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Abbreviations

A^2	Analysis and Advocacy
AEM	Asian epidemic model
AIDS	Acquired immune deficiency syndrome
APCOM	Asia Pacific Coalition on Male Sexual Health
APN+	Asia Pacific Network of Positive People
ART	Anti-retroviral therapy
ASEAN	Association of Southeastern Asian Nations
BI	Macfariane Burnet Institute for Medical Research
CA	Cooperating agency
CBO	Community based organization
CDC	Center for Disease Control
CHAS	Centre for HIV/AIDS and STIs (Lao)
COP	Chief of Party
CPP	Comprehensive Prevention Package
CPS	Comprehensive Package of Services
COTR	Contract Officer Technical Representative
EWC	East West Center
FHI	Family Health International
GIPA	Greater involvement for people living with HIV/AIDS
GMR-C	Greater Mekong Region and China
GOC	Government of China
HAARP	HIV/AIDS Asia Regional Program
HIV	Human immunodeficiency virus
HPI	Health Policy Initiative
HPI/TO1	Health Policy Initiative, Task Order 1
HSPH	Harvard School of Public Health
ICRW	International Center for Research on Women
IDLO	International Development Legal Organization
IDU	Injecting drug user
IEC	Information, education and communication
IR	Intermediate result
IQC	Indefinite quantity contract
LAVS	Legal Aid Volunteers Station (Yunnan University)
IPPF	International Planned Parenthood Federation
LTWM	Long-term Working Mechanism
LYAP	Lao Youth AIDS Prevention Program
MARP	Most at risk populations
MMT	Methadone Maintenance Treatment
MOIC	Ministry of Information and Culture (Lao)
MPS	Minimum Package of Services
MSH	Management Sciences for Health
MSM	Men who have sex with men
NCAIDS	National Center for AIDS/STD Control and Prevention

NGO	Non-government organization
PEPFAR	President's Emergency Plan for AIDS Relief
PHB	Public Health Bureau
PSB	Public Security Bureau
PSI	Population Services International
PSN	Purple Sky Network
PLHIV	People living with HIV/AIDS
RETA	Resource Estimation Tool for Advocacy
RFP	Request for Proposals
RTI	Research Triangle Institute
S&D	Stigma and discrimination
SPS	Senior Policy Symposium
TRG	Training Resources Group
TWG	Technical Working Group
USAID	United State Agency for International Development
UNAIDS	United National Joint Programme on HIV/AIDS
USG	US Government
UNDP	United Nations Development Programme
VCT	Voluntary Counseling and Testing
YPAB	Yunnan Provincial AIDS Bureau
YPOA	Yunnan Police Officer's Academy

Introduction

RTI International (RTI) is one of four prime contractors for the USAID | Health Policy Initiative Indefinite Quantity Contract (HPI IQC). Under Contract No. GPO-I-00-05-00035-00, RTI leads a consortium including the Harvard School of Public Health (HSPH), the International HIV/AIDS Alliance (the Alliance), the International Center for Research on Women (ICRW), Management Sciences for Health (MSH), Pact, and Training Resources Group (TRG). IQC objectives are captured in 5 result areas:

- **Result 1:** Policies development and implementation
- **Result 2:** Strengthening champions and supporting advocacy
- **Result 3:** Health sector resources
- **Result 4:** Multisectoral engagement
- **Result 5:** Data used for evidence-based decision making

HPI also addresses crosscutting issues including poverty, gender, human rights and stigma and discrimination.

The RTI consortium currently holds one task order, Strengthening HIV/AIDS Policy and Advocacy in the Greater Mekong Region and China (HPI/GMR-C)[1], Contract No. GPO-I-01-05-00035-00 which was awarded on September 28, 2007. Achievements and results to date are detailed in the following section.

[1] At the request of the USAID IQC CTO, RTI changed the Task Order name from *Strengthening HIV/AIDS Policy and Advocacy in the Asia Pacific Region* to *Strengthening HIV/AIDS Policy and Advocacy in the Greater Mekong Region and China*. This name has been approved by the USAID RDM/A CTO for this Task Order and the USAID IQC CTO in Washington, D.C. RTI has submitted a modification request to RDM/A CTO for this Task Order name change.

Individual Task Orders

Strengthening HIV/AIDS Policy and Advocacy in the Greater Mekong Region and China (GMR-C)

USAID | Health Policy Initiative, Strengthening HIV/AIDS Policy and Advocacy in the Greater Mekong Region and China (GMR-C)

Task Order Summary

USAID Task order number: GPO-I-01-05-00035-00

Location: Greater Mekong Regional and China

Title: USAID | Health Policy Initiative, Strengthening HIV/AIDS Policy and Advocacy in the Greater Mekong Region and China (HPI/GMR-C)

Activity Description: HPI/GMR-C is working in Beijing, Yunnan, and Guangxi provinces in China, as well as in the Greater Mekong Region, to accelerate the development and implementation of HIV/AIDS policy for most-at-risk populations and people living with HIV/AIDS. The project also supports civil society organization and participation in the policy process. HPI/GMR-C is also building advocacy capacity through small grants and technical assistance to local organizations.

Participating Sub-contractors: HIV/AIDS Alliance, The Burnet Institute

Program Overview

This is the second annual report submitted under the U.S. Agency for International Development (USAID) Health Policy Initiative (HPI), Strengthening HIV/AIDS Policy and Advocacy in the Asia Pacific Region Task Order. RTI International is implementing the task order known as the USAID | Health Policy Initiative in the Greater Mekong Region and China (HPI/GMR-C). HPI/GMR-C is a President's Emergency Plan for AIDS Relief (PEPFAR)–funded project under the categories of strategic information and policy and systems strengthening. The project supports the USAID/Regional Development Mission for Asia (RDMA) strategy of "increased effective response to HIV/AIDS and other infectious diseases" by contributing to the program objective of "Investing in People in the Health Program Area and Program Elements: 1.1. HIV/AIDS." HPI/GMR-C aims to improve the enabling environment for HIV prevention, care, and treatment in the Asia Pacific region, by ensuring that

- national and local HIV policies, plans, and programs, based on international best practice, are adopted and implemented;
- effective public sector and civil society champions and networks are developed, strengthened, and supported to assume leadership in the policy process; and
- timely and accurate data are used for evidence-based decision making.

HPI/GMR-C is currently a 3-year program targeting the enabling environment as it relates to most-at-risk populations (MARPs) and people living with HIV (PLHIV). In China, Year 2 activities were carried out in support of the United States Government's (USG's) comprehensive and coordinated approach to China and in collaboration with the other USAID-funded cooperating agencies (CAs) with a central focus on strengthening the "supportive interventions" within the context of both the Comprehensive Package of Services (CPS) and the Comprehensive Prevention Package (CPP). HPI/GMR-C work is undertaken within the context of six of the supportive intervention components. In Year 2, HPI/GMR-C contributed to five of the supportive intervention components: capacity building, community mobilization, policy, stigma and discrimination, and strategic information. To date we have not addressed income generation.

Regional-level activities centered on strengthening the capacity of advocacy for men who have sex with men (MSM), regardless of their HIV status and on finalizing the revised A2 guidelines in partnership with Family Health International (FHI) and the East West Center (EWC).

