

CHINA FINAL REPORT

February 2003–June 2007

USAID'S IMPLEMENTING AIDS PREVENTION AND CARE (IMPACT) PROJECT



USAID
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Final Report
for the
Implementing AIDS Prevention
and Care (IMPACT) Project
in China



February 2003 to June 2007



China Final Report

*Submitted to USAID
by Family Health International*

July 2007

Family Health International
2101 Wilson Boulevard, Suite 700
Arlington, VA 22201
TEL 703-516-9779
FAX 703-516-9781

In partnership with

**Institute for Tropical Medicine
Management Sciences for Health
Population Services International
Program for Appropriate Technology in Health
University of North Carolina at Chapel Hill**

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GLOSSARY OF ACRONYMS

A ²	Integrated Analysis and Advocacy Project
AIDS	Acquired immune deficiency syndrome
ART	Antiretroviral therapy
CAs	Cooperating agencies
CDC	Center for Disease Control and Prevention (Chinese)
CoC	Continuum of care
DFID	UK Department of International Development
FHI	Family Health International
FSW	Female sex workers
IDU	Injection drug user
HIV	Human immunodeficiency virus
IMPACT	Implementing AIDS Prevention and Care
JSI	John Snow Inc.
MARP	Most-at-risk population
MOH	Ministry of Health
MSM	Men who have sex with men
NGO	Nongovernmental organization
OI	Opportunistic infection
PEPFAR	The US President's Emergency Plan for AIDS Relief
PLHA	Persons living with HIV/AIDS
PSB	Public security bureau
PSI	Population Services International
RDM/A	Regional Development Mission/Asia (USAID)
SBC	Strategic behavioral communication
STI	Sexually transmitted infection
TB	Tuberculosis
VCT	Voluntary counseling and testing
UNC	University of North Carolina
USAID	US Agency for International Development
YIDA	Yunnan Institute of Drug Abuse

EXECUTIVE SUMMARY

During its three years of implementation in China, the Implementing AIDS Prevention and Care (IMPACT) Project had a significant influence on HIV prevention, care, and treatment in two southern provinces—Yunnan and Guangxi. Working closely with both national and provincial health authorities, FHI, with funds from IMPACT, developed and implemented replicable, cutting-edge, effective national response well beyond the borders of the two provinces.

Among the notable achievements are the establishment of wellness centers for most-at-risk populations (MARPs)—sex workers, their clients, injection drug users (IDUs), and men who have sex with men (MSM)—and the introduction and implementation of continuum of care (CoC) services.

Under IMPACT, FHI introduced the concept, provided financial and technical support, and built the capacity of local partners to understand and implement wellness centers for sex workers, IDUs, and MSM in both project provinces. In Gejiu, the wellness center for sex workers provides HIV counseling and education through outreach workers, peer educators, and accessible STI treatment services. The center, implemented by the Gejiu Red Cross, is an innovative approach for China, and consequently has received more than 400 official visitors since its opening in September 2004. As a result, in 2006, the Global Fund for AIDS, Tuberculosis and Malaria started to replicate the model in 148 sites throughout seven provinces.

The CoC program was operationalized in Guangxi Province. IMPACT supported the National China Cares Project to set up a free antiretroviral therapy (ART) program at Pingxiang People's Hospital in Chongzhou prefecture in the south of Guangxi. This ART program combined strong coordination and linkages among various health care providers, making Pingxiang a well-known and emulated model for continuum of HIV care in China. Through the CoC program and the wellness center, IMPACT's leadership made it possible for the voices of MARPs and people living with HIV/AIDS (PLHA) to be heard, thereby strengthening their roles bringing a human face and compassion to HIV/AIDS work.

Throughout the relatively short duration of IMPACT funding for China, FHI's first priority was to build the technical and management capacity of local implementing partners. At the national level, IMPACT collaborated with the Ministry of Health (MoH) and the National Center for AIDS/STI Control, while working with leading provincial AIDS groups and the Bureau of Health and its member organizations at the provincial level. FHI's coordinating role has made the provision of a complete package of services for MARPs possible with collaboration from other USAID cooperating agencies (CAs), including Population Services International (PSI), the International HIV/AIDS Alliance, Constella Futures (formally the POLICY Project), and the MEASURE Project of John Snow Inc. (JSI).

FHI in China also worked closely with the USAID-regionally funded Integrated Analysis and Advocacy (A²) Project as part of a regional effort to link analysis and advocacy for improved responses to HIV/AIDS in the Asia Region.

PROGRAM STRATEGIES, IMPLEMENTATION, AND RESULTS

Introduction

The Implementing AIDS Prevention and Care (IMPACT) Project's intervention activities in China began in August 2004, subsequent to a period of assessments and consultations involving Chinese government, USAID, FHI, and other USAID-supported CAs.

From FY 2003 to FY 2005, USAID/ Regional Development Mission/Asia (RDM/A) allocated US\$2,465,000 to support the implementation of HIV prevention and care models among MARPs in Yunnan and Guangxi provinces. FHI worked closely with the national and provincial governments and prioritized capacity building of these partners to mount prevention, care, and treatment programs. The southern border provinces were selected in compliance with USAID/RDM/A's goal to address regional issues while focusing on people most at risk for HIV infection. Although the USAID funding obligation for China was modest, FHI was able to expand the depth and breadth of programming with additional funding from the FHI Asia Regional Program and a separate cooperative agreement from the USAID RDM/A that ran from October 2005 to June 2007.

Country Context

At the end of 2006, there were approximately 650,000 people who were HIV-infected in China, 75,000 of whom had developed AIDS. Nationally, HIV prevalence averaged 0.05 percent. In 2006, there were an estimated 70,000 new HIV infections and 25,000 AIDS deaths.

The two southwestern provinces of China—Yunnan and Guangxi—are among the areas reporting the highest number of cases. Bordering Burma, Laos, and Vietnam, these provinces provide drug trafficking routes toward the South China Sea. HIV infection rates are high near many border areas and the cities along the various drug-smuggling routes. Needle-sharing among injection drug users (IDUs) is the primary mode of HIV transmission, although a flourishing sex tourism trade is making sexual transmission more likely. Obstacles to HIV prevention in both Yunnan and Guangxi include diverse and mobile populations; mountainous terrain and long international borders; high rates of poverty; high rates of drug abuse; and low levels of education, literacy, and HIV knowledge.

In 2006, it was estimated that Yunnan had 85,000 cumulative HIV cases and more than 50 percent HIV prevalence among IDUs in some areas, while the 2005 cumulative estimate in Guangxi was 50,000–105,000 HIV infections. More people are developing clinical AIDS, and AIDS-related deaths are on the rise. The epidemic is spreading from groups that engage in high-risk behaviors to the general population.

