TECHNICAL SUPPORT FOR HIV/AIDS PREVENTION, CARE AND TREATMENT PROJECT

Summary of achievements and lessons learned from a five-year experience in a multi-country and regional project in the Asia Pacific

CHINA End of Project Report

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ACRONYMS

A²	Integrated Analysis and Advocacy Project
AEM	Asian Epidemic Model
AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral therapy
AusAID	Australian Agency for International Development
BCC	Behavior change communications
BCI	Behavior change intervention
BMGF	Bill and Melinda Gates Foundation
CA	Cooperating agency
CBOs	Community based organization
CDC	Center for Disease Control and Prevention
CHBC	Community and home-based care
CoC	Continuum of Care
CoPCT	Continuum of Prevention to Care and Treatment
CPP	Comprehensive Prevention Package
CPS	Comprehensive Package of Services
DiC	Drop-in center
DV	Digital video
FSW	Female sex worker
FY	Fiscal year
GoC	Government of China
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HCT	HIV Counseling and Testing
HIV	Human Immunodeficiency Virus
IA	Implementing agency
ICAAP	International Conference on AIDS in Asia and the Pacific
IDU	Injecting drug user
INGO	International non-governmental organization
MARP	Most-at-risk population
M&E	Monitoring and evaluation
MMT	Methadone maintenance therapy
MSM	Man who has sex with men / men who have sex with men
NGO	Non-governmental organization
NSP	Needle and syringe exchange program
OI	Opportunistic infection
PE	Peer educator
PLHIV	Person living with HIV/AIDS / People living with HIV/AIDS
QA/QI	Quality assurance / quality improvement
RBT	Routine behavioral tracking
RDMA	Regional Development Mission Asia
SBC	Strategic Behavioral Communications
S&D	Stigma and discrimination
SOP	Standard operating procedure
STI	Sexually transmitted infection
TA	Technical assistance
TWG	Technical working group
USAID	United States Agency for International Development
WHO	World Health Organization

EXECUTIVE SUMMARY

HIV prevalence in China remains low among the general population but is significantly higher in defined, high-prevalence geographic areas known as "hotspots" and among specific most-at-risk populations (MARPs) including injecting drug users (IDUs), female sex workers (FSWs) and men who have sex with men (MSM). While injecting drug use still accounts for a significant proportion of total HIV infections, the epidemic had also shifted in recent years to one driven primarily by sexual transmission. Despite proactive measures by the Chinese government – including rolling out behavioral interventions, increasing access to risk reduction services, and providing free HIV counseling and testing (HCT) and antiretroviral therapy (ART) – sexual risk behaviors are still common among MARPs and uptake of clinical health services remains low.

The Technical Support for HIV/AIDS Prevention, Care and Treatment Project was a five-year, (2007–2012) USAID-funded project implemented by the FHI 360 Asia-Pacific Regional Office in four countries and the Asia Region. The countries included: China (Yunnan and Guangxi Provinces)[A], Lao People's Democratic Republic, Thailand, and Papua New Guinea. In China, FHI 360, along with the other USAID Cooperating Agencies (CAs),[B] provided technical assistance to local implementing agencies (IAs) in order to:

» Strengthen collection, analysis and dissemination of strategic information for program and policy planning;
» Deliver a comprehensive package of prevention services including behavior change communications, condom distribution, community-based HIV counseling and rapid testing, and diagnosis and treatment of sexually transmitted infections (STIs);
» Provide care and support services for people living with HIV/AIDS (PLHIV) including strengthened linkages between prevention, treatment and care, and a peer-driven model for delivery of community- and home-based care (CHBC) services
» Conduct enabling environment interventions including strengthening of strategic information and HIV/AIDS-related policy, reduction of stigma and discrimination, community mobilization and organizational capacity building.

Over the life of the project, FHI 360 worked with local partners and target population members in a participatory process to develop, pre-test and distribute 30 separate pieces of information, education and communication materials targeting MARPs, based on the results of qualitative and quantitative research and informed by theories of behavior change. FHI 360 also developed numerous tools for use in project-level implementation, including harmonized monitoring and evaluation indicators; guidelines for provision of HCT, STI and CHBC services; and training packages for FSW and MSM interventions. FHI 360 staff were also asked to contribute to national guidelines for the provision of HIV counseling and testing for MARPs.

A core principle upon which FHI 360 works is by partnering with and funding local entities to implement project activities, as this helps to

[A] The project in China primarily focused on Yunnan and Guangxi provinces; however, USAID funding also supported delivery of technical assistance at the national level.

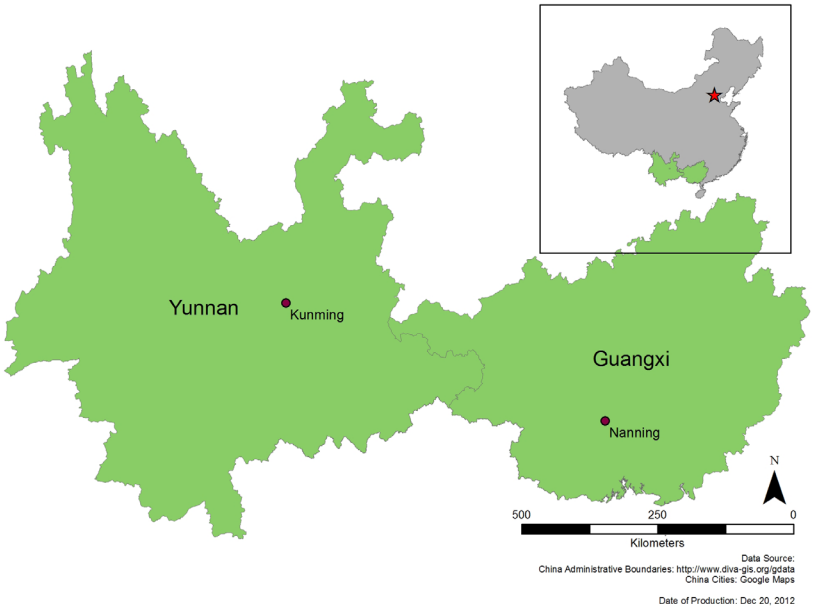
[B] Population Services International (PSI); USAID/Health Policy Initiative (HPI); International HIV/AIDS Alliance; Pact; MEASURE Evaluation/John Snow, Inc.; MSH

ensure transference the project, FHI 360 partnered with government, parastatal and non-governmental agencies, principally at the local and provincial level, building the capacity of local actors who have since taken over responsibility to provide technical assistance within the country. FHI 360 also leveraged over US$2m in other sources of funding, including significant in-kind contributions from government partners, to expand the breadth and scope of assistance offered through the project.

FHI 360 placed particular emphasis on enhancing intervention quality and sustainability and on documentation and dissemination of lessons learned in order to enhance adaptation of USAID-supported models. This has included operations research (Routine Behavioral Tracking, documentation of the Continuum of Care) to build evidence in support of USAID models, the results of which have been widely disseminated to government partners and other funding agencies. Tools developed under the project have been adopted by the Government of China (GoC) within the country at the local and national levels, and FHI 360-produced materials have been reproduced by other agencies using their own funding. Almost all project sites have received follow-on funding to continue activities beyond the end of the USAID project, and community-based intervention models for IDUs, FSWs and MSM are being replicated in multiple sites with funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM).

Despite the demonstrated successes of the USAID model as implemented by FHI 360 in China, the sustainability of advances made in China is in question due to the on-going withdrawal of international bilateral and multilateral funding for HIV prevention, care and treatment activities in that country. While the majority of HIV-related programming in China is funded domestically, much of the funding and technical assistance from the international community was targeted at prevention programming and community-based approaches. In the absence of other funding sources, the future of these interventions, as well as the continued engagement of community-based and civil society intervention approaches, is unclear. It is hoped that this report contributes to an evidence base for continued funding support and technical assistance to sustain and, indeed, scale-up successful, community-based models developed and demonstrated under the FHI 360 implemented project in China.

COUNTRY CONTEXT AND EPIDEMIOLOGY



While HIV prevalence among adults (ages 15-49) in China remains low – 0.05% in 2011 – it is significantly higher in defined, high-prevalence geographic areas known as "hotspots" and among specific most-at-risk populations.[1] Key MARPs in China include FSWs, who in various studies have a prevalence of 0-10.3% (median = 0.6%);[2-6] MSM, who in 2008-2009 had an average prevalence of 5%;[7, 8] and IDUs, who have a nationwide HIV prevalence of 12.55%[9] which varies regionally, reaching 52% in Xinjiang and Yunnan.[10] Injection drug use has traditionally been the key driver of the epidemic in China, and IDUs still account for 28% of cumulative HIV infections;[1] however, in recent years sexual risk has become the key driver of the epidemic. Heterosexual and homosexual transmission now account for 46.5% and 17.4% of cumulative infections, respectively;[1] the proportion of new HIV infections attributed to homosexual transmission in particular has increased from 2.5% in 2006 to 29.4% in 2011.[1] If current trends continue, by 2020 HIV incidence among MSM is expected to outstrip that among all other population groups in two of the highest-prevalence provinces (Yunnan and Guangxi).[11, 12]

The Chinese government has been proactive in their response to the HIV epidemic, contributing roughly 75% of all HIV/AIDS-related spending (national and provincial governments combined)[13] and rolling out prevention interventions that cover an estimated 77% of MSM,[1] 81% of FSWs,[1] and 39% of IDUs nationwide.[13] The government has also enacted multiple policy measures, including support for methadone maintenance therapy (MMT) and needle and syringe exchange programs (NSP) for IDUs; introduction of anti-stigma regulations; and implementation of the Four Frees, One Care policy which guarantees free HCT services and free ART for all qualified patients. As of 2011, 76% of eligible children and adults were receiving ART.[1]

However, numerous studies among MARPs in China have documented continuing high levels of HIV risk behaviors, including sharing of needles for injection drug use,[14, 15] multiple sexual partnerships,[16, 17] and unprotected vaginal and anal sex, particularly (but not exclusively) with regular partners.[18-20] These risk behaviors persist despite reasonably high levels of HIV knowledge,[21]

and MARPs-focused prevention interventions have been criticized for lacking clear theoretical foundations and cultural sensitivity and for being mismatched with respect to the educational level, character, styles and everyday experiences of their target audiences.[22, 23]

MARPs nationwide have also showed low uptake of HCT[24, 25] and STI services,[26, 27] even when those services are offered for free or at a significant discount. Key reasons for low uptake include a lack of risk perception, negative impressions of service quality, and fears of discrimination from service providers.[28, 29] Real-name identification policies enacted by the Chinese government for HIV counseling and testing in particular are for some MARPs a significant psychological barrier to accessing HCT services. Additionally, only 34% of HIV testing in China is conducted through the China CDC's voluntary counseling and testing system – many cases are diagnosed in hospital settings when patients already in advanced stages of infection.[30] China has also seen relatively high HIV mortality among ART patients during the first three months of treatment (22.6 deaths/100 person-years), attributable in part to relatively late diagnosis (CD4<50) and subsequent delayed treatment initiation.[31]

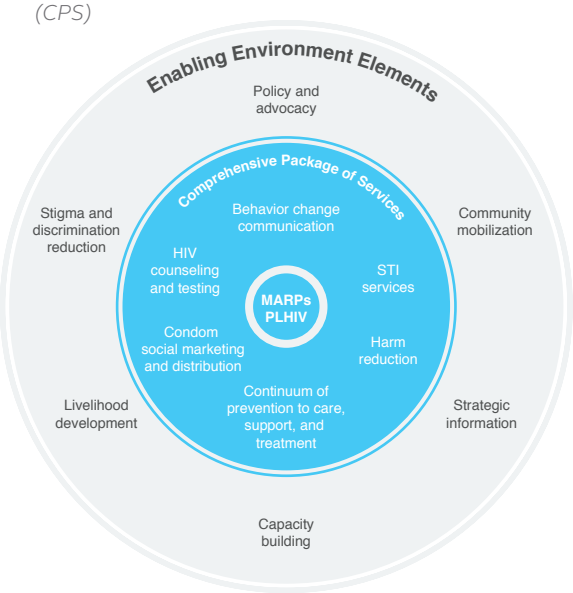
USAID/ FHI 360 PROGRAM STRATEGY

The Technical Support for HIV/AIDS Prevention, Care and Treatment Project was a five-year, (2007–2012) USAID-funded project managed by the FHI 360 Asia-Pacific Regional Office and implemented by FHI 360 local country offices in four countries and the Asia Region. The countries included were: China (Yunnan and Guangxi Provinces), Laos PDR, Thailand, and Papua New Guinea. As part of the USAID strategy in China, RDMA coordinated the work of FHI 360 and the other CAs, (in terms of scope of work, depth and reach) to develop an HIV prevention model for MARPs referred to as the Comprehensive Prevention Package (CPP) shown in figure 1. This model, previously referred to as the Minimum Package of Services, has since been revised to include both delivery of direct prevention services (the Comprehensive Package of Services, or CPS) and a set of Enabling Environment interventions facilitate successful implementation of the CPS.