Achievements

Management

Two significant events influenced HPI/GMR-C work during the past year. Firstly, the USAID-led review of the Minimum Package of Services (MPS) in February 2009 resulted in the formulation of the CPS and a recommendation that the CAs work more closely together to develop and document models of best practice that can be replicated by the Chinese government using non-USAID funds. An additional outcome of this review was the announcement that a review of the "supportive intervention" components will be conducted in the new financial year. Given that HPI/GMR-C's activities fall within the realm of the "supportive interventions," this review will be significant in terms of how we continue to work. The MPS review also resulted in the CA adopting a more participatory and coordinated approach to the development of the overarching CA integrated work plan. This was submitted to USAID in July 2009. HPI/GMR-C actively participated in this process by supporting a preliminary workshop and assisting to conceptualize and develop the work plan. Subsequent to the submission of the CA Integrated Work Plan, USAID requested HPI/GMR-C increase its scope of work for FY10 to include leading the injecting drug user (IDU) evaluation and developing and documenting standard operating procedures (SOPs) for all CAs, as well as documenting the CPP. These new activities have been the subject of several planning meetings since and progress has already been made in preparation for FY10.

HPI/GMR-C is also actively involved in preparing for USAID's planned "supportive interventions" review. USAID requested HPI/GMR-C to collect relevant documents from the other CAs for the "supportive interventions" review team. A list of documents was compiled and sent to USAID for review in September 2009.

Due to the expanded scope of work in China, HPI/GMR-C is in the process of recruiting a new Project Officer. We anticipate that person will start work before the end of October 2009.

HPI/GMR-C Operations Manager has been on maternity leave from June to October 2009. A prior plan and temporary replacement meant a smooth handover and no impact was felt on the project by her temporary absence.

International Conference presentation of project-related activities

During the year, the following conference presentations were made:

- Tim Brown, Felicity Young, and Anthony Bondurant. "Integrated Analysis and Advocacy (A^2): Project Overview." Presented by Tobie Saidel on behalf of the A^2 collaboration at the From Data to Impact: Using Health Care Data for Results Conference, 29 January 2009, Arusha, Tanzania (oral presentation).
- Tim Brown, Felicity Young, and Anthony Bondurant. "A^2 Evidence to Action." Presented by Anthony Bondurant on behalf of the A^2 collaboration at the United Nations Joint Programme on HIV/AIDS (UNAIDS) Second Surveillance Meeting, 5 March, 2009, Bangkok, Thailand (oral presentation).

- Tim Brown, Felicity Young, and Anthony Bondurant. "The Analysis and Advocacy (A2) Project in Bangladesh, China, Thailand and Viet Nam: Strengthening Local-Level Implementation." Presented by Felicity Young at the 2009 HIV/AIDS Implementer's Meeting (poster presentation).
- Felicity Young. "Advocacy for men who have sex with men." Presented at the Asia Pacific Coalition on Male Sexual Health (APCOM) The 200 Forum, Bali, August 9, 2009 (oral presentation).
- 9th International Congress on AIDS in Asia and The Pacific (ICAAP9) in Bali from August 9–13, 2009:
  - Tim Brown, Anthony Bondurant, and Felicity Young. "The New Analysis and Advocacy (A^2) Guidelines: Bridging the 'Evidence–Policy' Divide in Asia" (poster presentation).
  - Li Yunzhao, Xie Yu, Hu Bin, Felicity Young. "Barriers to Uptake and Continuation of Substitution Methadone Treatment in Yunnan Province, China" (poster presentation).
  - Cui Shicun, Felicity Young, and Hu Bin. "Strengthening the Enabling Environment through Stronger Community Participation in Yunnan China" (poster presentation).
  - Chris Hagerty, Brad Otto, and Felicity Young. "Mapping donor support for HIV programming for men who have sex with men in Greater Mekong Subregion" (poster presentation).
  - Brad Otto, Mike Toole, Chad Hughes, and Felicity Young. "Enough is Enough. But how much is enough? Resource allocation for men who have sex with men interventions in the Greater Mekong Subregion" (oral presentation).
- Hu Bin. "Introduction of A^2 Project-Advocacy and Challenge." Guangxi A^2 Project Senior Policy Symposium, August 26, 2009.

Intermediate Result (IR) 1: Policies and plans adopted and implemented

Strategy: Within the overarching context of the "supportive interventions," HPI/GMR-C provides technical assistance in the areas of policy development, adoption, implementation, and monitoring. Our strategy includes working with government and civil society actors to foster a partnership approach to understand how policy impacts those most affected and how policy implementation can be strengthened. The policy areas we address are at the request of the government and/or self-initiated. Over the past year, we conducted operational policy assessments on:

- The regulatory environment for NGOs and/or community-based organizations (CBOs) in Yunnan (topic initiated by the project)
- Methadone maintenance treatment (MMT) in Yunnan (topic initiated by the Yunnan Provincial AIDS Bureau [YPAB])
- Development of a long-term working mechanism (LTWM) in Yunnan (topic initiated by the YPAB)
- Community perceptions of voluntary counseling and testing (VCT) in Guangxi (topic initiated by the project). In Year 1, HPI/GMR-C conducted an operational policy assessment of VCT in Yunnan
- HIV legal environment in Yunnan (topic initiated by the project)

Operational policy assessment serves as a neutral way of building support among stakeholders to address specific issues. The assessment process enables us to review the policy as drafted, explore how the policy is (or is not) implemented, and identify gaps or barriers to implementation. We produce a report of our findings and this is used as a platform for further discussion and follow-on action. Accordingly, these policy assessments have resulted in concrete actions that have been implemented this year and follow on actions that have been included in our Year 3 work plan. *Note*: Activities for this results area (IR1) are focused only in China.

- *Review of the regulatory environment for NGOs and CBOs in Yunnan*. A robust and independent civil society sector is a central element of a supportive environment. Accordingly, how to best support community mobilization and development efforts, in the context of China, has been a major theme in HPI/GMR-C's work plan. To date, NGOs and/or CBOs have become registered and/or formally constituted under a range of national and provincial regulations, including commercial registration. In September 2008, the Yunnan Civil Affairs Bureau introduced a new policy, known as the Yunnan Provincial Civil Affairs Guidance on Construction and Management of Community-based Social Organizations, to support increased registration. In November 2008, the project undertook to assess these new guidelines and determine the extent to which they might foster increased community mobilization. The assessment report, titled *Creating Space for Civil Society Participation in Yunnan*, was completed by the end of March 2009. The report expanded upon its original scope and included a review of the advantages and disadvantages of the five options currently available in Yunnan for organizations to register or be formally constituted. A key finding of the report is that the situation is not straightforward and interested groups are advised to take a case-by-case approach, carefully weighing the advantages and disadvantages of each option in light of their mandate, resources, and funding levels.