The Chinese government has strengthened national HIV surveillance and testing efforts and implemented prevention programs in areas most affected by the epidemic. It has encouraged condom promotion, piloted HIV prevention and methadone programs for IDUs, and started clinical care for AIDS patients in areas of high HIV prevalence. Participation of

nongovernmental organizations (NGO) in prevention, treatment, and care work is increasing, and international cooperation is evident. However, a number of key challenges remain. These include scaling up targeted interventions among MARPs—drug users, sex workers and their clients, and MSM—and making HIV care and treatment universally accessible for those in need.

Program Strategies and Activities

IMPACT strategies and activities in China are consistent with the USAID RDM/A strategy for the Mekong Region, which focus on Yunnan and Guangxi provinces in the southern part of the country. Following the USAID/RDM/A strategy, and based on FHI’s situation analysis and formative research, IMPACT-funded HIV/AIDS programming was designed to achieve the following:

- IMPACT would generate information from integrated analysis of data on HIV epidemic dynamics to inform policy advocacy and strategic programming in Yunnan and Guangxi (This component of the project was known as the Integrated Analysis and Advocacy Project or A²).
- The project sought to promote minimum packages of services for MARPs in “hotspot” locations, including wellness centers; offer outreach and peer education; and provide basic healthcare services, such as quality STI care and voluntary counseling and testing.
- IMPACT would support the development and understanding of a CoC model.

These strategies resulted in IMPACT support for 14 subprojects in the geographic areas where large numbers of MARPs congregate and where HIV prevalence and risk behaviors are high. Among the notable achievements of those subprojects were the establishment of wellness centers for MARPs (sex workers, their clients, IDUs, and MSM) and the introduction of a model for CoC.

Under IMPACT, FHI introduced the concept, built the capacity of, and provided support to local partners that enabled them understand and implement wellness centers in both provinces. In Gejiu, for example, the wellness center for sex workers provides HIV counseling and education through outreach workers and peer educators, as well as friendly, accessible STI treatment services. The center, implemented by the Gejiu Red Cross, is one of the first of its kind in China. It consequently received more than 400 official visitors since its opening in September 2004, and the Global Fund for AIDS, Tuberculosis and Malaria awarded funds to China in 2006 to replicate the model in 148 sites throughout seven provinces.

Because there are few local NGOs in the two project provinces, FHI’s local partners are mostly government institutes (such as Chinese Centers for Disease Control and Prevention [CDCs]) and parastatal organizations (such as the Red Cross and Kunming Health Education Institute). FHI provided financial, technical, and operational support to these local partner agencies to implement HIV prevention activities in the areas where a large number of MARPs congregate and where HIV prevalence and risk behaviors are high. Care and treatment projects were developed to support the Government of China’s plan to provide services in areas that were hit the hardest by the epidemic. FHI/China collaborates with the MoH and the National Center for AIDS/STI Control at the national level and works with provincial leading AIDS groups and the Bureau of Health and its member organizations at the provincial level. With funding from IMPACT, FHI has achieved the provision of a complete package of services for MARPs through

its collaboration with other USAID CAs, including PSI, the International HIV/AIDS Alliance, and Constella Futures.

By June 2007, FHI/China had provided nearly 200 days of consultant technical support to these projects, in addition to daily oversight and guidance by local FHI staff. Local partners benefited from this support in terms of strategic information, prevention among MARPs, care and support, and treatment, as outlined below.

Strategic Information

- Yunnan CDC for the A² Project
- Guangxi CDC for the A² Project
- The National Center for STD & Leprosy Control in Nanjing, which receives support from FHI to investigate HIV incidence data among patients attending STI clinics in Guangxi

Prevention among MARPs

- Gejiu Red Cross for a wellness center, including an STI clinic for female sex workers (FSWs) and their clients
- Yunnan Institute of Drug Abuse (YIDA) for a wellness center and peer education for IDUs
- Jin Hun Dong Community Committee for compassionate care and outreach to IDUs
- Hekou CDC for a wellness center, including an STI clinic for FSWs and their clients
- Kunming Health Education Institute for an HIV risk-reduction campaign and an STI clinic for MSM in Kunming City
- Kunming Red Cross for a wellness center and outreach to FSWs
- The National Center for STD & Leprosy Control and CDC in Nanjing for adaptation of the national STI guidelines for use with FSWs and for training of STI clinic staff on the use of the guidelines
- Pingxiang CDC for a behavior change intervention for FSWs and clients (such as truck drivers)
- Nanning CDC for outreach and drop-in center for MSM

Care and support

- Gejiu CDC, which provides counseling and testing services in Gejiu County
- Ningming CDC, which provides VCT and referral for TB, HIV care, and follow-up support for PLHA
- Pingxiang CDC, which provides VCT and referral for tuberculosis (TB), HIV care and follow-up support for PLHA

Treatment

- University of North Carolina (UNC) and Bamrasnaradura Infectious Disease Hospital (Bangkok), which provided clinical trainings for Pingxiang and other China Cares sites in Guangxi
- Pingxiang People's Hospital for clinical management of HIV/AIDS, including antiretroviral drugs provided free of charge by the government of China under the China Cares project
- Guangxi CDC for overall coordination of the CoC program

- Yunnan CDC for blood screening and VCT quality control

All of the above prevention and care subprojects are networked to ensure a range of accessible services for MARPs, including strategic behavioral communication (SBC), VCT, and STI services; antiretroviral therapy (ART); prophylaxis and treatment of opportunistic infections (OIs); and follow-up support.

Implementation and Management

In October 2003, FHI established its Beijing, China office headed by a country director. The Beijing office coordinated and liaised with the Chinese government at the national level and provided logistical arrangements for a series of consultations, in-depth studies, and assessments prior to the development and implementation of the USAID-supported interventions in the two focus provinces of Yunnan and Guangxi. The Beijing office continued to provide supervision and administrative and logistical support to other field offices as the project came to full implementation in 2004.

In order to support field activities in Yunnan, FHI opened an office in Kunming in August 2004, located at the Yunnan CDC office. An associate director of FHI/China was assigned to this office to be directly responsible for managing the IMPACT-funded activities in southern China. During FY 2004, three Chinese staff members were placed in the project sites in Yunnan to provide on-site support to the new implementing partners. Due to the vast size of the two provinces, and the travel and logistical time needed to support and monitor the projects, another small branch office with two Chinese staff was opened in Pingxiang, Guangxi in early 2005. This office supported the CoC in Ningming and Pingxiang and the SBC/STI prevention program for sex workers and clients in Puzhai. The Pingxiang office reported to the FHI/Kunming office. By the close of IMPACT implementation in June 2007, the Kunming office was staffed with one expatriate associate director, two program officers, one strategic information coordinator, one SBC specialist, and one administrative officer.