The USAID/FHI 360 strategic approach in China additionally recognizes the intrinsic link between HIV prevention and services for PLHIV, which maximize and support the continued good health of PLHIV, provide linkages to facility- and community-based care and support, and work to reduce stigma and discrimination. A recent cohort study in China which examined data from 38,862 serodiscordant couples[c] found a 26% relative reduction in HIV transmission (adjusted hazard ratio 0.74, 95% CI 0.65–0.84) among couples where the HIV-positive partner was receiving treatment, when compared with those couples where the positive partner had never received ART.[32] This finding underlines the importance of timely initiation of ART and of keeping patients on treatment and healthy. Under this project, FHI 360 therefore documented lessons learned through the development and implementation of a Continuum of Care (CoC) model for delivery of care and treatment services for PLHIV, and worked with the other CAs to establish a next-generation Continuum of Prevention to Care and Treatment (CoPCT) model.

Throughout implementation of the Project, FHI 360 has focused on enhancing intervention quality and sustainability and on documentation and dissemination of lessons learned in order to enhance replication of USAID-supported models.

Figure 1: *Comprehensive Package of Services (CPS)*



[c]Serodiscordant refers to a situation where one couple in a sexual relationship is infected with HIV and the other is not.

Strategic objectives

The overall objective of the project was to provide technical support to the USAID HIV/AIDS prevention, care and treatment program focused on MARPs in South East Asia. The specific objectives of the project in China were to:

» improve collection and analysis of epidemiological and program monitoring data to produce usable information for decision makers in planning epidemic responses;
» increase access to a comprehensive package of prevention interventions for MARPs and PLHIV;
» strengthen access to care, support and treatment services for PLHIV and their families;
» create an enabling environment that encouraged civil society participation in the epidemic response and promoted supportive policies and regulations.

In line with these objectives, the project developed, implemented, monitored, evaluated and replicated innovative models for HIV/AIDS prevention, care and treatment for MARPs in Yunnan and Guangxi provinces.

Working with local partners

Due in part to the size of the Chinese population and the significant variation in epidemiological trends between geographic regions, the USAID project in China has focused on the two highest-prevalence provinces in China (Yunnan and Guangxi), where FHI 360 has engaged with partners at all levels. This included working with provincial governments to strengthen capacity for the collection and use of strategic information for intervention planning and resource allocation. At the service delivery level, FHI 360 partnered with local (municipal and district) governmental and parastatal agencies and community based organizations (CBOs) in high-prevalence "hotspots" to deliver HIV prevention education, HIV counseling and testing and STI clinical services for MARPs as well as community and home-based care for people living with HIV/AIDS.

In Guangxi specifically, FHI 360 collaborated with a consortium of government and non-governmental partners, including the provincial- and local-level CDCs, local Bureaus of Health, and local hospitals, to establish a coordinated continuum of service delivery for MARPs from community-based HIV prevention education, through HIV counseling and testing and into ART treatment and CHBC services.

Close collaboration with provincial and local governments has enabled FHI 360 not only to leverage significant amounts of financial and in-kind support for strengthening and expansion of intervention services, it has also contributed to government buy-in and ownership of USAID-supported models.

Building capacity through technical assistance

FHI 360 recognizes the singular importance of transferring capabilities for project planning, implementation and management to local actors in order to strengthen the long-term sustainability of prevention, care and treatment models. Throughout the project, FHI 360 worked to strengthen the capacity of local implementing agencies to deliver

high-quality, effective HIV prevention, care and support services through provision of:

» standard operating procedures (SOPs), guidelines, and information, education and communication tools
» training manuals tailored to the needs of FSWs, MSM, PLHIV, and healthcare providers
» on-going, participatory trainings based on principles of adult education,
» regular, field-based mentoring, coaching and case review, and
» establishment of quality assurance/ quality improvement (QA/QI) systems with regular monitoring based on established standards.

FHI 360 has taken a "cascading" approach to the provision of technical assistance (TA), so that over the course of the project, local partners have transitioned from being recipients of support to being recognized technical experts capable of providing TA to other local organizations in their own right. This approach has strengthened sustainability of interventions and innovations developed under the project, and aided in the expansion of USAID-supported models.

Tools development

In collaboration with local partners and other USAID CAs FHI 360 supported the development and/ or adaptation of numerous tools including targeted outreach materials, operational guidelines and standards, training packages and online resources. Key tools are highlighted below, under the appropriate project objective; a complete list of all tools developed by FHI 360 under this project is attached as an addendum to this report.

Tools were developed to support replication of HIV prevention, care and treatment approaches piloted under the project. These tools were disseminated widely within China through meetings, experience sharing conferences, technical working groups and at the request of government partners and/or other funding agencies. These "dissemination meetings" included policy and decision makers from local, provincial and national government agencies, representatives from civil society, other international organizations etc. to discuss the outcomes of FHI 360-supported work and how specific approaches/strategies/tools developed under the USAID project might aid the HIV response at the district, provincial and national levels.

1 STRATEGIC INFORMATION MADE MORE AVAILABLE AND USEFUL

With constrained resources to respond to the HIV epidemic, it is critical that the available resources be targeted at the populations, settings and service models where they will be able to prevent the maximum number of HIV infections. However, it is not always clear which populations, settings and interventions should be given the highest priority. Strategic information is therefore needed to improve the evidence base for decision making, and systems must be strengthened to collect, analyze, utilize, and disseminate that data. With USAID support, FHI 360 has worked to strengthen the collection, analysis and utilization of epidemiological data through the Integrated Analysis and Advocacy (A^2) project, has generated evidence in support of USAID intervention models through routine behavioral tracking, and has strengthened routine monitoring and evaluation (M&E) and data use at the project level .

Integrated Analysis and Advocacy (A^2) project

Since China's first cases of HIV were detected in 1989, a large amount of information has been generated on HIV/AIDS in Yunnan and Guangxi through both government epidemiological surveillance and other research activities; however, this information has often not been effectively used to plan the epidemic response. It was the aim of the A^2 project to:

1. collect and synthesizing HIV-related data;
2. develop a local model of the HIV epidemic and its future course using the Asian Epidemic Model (AEM);
3. analyze the cost and impact of different program choices using the Goals Model; and
4. use strategic information to advocate for improved responses.

During the RDMA TASC3 project, FHI 360 built in-country capacity through training on the Asian Epidemic Model (AEM) for staff from the national CDC, Kunming CDC and Luzhai CDC. As a member of the Yunnan and Guangxi provincial A^2 technical task forces, FHI 360 also helped to review analysis results and draft recommendations for future areas of program focus and resource allocation. Finally, FHI 360 collaborated with the USAID-funded Health Policy Initiative (HPI) project to organize dissemination workshops in Yunnan and Guangxi in order to advocate with provincial leaders for adoption of the A^2 model and results.

One key outcome of work under the A^2 project is that AEM modeling identified MSM as a key high-risk group in both provinces; as a result, both provinces have focused increased attention and resources on prevention interventions for this population. Yunnan and Guangxi also used A^2 data to prepare proposals and set targets for GFATM funding.

To enhance nationwide replication of the A^2 model, FHI 360 conducted a workshop in Beijing for senior policy makers and stakeholders, and trained national- and provincial-level strategic information officers on use of simplified A^2 tools. The national CDC subsequently used government funding to train staff from 12 other provinces in the AEM and Goals models. To date, the AEM model has been used as a planning tool in ten provinces as well as for the national

estimation process, and staff of the Yunnan and Guangxi CDCs serve as A^2 technical resource persons.

In addition, the A^2 project in Guangxi has also been identified by the USAID-supported Capacity Building Project as a promising practice to build human resources capacity for HIV strategic information.

Building an evidence base for USAID project models

FHI 360, in partnership with Guangxi CDC, conducted a Longitudinal Enhanced Evaluation (LEE) of patients initiating ART, exploring factors influencing their quality of life in order to assess service effectiveness and inform the design of future care, treatment, and support services. Findings from the LEE study, which provide an evidence base for the Continuum of Care model initiated under the previous USAID project in China, have been disseminated in many international conferences and publications, including a poster at the 9th International Conference on AIDS in Asia and the Pacific (ICAAP); two abstracts presented at the 10th ICAAP; a poster at the 2010 International AIDS Conference; and an article published in the *Biomedical and Environmental Science Journal*.

Key Findings from the Longitudinal Enhanced Evaluation

A total of 332 ART patients were recruited from 5 health facilities for the LEE study Of these, 267 (80.4%) and 260 (78.3%) participants successfully completed the 6-month and the 12-month follow up surveys. Overall, quality of life scores increased as the patients' time on ART increased. However, the speed and magnitude of improvement was greatest during the first six months after ART initiation, then plateaued between 6 and 12 months for most quality of life domains. Patients receiving comprehensive services under the CoC model also showed higher quality of life scores and faster improvements compared with patients at other facilities, particularly with regards to perceived level of independence and spirituality.

FHI 360 also collaborated with other USAID CAs to conduct Routine Behavioral Tracking (RBT) surveys at selected FSW, MSM and IDU project sites. The goal of the RBT surveys was to collect detailed information on target populations and risk behaviors to assess the extent to which CAs are reaching their desired target populations with appropriate services. FHI 360 also participated in an IDU outcome evaluation led by USAID/HPI in Gejiu. FHI 360 served as a technical advisor on the designs of the RBT and IDU outcome evaluation survey protocols and instruments, participated as requested in the training of the survey teams, and coordinated with the project sites to help recruit respondents and implement the surveys in selected sites. FHI 360 staff presented three posters based on findings of the RBT surveys at ICAAP10 and an abstract presented at the International Conference on Family Planning. Below are a few key findings presented by FHI 360 from the RBT surveys:

» Of the 1,304 respondents in the MSM RBT, 21% self-identified as TG, who reported equal levels of exposure to USAID interventions when compared to non-TG MSM but who were significantly more likely to have used drugs (injecting or non-injecting), sold sex, and experienced an STI symptom in the last three months ($p<0.05$).