  HPI/GMR-C approached the AIDS Alliance and suggested that we partner to implement follow-up actions. On April 8, 2009, a questionnaire was distributed to 53 CBOs, groups, and NGOs in Yunnan to seek information on their registration status, experiences, issues, and barriers. Some 33 (62 percent) of these responded. Their responses indicate that the majority have been established for less than 5 years, most serve more than one MARP group, and 80 percent of CBOs were set up in response to initiatives by either international NGOs or local resident committees, with just 20 percent being self-initiated or in response to government influence. Furthermore, of the 33 responding organizations, 26 have received funding from international agencies, indicating the critical role international agencies play in promoting the civil sector and especially local CBOs. Only 2 of the 33 had succeeded in registering through a noncommercial registration channel. Respondents felt the barriers to registration included: difficulty in finding a sponsoring supervisory unit, the existence of complicated procedures, and a difficult application process. HPI/GMR-C and the Alliance had planned to conduct a workshop in May 2009 to share the information and discuss the issues

related to registration among MARPs. However, the workshop had to be postponed (with USAID concurrence) because the government might be sensitive to the MARPs highlighting the political complexities of the environment in which they worked. Instead, HPI/GMR-C distributed the results of the questionnaires to CBOs via e-mail. HPI/GMR-C has continued to provide technical advice on CBO registration in Yunnan, but unfortunately none have so far succeeded in registration. This inability to get registered may be indicative of how complex the situation actually is. Many groups have reported that the lower-level officials of the Civil Affairs Bureau seem to be unaware of the new policy and claimed that they could not provide information to the CBOs. In May and July 2009, a preliminary discussion was held with the Yunnan Civil Affairs Bureau and the Kunming office of the Global Fund, Round 6 that resulted in an agreement to jointly work on registration issues in Yunnan in Year 3 of the project.

- *Methadone Maintenance Treatment (MMT) program, Yunnan*. The Program of MMT Pilot for the Heroin Addicted Community was approved by the central government in 2003. Yunnan opened its first pilot clinic in April 2004. In December 2007, the Government of China (GOC) ratified the *Anti-Drug Law of the People's Republic of China* that took effect on June 1, 2008. This new law explicitly supports community-based models of detoxification and rehabilitation, as opposed to compulsory institutional-based rehabilitation. In theory, the MMT policy and the Law should have paved the way for the scale-up of MMT and community-based detoxification programs. However, local officials report that the pilot program has encountered multiple obstacles that have limited its implementation. In late 2008, the YPAB asked HPI/GMR-C to assist them to conduct an operational policy assessment of the MMT pilot to (1) identify any policy barriers, (2) identify strategies to address barriers, and (3) develop strategies to harmonize health and public security policy approaches. The assessment was conducted from August to December 2008. The report, titled *An Assessment of Issues, Challenges, and Strategies of Methadone Maintenance Treatment*, was drafted and formed the basis for a poster which was presented at the ICAAP9 in Bali in August 2009, entitled *Barriers to Uptake and Continuation of Substitution Methadone Treatment in Yunnan Province, China.* The research, reviewed and approved by both YPAB and USAID, indicated multiple barriers to the uptake and continuation of MMT, including
  - Lack of IDU awareness on the availability of an application process for MMT
  - Continuance of forced arrest and detention of IDUs with positive urine tests in compulsory detoxification centers by the police
  - Inaccessible MMT clinics due to distance or cost
  - Inadequate, or unchanging, dosages of methadone given to clients, leading them to supplement methadone simultaneously with heroin
  - Unfriendly or ineffective service at MMT clinics due to lack of staff training
  - Lack of serious intention to adhere (only enrolling in MMT to obtain the MMT card which temporarily prevents arrest of urine-positive IDUs by police)

- Disappointment of IDUs or their families with MMT caused by lack of knowledge or side effects
- Lack of psychological support for adherence

Responding to these findings, HPI/GMR-C supported a feedback workshop with the YPAB, the Yunnan Police Officer's Academy (YPOA), and the Australian Agency for International Development (AusAID)–funded HIV/AIDS Asia Regional Program (HAARP) on June 4, 2009. The 34 participants included representatives from governmental departments of health, public security, and justice; local grassroots organizations; international NGOs; and MMT clients. The workshop resulted in recommendations which were used to plan HPI/GMR-C's next steps. In FY10, HPI/GMR-C plans to work closely with Population Services International (PSI) and the Alliance to address ongoing issues related to MMT. For example, HPI/GMR-C will tap into PSI's close working connections with the Public Security Bureau (PSB) to advocate for better communication between the Public Health Bureau (PHB) and the PSB to promote a consistent, harmonized approach to dealing with IDUs on MMT in the community. In FY10, MMT will also be addressed in conjunction with our VCT and legal work, for example, by advocating for VCT to be available in MMT sites and to document the infringement of legal rights of MMT patients, such as unjustified random urine testing and arrest.

- *Long-term Working Mechanism for Yunnan's HIV Prevention and Control Program, Yunnan.* The Yunnan teleconference for the New Round of the People's Anti-Drug and AIDS Prevention and Control War on June 25, 2008, and the Yunnan Provincial Party Standing Committee meeting on June 5, 2008, called for the establishment of the Long-term Working Mechanism (LTWM) for HIV/AIDS Prevention and Control. The YPAB sees the LTWM as a crucial tool to effectively control the spread of HIV in the province. The LTWM is designed to provide the YPAB with a multisectoral framework for the implementation of the province's HIV response up to 2010. The LTWM is to be developed within the overall context of Yunnan's 11th General Plan for Socioeconomic Development and will consider resource allocation, multisectoral participation and supervision, coordination, and monitoring and evaluation (M&E) systems. The YPAB asked HPI/GMR-C to provide assistance to develop this framework. Accordingly, the project undertook an assessment to articulate the needed elements to develop a sustainable LTWM. The assessment, jointly conducted with the YPAB and the Yunnan Policy Research Institute, was conducted from October to December 2008 and a report was drafted. HPI/GMR-C, in partnership with the YPAB, then developed this further into a shortened policy briefing paper for use with officials that will assist in promoting the government's approach to HIV and increasing understanding of the LTWM. Both the approved English and Chinese versions of this policy briefing paper, titled *Moving Toward a Long-Term Mechanism for HIV/AIDS Prevention and Control in Yunnan Province, China*, were printed (1,000 Chinese copies and 100 English copies) for distribution by HPI-GMR-C and the YPAB to relevant stakeholders to increase awareness of LTWM in

Yunnan.

- *Voluntary Counseling and Testing (VCT), Yunnan and Guangxi.*
  Yunnan Update: As agreed by USAID, FHI is the lead CA for VCT and is responsible for supporting the Yunnan Center for Disease Control and Prevention (CDC) to address the issues that were raised in our assessment report. Unfortunately, the recommended application to form a VCT Technical Working Group (TWG) to address the policy issues on VCT raised by the HPI/GMR-C sponsored assessment and composing the CDC and CA representatives was rejected by the Integration Division of the Yunnan AIDS Bureau in August 2009. Despite this set-back, HPI/GMR-C has adjusted its approach and in FY 10 will take a new approach actively soliciting the input of the CDC and the YPAB to selected key policy or implementation issues which are hindering the uptake of VCT. We In an assessment conducted in year 2 HPI/GMR-C have identified four main VCT barriers related to VCT policy: (1) the consistent application of real-name testing (so that real names are not collected at screening stage); (2) elimination of or adjustment to follow-up home visits to HIV positives not on antiretroviral therapy (ART); (3) promotion of scale-up of rapid testing; and (4) examination of the prospects for increasing VCT availability through provider-initiated testing. HPI/GMR-C will also work with other CAs on strategies to generate demand for VCT in both Yunnan and Guangxi.

