth century) and were established in several Brazilian cities by religious organizations.

The “on the streets” concept that is used nowadays, however, is recent. It dates from the late twentieth century and has no direct parallel in the past, according to Antonio de Souza.
Today, however, a consensus has been reached among experts that this scenario does not reflect the reality. “It is a very dynamic situation,” explains Lucas Neiva-Silva, a Ph.D. in Psychology from the Federal University of Rio Grande do Sul and a researcher at the Center for Psychological Studies on Street Boys and Girls. “We have kids who severed their family ties completely, others who sleep at home every night, and many others between these two extremes,” he says. “In some cases, they have a fight at home, leave their family and live on the streets for a period of their lives, but eventually they return to their homes and develop closer ties with their family. They sleep one night at home, another one on the streets or stay at home for three days and another five on the streets,” he explains.

The progress made in research on the subject has shown that knowing the life trajectory of the children or adolescents is the key to understanding their relationship with the streets, i.e. no single factor, regardless of its importance, such as their family or poverty status, can explain the complexity of the phenomenon.

According to the publication *Crianças e Adolescentes com Direitos Violados* (Children and adolescents with violated rights), recognizing children and adolescents as subjects of rights in accordance with the Statute on Children and Adolescents (1990) sets the prerogative that their own references are what matters for building their biography. “On the streets” is the term that best reflects this perspective. The streets are a major reference in the lives of these children and adolescents. However, they have great mobility. They move from their home to the streets, shelters, transition houses, detention centers and back to the streets. “Instead of saying ‘I’m going home today,’ they say ‘I’m going back to the streets.’ This is the reference that has been allowed to take hold in this country for many children,” says Irene Rizzini.

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Extended network

A workshop of the project Fazendo Minha História (Making My Own History) contributes to STD/AIDS prevention actions in São Paulo

Initially, the only common element between the Making My Own History and the Tangram projects, implemented in São Paulo, was their target audience. i.e. children and adolescents on the streets. As time went by, however, the two projects developed closer links between them and today the boys and girls themselves associate one with the other.

It is a consensus among educators that both of them promote self-knowledge, self-esteem, and self-worth, key ingredients for successful prevention actions.

The Making My Own History project was designed to provide a means for every child and adolescent living in shelters to express themselves, get in touch with their own life story, and record it. According to psychoeducator Vicente Almeida dos Santos Jr., coordinator of the Taiguará and Taiguarininha shelters, while the Tangram project “prepares children and adolescents for life,” the Making My Own History project “makes them more open to talk and mingle with the community.”

“Through storytelling, they talk about their fears, memories, projects...,” says Mahyra Costivelli, a psychologist and technical advisor to the project. “When you tell your story to someone, you give new meanings to it,” she added.

The project activities are varied and targeted to children and adolescents in specific age brackets. We watched two of these activities, one with children and another one with adolescents.
→ Mahyra Costivelli introduces herself and talks about the project with Vinicius*, a 7-year-old boy, and Mikael*, who is 9 years old. Books are scattered on the floor. The first two stories (Witch, Witch, Come to My Party and Yellow Riding Hood) were chosen by Mahyra. The other ones were chosen by the children themselves: A Monster Under my Bed, The Son of Grufalo and The True Story of the Three Little Pigs.

Reading is the starting point for children to talk about their fears. “I’m afraid of dying,” the two acknowledge, “I think dying hurts,” said Vinicius*, who thought he was going to die when he was “almost” shot in the foot in the community where he lived with his mother.

For the teenagers at the Casa Taiiguara shelter, the activity also begins with storytelling. Mahyra reads The Empty Pot and Belinda, the Ballerina. The idea is using books to promote a reflection on the future, on how they want their lives to be when they are 25 years old, so that they can write about it.

William, 15, says he’s terrified of AIDS and that “of course” he protects himself from it. To prove that he’s telling the truth, he says jokingly that he always sends his girlfriends to a clinic to be tested before he starts dating them. A cocaine user, he was institutionalized thrice at Fundação 3

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1 Bruxa, Bruxa, Venha a Minha Festa, by Arden Druce, Brinque-Book publishing house; Chapeuzinho Amarelo, by Chico Buarque, José Olympio Editora publishing house.
2 Um Monstro Debaixo da Cama, by Angelika Glitz and Imke Sönnichsen, Martins Fontes publishing house; O Filho do Grufalo, by Monika Feth and Antoni Boratynski, Brinque-Book publishing house; A Verdadeira História dos Três Porquinhos, by John Scieszka, Companhia das Letrinhas publishing house.
3 O Pote Vazio, by Demi, Martins Fontes publishing house; Belinda, a Bailarina, by Amy Young, Ática publishing house.
Casa, a juvenile correctional facility formerly known as FEBEM. His mother has psychiatric problems and his grandmother cannot take care of him any longer. In the future, he says he wants to go back to school and play soccer there.

Carlos,* 17, came from Salvador to try and make a living in São Paulo. He started using drugs and lived on the streets for 11 months. In the future, he says he wants to be an Axé music dancer and go back to Salvador. The adolescent participates in the activity and writes about his future like the others, but he does not show what he wrote to anyone.

One of the activities of the Making My Own History project that was particularly successful among the adolescents staying at the Casa Taiguara shelter was related to sexuality. "We saw that they needed to talk about it. We then came up with the idea of role-playing a court trial. We split the boys and girls into two groups. One would defend sex in adolescence and the other would be against it," Mahyra says.

In the end, there was no judgment of right and wrong, she said, but rather a reflection on the inputs provided by each group: the importance of taking care of oneself and others, teenage pregnancy, and the rights issue. “It’s hard to talk about oneself, about how each one deals with sexuality, but it’s easy to talk about general matters: what I think about girls and boys having sex or not,” says Claudia Vidigal, who is also a psychologist and president of the Fazendo História Institute, the entity responsible for the project. In Claudia’s opinion, the Making My Own History and Tangram projects were combined because both of them offer the same thing: opportunities for children and adolescents to take a look at and protect themselves according to their assumptions in life.

* The names were changed to protect the identity of the children and adolescents.
The concept and characteristics attributed to this population are as different as its headcount, and as a result, according to the researcher, it is impossible to measure the phenomenon appropriately and it is difficult to draw up clear proposals for actions to address and prevent it.

The first National Census Survey of Children and Adolescents on the Streets was completed in 2010. It was carried out by the Sustainable Development Institute (Idestam/Meta), at the initiative of the Human Rights Secretariat and the National Council for the Rights of Children and Adolescents (Conanda). The survey identified around 24,000 street children and adolescents. Most of them are male and one-third reported that they had been institutionalized. The most frequent reasons that they mentioned for living on the streets are related to rights violations at home: fighting, physical violence, sexual abuse, loss of the family home, and unemployment.

There are few records and information about this population in Latin America and even less about those living with HIV/AIDS.

Alcohol and drug abuse and street children and adolescents

For over 20 years, surveys have shown a high drug abuse rate among boys and girls on the streets.

Since 1987, the Brazilian Center for Information on Psychotropic Drugs (Cebrid) has been carrying out systematic surveys of street children and adolescents in some Brazilian capital cities. In 2003, a national study was conducted for the first time. A high drug abuse rate was observed in this population in all years and every capital city.

Tobacco, cannabis and solvents were seen to be the most frequently used drugs (daily use). Daily tobacco consumption was reported by 29.5% of the young people, while for solvents and cannabis the percentages were 16.3% and 11.2%, respectively.

According to Ana Noto, one of the coordinators of the National Survey of Drug Abuse Among Street Children and Adolescents in 27 Brazilian capital cities, intense use of solvents was observed in all surveys. Glue and thinner were the predominant solvents.

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STD/AIDS INCIDENCE ON THE STREETS

According to the report Respondendo às Vulnerabilidades de Jovens em Situação de Rua ao HIV/aids: a Cooperação Sul-Sul como Eixo de Articulação (Responding to the Vulnerabilities of Youths on the Streets to HIV/AIDS: South-South Cooperation as an Axis), prepared in partnership with UNICEF, there are few records and information about this population in Latin America and even less about those living with HIV/AIDS.

Educators have been warning about increased vulnerability to STD/AIDS on the streets. According to them, because of its connections to drug abuse, trading sex for money or even for drugs has become very common, as well as the spread of the virus. Sociologist Irene Rizzini believes that this association has become much stronger as a result of the crack phenomenon, which was not present in past decades. However, no statistics are available for the extent of the problem.

Consumption of cocaine, crack and/or honey (locally known as merla), albeit experimental, was reported in all Brazilian capital cities.

Daily consumption of alcoholic beverages was reported by 3% of the respondents, but 43% of all youths said that they had consumed alcohol at least once in the month preceding the survey at a rate ranging from 1 to 19 days/month.

Although they were not considered in the surveys, difficulties to refer drug and alcohol users to clinics for treatment of addiction and other health problems were mentioned in all the surveyed cities. When asked about attempts to quit or cut down on a drug, only 0.7% of respondents reported that they had resorted to health care services for this purpose. “There is a huge need for a social network that works,” concludes Ana Noto.

The full text of the survey is available for download at www.cebrid.epm.br, in the books (livros) section.
The belief that “this will never happen to me” also increases risky sexual behaviors. The only available survey\(^5\) is one of the adult population on the streets (people over 18 years old), and its data are worrying. While the prevalence of AIDS in the general population is 0.61%, it soars to 5.1% for street adults.\(^6\)

A recent study\(^7\) on risky sexual behaviors involving 161 street adolescents in Porto Alegre city revealed even more worrying results: 9.1% of the participants had tested positive for HIV. Among those who had had sex, it was also found that 9.5% had had a sexually transmitted disease in the preceding one-year period and that the condom use rate was low (26.3%).

Data on their sex life also deserves attention: in average, they have their first intercourse at the age of 13 and 4.8% of those interviewed in the 2010 study reported that their first intercourse had been forced. The number of reported partners is higher than observed in behavioral surveys of the population at large\(^8\): in average, 11 casual sex partners in the one-year period preceding the survey.

According to the researcher, believing that “this will never happen to me” also increases risky sexual behaviors. “We ask them why they use a condom or not, and most of those who don’t use it say that they have a regular partner and trust him or her. The answers provided by street boys are the same as those usually provided by other middle-class teenagers or adults,” the psychologist observes.

According to Lucas Neiva, the profile of boys and girls on the streets has changed. “Today, more children and adolescents are severing their family ties” he says. And this increases their vulnerability to alcohol and other drugs, as well as to unprotected sex.

In the researcher’s experience, this severing of family ties and the number of years spent on the streets are determinants, for example, of crack cocaine abuse. “The more years they spend on the streets, the greater their chances of starting to use crack and of risky behaviors,” he says. According to data collected in the city of Porto Alegre, the probability of starting to use crack for a child who does not live with its family and has been on the streets for more than six years for over 8 hours a day is 99.8%. But when the children enjoy a more protected situation (when they live with their family and have been on the streets for six months for about 2 hours a day), the percentage chance of starting to use crack is 2.1%. “Considering only this variable, i.e. the number

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\(^5\) The national census survey and sampling survey of the street population carried out in 2007 by the Ministry of Social Development and Hunger Combat. It covered 71 municipalities, 23 of which were capital cities and 48 were cities with populations of 300,000 or more. The database that was used for selecting them was the DATASUS, 2004.

\(^6\) About 30% of the respondents reported a health problem. The most common ones were the following: high blood pressure (10.1%), psychiatric/mental problems (6.1%) and HIV/AIDS (5.1%).


\(^8\) Estudo Comportamental com Crianças e Adolescentes em Situação de Rua em Porto Alegre e Rio Grande, 2010.


of hours spent on the streets, one can appreciate the importance of the work of government or non-government institutions that provide services to the street population. Instead of staying on the streets for 8 hours, they will stay there for only 4 hours. A significant reduction in crack use can be secured just by changing this variable,” he says.

**Living conditions**

From a macro viewpoint, we cannot, according to Irene Rizzini, separate the streets from poverty and lack of money. It is estimated that 46% of the population in the 0-6 age bracket is below the poverty line in Brazil, which according to the sociologist should not be seen as an income problem, but rather as one of lack of access to basic rights. These children live in places that are more vulnerable in many ways. Housing and sanitation are inadequate and the risks to their lives and health from pregnancy are also very high. The sociologist believes that these are environments that favor the “sprouting” of children and adolescents who will end up “without a place in the world,” which is how she has categorized this population.

For all of these reasons, any STD/AIDS prevention measure only makes sense when the idea behind it is that of promoting full rights. “The human rights of children and adolescents are both the starting and ending point. They should permeate and guide all the actions,” says Marcia Acioli, policy adviser for the rights of children and adolescents to the Institute for Socioeconomic Studies (Inesc).

To tackle the problem effectively, increasingly complex interventions are necessary in different areas, ranging from a focus on the family to conflict management. The experience of the pilot Street Boys and Girls (MMSR) project of the STD, AIDS and Viral Hepatitis Department of the Ministry of Health, which will be described in detail over the next few chapters, constitutes a major contribution for this purpose. It provides an example that civil society and government can – and should – join forces to ensure the rights of children and adolescents on the streets.
Activity with street boys and girls in Rio de Janeiro

Photograph: Sérgio Moraes
A puzzle with many challenges

With its many possibilities, the Tangram, an ancient Chinese game, gave name to a project to prevent HIV/AIDS and other Sexually Transmitted Diseases (STDs) among boys and girls on the streets in São Paulo. The puzzle synthesizes, in a playful way, the methodology that was developed to address this issue not only in the state capital of São Paulo, but also in three other Brazilian capital cities: Rio de Janeiro, Recife and Salvador.

Sexuality Dominoes: STD/AIDS prevention in the form of a game
As in the game, in which seven pieces of a square can be rearranged to form many different figures, the pilot Street Boys and Girls project was designed to bring different pieces together (civil society organizations, different municipal, state and federal spheres and actors) to reduce vulnerability to STDs and AIDS among children, adolescents and youths on the streets. The initiative was proposed by then National STD/AIDS Program of the Ministry of Health (now called STD, AIDS and Viral Hepatitis Department), along with the Technical Adolescent Health Unit (Área Técnica de Saúde do Adolescente) of the Ministry of Health, and implemented under a partnership arrangement with state and municipal STD/AIDS programs.

Since the late 1990s, the STD, AIDS and Viral Hepatitis Department has been supporting projects of nongovernmental organizations engaged in actions designed to prevent STD/AIDS among street boys and girls. An important action was carried in 2003 jointly with the National Movement of Street Boys and Girls (MNMMR) in which the video Eu Vou Ficar Bem? (am I going to be alright?), which addresses issues related to living on the streets and STD/AIDS prevention, was discussed, prepared, and filmed. In 2005, a survey carried out with ten civil society organizations revealed problems related to weak links between health care actions and difficulties to access services and support young people with HIV/AIDS on the streets.

Based on this diagnosis, Ministry of Health professionals held meetings with representatives of governmental and civil society organizations in Rio de Janeiro, São Paulo, Salvador and, later, in Recife to discuss a pilot project to tackle the problem.

The meetings were intended to identify challenges, actions under way, actors to participate in the project, and the area in which it would be implemented. “We identified our strengths and some weaknesses, such as the need for inter-institutional links,” says the pedagogue and public health educator Marcos Veltri, from São Paulo.

For the proposal to get off the ground, each city then set up a Working Group (WG). According to Marcos Veltri, representative of the Municipal Health Secretariat in the São Paulo WG, the group, made up of representatives of governmental and non-governmental organizations, was created to provide the links that were missing.

The Working Groups usually met at two-week intervals and there was no predefined number of participants per institution. As in any group work, each member of the Working Group was responsible for a specific action. “We were aware that if each part of the project wanted to do everything, we would not be able to meet the demand we were supposed to,” recalls Katia Cilene, from the São Paulo WG. “For this reason, we set a common goal and each member was assigned the task of achieving a specific element of that goal.”
**COLLECTIVE WORK**

In São Paulo, the pilot project involved representatives from the state and municipal Health Secretariats, the Municipal Social Welfare Secretariat, the Henfil Center for STD/AIDS Testing and Counseling (CTA), the Technical Health Care Unit for Children and Adolescents of the Municipal Health Secretariat, the Joselito Lopes Martins shelter, the Quixote Project, and Moradia Associação Civil (Casas Taiguara).

The Henfil CTA Center acted as the project’s hub. It organized meetings and workshops and provided technical support in sexuality-related issues and STD/AIDS prevention. The Casa Joselito Lopes Martins shelter was responsible for training professionals of the social and health care network. The Quixote Project carried out direct actions with street boys and girls and the Moradia Associação Civil worked with sheltered children and adolescents.

Managed in partnership with the State STD/AIDS Coordinating Board and the Isabel Souto State Center for Adolescent Care (Crdis), linked to the Health Secretariat of the State of Bahia, the Salvador WG was also composed of representatives of several agencies of the Municipal Health Secretariat, the Yves de Roussan Defense Center for Children and Adolescents (Cedeca-state of Bahia), the Axé Project, and the Conceição Macedo Charity Institution (IBCM).

According to Maria do Socorro Farias Chaves, the municipal coordinator for STD/AIDS in Salvador, the representatives of the three civil society organizations that participated in the Bahia WG formed a very important tripod to deal with complementary issues. “IBCM provided care, shelter, and food to this audience,” he explains. “Cedeca dealt with legal issues. The project provided training to law professionals and college students. And the role played by the Axé Project, which is known for its expertise in approaching children and adolescents on the streets, was one of teaching the technology they developed to professionals of the health care network and other professionals who keep in direct contact with them,” he adds.

In terms of government participation, the Municipal Health Secretariat was the agency with the greatest weight in the WG. Various agencies, such as the Health Care District of the Historic Center district of Salvador, comprising ten health care units, the Municipal STD/AIDS Program Coordinating Board, the Mental Health/Captains of the Sands team Coordinating Board, and the São Francisco Health Care Center took an active part in the group.

Crdis also played a prominent role in the project, especially in its early stages. “With its experience in mobilizing teenagers, it coordinated the process of establishing the WG, hosted four training workshops for professionals, and mobilized all partner institutions engaged in actions of any kind with the project’s audience or which were working in the Historic Center area,” recalls psychologist Tânia Costa Duplatt.
In Rio de Janeiro, one of the main differentiating factors of the WG’s composition was the presence of representatives of the Rio Criança Network, a benchmark movement in working with street children and adolescents that includes 17 non-governmental organizations engaged in integrated and complementary actions in their behalf.

Apart from the coordinator of the Rio Criança Network, journalist Márcia Gatto, and representatives of three non-governmental organizations that also make up that network, namely, the Excola project, Childhope Brazil, and the Se Essa Rua Fosse Minha (If this street were mine) project, the Rio de Janeiro WG also included representatives from the Health Care and Civil Defense Secretariat of the State of Rio de Janeiro and from the Municipal Health Care and Civil Defense Secretariat.

“NGOs were responsible for organizing the workshops and the Municipal Health Care Secretariat played the role of a central hub for health care facilities and non-governmental organizations,” said Carolina Cruz, a social worker and representative of the Municipal Health Care Secretariat in the Rio WG. According to Carlos Lemos, an occupational therapist and representative of the prevention unit of the STD, AIDS and Viral Hepatitis Managing Board of the State Health Care Secretariat of Rio de Janeiro (SES-RJ), the State STD, AIDS and Viral Hepatitis Coordinating
Board of SES-RJ provided technical and financial support in meetings, seminars, forums, and projects implemented by the WG in the city.

In Recife, the WG included representatives of state and local STD/AIDS programs. The state-level program played a key role in the project. It coordinated the links between the group and training workshops. Representatives of the municipal program, in turn, participated in the first meetings held for this purpose.

“Because our team is small and we have plenty to do, we chose to work primarily with adults,” explains sociologist Acioli Neto, the municipal coordinator for STDs, AIDS and Viral Hepatitis. “We deal with the issue as a general problem not specifically related to children and adolescents on the streets. We saw that there’s always an adult near children and adolescents on the streets,” he concludes.

When the WG was set up, the Social Welfare and Citizenship Institute (Iasc), linked to the Social Assistance Secretariat of Recife, relied on a team that approached children and adolescents on the streets and was trained in workshops organized by the group. Because of political changes, this team was demobilized. Later on, the trained professionals left the Iasc, which hired a new team through a competitive public examination. As a result, the institution’s participation in the WG was discontinued.

The WG also involved representatives of civil society organizations such as the National Movement of Street Boys and Girls Project and the Pé no Chão (down to earth) Project, which is still engaged in preventive actions.

**INTEGRATION OF POLICIES AND INSTITUTIONS**

The intersection between policies and institutions is clear in the composition of the Working Groups and it is one of the project’s most important guidelines. “Children, adolescents and their families are not audiences to be narrowly assisted through specific policies. They constitute segments to be protected by all policies,” says Ana Lívia Adriano, former coordinator of the Casa Joselito shelter and a member of the São Paulo WG. “And STD/AIDS prevention must involve all of them: social work, health care, housing,” she concludes.

“Years of experience in dealing with street situations show how the criteria have evolved since the first ones were defined, focusing on interventions in public spaces, other criteria were emerged, which involved working with communities and families and, finally, the ones adopted now were established, which focus on multidimensional responses through public policies at local, state and national levels and work even better if they are coordinated with the international experience on the subject,” added the Peruvian sociologist Manuel Manrique, a technical advisor to the project Responding to the Vulnerabilities of Young People on the Streets to HIV/AIDS (see the text “Sharing experiences” in the Annexes section).
According to social worker Kátia Cilene Barbosa, a member of the São Paulo WG, this multidimensional response was one of the main merits of the pilot project as a whole. “It is not appropriate to address health issues without taking into account assistance- and labor-related issues. Interventions are required from all public-policy areas,” she says.