» The MSM RBT also measured exposure to the community-driven *We Are Together* campaign among Kunming MSM (n=451). Despite relatively low levels of campaign recall (36.8%), there was a positive association between recalling the campaign slogan and/or logo and receiving an STI check-up in the last 12 months ($p<0.05$).

» The FSW RBT (n=1,068) demonstrated a dose-response relationship between levels of exposure to USAID-supported interventions and uptake of health services, such that the more types of interventions to which FSWs were exposed, the more likely they were to have been tested for HIV ($p<0.01$) and received an STI check-up ($p<0.01$). Among a subset of FSW RBT participants (n=943) who were of reproductive age (18-39), not sterilized and did not desire to become pregnant in the next 6 months, 47% had an unmet contraceptive need. This finding supported greater integration of family planning services into HIV prevention programming for FSWs.

Finally, FHI 360 collaborated with the other USAID CAs in China to produce a series of scientific articles, documenting the components of the CPP model, to be published in a forthcoming special supplement to the peer-reviewed China Journal of STD and AIDS. FHI 360 staff members were lead authors on six articles:

» Effective community-based Behavior Change Communications for Chinese Men who have sex with men: results of a cross-sectional behavior tracking survey
» Quality of life and factors influencing people living with HIV/AIDS initiation of ART in Guangxi Province
» Comparison of quality of life, family support and stigma and discrimination among patients on ART in Pingxiang and other ART sites in Guangxi
» Exposure to interventions and health care seeking behavior among female sex workers in Yunnan, China
» Client perception of quality and satisfaction with VCT & STI services in Yunnan and Guangxi
» Adoption and replication of the Analysis and Advocacy (A^2) methodology and process in China

Strengthening monitoring and evaluation data

Throughout the project, FHI 360 prioritized improving monitoring and evaluation systems at the project level. FHI 360 developed standardized project monitoring plans, data collection tools and reports in consultation with local partners, and conducted routine M&E training and data quality audits to ensure data accuracy and reliability.

FHI 360 further strengthening the M&E system by leading the development of a set of harmonized M&E indicators for MARPs interventions in collaboration with the other USAID CAs. A set of standardized indicator definitions and data collection processes reduced the burden on local implementing agencies to comply with multiple

reporting requirements and facilitated comparisons of progress between USAID-funded interventions.

FHI 360's M&E technical capacity has been recognized by the government and GFATM. FHI 360 was the only international non-governmental organization (INGO) selected as a member of the Yunnan GFATM Round 6 M&E expert team that provided TA on M&E review of the GFATM funding proposals. At the request of the local government and GFATM, FHI 360 also provided M&E technical assistance (including trainings and monitoring visits) for selected FSW, IDU, and cross-border sites.

Lessons Learned

To enable replication of the new strategic information model such as A^2 in China took enormous advocacy efforts among policy makers and strategic information staff. On-going technical assistance and training as well as routine dissemination of the results from the A^2 analysis among wider audiences from national and provincial level were keys to success. To enhance M&E activities and data use, on-site mentoring support, training and other capacity building efforts on data collections and tools, data quality assurance and data analysis must be provided routinely to local implementing agencies, outreach workers and project staff. Periodic data quality audit is key to ensure data quality at site level. Sharing of data among program and outreach staff helped improve project implementation and provided evidence for improvement.

Continued Challenges

Strategic information interventions require a degree of technical expertise that many local partners lack, and where these skills do exist, high staff turnover and/or frequent staff transfers hamper the stability and maintenance of technical expertise in strategic information. For instance, the staff who have been trained on A^2 in Yunnan and Guangxi have been promoted to other positions, therefore there was a need to train new people to take on the A^2 modeling and analysis. In the long run, it will be difficult to maintain local capacity without a field-based system for mentoring and coaching. Ensuring the quality of data from peer educators and outreach workers requires ongoing monitoring and supervision by peer leaders and/or project supervisors. However, with limited financial and human resources it is difficult to supervise many peer educators working in diverse geographical areas. In addition, rigorous on-site monitoring that is insensitive to clients' perceptions can damage project activities and reputation.

Finally, local partners often view M&E as an exercise for reporting to donors, rather than as a means for continuous program improvement. Therefore, data use for project planning and improvement is not fully utilized to its maximum level.

SUCCESS STORY

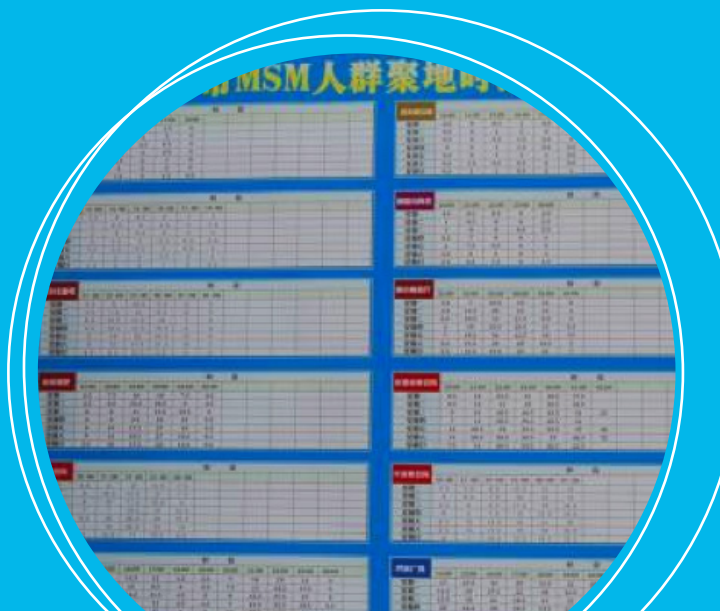
Data-driven HIV Prevention at Green City Rainbow

Routine data collection is often viewed by implementing agencies as a burden, but effective data use can strengthen project implementation and is especially important in resource-constrained settings. With support from USAID/ FHI 360, the Green City Rainbow MSM Drop-in Center in Nanning, Guangxi has established a comprehensive data use system which they are using to strengthen targeted intervention services.

Peer outreach has been a key focus of the Green City Rainbow project. To ensure that outreach targets those times and places where the greatest number of MSM may be reached, peer educators (PEs) conduct twice-yearly mapping exercises, visiting each known cruising venue at one-hour intervals every day for two weeks, and counting the number of MSM present. The data are averaged together to present a picture of the size of the target population at any given site, at any given time. Monthly outreach plans for each PE team are then developed based on the information received from the mapping. In the last year, as the importance of Internet-based outreach has grown, PEs conducted a similar, two-week exercise targeting "virtual venues" such as Website-based chat rooms and instant-messaging discussion groups (in China, "QQ" groups) in order to determine the periods of heaviest activity. During those times peer educators post health promotion messages and referral information as well as engaging other users in one-on-one discussion.

Green City Rainbow is also using data gathered during outreach to improve project management and implementation. For instance, data from monthly condom-use surveys conducted among outreach clients has also shown lower levels of condom use among regular partners compared with casual partners – the PEs have responded by incorporating messages into their outreach work emphasizing the need for respect and protection between partners in a relationship. A recent online design competition asked community members to design their own messages around this theme – one example can be seen below.

Experience at Green City Rainbow has shown that, far from being a burden, routine data collection has led to evidence-based planning and decision making and overall to stronger, more effective programs.



2 ACCESS TO COMPREHENSIVE PREVENTION INTERVENTIONS FOR MARPS INCREASED

In China, FHI 360 worked in collaboration with the other USAID CAs to develop an HIV prevention model for MARPs referred to as the Comprehensive Package of Services. The CPS approach aims to focus limited resources on providing a comprehensive set of HIV prevention interventions[D] to those most at risk of being infected or transmitting HIV to others so as to avert the maximum number of new infections. Since October 2007, FHI 360 has worked with 11 local partner agencies in Yunnan and Guangxi to increase access to this service package in six "hot spots" as well as in Hekou County in southern Yunnan (see Table 1, below).

[D]Behavior change communications, condom distribution, HIV counseling and testing, STI diagnosis and treatment

Table 1 – FHI 360 IAs providing HIV prevention services under the RDMA project

Implementing Agency	Intervention Type/Population	Project Dates
Yunnan Province		
Kunming Institute for Health Education	Behavior Change Intervention (BCI) for MSM and FSWs	MSM – Oct. 2007-June 2012 FSW – Oct. 2007-Dec. 2010
Kunming Red Cross	BCI for FSWs	Oct. 2007-Sept. 2011
Kunming CDC	HCT/STI for FSWs and MSM	Oct. 2008-June 2012
Gejiu Red Cross	BCI and HCT/STI for FSWs	Oct. 2007-Sept.2011
Gejiu Jin Hu Dong Community Committee / Green Garden	BCI and HCT for IDUs	Oct. 2007-June 2012
Gejiu CDC	HCT for MARPs	Oct. 2007-Sept. 2010
Hekou CDC	BCI for FSWs	Oct. 2007-Sept. 2010
Guangxi Province		
Nanning CDC	BCI and HCT/STI for MSM	Oct. 2007-June 2012
Pingxiang CDC	HCT for MARPs BCI for FSWs	Oct. 2007-Sept. 2010 Oct. 2007-Sept. 2009
Ningming CDC	HCT for MARPs BCI for FSWs	Oct. 2007-Sept. 2010 Oct. 2007-Sept. 2009
Luzhai CDC	BCI and HCT/STI for IDUs and FSWs	Oct. 2008-Dec. 2011

Technical Support for Behavior Change Communications

FHI 360 supported the delivery of behavior change communications (BCC) materials and messages by teams of trained, paid peer educators and unpaid volunteers through regular outreach activities and in community-based drop-in centers (DiCs). FHI 360 provided training using FHI 360's targeted peer education training manuals, provided educational materials and outreach tools developed in collaboration with local partners, and conducted regular monitoring of and follow on TA for BCC activities. While BCC activities were on-going over the course of the RDMA Project, key, innovative activities included:

» In 2009-2010, FHI 360 worked with the Kunming Spring Rain MSM Workgroup (implemented by the Kunming Institute for Health Education) and five other local MSM CBOs to launch the six-month We Are Together community-driven campaign to encourage uptake of HCT/STI services. FHI 360 helped develop communications strategies based on the Strategic Behavioral Communications (SBC) model, draft a creative brief, draft key messages and identify potential openings for message delivery. A post-campaign evaluation indicated that, while coverage was relatively low, the campaign was well-received among members of the Kunming MSM population and was positively associated with uptake of STI screening and treatment services.

» In 2011, FHI 360 worked with the Spring Rain MSM Workgroup and the Green City Rainbow MSM Workgroup (implemented under RDMA TASC3 by the Nanning CDC) to launch a second six-month, Internet-based campaign promoting HIV testing services in Kunming and Nanning cities. FHI 360 designed the campaign Web platform, and provided technical assistance to the MSM workgroups to conduct microblog-based message dissemination and a digital video competition using Chinese social networking websites. While there was no formal evaluation of this campaign, HCT uptake during the campaign period increased 26% at targeted sites over the six-month period immediately preceding the campaign.

FHI 360 also provided multiple BCC trainings for other sites targeting MARPs in China, including those funded by the Chinese government and GFATM; though as the project progressed, responsibility for these trainings was progressively shifted to local FHI 360-supported IAs, who delivered the trainings and became recognized TA providers. In the last year of the project, FHI 360 also facilitated a four-day SBC training for local community-based and government partners, to build those partners' capacity to analyze behavioral data and apply it to the design of BCC campaigns, including segmenting audiences, designing key messages, and selecting dissemination channels.