  Guangxi Update: The VCT assessment in Guangxi was conducted from March 1–5, 2009. It resulted in a draft report which has been summarized into a more concise Policy Brief entitled *Community Perceptions of the Risks and Benefits of Seeking Voluntary Counseling and Testing*. This has since been approved by USAID and English and Chinese versions have been printed and distributed. To disseminate these findings and promote discussion as an entry point for FY10's work to overcome VCT barriers, HPI/GMR-C, Guangxi AIDS Office, and Guangxi CDC also co-organized a feedback workshop, on September 25, 2009. The 31 participants represented government counterparts at the provincial, prefecture, and county levels; other NGOs operating in the VCT arena in Guangxi; USAID CAs; and affected MARP groups.

- *Review of the HIV-related legal and regulatory environment:* In October 2008, HPI/GMR-C conducted an assessment of the HIV legal environment in Yunnan in order to understand the extent to which the existing HIV-related laws and regulations were implemented and understood by people at-risk and the HIV positive community, the legal profession, and other stakeholders. The report, titled *Assessment of the HIV Legal Environment: Yunnan, China, October 13–30, 2008*, was approved by USAID in January 2009 and has been distributed to counterparts and stakeholders in Yunnan and at the central level. A key finding of the report was that although the HIV-related legal and regulatory framework in Yunnan has evolved in recent years and is more consistent with international best practice, implementation is weak and HIV-related stigma and discrimination against people with HIV and other at-risk communities remains prevalent and

largely unaddressed. The report resulted in RTI forming a strategic alliance with the International Development Legal Organization (IDLO), with the IDLO funding RTI for follow-on work in Yunnan. This work is discussed under Results Area 2 below.

IR2: Policy champions strengthened

Strategy: It is well understood that community leadership and partnerships with policy champions are needed to catalyze sustainable responses to HIV. Through advocacy, policy champions can carry out targeted actions to promote dialogue on specific HIV policy issues and encourage commitment for addressing those issues. Since Year 1 of the project, HPI/GMR-C in China has worked with advocates from the MSM and PLHIV communities to strengthen their capacity to play a leadership role and to facilitate community dialogue on issues surrounding HIV. In China in Year 2, we focused on strengthening the HIV legal environment as a way to promote and protect the rights of PLHIV and MARPs, mitigate stigma and discrimination, and advocate for policy change.

Our regional work has concentrated on strengthening the advocacy capacity MSM communities particularly related to resource allocation and understanding capacity needs. This work is undertaken in partnership with the Purple Sky Network (PSN) and the APCOM because of their roles as regional and subregional MSM advocacy networks. Additionally, we work closely with United Nations Development Programme (UNDP) in their capacity as the UN lead for MSM activities

<u>China</u>

Strengthening HIV legal policy champions and addressing HIV-related stigma and discrimination: As a result of the HIV legal assessment (discussed above) in May 2009, RTI received funding from IDLO through a separate mechanism to fund the Yunnan University Legal Aid Volunteers Station (LAVS) to establish a pilot HIV Legal Aid Center (HLAC) in Yunnan. With agreement from USAID, HPI/GMR-C contributes technical assistance to support the HLAC. The grant to establish HLAC includes funding for a dedicated lawyer and PLHIV peer educators, as well as recruiting a roster of *pro bono* lawyers available for litigation (if required). The service will establish a telephone hotline and Web page for confidential legal advice. This technology will enable legal services to be provided province-wide. In addition, a standardized data collection system will be instituted and the center will also be a hub for collecting information regarding HIV legal rights and HIV-related stigma and discrimination. This information will be used to inform both policy development and community advocacy efforts. It is envisaged that the HLAC will become a center of excellence and will provide a model that can be documented and replicated.

Prior to the establishment of HLAC, HPI/GMR-C supported a small team from during June 10–13, 2009, to learn from the HPI/Vietnam–managed legal clinic model. The team, led by Dr Hu Bin (HPI/GMR-C Provincial Director), consisted of of Mr. You Mengkun, deputy director of Exchange and Cooperation Division of the Yunnan AIDS Bureau; Professor Shao Fen, head of Yunnan HIV Legal Aid Center in Legal Aid Volunteers Station of Yunnan University; Mr. Zhou Dayong, lawyer of Yunnan Righteous Law

Firm; Mr. Xin Deming, head of Gejiu Poplar Tree Mutual Assistance Group/NGO; Mr. Chris Ward, advocacy consultant and HIV legal expert; and Ms. Ruan Jinping, translator. The Vietnam HLAC model has been in operation since 2004 and it was felt that many of the lessons learned over the past 5 years would assist in fast tracking the establishment of a similar model in Yunnan. Participants spent two days with the staff of HPI/Vietnam and the Center for Consulting on Legal and Policy on Health and HIV/AIDS, including site visits to the legal clinic in Hanoi and Hai Phong. The study tour successfully enabled the Yunnan team to gain hands-on experience in establishing, operating, and evaluating a dedicated HIV legal center. This experience has provided a strong foundation for the work in Yunnan.

Following the study tour, RTI signed the grant contract with Yunnan University on July 15, 2009, and the service opened on September 11, 2009, with Mr. Mao Jian was appointed as the legal coordinator. Recruitment is underway for the two peer counselors to establish the confidential Internet legal hotline and promote the center. HPI/GMR-C will continue to provide legal and technical assistance to consolidate the operations of the clinic. Preliminary discussions have also been conducted with the Nossel Institute in Melbourne, Australia, on collaboration to develop an HIV legal research agenda. The Nossel Institute is the research arm of the AusAID-funded HAARP.

Since the legal assessment report was distributed to stakeholders, HPI/GMR-C has come to be recognized as a resource on HIV-related legal issues in Yunnan. In March 2009, the YPAB recommended to the Yunnan Red Cross that HPI provide technical assistance on HIV-related legal issues for national HIV and law training in April 2009 in Kunming. As a result, we provided a legal expert and PLHIV trainers to lead workshop sessions. We have also been approached by a local PLHIV NGO for legal aid and we have referred them to the LAVS.

Strengthening MSM and PLHIV as policy champions: In China, HPI/GMR-C builds the advocacy capacity of MSM and PLHIV groups in three ways: (1) participating in the MSM TWG in Yunnan, (2) providing training in advocacy and the implementation of small grants, and (3) allocating small grants to enable MSM and PLHIV groups to implement local-level advocacy efforts.

- *MSM TWG, Yunnan:* The YPAB approved the establishment of MSM TWG in September 2008 and the meeting was held on December 20, 2008. At this meeting, TWG members discussed Yunnan's MSM TWG Operational Plan with a focus on the roles and responsibilities of its members, whether a standing committee or secretariat was needed, and the TWG's decision-making authority. An election for a new MSM coordinator was held and Mr. Frank Zhao Gang was elected. The first MSM TWG quarterly meeting of 2009 was held on March 21, 2009. The meeting agenda included finalizing the TWG Operational Plan, sharing of the minutes from the recent PSN regional meeting, and a group discussion on the TWG work plan for 2009. Four government departments, four MSM groups, and two international NGOs (FHI and Alliance) were elected to become the TWG's Secretariat. The 2009 work plan was finalized on April 15, 2009, with a focus on supporting Yunnan CDC to carry out epidemic surveillance; supporting

FHI to carry out a community-led MSM information, education, and communication (IEC) campaign; and assisting HPI's regional program to do Purple Sky Network Regional Information System on MSM (PRISM) data collection. HPI/GMR-C also plans to convene an MSM small grants experience sharing meeting later this year.