In addition to facilitating conversations between secretariats or even departments, the pilot project was born with the mission of establishing a dialogue between public agencies and non-governmental institutions. “The WG was set up to develop closer links between public actions and those carried out by non-governmental organizations. The idea is defining how these actions can be consolidated under a working partnership,” said Elizabeth Oliveira, coordinator of Excola project in Rio de Janeiro.

According to Marcos Veltri, building and interweaving this network are actually the first steps for those wishing to implement the project in their city. “We need to identify the scenario and the actors involved in it, including both public actors and agents of NGOs and social movements. In some regions, there is an interface between the situation on the streets, violence, drug trafficking, and sexual exploitation networks. We cannot come up with any sound proposal if we don’t map out the territorial forces and the specifics of each situation,” he concludes.

At first, the demands of the Working Groups were usually of a practical nature: How can preventive actions be taken and discussions on sexuality and sexual and reproductive rights held on the streets? What is the most appropriate language to be used when talking to these boys and girls? Are there materials available to facilitate this dialogue? “We had a lot of questions, and the pilot gave us the opportunity to test different assumptions in practice. We took steps to ensure the feasibility of the project and made necessary adjustments as we implemented it,” Marcos Veltri recalls.

Despite the diversity of responses, the work of all the groups was based on three action lines: training of professionals, approaching children and adolescents on the streets/art education and political advocacy/visibility (read more about this in the chapter Advances).

**TRAINING OF PROFESSIONALS**

The workload and curriculum of the training courses varied from one city to another, but the focus on the rights of children and adolescents was a common element in all of them. In São Paulo, the awareness-raising work, called Securing Rights, was carried out by the Paulo Freire Defense Center for Children and Adolescents (Cedeca) through the Joselito Lopes Martins shelter and the Henfil Center for STD/AIDS Testing and Counseling (CTA).
Art education activity of the If this Street Were Mine project at Largo do Machado, Rio de Janeiro
The dancer Camilla Venturelli teaches a ballet class at the Casa Taiguara de Cultura e Prevenção in São Paulo.

Photograph: Nair Benedicto

Culture and prevention

Teachers at Casa Taiguara, in São Paulo, teach ballet, capoeira and other arts, and also talk with children and adolescents about STD/AIDS.

How can you talk about STD/AIDS during a ballet or capoeira class? This was the huge challenge faced by the coordinators and educators of the Casa Taiguara de Cultura e Prevenção.

They found the answer based on lots of information and creativity. “We had meetings with the art educators involved in our activities and we delivered a 16-hour (two-day) training course to them at the Henfil CTA center. I learned a lot of things about prevention that I was not aware of myself. We had doubts of a more technical nature about transmission and different kinds of condoms. I had never seen a female condom before,” admits Renee Amorim, a musician and coordinator of the Casa Taiguara. “We believe that after taking this training, which addresses several basic
Ballet helps you to begin to look at your own body.

Camila de Moura Venturelli, ballet dancer and teacher
Ballet helps you to begin to look at your own body,” she adds. Camila observes that girls who were victims of violence need to work more deeply on their body awareness to get rid of this negative reference.

In addition to capoeira and ballet courses, the Casa Taiguara de Cultura e Prevenção offers DJing and IT courses. Giordano Bruno Borges de Oliveira is both a DJing and a computer teacher. In both courses, he says he makes an effort to take advantage of every opportunity that arises. “I have many CDs of the Racionais band that talk about sex for one night and nothing more, about abandoned children, pregnancy... I try and use the lyrics of songs to start a conversation with them,” the teacher says. According to him, it’s easier to address prevention-related issues in his computer classes. “When I’m teaching them how to use a Windows application, I can use a little text about the subject and ask them to type and format it, for example,” he says. Browsing on the web is also used for this purpose.

“I don’t know what will be the final result of what I’m doing now. I guess I’ll just have to wait,” Borges says. “But I can see small results every day. It’s very rewarding,” he says.

Paulo Soares, 18, one of his IT and DJing students, says he began to think about the consequences of what he was going after being admitted to the Casa Taiguara. “I took a medical examination a few days ago to see if I had any disease. I even took a vaccine I had never taken before,” he says. “I learned that there are several types of diseases besides AIDS. I didn’t even know what hepatitis B was. I was scared.”

A former drug user, Paul wants to be an actor or poet in the future. “I will finish high school and go to college,” he plans. And at the end of the interview he showed us what he had learnt about DJing. He sang a rap song that he wrote about his life:

I’m gonna change my life through soccer
With faith in God because He’s fair
This is my last chance
I’m going back home to stay with my old lady
I’ll study and have a good time
I’m standing here
Thinking the whole time
I see shoe shiners shining shoes all day long
I’m at the end of the rope and I don’t want to suffer anymore
I’m standing here on the sidewalk
Many chicks, many guys
Within this containment zone

“Capoeira empowers women. They begin to deal with problems head-on and not to walk bent forward or look away when people stare at them,” says Luciane Friche (photo), a capoeira teacher at the Casa Taiguara.
Paulo Soares takes DJing classes at the Casa Taiguara in São Paulo.
One of the subjects addressed in the training courses was “From the Code of Minors to the Statute on Children and Adolescents (ECA).” According to Solange Maria Oliveira Santos, coordinator of the Henfil CTA, this discussion was held throughout the training. “There were two important issues for the professionals to take ownership of: what it meant to work with these children in the light of the Statute provisions, seeing them as subjects of rights, and to work with STD/AIDS prevention from the perspective that I am the subject of my own life. I define for myself what a prevention strategy should look like or not,” she explains. “The idea was to lead the professionals to give up a prescriptive-based approach, telling others what they should do, and to begin to build with others what can be done in behalf of citizens in a given community experiencing a specific situation in their lives.”

In Solange’s words, for this to actually happen, the training had to create an enabling environment in which the professionals could be led to realize what their own vision was by themselves, so that they could change their practice. “The practice is what needs to be changed. And it cannot be changed top-down. People don’t tend to admit that they might be prejudiced about something. Prejudice is reflected in the smallest actions, and many of these actions are subconscious,” she says.

The core topics addressed in the two training modules (Family, Sexuality, Subjectivity of Children and Adolescents, Vulnerability to STD/AIDS, STD/AIDS Prevention, Ensuring Rights, Challenges and Professional Interventions) were defined in common agreement during the meetings of the São Paulo WG.

According to the document Histórico do GT de Crianças e Jovens em Situação de Rua de Salvador (Word done to date by the WG on Street Children and Youths of Salvador), 224 people representing various institutions working in the Historical Center area of Salvador attended four training workshops between October 2005 and February 2006 which addressed the following topics: “Living on the streets, access to services and building integrated actions”, “Adolescence and sexuality”, “Approaching, sheltering and dealing with the subjectivity of young people on the streets (street education)”, “Vulnerability to and prevention of STD/AIDS among young people on the streets,” which were facilitated by educators of the Axé Project, technical staff of the then National STD/AIDS Program, and the psychologist Tânia Duplatt, Special Project Coordination of Cradis.

The report stresses that “these workshops were very important to make the participants aware of services available, to sensitize them to these topics, to secure the
involvement of high-ranking managers, and to strengthen partnerships.” According to the document, the methodologies proposed by the Axé Project were used, as were dialogued presentations by other professionals from the National STD/AIDS Program (today the STD, AIDS and Viral Hepatitis Department) who worked with these topics and were familiar with the techniques used by the program.

According to psychologist Bethânia Cunha, a member of the technical staff of the STD/AIDS Program of the State of Pernambuco, the idea in Recife was to hold the workshops where the participants could get to know each other and become acquainted with what they were doing and how they could contribute to prevent STD/AIDS among street children and adolescents.

The workshops were attended by professionals from the Social Welfare and Citizenship Institute (Iasc), linked to the Social Assistance Secretariat of Recife, and from state and local STD/AIDS programs, NGOs, the municipality’s Family Health Program, and the Psychosocial Care Centers (Caps).

“One thing that became very clear during the workshops was that many NGOs were not aware of the work being carried out by public institutions and vice versa. And they afforded an opportunity for exchange of views that was appropriately taken advantage of,” says Bethânia. She reported that health care institutions had little access to boys and girls on the streets and that the NGOs that were working with this population were not addressing issues related to HIV, AIDS and other sexually transmitted diseases. “The way was paved for a dialogue around these issues,” she believes.

According to the psychologist, the topics addressed during the workshops, the broad-ranging skills of the technical experts that facilitated them, and the (participatory) methodology that was used in them made all the difference. “Even those who are working in other institutions today have included these issues on their agendas,” she says, citing technical staff from Iasc, who are now working in the New Life Project, a program being implemented by the state government that reaches out to children on the streets.

In Rio de Janeiro, representatives of the state and municipal Health Secretariats attended a training delivered by the NGO Excola to professionals of Basic Health Care Units in the regions comprised by the pilot project. Its content was developed based on a survey of the access of street children, adolescents and youths to health care. Based on interviews held with boys and girls in the 11-24 age bracket and on the tabulation of data collected through forms filled out by them, many different problems were identified, such as difficulties on the part of educators to deal with the sexuality topic, lack of continued treatment, except for some specific HIV/AIDS and tuberculosis patients, and a high rate of patients who never go back to a health care institution.
care facility after experiencing an improvement in their condition. It was also seen that emergency units were the entry point of these children and adolescents to health care facilities in 75.4% of the cases.

Apart from discussing the relationship between these boys and girls and the health care system, the trainings also addressed what society and government have been doing in this regard and topics such as education on the streets, development and the experience of sexuality on the streets, and STD/AIDS and drug abuse prevention actions. Each module lasted from 8 to 12 hours and they afforded opportunities for the professionals to hear the demands from the children and adolescents as expressed by them. “The Unified Health System (SUS) is supposed to ensure the universal nature of the services and their integrality and equity,” said pedagogue Elizabeth Oliveira, coordinator of the NGO Excola. “All our actions in health care facilities were intended to sensitize their professionals and show them that this group has rights and how it could be assisted appropriately.”

**NEW STRATEGIES**

Other common elements in the trainings delivered to all the groups included practical experiences of approaching children and adolescents on the streets and art education, which focuses on the body, rights and art tripod. “We knew that advances were needed in the street intervention methodology. It was necessary not only to create, but to actually improve existing methodologies,” says Marcos Veltri, from the São Paulo WG. And this was one of the main challenges of the project, according to him.

The only thing we knew for sure back then was that traditional pedagogy was not working with this population. “Our own trajectory as health professionals always suggested that another model was necessary to discuss sexuality/AIDS prevention, which we refer to as dialogue-based prevention and involves feelings, emotions, personal experience,” says Veltri.

“It is important to touch their hearts,” says Márcia Acioli, policy advisor for the rights of children and adolescents to the Institute for Socioeconomic Studies (INESC). According to her, prevention must combine promoting the right to education to enable access to rights with holding campaigns and using playful, creative, fun and serious languages.

These are ingredients which the non-governmental organizations represented in the Working Groups managed to combine successfully. Through strategic projects, the Ministry of Health transfers funds to NGOs in São Paulo, Rio de Janeiro and Salvador. Later, in partnership with UNICEF, the latter transferred funds to an NGO in Recife. The idea was that these organizations would develop courses, workshops, and educational material to work with STD/AIDS prevention with this audience.
The project activities in São Paulo included computer, capoeira, percussion, ballet, and DJing courses (see the “Culture and prevention” section). For a whole year, these activities were carried out at the Helfil CTA and at the Casa Taiguara and Casa Abrigo Joselito Lopez shelters.

All the educators involved attended the professional training courses. “The workshop instructors were very good, but they had no specific knowledge of sexuality,” says Marcos Veltri, from the São Paulo WG. For this reason, one of the objectives of the training was precisely the “know-how,” the junction between this particular sexuality component and playful activities. “Every day we discussed how a workshop should be set up: its general and specific objective, its methodology, its duration... For example, we played a CD recorded in the old Febem (a correctional facility for adolescents), which today is called Fundação Casa, with adolescents playing music and reciting poems such as a cordel (typical poetry style in Brazil’s northeast region) poem called the Cordel of Sexually Transmitted Diseases. We encourage their creativity, but it is important to give them a starting point,” warns Veltri.

In 2009, when the Casa Taiguara de Cultura e Prevenção was created1, the courses began to be delivered there, involving about 700 children and adolescents altogether. According to Renee Amorim, coordinator of the Casa Taiguara de Cultura e Prevenção, the courses are short (lasting, on average, four months) and the main concern in the early stages was determining the right moment to talk about prevention with the children and adolescents. “After the trainings, we were asking ourselves how we would teach guitar classes and talk about prevention. It is not an easy task to begin to talk about prevention with the type of students we have. We have girls who are almost 17 and don’t even know that they have a uterus. It’s a task to be built little by little,” she says.

Computer classes also provide opportunities to address issues related to STD/AIDS with the adolescents

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1 This project was established with the support from the Ministry of Health (MS). In 2010, it submitted a project to CMDEA-SP and was able to continue to carry out and expand its actions in this area, a major example of local responses to incentives provided by the MS.
Activities with children and adolescents include reading Brazilian folk stories, such as the legend of Caipora.

The story of each and every one

Adolescents create a graphic novel to talk about love and sex with educators

Largo do Machado, South Zone of Rio de Janeiro, December 14, 2010. Two educators of the If This Street Were Mine project arrive at the Largo do Machado square at 9:50 a.m. and begin to talk with children bathing in a fountain. One of the educators, Jô Ventura, sits at a checkers table, opens his bag and takes Brazilian folk tale booklets out of it. He is soon surrounded by ten children and adolescents aged from 10 to 17 years old.

The first story is about the legend of Caipora. The group begins to point out the traits of the main character, a guardian of the forest. When the educator asks them who protects their homes, they all answer together: “My Mother.” He then asks them how she protects their homes and the group yells: “With her hands.”

Educator Fábio Moraes spreads several sheets of brown paper on the Portuguese stones that pave the square and asks them: “Has anyone here ever had a girlfriend?” “Oh, I still have one,” answers a 12-year-old boy. And he adds: “Of course I never had sex with her.”

Fábio divides a sheet of paper into ten parts and explains to the group what he is about to do: he wants to create a comic strip. He begins by asking them to create two characters, a boy and a girl living in the Largo do Machado square. The characters are named Lara and Pierre. Lara is 15 years old and Pierre is 17.

The educator writes: Largo do Machado. One of the girls adds: Lara and Pierre have just met. All of them want to draw. They choose the color of the skin and hair of the two characters and their clothing. The boy is black and wears just shorts. The girl is also black and wears shorts and top.

The educator then writes: Pierre and Lara are dating seriously! And he asks: “What do you think they are doing?” Larissa* draws Lara and Reginaldo*, who was bathing in the fountain, draws Pierre. He tries to mimic the character and draws a scene with Pierre placing his hand over Lara’s breast. He draws a heart in the background. Fábio reassures them that they can draw whatever they want, because it’s their story.

Larissa*, 16, who has lived on the streets since the age of 5, suggests an idea for the third strip: Lara is pregnant and Pierre leaves her. The educator writes: Pierre leaves Lara with a son for another girl called Roberta. Together, they decide their son’s name is Rafael.

Reginaldo*, the most active participant in the group, places Roberta and
Pierre in a house. The educator writes: Home of Pierre and Roberta. And he asks: “What happens to Lara?”

Reginaldo tells him that he knows what happens to her and begins to draw a picture: “She starts begging on the streets, and people just walk by, ignoring her plight.” Fábio goes over each strip with them once again and then he asks: “Is this an unusual situation on the streets? What happens usually?”

“The baby is taken to a shelter. They take the baby away,” Reginaldo answers. The educator writes: “To make things worse, social workers took Rafael away from Lara. Without her son and feeling lonely, Lara finds friends on the streets, but also drugs.”

The boys, however, decided to give a happy ending to the story: Pierre changes his mind and goes back to Lara,
meets his son and, as in fairy tales, they live happily ever after.

“In the ending, I will draw a heart and portray them hugging each other and living happily ever after,” says Reginaldo,* who speaks a little about himself. The teenager says he took to the streets when he was seven years old because his mother beat him a lot and mentions that he had several Laras in his life. Today, at the age of 17, he says he uses a condom to protect himself and that he wants to go back to his home before he is 18 years old.

“We can have conversations with them for over a week based on a story like this one,” Fábio Moraes reports. “We talk about young girls who got pregnant and about boys who abandoned their children.”

When asked whether we could take a picture of the group, Fábio Moraes consults with them and they agree to be photographed. “In the past, the kids were more afraid that we could have connections with the police,” he says. “Today, they are more perceptive: ‘Why are you taking this picture of me? For what purpose? What’s the objective?’” This is another result of our work.

Adolescents tell the story of Pierre and Lara, two characters like them
According to Francis Xavier César Oliveira, assistant coordinator of Casa Taiguara de Cultura e Prevenção, what’s most important is knowing how to seize opportunities. “Sometimes, things don’t work out the way we planned. There were occasions when we had plans to talk about a certain issue but only two or three people showed up and we had to cancel classes. What really works is seizing opportunities as they arise, taking advantage of something they say”, he says.

Xavier recalls the example of a girl who missed a ballet class when she menstruated for the first time, and the teacher took advantage of the situation to talk about the female body and sexuality with her. “A formal ‘let’s talk about prevention’ approach doesn’t work with them,” the educator said. “You have to let the subject come up naturally. That’s why we thought art education would lend itself well for this purpose.”

According to the educator, besides taking advantage of what comes up in the classes, opportunities must be created. For example, the Casa Taiguara de Cultura e Prevenção is intensely decorated with STD and AIDS prevention posters. Right at its entrance, a display filled with condoms and leaflets also draws the attention of visitors. “They talk about the posters, and we also use this as a cue to exchange ideas with them,” says Xavier. “As much as we don’t talk about prevention all the time, the subject is always present in our facilities, in which there is a display where condoms can be picked up for free. When it was set up, there was an incredible commotion around it, and the need to discuss the subject with them became stronger,” he concludes.

Initially, the proposal of Casa Taiguara was to focus its assistance on boys and girls from shelters and from the Referral Centers for Children and Adolescents (Crecas) in the central region of São Paulo, but it didn’t work out in the end. “We visited all the shelters and Crecas kept by the Sé regional city hall, told them about the activities we were carrying out, and called their coordinators almost every day for three months to ask them to send their boys and girls to attend our courses regularly. Only a few of them developed a relationship with us,” recalls Francisco Xavier César Oliveira.

According to him, each shelter and Creca has a different routine, schedules and interests and it was necessary to change strategy to be successful. The courses were extended to everybody in the community as well. “A kid from a shelter comes here and sees a girl that is his friend at school and whom he knows lives in the neighborhood. We began to find it an asset that they feel included in their community,” Xavier explains.

Today, the boys from the shelter are beginning to take part in our activities on their own initiative. “This was the project’s idea, i.e. that the boys would take...
responsibility for organizing their own lives,” says the educator. And the community itself (which is also extremely vulnerable) benefits from the courses and the prevention work. “I knew nothing about this before coming here. I didn’t know, for example, that you don’t get AIDS by kissing,” observes Luiz Fernando da Silva Santos, 15, who is taking the DJing course with the boys from the shelters and lives near Casa Taiguara in the Bixiga neighborhood, in São Paulo’s downtown area.

Besides investing in courses, the São Paulo project invests in other STD/AIDS prevention strategies such as the conversation circles, dubbed Pega-Não Pega (what seems to be the problem or not) (read more about this workshop in the chapter Achievements). Considered by all members of the São Paulo WG as one of the project’s strengths, the workshop uses the technique of addressing “what seems to be the problem” for the children and adolescents in relation to sexuality and of taking advantage of their current interests to discuss prevention issues, as described by Solange Oliveira, from the Henfil CTA.

Both the courses and the Pega-Não Pega workshop are attended by boys and girls from shelters. The educators of the Quixote Project approach children and adolescents on the streets and use other strategies.

Created in 1996, the Quixote Project was already working with children and young people at social risk through art. “Art education has been used as a social inclusion tool for a long time, but our challenge was one of taking a step forward. Instead of waiting for them to come to us, we decided to reach out to them on the streets. We joined the project with the challenge of creating a new form of dialogue with these boys and girls,” explained the educator Otávio Fabro Boemer, dubbed Ota, the graffiti artist. According to him, the first difficulty was addressing the subject. “It takes a while for you to build a bond with these children, and you can quickly lose it when you bring up a subject they don’t want to talk about,” the educator says.

In Ota’s opinion, setting the right tone is critical. “If you get too reticent, they will not understand what you’re talking about. Being delicate is important, but not to the point of not being understood,” he explains. The second difficulty, according to him, is not trivializing the issue. “You bring it up once, twice... and the third time you try to do it they say: ‘Come on, let’s not talk about sex again.’ You have to know when to broach the subject. You don’t want to give the impression you’re lecturing them,” he warns.

At first, some strategies did not work. “The first thing we tried to do was to give out condoms to the boys. But before we knew it, they started using them to sniff glue. We then became more selective in our distribution of condoms,” he recalls.

According to him, no single technique is 100% effective every time for all the children and adolescents. Each one of them follows their own path. “We don’t adopt...
a predefined approach. What’s good for one of them might not be good for others or might not work for a particular child,” adds the educator Artur Lauande Mucci.

To facilitate the process of approaching the children, the educators of the Quixote Project wear a standard uniform and carry a backpack with games such as dominoes, checkers and other typical Brazilian games, as well as soap bubble kits, crayons, paper, etc. Each educator chooses the materials he or she will carry in his or her backpack according to their abilities. “We adopt the following concept: playing is the path to touch the hearts of these boys and girls. Each educator then imparts his or her own working style,” explains Lucas Souza de Carvalho, a psychologist with the Quixote Project.