Finally, FHI 360 developed a number of key tools to support BCC interventions for MARPs in China, including targeted training curricula and 30 individual pieces of targeted Information, Education and Communication (IEC) materials. Key BCC materials included:

» Female Sex Worker Intervention Training Manual, which was used to train 364 staff from sites funded by the Chinese government and GFATM;
» MSM Internship Course, which was designed in collaboration with staff of the Spring Rain MSM Workgroup so that FHI 360-supported MSM interventions could better disseminate USAID models and approaches to other MSM project sites.
» Reproductive Health Materials, including puzzles and an apron, used during outreach to improve knowledge about male and female reproductive anatomy and health
» Risk Cards: developed for both opposite-sex and same-sex partnerships, to discuss HIV transmission, risk behaviors and risk reduction strategies
» IEC Booklets, targeted to specific MARPs, including information on drug use and HIV, so-called 'party drugs' and MSM, and male sexual health
» Financial Management Booklet, which was developed in collaboration with a local bank and used to train MARPs (and particularly FSWs) in principles of sound financial planning and management.
» Storybooks, including an FSW Love Story and MSM Choose Your Own Adventure, to help peer educators initiate conversations with MARPs about HIV risk and risk reduction.

Over the life of the project, FHI 360 supported technical assistance to reach roughly 33,000 MARPs through outreach and drop-in center activities each year. Materials produced by FHI 360 were widely adopted in China, and reproduced by both GFATM (at their own expense) and the China CDC (with FHI 360 funding). Both the Kunming AIDS Office and the Gates Foundation/China have additionally adapted FHI 360-produced materials for their own uses.

Strengthening HCT and STI Clinical Services

FHI 360 pairs BCC interventions with strengthened access to high-quality, non-stigmatizing HIV counseling and testing and STI clinical management services. FHI 360 worked to build service provider capacity through a series of trainings on:

» HIV counseling and testing for most-at-risk populations, including conducting risk assessments, delivering behavior change messages,

and giving positive and negative results;
» Advanced HCT skills, including counselor self-care, suicide risk assessment, and drug/alcohol dependency assessment;
» Counseling case reviews;
» Provision of male sexual health services for men who have sex with men, which included classroom instruction and guided clinical practice sessions.

A survey conducted in five FHI 360 -supported intervention sites showed high levels of client satisfaction, and indicated that most clients intended to return for future services.

FHI 360 also trained qualified peer educators to conduct HCT counseling and pre-test group information sessions; based on the strength of the FHI 360 curriculum and technical assistance provided, a number of peer educators were recognized by the government as certified HCT counselors, and in several sites peer educators themselves have launched HCT services following the end of the TASC3 project.

These trainings reached 260 STI clinicians and 2,044 HCT counselors over the course of the project. FHI 360 also supported provision of HCT services for roughly 5,000 MARPS per year, and STI screening and/or treatment for an additional 5,000 MARPs/year, though it is likely there is significant overlap between these figures because the project supported an integrated, one-stop service package. A survey (n=201) conducted in five FHI 360-supported intervention sites showed high levels of client satisfaction, and indicated that most clients intended to return for future services.

FHI 360 staff also established a QA/QI system for HCT/STI services including regular site visits, on-site mentoring, and measuring of service implementation against a comprehensive set of service delivery standards. At the same time, FHI 360 identified and trained local, high-quality STI physicians to provide regular QA/QI monitoring of sexual health services provided under the project.

A key innovation introduced by FHI 360 under the RDMA project was the use of HIV rapid testing, delivered by trained, credentialed HCT counselors through nine FHI 360-supported service sites, including community-based drop-in centers. Introduction of rapid testing does not appear to have significantly increased HCT service uptake, but the number of testing clients who did not receive their results declined from around 10% at the beginning of the project to less than 1% by the end. This is in comparison to a roughly 30% loss to follow-up at the national level.

Finally, FHI 360 developed numerous tools to support provision of HCT/STI services, including promotional materials, counseling tools and educational materials to improve patient/provider communication, and clinical guidelines. Key tools and materials included:

» HCT Promotional Materials, such as targeted posters, pamphlets and a 'Smart Answers' tool to address common concerns/misconceptions about HIV testing;
» Pre-test group information session flipchart, to speed client flow and ensure provision of appropriate information about HIV, STIs, risk reduction strategies, and the testing

process and results;
» STI Clinical Care Handbook, including syndromic management flowcharts and guidelines for working with MARPs;
» SOPs for provision of HIV rapid testing and management of occupational exposures; and
» Clinic Operational Guidelines and Standards for the provision of integrated HCT/STI services.

FHI 360 additionally adapted for local use the Asia regional HIV Counseling Resource Package originally developed by FHI 360/WHO/UNICEF, and FHI 360's Clinical Facility and Services Assessment Field Guide.

The FHI 360 clinical services model developed under the RDMA project is being adopted and adapted at various levels. Kunming CDC has adapted the STI Clinical Care Handbook for use at township-level clinics, while the HIV Counseling Resource Package has been partially adopted by the National Center for AIDS/STD Prevention and Control. FHI 360 staff also assisted in drafting national-level HCT guidelines for female sex workers, and provided TA to the Yunnan and Guangxi CDCs and the Yunnan Health Bureau to conduct provincial-level HCT training of trainers and to implement FHI 360's QA/QI system.

Capacity Building

As described above, FHI 360 has provided an ongoing program of capacity building in BCC strategies and services for local implementing agencies. This technical assistance has followed a "cascading model" wherein local partners transition from recipients of capacity building to recognized providers, able to continue promoting and supporting USAID models beyond the end of USAID implementation support. In this spirit, peer educators from FHI 360 projects in Kunming, Nanning and Gejiu have all provided technical assistance for less-experienced CBOs and have been recognized as important TA providers:

» The Lily Women's Wellness Center, previously an FHI 360 IA under the Kunming Red Cross, was recognized as one of the best FSW intervention models in Southeast Asia by a UNAIDS/UNDP task force, and has been chosen by UNAIDS as a training center for peer educators and government staff from across China;
» The Spring Rain MSM Workgroup was awarded 1st Place in a national competition by the China STD/AIDS Association for their community-based HIV prevention model, and has been selected by the Kunming Bureau of Health to provide TA for newly established MSM workgroups around the greater Kunming administrative area (four districts and 14 counties);
» The Green Garden IDU Care Center, previously an FHI 360 IA under Jin Hu Dong Community Committee, is providing on-going TA for a GFATM-funded IDU project in Jianshui, and has been identified as a demonstration site by the prefectural government

In recognition of the quality TA provided to GFATM sites, FHI 360 served as an INGO representative on the Global Fund National Country Coordinating Mechanism, and as the sole INGO member of the Global Fund Yunnan Technical Expert Group. Finally, FHI 360 has successfully transitioned almost all project sites supported under RDMA TASC3 to new sources of project funding, mainly under government support.

Lessons Learned

Alternative BCC models (websites, social networking services, microblogging etc.) are an important approach to reach more hidden MARPs, particularly MSM. Approaches should embrace the unique strengths of these platforms, including the potential for location-specific and anonymous communication, audience-driven content, and distance service delivery (for instance, online support groups).

BCC strategies work best when they target specific, highest-risk subpopulations (for instance, young MSM or actively injecting IDUs) with appropriate messaging and services. At the same time, BCC programs should be sensitized to the existence of multiple, overlapping risk behaviors and identities such as drug-injecting sex workers, or heterosexually-identified MSM sex workers. One size does not fit all.

Community-based, rapid HIV testing strategies may increase uptake of HCT services and client satisfaction, but only if services are delivered in a high-quality, non-stigmatizing manner. MARPs-friendly service providers are key to increasing service demand. Selecting dedicated, full-time service providers and involving them in outreach, drop-in center activities, special events etc. is an effective way of breaking down the wall between clinics and communities.

The cascading approach to TA and capacity building can be an effective means of strengthening project sustainability and expanding coverage, but local partners must be trained and supported effectively not only in how to implement new approaches, but in how to train others to do the same. Knowing, and knowing how to teach others, are not the same.

Continued Challenges

While the USAID/FHI 360 model has been widely "accepted" in China, model replication has in some cases been superficial. For example, numerous sites have adopted a peer-led model of outreach education, but without the regular technical support to design effective BCC approaches. In order for the model to be fully implemented, on-going support including field supervision and mentoring is necessary; however, limited resources do not allow for adequately follow-up in many sites.

Real-name identification policies are a barrier to encouraging uptake of HCT among MARPs. Delaying the ID requirement until after a positive screening test result can mitigate this barrier; however, government testing agencies are reluctant to adopt this strategy as their organizational priority is ensuring 100% follow-up on clients who test positive, rather than increasing HCT uptake.

Chinese government regulations are a barrier to improving quality and uptake of STI services. For instance, many clients report reluctance to accept a DiC-based STI screening unless treatment can also be provided on-site; however, GoC regulations block provision of many on-site treatments, even orally administered treatments with minimal safety concerns. Uptake of STI syndromic management has also been hindered by the need of many healthcare providers (private and public) to generate fees through STI laboratory screening.

SUCCESS STORY

Empowering Voices, Promoting HCT through Social Media Platforms

Mr. Qun Jie has a message for all of his friends – if you want to protect your beauty, get an HIV test. "Just like you can do a test to help make sure your skin stays beautiful and healthy, doing an HIV test can help you take control of your physical condition," he explains.

This message was shared as part of a digital video (DV) competition addressing beliefs that HIV testing is something to be ashamed of. Not so, says Qun, in a video he uploaded to the Internet and shared with all of his contacts. "True beauty means taking care of the outside and the inside."

The DV Show competition ran from for three months on the Xiu Boy website (www.xiuboy.com), launched by USAID/FHI 360 to promote HIV testing for MSM. Participants were asked to not only record videos explaining why they got an HIV test, but to share those videos over the local versions of Twitter and Facebook.

Approaches like this are increasingly important for reaching MSM in China, where more and more men are turning to the Internet to meet sexual partners and access health information. Mr. Xie Bing, a community consultant with the USAID/FHI 360-supported Spring Rain workgroup explains why traditional outreach is no longer effective: "There were people that we couldn't reach. They aren't willing to go to the venues; they're afraid of their identities being exposed."

"When we do Internet outreach, we reach college professors, government officials ... they talk with us, and they'll openly tell us 'I'm an official,' or 'I'm a professor.' If we were in a cruising venue, would they be willing to tell us that? Of course not!"

Social networking also empowers target populations to take ownership of HIV prevention by using their own networks, their own voices. This has implications for influencing the community norms which, at present, often promote risks while discouraging prevention behaviors.

The Xiu Ge Zhi Cheng competition was a modest start, and only 48 videos were uploaded, but those videos generated 6,673 votes and, during the campaign, website traffic increased by 128%. More importantly, HCT uptake during the campaign period increased by 26% (from 896 to 1,135) and the number of positive cases identified increased by 22% (from 57 to 70).

One important lesson learned from this activity was the constant need to innovate – as Mr. Xie from Spring Rain notes: "It's just like venue-based outreach – you need different kinds of activities to attract people, and then you work the HIV information into the activity. If you just do nothing but HIV every day, of course no one is going to come!"

3 ACCESS TO CARE, SUPPORT AND TREATMENT FOR PLHIV AND THEIR FAMILIES INCREASED

The USAID/FHI 360 strategic approach in China additionally recognizes the intrinsic link between HIV prevention and services for PLHIV, who require life-long, comprehensive care support and treatment services not only from health care providers but also from family and community members. Access to these services can not only improve health outcomes and quality of life for PLHIV, but the availability of these services also galvanizes peer educators, provides incentives for MARPs to accept HIV counseling and testing, and can greatly reduce the likelihood of a PLHIV transmitting HIV to their partners.