- *Facilitation of Advocacy Training and Training in the Development and Implementation of small Grants for Advocacy:* HPI/GMR-C has developed two related training modules to strengthen community capacity in advocacy: (1) a 5-day advocacy training curriculum customized for both MSM and PLHIV communities and (2) a 2-day workshop on the development and implementation of small grants for advocacy. In Year 1, advocacy training was conducted for MSM groups in both Yunnan and Guangxi and in Year 2, the focus of this training was on PLHIV communities. Accordingly, from June 15–19, 2009, PLHIV advocacy training was conducted for 22 participants (16 male and 6 female) from 16 PLHIV groups in Yunnan. Linked to the training is the opportunity to apply for small grants to implement local-level advocacy campaigns and subsequently four PLHIV groups were eventually awarded small grants (see Table 1 below).

  Two workshops to support the development of small grants were held during the project year. Firstly, the Round 1 small grants kickoff workshop was held on December 16–17, 2008, and grantees were oriented on reporting requirements and given training in basic monitoring and evaluation (M&E). This meeting was co-hosted with the Alliance because in Round 1, the Alliance had simultaneously provided tandem small grants to support community organizational development. Seventeen participants from 10 groups attended the workshop (16 males and 1 female). On its second day, the workshop required each organization to develop M&E indicators around their grant objectives and activities, describe the sources of information they could use to collect the indicator data, and list any assumptions or constraints they might face in achieving the expected outputs and outcomes. Each group presented their plans to the larger group for discussion and critique. After the workshop, each group expanded, revised, and finalized their plans and submitted them to the HPI/GMR-C Kunming office. The M&E frameworks form the basis for each organization to report the progress of their small grant.

  The second workshop in support of Round 2 grants was held on September 28, 2009, and was attended by 7 PLHIV participants from 4 groups (1 woman and 6 men). Based on experience from the first round of small grants training, a further topic on basic research design and questionnaire development was added to the small grants training. The training was well received by attendees and it is hoped will greatly help the grantees improve the quality and persuasiveness of their data for the purposes of advocacy.

- *Allocation of MSM and PLHIV Small Grants:* As outlined above, HPI/GMR-C implements a small grants scheme for MSM and PLHIV groups, linked to the

advocacy training to enable trainees to apply their advocacy knowledge and skills to practical problems within their community. To date, the project has allocated 10 small grants as follows: 6 small grants (two MSM and four PLHIV grants) in the first round and 4 small grants to PLHIV groups in the second round (see Table 1 for a summary). These grants are expected to strengthen civil society's ability to advocate as well as their relationship with government. HPI/GMR-C is closely monitoring the grants program and will document lessons learned. A review meeting of the small grants is planned for November 2009 when the degree of success each agency has had with meeting its advocacy goals will become clear.

Table 1: Summary Table of First and Second Rounds of Advocacy-related Small Grants for MSM and PLHIV Groups

MSM GRANTS (ROUND 1)	ADVOCACY GOAL
Dali Good Friends Start: December 2008 End: August 2009	Advocate for the Dali Prefecture HIV Prevention Office to ▪ Remove requirement to show identity cards prior to seeking VCT ▪ Establish a special fund to purchase condoms and lubricants ▪ Develop an operational plan to distribute condoms and lubricants
Consortium of (1) Rainbow Sky, (2) Yunnan Red Plateau Health Education and Counseling Center, and (3) TransChina Start: December 2008 End: August 2009	Advocate for the Yunnan CDC to ▪ Train VCT counselors in strategies for working with MSM and transgenders (TGs) ▪ Expand VCT sites catering to MSM and TGs ▪ Provide on-site VCT and results to MSM groups
PLHIV GRANTS (ROUND 1)	**ADVOCACY GOAL**
Gejiu Poplar Tree Mutual Assistance Group Start: December 2008 End: November 2009	Advocate for the Gejiu Provincial Health Bureau to ▪ Reform policy to include free treatment for managing ART-related side effects
Kaiyuan Hand-in-Hand Care Home Start: December 2008 End: November 2009	Advocate for the Kaiyuan Civil Affairs Bureau to ▪ Remove the criteria that PLHIV must disclose their HIV status to the neighborhood committee in order to obtain the low-income subsidy
Longchuan Red Ribbon Home Start: January 2009 End: April 2009–COMPLETED	Advocate for the Longchuan Provincial Health Bureau to ▪ Revise the management rules on opening MMT clinics to include opening clinics in villages where there are more than 50 IDUs
Mengzi Kangxin Home Support Group Start: January 2009 End: July 2009–COMPLETED	Advocate for the Mengzi County Public Health Bureau to ▪ Obtain commitment to allow IDUs who do have or have lost proof of compulsory detoxification to receive MMT services
PLHIV GRANTS (ROUND 2)	**ADVOCACY GOAL**
Dali Sea and Moon PLHIV Working Group Start: October 2009 End: September 2010	Advocate for the Dali City PSB to ▪ Issue a procedural notification to ensure real-time updates of drug users' information
Kaiyuan Sunshine Homeland Start: October 2009 End: April 2010	Advocate Kaiyuan Civil Affairs Bureau to ▪ Stipulate a regulation governing reduction of, or exemption from, medical expenses related to opportunistic infections for PLHIVs
Kaiyuan Hand-in-Hand Care Home Start: October 2009 End: September 2010	Advocate Kaiyuan labor institution to ▪ Institute policies and procedures that facilitate the IDUs and PLHIVs to access pre-employment training by removing stringent qualifying requirements ▪ Establish an employment referral system that will facilitate networking between potential employers and employees
Mengzi Kangxin Home Support Group Start: October 2009 End: June 2010	Advocate Mengzi PSB and MMT clinic to ▪ Allow already registered MMT patients who are sick at home or hospitalized to receive their methadone outside of the MMT clinic

MSM–Regional

Lao PDR Advocacy Grant: In Lao PDR, difficulty in reaching MSM largely hidden population is compounded by the rural nature of the country. This means that MSM are often dispersed and not well networked. One way to reach MSM is to improve the quality of information about HIV and sexual health provided through mass media. The Ministry of Information and Culture (MOIC) controls the flow and type of media and in order to increase information flow, they are needed partners in the HIV response. During this reporting period, HPI/GMR-C, in partnership with the Burnet Institute forged a partnership with the Lao Centre for HIV/AIDS and Sexually Transmitted Infections (CHAS) to advocate to MOIC to adopt a regulation on free advertising in mass media of IEC materials on HIV and MSM.

