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GOOD PRACTICES

UNFPA HIV/AIDS Project (CPR03P02) in China



Background of the project:

HIV/AIDS prevention project (CPR03P02) was implemented in 5 counties in Hubei, Hunan, Liaoning, Shandong and Hebei provinces during 2003-2006. The project was implemented by the National Center for AIDS/STD Prevention and Control (NCAIDS), supported by United Nations Population Fund (UNFPA). The total project contribution was US\$1.1 million from UNFPA and 1.85 million RMB from the government.

Project's expected outputs are as follows:

(i) Increased awareness and knowledge of HIV/AIDS among policy makers, programme managers, service providers, and general public.

(ii) Increased awareness and knowledge of HIV/AIDS and availability of quality condoms for people with high risk or with vulnerability in project areas.

Two project experiences have been selected as Good Practices to be introduced to international readers.

Project location in China:



Good Practice 1: Bazhou City, Hebei province

Summary of practice

Public HIV prevention activities and health education were carried out by various means through multiple government/non-government participation. Increased HIV/AIDS awareness among the leaders of different sectors made this possible.

Level of intervention

Entire city

Prospective users of the practice

Municipal government, Health bureau, NGOs

Problems addressed

Lack of local leaders support for HIV prevention due to fear that it would damage the local image and its economic growth.

Lack of correct knowledge among general public about HIV/AIDS due to lack of access to relevant information.

Purpose of intervention

To get the support of local leaders for conducting HIV prevention work.

To equip the general public with correct understanding of HIV/AIDS, improve HIV/AIDS awareness and help change high-risk behaviours.

Context

- Bazhou is surrounded by three big cities: Beijing, Tianjin and Baoding. It is a municipality with comparatively developed economy. As of 2005, the average annual income of urban residents was 10,756 RMB and that of rural residents was 4,806 RMB.
- The city's population is 560,000, including around 50,000 incoming migrants population.
- Although the city has low HIV prevalence and few people

living with HIV (PLHIV), its neighboring areas have serious HIV problems, posing a potential threat to the city.

- Discriminatory attitude towards PLHIV was relatively high and correct knowledge on HIV/AIDS was poor. Residents have little access to relevant HIV/AIDS information.
- Government leaders were hesitant to conduct public HIV education in fear of damaging the image of the city.



Implementation strategy

Raising HIV awareness among the leaders, creating a supportive working environment

Efforts were made to improve leaders' awareness through training, study of national policies and domestic and international cases, as well as field inspections. This resulted in the City-level Party committee and the municipal government prioritizing HIV prevention work. Comprehensive HIV prevention work was incorporated into the government's agenda, and a supportive working environment was created. Cost-sharing with another international project, China CARES¹, was done when necessary.

Set up cross-department and multi-level teams for HIV prevention and control

The project leading team was formed in the Municipality and a workplan was formulated with members from 19 departments. In the lower administrative levels (townships and villages), HIV prevention working teams were formed

1. China Comprehensive AIDS Response – funded by Global Fund to fight for AIDS, TB and Malaria, Round 3.



among health, family-planning, Women's Federation, Youth League, and Senior Citizens' Sports Association. Training on HIV prevention was provided.

Activities tailored to meet the needs of different target populations, with multi-sectoral participation

At the beginning of the project, Health department carried out HIV/AIDS activities on the main streets and in the markets of the towns and townships, during World Population Day and World AIDS Day. The IEC materials were rather simple and had same messages.

As leaders paid more and more attention to the project, the work was expanded to every corner of the city to cover communities, families, schools and villages. Activities focusing on HIV prevention for the general public were reinforced on World AIDS Day, Women's Day, Mother's Day and World Population Day. The materials and the distribution channels were revised to suit each target population.

Rural residents: Health officials, doctors, scientists and college students went to rural areas to share HIV-related knowledge, and offered medical services to farmers. Daily necessities such as plastic bottles, washbasins and schoolbags were distributed, on which messages such as 'HIV prevention and care for PLHIV' were printed.

Prisoners: Group health education activities to reduce high risk behaviours were undertaken with the cooperation from Public Security Bureau.

Women of reproductive age (15-49 years old): Group health education was carried out through the Women's Federation.

Women were given advice to protect themselves and their families against HIV/AIDS.

Youth: Youth League led group education sessions on correct HIV knowledge and illegal drugs. The adolescents were also encouraged to work as volunteers to spread HIV awareness. The Municipal Bureau of Education incorporated HIV prevention and control knowledge into the courses in junior and senior middle schools.

General public: Mass media programs on HIV were produced and broadcasted by TV, radio and newspaper companies. A special column was written in Bazhou Newspaper. Slogans, leaflets, public notice boards and galleries, and comics were distributed.

Government officials: Government departments were provided with disposable paper cups on which HIV prevention and counseling hotline numbers were printed.

Migrant workers: Playing cards and T-shirts with HIV prevention message were distributed.

Entertainment establishment (EE) workers: Free condoms were distributed to encourage their use.



Indicators for Monitoring

Measured Yearly:

- Number of times multi-sectoral coordination meetings held
- Number of times large-scale advocacy and education activities held
- Number of health education materials distributed

- Number of permanent boards on HIV prevention constructed
- Number of neighborhood committees with fixed HIV advocacy boards
- Number of village committees with permanent HIV advocacy slogans
- Number of times HIV prevention messages were broadcasted by the municipal TV station

Duration and Financial resource directly invested for the project

- The program began in October 2003 and ended in December 2006. China CARES project (2004-2009) and the local government will continue to finance the project activities.
- US\$23,300 was invested from UNFPA to cover training and meeting costs and advocacy materials, plus US\$49,000 from the Chinese counterpart funding per project site.