“Because I like drawing, my main tool was a bag full of crayons, chalks, chalkboards, drawing boards,” says Ota, who used his talents to get close to boys and girls on the streets. “I would draw something and talk to them,” he says. “They would tell me things and I would try and incorporate elements of what they told me into a drawing. I would ask: ‘Is this little story what you told me?’”, he reported.
Another strategy that he adopted was to use the basic skeleton of a drawing for each of the children to draw a body in their own way. “They often mixed up a man with a woman,” he recalls. “Sometimes they would draw a beautiful body of a female with a penis. I would ask: ‘Is there anything missing here?’ And they would draw a penis. I would ask them back, ‘Wasn’t this a woman?’ And they would answer: ‘Can’t she have a penis? The women I know who hang out in the square have a penis. Recreating the body is a means to discuss this subject.

Usually, the boys and girls are approached on the streets by teams made up of a man and a woman. “There are things that a woman will only talk about with another woman. Besides, it’s not appropriate for a grown man to talk about sex with a girl,” explained the educator Rodrigo Rodrigues Ferré.

**SERIOUS CONVERSATION LINE**

The idea is to get closer to the children and adolescents little by little to develop a deeper relationship with them. “Initially, you play with them, but then you talk with each one of them in turns,” says Lucas Carvalho. And he provides an example: “Something interesting happened at the Anhangabaú neighborhood. The kids were playing with four male educators while a female educator was talking with a child nearby. Another child left the group engaged in the game and said: ‘Auntie, I’m waiting in line for a serious conversation, OK?’ She knows that serious conversations are not held in that group. And she waited in line until it was her turn to have a serious conversation.”

To facilitate this dialogue, the Quixote Project developed a board game called the Trail of Urban Refugees with the children they approached on the streets during the pilot project, which summarizes the lives of most of them (*read more about the game in the chapter Advances*).

“They built the game,” says educator Artur Lauande Mucci. “I would write down what the children told me was happening to them and, based on the situations they reported, we developed the Trail,” he explains.

The game board consists of a trail that the players tread to go through and deal with situations that will allow them to advance or retreat one or more spaces. The drawings are based on actual characters. They are people like Mateus*, Jéssica and Leandro*. The game uses actual locations as well: a fountain near the General Osório street, in the downtown area of São Paulo, the Anhangabaú Valley, etc.

According to Ota, the board game was distributed to more than 100 institutions, but it has not been evaluated so far. Whatever the result of such evaluation, however, one thing is certain: the children love it.

Hélio*, 16, who has been on the streets for six years, thinks the game “is cool because it shows the Cracolândia area (crack land, an area in downtown São Paulo...
filled with crack users) and deals with panicking and craving for drugs,” things he is familiar with. He says he never had an STD, but was afraid he might have AIDS, which he tested negative for. A crack user, Hélio* says he doesn’t have a girlfriend and doesn’t want to have one. He likes the wizard Harry Potter and his dream is to become a social educator in the future. He also loves to write poetry and doesn’t use drugs when playing the game, as in the past two days.

With a history of abuse and sexual exploitation, Júlio*, 15, cannot read but has memorized the cards already and asked to play the game. The card he picked from the deck was about STDs, a problem he only revealed he had experienced as he played the game.

The Trail of Urban Refugees game was initially designed to be used for approaching children and adolescents on the streets, but it proved to be particularly successful in more protected environments, such as in the project headquarters at the República square. “In order not to wear the tool out, we must use it cautiously. The game is used as part of the therapeutic process, when the adolescents ask to use it themselves. It began, for example, to focus too much on sex,” explains educator Artur Lauande Mucci.

“Playing games, they open up their hearts,” says educator Raphael Fabro Boemer, recalling the case of a 12-year-old boy who suffered abuse in the hands of a military police officer and told this story as he played a chess game. “There was a piece that never died. It was the bad guy, the military police officer, who had abused him. In his fantasy, he tried to kill this bad character, but he never died. He felt confident to talk about it during the game and today he’s staying at a Creca shelter,” he says.

The Sexuality Dominoes is another playful resource developed by the Quixote Project under the pilot project. “Our idea was to create new prevention strategies. The boys like to play dominoes a lot. It is one of their favorite games. Why not use this type of game for prevention purposes?” asks Mucci.

The combination pleased both the educators and street boys and girls. Because it’s simpler than the board game, the educators still use dominoes to approach children and adolescents on the streets. Caio*, 14, plays with him, but he doesn’t like to talk and doesn’t say a word. Educator Rodrigo Ferre explains that the process of building bonds with them is exactly like this: slow and time-consuming. And if they don’t want to talk, they shouldn’t be forced to. The secret is waiting for the right moment.

Roberto*, 17, is also participating in the game and says he protects himself “more or less,” but admits that he is afraid of “catching a disease.” He says he used to have a girlfriend who did not like to have sex with a condom and that they eventually broke up.
Renato*, 16, joins the group but doesn’t want to play. He says he uses a condom when he has sex, but confesses that his “problem” is that he likes adventure and beautiful women like Gisele Bündchen. The adolescent has been living on the streets for two months after stabbing his stepfather and being kicked out of his house by his mother.

**STRENGTHENED IDENTITY**

In Recife, the Pé no Chão Group uses art education as a tool to strengthen the identity of the boys and girls it assists. “When we say that our work is focused on cultural identity, we’re talking about a real phenomenon, as most children are of African descent. Poverty has a color,” observes Jocimar Borges, the entity’s executive coordinator. “Our art education work is based on building this identity, on becoming aware of our origins.”

With this mission, the project delivers its courses outdoors in two squares, one in the Santo Amaro neighborhood and the other one in the Arruda community, Monday through Friday afternoon. According to Borges, all the pedagogical and artistic evolution takes place on the streets, which are seen as a space for social re-education.
The percussion classes are focused on typical folk and Afro-descendant rhythms locally known as Afoxé, Maracatu, Frevo, Ciranda and Samba de Roda. The project also delivers courses on folk and African dance, capoeira, drawing, juggling, educational and recreational games, theater, DJing, video, musical instrument building, and literature. At the end of classes, the educators always bring the young people together in a circle and propose an issue for discussion, encouraging everyone to talk about it. So-called training meetings are also held at two-month intervals to address specific issues such as STD/AIDS, sexuality, and youth participation.

As part of the work of the WG, the Pé no Chão Group is also implementing a project called Cine Prevenção (Cinema Prevention) (see text in the chapter Achievements). It is an outdoor event that begins with percussion and dance groups inviting people to attend. Children and adolescents play drums and dance all the way to the location where a video will be shown. People step out of their homes or watch from their windows as the groups make their way to the event. The event opens with live music and breakdance performances. At the end, a 15-minute video is shown on a large screen addressing the issue of AIDS and prejudice from the perspective of the community. As the video is shown, condoms are given out to the audience.

“The most positive aspect of the Pé no Chão project is that its activities are carried out on the streets. It reaches out to many children and adolescents engaged in prostitution and drug trafficking to offer them a new life,” says Adriano*, 17, who has been attending the group’s activities since was 7 years old. “Children, adolescents and youths living in the community walk by the square where the activities are carried out and become thrilled to see local friends engaged in them and join in willingly. The project begins to enter their lives, giving each one of them better prospects for the future,” he concludes.

**RESCUING DREAMS**

Without a project for the future, why bother with prevention? Based on this thought, rescuing the dreams of boys and girls on the streets is one of the cornerstones of the STD/AIDS prevention work carried out by the Axé Project in Salvador.

According to sociologist Marle de Oliveira Macedo, the organization’s activities are focused on three structuring areas: bringing the children and adolescents back to their families, the rights of children and adolescents (the entity has lawyers to take care of these issues, which are many), and art education.2

The social technology developed by the project for approaching children and adolescents on the streets provides educators with the tools they need to do this...
and build dialogue channels with them. “Initially, the street educators, who always work in pairs, visit the areas where these boys and girls live without approaching them. They just watch them,” says Verônica Rosário Magalhães de Santana, one of the founding educators of the Axé Project and supervisor of its street educators.

According to her, the first step is taking an X-ray of the area. The educators watch groups of these boys in different areas, checking to see if they are there every day or not, if they sleep there, what they do. They write down all this information to develop a vision of the situation in each area. “Obviously, the boys also begin to watch those two people who are there all the time taking notes and watching them,” Verônica says. “They feel that they are being watched and they begin to watch the educators themselves. That’s how we begin to approach them,” she explains, referring to this phase as “pedagogical flirting.”

At this stage, each educator builds his or her own approach. There is no ready-made formula. “When I worked as a street educator, I would begin by asking questions like: ‘Do you know where this street is? How much does this ice cream cost?’ And I would get closer to them little by little”, recalls Verônica Santana.

After this observation period, a “pedagogical flirting” process begins. “You introduce yourself as an educator of the Axé Project and tell them what you’re doing there. Little by little, these boys and girls begin to talk, to chat with you, and a bond begins to be established,” the educator says.

When this bond is strong enough, the educators begin to ask more complex questions: Why is that boy on the streets? Why did he leave his home? Does he have any health problem? What does he like to do? “The boys and girls begin to develop a bond with the educators and to see better prospects for their lives, such as the possibility of resuming family ties, going back to school, engaging in an activity proposed by the Axé Project,” Verônica explains.

According to her, you cannot attach a time frame to the process. The activities are prepared, created, and carried out according to their will. “The educators must have the ability to make a diagnosis, to be creative, to define the profile of that group or of the children. From then on, they create their own repertoire of activities and actions,” she explains.

According to Verônica, who has been working with these boys and girls for over 20 years, even those who are sexually active find it difficult to talk about sex. Even those assisted in units of the Axé Project are reluctant to take the test. “It’s a process that we have to keep repeating over and over again and, if possible, following up on,” she says. “When they come to our units to take the test unaccompanied, they often decide not to take it in the last minute. When they do take the test, they forget to come back for the result. When
they do come back for the result, it’s difficult to convince them to see a doctor or take the medication he or she prescribed,” she added.

Currently, the organization assists, in its units, 400 boys and girls aged from 12 to 25 years. Its two units offer art education, socialization, and citizenship-oriented activities. The Pelourinho unit offers music and visual art activities. “Our teaching is characterized by diversity,” explains Marle, who coordinates the art education activities of the Axé Project. “They can play classical music or samba-reggae,” he states. All of them take drawing classes. And the girls usually get together in the pattern-making and fashion design area after their classes.

At the Baixa do Sapateiro unit, dance and capoeira activities are available. Diverse styles are also taught. These include classical ballet, Afro, modern, contemporary and Brazilian regional dance, as well as regional capoeira, Angolan capoeira, and “capoeira show” dance classes. Courses for beginners and professionals are available.

“All the children and adolescents who attend our music workshops take percussion classes, just like those who dance must learn how to play capoeira. Here, we have an element of the political bias of our history. Percussion is the cultural connection with the blackness of Salvador,” Marle explains. And the art education work of the Axé Project is also aimed at recovering the identity of young people.

The sociologist recalls that the so-called Afro blocks (percussion bands that parade on the streets during the carnival season) were the ones that gave a voice and a face to the black people of Salvador. “In the 1990s, researchers conducted a survey in two areas: in Camaçari, a petrochemical complex, with workers and in a poor neighborhood of Salvador,” she reports. “Respondents over 54 years old couldn’t tell what their color was. But all their children knew that they were black. And all of them referred to this cultural relationship,” he added.

“I used to live on the streets. I would stay in the city’s commercial district until midnight. I used drugs, marijuana. The only thing I didn’t do was prostitute myself. In the Axé Project, they said I was beautiful, that I should change my life, that I had a future ahead of me. I considered myself beautiful, but I felt discriminated against. A foreigner once called me ‘ugly and stinking black girl’ on the streets. I thought I had no future because I was poor,” says Roberta*, a 16-year-old teen. Assisted by the Axé Project for four years and a half, Roberta is now a singer with the Brasil Axé band, is attending the eighth grade of elementary school, and wants to go to music college in the future. “The Axé Project made me think that you can only win by fighting,” she says.

Roberta* also recognizes that she learned about sexuality and how to protect herself from STD/AIDS in the project. “The educators would talk about this in class, there was a play about sex, about AIDS, and also lectures, so I felt comfortable to talk about these things with my educator when I lost my virgin-
ity. I was 14 years old, and when I told her what had happened she advised me to use a condom to protect myself from diseases and also to avoid getting pregnant. Protecting oneself is important. I know several people who have the disease. I don’t want to catch it. It’s too much suffering,” she says.

In Rio de Janeiro, a partnership between governmental and non-governmental organizations enabled the WG to carry out joint actions with street boys and girls. In the Working Group, the NGO Excola offers activities to vulnerable young mothers. “We decided to address the gender issue,” explains Elizabeth Oliveira.

“In 1990, the Excola team kept in touch with groups of girls in the downtown area of Rio de Janeiro, more precisely in the Lapa district and in the Cinelândia and Tiradentes squares,” says a document called Programa Jovens Mães em Situação de Risco (Young Mothers At Risk Program), published by Excola and World Vision in 2008. “As time went by, we noticed that the girls were becoming women, getting pregnant, and contracting various infectious-contagious diseases in the midst of the inherent conflicts of living on the streets,” she concludes.

As in other projects, the prevention work is art-based. “It’s not a matter of information any longer,” explains Elizabeth. “It’s a behavior change process, and in the case of street boys and girls, it is of course a more difficult process,” she concludes.

The work is always part of what Elizabeth Oliveira refers to as baseline: the extent to which they are aware of STD/AIDS-related issues. In 2008, based on discussions held within the Working Group, a questionnaire consisting of 109 questions was applied to 16 young ladies who had just joined the Young Mothers on the Streets Program. Although they had heard about HIV/AIDS, 88% of them had no information about vertical transmission.

Once the problem was diagnosed, the issue of vertical transmission was addressed. Each group remains active for one year and includes around 20 participants. All of its members are adolescents who are pregnant or have one or more children. They collect information for three months. They browse the web and read all they can find about the subject. In the following three months, they discuss the language they will use, i.e. how this information will be conveyed to other adolescents. “The group only begins to think about the communication strategies it will use to convey what it learned after all these parameters have been defined,” explains Elizabeth Oliveira.

Communication strategies are varied: radio spots, radio dramas, auditorium shows, plays, and cartoons. According to Elizabeth, it all depends on the group’s profile and decision. The NGO has a community radio station called Madame Satã through which some of its productions are broadcast. In the case of this specific group, which addressed issues related to vertical transmission, radio spots were created.
Woman-to-Woman Conversations

Today, according to Elizabeth, there is a waiting line for the program, which prioritizes girls who spend more time on the streets and topics such as prenatal care. “Because it addresses the gender issue, a closer link between health and motherhood needs to be established. It’s not just about emergency care. We need to create a culture of prenatal care, of regular health care for children, of immunization. We want to contribute to making sure that the girls will be able to do these things,” says Elizabeth Oliveira.

According to research published in the report Programa Jovens Mães em Situação de Risco in 2008, prepared by Excola and World Vision, this goal has been successfully achieved: 90% of the pregnant adolescents or of those who got pregnant during the project period had prenatal visits, 100% became aware of the public health care network and began to use it, and 70% adopted family planning methods after taking part in the project.
Apart from an activity called Camisinha na Cabeça (don’t forget to use a condom) (read more about it in the chapter Achievements), which is a contest of Afro hairstyles using condoms to remind them of the need to use a condom, the NGO holds workshops to teach them how to put a condom on. “There’s also the myth that condoms burst. The boys say to the girls that they have a huge penis and that the condom will break if they wear one. So we play a little game: we put a condom on an arm, on a cucumber, on a carrot, things the girls are familiar with, to show them that this is not true,” says Elizabeth.

According to her, the workshop also shows them that using a condom can be fun. “We discuss how condoms can be used to seduce a partner,” she explains. “This is woman’s talk for sure. We talk about women discovering their bodies, masturbation, and so forth. Many of the girls have no or very little awareness of their own bodies.”

**A STORY WITH MANY AUTHORS**

While the NGO Excola addresses the gender issue in the Working Group, the If This Street Were Mine project offers activities to street boys and girls in Rio’s downtown area and south zone.

The team of educators of the If This Street Were Mine project is made up of three professionals at least. Initially, they analyze the environment (services available, possibilities and risks) and the children’s situation. The idea is to train “conveyors of knowledge” among street children and adolescents for them to convey key information to their peers.

The project includes the holding of several workshops consisting of recreational activities, such as a mamulengo (puppet theater) and a storytelling workshop. The educators read Brazilian folk tales and then the youths develop their own plots with ingredients of their daily lives (read more about it in the section “The story of each and every one”). “Based on these stories, we can make the appropriate referrals,” says educator Fábio Moraes. “They help us address cross-cutting topics, such as drugs, sexually transmitted diseases, etc.,” adds Jô Ventura.

The same thing happens with the puppet theater. The children and adolescents participate in every stage of the activities, including that of building puppets from milk cartons.³ We begin to create the puppet characters while playing a game, listening to music, or thinking about a specific character. One of the girls, for example, created the character of a female governor, whom she ended up incorporating. “For almost a month, we discussed with her what she would do if she were governor,” recalls Jô Ventura. “She said she would set up several

³ Because some “dangerous” materials must be used for this purpose, such as scissors, retractable knives and glue, the puppets are taken to the streets as semi-finished items. “We do half the work and they do the other half,” explained educator Jô Ventura.
shelters for her street mates where they would have plenty to it and lots of fun, health care...,” he says. “In relation to health care, she said: ‘I’ll keep the doors open to everybody,’’ added Fábio Moraes.

According to him, the puppeteers always address health-related issues for the children to associate them with the puppets. Puppet theater was the flagship activity of the institution in its work within the WG. “Our discussions were held through puppets,” he says. “The puppets were the ones that asked the questions to the kids,” the educator recalls.

According to Claudio Andrés Barria Mancilla, one of the coordinators of the If This Street Were Mine project, all the work is based on a social circus approach, on the use and reinvention of public spaces. “Through this kind of dialogue, conversation, you progressively realize the potential of the children and adolescents, which is our focus, but also their demands and needs. We then make an effort to develop links, to ‘weave’ networks,” he explains.

Besides representatives of the Excola and If This Street Were Mine projects, the Rio WG includes representatives of the NGO Childhope Brasil, which since 1990, when it began to operate in Brazil, has been developing the Papos project (Promotion and Guidance in Health Care, Sexuality, and STD/AIDS Prevention).

In its first phase, the project focused on training social educators. With the results achieved, it began to work with another audience: adolescents in communities at social risk and young people on the streets, and became a multifold program involving different components: Papos Curso, Papos Volante, Papos com Hip Hop e Samba, Papos na Mídia and Papos Teatro.

According to Dayse Tozzato, president and representative of the institution in the Rio WG, the NGO focuses its work in the WG on the Papos Teatro (theater) component of the program. The project is based on the Theater Forum technique, a methodology created by playwright Augusto Boal and applied in over 70 countries.

Using this methodology, plays are entirely produced by street boys and girls: their scenery, costumes, and lines. The process of producing a play usually takes one year. According to educator Janaína Ricardo dos Santos, the first step is what she refers to as “flirting.” During this phase, which lasts about three months, the group begins to be formed and an informal work contract is established among its members involving commitments, such as one of not using drugs during the activity. “This contract is posted a wall on the days that they engage in this activity,” she says. “If we see that any of them is not abiding by the rules, we show the contract to them and say: ‘Don’t forget your agreement’.”

Many of the girls have no or very little awareness of their own bodies

Elizabeth Oliveira, NGO Excola, Rio de Janeiro
On the first day of the activity, the educators also hand out a questionnaire with 21 questions to the adolescents. These include behavioral questions, such as “What comes to your mind when you think about going to the streets?” or “What is the first word that comes to your mind when you hear the word drugs?”, and more direct questions about AIDS and sexually transmitted diseases. Based on their answers, multipliers create a program that includes information about diseases and even on how to use a condom.

Before the play is produced and staged, several activities are carried out. They draw, paint, write poetry and prepare a so-called Declaration of Identity, which is a letter written to someone about things they don’t have the courage to say personally. They don’t have to put their name on the letter or that of the addressee. Based on these letters, the team often refers members of the group to a psychologist or social worker.

This phase usually lasts from two to four months and includes the process of building the story of the play. The activity is divided into two stages. In the first one, the focus is on prevention. “We repeatedly remind them of the information that they should bear in mind,” the educator says. They then tell their stories and one of them is selected. Once this is done, the fourth stage begins, in which a text is produced based on their accounts. “With these small pieces of information, I develop a dramatic text for the group, which reads it and decides: ‘It’s good enough, or you should change this or that line.’ The text is then rewritten and we begin to create a soundtrack to the play,” concludes Janaina.

The idea, according to the educator, is to have them write prevention songs, which are then used in the actual play (read part of the lyrics of a song on the next page). At this stage, Papos Teatro works in partnership with Papos Hip Hop, which helps with the lyrics and rhythm.

At this point, the artistic stage begins, which includes setting the stage, text rehearsals, setting up the scenery, and preparing the costumes for the play. Each group is given a name and they have staged two plays so far, one in 2003 and another one in 2007. The play Crianças de Ninguém (nobody’s children), staged by the Nós da Rua (we from the streets) group, talks about the prejudice they suffer, and Copacabana Sacana (naughty Copacabana), staged by the Renovando Vidas (renewing lives) group, addresses sexual harassment on the streets.
Each play lasts from 30 to 40 minutes, is open to the general public, and has a unique format. “We stage a problem and invite the audience to picture themselves in the characters and come up with ideas,” explains educator Janaina Ricardo dos Santos. She gives an example citing the play Crianças de Ninguém. “A group of characters enters a bar and the bartender refuses to serve them soda. They show him that they have the money to pay for it and the bartender calls the police. They are expelled from the bar and beaten by the police,” the educator continues. “We then invite the audience to come up with possible solutions. Someone from the audience is invited to the stage to present an alternative. We never present just one alternative. We provide at least three, so that they can have more options. Someone comes to the stage and says: ‘I’m calling the Consumer Protection Hotline’. The boys find out that there’s a Consumer Protection Hotline that they can rely on because they pay for it. People come up with ideas that they gradually incorporate into their daily lives,” she says.