This advocacy activity aimed to create an environment in which targeted public health messaging through commercial and mass media is possible, opening new channels of communication to high-risk populations (MSM) who are otherwise hard to access. In addition, it aimed to improve the understanding of MSM-related sexual health issues and destigmatize MSM behaviors

The two main activities under this program have been completed. The first was an introductory HIV and MSM sensitization workshop between Burnet, CHAS, and MOIC staff held on November 4, 2008, to provide background on the HIV epidemic in Laos and the disproportionate impact of the epidemic on MSM. The workshop was chaired by Mr. Vanthong Phonchanheuang, director of the Mass Media Department of the MOIC. Thirty-eight people participated, including 23 high-level officials and 13 journalists from different departments within the Ministry and one from Lao Youth AIDS Prevention Program (LYAP) and one from Population Services International (PSI).

This was the first meeting of with high-level officials within the MOIC. The participants were very surprised to learn about the findings of Burnet's HIV prevalence study among MSM in Vientiane Capital in late 2007 and their study of young men's sexuality conducted in 2004. The participants admitted that they had heard about TGs but had never thought about sex between men. Dr. Phengpheth (CHAS) listed few examples of mass media from other countries (Cambodia, Japan, Vietnam) and encouraged the participants to discuss what would be suitable for Laos.

Participants from MOIC responded quite enthusiastically. Their general feeling was that the information was new to them and demonstrated a very real need for a role from the MOIC in the HIV response. They were very surprised by the issues of MSM and HIV and agreed that they needed to play a role in the HIV response. MOIC appropriately highlighted the need to target media at specific vulnerable groups. The MOIC should normally clear and approve all print and broadcast media distributed in Laos, but because they are recognized as one of the most conservative ministries they are sometimes sidestepped by organizations who may fear that their IEC materials or other media could be rejected. It appears from participants' reaction at the meeting that there is a new awareness of the need for targeted media and that MOIC can play a supportive role in approving, producing and disseminating media.

The second activity was a 2-day training on HIV and MSM issues for journalists that was held in Vientiane on February 25–26, 2009. Twenty-five people participated in the training (17 women and 8 men). Participants included journalists, DJs, and one journalist trainer. The content was similar to the workshop for MOIC staff. The workshop included two small group activities. The first was to discuss the types of media that would be effective to reach MSM and what content would be most effective at educating men in preventing HIV. The second activity was to practice writing an article about a case study of HIV among MSM. The articles were reviewed for stigmatic or judgmental tone or content. The workshop was effective in raising awareness among the journalists, but it was recommended that further training be offered.

Felicity Young, HPI/GMR-C Chief of Party, and Brad Otto, MSM advisor from the Burnet Institute, conducted a review of the program in May 2009. The review found that the original advocacy goal was overly ambitious. General HIV awareness and knowledge among the MOIC staff is extremely low. The MOIC needed to build a foundation of knowledge around HIV issues generally, before they could address the more complicated issues of sexual orientation, HIV-related stigma and discrimination, gender, and risk. Accordingly, substantial capacity building and mentoring was (and still is) required. Despite the challenges, the MOIC have given a strong statement that they are open to additional training and capacity building. CHAS and the MOIC requested that HPI/GMR-C and Burnet provide them with ongoing support to develop an HIV strategy for MOIC and this in turn would be used as the basis for funding proposals from others donors for ongoing work (i.e., Global Fund to Fight AIDS, Tuberculosis and Malaria). If the MOIC was successful in obtaining ongoing funds and it adopted a more proactive and understanding approach to HIV, the Ministry could become a positive conduit of information and a mechanism to address HIV-related stigma and discrimination, particularly in relation to MARPs. After discussion with USAID RDMA, it was decided that this activity was outside the scope of HPI/GMR-C because it was an issue specific to Laos and did not have potential regional benefits.

Mapping of HIV Programs for MSM: HPI/GMR-C supported the development of a computer database system to manage information on HIV programs targeting MSM and organizational capacity building needs for local NGOs/CBOs in the Greater Mekong Subregion. The system is named PRISM: Purple Sky Network Regional Information System on Men Who Have Sex With Men. This initiative grew from the MSM programming mapping conducted in 2008 by HPI/GMR-C and an organizational capacity needs assessment conducted by FHI. PSN members were enthusiastic about the mapping and understood that maintaining this sort of information on an ongoing basis is a critical element for their work in advocating for expanded programs and resources to address HIV prevention and other services for MSM.

The database contains information related to donors funding HIV programs operating in each country; technical agencies and their support for HIV programs; and implementing organizations, their HIV programs, and their organizational capacity-building needs. The system generates summary reports with line listings and tables and simple tallies of program activity by program type, both numerically and graphically. The system is intended primarily for use by country PSN focal points and working groups, but they will also be asked to send

their data to the PSN regional secretariat in Bangkok, which will then merge the data and maintain a regional database.

A functioning draft of the system was demonstrated at the regional PSN meeting held in Bangkok on February 19, 2009, and participants provided input and feedback which has been incorporated into a revised version. The system was field tested in Vietnam in April 2009 and in Laos and Thailand in May 2009. The system launched during the annual PSN meeting in July 2009, and after final revisions will be distributed to each country working group in late September 2009.

Resources Needs Estimation Study and Tool Development: HPI/GMR-C, in partnership with APCOM, is developing an advocacy report to review the current level of HIV expenditure, resource needs, and resource availability on HIV prevention programming for MSM in the Asia region. National government decision makers, multi- and bilateral donors, international NGOs, and MSM community advocates are the target audiences. This report updates the 2006 POLICY Project report *HIV Expenditure On MSM Programming in the Asia-Pacific Region.* The study focuses on Burma, Cambodia, China (Yunnan and Guangxi Provinces), Laos, Thailand, and Vietnam. The study uses country-specific service costing data, as well as country specific estimates of numbers of MSM. This is different from the 2006 paper, which used a range of 1–5 percent of MSM, and used a standard costing across all countries. The report will be disseminated by the end of October 2009 A separate policy brief in English and Chinese will be developed to highlight the key findings and policy implications of the report, and will also be disseminated by the end of October 2009.

RETA: Resource Estimation Tool for Advocacy

RETA is primarily developed for use by community advocates and their partners (local or national governments and technical support agencies) to advocate with donors and government for increased resources for HIV prevention programming specifically for MSM.

User inputs

- Local population estimates of MSM
- Ranges of estimates of MSM to generate scenarios
- HIV prevention services costs based on local services
- Annual program coverage targets
- Targeting of services to subpopulations
- Available and anticipated funding amounts for HIV prevention programs

RETA calculates 5-year resource needs estimates, including tables and graphs of

- Total resources needed and funding gap
- Resource needs and funding gaps by year
- Resource needs per year per subpopulation
- Resource needs by component of the CPS, including enabling environment and supportive interventions

RETA also generates unit costs which can be used by other costing tools.

RETA will be available for download from RTI, and training in its use and application in advocacy will be offered.

In conjunction with this study, a new computer tool based on the Excel-based Resource Needs Model was developed. The tool known as the Resource Estimation Tool for Advocacy (RETA) allows users to adjust assumptions and enter information to produce local resource needs estimates. RETA includes modules on resource availability and program costing for HIV prevention programs, based on the CPS that was recommended at a recent World Health

Organization/Western Pacific Regional Office/UNDP meeting on HIV and MSM in Hong Kong. Based on existing program costings or budgets, RETA derives per-beneficiary program costs, by MSM subgroup (accessible MSM, less-accessible MSM, male sex workers, TGs, incarcerated men, and two user-defined subpopulations), and factors for population growth and inflation. By comparing the costs with currently available resources, estimates of resource gaps are calculated. RETA also generates graphs showing resource needs over time and by subgroup and resource gaps.