Most activities were implemented through subagreements with local partner agencies with technical and operational support from FHI staff and consultants.

The table below shows the breakdown of expenditures under IMPACT, categorized by The US President's Emergency Plan for AIDS Relief (PEPFAR) program element over the life of project.

PEPFAR Program Element	Expenditure, US\$	Budget Allocation
Other prevention activities (HVOP)	1,773,000	72 percent
HIV/AIDS treatment/related clinical care (HTXC)	442,000	18 percent
Strategic information (HVSI)	250,000	10 percent
Total	2,465,000	100 percent

IMPACT/China Program Timeline

Program Activities	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007
Preliminary assessment, consultation, and strategy development					
Subagreement development with local implementing partners in Yunnan					
Full implementation of activities in Yunnan					
Assessment and planning for activities in Guangxi					
Subagreement development and program implementation in Guangxi					
Full implementation of activities in Guangxi					

PROGRAM RESULTS

In FY 2005, the funding for IMPACT China (and all IMPACT programs worldwide) was prematurely curtailed because the funding ceiling of the global IMPACT award had been reached. Fortunately, bridge funding from USAID's RDM/A allowed projects and technical assistance in China to continue uninterrupted in FY 2006 and FY 2007. Because IMPACT would have been the principal source of funds for these activities in FY 2006–FY 2007 had the ceiling not been reached, it is appropriate to report the following outputs and outcomes through FY 2007 as attributable to the combined inputs of IMPACT and the RDM/A Cooperative Agreement with FHI.

Program Outputs

Training

Under IMPACT, FHI responded to the capacity building needs of the local partner agencies. FHI conducted many training sessions at different sites, including workshops on SBC held in Kunming and Yunnan, on STI management in Yunnan, on VCT in Yunnan and Guangxi, and on clinical training and coaching in OI management and provision of ART in Guangxi. A total of 3,015 people attended in-depth training sessions during the IMPACT period.



Strategic behavioral communication

Health promotion and behavior change communication are integral parts of all FHI prevention and care interventions. IMPACT/China produced a number of SBC tools and materials to support prevention and care activities. These include a poster on the ABC approach to HIV prevention, HIV-risk cards, posters to support HIV/STI activities among MSM, and leaflets to help establishment owners understand HIV-prevention programs among sex workers.



ABC poster

When you are sick, this is your home

You can share your heart, but don't share the disease.



Learning to use risk cards

The complicated task of addressing the most stigmatized groups of MARPs in China—IDUs and MSM—requires carefully selected implementing partners and strategies. The IDU population in the city of Gejiu had some of the highest levels of HIV infection recorded in China. A local community committee (Jin Hu Dong) decided to create an IDU-friendly program (Green Garden) to reduce the marginalization of this population and help them access prevention and care services. The IMPACT project collaborated with Jin Hu Dong to reach thousands of IDUs in and around Gejiu through the creation of a drop-in center, peer-outreach education, and simple clinical care for IDUs.

In some ways, MSM are even more stigmatized than IDUs in Chinese society and are, therefore, loathe to reveal their sexual orientation. With IMPACT funds, FHI has developed innovative techniques to attract MSM to educational forums that provide basic prevention information and referral to services. In Guangxi, this has included the development of an internet web page for MSM, MSM-friendly STI services, and peer outreach. In Yunnan, a successful approach to reach MSM is through edu-tainment events held at bars and nightclubs that are not exclusive to MSM but are their preferred hang-outs. The Yunnan program also includes the core features of IMPACT SBC, which include peer outreach, drop-in centers, and referral to user-friendly STI treatment services.

Service Outputs

By the end of March 2007, IMPACT partner agencies provided service delivery to a large number of clients. These included

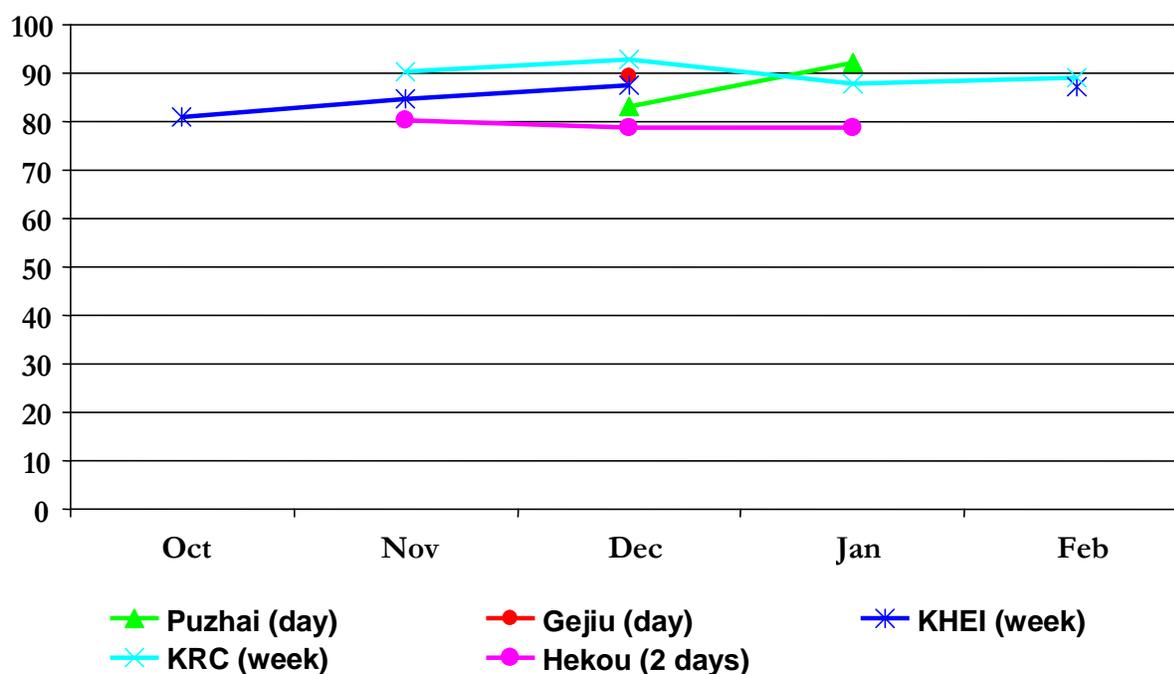
- 37,941 MARPs reached by community outreach programs
- 7,723 MARPs received STI services
- 2,456 MARPs received HIV counseling and testing and were provided with test results
- 198 PLHA received care and support for OIs and TB
- 107 PLHA provided with ART

Outcomes and Impact

Because of the relatively short duration of IMPACT funding, FHI did not invest in a series of large-scale second-generation surveillance activities. Instead, the focus of the program was on the rapid establishment of model projects for prevention and care, based on state-of-the-art

practices. Nevertheless, FHI recognized the need to track trends in risk behavior; behavioral norms can evolve, especially in a rapidly changing society such as China's.