Flavia Bittar, the project coordinator, believes that the process that they go through, which includes from attending prevention workshops4 to engaging in activities using Augusto Boal’s theater of the oppressed approach, interferes in their self-esteem and sexuality. Geraldo Junior Travassos Arruda, the multiplier Junior, 20, who is participating in the interview, agrees with her. The boy spent much of his childhood and adolescence on the streets and was one of the authors of the play Copacabana Sacana in 2006, which is based on actual situations he experienced while living on the streets.

“I returned to my home and began to dress nicely, and I noticed that people saw the difference,” says Junior. “I also returned to school, and people began to look at me in a different way. Once I became aware of the need to protect myself, I avoided a lot of girls. I began to think differently,” he concludes, pointing out one of the main results of the work carried out by Childhope, the Rio WG, and the pilot project as a whole.

Even though no formal evaluation of these art education initiatives has been made, psychologist Yone Moura, an assistant researcher with the Brazilian Information Center on Psychotropic Drugs (Cebrid) who has been working voluntarily with this population for 20 years and completed a master’s program on this topic in 2006, recognizes that art makes it easier to reach out to these boys and girls. “You deal with things that are part of their life cycle. You give them opportunities to engage in fun activities. You offer them an alternative,” she concludes. According to her, the most recent survey conducted by Cebrid in all Brazilian capitals showed that the experiences in art education were successful and cannot be ignored.

*The names were changed to protect the identity of the children and adolescents.*

4 According to Flavia Bittar, the work in the prevention workshops is based on Paulo Freire’s harm reduction policy, participatory methodology, and pedagogy of autonomy.
Children play at the Conceição Macedo Charity Institution in Salvador.
Networking, adopting public policies that see street children and adolescents in their entirety, and addressing STD/AIDS prevention as an action beyond merely distributing condoms. These are some of the main challenges faced by the Working Groups in the cities in which they were set up.

Adolescent attending an art workshop of the Axé Project in Salvador
“I only met my father when I was 7 years old. He died, and three months later my mother was arrested. I stopped studying in the first grade of high school and I don’t know what to do with my life. I took an IT course for a week. I learned how to build websites. I have Twitter, Facebook... and I was about to set up a relationship website. I used to inject drugs, cocaine. When I was admitted to the Casa Taiguara, I already knew everything about STD/AIDS. They would ask me questions and I had the answers at my fingertips. But I don’t like to use condoms. I don’t care if I catch AIDS or not. What can I do?”

This sad testimony of Mark*, 15, who has been participating in activities offered by the NGO Casa Taiguara de Cultura e Prevenção in São Paulo, clearly shows the difficulties involved in preventing Sexually Transmitted Diseases (STDs) and AIDS among street children and adolescents. These boys and girls, who live under conditions of extreme vulnerability and are exposed to all kinds of risks on a daily basis, must be seen by public officials in their entirety and without prejudice, moralistic postures, or taboos. One of the main challenges of working with this population is dealing with STD/AIDS prevention in a way that involves more than merely providing explanations on how to use a condom and takes into account the important dimension of the right to health in particular and of the right to life more generally. Marcos*, for example, says he knows everything there is to know about prevention. Still, he doesn’t use condoms.

According to Father Alfredo de Souza Dórea, one of the coordinators of the Conceição Macedo Charity Institution in Salvador, “resisting sexual advances from international tourists is difficult for these adolescents.” Lucas*, 17, explains why: “They pay more to have sex without a condom and with drugs,” he says.

The idea of immediacy, which is very common among adolescents, is even stronger among boys and girls on the streets. According to social worker Eliane Gomes Rodrigues, from the Axé Project of Salvador, one of the main tasks is precisely that of arousing the interest of these children and adolescents in the prevention topic. “They are usually not interested in it. They only begin to care when they catch a disease. As much as we discuss health and prevention with them, the task is very difficult, as they see themselves as eternal. They either think they are eternal or their behavior in life is that of living the now. Life is today, they don’t know what will happen tomorrow, so it doesn’t matter to them,” Eliane observes.

According to Elizabeth Oliveira, who works with streets girls with the NGO Excola in Rio de Janeiro, these girls only begin to think about prevention after they are diagnosed with an STD. “They don’t see a doctor when
they menstruate for the first time. They completely disregard this need. Most of the girls will only see a gynecologist in their prenatal period or when they experience the first symptoms of an STD. They are not prepared for sexual experiences before they begin their sexual life,” Elizabeth explains.

**Sexuality and rights**

Because of these unique features and of the complexity of the daily life of street children and adolescents, STD/AIDS prevention actions must be based on a gentle, sensitive, and comprehensive approach – a lesson that the four Working Groups (the São Paulo, Rio de Janeiro, Salvador and Recife WGs) learned from the experience of dealing with these boys and girls. “One of the common guidelines of the work carried out in the four groups is the concept that prevention should not be limited to conveying information or providing inputs. Prevention requires dialogue with these adolescents around their living conditions. Teenagers know what a condom is, how important condoms are and what they are used for, but they don’t use them because they develop their sexuality on the streets. Or because they only make sex when they are completely stoned and can’t even remember what they did,” observes Ana Lívia Adriano, a member of the São Paulo WG and former coordinator of the...
NGO Casa de Acolhida Joselito Lopes. “How can you deal with this situation, knowing that adolescents have sexuality concerns and rights, that their bodies and feelings speak and need to be legitimized? One must understand that they go through all these discoveries on their own, in a very violent environment. They experience these processes on the streets, without any privacy, in the midst of poverty, hunger and chaos. We must understand these facts in order not to moralize our relationship with these adolescents. We need a cultural shift in how we work with adolescents,” argues Ana Lívia.

For all of these reasons, one of the key requirements for a sound prevention strategy is empowering girls and boys through actions designed to strengthen their self-esteem, making them understand the importance of health, well-being, and caring for their bodies and minds. “They have very immediate needs. If, for

Family Health Care Program for the street population

The cross-cutting nature of the service is its main strategy, integrating primary health, mental and dental care teams

“You have to combine all these elements and see what happens,” poet and musician Marcelo Yuka from Rio de Janeiro is quoted as saying in the introduction of a presentation on the project Saúde em Movimento nas Ruas (health on the move on the streets, Family Health Care Strategy for the Street population/Street Clinic), designed for the street population in the downtown area of Rio de Janeiro. The sentence summarizes the main strategy of the service: adopting a cross-cutting approach.

The project was launched in September 2010 and is under implementation. The work is carried out by two basic teams of the Family Health Care Program (a doctor, a nurse, a nursing technician and six community health agents), a mental health care team (two psychologists, a social worker and a music therapist), and a dental care team (a dentist and a dental health technician). The teams are active in two schedules: from 9 to 6 a.m. and from 1 to 10 p.m. Monday through Friday in predefined zones in downtown Rio de Janeiro.

“With this population, health care cannot be compartmentalized, divided into different disciplines,” says Iacã
example, someone offers them sex in exchange for something, without using a condom, and they are not empowered, strengthened, they will take it,” says Maria do Socorro Farias Chaves, municipal STD/AIDS coordinator in Salvador.

In the opinion of educator Elizabeth Oliveira, coordinator of the NGO Excola in Rio de Janeiro, prevention must comprise two dimensions. One of them is a behavioral dimension, which is fitting life choices and the need to take care and protect oneself and others into the context of the lives of these children and adolescents. “Our work is much more one of promoting health. Prevention for the sake of prevention doesn’t work. We are increasingly convinced of this fact. Conditions must be favorable (self-esteem, quality of life, among others) for them to realize the importance of protecting themselves. Otherwise they will not use a condom. They can’t even see that this is important,” says Elizabeth.

Macerata, coordinator of the project teams. “On the streets, we have to adopt an integrated approach. A person with a huge wound in the leg might also consume psychoactive drugs and have tuberculosis and an often serious mental illness. All at the same time. That is why our teams were designed and structured as they are,” she says.

In the Health on the Move on the Streets project, the assistance provided, the analysis of cases, and the therapeutic project are always based on a transdisciplinary approach. Community health agents go to the streets and approach those in need of assistance there. Depending on the case, patients are referred to a hospital or to the Oswaldo Cruz Municipal Health Care Center, where the team keeps a clinic for emergency care.

“We focus a lot on developing a bond with them,” said the nurse Sebastião Carlos Silva da Conceição, who has been a member of the team since the project was launched. According to Janete Ribeiro, a community health agent, keeping constantly in touch with this population is a key ingredient for building this bond. “You have to talk to them, explain what you are doing, and let them open up with you. They will not tell you right away that they have syphilis, HIV or tuberculosis,” she concludes.

Iacã Macerata believes that the project’s task is to build bridges between the streets and the institution. “The main problem faced by our population is that it seldom manages to get past the security guard at health stations and hospitals. Our role is one of including these people in the health care network and in the rights network that the state must ensure access to,” she concludes.
In integral Vision

According to pedagogue Marcos Veltri, who works in the São Paulo city hall as a public health educator and was the representative of the municipality in the WG, actions to deal with STD/AIDS should be based on the principle that the rights of these children and adolescents to life, safety and health have been violated. “Prevention is linked to sexuality and sexual and reproductive rights and is part of a greater debate on the right to health, which in turn is part of an even larger debate on human rights and on the right to life,” he says.

Integrality is another key factor, as highlighted by Maria do Socorro Farias Chaves, from the Salvador WG. “People are integral beings. This is a complex issue. As much as we focus on STD/AIDS prevention or even on treating these diseases, these kids have other needs that will eventually emerge. For this reason, we need to ensure integral, universal and equal health care, which is a principle of the Unified Health System,” she stresses. “Our actions
must be based on the notion of integrality. We began to address issues related to HIV/AIDS in our workshops, but we then realized that children and adolescents have different needs. That is when we found out that we need to involve more actors in partnerships to deal with other situations,” she explains.

Jocimar Alves Borges, executive coordinator of the NGO Pé no Chão in Recife, believes that integrating different public policies is a key requirement for working with street children and adolescents. “When we began to consider the possibility of offering educational activities to them, the idea was to create educational spaces and facilities. But we then saw that this would be wrong for two reasons: it would keep the children and adolescents away from their families and from the public school network. We then decided to anchor our pedagogic policy in two key axes: strengthening the relations between the children and their families and building a relationship with public institutions, beginning with the schools,” Borges reports.

**Gaps in the Public Health Care Network**

As Maria do Socorro and Jocimar Borges stressed, the challenges of this journey go beyond the complex task of preventing STD/AIDS. In the daily work with children and adolescents on the streets, other difficulties were observed, such as shortcomings in the public health care system in assisting this population. “Street children are nobody. Their access to services, to the service network, whether the health care or school network, is very difficult,” says journalist Márzcia Gatto, from *Criança Rio*, a network of organizations created to work with street boys and girls.

One of the main hurdles faced by the Working Groups was that of referring these children and adolescents to health care services. Eliane Gomes Rodrigues, from the Axé Project, recalls that when these boys or girls are willing to go to a medical facility, the red tape involved in seeing a doctor drives them away. “They have to show their ID, fill out a registration form. If they are ‘minors,’ they must be accompanied by an adult. We discuss these issues a lot in the Salvador WG. We discuss what we can do to facilitate their access to health care services,” says Eliane.

“They go (to health facilities) the way they are: barefoot, shirtless, smelly. And the logic of security guards or reception clerks in health care facilities is that of preventing people with that appearance from entering. We often have to make sure that these children take a bath and wear clean clothes before going to a health care facility with them,” said Father Alfredo Dórea from IBCM.
Organization and planning: dynamism in the Salvador WG

Creating the “position” of executive secretary was instrumental for recording the results of the WG meetings and activities

One of the good practices mentioned by members of the Salvador WG was that of assigning a person to be the executive secretary of the group, which gave more fluidity to its activities. “Our best moments were when we had a person to take notes during our meetings. This is something that the WG needs to rely on, a person to record our discussions. For two years, Sandra Carvalho took these notes and her taking this role in the WG truly enriched our work,” analyses Eliane Gomes Rodrigues, from the Axé Project. “All the members of the group have a multitude of tasks to carry out. And having someone to take care of the agenda and record our discussions and proposals is important. It was the most organized phase of the WG, during which we developed reflections, fulfilled our agenda, and met the most. It is of essence to rely on someone to take care of the group, to take notes, to prepare its agenda, to propose ideas, to facilitate the work. That was our best period. There was a logic behind holding our meetings in different institutions,” Eliane added.

Social worker Sandra Mendonça, who was a manager of the Sanitary District of the Historical Center area of Salvador, tells us why they decided to assign a person to act as executive secretary of the group: “We decided that we needed to record the work of the WG. After a few discussions, we decided that it would be a good idea to ask someone who was already working in the network to take on this mission. Sandra Carvalho, a social worker from the São Francisco Health Care Center who was familiar with this population, was then assigned to the job. She took a liking for it and strengthened our work even more.”

Sandra Moreira Costa de Carvalho, a social worker with the São Francisco Health Care Center, tells us how it all happened. “When I took on the role of executive secretary, in 2005, the WG had been active for one year already. Sandra Mendonça, the district coordinator, was the one who invited me. She briefed me on all actions carried out by the WG, on the joint actions of the networks, and on the training workshops that had been held already. My role was one of bringing all the people involved in the WG together in meetings, record the results of these meetings, plan their actions, and take part in the discussions in the WG.”
This proved to be important, as the group was not prepared to record what was being discussed,” she explains.

According to Sandra Carvalho, the group needed somebody to bring its members together, check when meetings could be held, and determine which actions should be refined. “I joined the team when these networks and institutions had been working together for some time already and were familiar with the proposal, and they just needed an organizer to check what they had come up with as proposals and what they had actually implemented. I was the link between what was discussed in the WG and the mobilization work with institutions and the Sanitary District to ensure the continuity of their actions. We documented the meetings of the WG, which were planned annually. →
For each meeting, I prepared a report of the discussions. At the following meeting, we resumed the discussions we had held in the previous one, checked what had worked, and identified new issues to be addressed,” Sandra recalls.

She also checked how things were going with the organizations that were already taking part in the WG and other institutions that the group thought it would be important to mobilize. Besides checking all of this, she updated our data. She also visited the institutions to check their difficulties in assisting children, adolescents and youths on the streets.

“I also organized meetings with the network members and managers. In one of these meetings, the professionals reported that they were facing difficulties to actually improve the access of street children and adolescents to health care facilities because their superiors didn’t understand what they were doing. Their subordinates were attending the meetings, but they weren’t. Based on this information, the WG decided to have a large meeting with these public officials to address this problem and present the proposal of the WG,” the executive secretary said. According to Sandra, the meeting was attended by more than 50 high-ranking managers of social care institutions, police stations, courts, guardianship councils, NGOs, and other entities working with children and adolescents on the streets directly or indirectly. “I believe that the role of the person in charge of centralizing all the information is precisely one of avoiding gaps, of ensuring a seamless work environment. This person understands the larger picture because he or she is involved in a larger action,” she observes.

Another distinguishing feature of the Salvador WG was the habit of holding regular meetings to assess its performance. “These evaluation workshops were extremely important. They took the form of conversation circles. They were held for us to evaluate our actions, present our achievements, and assess our difficulties,” says Tânia Duplatt, from the Isabel Couto State Center for Adolescent Care (Cradis) of Salvador. “Holding these workshops is important to update epidemiological data, because the professionals involved in primary care can provide us with inputs about the reporting of diseases. You can then assess difficulties related to, for example, treatment adherence,” she believes. According to Tânia, without a technical group to coordinate the actions, to organize meetings bimonthly or monthly to assess and collect proposals, the WG would tend to stagnate around past actions and would not develop new strategies.
Educator Fábio Moraes, from the If This Street Were Mine project in Rio de Janeiro, makes similar considerations. “The main challenge of the Rio Working Group was that of developing closer relations with health care authorities, and not only with officials at the very top, but also with the professionals working in health facilities. How could we lead those people to see these kids in a different light? We also had the inverse challenge of making sure that the kids would not feel excluded to the point of refusing to enter a hospital even when they were in bad need of health care,” observes Fábio Moraes. “I remember that this was a recurring point in our conversations with them. For example, a boy would tell us that he had had gonorrhea and we would ask him how he had taken care of the problem. The answer would be that he had taken medicines, but not that he had gone to a hospital for treatment. This gap between the children and health care services continues to be our main problem. Addressing it is our biggest challenge. These professionals need to understand that they are not doing any favor by assisting them and that health care is a right of these children and adolescents. And you have to try and make these children understand that they have this right,” concludes Moraes.

Social worker Carolina Cruz, representative of the Municipal Health Care Secretariat of Rio de Janeiro in the WG, has similar impressions. According to her, one of the biggest challenges was overcoming the resistance of health care professionals to treating these children and adolescents. “Health care professionals just couldn’t see them as children. We realized right away that the main problem lied in their resistance to treating them. Obviously, the kids also resist the idea of seeking their care. The opening hours of the facilities, their routine, and their procedures all make it difficult for them to seek their care. Health care services are not yet prepared to meet the needs of this population,” she adds.

According to Aldir Rodrigues, a coordinator of the NGO Pé no Chão in Recife, one of the major successes of the Working Group was that of creating a discussion forum to expose all the difficulties and shortcomings of the health care network in meeting the needs of these children and adolescents in the city. “In training meetings and seminars, we discussed the limitations and difficulties faced by these children and adolescents when they sought assistance at health stations in the municipality and all the participants provided inputs to the discussion. Problems lied not only in not knowing how to get to these facilities or that they even existed. There was also the problem of how they were received there. When a street child or adolescent goes to a health care facility, who are the first people they meet there? The doorman, the security guard. And how do they treat these boys? Do they allow them into the facility gently and try to help them?” he asks.
One of the difficulties detected by the WG to ensure health care to children and adolescents on the streets in Salvador was the fact that they had no ID documents, as required by public health care facilities.

The WG came up with a solution to this problem, as reported by Maria do Socorro Farias Chaves, member of the municipal STD/AIDS coordinating board of Salvador:

“In the logic of the secretariat, for example, patients can only receive medication if a computerized system authorizes them to, and only those with ID documents can be registered in it. We had to sit down and talk with the managers of the system and discuss the matter with those in charge of managing the delivery of drugs to patients to find a way to ensure the access of this popula-

Possibility of being treated at a health facility without showing ID documents

Salvador developed creative strategies to ensure health care to its street population

Alice Firmino, from the São Francisco Health Care Center in Salvador
tion to treatment and medication without showing any ID. In our initial discussions, we were only thinking about street children and adolescents, but we ended up discussing the need to ensure the same right to the homeless population at large.”

Thanks to these discussions, people in need of medical care don’t have to show any ID to enter a health facility in Salvador any longer. Access to prescribed drugs is now available to this population. “We had the same discussion with laboratory staff, as for these children and adolescents to have a diagnosis they had to undergo extensive testing and medical examinations. And they also had to show an ID to be tested and examined. It was then agreed that a specific box would be included in the computerized form to register this undocumented population. These are examples that much depends on developing the right links and actions, that by establishing the right links and organizing health care services we can be successful,” celebrates Maria do Socorro.

Alice Firmino, from the São Francisco Health Center, explains the progress made. “To be seen and treated at a health facility, all patients have to be registered in the general computerized system of the health care network. And they can only register if they provide an ID number,” she says. “After a lot of discussions, we established a procedure whereby we can now register these patients,” she observes. “Our main difficulty was to have them tested for HIV or hepatitis, for example. In the past, they had to show an ID card of the Unified Health System (Cartão do SUS) to be treated in a public health facility. This was a requirement because, when we received a patient, we had to enter his or her data in the lab system to be authorized by it to collect a blood sample for testing and send a delivery man to pick it up. We discussed this matter with the IT department of the secretariat and created a form that can be filled out for the undocumented population. In this case, we don’t enter the data in the automated system, as the form needs to be filled out manually, but what matters is that it allows them to receive treatment. It’s not easy, but we need to create internal strategies to at least ensure medical treatment to this population,” Alice argues, adding that this discussion has even been broadened. “We are also making an effort to hold similar discussions wherever we go, in all the events held by the secretariat.”

As was already happening in São Paulo and Rio de Janeiro, health care facilities in Salvador began to facilitate the access of people living on the streets to medication, tests and medical consultations.
**Sensitization of Professionals**

Educator Elizabeth Oliveira, coordinator of the Excola Project in Rio de Janeiro, raises another important point about the assistance provided by the public health care network to these children and adolescents. “They are even mistreated. They are seen as a problem. When they seek assistance at a health facility unaccompanied by an adult, they are quickly taken to the emergency room to remove the problem from sight. Situations like this have been reported even by some health facilities themselves: ‘We deal with their problem right away for them to leave as quickly as possible’,” Elizabeth reports.

According to Cláudio Andrés Barria Mancilla, one of the coordinators of the NGO If This Street Were Mine in Rio de Janeiro, the work of sensitizing health care professionals is extremely important. “We’ve heard pediatricians say: ‘I don’t see these ‘minors’ in my office because they could infect it. I have to protect the other children I see.’ But naturalizing this separation between ‘minors’ and other children is an act of violence. So when we begin to sensitize these professionals to the problem, we tell them there is no such thing as ‘minors’. There are only children. They cry and begin to change their attitude. But these changes are not restricted to individual changes. We address the issue of the entry point, of basic rights. There are many processes involved,” he says.