A draft of RETA was reviewed in a focus group with stakeholders hosted by USAID RDMA in Bangkok in March 2009. Following this, HPI/GMR-C co-hosted with APCOM, UNDP, and the Association of Southeast Asian Nations (ASEAN), a regional workshop in from July 23, 2009, to pilot test the tool. Twenty-four people from 10 countries attended the 2-day training. UNDP and ASEAN provided additional non-USAID funds in support of the workshop.

RETA was also demonstrated in a capacity-building session at ICAAP9 in Bali, Indonesia, in August 2009. RETA is currently being finalized and a user manual is being produced for distribution by late October 2009. HPI/GMR-C will provide training in the tool under its FY10 work plan.

Regional–PLHIV

In Year 1 of this work plan, the International HIV/AIDS Alliance was a subcontractor responsible for implementing the PLHIV-related regional activities in collaboration with the Asia Pacific Network of People Living with HIV/AIDS (APN+). As part of the Year 2 work planning process and, in discussion with USAID RDMA, it was decided that this role would be undertaken directly by RTI under the HPI/GMR-C umbrella in the remaining years. PACT is now also providing direct support to APN+ and accordingly, PACT and HPI/GMR-C are planning to work together to coordinate their inputs to APN+. A handover meeting chaired by the Alliance and attended by PACT and HPI/GMR-C was held in November 2008. In line with our discussion with APN+, HPI/GMR-C decided that it will concentrate its efforts on supporting the advocacy capacity of HIV-positive MSM though the MSM work that we do at the regional level.. As discussed in the MSM regional section of this report, we are proposing to expand the MSM costing (in the work plan for Year 3) to address care and treatment issues. Working with APN+ HIV-positive MSM steering committee will be a strategic way to increase advocacy capacity in this area.

Prior the completion of the HPI/GMR-C and Alliance subcontract and within this reporting period, the Alliance undertook a capacity-building assessment in Kuala Lumpur, Malaysia, to conduct a workshop with local PLHIV groups to assess the feasibility of establishing a national PLHIV network. There were 43 workshop participants including, 10 women and 7 “self identifying” TGs.

IR3: Data utilization

Strategy: In Year 2, HPI/GMR-C addressed this result area both under China and regional funds. The work in China focused on the ongoing implementation, in partnership with FHI, of the Analysis and Advocacy (A^2) project in Guangxi and an attempt to repeat the HIV-

related stigma and discrimination survey in both Yunnan and Guangxi. Regional work focused on the finalization of the revised and simplified A^2 guidelines. HPI/GMR-C was also successful at presenting poster and oral abstracts at a number of national and international forums.

China

A^2 in Guangxi: Over the past six months, HPI/GMR-C has continued to work on the A^2 project. In October 2008, we conducted a monitoring trip and, as a result, we learned that the Guangxi CDC staff did not fully understand the Resource Needs Module. The CDC requested additional technical assistance and we provided data collection assistants to update the Goals inputs. Professor Yuan Jianhua from the Beijing Institute of Information and Control provided technical oversight of the Goals modeling and the Asian Epidemic Model (AEM)/Goals link to develop policy scenarios. We had planned to complete this by December 2008. However, delays beyond our control meant that we were unable to complete the modeling until early March 2009. Based on the updated Goals Model and the AEM/Goals link, the Guangxi CDC has drafted a policy brief. The report was reviewed by both HPI/GMR-C and FHI in late March 2009, and approved by USAID. A detailed (40 pages) Goals technical report has also been produced by the consultant working for HPI/GMR-C. HPI/GMR-C has elected not to translate this into English because the report's value is directly linked to the modeling and the more useful report is the policy brief. The Goals technical report has been submitted to USAID (in Chinese) as a record of the modeling.

In addition to input into the general policy brief, HPI/GMR-C conducted a week-long advocacy training workshop on June 23–27, 2009. Some 20 participants from government departments and institutes attended the training, which should help these stakeholders take action on advocacy issues faced during their work. In August 26, 2009, HPI/GMR-C and FHI jointly funded the Guangxi AIDS Office and CDC to host a Senior Policy Symposium (SPS) with a focus on MARPs and the maximization of given resources based on epidemic projections provided through A^2 data. The agenda included presentations from FHI and HPI/GMR-C and others regarding A^2 application in Guangxi and policy scenarios, national progress on resource estimation and epidemic projections, and allocation and utilization of HIV resources analysis in China. A total of 102 participants attended from Guangxi provincial government departments, provincial and county-level health bureaus, and CDCs, as well as focal points of 29 AIDS Working Committees, MARP representatives, USAID CAs, and national experts. Included among them was Dr. Li Guojian, director of Guangxi PHB, and Dr. Sun Jiangping, deputy director of China's National Center for AIDS/STD Control and Prevention (NCAIDS), who attended entire meeting and gave a presentation. Mr. Chen Jie, administrative director of Guangxi AIDS Office, chaired the symposium.

The SPS was the culmination of a long history of technical support for local agencies in the use and interpretation of data from the AEM and Goals models under the A^2 project. As a result, it is now deemed that local officials can now run the models themselves and, as agreed with USAID, HPI/GMR-C will cease its support to the A^2 project in Yunnan and Guangxi.

Addressing HIV-related stigma and discrimination and strengthening commitment to the Greater Involvement for People with HIV/AIDS (GIPA) principle in Yunnan and Guangxi: HPI/GMR-C proposed to repeat the 2005 GIPA/stigma and discrimination survey that was previously administered under the Policy Project. The 2005 results established a baseline. On April 3, 2009, HPI/GMR-C issued Request for Proposal (RFP) with a closing date of May 29, 2009. The RFP stressed the involvement of PLHIVs and we had hoped that research institutes would consider partnering with a local PHLIV group. However, no applicant applied for the task order by the due date. We followed up with some potential research groups to ask why there was no response and the reasons given included the complexity of responding to the tendering process and lack of experience in administering surveys of this nature with PLHIV as the researchers and survey participants. Accordingly, HPI/GMR-C was unable to field the survey. We also became aware that other stigma indexes are being applied in China, most notably the one developed by UNAIDS in partnership with the International Planned Parenthood Federation (IPPF) being administered by Marie Stopes China. The application of this index may negate the need for the Policy Project index to be applied. In order to assess this we have included ongoing work in Year 3. Stigma and discrimination is a priority issue for the coming year. In the context of the FY10 China-integrated workshop, HPI/GMR-C will play a leadership role within the CA family. All of the CAs address stigma and discrimination in various ways at multiple levels. HPI/GMR-C's role will be to assist the CAs to develop a collaborative plan of action to ensure that our various inputs are being delivered in a cohesive and coordinated way. In the first quarter of FY10, HPI/GMR-C will coordinate a workshop to take stock of what we know, review the approaches and tools currently being used by the CAs and other stakeholders, and develop and implement a coordinated CA plan of action drawing upon the strengths of each CA. The outcome from this workshop will inform the delivery of follow-up actions and an action plan will be developed.