In key project sites that conducted outreach to FSWs, salaried outreach workers were trained to ask two questions of all the sex workers in their catchment area: (1) How many clients did you have yesterday (or in the past two days or past week)?; (2) How many of your clients reported using a condom? Results recorded between October 2006 and February 2007 are shown below.



Percentage of FSW at selected USAID-funded sites in Yunnan and Guangxi who used condoms with non-regular clients in the past day, two days, or week, Oct. 2006–Feb. 2007

These data show remarkably consistent levels of reported condom use with non-regular partners, and they are unlikely to be the result of respondent bias. Hundreds of sex workers across the spectrum of commercial sex formats are included in this behavioral monitoring activity. Thus, the results are likely to be a fairly accurate estimate of the level of safe sex among this group of MARPs. It is reasonable to conclude that an HIV epidemic cannot erupt in this population as long as this level of condom use is maintained.

The total population of Yunnan and Guangxi provinces is greater than 90 million. Although IMPACT funds were modest, the results and achievements made an impact far beyond the project sites. The HIV-prevention intervention among sex workers in Gejiu received numerous study tour visits and is now being replicated by the Global Fund to Fight AIDS Tuberculosis and Malaria in seven provinces. The CoC program in Pingxiang also received study visits from other China Cares sites in Guangxi and other provinces and received recognition from Chinese health officials as the first site in Guangxi to roll out the government's free ART program.

Replication of the Wellness Center Model in China



The number of reported HIV cases in Gejiu (located between Kunming and the Vietnamese border) is among the highest of any city in China. Gejiu has over 800 entertainment venues; at any given time, there are approximately 1,500 FSWs in and around the city.

In early 2004, an FHI assessment in Gejiu found several risk factors for epidemic HIV transmission. These included injection drug use by FSWs, poor quality condoms, self-medication with low-quality STI medications available at local pharmacies and sex shops, and use of incorrect dosages. FSW clients—construction workers, miners, visiting businessmen, and local residents—are potential bridges for transmitting HIV to the general population when they return to their wives and girlfriends. The situation demanded urgent action to limit the spread of HIV among FSWs, their clients, and their clients' partners.

FHI began working with Gejiu Red Cross to implement an HIV/STI prevention program in September 2004 through a wellness center model. It comprised outreach education, referral to nearby STI services for sex workers, and activities to motivate condom use with all partners. FHI collaborated with PSI's female condom program on social marketing of condoms. There are numerous brands of condoms at a range of prices. PSI promoted several of these brands during the project period. Generally, there are no barriers to condom use for MARPs in this program. Later, as quality VCT services were added to the local CDC facility, FSWs were referred to this site to determine their sero-status. The program identified and trained FSWs as peer educators, who worked to increase their peers' HIV-prevention knowledge and skills. Within one year, the wellness center/STI clinic had provided services to more than 2,500 female sex workers through prevention education. The STI clinic alone provided services to 1,200 sex workers and clients.

The project was recognized by local government and health officials from other provinces as a viable model for China to scale up HIV prevention among MARPs. The Global Fund/China HIV/AIDS office requested assistance from FHI and Gejiu Red Cross in replicating the project in seven other provinces. In October 2005, the Global Fund supported a training workshop in Gejiu to assist 118 health officials from 76 counties in seven provinces to develop plans for 148 wellness centers in their respective areas.

Continuum of Care in Guangxi



A nurse providing HIV education and treatment counseling at HIV clinic at Pingxiang People's Hospital

Pingxiang City is an urban and transport center in southern Guangxi Province, on the Vietnam border. It has trade links to countries in the Greater Mekong region, and is on a drug trafficking route along the Hanoi-Beijing highway, where there is high HIV prevalence among IDUs.

In early 2004, the Chinese government initiated the China Cares program, which aims to provide free ART to PLHA. In Guangxi Province, the Guangxi CDC designated the Pingxiang People's Hospital as an implementing site.

FHI provided financial and technical assistance to the Guangxi CDC and health departments in Pingxiang and Ningming counties to implement a CoC for PLHA that complements free services and antiretroviral drugs provided under China Cares. The CoC in Guangxi includes VCT; active referral for TB screening and treatment; health assessments; prophylaxis and treatment of OIs; and ART, adherence support, and follow-up care. These services are key referral points for existing and new prevention programs that, until the CoC was established, had lacked options for care, support, and treatment.

The preparation of the Guangxi CoC included south-to-south exchange and formal on-the-job training. In December 2004, Guangxi CDC, UNC, and FHI conducted a training course on clinical management of HIV/AIDS in Nanning for 36 physicians, nurses, and laboratory personnel from the four China Cares sites in Guangxi. Prior to the training, the curriculum was reviewed by an experienced HIV physician and some adaptation was made to make it suitable for Chinese clinical setting. The training manual and materials were then translated into Chinese. In January 2005, 10 Chinese colleagues from Guangxi participated in a study tour to learn from the highly successful USAID/FHI CoC program in Battambang, Cambodia. In May 2005, FHI and UNC provided mentoring to Pingxiang People's Hospital staff in launching clinical services for PLHA, including ART.

By the end of March 2007, the hospital was providing care and treatment to 198 PLHA, 107 of whom have initiated ART since the beginning and successfully adhering to treatment. Among 107 patients, 93 continued on ART with IMPACT support until March 30, 2007. A total of 13 persons died, and 1 patient was lost to follow up. The initiative improved the lives of PLHA and

provided an opportunity for healthcare providers to work with HIV-positive patients. The attitude of the healthcare staff has changed dramatically—from one of fear at the launch of the program to one of compassion toward PLHA. One of the inpatient department nurses said, “I was afraid of HIV patients at the beginning. But after a period of contact with the patients, I feel that there is no difference between taking care of PLHA and other patients.”