Psychologist Sandra Santos, a consultant for the human rights of children and adolescents in Salvador, also sustains that health care professionals need to be trained and sensitized. “Even though these children have the right to be treated and monitored, we still face difficulties with the government in this regard. We need to adopt a more humane approach, one that takes into account the specific features of this vulnerable population, whose basic rights to food or decent housing have not been ensured,” says Sandra. “The requirement that they must show an ID to be seen by a doctor in a health facility is another major problem. Health care officials should receive these children and refer them to where they can get an ID made, which is quite simple. You just have to refer them to a Guardianship Council with the information that they are undocumented. They should do this because, among other reasons, health care professionals have the obligation to report cases of violence, and this is a violation of rights,” he sustains.

Unfortunately, prejudice against street children and adolescents prevails in the daily attitudes of many professionals of public health facilities in many different areas – a behavior that leads these boys and girls to feel increasingly excluded and invisible to society. Breaking these barri-
ers and networking to assist this population was one of the main tasks of the Working Groups in the four cities. Weaving this network to assist children and adolescents on the streets was a project wrought with difficulties at different moments. In Salvador, for example, a multidisciplinary professional team called Captains of the Sands was set up to assist boys and girls addicted to crack, who are even more fragile. “With a routine of activities that include ongoing discussions with the social health network, the Captains of the Sands team faces constant difficulties in its efforts to build co-responsibilities,” says psychologist Margaret Leonelli, the team’s technical supervisor.

**Red tape hindrances**

According to the psychologist, the shortcomings of the social health network become clearer in emergency situations. “When, for example, the Captains of the Sands team was approached by a teenager with signs of beating, it took all the necessary measures to refer him to the State General Hospital. It got in touch with the Guardianship Council to arrange for his hospitalization and subsequent discharge and referral to a shelter. However, a council member refused to take any action arguing that it was not his job to do that,” she recalls. “After several rounds of negotiations involving the Guardianship Council, the General Hospital, judicial officials (for issuing his hospital and shelter admission forms), and the Public Prosecutor’s Office, the adolescent, in a complete turnaround, returned to the streets alone after being discharged from the hospital at 10 p.m., as he himself reported,” regrets Margaret Leonelli.

The example provided by the psychologist is emblematic and shows the need for intersectoral actions to improve the health care available to street children and adolescents. The experiences of the Working Group showed the need to invest in training all the professionals of the health care network, which is not always an easy task. Maria do Socorro Farias Chaves, municipal coordinator for STD/AIDS in Salvador, explains that providing such training is difficult. “We had a high number of withdrawals and of professionals refusing to work according to this logic,” she regrets. “One point we need to reflect on is that this population, which we refer to as an “invisible” population (its visibility is mainly determined by episodes of violence), is one nobody wants to work with. Many professionals of the public health care network resist the idea of working with these children and adolescents. Our difficulty lies in human resources, in working with people. We provided several trainings to try and change this scenario. In our first workshop, designed for professionals, there were many withdrawals,” says Maria do Socorro.
Children assisted by the Conceição Macedo Charity Institution play ring around the rosie in Salvador.
Social worker Sandra Mendonça, from the Salvador WG, says that everything went well in the training workshops until the participants were told that they would be working with child and adolescent drug users on the streets. “In the collective imagination of these professionals, street boys and girls are synonym with theft, robbery, etc. As soon as they were told that they might be working with this audience, many participants abandoned the workshop. Despite all the obstacles, however, we can say that the results of the trainings were positive,” says Sandra, mentioning another important aspect: Completing the training does not mean that the professionals are ready to intervene and act as sensitive multipliers with this audience. They can be exposed to a lot of information without necessarily absorbing it and becoming multipliers sufficiently sensitized to the plight of these children and adolescents and their needs.

**Prejudice even in their families**

Jocimar Alves Borges, the executive coordinator of the NGO Pé no Chão in Recife, points out that prejudice against street boys and girls is also present in schools and even in their own families. “The idea of our NGO was to focus our art education work on two areas: Bringing the children back to their families and back to school. As we implemented the proposal, however, we faced many difficulties. The first one was that prejudice was a major hurdle. We said: let’s begin to bring the children back to school. And we worked with them on the streets to arouse in them the desire to go back to school,” says Jocimar. “But when we visited the schools they could go back to, we found out that there was another problem to be addressed: they wanted to go back to school, but the schools didn’t want them. We then had to prepare the schools to receive them. We got in touch with their staff, their principals, to explain to them the long and difficult work we had carried out to persuade them back to school. We noticed that there was a lot of prejudice against them in the schools. When they did return, they were not seen in a good light,” he adds.

The coordinator of the NGO Pé no Chão further reported that difficulties were also faced with their families. “We had to discuss the desire of these children and adolescents to return home with their families, so that they would welcome and accept them back. Initially, we were met with a lot of resistance from their families. We had to work with them much in the same way we did with the children. The life stories of their mothers and fathers are similar to theirs. We used a methodological approach with the families similar to the one applied to the children. When we took the children to a museum,
we would take their mothers there the following week. The needs and difficulties of the children were the same ones experienced by their families. But through art education, we broke the barriers of prejudice little by little,” says Jocimar Alves Borges.

To fight prejudice in a more systematic and comprehensive way, the NGO Pé no Chão created the *Eco da Periferia* (echoes from the outskirts) project. The project consists in performances done by the boys and girls assisted by the NGO at 15-day intervals in public spaces in Recife. They dance, play percussion instruments, and sing rap songs. “This project was developed to provoke a socio-cultural dialogue between the children and society with the aim of fighting the prejudice that much of society has against these boys and girls. The population largely associates the communities where these children come from with violence and drug abuse. We want to deconstruct this ‘prejudice’ by showing that they can produce and reproduce interesting things that are culturally and aesthetically beautiful,” explains Aldir Rodrigues, one of the coordinators of the NGO.
Besides the need to train professionals who are sensitive to this cause and to fight society’s prejudice against street children and adolescents on the streets, the many lessons learned by the Working Groups include that of the need to adopt integral, sustainable and effective public policies to assist them. The keyword for the success of the actions is, again, intersectorality. According to the Peruvian sociologist and technical consultant to the project Responding to the Vulnerabilities of Youths on the Streets to HIV/AIDS, Manuel Manrique, this reality must be tackled from the perspective of the “integral development and universal rights of children and adolescents.” In his opinion, the first step for this purpose is becoming familiar with the living conditions of these boys and girls in depth. This knowledge will be the basis for implementing public policies that break away from the tradition of partial and momentary interventions that begin under one government and end when a new one is elected.

**Key partnerships**

In the process of working to promote synchronized actions among the various sectors that deal with children and adolescents on the streets, many challenges
were faced and overcome. Although the Salvador WG, for example, secured the participation of its audience to a large extent, Maria do Socorro Farias Chaves, municipal coordinator for STD/AIDS, estimates that more involvement was lacking in some areas. “In this work, we saw that some partnerships are essential. We managed to attract some partners, but not others. One of the key partnerships we managed to establish was one with technical departments of mental health facilities. But there are, for example, programs for children and adolescents being implemented by the Health Care Secretariat that we couldn’t attract to the Working Group”, stressed Maria do Socorro. “Their participation is crucial. First of all, we are dealing with children and adolescents. And if these programs are working from the perspective of implementing the provisions of the Statute on Children and Adolescents, it is only fair that they joined us in this process. So the question remains: how we can develop external partnerships if our internal ones are still fragile?” she observes. “Despite our efforts, we couldn’t involve the Municipal Social Action Secretariat. We want these children to be assisted in their social needs now, as we believe we can take care of ensuring the health care they need,” she adds.

Sandra Mendonça, a social worker with the São Francisco Health Care Center and the Captains of the Sands project in Salvador, underscores the lack of political priority attached to implementing joint actions. “It’s not that public officials and secretaries are not open to the idea of working with us, taking part in our actions, listening to the proposal, appreciating our work. But no consistent and concerted framework has been established at the macro level so far. Political continuity and the clear notion that the service is important are still lacking. It’s a very slow, painful process. When we manage to get things going, a high-ranking official leaves and we are back to square one,” she laments.

In Rio de Janeiro, where a network was already active before the WG was set up, progress was faster, although the process was also very difficult at times. According to journalist Márcia Gatto, from the Rio Criança Network, established in 2001, the WG had the merit of linking the actions of NGOs to those of the government. “As NGOs, it was fundamental for us to develop partnerships with governmental organizations in this work. And the Ministry of Health was very helpful in establishing such links. Building these partnerships was important to improve the care provided to street children and adolescents. But it was a difficult process. Technical experts from the State and Municipal Heal Care Secretariats participating in the WG made a huge effort, but we were not very much supported by higher-ranking officials or health facilities initially. However, it is undeniable that we were successful in some aspects,” Márcia observes.
Protagonism and cinema

Testimonials on STD/AIDS prevention from locals in the communities have been filmed in documentaries shown outdoors

In Recife, the NGO Pé no Chão, which is represented in the WG, strengthened the STD/AIDS prevention work and the fight against prejudice by producing videos in which the children themselves and their families play a central role. Called Cine Prevenção (prevention cinema), the project was born from a suggestion made by mothers of the children which the NGO embraced. “A mother said: ‘We see a lot of campaigns on TV about many different things, but we never see our faces. Don’t we have anything to say?’” recalls Jocimar Alves Borges, a coordinator of the NGO. That was when we had the idea of producing a video with testimonials on STD/AIDS prevention from locals in the community. The documentaries are 15-minute long and are shown outdoors in the communities assisted by the NGO.

The Cine Prevenção project has shown these documentaries in four districts of Recife already. The project’s main goal is to show how the communities perceive the subject. The idea is to allow them to tell the population, in their own words, how they protect themselves from and face STD/AIDS and how to break the prejudice against people who have these diseases.

The documentaries produced by the project have been shown in the communities of Arruda, Santo Amaro, Chão de Estrelas and Água Fria, focusing on the topic “Preventing prejudice” among people living in the outskirts of large cities. People from different languages and social, political, cultural and religious backgrounds, such as pastors, local spiritual leaders, nurses, doctors, teens, community leaders, people with HIV and others were interviewed.

Through the videos produced by the Cine Prevenção project, people could express their knowledge and doubts about this issue. Before the documentaries are shown, boys and girls assisted by the NGO Pé no Chão stage maracatu, breakdance, hip hop, and afoxé dance performances.

In the opinion of Jocimar Alves Borges, the project was extremely well received. “They like the documentaries because they see themselves in the community. They see someone who lives next door to them talking on the screen. Reactions in each location where the docu-
mentaries are shown are quite similar. Suddenly, they see a woman whom they see every day in their communities and nobody wants to hear. But then they see her on the screen speaking to them and they think: ‘This woman has so much to say’…” says Borges. According to him, the idea is to expand the project to other locations and public schools as well. “We want the Cine Prevenção project to gain wings and to be implemented in every little place in this city and state,” he says.
Elizabeth Oliveira, coordinator of the NGO Excola, also in Rio de Janeiro, stresses that the first success of the WG was that of developing coordinated actions involving the government and civil society. “It all happened as a result of the trainings delivered to both the street children and adolescents and to health care professionals. We also made progress in promoting a more equitable access to public health facilities. We observed this progress in at least three health care units. They began to treat the boys and girls differently. I think that this was our greatest achievement: we promoted discussions about equity issues inside the health care units,” Elizabeth observed. In her opinion, there are still many challenges ahead, one of which is designing specific public policies for this group in relation to STD/AIDS testing procedures. “We need to define strategies to persuade health facilities that these people must be diagnosed timely and referred to appropriate health care units,” Elizabeth says. The other challenge she mentioned is that of ensuring the continuity of the actions taken by the WG and expanding their scope to cover the entire state of Rio de Janeiro, an idea supported by the State STD, AIDS and Viral Hepatitis Management Board.

“The WG is a great experience in promoting a dialogue between the state and civil society around joint actions, beyond just demanding that the state fulfill its duties. It is a space for dialogue, for exchanging experiences and defining public policies for children and adolescents on the streets,” says social worker Carolina Cruz, representative of the Municipal Health Care Secretariat in the Rio WG. She believes that the WG played its role with great skill and is now in a new phase. “In my opinion, this WG was created to advocate for the inclusion of this issue in
the agenda of public health policies, and it fulfilled this purpose. Today, we have a team to do this, we are carrying out actions in shelters, NGOs are welcome to discuss the issue as a benchmark for the city of Rio de Janeiro,” Carolina says. “But I believe every working group has a beginning, middle and end. We don’t have to depend solely on the WG to continue to meet. The process is not over, the WG has been reconfigured. It is eternal, you have to keep walking, acting,” she says.

In Rio de Janeiro, the WG strengthened the struggle of organizations that were already working in a network and secured some achievements, including the project Health on the Move on the Streets, designed to provide primary health, mental, and dental care to people living on the streets (see the section “Family Health Care Program for the Street Population”). Also as a result of this social mobilization process, Rio de Janeiro became the first Brazilian city to have a municipal policy specifically designed for street children and adolescents (see the section “Innovative policy”). Now, the challenge of social actors is implementing this policy. Another mission of the network is to extend the actions to the entire state.

**The importance of networking**

Elizabeth Oliveira, from the NGO Excola, believes that strengthening the networking process even more and discussing the issue more comprehensively is fundamental. “Health care agencies cannot do it all alone. And neither can social assistance agencies. We need an integrated system, involving shelters, different institutions, a database of the life trajectories of these children,” she says. “The WG played an initial role in strengthening these relations, but now they need to be expanded and managed at higher levels and depend less on the piecemeal actions of professionals,” she observes.

Pedagogue and university professor Marcos Veltri, who was the representative of the municipality of São Paulo in the WG of that city, points out that the lack of involvement of the education sector was a major gap in this process. “Why did the education sector fail to participate in the process? It was invited to take part in it on several occasions. But its response was a more traditional one. Education only begins after a child is enrolled in school. The large majority of these children attended school at some point in their lives,” argues Veltri. “Which strategies should have been used to involve the education sector? Perhaps those we used were not the most appropriate ones. It seems that our discourse didn’t work at that moment. It was as if we only wanted to discuss formal education. Thinking about it today, I wonder: what did we want from the education sector at that time? What did we truly want it to do about those children and adolescents who were already on the streets? And which preventive actions could be taken in favor of those who were attending school? Perhaps the strategy wasn’t clear,” he analyzes.
In December 2007, the Municipal STD/AIDS Program of São Paulo published the book *Adolescentes e Jovens: Relatos e Indicações* with a full chapter devoted to the experience of the Tangram Project.

Written by Marcos Veltri, technical advisor to the Municipal STD/AIDS Program of São Paulo and member of the São Paulo WG, the text provides important recommendations for actions to reduce vulnerability to STD/AIDS among street children, adolescents and youths based on project’s partial results. These include:

- The staff and professionals of local Basic Health Care Units (UBS) should be sensitized to ensure, as a matter of top priority, the right to health of street children, adolescents and youths.
- The right to health care of boys and girls, especially when unaccompanied by adults or without ID documents, should be ensured.
- Access to prevention mechanisms by street children, adolescents and youths and by professionals engaged in education projects on the streets should be facilitated.
- Admission/counseling procedures in health facilities specializing in treating STD/AIDS patients should be reviewed to facilitate access to them.
- Swift procedures should be ensured for HIV testing and the scheduling of medical consultations and examinations, so as to treat STD patients,
monitor HIV/AIDS cases, and support those who need antiretroviral treatment appropriately, relying on the assistance of a multidisciplinary team.

**There are publications that provide recommendations for actions to reduce vulnerability to STD/AIDS among street children, adolescents and youths.**

Another book, called *Crianças em Situação de Risco Social: Limites e Necessidades da Atuação do Profissional de Saúde*, published in 2007 by the Medical Sciences School of the Holy House of Mercy of São Paulo, Technical Unit for Child and Adolescent Health Care of the Municipal Health Care Secretariat of São Paulo and Quixote Project¹, also used inputs from the São Paulo WG and provides suggestions for improvements in the health care provided to children and adolescents.

These suggestions were based on a two-year research study that identified the needs and limitations of professionals of public health and social care services designed for children and families at social risk². These include:

- Specific health actions should be planned for families of children at social risk.
- Spaces should be created for assisting caregivers.
- Weekly meetings should be held to discuss and monitor the evolution of cases at different levels.
- Teams should work in an integrated fashion.
- A protocol should be established to ensure the monitoring of children at social risk.
- Social risk criteria should be discussed with all the staff of the (health) facility to ensure standardized conducts among all professionals.
- Quicker feedback should be ensured on referrals of children and adolescents to Children’s and Juvenile Courts.
- An official partnership should be established between schools and health facilities to promote full and priority attention to children at social risk, including the joint definition of health policies.

¹ The text was based on scientific findings included in the report of a research study (Phase II) called *Crianças em Situação de Risco Social: Limites e Necessidades da Atuação do Profissional de Saúde* (children at social risks, limitations and needs of health care professionals), carried out with the financial support from the Research Support Foundation of the State of São Paulo (FAPESP) - Public Policy Research Program. Authors: Nivaldo Carneiro Junior, Bettina Grajcer, Graziele Bedolan, Maria José Siqueira, Lígia Miranda Azevedo and Lucília Nunes da Silva.

² The methodology adopted in this research study is called “action research”, which is sort of a social research tool that, according to the authors, focuses on generating solutions for practical problems and on the ability of professionals to build skills. The methodology included the establishment of a working group made up of public health and social assistance professionals from the area within the jurisdiction of the Sé city hall and charities operating in the region, such as the Holy House of Mercy of São Paulo and the Children’s Pastoral, as well as the holding of awareness-raising workshops.
Another very important discussion to be held as part of the process of the Working Groups is the need to avoid duplicity of actions - a challenge inherent in networking. In this process, it is also crucial to clearly define the roles of each of the actors involved, which according to the members of the four groups is something that was not always done. Marcos Veltri stresses this need: “We must always be careful to avoid overlapping of actions and duplication of resources and services. If there’s a local actor carrying out a certain action, we should get in touch with him or her and assess the possibility of implementing that existing action,” he observes, recalling that it is also of great value to try and take advantage of collective spaces, such as the forums for the defense of children and adolescents and other bodies with local, social and regional links. “We need to encourage meetings between local actors working in different areas, such as in the areas of health care, education, social assistance, sports, culture, housing, and development,” argues Veltri.

Social worker Kátia Cilene Barbosa, former coordinator of the Joselito Lopes shelter in São Paulo, recalls an important moment in the work of the WG, when professionals from different areas were trained to work with children and adolescents on the streets. “A crucial element of this training was that it addressed the importance of networking, of integrating public policies, of developing links between social assistance, health, education policies... It was the first time that community health workers and social protection agents attended a training course together. These two groups of professionals work with the same population, but they usually don’t talk with each other. For this reason, the moments these community-based, high-level professionals sat together to talk about the work they were doing were extremely important,” Kátia recalls.

In the opinion of social educator Jorge Artur Canfield Floranni, who represented the Municipal Social Assistance Secretariat in the São Paulo WG, the group was successful in its actions. “The WG was successful in its work, in the responsibilities assigned to each of its members and in the complementariness of their actions. All of this was very important. The WG truly made this intermingling of actions possible. It made it possible for one action to include another. But we had no representatives from schools, and one of our challenges now is to involve them,” he believes.

**Institutional commitment**

One of the difficulties faced by all the Working Groups was securing the engagement of individuals and institutions in the process.
some professionals who were very active in the WG affected the consistency of its actions and even led to their discontinuity in some cases. The Salvador Working Group, for example, was very affected by the exit of certain public officials. “Consolidating the process is extremely painful. During the work of the WG, the Health Care Secretariat had four different secretaries in charge since 2005. Each time a new secretary took office, we had to present the project to him or her from scratch. And this was very difficult. We began to question whether the WG was represented by institutions or individuals, as we saw people joining it, believing in its work, and then leaving,” observes Sandra Mendonça, a social worker with the São Francisco Health Care Center and the Captains of the Sands project in Salvador.
The Municipal Council for the Rights of Children and Adolescents in Rio de Janeiro (CMDCA-Rio) was the first body in Brazil to draw up and approve, on June 22, 2009, a public policy for children and adolescents on the streets.

The approval of the Municipal Policy for Assisting Children and Adolescents on the Streets of Rio de Janeiro resulted from a long joint work involving civil society and the government since it began to be drawn up in 2008, when a Joint Working Group was set up composed of ten representatives of governmental and non-governmental organizations and representatives from seven other institutions.

The main objectives of the policy are to “ensure the human rights of children and adolescents on the streets” and to “promote and ensure dialogue and integration among different government agencies and civil society, as well as links between the Executive, Legislative and Judiciary branches to ensure the rights of children and adolescents in the municipality of Rio de Janeiro, especially children and adolescents on the streets.”

With the aim of enforcing these rights and ensuring their actual application, the policy sets out guidelines and assigns institutional responsibilities to the Municipal Social Assistance Secretariat, the Municipal Education Secretariat, the Special Coordinating Board for the Chemical Addiction Prevention Policy, the Municipal Secretariat for Sports and Recreation, the Municipal Health Care and Civil Defense Secretariat, Rio’s Municipal Guard, the Municipal Sanitation Company (Comlurb), the Municipal Culture Secretariat, and civil society organizations.

The guidelines for the Municipal Health Care and Civil Defense Secretariat (SMSDC) determine that actions must be taken to:

* Improve the quality of and ensure care to children and adolescents on the streets in all municipal health facilities through awareness-raising, training, development, and production of appropriate materials.