Replicable models are therefore needed which provide high-quality, effective care, support and treatment services for Chinese PLHIV. Under the project, FHI 360 therefore documented lessons learned through the development of a Continuum of Care model for delivery of care and treatment services for PLHIV and transferred this model to the local government. FHI 360 also worked with the other CAs to establish a next-generation Continuum of Prevention to Care and Treatment model.

Documenting and Transitioning an HIV Continuum of Care

The Continuum of Care model was originally launched under the USAID IMPACT implemented by FHI 360 project in Pingxiang and Ningming counties of Guangxi Province. The model is based on the principle that ART is most effective when delivered as one component of a comprehensive and coordinated set of HIV care, treatment and support interventions, which also includes HCT, ART, management of opportunistic infections and tuberculosis, community and home-based care services provided by PLHIV, and coordinated social and support services outside of the clinical setting.

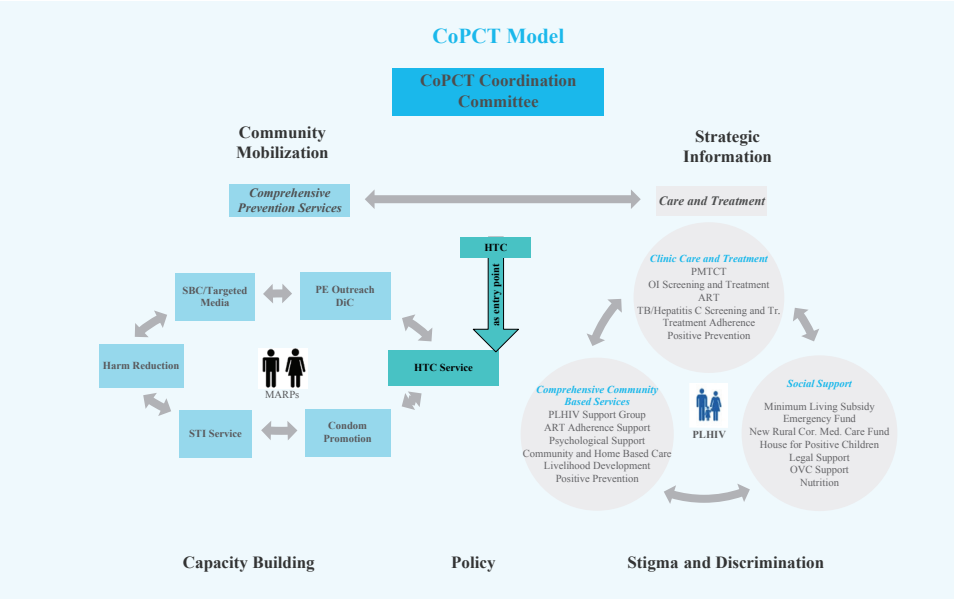
Under the current USAID, FHI 360 continued to support the CoC model through technical and financial assistance for the implementation of the CoC model through Pingxiang CDC, Pingxiang Hospital and Ningming CDC. FHI 360 and its partners have conducted multiple trainings on provision of ART (197 individuals trained), non-ART clinical care (327 individuals trained) and management of TB/HIV co-infection (135 individuals trained). In support of the CoC model, FHI 360 conducted trainings on mortality case review and HIV treatment management for IDU for doctors from Yunnan and Guangxi. FHI 360 also developed four different IEC materials on HIV care, support and treatment to aid in patient education and self-care, and assisted in the development of Pingxiang People's Hospital as a provincial training site for replication of the CoC model

that provided HIV care and treatment training for doctors from Guangxi and beyond.

Over the course of the project, the number of clients receiving ART provided free-of-charge by the Chinese government increased by 46%. More importantly, data from the Longitudinal Enhanced Evaluation study showed that ART patients in Pingxiang, who received comprehensive services under the CoC project, scored significantly higher on a number of measures, including overall quality of life and level of independence, when compared with ART patients from non-CoC sites. The experiences in developing and implementing the CoC model were shared at a regional WHO palliative care meeting held March 2010 in Hanoi.

The CoC model was transitioned to Chinese government support in FY10, and is being replicated throughout the country. One significant achievement is that the government recognized the role PLHIV can serve in providing care and support for other PLHIV, and additional funding has been provided through local government and GFATM projects for inclusion of PLHIV caretakers. The CoC model also changed the clinical management system of the Chinese government from a vertical to horizontal management structure, with coordination between the CDC and hospital for better provision of care and treatment to PLHIV.

In order to support continued replication of this model, FHI 360 produced a Continuum of Care documentary film, which was premiered on World AIDS Day 2010 and rerun at provincial conferences in Yunnan province and in Beijing. Copies of the film have been shared with government agencies, donors and healthcare organizations across China.



Launching a next-generation Continuum of Prevention to Care and Treatment

The CoPCT model was launched by FHI 360, other USAID CAs and local government partners in Luzhai County, Guangxi in November 2010 in order to:

» strengthen linkages between community-based HIV prevention and testing interventions supported by USAID/FHI 360 and HIV-related treatment provided by the Chinese government; and
» strengthen clinical care and fill gaps in the provision of care and support services for PLHIV.

FHI 360 supported development of the CoPCT model in Luzhai by conducting an assessment of care and treatment needs at the site. FHI 360 also led a workshop with the government, local stakeholders, and other USAID CAs to discuss the CoPCT model, structure, roles and responsibility of the key players to generate buy-in and support.

At the end of the project, the CoPCT model was still in its relative infancy. A quarterly CoPCT coordination meeting was established, and chaired by the Luzhai Bureau of Health, FHI 360 also created a Services Directory and distributed to all partners to assist in referral and coordination. FHI 360 also presented on the CoPCT model at a regional PEPFAR meeting on IDUs, which was held in Ho Chi Minh City in 2011.

Provision of Community- and Home-Based Care for PLHIV

FHI 360 also provided TA to community based implementing agencies and trained 1,660 peer educators and healthcare staff to deliver CHBC services for PLHIV in Yunnan and Guangxi, including health check-ups and basic treatments, adherence monitoring, service referral and education for patients and care-givers. Assistance from FHI 360 included developing a CHBC training curriculum including a 15-step service-delivery SOPs and specific measures to protect patient autonomy and confidentiality, conducting regular refresher trainings and QA/QI monitoring visits, and providing CHBC kits including basic tools and educational materials.

The CHBC model was well-received by government partners, who viewed it as a means of strengthening follow-up care without additionally burdening government healthcare staff. By FY12, FHI 360 was directly supporting provision of CHBC services for 857 PLHIV, an increase of 73% over the beginning of the project. However, the freezing of GFATM funding in China starting in November 2010 led to the suspension of many CHBC services; though funding was restored in August 2011 as of the close of the project CHBC services had not been reinstated.

Lessons Learned

On-going and updated TA is necessary for the provision of ART and related clinical care; otherwise, services can quickly fall out of date. Continued QA/QI monitoring and on-going refresher training are also necessary to maintain the quality and appropriateness of CHBC services.

Building stronger linkages between HIV testing services, healthcare providers, and organizations providing CHBC can result in stronger uptake of home-based care services and improved quality of life for PLHIV, because counselors and in-patient care providers can actively promote the availability and increase the acceptability of CHBC services.

Stigma and discrimination among community members remains a major barrier to uptake of CHBC services among PLHIV who are concerned about their serostatus being revealed. Stigma and discrimination activities carried out among healthcare

providers and at the community level are necessary for successful service provision. CHBC guidelines must also contain strict protocols for the protection of client confidentiality, and adherence to these guidelines must be monitored regularly.

Significant effort is required to generate buy-in from all necessary stakeholders prior to the adoption of a CoPCT model. All actors must first understand the goals, processes and intended benefits of the model, and to ensure mutual understanding and cooperation from all parties, the government should take the lead in coordinating and implementing the CoPCT. Significant TA may, however, be needed to strengthen the capacity of local government to take ownership of the process.

Continued Challenges

While USAID intervention models aspire to provide a comprehensive package of prevention, care, support and treatment services, in reality the needs of PLHIV (and other vulnerable populations) go beyond the provision of prevention and clinical services. Availability of some necessary services, such as long-term psychosocial counseling, is limited by a lack of existing service providers; in other cases, services are available but inaccessible to those who need them most. For instance, ART is provided free-of-charge under the government's 'Four Frees, One Care' policy; however, there is limited support for diagnosis and treatment of opportunistic infections, and some PLHIV cannot afford the additional costs themselves.

The Chinese government has been comparatively proactive in providing a range of benefits for PLHIV, including living assistance and income generation support for positive individuals who are still able to work. In addition, PLHIV and their households are eligible to join local-level social assistance schemes; however, some PLHIV (particularly MSM and FSWs) are unwilling to access these benefits as doing so requires registering and revealing one's HIV-positive status. PLHIV in China have reported being losing their jobs or being forced to leave school or move out of their home when their HIV status became known, have been subjected to social discrimination such as being thrown out of weddings or other social events, and have in some cases been physically threatened or attacked. Significantly, not only PLHIV themselves but also members of their families have been subject to stigma and discrimination.[33]

While PLHIV residing in urban centers (such as downtown Luzhai or Gejiu) can access facility-based care and support with relative ease, a key advantage of the CHBC model is the ability to ensure continuity of care for patients who live in less-accessible outlying areas. However, reaching these clients with regular follow-up services requires a significant investment of time, staff and funding which is not always available.

SUCCESS STORY

Helping PLHIV to Help One Another

Li Ming was born into a poor rural family in southwest China's Guangxi Province in 1973. He was 17 when he first tried opium, at his friends' urging – by the time he reached 20, Mr. Li had graduated to injecting heroin and sharing needles with his friends. His habit earned him multiple trips to labor camps and compulsory detoxification centers and rapidly declining health; he tested HIV positive in 2005, with a CD4 count of 24.

Mr. Li and his family were certain he would die – they even prepared a coffin, and no one dared approach or look at him except his mother, who sent him meals. Mr. Li was so desperate he twice attempted suicide.

The Chinese government provides antiretroviral treatment free-of-charge; however, Mr. Li left the hospital and doctors could not contact him. However, at that time the Pingxiang People's Hospital and the Pingxiang CDC were collaborating with FHI 360 to establish a Continuum of Care for people living with HIV, to ensure that patients like Mr. Li receive appropriate care and are not lost to follow-up. It was an FHI 360 staff member who arranged for a car to collect Mr. Li and deliver him to the hospital – with proper care and treatment, Mr. Li's weight increased from 33.5 kg to 70kg, and his CD4 count climbed to 570.

For most people, recovering one's health would be cause enough for celebration, but Mr. Li decided to help others who faced the same fear, stigma and discrimination he himself felt. Since 2006, Mr. Li has been volunteering to help other patients within the CoC program at Pingxiang Hospital. With training from FHI 360 staff, Li helps patients navigate the hospital and take their medicine, shares his experiences, encourages peers to have confidence, persuades patients' family members to support treatment and provides prevention and self-care training for patients and their families. He has also conducted home visits, organized group activities for patients, and spoken about his experiences in many community centers and schools.

Perhaps most importantly, Mr. Li is not reluctant to show his face. He fights discrimination by facing doctors, reporters, and the larger society – beginning with his own family members. He also conducts educational activities in nearby villages and helps villagers during the harvest.

"I want to face the society bravely, do my best to reduce discrimination against people living with HIV/AIDS and help others positively understand HIV/AIDS," Mr. Li said. "My life is enriched and meaningful. Although I earn not so much through my job, I embody my value and help others through it, which gives me a sense of achievement."