One patient who was referred by Pingxiang CDC to the hospital in May 2005 started ART in June when his CD4 cell count was only 4 per microliter. Three months later, his physical condition had improved, his CD4 cell count was up to 55, and he had gained back 7 kilograms. He is now able to help his friends take care of a kiosk. He says that the clinic provides a discrimination-free environment, where he is able to talk to healthcare providers without fear.

The patients receiving care from the clinic expressed their appreciation for services. As another patient said, “I like the doctors and nurses here. They are very nice and treat me like other patients even though I have rashes on my face and my legs. I’m confident that I will get better gradually.”

LESSONS LEARNED AND RECOMMENDATIONS

The experience of IMPACT in China demonstrates that, although program funding was limited and the implementation sites were relatively few, quality intervention programs can be the impetus for achieving much wider effects. Key to this impact are: (1) being responsive to government partners and designing programs that acknowledge the constraints of the current situation; (2) designing interventions to match with and leverage the skills and activities of other government and donor organizations; and (3) ensuring quality by providing consistent, targeted, and relevant technical support and monitoring.

Effective linkages and leveraging can result in building comprehensive services for MARPs and PLHA. In Gejiu, the IMPACT-supported interventions among FSWs and IDUs were linked with other internationally and nationally funded organizations, including PSI for condoms, HIV/AIDS Alliance for PLHA support groups, China UK/China Government for methadone maintenance, and the national China Cares program for ART.

IMPLEMENTING PARTNER ACTIVITY HIGHLIGHTS

Implementing Partner List

NAME	ORG. TYPE	GEOGRAPHIC SCOPE	TARGET POPULATION	IMPACT BUDGET (\$US)	INTERVENTION (PEPFAR program element)	PROJECT DATES
Yunnan CDC	Govt.	Yunnan	Policymakers	15,760	HVSI	Sept 2004–June 2007
Guangxi CDC	Govt.	Guangxi	Policymakers	18,035	HVSI	May 2005–June 2007
Yunnan CDC	Govt.	Gejiu City, Yunnan	VCT clients	13,781*	HVOP	Aug 2006–June 2007
Jin Hu Dong Community Committee	Other	Gejiu City, Yunnan	IDUs	19,761*	HVOP	Dec 2005–June 2007
Kunming Health Education Institute	Other	Kunming City, Yunnan	FSWs, clients, and MSM	31,818	HVOP	May 2005–June 2007
Kunming Red Cross	Other	Kunming City, Yunnan	FSW and clients	24,574*	HVOP	Sept 2006–June 2007
Nanning CDC	Govt.	Nanning City, Guangxi	MSM	38,123*	HVOP	Sept 2006–June 2007
Guangxi CDC	Govt.	Pingxiang City, Guangxi	PLHA	11,400	HTXS	May 2005–June 2007
Pingxiang CDC	Govt.	Pingxiang City, Guangxi	PLHA	5,117	HTXS	May 2005–June 2007
Pingxiang CDC	Govt.	Puzhai Town, Guangxi	FSWs and clients	19,000	HVOP	Apr 2005–June 2007
Pingxiang People's Hospital	Govt.	Pingxiang City, Guangxi	PLHA	9,335	HTXS	May 2005–June 2007
Natl STD Center	Govt.	national	Newly infected	67,369	HVSI	Aug 2004–Sept 2006
Gejiu Red Cross	Other	Gejiu City, Yunnan	FSWs	42,064	HVOP	Sep 2004–June 2007
Yunnan Institute for Drug Abuse	Other	Gejiu City, Yunnan,	Former and current IDUs	60,835	HVOP	Aug 2004–June 2007
Yunnan Institute for Drug Abuse	Other	Gejiu City, Yunnan,	Former and current IDUs	60,835	HVOP	Aug 2004–June 2007

NAME	ORG. TYPE	GEOGRAPHIC SCOPE	TARGET POPULATION	IMPACT BUDGET (\$US)	INTERVENTION (PEPFAR program element)	PROJECT DATES
Yunnan Institute for Drug Abuse	Other	Gejiu City, Yunnan,	Former and current IDUs	60,835	HVOP	Aug 2004–June 2007
Natl STD Center	Other	national	FSWs	9,442	HVOP	Aug 2004–June 2007
Hekou CDC	Govt.	Hekou City, Yunnan	FSW	35,963	HVOP	Aug 2004–June 2007
Gejiu CDC	Govt.	Gejiu City, Yunnan	FSW and IDUs	16,839	HTXS	Aug 2004– June 2007
Ningming CDC	Govt.	Ningming City, Guangxi	IDUs and others most at risk	15,365	HTXS	May 2005–June 2007

* IMPACT supported the design and preparations of these subprojects. Implementation was funded by a separate cooperative agreement to FHI from USAID/RDM/A.

Subproject Highlights

Strengthening Male Sexual Health

Implementing Agencies	Kunming Institute for Health Education; Nanning CDC
Geographic focus	Kunming, Yunnan; Nanning, Guangxi
Target population	MSM

Background

There have been few definitive research studies among MSM communities in China to help inform interventions. Surveys completed in recent years show high levels of risky sexual behavior, including a lack of consistent condom use, multiple sexual partners, and a widespread lack of risk perception regarding HIV infection. A 2006 study of MSM in Yunnan commissioned by FHI found the following:

- This study shows the existence of a community of men in Kunming who, despite reasonably high levels of knowledge regarding HIV transmission and prevention, continue to engage in frequent high-risk behaviors with little concern that they may be at risk for HIV infection.
- Condom usage in anal sex was almost universally viewed as a legitimate and effective protection against HIV transmission, but condoms were widely viewed as a barrier to intimate and trusting relationships, something all respondents noted they aspired to obtain. Given this, it seemed logical for most respondents to use condoms only when they engaged in casual sex with “undesirable” types of people, such as “money boys” and promiscuous men.
- Continuously channeling condom-use messages based on transmission and prevention information alone will do little to change behavior. Instead, programs need to address the values in the MSM community that create a false sense of safety through a delineation of safe and unsafe partners. Practically all respondents explained that they did not use condoms with their regular partners because they felt these partners were “safer” compared to “other types” of people who engage in unsafe, “dirty” behavior. Refraining from condom use with boyfriends was frequently described as an expression of intimacy and comfort, despite the fact that most men in the study believed that monogamy in their relationships was a near impossibility.
- Risk perception must be linked to all acts of unprotected anal sex, rather than merely sex with partners who are deemed to be “dirty” or more dangerous.
- Stigma-reduction messages should be included in any communication campaign that targets MSM.
- The common strategy for all information dissemination and behavior change messages employed should be to link these approaches to the positive values and aspirations that are widely held by members of the community.