* Expand and build the capacity of the teams of the Family Health Care and Community Agents programs to...
identify and address social vulnerability situations in a timely fashion.

* Ensure the inclusion of children and adolescents on the streets in the Municipal Health Care Plan, integrating them into programs and activities carried out by the Municipal Health Care and Civil Defense Secretariat (SMSDC) through cross-cutting actions, with a focus on strengthening family and community ties, youth participation, gender issues, health care for the black population, drug use and abuse, STD/AIDS prevention and prevention of violence against children and adolescents, especially sexual violence, violence within one’s family, institutional violence and violence resulting from the denial of basic rights.

* Train the staff of maternity wards to ensure the right to family and community life, improving the care provided in cases that may require institutional sheltering, in partnership with the Rights Assurance System.

* Carry out actions to prevent diseases such as STDs, AIDS, tuberculosis, Hansen’s disease, viral hepatitis and co-infections in partnership with NGOs that are already working directly on the streets, with the aim of reducing the vulnerability to these diseases.

* Expand and strengthen Mental Health Care teams - especially the teams of the Psychosocial Care Center for Alcohol and Drugs (Caps-AD), with the aim of coordinating and supporting the actions of secretariats and organizations working directly on the streets, community centers and institutional shelters.

* Train the staff of emergency hospitals to provide adequate assistance to this population.

* Expand health care spaces where adolescents are the center of attention (such as the Adolescentro, an SMSDC program), involving street children and adolescents.

* Use different existing information collection tools to identify situations of violence against street children and adolescents.

* Promote research in Public Health to provide inputs for analyzing the health status of this population.

* Create Family Health Care teams to assist the homeless population.
Despite these considerations, Sandra reckons that some advances promoted by the WG were extremely important and largely made possible by the support provided by public officials committed to and touched by the group’s work. This opinion is shared by Eliane Rodrigues, a social worker with the Axé Project. “Sometimes, government agencies work better or worse depending on the officer in charge. There is no doubt that we experienced difficult moments, such as when a sensitive officer was replaced by another one who didn’t understand the subject and was not willing to make the effort to understand it,” Eliane observes. Actually, these observations clearly show that when it comes to implementing and executing public policies in any area, apart from the passion and engagement of the professionals involved, it is crucial that a solid culture of ensuring the continuity of actions exists in the institutions concerned. If this culture exists, the quality of policies is not so much affected when high-ranking officers of government agencies are replaced by others.
Therefore, the Working Groups must also play a role in ensuring institutional involvement in this cause by making sure public organizations assume a long-term commitment to preventing STD/AIDS among children and adolescents on the streets. Maria do Socorro Farias Chaves, the municipal STD/AIDS coordinator in Salvador, reports the hurdles faced in this crusade. “When you actually start a project like this, you realize what a huge job lies ahead. You cannot rely only on the coordination of the STD/AIDS program. You need to involve many more actors. And when you realize the size of the actions and activities required, your legs begin to fail you,” she laments. “In 2006, we managed to bring together professionals from different areas for reflection in a meeting for public officials. It was attended, among others, by police officers and high-ranking officials from the Public Prosecutor’s Office, from juvenile courts, from health care services, and from social assistance and educational agencies. They were sensitized to the problem and expressed the desire to contribute to addressing it. But halfway through the process they were not as enthusiastic. In such cases, it is the role of the WG to bring them back, call them again, sensitize them yet again. It’s a difficult task,” says Maria do Socorro.

“We would ask them repeatedly: is this an institutional working group or a group of people? Are the persons committed to the project, those who were already engaged in this work, who get involved in it, the ones who should provide the answers? Will the project move forward when institutional actors leave the institutions they used to represent?” asks Sandra Mendonça. “We almost never got any answers. Many representatives of institutions who were with us in the beginning left. Even considering the difficulties faced by these organizations, such as insufficient number of staff, we are always making an effort to attract new partners,” she concludes.

The experience of the Working Groups over the last few years has shown that progress is possible despite the daily difficulties and complexities of the realities faced by boys and girls on the streets. Some prejudices were overcome, taboos were broken, professionals were sensitized, organizations were attracted to join this fight. However, much remains to be done to ensure a better quality of life to this population and assert all of its rights. Networking, expanding and strengthening partnerships between civil society and government, ensuring the continuity of the actions, adopting inter-sectoral approaches, and having the political will to change this reality are fundamental ingredients in this struggle.

* The names were changed to protect the identity of the adolescents.
Capoeira class at the Casa Taiguara in São Paulo
In its effort to ensure the rights of children and adolescents on the streets, the pilot Street Boys and Girls project won major victories, such as including the topic of STD/AIDS prevention in the public policy agenda and in the agenda of social organizations and promoting closer relations between civil society and government. Even though measuring this work is difficult, members of the working groups in the four cities covered by the project believe that it brought huge benefits for these boys and girls.
Since the age of 7, Adriano*, 17, has been attending activities offered by the NGO Pé no Chão, which works with street children and adolescents in Recife. During this period, Adriano* underwent changes in his everyday life – and, according to him, for the better. Like other boys and girls in his community, he learned a lot about sexuality and STD/AIDS. “I learned how to protect myself and about the prejudice people have toward those living with the virus and what we should do about it,” he says. The benefits in his daily life, however, went beyond these lessons. “Were it not for the work of the Pé no Chão project in the Arruda community, I’m sure I would be facing another reality. I would either be dealing drugs or using them. And I’m not talking about myself only, but also about other children that participated in the project who were and still are exposed to negative influences,” the teenager ponders. “I can only say that the Pé no Chão project means the world to me in terms of my learning at school, my personal life, my professional life,” concludes Adriano*.

The changes Adriano* and so many other street boys and girls experienced in their daily lives were made possible by the tireless work of NGOs and the government, which networked in groups to carry out STD/AIDS prevention actions for this audience. The challenges they faced in this work were huge, but they secured significant advances, as can be clearly perceived in Adriano’s* life in Recife.

One of the main achievements of the Working Groups was that of raising the awareness of children and adolescents on the streets to sexuality-related issues and on how to prevent STD/AIDS. According to Elizabeth Oliveira, coordinator of the NGO Excola in Rio de Janeiro, which is carrying out an important project aimed at girls, female children and adolescents absorbed well the lessons they were taught about prevention and the need to make their partners use a condom regularly. “The girls replicate this knowledge to others in the same community. They actually become multipliers of prevention messages. They are concerned to the point of, for example, giving out condoms to other girls,” reports Elizabeth. “I can’t tell how many of them didn’t use condoms before and are using them now. But I do know that they are much more informed about this issue today,” she says.

**Debate on rights**

Another important achievement of the project was including the topic in the public policy agenda and also in the agenda of social organizations, as highlighted by Márcia Gatto, from the Rio Criança Network of Rio de Janeiro. “The main benefit is that we can take this discussion to other institutions, even if they don’t have representatives in the Working Group. The important thing is
that we involving various institutions in this debate, increasing our chances of raising the profile of the issue,” Marcia believes. Apart from promoting deeper discussions on the subject within the network of NGOs and governmental organizations, the working groups also managed to talk about the rights of children and adolescents with the professionals who attended their training events and with the street boys and girls themselves.

“We addressed the need for them to assume a leading role in relation to the topic, and not only within this or that institution. They took part in joint strategies several times, such as in a ludic conference¹. This has always been encouraged”, says Kátia Cilene Barbosa, a former coordinator of the Joselito Lopes shelter in São Paulo. “Policies must take into account the perception of these boys and girls as citizens. Just telling them that there is a Statute on Children and Adolescents doesn’t make them feel part of it. Raising the awareness of boys and girls to their rights does not mean that they will take ownership of them. That’s why ludic conferences and other recreational forums are so important,” Kátia says. Ana Lívia Adriano, a professor at the Catholic University of São Paulo (PUC) and a former coordinator of the Joselito shelter, stresses that boys and girls began to understand the Statute not only as a law, but as something they are entitled to in their daily lives. “The children and adolescents also see the capoeira and graffiti classes that we give and the videos we produce not as tasks, but as opportunities to express themselves. This is a very positive result of our work,” observes Ana Lívia.

¹ Ludic conferences are meetings in which boys and girls express their ideas and needs. Their objective is ensuring the participation of children and adolescents as citizens, as provided for in the Statute on Children and Adolescents.
Psychologist Sandra Santos, a consultant for the human rights of children and adolescents in Salvador, says the WG played a key role in discussions with government agencies and civil society on the importance of asserting these rights and ensuring their access to health care, particularly in connection with STD/AIDS. “The Center for the Defense of Children and Adolescents (Cedeca) in Salvador provided major contributions in this process by promoting debates with public institutions on how to effectively guarantee the rights of children and adolescents. We even included this discussion in a course designed for police officers working in the Sanitary District of the Historical Center area of Salvador,” reports Sandra.

Another achievement of the Salvador WG was that of promoting reflections on the rights of children and adolescents in universities, such as in study groups and law schools. “It is a non-existing discipline, even in law schools. Even when it is included in the curriculum, the Statute is an optional discipline. Attendee participation in the course was excellent, and the topic began to be addressed in university study groups,” Sandra reports. Comprehensive discussions on rights also marked the work of the São Paulo WG. As the representative of the Technical Child and Adolescent Health Department of the Municipal Health Care Secretariat of São Paulo, psychologist Lucília Nunes da Silva took this discussion to her institution, and it was not restricted to sexual and reproductive rights, but included reflections on how to assist children and adolescents on the streets.
**Strengthened children and adolescents**

Addressing the rights of street boys and girls in playful, dynamic and creative ways was a correct strategy that resulted in the empowerment of this audience. Paul Soares, an 18-year-old youth who attends activities at the Casa Taiguara in São Paulo, is an emblematic case of how this approach empowered children and adolescents. He sees positive changes in his daily life. “The first thing I learned was the importance of education. I also learned that happiness is for everyone. After being admitted to the Casa Taiguara, I started thinking. When I was younger, I was terrible. I wanted every woman I saw, and I mean every one of them. Then I learned that this is not exactly the way things should be,” says Paulo, who loves his IT and DJing courses and has made many friends at Casa Taiguara.

“I made friends, I chat with everybody. And I draw whatever comes to my mind. My drawing (on the right) is like Paradise: you see the sun, birds, a playground, a house. I want my family to see that I changed my life,” he says.

Geraldo Junior Travassos Arruda, dubbed Junior, 20, who today works as a multiplier with the NGO Childhope in Rio de Janeiro, is also an example of how art education can change the reality of street children and adolescents. He used to live on the streets and says he learned key lessons in recent years. “What I have learned most is the importance of respecting others, of being polite, you know?” he says. “I also learned that you must always wear a condom. Today, no matter how hot a woman may be, for me it’s no condom, no sex. To make sex, I will use a condom or she will. Preserving life is very important. Living is great. Being clean and tidy is good. Once people get used to being clean and tidy, they will not want to change. They won’t want any other life. The best thing in the world is to have clean and nice-smelling clothes waiting for me at home,” says Junior, who wants other boys and girls on the streets to have the same experience.

**Integration and exchange of experiences**

The process of setting up the Working Groups also made it possible for organizations working with children and adolescents on the streets to engage in a rich exchange of ideas and impressions. “It was an interesting experience. The staff of the Social Assistance and Citizenship Institute (Iasc) and of the NGO Pé no Chão,
for example, were experienced with working with street boys and girls, but not with STD/AIDS prevention. We were experienced with prevention projects, but not with this audience. Therefore, we were able to contribute with one another, share knowledge, add contributions,” assessed psychologist Bethânia Cunha, a technical expert from the STD/AIDS program of Pernambuco state, referring to the results of training workshops held in Recife. “Our contribution to the WG consisted in disseminating the practice we had developed over the years in our institution, focusing on children, their families, and their communities as subjects, as active agents in building this information and process,” says Jocimar Alves Borges, executive coordinator of the NGO Pé no Chão.

On the other hand, the work in the WG made it possible for the Pé no Chão project to strengthen its STD/AIDS prevention actions, as Jocimar Borges explains. “The institution already had a clear idea of the need to promote STD/AIDS prevention and awareness-raising actions. The WG made us feel more stimulated and we launched a project called Cine Prevenção to address the issue by eliminating prejudices,” says Borges (Read more about the Cine Prevenção project in the chapter Challenges).

Before the Working Group was set up, the prevention activities carried out by the NGO Pé no Chão were rather sporadic. Today, they have become routine activities. Psychologist Tânia Costa Duplatt, from the Isabel Souto State Center for Adolescent Care (Cradis) of Salvador, also stresses the importance of the exchange of ideas between the organizations and considers that the participation of professionals from different fields in the network was a major achievement. “This is the most interesting aspect of the project: the joint work of these professionals. And it was important to raise the awareness of community health agents to the fact that the streets are also their territory, not only the homes they visit in their work. The agents began to assist people on the streets,” Tânia reports. “Apart from delivering training events based on contents specified by the Ministry of Health, we also had a rich exchange of experiences and information. For example, the Axé Project, which pioneered the work with the street population, taught us how to approach people on the streets. The Harm Reduction Alliance also shared its experience in this area with us. This was extremely important, especially for the health agents,” Tânia stresses.

In Salvador, the Working Group adopted a system of its own to lend more effectiveness to its activities. It held evaluation workshops with its members periodically, in the form of conversation circles. This methodology often allowed for necessary adjustments to be made in its activities.
Educator of the Axé Project talks with a street boy in Salvador
Captains of the Sand: special attention to children addicted to crack

The establishment of the Captains of the Sands team by the mental health coordinating board of the Municipal Health Care Secretariat of Salvador to assist socially vulnerable children and adolescents (most of whom live on the streets and are crack users) was, without any doubt, one of the main successes of the Salvador WG. “The discussions held in the Working Group encouraged us to get in touch with the Public Prosecutor’s Office (MP) to talk about the need to establish a structure...”

Photographs: J. R. Ripper/Imagens Humanas

Professionals of the Captains of the Sands team approach street children in Salvador
to assist children addicted to crack in the Pelourinho district, which in the end led to the establishment of the team,” says social worker Eliane Gomes Rodrigues from the Axé Project, one of the founders of the Salvador WG. “This WG forum also led the São Francisco Health Care Center to reconsider its methods and devise alternative ways to facilitate the assistance provided to street boys and girls,” she adds. According to Eliane, as this issue was discussed within the WG, the health care center made adjustments in its services and took this discussion to other forums as well. And this was another gain: the inclusion of the topic in its agenda for more comprehensive discussions.

The process that led to the establishment of the Captains of the Sands team began in 2007, as sociologist Marle de Oliveira Macedo, from the Axé Project, explains: “In 2007, street educators told us they had noticed that the children and adolescents they had been keeping track of in the Pelourinho and Comércio neighborhoods, located in the Historical Center district of Salvador, had become heavily involved with crack cocaine, jeopardizing the actions of the Axé Project, as the drug deeply affected their attention span,” the sociologist recalls. Under the influence of the drug, it was very difficult for them to hold a focused conservation – the main working tool of the Axé Project. “When these educators told me that this was happening, they had been observing the situation for a long time. A more experienced group of the project was then assigned to observe these children in the field. When it was confirmed that the situation was as described by the educators, the coordinators of the Axé Project sent a letter to the Public Prosecutor’s Office and to all the competent authorities of Salvador and of the state of Bahia responsible for children and adolescents informing them about these facts and placing the NGO at their disposal for any partnership,” says Marle Macedo.

Based on these facts, the Public Prosecutor’s Office took formal measures that led to the signing of a Term of Conduct Adjustment between the mayor and the Office, under which the Captains of the Sands teams was set up. “This initiative is an example of how a civil society organization should deal with a crisis situation, pressing the state at different levels to take appropriate measures in defense of children and adolescents,” observes the sociologist.

The Captains of the Sands team was initially made up of a social worker, a nurse, and a psychologist. Later, an educational psychologist, a physical education teacher and other technicians joined the team. “In the early stages, we engaged in a ‘pedagogical flirting’ process with the children. In this initial phase, we relied on the assistance of educators of the Axé Project, who introduced these children and adolescents to us. We got to know them little by little,” says social worker Maira Carvalho Rios, a member of the multidisciplinary Captains of the Sands team.
According to psychiatrist Ana Pitta, coordinator of the team, the situation reported by the Axé Project to the Public Prosecutor’s Office suggested that the drug addiction of these boys and girls was related to the fact that health facilities usually refused to take care of them. “Out of fear, inexperience or lack of technical conditions, the professionals of these health care services adopted defensive strategies to reject them,” the psychiatrist observes.

According to Zilda Miranda, a social worker who has been a member of the team from the outset, the Captains of the Sands group was set up to act as the link between these boys and girls, health facilities, and the intersectoral network. In addition to providing health care on the streets, the technical experts of the team assist children and adolescents in the Pelourinho Health Care Center and take them to other public facilities and referral centers as required.

Social worker Sandra Mendonça, also a member of the team, stresses the importance of the partnership between the WG and the Captains of the Sands team in the work on the streets through recreational activities and workshops.

The need for STD/AIDS prevention is usually discussed with the kids in the midst of other issues, social worker Mai- ra explains. “On certain occasions, we take some materials with us to show them to the children on the streets. For example, we have an album with pictures of genitals infected with sexually transmitted diseases. We explain to them how a person can catch an STD and how they can protect themselves. We show them a condom and explain to them how to use it,” she says. “We do this carefully in order not to shock them. Actually, the children think this will never happen to them. They always say that they don’t see this happening that much, but we discuss the problem and show them that it can happen. Little by little, we explain to them how it can happen, but we don’t show them the album every time we see them, only when we think it’s appropriate.” Nurse Edinalva Maia, another member of the Captains of the Sands team, adds: “They usually don’t talk that much about sexuality. When we broach the subject, we notice that they get a little embarrassed. So we don’t always have an opportunity to talk about this subject. We usually bring it up when they come to us for help, to get condoms.” At the health station, the team also distributes condoms if they ask for them.

With the experience of the Captains of the Sands team, the Salvador WG realized, for example, that you cannot work with this population without the help from mental health professionals. “This partnership is crucial because these children, who use psychoactive substances, have experienced great mental suffering and are very vulnerable as a result of their life on the streets,” says Maria do Socorro Farias Chaves, municipal STD/AIDS coordinator.
Currently, the Captains of the Sands team is also engaged in preventive work with children and adolescents in the Pilar community. These are boys and girls who live in a slum in Salvador and spend their days in nearby streets, often begging for money at traffic light intersections. Every Tuesday afternoon, the team goes there to offer playful activities to these children or to take them to places like the beach to engage them in activities there. “We bring games, sheets of paper and colored pencils for them to make drawings. While they are engaged in an activity, we listen to them,” explains Maira Rios. She says the children mention many different problems they face, ranging from domestic violence to lack of leisure to the need of assistance from appropriate projects. “They draw and we talk. In their drawings, we look for clues for dialogue”, says Maira.

According to her, their drawings often portray situations of gun violence. “When we ask them to tell a story, they usually tell stories involving violence. They always draw guns, robbery situations, blood,” says the social worker.

Photograph: J. R. Riper/Imagens Humanas
Opportunities for learning among the organizations are available not only within the Working Groups in each city. Throughout this process, several workshops were held with street children and adolescents, besides national and local meetings and seminars that made it possible for the organizations and government agencies to exchange views, information and experiences more intensely, improving the performance of the groups themselves. One of these events was called *Jornada Crianças, Jovens, Rua e Aids* (Children, Youths, Streets and AIDS Journey), which was held in Rio de Janeiro in August 2009. The meeting was funded by the state STD, AIDS and Viral Hepatitis managing board and UNICEF, and it revealed the richness and diversity of the methodologies developed by the Rio WG.

Another important event was the National Meeting of the Children, Youths, Streets, and AIDS Working Groups, which was also held in Rio de Janeiro with the technical support and funding from the state STD, AIDS and Viral Hepatitis managing board and non-governmental organizations. The event was attended by over 40 participants, including representatives from government programs, international organizations, and civil society organizations from Salvador, Recife, São Paulo, Rio de Janeiro and some South American countries (Bolivia, Colombia and Peru). On that occasion, the members of the groups discussed their main challenges and celebrated major victories along the way, and became more acquainted with the methodologies developed by those institutions in different cities.

Claudio Barria, from the NGO If This Street Were Mine in Rio de Janeiro, stressed the importance of these forums, where different actors have an opportunity to meet, develop more comprehensive responses, and consolidate spaces and mechanisms for civil society’s participation. Aldir Rodrigues, one of the coordinators of the NGO *Pê no Chão* in Recife, believes that the establishment of this discussion forum to bring to light all the local and national difficulties and shortcomings of the service network for children and adolescents was a major achievement of the WG. The contact we had with other groups that were more experienced than ours in Recife motivated and helped us in building and developing our work,” he points out.

**A network under construction**

The strengthening of relations between civil society and government is yet another achievement made possible by the action of the Working Groups in the four cities. According to social worker Carolina Cruz, from the Municipal Health Care Secretariat of Rio de Janeiro, the improved relationship between the state and NGOs resulting from their action was a significant success. “The STD/AIDS program keeps relations with various organizations, but I had never seen a relationship as horizontal as this one. I see this as an advance – the state listening...
to civil society not to outsource the service, but to collect inputs from a reliable source. Another advance was the incorporation of technologies developed by NGOs into the actions of the state. It’s an innovative process,” Carolina assesses. Elizabeth Oliveira, from the NGO Excola, has a similar opinion. She thinks the WG fulfilled the role of bringing organizations together and consolidating relations between them. She believes, however, that it needs to take a bolder step forward – strengthening these initiatives at a more managerial level, so that they are less sporadic than now. That is: it needs to strengthen the networking process.