4 ENABLING ENVIRONMENT STRENGTHENED

FHI 360 recognizes that the ability of the prevention interventions implemented under the Comprehensive Package of Services model to make a real and lasting impact on the spread of HIV will be determined in part by the broader social and policy environments in which these interventions are implemented. Under the RDMA project, FHI 360 has therefore provided technical support for a range of "enabling environment" interventions to address the social, economic and legal determinants that facilitate the behavior change process and encourage MARPs and PLHIV to participate in all levels of the epidemic response. In China, this has included support for activities reducing stigma and discrimination toward PLHIV and high-risk groups, network building to strengthen relationships between grassroots organizations and government agencies, and policy and advocacy work particularly around strategic planning and provision of clinical services. FHI 360 has also trained more than 3,000 individuals, over the life of the project, in order to strengthen the enabling environment, in areas including policy advocacy, institutional capacity building, reduction of stigma and discrimination, and community mobilization.

Organizational Capacity Building

Over the course of the RDMA project, FHI 360 provided a series of trainings to strengthen the institutional capacity of local partners, including technical assistance on organizational design and developing job descriptions, program management training (including financial and human resources management), and strategic planning. As a result of these trainings, FHI 360 has successfully strengthened the organizational capacity and sustainability of grassroots organizations providing HIV prevention and care services for MARPs. Among these:

» The Kunming Red Cross Lily Women's Wellness Center completed a project proposal with assistance from FHI 360, and has secured funding from the Chinese government through the provincial Social Mobilization Fund.

» The Green Garden Wellness Center has become the first officially recognized CBO sanctioned by the Gejiu Urban Affairs Bureau and has received additional funding from the prefectural Health Bureau.

» The Gejiu Red Cross Women's Wellness Center is receiving follow-on funding from the local government.

» The Spring Rain MSM Drop-in Center has registered as an independent, for-profit business which will continue to function as a community-based HCT service center with funding from the Gates Foundation to purchase rapid test kits.

» The Green City Rainbow MSM Work Group is receiving follow-on funding from the Nanning CDC.

Strengthening Government/ Community Partnerships

FHI 360 along with the other USAID CAs provided significant technical assistance to provincial-level MSM technical working groups (TWGs) in Yunnan and Guangxi. The goal of these TWGs was to serve as a platform for enhanced dialogue among local MSM CBOs and between the MSM community and local government, and to link provincial epidemic responses to regional experience and resources available through the Bangkok-based Purple Sky Network. FHI 360 supported quarterly TWG meetings, helped to establish provincial-level TWG secretariats and draft Terms of Reference for these groups, and provided regular capacity-building trainings on (for instance) strategic work planning and presentation skills. Over the course of the project, the TWGs were expanded to include newly established, prefecture-level MSM groups in both provinces, and in Yunnan the provincial CDC agreed to directly fund the quarterly TWG meetings, which they also chair.

Addressing Stigma and Discrimination

While there have been improvements in recent years, stigma and discrimination (S&D) toward PLHIV (as well as toward marginalized populations at heightened risk of infection) remain relatively widespread in China and are significant barriers to target populations participating in prevention activities and accessing services. Under the RDMA project, FHI 360 placed a major focus on reducing stigma and discrimination in clinics and in communities. This included creating a standardized curriculum and training staff of local CDCs to conduct monthly stigma reduction activities in the hospital and their home communities under the CoC and CoPCT models. Stakeholder interviews indicated that these activities led to increased HCT uptake and increased willingness of families to support HIV-positive family members.

FHI 360 also supported a Family Committee intervention as part of the Green Garden project for IDUs in Gejiu. The Family Committee recruited a team of volunteers who gathered regularly at the drop-in center to share experiences and support in caring for drug-using and HIV-positive family members. These volunteers also carried out regular home visits to mediate between recovering IDUs and their families, and accompanied CHBC staff conducting follow-up visits, to help the CHBC teams gain entrée to PLHIVs' homes.

In Kunming, FHI 360 collaborated with the International HIV/AIDS Alliance to sponsor a series of radio broadcasts as part of the Midnight 1+1 program on Yunnan People's Radio FM 88.7, where MSM volunteers shared stories of their experiences growing up gay in Chinese society and dealing with discrimination from friends, family and service providers. The radio broadcasts resulted in many positive call-ins to the radio station from listeners, primarily school-age youth.

Finally, FHI 360 also conducted numerous S&D reduction trainings targeting healthcare providers and project staff, particularly around sensitization to working with MSM communities. These trainings involved explaining the differences between biological sex, sexual identity and sexual behavior; identifying unconscious biases and describing ways they impact service delivery; and creating action plans to reduce project- and clinic-based stigma and discrimination.

Advocating for an Enhanced HIV Response

FHI 360 in collaboration with USAID/HPI has successfully advocated at the provincial and national levels for adoption of the A^2 process, as well as for use of A^2 outcomes in designing epidemic responses and allocating funding. A major example is the adjustment of the Yunnan and Guangxi Five-Year HIV Prevention plans to include a greater focus on MSM. The national government has also replicated the A^2 process to guide strategic planning in 10 provinces.

FHI 360 staff and local partners have also successfully advocated for the roll-out of HIV rapid testing strategies through the sharing of lessons learned in piloting rapid tests at FHI 360 project sites. This included participation in fora such as the regional rapid testing meeting in Bangkok (2011) and the Sino-USG meeting in Kunming, hosting numerous learning trips to FHI 350 testing sites (including visits from WHO China and the National Center for AIDS/STD Control and Prevention) and technical assistance provided by FHI 360 staff for the drafting of new HCT guidelines for MARPs.

Lessons Learned

Strengthening organizational capacity of grassroots Chinese organizations has been a major focus of FHI 360 and the other USAID CAs under the RDMA project, and has focused largely on day-to-day implementation, project planning and human resource management. However, for projects to become truly viable in the long-term, greater focus must be paid to strengthening the resource development and financial management capacity of these organizations (i.e. helping them to access additional resources and manage those that they have). This need is increasingly urgent in the context of reduced international support for HIV prevention in China, making grassroots organizations increasingly dependent on limited domestic funding.

The MSM technical working groups in Yunnan and Guangxi are an effective and sustainable model for government/community partnership; however, in order to be of continued relevance, these TWGs should be given specific scopes of work and dedicated resources to undertake that work.

S&D reduction must address more than merely misconceptions regarding the risks of casual HIV transmission. An important source of discrimination in China is the link between HIV and marginalized communities such as MSM and sex workers – more must

be done to address the overlapping sources of stigma and discrimination. The Green Garden Family Committee is a good example of the innovative approaches that are needed, in that it addresses stigmatizing attitudes regarding drug use as much as those around HIV.

As the array of services provided under so-called "comprehensive packages" or "continuums of care" expand, sensitivity and stigma-reduction trainings should likewise be expanded to cover a broader array of service providers – for instance, the staff of Civil Affairs Bureaus and methadone maintenance treatment sites.

News media are an important source of on-going stigma and discrimination and potentially an important tool towards ameliorating them; however, because of the complexities involved in interfacing with local media on sensitive issues, the U.S. government has exercised greater caution engaging with the media in China. In practice this has meant that negative and damaging coverage of HIV and most-at-risk populations continues, without any kind of guidance to reduce this coverage or manage its impact. Programs should be more proactive in working with the media, and in building the capacity of grassroots organizations to interact with journalists appropriately and effectively.

Continued Challenges

Significant barriers remain which prevent many grassroots organizations in China from registering as independent, legally recognized organizations. This hampers efforts to build local ownership, and makes it difficult for these organizations to secure sustainable sources of funding. In 2011, the Chinese government appeared to be considering new regulations to loosen some restrictions – since that time; however, no further information is available regarding the proposed regulatory changes.

Discrimination against PLHIV also continues, despite legal protections, and may have been legitimized by recent court cases which confirmed the legal right of some government entities to reject for employment HIV-positive applicants. These rulings, and the nationwide publicity which surrounded them, may embolden individuals and organizations in enacting discriminatory policies toward PLHIV, and may make promotion of HIV testing, treatment and care services more difficult as the population has little reason to believe that legal protections for PLHIV will be enforced.

SUCCESS STORY

Mothers Helping Mothers, the Green Garden IDU Care Center Family Committee

Methadone maintenance therapy (MMT) costs between RMB5-10 (US$0.80-1.59) per dose in China, and some families refuse to cover the cost, because they view methadone as just another form of drug use. Recently, a young IDU in Gejiu City, desperate to start MMT but unable to convince his father, knew just where to turn – he asked his "Mother," at the USAID/FHI 360-supported Green Garden Care Center.

Mother Mao knows well the harm that drug use can cause not only to users themselves, but also to families and communities; her own son began using drugs in 1991. When she heard that a father refused to help his son access MMT, she paid a visit to the family. The young man started MMT soon afterward.

"I tell parents, 'Your child is innocent, care for him, don't stigmatize him,'" Mother Mao explained. "Give him time and love – that's how you can help him return to society."

Mother Mao and her partner, Mother Wang, are retired women whose sons are former IDUs. Like many parents, they were initially hesitant to visit Green Garden; however, at the Care Center they learned more about drugs, HIV and how to support their children, and they started spreading this knowledge to other families. These two volunteers formed the core of the Family Committee, which conducts home visits and monthly group meetings to provide moral and practical support for almost 100 families residing in Gejiu's urban areas.

During home visits, the Mothers discuss problems faced by parents of IDUs, collect data on the family's specific needs, and provide basic information about HIV transmission, and particularly about the safe disposal of needles and syringes. Understandably, some families are not initially open to such visits, but through persistence and patience, the Mothers have found that eventually, most families open their doors.

"Now, parents actively seek us out to learn how to help their children," Mother Wang said. "More and more parents are willing to participate in our activities, and for some even if their child has died they still take part."

The Mothers have also been accepted by younger IDUs at Green Garden, who view them as surrogate parents and frequently ask them to mediate in disagreements with their own family members. Mother Wang remembered that, when her own child passed away in 2008, she was ready to give up, but the Green Garden director asked her, "What about all your other children?"

"After that talk I changed my mind. I knew that my other children needed me too and I could not give up on them. Because of what I have been through, the hardships, the pain of losing my child, parents are more willing to trust me and open up to me."

5 EFFECTIVENESS OF USG-SUPPORTED PROGRAMS ENHANCED BY LEVERAGING OTHER DONOR RESOURCES

With support from USAID/RDMA, FHI 360 has provided technical assistance and financial support for the implementation of comprehensive HIV prevention interventions as well as care and support services to MARPs in six hotspots in Yunnan and Guangxi. However, FHI 360 recognized the enormous needs for the services that USAID funding alone can't provide. Therefore, FHI 360 has emphasized the importance of leveraging support from other donors, the GFATM and the Government of China (GoC) to supplement the USAID RDMA interventions for provision of a truly comprehensive package of HIV prevention, care, support and treatment services. Of particular importance is the funding that FHI 360 has been able to leverage from the GoC, which demonstrates strong support for the programs and potentially greater sustainability (as compared to funding from non-government sources, such as international donors).

To this end, FHI 360 has continued to enhance its strong and collaborative relationships with key provincial governments in Yunnan and Guangxi and local partners to ensure strong support and smooth project implementation. FHI 360 provided technical assistance and training as requested by the Yunnan and Guangxi health bureaus and other local governments, and participated as members of various technical task forces and committees to provide inputs for shaping the HIV/AIDS response and promoting the CPS, CoC and CoPCT models. FHI 360 also maintained high-quality interventions at the project level and routinely disseminated information on project activities and models through regular stakeholder meetings, provincial workshops, and national and international conferences.