- Behavior change messages for MSM should move beyond targeting these men exclusively as MSM and also address the wider scope of their cultural and social identities as Chinese men.
- Condom use messages should not focus merely on the risk of HIV infection among MSM, but also on the need to protect one's health as a provider for parents and families.

In addition to the formative research, FHI partnered with the AIDS Alliance and the regional Purple Sky Network NGOs to convene forums for MSM in November 2006 and May 2007 that informed grassroots agencies about the results of research on MSM and HIV risk in China, discussed program strategies and techniques, and developed a coordinated plan of action going forward.

The Strengthening Male Sexual Health Project in Yunnan Province was launched to promote safer sexual practices—including partner reduction, monogamy, and consistent condom use in the MSM community—and increase use of STI and VCT services. FHI selected the Kunming Institute for Health Education as the implementing agency for this project, based on their previous experience in implementing an MSM intervention. A second, similar project for MSM was launched in late 2006 to address risk networks in Nanning, capital of Guangxi Province.

Accomplishments

The timeframe of the Kunming project coincided with a new commitment made by the Chinese government to target MSM populations with HIV-prevention activities. The project received support from various Chinese government agencies, including the local public security bureau (PSB) and provincial and district health departments. The project enhanced USAID intervention goals for the Greater Mekong Region by contributing to the strengthening of inter-regional coordination of prevention efforts and cooperating with other USAID-funded NGOs—International HIV/AIDS Alliance—and other international aid programs—the UK Department for International Development (DFID).

By September 2005, six peer educators had been trained and were conducting outreach five times per week in roughly 80 percent of known MSM cruising venues in Kunming. Outreach activities included condom and lubricant promotion and distribution, promotion of safer sexual behaviors, and referral to STI and VCT services. Peer educators also operated an MSM drop-in center that offers HIV/STI prevention education, referrals, and regular training activities seven nights per week.

One of the major achievements was the successful week-long training conducted for STI doctors on MSM-specific sexual health issues. In addition to focusing on clinical skills, the training emphasized the importance of complete and sensitive communication between doctors and MSM patients. Peer educators acted as sensitivity trainers during the training.

In 2006, staff have used lessons from these experiences as a basis for expansion to new target populations (male sex workers) and new intervention activities (care and support for HIV-positive MSM). Recognized as leaders in the MSM community, the project staff were among the first to offer financial and psychosocial support to HIV-positive MSM in Kunming and to

organize province-wide coordination meetings. Peer educators and project staff were also deeply involved in qualitative research conducted in the MSM community for the purpose of better informing strategic behavior change messages and activities.

The project in Guangxi followed the same, successful model of peer outreach, drop-in center, and compassionate STI care. Implemented by the local CDC, the Nanning project added the innovation of creating a website for MSM as a new channel for providing information to MSM and offered MSM-friendly HIV VCT services through the drop-in center.

Constraints

One major constraint of this intervention has been an underestimation of the time and resources needed to carry out the scope of work described in the subagreement. Originally intended to expand and cover MSM communities outside Kunming, the implementing agency realized that much more effort, time, and resources would be needed to recruit and train effective peer educators.

The largest constraint facing programs with MSM is that Chinese MSM seem to be willing to accept the risk in exchange for the perceived benefits of having sex without a condom (such as trust, love, physical intimacy, sensation). Prevention programs will need to continue to seek creative and innovative approaches if they are to overcome this constraint to safe sex for any sustained period of time.

Recommendations

For project activities to continue to be effective and scale up, the number of peer educators and volunteers must be increased to avoid burn-out and worker shortages. A two-tier system should be established to recognize and reward the work and achievements of long-term peer educators while encouraging the recruitment of a new, larger, and stable group of project volunteers. Experience has shown that for volunteer recruitment efforts to be sustainable, some sort of financial incentive must be provided.

Providing VCT, Care, and Support for PLHA in Ningming County

Implementing Agencies	Ningming CDC, Pingxiang People's Hospital, Pingxiang CDC
Geographic focus	Chongzuo Prefecture, Guangxi Province
Target population	MARPs, including IDUs, FSW and their clients; TB and STI patients; mobile and migrant populations

Background

Ningming County, in Chongzuo Prefecture, borders Vietnam and is situated along the Hanoi–Beijing highway, which is a major drug transshipment route for heroin originating in the Golden Triangle. There are 1,300 registered drug users in Ningming although the actual number is estimated to be 3,000–4,000. Among these, 50 percent are IDUs. The HIV prevalence among FSW in Ningming is unknown. However, a survey prior to FHI implementation indicated a low level of consistent condom use and low level of knowledge about HIV transmission and prevention among FSW. Although 596 cases of HIV infection have been reported, the actual number of HIV-positive persons is estimated between 1,000 and 1,500.

In early 2005, the majority of PLHA in Ningming County did not have access to VCT, were not aware of their HIV-positive status, and did not have access to treatment and care services. At that time, the Chinese government designated Pingxiang People's Hospital—an hour-long drive from Ningming—to be a China Cares site for Chongzuo Prefecture. China Cares is a Chinese government program designed to provide community-based HIV treatment, care, and prevention services which, among other activities, provides free ART to patients meeting certain criteria.

In partnership with local counterparts, FHI developed and implemented a CoC program for PLHA in Chongzuo Prefecture that covered both Ningming and Pinxiang. The VCT service is a key entry point for access to care and treatment for those already infected with HIV. The project objectives were to

- establish quality VCT service at Ningming CDC
- provide free VCT service to MARPs and create linkages and a referral system with other TB and STI clinics
- develop effective linkages and a referral system with the HIV care and treatment services at Pingxiang People's Hospital
- develop and provide community- and home-based care for PLHA.

Accomplishments

- One VCT center was set up at the Ningming CDC, four VCT counselors were trained, and a site protocol developed.
- The referral and coordination system between VCT and other healthcare agencies in Ningming has been set up. Moreover, the active linkages between VCT and care and treatment services in Pingxiang were developed and operational.
- VCT services were provided to 1,320 MARPs, and 69 out of 158 HIV-positive individuals were referred to Pingxiang People's Hospital for medical consultation and OI treatment and/or ART. The remaining individuals could not go to Pingxiang Hospital due to the long distance between Ningming and Pingxiang. There were also a considerable

number of active IDUs who had tested positive but preferred to wait until methadone become available at the local CDC before coming regularly to the hospital for HIV care.