Despite all the difficulties involved in weaving a network to operate in this area, members of the four Working Groups believe that one of their successes was to begin to take firm steps to actually build a network. Kátia Gilene Barbosa, former coordinator of the Joselito Lopes shelter in São Paulo, believes that a breakthrough made possible by the WG was the establishment of a dialogue between different secretariats. “Despite our differing views, we have the same goal. Working in a network is something very theoretical. But this project went beyond the notion of a service network. It considered the need for training and actions from a collective perspective, rather than from the perspective of individual institutions, forums or facilities. This work was a challenge we faced day by day,” she celebrates.

According to psychologist Lucília Nunes da Silva, from São Paulo, a major victory was that, for the first time, the topic was discussed by technical departments in charge of ensuring health care to children and adolescents. “They didn’t address this issue in the past. For this reason, a manual on care for adolescents was prepared and I managed to include a chapter about those on the streets in it. It’s the last chapter, but it was actually included in the manual and proposes ideas for assisting and approaching them,” celebrates Lucília.

In the opinion of educator Marcos Veltri, in São Paulo, the WG made significant strides in developing the network. “The meetings of the WG were not always pleasant. Sometimes they were tense, because they exposed differences. But having a forum to bring up and discuss weaknesses is important. The big leap was the common goal. Despite all the differences, the project managed to be consistent,” he observes. The members of the São Paulo WG say that its main achievements include the definition of an integrated action plan with the participation of governmental and non-governmental organizations; a transparent dialogue between civil society and government; the strengthening of the joint work; the establishment of guidelines for a public policy designed to ensure the rights of this audience; the continued, quality training provided to health care and social assistance professionals and social educators; the strengthening of discussions on sexuality and STD/AIDS and the facilitated access to prevention inputs, both for children and youths and for professionals working on the streets.
Children engaged in an activity of the Captains of the Sand team in Salvador.
LESS RED TAPE

All the working groups are unanimous in the view that access to prevention inputs has improved. As a result of the work carried out through playful activities for boys and girls and through training workshops for professionals of public services, progress was undoubtedly made in this regard. In Rio de Janeiro, for example, the WG facilitated the access of street children and adolescents to condoms in various public health facilities. Elizabeth Oliveira, from the NGO Excola, describes how this process took place. “Some of the hurdles that we had identified in the early stages of our work are no longer a problem. Access to prevention inputs used to be very difficult in the past, but not anymore,” she stresses. “In all our activities, the children have access to condoms. This was a problem that the WG addressed and solved by linking up the work of different organizations and developing partnerships with government agencies,” she concludes.

In the health facilities with which the Rio WG discussed this matter, there are no more obstacles or red tape for giving out condoms - a key achievement of the group, even though, it should be stressed, prevention goes well beyond that (read more about this subject in the chapter Challenges).

In São Paulo, condoms are now available for free in stands set up right next to the entrance to health facilities. In the opinion of journalist Márcia Gatto, from the Rio Criança Network, there is no doubt that street boys and girls learned many things along this process. “They might face situations such as ‘I don’t have a condom with me’ or lose their condoms, or they might not have a place to keep them. Sometimes, they might run into situations where no condoms are available, but they know where to get them. They know they can always get a condom at referral institutions,” she says.

ADVANCES IN PUBLIC POLICIES

The Working Groups also made remarkable progress in the public policy arena. In Salvador, the joint work of NGOs and government agencies led to a major achievement in the assistance provided to street boys and girls in significant ways: the establishment of the Captains of the Sands team after the Axé Project made a formal representation before the Public Prosecutor’s Office in the state of Bahia reporting the situation of children and adolescents addicted to crack cocaine (read more about the Captains of the Sands team in the box contained in this chapter). In São Paulo, the Casa Taiguara de Cultura e Pre-
venção was created as a result of a project supported by the state government of São Paulo through the state STD/AIDS coordinating board, which became operational in the wake of the activities of the WG, in July 2009, in a rented house in downtown São Paulo and began to offer cultural, sporting, and educational activities to street children and adolescents. According to Renee Amorim, a musician and coordinator of the Taiguara, the project managed to reduce the dropout rate of children and adolescents from the institution to zero in just one year. “When the project was launched, four of each ten children admitted to the Taiguara left. We managed to bring this figure down to zero in one year. We saw that the children really enjoyed the activities that we developed based on the new approaches,” Amorim reports.

In addition, the involvement of a Testing and Counseling Center in São Paulo, the Henfil CTA, in the Tangram Project improved the access of children and adolescents to the health system, particularly to health facilities linked to the center, and made it possible for them to be tested for STD/AIDS.

In Rio de Janeiro, in turn, apart from sensitizing health facilities to better serve this audience, the project secured two major advances: a municipal policy was drawn up for protecting the rights of children and adolescents and changes were made to the profile of the Family Health Program, which began to assist the street population through integrated teams involving primary, mental and dental health care professionals (read more about this subject in the chapter Challenges). “Securing the approval of a municipal policy for street children and adolescents was a major achievement. It was, without any doubt, a milestone. The WG also played a very important role in defining these health care guidelines, as both municipal officials and NGOs took part in drafting the policy,” recalls Elizabeth Oliveira, from the NGO Excola. “For the first time ever, a municipal action focused on prevention was implemented. Child and adolescent sexuality has always been a taboo,” Elizabeth observes.

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3 The Henfil CTA Center is the oldest municipal health facility specializing in STD/AIDS. Its 22nd anniversary will be in December 2011.
The success of the strategy lies basically in the fact that the children can talk in their own language. One of the most successful strategies in the STD/AIDS prevention work with children and adolescents on the streets in São Paulo is the Pega-Não Pega (what seems to be the problem or not) workshop, created by psychologist Solange Maria Santos Oliveira, co-ordinator of the Henfil CTA Center. The idea of the workshop was born from an activity she developed with a colleague in a pediat-ric outpatient clinic of the Syrian-Lebanese Hospital, when an adolescent was about to be discharged from the facility. “We didn’t know what to do at first. We had just one day to engage the boy in the activity and we wanted it to leave an impression somehow. We were aware that talking about STD/AIDS in depth with the adolescent was not a good idea. We thought about using a ‘what seems to be the problem’ technique to find out what his immediate interests were. After that, we would show him some prevention materials,” she reports.

According to her, he mentioned relationship issues like dating and “hooking up.” Solange explains that she always used a mobilization technique: participants introduced themselves, told the others why they were there, what was their understanding of the term prevention, and what they wanted to know. We also used a technique for them to get closer to each other. “We would show them a doll and ask them to kiss it on any part of its body. This was done in turns. That’s when things began to get complicated. (...) They would kiss it here and there and when they were asked to kiss another participant, one of them would say ‘I will not kiss his foot, his arm.’ (...) The topic of sexuality would come up and we would start a discussion: why is it easy to kiss the doll and difficult to kiss people? We could always see in some of the answers that the reason was prejudice. We would then take advantage of these answers to discuss whatever prejudice they showed, as that was the idea. We didn’t have a predefined technique to apply to the group, we just wanted to hear what they had to say,” Solange recalls.

When she began to hold the “What seems to be the matter or not” workshop at the Casa Taiguara, Solange applied this technique. “I tried to gather a small group. And I was always left with the impression that they lacked focus, that they talked about a lot of things and about nothing. But they usually got very involved in the activities. I try to use their own language in the workshop, talk to them,” Solange stresses. During the workshops, the coordinator must at
times resume the role of the health care professional or adult and tell the participants that they have issues to reflect on. However, the success of the strategy basically lies in allowing the kids to express themselves in their own language.

“I take as much advantage of what they say as possible. (...) I never try to impose a more formal language. On some occasions, I have to introduce concepts and when I see that one of them is more comfortable I ask him or her: ‘What do you think about this?’ That’s the cue for them to say what they think,” says the psychologist of the Henfil CTA Center.

The key element of this approach is to discuss STD/AIDS prevention concepts built by the participants themselves. “It’s no use lecturing them,” Solange ponders.

On January 21, 2011, we watched one of these workshops. Solange Oliveira, from the Henfil CTA Center, introduced herself, spoke about the pilot project, and asked everyone to say their names and tell the rest of the participants what they were doing there. Matias* said he wanted to talk about sex and that his greatest dream was to have a home. Renan* wants to be a capoeira practitioner, Eder* has plans to become a soccer player and decided to attend the workshop to talk about sexuality, and Kevin* said he was there just to talk. Lucas* doesn’t want to say anything. He says he doesn’t feel like talking. →
The activity begins with a doll that every participant is asked to kiss. One of the boys attending the workshop takes the doll in his arms and places it in his arms. The workshop participants are aged between 12 and 15 years old. Solange asks each one of them to speak about a doubt they have for her to hang it on an imaginary clothesline. They then begin to express their doubts little by little. “What are condoms made of? What is AIDS? Where did it come from?” the kids ask.

The activity begins with a doll every participant is asked to kiss. Participants kiss it on the face, on the elbow, on the ear (...). When they are asked to kiss another participant, confusion breaks out. “I’m not kissing a man on the ear,” Matias* says. And the discussion begins: “Why won’t you kiss a man on the ear?” Solange asks. “Kissing a woman is one thing, but kissing a man is quite another,” one of the participants says. Another one says he is allergic to men. “If I kiss him on the ear they’ll think I’m gay,” Matias* adds. “Man with man gives you AIDS,” says Éder*.

Solange takes advantage of these prejudicial remarks to bring up the sexuality issue. She asks the boys if they think the discussion is about sexuality. Some of them say no. Others say yes. Some of the participants associate sexuality with violence. One of the boys, Luke*, beats the doll instead of kissing it. Solange talks to them about the difference be-
During the activity, condoms are given out to the adolescents and they are taught how to use them appropriately.
June 22, 2009 was a truly important date in the struggle for promoting, defending and ensuring the rights of children and adolescents in Rio de Janeiro, particularly of street children and adolescents. The Municipal Council for the Rights of Children and Adolescents of Rio de Janeiro was the first one in Brazil to draw up and pass a public policy for boys and girls on the streets. This municipal policy was the result of a long collective work carried out before the WG was set up, involving civil society and government agencies from the very initial discussions, in 2008 (read more about this action in the chapter Challenges). In Rio de Janeiro, another action led by the WG resulted in the establishment of a committee in charge of discussing a policy for the street population within the Municipal Council on Children and Adolescents. This committee meets fortnightly and includes actors from different secretariats, such as from the Health Care and Social Assistance Secretariat, as well as representatives of the Working Group.

**New approaches**
The development of new methodologies for working with street children and adolescents also played a key role in promoting major advances. One of the central philosophies of the Working Groups was using art education tools. In this process, many advances could be made. The organizations working with these boys and girls developed highly creative strategies to address a complex and delicate topic with an extremely vulnerable audience. Their mission was often difficult, but rewarding. By engaging street boys and girls in playful activities, their educators managed to reverse the logic of violence, replacing it with magic.

In São Paulo, these organizations created different games and held many workshops to address prevention-related issues (*read more about this in the chapter Concept and Methodology*). “For these boys and girls, the good thing about attending a dance, hip-hop, percussion, IT workshop is the pleasure of being in a group, of socializing, of producing beautiful things, of being active players. This process touches me a lot. You remove these children from an environment deeply marked by violence or, sometimes, invisibility, and offer them a place where they can have hopes and be seen in a different way, simply as the children that they are,” says educator Marcos Veltri.

One of the most successful strategies was using a board game called the Trail of Urban Refugees. Created by the Quixote Project in São Paulo, its formatting and technical finishing process was supported by the WG and it was distributed to various NGOs. According to Otávio Fabro Boemer, an educator with the Quixote Project, the game was born from a concern with addressing the issue of prevention with children and adolescents on the streets. “Our biggest concern was: how
are we going to approach these kids? We then considered that we should not approach them talking about sex and prevention right away. It was essential to create something to mediate this conversation: a game, something they could play with," he says. “We knew that it would have to be something very playful and fun. It could not be any other way. We then came up with the idea of the board game. The kids and even a police officer in the game are actual characters they see on the streets. It is set in places they hang around,” explains the educator (read more about the game in the chapter Concept and Methodology).

**GOOD FRUITS**

Boemer believes that the game paved the way for the kids to begin to address more sensitive, deeper issues related to their daily lives. “If they pick up a card that reads ‘You had sex without a condom, go back three spaces,’ it’s much easier for them to talk about something similar that happened to a friend who didn’t use a condom the night before. The game makes it possible for you to ask: why didn’t he use a condom? What happened?” he says. The Sexuality Dominoes is another game developed by the Quixote Project. “Dominoes was the first game we used. I painted the prototype that we used on the streets with graffiti. Using it, we turn situations that they have a hard time understanding into questions: ‘What’s this, two girls together, two boys together?’ ‘What’s this, feeling pain when you urinate? Why?’ But if nobody mediates the conversation, it will be just another game or drawing,” the educator ponders.
Among the many creative strategies adopted by NGOs in Rio de Janeiro to address STD/AIDS prevention, one deserves special mention: the Condom in My Head project, developed by the NGO Excola. This idea emerged from the observation that female adolescents very often end up not using a condom when they have sex. “Girls shouldn’t expect their male partners to use a condom. They can carry a condom just like they carry a lipstick in their purse,” explains pedagogue Elizabeth Oliveira, co-coordinator of the NGO Excola. “It’s always the same old story: ‘I forgot the condom.’” Realizing that people tend to forget to carry a condom with them, we created a contest called Condom in My Head, so that they wouldn’t forget,” reports Elizabeth.

The idea of creating the Condom in My Head contest was born from the de-
sire to take advantage of another project developed by the NGO: the Afro beauty salon. “The girls already make Afro hairstyles for a living. The idea of the contest is for them to adorn Afro hairstyles with condoms as a reminder that they should never forget to carry and use them. We want them to remember to carry a condom always,” the pedagogue says. According to Elizabeth, the workshop is focused on listening to what the girls have to say, mobilizing them to come up with their own alternatives. “And we do this in a way that they participate from the outset. How are we going to do this, what are we going to do?” she says.

Glauce Cristina da Costa, 26 years old today and mother of three children, joined the project ten years ago and learned great lessons from the experience. “Learning to braid was very good because sometimes I don’t have any money, not even to eat. When people call me to have their hair dressed, it’s a good thing to know how to braid,” says Glauce, who feels more empowered today. “I changed,” she says. “I learned that if I don’t protect myself I can catch a sexually transmitted disease. The project is important because it helps us a lot. It taught me how to take care of myself.”

The challenge of changing one’s sexual behavior involves emotional and self-esteem issues. For this reason, information alone is not sufficient.

The Condom in My Head project was designed for adolescents and youths up to 29 years old. “We assist 13-year-old girls and sometimes, unfortunately, girls aged 12. When we receive these girls, they are in their adolescence, a phase of discoveries during which sexuality is at its peak and their bodies are undergoing changes. And these changes come abruptly for them,” stresses psychologist Rívia Cunha. “It seems that, for them, the phases of flirting, dating, are sped up, suppressed. And how are we going to address the issue of sexuality with them? Talking to them. Talking to them and listening to what they have to say as well,” Rívia explains. “We make an effort to promote their autonomy, to make them take a conscious look at the life they are living. They often want to use a condom, but their male partners don’t. You have to deal with the ‘macho’ thing and try and prevent various infections. We talk a lot about feminine issues, about women’s empowerment. The salon is a psychology office for everybody,” she concludes.
In Rio de Janeiro, other recreational initiatives bore good fruit in the STD/AIDS prevention work with street boys and girls. The NGO If This Street Were Mine builds dialogue with children and adolescents using Brazilian folk tales and puppets - locally referred to as mamulengo. The educators read Brazilian folk tales to them and the kids create stories based on elements of their everyday lives (read more about this workshop in the chapter Concept and Methodology). The puppets are in turn used as a tool for discussing issues related to sexuality and prevention. “When we take the puppets to the streets, we don’t use a ready script. They have so many other things to say when we get there... The situation lends itself to improvisation. The lines and statements start flowing naturally,” says educator Jô Ventura. “It’s as if we were not there. The boys and girls talk with the puppets, not with us” says Fábio Moraes. Some workshops held by the organizations have also yielded positive results in the lives of these children and adolescents. These include the “What seems to be the matter or not” workshop in São Paulo, the Condom in My Head workshop in Rio de Janeiro, and the Conversation Circle workshop in Recife (read more about these initiatives in this chapter).

Although it is difficult to measure the results of this work, members of the groups in the four cities believe it brought many benefits to street boys and girls. Andrielle*, 14, a girl from Pernambuco state, feels the changes that art education brought to her daily life. “What I like most is that I learn many things here. I come to the square and I learn how to dance. Sometimes I take percussion or breakdance classes. It’s very good. I also learned to respect the places I’m in. I learned how to arrive at and leave places with respect. For example, I now know how go places to dance without messing around and respecting others,” says Andrielle*, who participates in the activities of the NGO Pé no Chão in Recife. “I didn’t care about these things before, I didn’t want to go to school. [The NGO] Pé no Chão encouraged me to go back to school. I’m doing well in school now,” says the girl, who learned a lot about protecting herself from STD/AIDS. “I didn’t know that you can only catch AIDS by having sex. I learned that I can kiss, hug, eat from the same spoon, without catching it. I can only catch it if I have sex without a condom,” Andrielle* explains. “It was important to know this because at my age I don’t know on what day and time I will have sex for the first time. I am more prepared for that day now, as I learned how to protect myself and not to fall for the wrong guy. If

Adolescents assisted by the Pé no Chão group in Recife perform in a public square.
he says he doesn’t have a condom, I can say: ‘No condom, no sex.’ You cannot tell if a person has AIDS or not by looking. Some people will not tell you that they have it. Others might even infect you on purpose,” she concludes.

**Changes in day-to-day life**

In the opinion of educator Marcos Veltri, from São Paulo, although it is not possible to know whether the incidence of STD/AIDS among these children and adolescents has actually decreased, progress has been clearly made in many ways. “If you ask me if we managed to reduce the incidence of STD/AIDS in this population, the answer could be ‘I’m not sure.’ But I do know that the project had positive effects on the lives of these boys and girls, which was worthwhile in itself, apart from showing that this is a possible path to follow,” he assesses. The coordinator of the Casa Taiguara in São Paulo, Renee Amorim, shares the same impressions. In her opinion, changes in terms of prevention are very subtle and difficult to measure. However, Amorim highlights an important point. “When you see these kids starting and finishing things (courses) you realize that they underwent major changes,” she observes. “These are things they have now that they didn’t have before: continuity, commitment, perseverance, working with others, respect. Children on the streets, without a home, at social risk, exposed to violence, usually express their feelings through violence. When we offer them an alternative, they begin to express themselves in other ways,” Renee Amorim believes. Psychologist Teo Araujo, who participated in the WG as representative of the state STD/AIDS coordinating board, sees the fact that the workshops on body language and rhythm included discussions on issues related to body and sexuality as a success. “This approach emerged from the project and was a very interesting strategy,” Araujo says.

The story of Jonathan*, from Rio de Janeiro, a boy that attends activities offered by the NGO Childhope, provides a powerful example of the successes achieved in this field. A drug user, Jonathan* used to be assisted by the São Martinho Foundation, but its educators and technical staff could not make him open up to them. “He was very reserved. When we invited some kids from the São Martinho Foundation to join the program, Jonathan* was one of those who came. He began to talk, to express himself, to defend himself from others, to assert himself. And when we heard him singing for the first time, we were like ‘wow! We were moved to tears,” says an excited Janaina Ricardo dos Santos, an educator with Childhope. Huge challenges still lie ahead in fighting for the rights of children and adolescents on the streets, but the positive results that the pilot project achieved so far in the daily life of this population are undeniable.

*The names were changed to protect the identity of the adolescents.*
In Recife, the so-called Conversation Circle is one of the most successful activities. Conducted by psychologist Bethânia Cunha, member of the technical staff of the STD/AIDS program of Pernambuco state, the activity begins with all the participants making a drawing based on what they heard about HIV/AIDS.

Bethânia then arranges all the drawings in a circle for all the participants to see what each of them drew. “What can we see in all almost these drawings?” she asks. “A condom,” they answer.

That’s when the discussion begins. Each adolescent describes their drawing. “I drew a man with AIDS who asked for directions on the street and then shook hands with the man who gave these directions, who quickly washed his hands for fear of catching the disease,” says Lucas*. Bethânia uses the cue to talk about ways to prevent the disease. “The virus cannot enter the body through the skin,” she explains. “How does the virus enter your body?” she asks.

One of the boys answers: “Through cuts on your skin.” Another boy wants to know if AIDS can be contracted through sex. “How can we tell that someone has AIDS?” Lucas* asks. Bethânia explains that the virus cannot enter the body through the tissue we
call skin, but rather through another set of cells called mucosa, which can be found on the head of the penis, in the vagina, and in the mouth. "Because you can't tell who has the virus by looking, you must always use a condom," she says, taking advantage of the conversation to talk about HIV testing, its availability at public health facilities, and the need to be tested for the virus.

Valter* shows his drawing and explains what he tried to portray in it: "A man was walking down the street and a woman invited him to have sex. He had sex with her without a condom and caught the disease," he said.

Bethânia says that this is a very common situation and asks the boys to give suggestions as to what to do in such a case. Valter* mentions masturbation and Bethânia says it is an alternative and uses the cue to stress the need to think about alternatives such as this one.

Emerson* explains his drawing: it shows a broken condom and two couples that had unprotected sex. Bethânia explains that condoms don't have holes in them and don't break easily. And, in addition to HIV, they prevent hepatitis B and C, herpes, syphilis, and other sexually transmitted diseases.