Throughout the RDMA project, FHI 360 was very active in leveraging funds from local partners to maximize services for MARPs. These included in-kind contributions such as rental costs for offices and clinic spaces, partial staff time costs to work on selected projects, reagents and laboratory equipment for HCT, and clinical facilities for STI services. The GoC also contributed free HIV screening and confirmatory test services, partial support for MMT and needles for NSP, free condoms for prevention programming, and free ARV drugs and CD4 counts for PLHIV.

In addition to support from the Chinese government, the GFATM provided joint funding for FSW projects in Pingxiang, Ningming and Geiju, as well as FSW and IDU projects in Luzhai, and provided support for NSP in Gejiu and Luzhai. FHI 360 invited the Australian Agency for International Development (AusAID) as a potential donor to visit the FSW project in Hekou, Yunnan; coordinated with FHI 360 in Vietnam for a visit to the prevention, care and treatment project in Lao Cai, across the border in Vietnam; and accompanied AusAID staff to the site to enhance and ensure effective referral to services in Lao Cai for Vietnamese FSW reached through the cross-border project. With these efforts, FHI 360 successfully secured joint funding for the Hekou FSW project in FY10 and the project was fully transitioned to AusAID support in FY11.

In addition, the local governments and the GFATM provided funding support for staff time, transportation and per diem for participants attending FHI 360 trainings as well as sponsoring training venues and meals. FHI 360 has also leveraged funding from the American AIDS Foundation and the Guangxi government to support opportunistic infection (OI) treatment for PLHIV receiving clinical care at Pingxiang Hospital, as well as support from the Bill and Melinda Gates Foundation (BMGF) to scale up HCT services in Pingxiang.

FHI 360 encouraged local partners to seek additional funding to fill in service gaps; provided training on intervention design, strategic management and proposal writing, and assisted local partners in drafting proposals for additional funding from the GFATM, national, provincial and local governments. From FY08-12, FHI 360 worked with local partners and leveraged a total of $ 2,286,623 from DFID, BMGF, UNICEF, AID Action International, Médecins Sans Frontières/France, American AIDS Foundation, AusAID, Sino-German AIDS Project, Sino-Vietnam Cooperation Program on AIDS, China CARES Program, national government, Guangxi provincial government, Beijing Gender Health Education Institute, Yunnan Red Cross, China Science and Technology R&D Program, Yunnan AIDS Bureau, Yunnan Red Cross, Kunming Medical University, Kunming City, Guangxi Red Cross, Gejiu AIDS Office and Luzhai County.

Lesson learned

Building and maintaining a strong, collaborative relationship with the government is necessary in order to effectively leverage available government resources. Collaboration with local partners needs clear discussion about the benefits of in-kind contributions to enhance comprehensive services. In addition, a high-quality program can speak for itself in advocating for additional resources from the government and other donors for scale-up. Providing regular TA and building in QA/QI systems can help ensure this quality. Moreover, ongoing TA and training on program planning and proposal writing provided to local partners, government and the GFATM sites are necessary to enhance success in securing funding.

Continued Challenges

The current global economic situation has influenced the decision to decrease financial assistance to developing countries. Given that China has the highest GDP growth in the world, many countries have reduced their funding support to China, including funding for HIV/AIDS prevention, treatment and care programming. The GFATM Round 10 in China will be ended by 2012 and China is not eligible for GFATM Round 11 funding. The GoC has responded with increased local funding to support HIV/AIDS programming; however, available funds are still insufficient to meet the needs of the most-at-risk populations in China.

Local NGOs might be able to fill some of this gap through their own efforts; however, there are continuing regulatory obstacles to NGO registration (for instance, a government agency must serve as an oversight organization, and in some cases NGOs must maintain a relatively large bank balance). These obstacles limit the ability of civil society organizations to solicit for and receive funding from government and other donors.

LESSONS LEARNED AND CONCLUSION

The USAID RDMA-funded project in China was built on a foundation established through previous collaborative projects between the Chinese and US governments in Yunnan and Guangxi, and evolved over five years supported by the inputs of numerous local and international agencies and technical experts. A full accounting of all the factors which contributed to the success of this project is beyond the scope of this report. Nonetheless, for the benefit of other agencies which may be interested in replicating this project, in whole or in part, in their own communities, below are a list of key lessons learned, gleaned from discussions with project staff from FHI 360 and local partners.

Lessons learned

1) Strengthening local capacity for the collection and utilization of strategic information is vital to ensuring appropriate resource allocation and effectively targeted epidemic responses. The new focus in Yunnan and Guangxi provinces on interventions targeting MSM populations is a clear example of the potential impact of high-quality strategic information on intervention approaches. At the same time, strategic information can also have an impact on project planning and implementation at the field level, when local partners are trained and empowered to collect and use data appropriately. The RDMA TASC3 project demonstrated that on-going technical assistance and training, as well as routine dissemination of results to a wide audience at all levels, are key to the success of strategic information interventions.

2) Behavior change communications activities implemented by peer educators require a clear management system including written job descriptions and performance expectations and a clear division of responsibilities. Peer educators are ideally selected from within the ranks of existing project clients, and a probationary and assessment system is in place to ensure that the most suitable volunteers are chosen. This does not necessarily mean the most highly educated or experienced peers – it is more important to select passionate, dedicated and responsible team players and to work to continually build their capacity with ongoing, high-quality technical assistance and refresher trainings. Individual projects supported under RDMA worked to equitably distribute opportunities for capacity building, and provided incentives and recognition for services performed (such as professional accreditations etc.) in order to keep peers motivated and encourage staff retention.

3) It is possible to provide sexual health services (including HCT and STI diagnosis and treatment) in community-based settings which meet both client expectations and high standards for service quality. Key factors driving client satisfaction and increased service uptake included convenience (rapid testing, weekday and weekend service times, on-site treatment), choice (clients could choose either a community-based or CDC service site), and continuity (well-trained, MARP-friendly service providers who were posted full-time

to drop-in center clinics). FHI 360 also established close ties between community-based peer educators and clinic-based health care providers, through regular coordination meetings, provider participation in outreach and drop-in center activities, and PE involvement in service provision as HCT counselors and CHBC providers.

4) Provision of a continuum of services linking high-risk individuals from prevention and testing to treatment and community and home-based care and support can increase service uptake and eventually treatment outcomes, including improved quality of life for PLHIV. Establishing such a continuum requires significant advocacy among, and buy-in from, multiple stakeholders at all levels of service provision and management. HIV-positive peers have an important role to play in this continuum, as providers of educational, care and support services and as advocates for vulnerable patients in interacting with healthcare (and other social support) service providers.

5) HIV risk behaviors (injecting drug use, unprotected sex, multiple and concurrent partnerships) take place within a wide social context which influences whether target audiences practice preventative behaviors, or access healthcare services. Enabling environment interventions are thus needed to address these social determinants of health. Under the RDMA project, FHI 360 has demonstrated successful approaches to reducing stigma and discrimination in clinical settings (provider training and mentoring), among families (the Green Garden Family Committee) and in the wider community (coordination with police agencies and local leaders, sharing stories through radio broadcasts etc.) Key to these successful approaches was the recognition that stigma and discrimination toward MARPs proceeds as much from stigmatized identities and behaviors as it does from perceived or actual HIV serostatus.

Conclusion

FHI 360 has worked in close engagement with national-, provincial- and local-level partners over the five years of the RDMA project in order to provide technical assistance for HIV/AIDS services among MARPs in Yunnan and Guangxi provinces. Innovative service models such as peer-led CHBC and community-based rapid HIV testing have been demonstrated to be feasible and acceptable in the Chinese context. Project sites have been identified as key local providers of technical assistance and in almost all cases have been successfully transitioned to other forms of support. Clear project models (CPP, CoC, CoPCT) have been documented and are being adopted and adapted by the Chinese government.

Despite these successes, the HIV epidemic in China continues to grow (albeit at a slower rate) and with a diversification of transmission modes that presages a potential spread from high-risk groups into the general

population. For programs to achieve measurable impact on the epidemic, services models must be brought to sufficient scale. This would be difficult under any circumstances, given China's geographic size and population; however, at present China faces an additional challenge in the general withdrawal of international funding for HIV prevention activities. While the Chinese fund the 75% of HIV work domestically, more than 50% of international funding and technical assistance is funneled into prevention programs specifically, and in the current economic climate this funding is threatened. There is a lack of clarity around how, and to what extent, program models developed with USAID support will be supported in the long term.

The RDMA project, as implemented by FHI 360 and other USAID cooperating agencies, has successfully demonstrated a comprehensive, community-based and sustainable model for the provision of prevention, care, support and treatment services targeting most-at-risk populations. For successes achieved under the RDMA program to be sustained, however, experiences, lessons learned and outcome data must be documented and disseminated to decision-makers and other key stakeholders inside China. It is hoped that this report contributes to the evidence for continued support and replication of the USAID model in Yunnan and Guangxi as well as other sites throughout China.

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APPENDIX 2: *PROJECT PARTNERS*

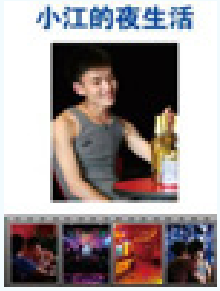
S/No.	Name of organization	Geographical coverage	Services provided
International NGOs			
1.	Population Services International	Yunnan and Guangxi	Technical assistance for condom social marketing
2.	USAID Health Policy Initiative	Yunnan and Guangxi	TA for strategic information, policy advocacy, stigma and discrimination
3.	International HIV/ AIDS Alliance	Yunnan and Guangxi	TA for community mobilization, organizational capacity building
4.	Pact	Yunnan and Guangxi	TA for livelihood development
5.	MEASURE Evaluation/John Snow, Inc.	Yunnan and Guangxi	TA for health management information systems
6.	MSH	National	TA for drug supply chain management
Government departments			
7.	Yunnan Center for Disease Control and Prevention	Yunnan Province	Strategic information, policy guidance, coordination, QA/QI for HCT
8.	Guangxi Center for Disease Control and Prevention	Guangxi Province	Strategic information, policy guidance, coordination, QA/QI for HCT
9.	Kunming Center for Disease Control and Prevention	Kunming City	HCT and STI services, STI QA/QI

S/No.	Name of organization	Geographical coverage	Services provided
10.	Gejiu Center for Disease Control and Prevention	Gejiu City	HCT services
11.	Nanning Center for Disease Control and Prevention	Nanning City	HCT and STI services, peer education and outreach, condom distribution
12.	Hekou Center for Disease Control and Prevention	Hekou County	HCT and STI services, peer education and outreach, condom distribution
13.	Pingxiang Center for Disease Control and Prevention	Pingxiang County	HCT and STI services, peer education and outreach, condom distribution
14.	Ningming Center for Disease Control and Prevention	Ningming County	HCT and STI services, peer education and outreach, condom distribution
15.	Luzhai Center for Disease Control and Prevention	Luzhai County	HCT and STI services, peer education and outreach, condom distribution
Local organizations			
16.	Kunming Institute for Health Education	Kunming City	HCT and STI services, peer education and outreach, condom distribution
17.	Kunming Red Cross	Kunming City	HCT and STI services, peer education and outreach, condom distribution

S/No.	Name of organization	Geographical coverage	Services provided
18.	Gejiu Red Cross	Gejiu City	HCT and STI services, peer education and outreach, condom distribution
19.	Jinhudong Community Committee / Green Garden	Jinhudong Residential Community / Gejiu City	HCT and STI services, peer education and outreach, condom distribution, CHBC
20.	Pingxiang People's Hospital	Pingxiang County	ART, care and support for PLHIV

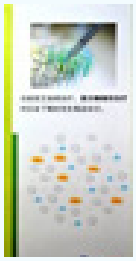
APPENDIX 2: *IEC MATERIALS PRODUCED BY FHI 360 CHINA*

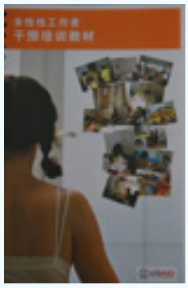
Material	*Target Audience*	*Type*	*Content*	*Cover*
SBC Materials Produced				
		FY11		
Better Living through Health – MSM and Party Drugs (Chinese and English translation) Code FY12-01	MSM	IEC	The booklet includes a definition of party drugs, explanation of the potential side effects from various different party drugs (including amyl nitrates, ketamine, MDMA, ephedrine, methamphetamine, GHB and alcohol), the link between party drug use and HIV risk, and tips for reducing the risks associated with using party drugs.	
STI Booklet (Chinese with English translation) Code FY11-03	MSM	IEC	STIs and men who have sex with men, STIs and HIV Common STI syndromes for men, Requesting a sexual health examination, Managing an STI infection	
Show Your Best Self Website (Chinese only) Available online at www.xiuboy.com CodeFY11-02	MSM	Tool	HCT/STI service promotion platform, including basic information on HIV/STIs, prevention for positives, legal rights of PLHIV and HCT clients, anonymous self-risk assessment, and anonymous partner notification for STIs. Also includes videotaped introductions from clinic staff as well as testimonials from former clients.	