Constraints

- Many of the clients referred from the TB clinic had not received preliminary risk assessment for HIV. Although these patients were provided with pretest counseling, they did not go on for testing and/or did not receive their results because they didn't think they had risky behavior, and therefore believed there was no need for testing.
- The national testing protocol and algorithms, which requires Western blot for confirmation, do not allow for provision of test results on the same day. As a result, the difficult travel distances and other factors impeded clients' ability to return for results.
- The poor transportation system also made an effective patient follow-up system difficult to implement.
- The cost of managing OIs is increasing and unpredictable, and is not supported by China Cares. PLHA cannot access ART until they resolve their OIs. Thus, ironically, many low-income patients may die before they can access the lifesaving ARVs that are free of charge.

Recommendations

- The experience in Pingxiang and Ningming repeats that of other programs: the critical entry point for HIV care and treatment is an *efficient counseling and testing service* that provides test results in timely manner. Knowing one's HIV status is beneficial for both prevention and care. With results in hand, the client is no longer in HIV limbo—worried and unsure. If the result is positive, the client can be counseled on positive living and avoiding transmission of the disease. If the result is negative, the client learns what to do to remain negative.
- In a high-stigma setting such as Guangxi, people weigh the cost of taking an HIV test and possibly getting a positive result with any benefit that might ensue. But with *effective linkages* between the VCT site and the care and treatment facility and services, the benefit is clear, and there is an incentive to get tested.
- The Pingxiang experience has shown that the Chinese health system, given adequate support, is capable of providing high-quality, facility-based care and support to PLHA—including the provision of ART—and that PLHA will make use of these services if they are provided in an environment of understanding, acceptance, and support.

Preventing *HIV/AIDS in Gejiu and Kunming*

Implementing Agencies	Gejiu Center for Disease Control, Yunnan Institute for Drug Abuse, Gejiu Red Cross, Kunming Health Education Institute, Kunming Red Cross
Geographic focus	Gejiu and Kunming, Yunnan Province
Target population	IDUs, FSW

Background

Gejiu is a city of 453,300 people in Honghe Prefecture, southern Yunnan Province. At the end of 2002, there were 4,641 registered drug users in the city, although estimates indicate the total number was closer to 10,000. In addition, there were some 1,500 FSW operating out of 812 entertainment venues. Drug use, and particularly injection drug use, is reportedly common among these sex workers, and consistent condom use among sex workers and their clients was low.

FHI coordinated with numerous local organizations and other international NGOs to target services toward MARPs (IDUs and FSW). These services aimed to reduce vulnerability to HIV and STIs, encourage uptake of counseling and testing services, and refer MARPs to treatment and support services.

IMPACT funds were used to support the Gejiu Red Cross to promote HIV/STI prevention among FSW through outreach; peer education; drop-in center activities; and affordable, quality STI screening and treatment services. The project was linked with PSI's female condom program and the DFID-funded China/UK social marketing program for male condoms.

IMPACT also supported the YIDA to target IDUs in Gejiu. YIDA provided HIV/AIDS prevention training for both staff and residents of the Gejiu mandatory detoxification center. IMPACT also provided technical support for the Jin Hu Dong Community Committee to implement drop-in center and peer-education activities for the IDU community. The drop-in center provided HIV-prevention education and relapse-prevention services, including Narcotics Anonymous and family counseling activities, in addition to basic wound and abscess care and referral to other health services.

MARPs who are reached through other project sites in Gejiu are referred to the Gejiu CDC, where IMPACT supported the provision of HIV counseling and testing. With IMPACT support, a cadre of trained HIV counselors has been created, and a dedicated counseling center has been established. HIV-positive clients are referred to care and support services provided by the International HIV/AIDS Alliance. Finally, IMPACT support has made it possible for the CDC to provide health checks and OI care for HIV-positive IDUs, mainly those who are clients of the Chinese government-run methadone clinic.

Accomplishments

As of March 2007, approximately 5,854 FSW had been reached through the FHI-supported and China Red Cross-implemented project. The STI clinic had treated 3,904 patients. This outreach and peer-education intervention was selected by the Global Fund for replication in 148 sites

throughout seven Chinese provinces. The drop-in center hosted a Global Fund training of 118 health officials from across China, which was conducted in part by IMPACT-supported peer educators. The factors leading to the successful development of this project are documented in a booklet and video CD and have been shared with others who wish to replicate this successful intervention model.

In addition to reducing community stigma and discrimination, YIDA project staff reached an estimated 7,307 IDUs through peer education and a drop-in center. Of these, approximately 60 percent were HIV positive. Among the lasting accomplishments of this project is the capacity building of a local subrecipient that previously had no experience working with drug-related issues. With technical support from YIDA, the Jin Hu Dong Community Committee was prepared, by October 2005, to implement the HIV/AIDS prevention project among IDU and their families.

As of March 2007, the IMPACT-supported VCT clinic at the Gejiu CDC provided services for many IDUs, FSW, and other MARPs, 1,012 of whom received pre- and post-test counseling and received their results. The CDC also provided 867 separate OI consultations for more than 300 visitors. The CDC served as a hub for the referral system in Gejiu, accepting patients from the sex worker and IDU drop-in centers and referring them to the methadone clinic or, in the case of PLHA, to care and support services supported by the International HIV/AIDS Alliance.

Constraints

Although the number of IDUs attending the YIDA drop-in center were high, the project faced an on-going challenge of maximizing coverage. The policy of the PSBs enforces incarceration in mandatory detoxification centers for IDUs, and PSB officers periodically conduct intensive campaigns to round up drug users. As a result, many are reluctant to attend the drop-in center and other HIV programs.

Recommendations

It is not known whether government-mandated testing of MARPs in Gejiu will continue or when it might occur. Keeping this in mind, programs should work to increase the quality of pre- and post-test counseling delivered by Gejiu CDC, regardless of the circumstances under which testing occurs. Also, programs should work to ensure that dedicated VCT facilities are used for that purpose, and that a dedicated and well-trained counseling staff is available and provided with sufficient incentive and motivation to avoid a “revolving-door” system of counselors. Dedicated counseling staff who are capable of providing ongoing and supportive counseling will also help to strengthen referrals between the CDC and other services.

Implementing partners should continue working with local PSBs to improve their understanding of the need for public health interventions among IDUs and consequently gain their support for outreach work and drop-in center activities. Additionally, YIDA should strengthen HIV/AIDS prevention activities within the detoxification center and provide linkages to the drop-in center once residents are released from the center. YIDA should also provide ongoing capacity building for both peer educators and management staff at the Jin Hu Dong Community Committee Drop-In Center.