Regional

A^2 Regional Activities (note: activities undertaken in partnership with FHI and the EWC): Over the past year, the main focus of regional A^2 activities has been on finalizing the new A^2 guidelines. The guidelines were approved by USAID/RDMA in August 2009 and were presented at the ICAPP9 conference in Bali. In discussion with USAID and as part of the new work plan development, it was decided that the A^2 regional management structure no longer needed to exist, now that the revised guidelines were completed. Accordingly, this year is the last year of dedicated A^2 regional activities. It is anticipated that the revised user-friendly guidelines will enable country-level implementation, as appropriate.

Other Important Meetings

HPI/GMR-C staff attended the following meetings during the reporting period:

- Tenth anniversary meeting of the National Center for AIDS/STD Control and Prevention (NCAIDS) and the first HIV/AIDS scientific forum of China in Beijing from October 22–23, 2008. Attended by Hu Bin (Director: Provincial Programs).
- Ministry of Health joint supervision meeting in Guangxi for international aid projects on November 3, 2008. Attended by Hu Bin.

- China's First Forum on AIDS on Site Prevention and Control, organized by the Chinese Preventive Medicine Association, on November 28, 2008, in Beijing. Attended by Hu Bin.
- World AIDS Day event on December 1, 2008, in Beijing organized by UNAIDS and State Council AIDS Working Committee Office. Attended by Hu Bin.
- Regional Consensus Meeting on Developing a Comprehensive Package of Services to Reduce HIV among MSM and TG Populations in Asia Pacific from June 29 to July 1, 2009, in Bangkok. Attended by Felicity Young and Shicun Cui (Policy Advisor).
- 9th ICAAP in Bali from August 9–13, 2009. Attended by Felicity Young and Shicun Cui.
- USAID VIP Visit in Nanning, Guangxi, May 15–18, 2009. Attended by Shicun Cui and Hu Bin.
- USAID VIP Visit in Kunming, Yunnan, September 15–17, 2009. Attended by Shicun Cui and Hu Bin.

Key Achievements

Key project achievements during the reporting period are as follows:

IR1:

<u>China</u>

- Completed the first analysis of the policy environment as it relates to NGO formation and legal registration in Yunnan
- Completed the operational policy assessment on MMT in Yunnan with abstract presented at the 9th ICAAP in Bali
- Completed the study and policy brief on the LTWM in Yunnan and disseminated this widely
- Completed the VCT assessment in Guangxi and developed a policy brief for dissemination

IR2:

<u>China</u>

- Successfully leveraged an additional funding over 2 years from the IDLO to support the establishment of the HIV Legal Aid Center
- Established the HIV Legal Aid Center in Yunnan
- Successfully conducted two rounds of advocacy training for MSM and PLHIV groups and issued 10 small grants over two rounds for small-scale advocacy by CBOs.

<u>Regional</u>

- Successfully leveraged an additional funding from the UNDP to support a workshop (in July 2009) to field test the MSM costing tool and plan advocacy efforts

IR3:

China

- Updated and linked Goals Model data with AEM in Guangxi
- Policy brief developed and approved by USAID
- Goals Model technical report developed and reviewed by all partners
- GX A^2 SPS conducted successfully

Problems Encountered

There was no response to the Stigma and Discrimination Survey RFP tendered in May 2009, as discussed under Results Area 3. In response to this issue, the project will be taking a different approach to stigma and discrimination work and in Year 3 and we will be engaging an international expert to assess the best way forward.

Documentation of Best Practices that Can Be Taken to Scale and Success Stories

Community-led advocacy improves access to MMT in Mengzi County, Yunnan Province, China

IDUs face multiple barriers to successful recovery. Despite the existence of a supportive policy environment, disincentives to undergo MMT persist. In order to be accepted into a methadone program, authorities require IDUs to show proof of local residency and recent discharge from compulsory detoxification centers. Clinics also charge prohibitive fees for pre-entry medical screening and offer insufficient daily dosages. To overcome these barriers, HPI/GMR-C is giving voice to grassroots groups through advocacy training and small grants. After receiving training and with an advocacy grant, the Kangxin Home Support Group worked with local decision makers to improve access to MMT. As a result of their advocacy efforts, they successfully persuaded the CDC to make small but significant policy changes. The requirement that MMT applicants produce proof of having undergone compulsory detoxification was repealed and medical fees were reduced from 100 to 50 RMB. The group also obtained agreement from the police to stop arresting formerly “hidden” IDUs who had not undergone detoxification or produced proof of residency.

The Kangxin Home Support Group Director, Feng Yu, says he now better understands the meaning of “advocacy,” realizing that it does not necessarily mean confronting the government. Rather, “advocacy” is about trying to view an issue from multiple perspectives and designing a win-win solution for all parties. This community-led advocacy effort has changed the face of MMT in Mengzi county and improved relationships between the authorities and IDUs and importantly, provides a model that can be replicated throughout Yunnan Province.

Multiplier effect of capacity building for the emerging civil society sector in Yunnan

Civil society organization is at a nascent stage of development in Yunnan. A barrier to community group formation and independence is the ability to obtain independent funding.

HPI/GMR-C and the International HIV/AIDS Alliance each provide capacity building to increase community mobilization and participation.

In mid-2008, both organizations partnered to run a competitive small grants scheme to enable PLHIV groups to implement advocacy and community development programs. Interested groups attended a proposal development workshop addressing project design, management, monitoring, evaluation, and financial management. The groups were provided with hands-on training in proposal development and follow-up mentoring to help them to complete their applications. Technical assistance for grant implementation was provided, including site visits and targeted training in areas such as financial management. Ten groups attended and five groups successfully obtained funding. For one of the groups, it was the first time they had obtained funding and this was a significant milestone in their history as a community organization.

Subsequently, one of the successful grantees, the Gejiu Poplar Tree Mutual Assistance Group, reported that, in addition to, the capacity they gained implementing the USAID-funded grants, they also obtained skills that they have successfully applied to receive more funding from non-USAID sources. In April 2009, the Group applied for and was successfully awarded funds from the Open Society Institute (OSI). Following this, OSI adapted HPI/GMR-C's grant proposal template for use within their program.

The Gejiu Poplar Tree Mutual Assistance Group's leader said, "It is HPI/GMR-C's arduous work and commitment that have helped us understand advocacy and grasp the basic skills needed for conducting advocacy activities." This response indicates that investing in capacity building for local organizations pays off.

Upcoming Events

<u>China</u>

- Provision of legal technical assistance to support the HIV Legal Aid Center, October 26 to November 6, 2009
- IDU assessment preliminary meeting and CA consultation and briefing for USAID, November 2–6, 2009
- Stigma and Discrimination Assessment, November 23 to December 4, 2009
- Supportive interventions review, November 23 to December 4, 2009
- Final review of MSM small grants program, November 23 to December 4, 2009
- First Round Small Grants final review, Yunnan, November 2009
- HIV Legal Seminar co-hosted with YPAB, Yunnan University, and Justice Bureau, February 2010 (date to be confirmed)
- MSM TWG quarterly meetings planned for both Guangxi and Yunnan

<u>General</u>

- 5th Asia-Pacific Conference on Reproductive and Sexual Health and Rights (APCRSHR) in Beijing, China, October 17–20, 2009. Hu Bin will attend the meeting.