Xiao Jiang's Nightlife Booklet (Chinese with English translation) CodeFY11-O4	MSM	Tool	"Choose Your Own Adventure"-style storybook, addresses alcohol use and HIV risk, trust and condom use, alternative risk-reduction strategies, and condom-carrying.	
CoPCT Handbook (Chinese only) CodeFY11-O6	Healthcare providers Patients	Tool	Explanation of Continuum of Prevention to Care and Treatment model Inventory of service providers with addresses and contact information	
Community and Home-Based Care Package(Chinese translation and original English material – note that Chinese has been modified to meet the local situation) Code FY11-O1	PLHIV	Training Material	CHBC training manual (incl. step-by-step guidelines on providing home-based care) CHBC Standard Operating Procedures	
MSM Internship Course (Chinese and English) Code FY11-O7	MSM Peer Educators and Project Staff	Training Material	Interactive training curriculum for MSM peer educators and project staff. Contents include: FHI 360 strategic framework for MSM interventions, Basic HIV/STI information, Approaches to behavior change, Promotion of HIV counseling and testing Online outreach, Edutainment	

Continuum of Care Documentary Film (Chinese with English subtitles) CodeFY11-05	Policy makers	Report	Project documentation and lessons-learned to support model scale-up	
FY10				
Benefits of VCT Poster (Chinese with English translation) CodeFY10-03	FSW	IEC	"The earlier you know, the better you can respond." - Links HIV counseling and testing with achieving significant life goals, including financial security, home ownership and raising a family.	
When You Are Waiting Leaflet (Chinese with English translation) CodeFY10-04	FSW MSM IDU	IEC	HIV self-risk assessment quiz	
HIV is a Bomb Leaflet (Chinese with English translation) CodeFY10-05	FSW IDU MSM	IEC	"HIV is like a bomb that could go off in your body when you least expect it!" -Explanation of HIV infection (incl. immune system, CD4 cells, ART) and explanation that HIV can remain undetected in a person's body for many years, slowly damaging their health	

HIV Rapid Test Promotion Leaflet (Chinese with English translation) CodeFY10-07	FSW IDU MSM	IEC	Benefits and dependability of the Determine rapid test Explanation of the window period Explanation of potential test results Importance of confirmatory testing	
VCT Poster (Chinese with English translation) CodeFY10-08	FSW MSM IDU	IEC	"You cannot tell by looking whether someone is HIV positive – get tested for HIV. The earlier you know, the better you can respond."	
Amphetamines and Other Stimulants Leaflet (Chinese with English translation) CodeFY10-10	IDU	IEC	Short- and long-term effects of stimulant use Stimulant dependency Withdrawal symptoms Amphetamine (and other stimulant) use and HIV risk	
Benzodiazapam Leaflet (Chinese with English translation) CodeFY10-11	IDU	IEC	Medical use of benzodiazapam Short- and long-term effects of benzodiazapam use Dependency Benzodiazapams and HIV risk Benzodiazapam use and pregnancy	

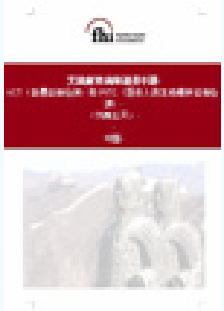
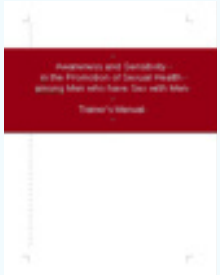
Heroin and Other Opiods Leaflet (Chinese with English translation) CodeFY10-12	IDU	IEC	What are opiods? Effects of opiod use Opiod dependency. Treatment for opiod dependency. How does methadone maintenance therapy work? Opiod use and pregnancy	
Methadone Maintenance and HIV Treatment (Chinese with English translation) CodeFY10-13	IDU	IEC	How does using other drugs affect HIV treatment? Interactions between Methadone and other medications. Antiretroviral therapy and interactions with other medications	
Self-Care Flipchart and Handbook (Chinese-only) CodeFY10-02	PLHIV	Tool	Planning for the future Managing discrimination and emotional distress. Staying healthy (nutrition, exercise etc) Managing HIV/AIDS-related illness. Positive prevention	
Smart Answer Leaflet (Chinese with English translation) CodeFY10-06	FSW IDU MSM	Tool	"So you don't think you should be tested for HIV?" - answers to commonly encountered barriers to HIV testing, including "It's better not to know," "Treatment costs too much," "Drawing blood hurts," "I'm afraid people will look down on me" etc.	

Small Group Information Flipchart (Large and Small) (Chinese with English translation) CodeFY10-09	HIV counseling and testing clients (FSW, MSM, IDU)	Tool	Basic HIV and STI information Risk reduction information Condom use and safe-injection Dealing with condom breakage Explanation of the window period. Explanation of HIV testing flow and test results	
Financial Management Booklet (Chinese with English translation) CodeFY10-14	FSW	Tool	Establishing a budget/savings plan. Controlling spending habits and encouraging saving Investing strategies – risks and benefits. Example of a savings plan and the interest earned over 5 years	
FSW Training Manual (Chinese only) CodeFY10-15	FSW peer educators Intervention planners and managers	Training Material	Intervention design and management; HIV/AIDS/ STI basic information; use of USAID/FHI-produced SBC tools; behavior change communications; communication techniques and values	
STI Clinical Care Handbook (Chinese-only) CodeFY10-01	FSW	Guidelines	STI Clinic Management (incl. service content, referral systems and clinical equipment). Operational Guidelines (incl. pharmaceutical management and infection control) STI case management (incl. sexual history guidelines, conducting a clinical examination, and syndromic management flowcharts)	

Clinic Operational Guidelines and Standards (Available in Chinese and English) CodeFY10-16	VCT/STI Service Providers	Guidelines	Includes guidelines on clinic set-up and client flow; management of occupational exposure; provision of HIV counseling and testing for MARPs; integration of STI and VCT services; management of rapid testing; monitoring and evaluation; and management of clinic emergencies. Technical assistance from FHI staff available for the implementation of these guidelines.	No image available
Monitoring and evaluation indicators for most-at-risk population (MARP) and PLHIV prevention and care services 2010 (Available in English only) CodeFY10-17	Intervention planners and managers	Guidelines	Reference to USAID partners implementing MARP programs. Outlines the framework for intervention types, provides a list of commonly agreed upon core indicators and their definitions, and provides information on additional indicators to be used depending on data needs and planned evaluation efforts. Where appropriate, linkages have been made with national-level indicators.	
FY09				
We're Together With You posters CodeFY09-03	MSM	IEC	Community-designed campaign posters promoting HIV counseling and testing and asymptomatic STI screening and treatment with a message stressing community togetherness	

Risk Cards (Chinese only) CodeFY09-02	FSW MSM IDU PLHIV	Tool	Commonly seen behaviors (sexual and otherwise) which participants rank by level of risk for HIV infection. Includes two sets, second is MSM behaviors. Stresses different levels of HIV risk, risk reduction approaches.	
MSM Hotline Counselor Training (Chinese translation and original English material – note that Chinese has been modified to meet the local situation) CodeFY09-01	Counseling staff Peer counselors	Guidelines	Two books w/ CDs included. Book One: Introduction to basic concepts including sex, gender and MSM; transgenders; advice on coming out; HIV/STI and MSM; positive prevention for MSM. Book Two: Counseling techniques, telephone counseling, handling difficult calls, counselor self-care and ethical standards	
FY08				
STI Cards (Chinese only) CodeFY08-04	FSW MSM IDU PLHIV	Tool	Common STI presentations for gonorrhea, chlamydia, syphilis, genital warts, and herpes. (Includes male and female) Stresses risk of asymptomatic infection, need for professional medical diagnosis and treatment.	
Love Story (Chinese only) CodeFY08-05	FSW	Tool	Basic HIV/AIDS information, including transmission and disease progression, care and treatment discussion	

Reproductive Puzzles (No Language) CodeFY08-06	MSM FSW IDU	Tool	Puzzle pictures of male and female reproductive systems that can be used to stimulate discussion	
Reproductive Health Apron (No Language) CodeFY08-07	IDU FSW MSM	Tool	Apron with card set used to describe female reproductive system, pregnancy and birth. Intended for use by peer educators in stimulating educational discussion on safer sex and family planning	
Risk Money (No Language) CodeFY08-08	FSW MSW	Tool	Fake money set, intended for use by peer educators in stimulating discussion with sex workers (male and female) on the long-term financial consequences of STI/HIV infection, in comparison to the 1 RMB spent on a condom.	
A Jiang's Story (Chinese Only) Code FY08-09	MSM	Tool	Basic HIV information, including transmission and disease progression, also intended to prompt discussion on MSM emotional pressures, alcohol and HIV risk, and common misconceptions about looking healthy and being safe.	

VCT Training Package (Chinese translation and original English material – note that Chinese has been modified to meet the local situation) CodeFY08-02	Counseling staff	Training Materials	Includes trainer's manual, trainee's handbook, and toolkit. Basic HIV/AIDS/ STI information, counseling ethics and effective HIV counseling, behavior change communications, HIV pre- and post-test counseling, dealing with special needs, supporting HIV disclosure, dealing with suicidal clients, introduction to supportive counseling, counselor self-care. Toolkit contains easy-to-understand tools to aid in HIV pre- and post-test counseling.	
MSM Sensitivity Training Package (Chinese translation and original English material – note that Chinese has been modified to meet the local situation) CodeFY08-03	Counselors and healthcare providers Government staff Non-MSM intervention staff	Training Materials	Contains trainers manual and handbook. Topics include introduction to sexuality; sexual practice and sexual identity; MSM sexual behavior and risk of HIV/STI; attitudes and values; MSM risks and vulnerabilities; clinical services and MSM	
MSM Communities in Kunming (Chinese and English) CodeFY08-01	Policy makers Program planners Project staff	Report	Report on qualitative survey conducted among Kunming MSM, includes risk awareness, sexual behaviors, prevention and health-seeking behaviors, fears and aspirations, attitudes toward HIV and PLHIV. Subsections on transgender population and on male sex workers.	