Preventing HIV/AIDS in China/Vietnam Border Areas

Implementing Agencies	Hekou CDC, Pingxiang CDC
Geographic focus: Two district towns bordering Vietnam	Hekou (Yunnan); Puzhai (Guangxi)
Target population	FSW, male clients

Background

HIV/AIDS prevention interventions in China's border areas are a special subset of interventions with their own unique difficulties and approaches. Most notably, project staff are often required to work with highly mobile populations from both sides of the border, each with their own language and customs. In 2004, FHI launched two border-area interventions, both of which targeted Chinese and Vietnamese FSW and their male clients along the China/Vietnam border. Puzhai, in Guangxi Province, and Hekou, in Yunnan Province, serve as major border crossings for commercial and agricultural goods as well as illegal drugs entering and leaving China. Truck drivers stay overnight in both towns, where there are numerous entertainment establishments that host large numbers of FSW. In addition, Hekou is the site of a major highway construction project, which has brought many construction workers into the area.

The surveys estimate that there are between 600 and 700 FSW operating in Hekou and between 200 and 300 in Puzhai. An assessment conducted by FHI in 2004 concluded that STIs (genital warts, gonorrhea) were very common among these women, and that specific knowledge regarding sexual health was poor. The assessment also indicated that FSW neither practiced consistent condom use nor sought preventive healthcare services. The FSW tended to move to other cities every few months, which made room for new FSW arrivals with little knowledge of the risks they face.

IMPACT began supporting CDC-implemented interventions in Hekou in August 2004 and Puzhai in April 2005 to improve the quality of STI services and knowledge of HIV/STI prevention through outreach, peer education, and drop-in center services. Both interventions use professional outreach workers and peer educators to distribute condoms and information, education, and communication materials among FSW and their clients at truck stops and road construction sites. Both operate drop-in centers where FSW can come to relax, participate in training activities, and seek referral to other services. Both also operate STI clinics that offer regular preventive check-ups, affordable and quality treatment, and prevention education.

Accomplishments

As of March 2007, the intervention in Hekou had reached 3,259 FSW and 626 members of other groups that engage in risky behavior through outreach and drop-in center activities. Additionally, 202 FSW had accessed STI services. The Hekou project also served as a model for training project staff of the Puzhai intervention.

By the end of March 2007, the intervention in Puzhai had reached 1,028 FSW, 5,143 mobile populations, and 241 other MARPs. The CDC project staff used communication tools developed by FHI to develop and upgrade their outreach skills. As the outreach workers and clinic staff increased their communication and managerial skills, more FSW and their managers trusted and

listened to them. As the Puzhai CDC capacity for conducting an HIV/STI prevention intervention improved, the contact with and impact on the target community also increased.

Constraints

Language remains a major constraint of the Puzhai and Hekou interventions. Vietnamese sex workers make up roughly 90 percent of the sex worker community in both sites, which makes communication difficult for Chinese CDC staff, outreach workers, and peer educators. The language barrier also impedes Vietnamese sex workers from attending STI clinics because they cannot communicate with health staff without the aid of an interpreter. In Hekou, many Vietnamese FSW preferred to obtain health services at a private clinic run by a Vietnamese-speaking doctor who does not provide prevention education.

Because many of the FSW are on loan to the “mommies” (madams) for a fixed monthly “rental” fee, there is a pressure on the FSW to engage a minimum quota of clients per day. This pressure means that 100 percent condom use is occasionally relaxed to meet the quota.

Finally, both STI doctors and implementing agency partners have limited capacity and resources. Most notably, the CDCs in both sites have limited experience and capacity in supervising and monitoring outreach workers, which has influenced acceptance of outreach activities by the target populations.

Recommendations

Prevention programs at these sites must continue providing technical support in the fields of outreach work, STI clinical management, and project management. Programs will need to provide ongoing training on communication skills, both for CDC staff and for outreach workers, to maintain or improve good relationships with the male and female brothel managers. Specifically, more training is needed for project staff who work with Vietnamese-speaking FSW and their managers. Additionally, technical support will need to be provided to the local CDCs to improve their capacity to formulate outreach workplans and ensure the quality of the interventions.

ATTACHMENTS

1: IMPACT/CHINA FINANCIAL SUMMARY

In FY 2002–FY 2005, USAID committed \$2,465,000 to IMPACT/China. IMPACT/China activities occurred (and were complemented with other sources of funds) between February 2003 and June 2007.

IMPACT Obligation Amount By Year (US\$)	
FY 2002	\$675,000
FY 2003	\$900,000
FY 2004	\$890,000
Total	\$2,465,000

2: TECHNICAL ASSISTANCE ROSTER (IMPACT FUNDING PERIOD ONLY)

Date	Purpose	Person weeks
May–July 2004	Consultation and planning for future FHI-supported activities with potential partner agencies in Yunnan and Guangxi	6
August 2004	Detailed assessment on HIV/STI interventions among FSW in Yunnan and Guangxi	2
September 2004	Technical training for FHI staff and partner agencies on principles and practices of HIV/AIDS prevention and care among drug users	2
September 2004	Assessment of readiness-for-care and treatment program in Guangxi	2
November 2004	On-site training for two FHI-supported STI clinics in Gejiu and Hekou and workshop to solicit feedback and ideas on STI guidelines for FSW	2
November 2004	VCT training for staff from three partner agencies in Yunnan	1
December 2004	Clinical training on OI management and ART for four China Cares sites in Guangxi	4
March 2005	Workshop to introduce the concept of CoC for PLHA; related subagreements for Guangxi	4
April 2005	Assessment on care, support, and treatment needs and concerns of PLHA in Pingxiang and Ningming	1
April 2005	Training on basic SBC concept and principles for FHI staff and partner agencies	2
May 2005	Clinical training on OI management and provision of ART and on-site coaching for healthcare providers in Ningming and Pingxiang	2
June 2005	Assistance in setting up an outpatient department for HIV patients, Pingxiang People's Hospital	2
June 2005	VCT training for healthcare providers in Guangxi, Ningming, and Pingxiang	2
August 2005	Assessment of STI facility providing treatment to MSM in Kunming and visit to National STD Center to follow up on progress of HIV incidence study	1.5
August 2005	Training on VCT program monitoring and quality assurance for Yunnan CDC	1
September 2005	Clinical training on STI treatment for MSM clients to doctors and other healthcare providers from STI clinics	2



Family Health International
2101 Wilson Blvd.
Suite 700
Arlington, VA 22201 USA
Tel: 703.516.9779
Fax: 703.516.9781
www.fhi.org

This publication was funded by USAID's Implementing AIDS Prevention and Care (IMPACT) Project, which is managed by FHI under Cooperative Agreement HRN-A-00-97-00017-00.

Produced July 2007