Adriano* explains what he tried to portray in his drawing: a girl with HIV thinks that by having sex she can get rid of the virus and pass it to the person she makes sex with. The psychologist explains that this is impossible and tells them that some people in Africa believe in this myth and, as a result, are spreading the virus more and more.

Fernando* wants to know if people with AIDS can have kids. "There are treatments today that allow mothers to have children without transmitting the virus to them," explains Bethânia.

"If a woman invites me to have sex and I refuse, she will say I can't get it up," Fernando* says. Another boy adds: "She might also think you are gay." "Among you, in your daily lives, you can agree not to have sex without a condom, which doesn't mean you can't get it up or that you are gay. You have the right to refuse to have sex without a condom. And you can tell the other person: 'Look, I'm trying to protect both of us. The new trend is to always use a condom when having sex.' It's wise to only have sex with a condom. All we have to do is change our discourse, our mindframe," concludes Bethânia.

*The names were changed to protect the identity of the adolescents.
Street boy in the Arruda community in Recife
Useful tools

On the next pages, readers will find recommended readings, website and videos, besides a summary of recommendations and reflections that can be helpful in working with STD/AIDS prevention with street boys and girls.

Street boy assisted by the NGO If This Street Were Mine in Rio de Janeiro
Between October 2010 and January 2011, over 120 experts and dozens of children and adolescents were interviewed for this publication. Relying on the collaboration and partnership of many educators, the most successful workshops held by the project in São Paulo, Rio de Janeiro, Salvador, and Recife were recreated. The project’s achievements, challenges, and lessons learned are documented in this book. Some of the main reflections and recommendations arising from these experiences, which can be useful to other cities, states, or countries in their efforts to prevent STD/AIDS among children and adolescents on the streets, will be provided below.

**Approach:** “There’s no ready-made formula. Each educator builds his or her own approach using dialogue, questions, or unique strategies. When I worked as a street educator, the first thing I did was ask them questions like ‘do you know where this street is?’ After this initial approach, I would get closer to them little by little.”

(Source: Verônica Rosário Magalhães de Santana, one of the founding educators of the Axé Project in Salvador and supervisor of its street educators)

“We use different elements to reach the children: we exchange glances, show them games (dominoes, checkers, balloons, soap bubble blowers, etc.) and also specific materials (Sexuality Dominoes and a board game). The most important thing is that we incorporated STD/AIDS prevention actions into all our activities.”

(Source: Artur Lauande Mucci, educator of the Quixote Project, in São Paulo)

Games and play are some of the elements used by the educators of the Quixote Project to reach children and adolescents.
It’s very important to adopt a cultural approach using means of expression that make sense to them. It is essential not to use the discourse of adults.

Report Respondendo às Vulnerabilidades de Jovens em Situação de Rua ao HIV/aids (Responding to the vulnerabilities of street-dwelling youth to HIV/AIDS), which was prepared based on the recommendations from a workshop that brought together representatives of the STD, AIDS and Viral Hepatitis Department, UNICEF and the International Center for Technical Cooperation on HIV/AIDS.

The NGO Pé no Chão brings children together in a public square for a cultural activity.
**Links:** “To start a project like the Working Group, you must ensure appropriate links between civil society, government agencies, and the network of services for children and adolescents. Another key requirement is to sensitize health professionals to make sure they understand its approach.”

*(Source: Sandra Santos, psychologist, consultant for the human rights of children and adolescents, Salvador)*

“There’s a lot of talk nowadays about institutional incompleteness in the social area. As pedagogue Antonio Carlos Gomes da Costa once said, it’s by bringing together those who are different, valuing diversity, that we complement each other to provide integral care to these children and adolescents. Whether in the field of health care or social assistance, we know that we need to move forward in fostering links, networking.”

*(Source: Marcos Veltri, pedagogue, public health educator, São Paulo)*

**Evaluation:** “Periodic evaluation workshops, held in the style of conversation circles, played a key role in the early stages of implementing the Salvador WG. In them, we assessed our actions and difficulties, such as the reluctance of some street dwellers to engage in dialogue with us or the low frequency of the educational activities we were offering, and we presented the work we had done. These evaluation workshops were important for, among other things, updating epidemiological data”.

*(Source: Tânia Duplatt, from Cradis, Salvador)*
**Playing:** “Playing is of primary importance. It makes children reflect on things. It’s a fertile field for dialogue. Playing for the sake of playing is also extremely valuable and precious.”
(Source: Lucas Souza de Carvalho, psychologist with the Quixote Project, São Paulo)

**Training and capacity-building:** “Training events must always address the need for strengthening links within the network and for integrating public policies. Social and health care agents work with the same population and usually don’t talk to each other. Moments for integrating their knowledge and experiences foster their growth as professionals.”
(Source: Kátia Cilene Barbosa, social worker, former coordinator of the Joselito Lopes shelter in São Paulo)
“Training professionals is fundamental. We must provide appropriate training to the health care professionals and social workers who keep in touch with these children and adolescents on a daily basis and try and break away from the moralistic culture that still prevails in relation to them. Health care services must rely on professionals sensitized to understand that their work involves much more than just treating seizures and other effects of crack cocaine use. We need to establish a safety net for children and adolescents to which policies in all the other areas apply.”
(Source: Ana Lívia Adriano, former coordinator of the Joselito Lopes shelter in São Paulo)

“Training and capacity-building should include the objective of integrating the work that health care professionals carry out regularly into the STD/AIDS prevention agenda. The question is how to design and introduce an element in my actions from a prevention perspective. It’s not just one additional item. It’s a new “dance” in our daily “dancing.” This perception makes all the difference.”
(Source: Solange Maria Santos Oliveira, psychologist and coordinator of the Henfil CTA Center in São Paulo)

Dialogue: “The methodology is essentially based on dialogue. As Paulo Freire once said, dialogue is the basis of any participatory methodology. It ensures that one will speak and the other will listen. Respecting people and dialoguing with them is key.”
(Source: Marcos Veltri, pedagogue, public health educator, São Paulo)
Documents: “The law ensures full care to undocumented children or adolescents. What we see in practice, however, is that some health facilities make it difficult for street children and adolescent to access their services and to get inputs (condoms) in them. Asking them the number of their ID or SUS card for them to be assisted doesn’t make any sense.”
(Source: Marcos Veltri, pedagogue, public health educator, São Paulo)

Involvement: “Without the involvement of the street boys and girls themselves, prevention efforts have a limited scope. However, it’s extremely difficult to secure their involvement in prevention efforts. Their personal conditions and, in some cases, drug use make the barriers even higher.”
(Source: Manuel Manrique, technical consultant to the project Responding to the Vulnerabilities of Street-Dwelling Youth to HIV/AIDS)

Collective spaces: “A key point is ensuring the availability of collective spaces, such as forums for defending children and adolescents, local forums, social forums, etc. There must be spaces to bring together actors working in different areas (health care, education, social assistance, sports, culture, housing, in the Social Assistance and Development Secretariat, in the S System, etc.).”
(Source: Marcos Veltri, pedagogue, public health educator, São Paulo)

Self-adhesive labels: “We stick self-adhesive labels (image above) on kids lying on the streets sleeping or half unconscious with messages such as ‘We miss you’... The idea is to let them know that the educators are around and that they can be relied upon whenever they need.”
(Source: Rodrigo Rodrigues Ferré, educator with the Quixote Project, São Paulo)

Inputs: “We must facilitate access to inputs. In São Paulo, we set up stands next to the entrance to health facilities where people can get condoms for free. But if you can’t have a stand like this, you can use a basket or a box, for example.”
(Source: Marcos Veltri, pedagogue, public health educator, São Paulo)
Children assisted by the Conceição Macedo Charity Institution in Salvador express their desires through art
Integration: “Integrating policies is fundamental for working with children and adolescents. Since our institution was established, we have learned by practice that this is a fact, and not only for STD/AIDS prevention actions.”
(Source: Jocimar Alves Borges, executive coordinator of the non-governmental organization Pê no Chão in Recife)

Recreation: “Recreation is usually the gateway to the project’s work. Using games, we were able to address more sensitive, deeper issues that they face in their daily lives. Street children have a hard time accepting they are vulnerable. They are ashamed to talk about their situation, but they end up revealing things about their lives unintentionally as they play.”
(Source: Raphael Fabro Boemer, educator of the Quixote Project in São Paulo)

Workshop: “In the workshops, I stress the commitment that all of them should take to disseminate information about preventative measures and care to at least one person. I emphasize the need for them to be on the alert to symptoms, risk behaviors, and the vulnerabilities that lead to these behaviors, and try and agree on very simple things with them. For example: if it’s itching, burning, red, get to the hospital right away.”
(Source: Tânia Costa Duplatt, psychologist with Cradis in Salvador)

Opportunity: “What really works in preventing STD/AIDS among street boys and girls is enjoying the moment and using things they say as cues to address issues. It’s important not to miss opportunities and also to create opportunities by, for example, spreading posters and flyers on the subject throughout the premises of your institution.”
(Source: Francisco César Xavier Oliveira, pedagogue, musician and coordination assistant at the Casa Taiguara de Cultura e Prevenção in São Paulo)
What really works in preventing STD/AIDS among street boys and girls is enjoying the moment and using things they say as cues to address issues.

Francisco César Xavier Oliveira, pedagogue, musician and coordination assistant at the Casa Taiguara de Cultura e Prevenção in São Paulo

Partnerships: “To deal with STD/AIDS prevention, we need to expand the logic of the service to provide full care to these children and adolescents. Some partnerships are therefore indispensible, such as partnerships with mental health programs, with the local program for children and adolescents, with the Municipal Secretariat for Social Action. It’s a complex issue. Regardless of the intensity of your focus on preventing STD/AIDS or even on treating these diseases, children have other needs that you’ll find out along the way.”

(Source: Maria do Socorro Farias Chaves, from the municipal STD/AIDS coordinating board in Salvador)
**Public policy:** “A responsible policy designed for these teenagers must take into account the need to assist their families. It shouldn’t be focused only on health care, education, or the labor market either. It must include interventions in all public policy areas.”

(Source: Kátia Cilene Barbosa, social worker and former coordinator of the Joselito Lopes shelter in São Paulo)

**Prevention:** “Prevention for the sake of prevention doesn’t work. We need to create favorable conditions (in terms of self-esteem, quality of life, etc.) for these boys or girls to realize the importance of protecting themselves, otherwise they may not even see the importance of using a condom.”

(Source: Elizabeth Oliveira, pedagogue and coordinator of the NGO Excola in Rio de Janeiro)

“Prevention should entail actions to promote the right to education, so that these children and adolescents may have access to rights, campaigns, and playful, creative, fun and serious languages. Touching their hearts is important.”

(Source: Márcia Acioli, advisor for policies in defense of the rights of children and adolescents at the Institute for Socioeconomic Studies – Inesc)
“Prevention-related issues should be addressed in the simplest way possible. When it comes to prevention, you must teach simple things to your audience before you can address more elaborate and complex issues.”
(\textit{Source: Ana Paula Patrício, psychologist at the Casa Taiguara in São Paulo})

\textbf{Questionnaire}: “Do you know of any medicine that can prevent sexually transmitted diseases?” “Do you think that you can catch a sexually transmitted disease even without coming?” “Can more than one contraceptive method be used at the same time?” These are some of the questions included in a questionnaire applied during the Papos Course delivered by the NGO Childhope Brasil. The courses are based on this questionnaire, which is applied to adolescents and young people to assess the extent of their knowledge of the topic before and after taking the course.
(\textit{Source: The full questionnaire is available in the publication Metodologia do Programa de Prevenção à AIDS, Promoção e Orientação em Saúde e Sexualidade, launched in 2010 by Childhope Brasil})

\textbf{Area recognition}: “Knowing the area in which street boys and girls hang around is important in the process of approaching them. Check all the details: if they go there every day, if they sleep there, if they return to their homes or not,
Knowing the area in which street boys and girls hang around is important in the process of approaching them.

Verônica Rosário Magalhães de Santana, one of the founding educators of the Axé Project in Salvador and supervisor of its street educators.

**Replicating:** “As a first step to replicate the project, you must respect local actors. You need to identify the scenario and the actors working in it (government agencies, NGOs, social movements, etc.), as well as other actors. In certain regions, there is an interface between homelessness, violence, trafficking, and sexual exploitation networks. You should not bring any proposal to these areas without mapping out its territorial forces first. Who are the driving actors and those we cannot join forces with? The second point is respecting the specific features of the area, its micro-territories.”

*(Source: Marcos Veltri, pedagogue, public health educator, São Paulo)*

**Professional support:** “Clarifying legal issues with health professionals is fundamental. They have many doubts about the meaning of legal provisions. They are always concerned about risks they might be exposed to. It’s important to discuss these issues with them. We need to support these professionals. If they feel insecure to see the children alone, we can recommend that they see them in pairs, for example.”

*(Source: Marcos Veltri, pedagogue, public health educator, São Paulo)*

**Sensitization:** “We organized a workshop in Salvador for the participants to become acquainted with what each of them was doing and see how they could join efforts to promote this initiative. During the workshop, we sought to identify who was working with this audience already. The big issue was discussing how to reach these children and who could do this more easily as a starting point. The organizations were already committed to the cause. Not much effort was necessary to persuade them to work together. We just had to plant a little seed.”

*(Source: Jean Marcelo Almeida Costa, Pathfinder project consultant, who was working as advisor to the State Health Care Secretariat of Bahia when the WG was set up)*

**Occupational Therapy:** “Sees human activity as a creative, creating, playful, expressive, evolving, and productive process and as a self-maintenance endeavor. It contributes to starting new life projects through art and/or cultural workshops. For this reason, the work with extremely vulnerable populations...”
seeks to provide opportunities to them through activities that facilitate their emotional and psychomotor development.”

(Source: Carlos Lemos, occupational therapist, representative of the prevention unit of the STD, AIDS and Viral Hepatitis managing board of the Health Care Secretariat of the State of Rio de Janeiro in the Rio Working Group)

**Bonds:** “The main issue with street boys and girls is forming and keeping a bond with them. These children and adolescents need to see a meaning in what is being proposed to them.”

(Source: Teo Weingrill Araújo, psychologist, former member of the technical staff of the unit in charge of assisting more vulnerable populations of the prevention department of the STD/AIDS coordinating board of São Paulo)

“Because our team works on the streets every week, a bond is formed between us and the children. The large majority of them knows the phone numbers of IBCM and our personal phone numbers by heart and feels comfortable to call us at any time. On our part, we urge them to visit a health facility regularly and to take the medicines prescribed to them properly.”

(Source: Father Alfredo de Souza Dórea, one of the coordinators of the Conceição Macedo Charity Institution in Salvador)
Exchanging experiences

In addition to strengthening national responses, South-South cooperation (Bolivia, Brazil, Colombia and Peru) allows for the development of joint strategies

Some surveys suggest that the age of children and adolescents on the streets in Latin America ranges from 8 to 17 years old and that, in average, they begin to live on the streets when they are around 9. Girls account for 10-15% of this population.

“Few records and little information on this population are available in Latin American countries. Its vulnerability to HIV and the need to develop specific prevention strategies for it are also topics not yet included in the list of priorities of national programs in the region,” observes the report Responding to the vulnerabilities of Street-Dwelling Youth: South-South cooperation as an axis of integration (2008).

According to the document, South-South cooperation (Bolivia, Brazil, Colombia and Peru) is a tool that can be used to foster an exchange of experiences and joint strategies, apart from strengthening national responses.

For this purpose, one of the first activities of the project was organizing the workshop Responding to the Vulnerabilities of Street-Dwelling Youth to HIV/AIDS, which was held in September 2008 in Lima.

Sexuality was highlighted by all countries as an area to be addressed through education, with a focus on sexual and reproductive rights. With regard to sexual orientation, the participants believe that addressing all diversity is important.

According to the report, the lack of a specific public budget to assist street boys and girls; the lack of census data on street-dwelling children, adolescents and youth; weak, unrelated and fragmented policies; ill-prepared professionals; schools that expel boys and girls who are seen as different; and non-universal services are problems affecting the four countries to different extents.

Some of the recommendations arising from the workshop, which brought together representatives of the National STD/AIDS Program of the Ministry of Health (today, the STD, AIDS and Viral Hepatitis Department) and equivalent institutions of the three other countries, UNICEF, and the International Center for Technical Cooperation on HIV/AIDS are the following ones:

− Actions to address the vulnerabilities of street-dwelling youth to HIV/AIDS should:
  ✴ Be based on the need to promote human rights considering, at the very least, legal frameworks (the international framework and those of each country).
See children, adolescents and young people as subjects with rights who can and should act upon their own lives and are, therefore, the most important and active actors in this process.

Ensure respect for sexual and reproductive rights in education and care for street children and adolescents.

Fight homophobia and ensure sexual diversity in the process of drawing up and implementing public policies.

Consider the specifics of gender and ethnicity in the process of defining and implementing prevention and/or care actions for street boys and girls.

Consider the problem from a multidisciplinary and intersectoral perspective involving all relevant areas (health care, education, art, culture, social assistance, housing, sanitation, environment, income, employment, transportation, etc.).

Consider the communities where these children and adolescents live as areas/territories in which solidarity-based sustainable development projects could be implemented in the future.

Consider the quality of prevention, diagnostic, care or treatment services as a right to be guaranteed.

Surveys indicate that the age of children and adolescents on the streets in Latin America ranges from 8 to 17 years old.
USEFUL LINKS

Casa Taiguara de Cultura e Prevenção Address: R. Treze de Maio, 353, Bixiga, ZIP CODE 01327-000, São Paulo (SP), Phone: + 55 11 3106-3851. The website of the NGO (http://www.casataiguara.org.br) provides information about the institution and its Art and Expression course, which trains social educators to act as art education multipliers in shelters and referral centers for children and adolescents (CRECAs) in São Paulo. You can also access the documentary Uma Andorinha Faz Verão (one swallow does make a summer), by Daniela Broitman, which is about street children and adolescents and the work of the Casa Taiguara shelter.

NGO Excola Address: R. General Justo, 275/217, Rio de Janeiro (RJ), ZIP CODE 20012-130, Phone:  + 55 21 2517-3318. The website of the organization (www.excola.org.br) provides information on projects implemented by the NGO and links to many photos and articles about its work. In 2008, World Vision and Excola produced a publication called Programa Jovens Mães em Situação de Risco (Young Mothers at Risk Program), which provides detailed information on the background and methodology of the program.

NGO Pé no Chão Address: Av. Guararapes, 86, sala 802, Santo Antônio, ZIP CODE 50010-000, Recife (PE), Phone: + 55 81 3424-6077, email: penochao@terra.com.br. Several videos are available on YouTube on the art education work carried out by the group. They are available at http://www.youtube.com/watch?v=MZeGSfvjizk; http://www.youtube.com/watch?v=96L4liC3jbQ; http://www.youtube.com/watch?v=q6D9UBkcoOs&feature=related; In the blog of the institution (www.recifepenochao.blogspot.com), information is available about its projects, as well as an agenda of activities on the streets.

Conceição Macedo Charity Institution (IBCM) Address: R. Santa Veruza, 108, ZIP CODE 41120-040, Salvador (BA), Phone: + 55 71 3450-9759. Founded in 1989 by Conceição Macedo, IBCM carries out prevention actions and assists people living and/or coexisting with HIV/AIDS on the streets. Its main activities and projects include the full-time VIHDA Day-Care Center and the Teen Apprentice Project (www.projetoadolescentapeendiz.org.br), designed to ensure the access of young people living/coexisting with HIV/AIDS to the labor market. The organization is also engaged in rehabilitation and social mobilization activities. More information on its projects and background can be found at: www.ibcmmaids.org.br.

NGO Se Essa Rua Fosse Minha Address: R. Alice, 298, Laranjeiras, ZIP CODE 22241-020, Rio de Janeiro (RJ), email: seessarua@seessarua.com.br, tel. website: www.seessarua.org.br. A video about the work carried out by the NGOs If This Street Were Mine and Excola in the pilot project in Rio de Janeiro can be accessed on the web at http://vimeo.com/13752471.

Axé Project Address: Av. Estados Unidos, 161, Comércio, ZIP CODE: 40010-020, Salvador (BA), Phone: + 55 71 3242-5912; email: projetoaxe@projetoaxe.org.br. On the project’s website (http://www.projetoaxe.org.br/index.php), information on the background of the institution, whose 20th anniversary was in 2010, and articles for download are available.

Fazendo Minha História Project At http://www.fazendohistoria.org.br/fmh/index.htm (information on the work/activities), one will find a very useful script of the project’s activities, with all the necessary material for carrying out each of its actions and detailed information about its methodology and objectives.

Quixote Project Address: Av. Eng. Luís Gomes Cardim Sangirardi, 789, ZIP CODE 04112080, São Paulo (SP), Phone: + 55 11 5083-0449, São Paulo (SP), website: www.projetnquixote.org.br. At http://www.youtube.com/user/QuixoteVideos#p/u/1/IU3RbHvJHi8, there is a link to the video Tangram: Ferramenta de Comunicação (Tangram: communication tool), in which educators Otávio Boemer and Artur Mucci provide detailed explanations about the board game Trail of Urban Refugees, which they created in partnership with street boys and girls as part of the pilot project for STD/AIDS prevention carried out with this audience.
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Weaving Networks is the synthesis of an initiative that proved to be innovative: the pilot Street Boys and Girls (MMSR in Portuguese) project, proposed by then called National STD/AIDS Program of the Ministry of Health (today the STD, AIDS and Viral Hepatitis Department), along with the Technical Adolescent Health Unit (Área Técnica de Saúde do Adolescente) of the Ministry of Health, supported by UNICEF. Using art, the project brought together different civil society organizations and a wide range of actors from municipal and state administrations and the federal government with the aim of reducing vulnerability to STD/AIDS among street children, adolescents and youths.