Positive Impact

- The leaders have improved their awareness and have actively participated in HIV prevention activities.
- The HIV awareness has increased among different target groups as follows.

Population	Awareness Rate ² (Baseline, 2004)	Awareness Rate (Endline, 2006)
Civil Servants	61%	84%
Medical Workers	87%	94%
Pregnant women and spouses	51%	91.5%
EE Owners	50%	82%

- People's attitude towards PLWHAs is improved. Those who responded that they would treat PLHIV as friends increased from 35% in the baseline survey to 82% in the endline survey.

Challenges and Pitfalls

- Project staff needs further capacity strengthening to undertake HIV prevention activities.
- Migrant workers were not fully covered by the project because of their high mobility.
- Rural residents had difficulty understanding the HIV/AIDS prevention message, due to their low education level.



Lessons Learned

- Advocacy activities to local leaders need to be continuous due to their regular rotation.
- More easily understandable materials should be developed to cater for rural residents who cannot understand the standard HIV prevention information.
- Identify the comparative advantages of each sector and tap into their financial resources can broaden the scope of the project.

2. Awareness rate is the % of people who could correctly answer the three transmission modes and non-transmission modes.

Good Practice 2: Xiangyang District, Xiangfan City, Hubei Province

Summary of practice

A Health Service Center was established in a commercial area, heavily populated with Entertainment Establishments (EEs), to carry out prevention programs to control the spread of HIV among sex workers and their clients.

Level of intervention

Community level

Prospective users of the practice

Community Health Centers, hospitals, Centers for Disease Control (CDC) and other relevant medical institutions

Problems addressed

Low awareness Sexually Transmitted Infections (STIs) and HIV/AIDS among sex workers, and low rate of condom use in EEs.

Lack of standard STI diagnosis and treatment services for sex workers in EEs.

Purpose of intervention

To raise HIV and STI prevention awareness among sex workers in EEs by providing standard diagnosis and treatment services, Voluntary Counseling and Testing (VCT) services and Behavioural Change Communication (BCC).

To increase the condom use rate.

Context

- The project area (a commercial area) of Xiangfan City has a population of 12,000 which includes 7,600 incoming migrants.
- In Xiangfan City, EEs are concentrated in the busy commercial area. There were 126 EEs in the area, most of which did not have a proper business license.
- Prior to 2004, there were 19 private clinics in the city,

none of which could provide standard STI diagnosis and treatment services.

- Sex workers tend to be highly mobile, and are relatively lowly educated. Most of them are aged between 15 and 20, and the average age is decreasing over time.

Implementation strategy

Ensuring multi-sectoral cooperation

The project gained support from Public Security Bureau, Department of Industry and Commerce and the Management Committee of the targeted commercial area to hold advocacy meetings with EE owners and sex workers.



Establishing a Health Service Center in the targeted commercial area

The health workers received training on HIV/STI prevention and treatment prior to their assignment to the Center. The Center provided sex workers with the quality STI services in accordance with the National STI Diagnosis Protocol. The Health Center's services include:

- Reproductive health advice,
- Free HIV testing, STI diagnosis and treatment at discounted rate,

- Treatment for common diseases other than STIs,
- IEC material distribution for STI prevention,
- “Activity room” for sex workers to conduct group training (on basic HIV prevention knowledge and condom use).



Outreach by health staff

The Center staff spared at least 10 days per month to conduct extensive outreach in EEs. The staff provided on-site HIV prevention education to sex workers and EE owners. In addition, the information on relevant laws and regulations was provided to EE owners to help them understand their responsibilities and obligations as a business owner.



Peer Education

Sex workers with good communication and organisation skills, as well as strong sense of responsibility, were chosen to be peer educators. Through chatting, game playing and daily communication, they provide HIV prevention knowledge among their work-mates. Peer educators are also an important source for the Health Service Center, as they keep activity record which helped health workers better understand the needs of sex workers.

Indicators for Monitoring

Measured Monthly:

- Number of face-to-face training sessions and number of attendees
- Number of people who received the HIV education
- Number of distributed health education materials and health contact cards
- Number of sites and sex workers contacted by peer educators
- Volume of condoms sold at drugstores
- Volume of condoms distributed for free

Measured Quarterly:

- Number of EEs, and any changes in their situations
- HIV/STI knowledge of sex workers
- Condom use during the most recent commercial sex

Measured Half-yearly:

- Number of people who received STI treatment, and VCT services
- STI infection rate

Duration and Financial resource directly invested for the project

- The UNFPA project began in October 2003, and ended in December 2006. But the Health Center became self-sustainable and continues its operation (as of August 2007).
- US\$44,500 was invested from UNFPA on this particular activity, plus approximately US\$49,000 from the Chinese counterpart funding per project site.

Positive Impact

- Sex workers' knowledge on HIV and their condom use had increased, according to the data from Baseline and Endline surveys.

	Baseline (2004)	Endline (2006)
Have correct knowledge of HIV transmission routes	35.3%	92.5%
Correct knowledge of HIV prevention methods	29.4%	91.8%
Condom use during the most recent commercial sex	42.5%	93.7%
Chlamydia prevalence	31.7%	6.3%

- The number of people who received VCT services has increased over time.

	2004	2005	2006
No. of people received VCT services per year	93	228	423

- The Health Service Center provides quality health services, therefore it attracts a large number of clients (not only sex workers and their clients, but also the people living in the neighborhood). The economic return generated by this activity made its operation sustainable.

Challenges and Pitfalls

- Occasional 'crackdowns' on EEs by Public Security. At such times, owners and sex workers are reluctant to contact many people, therefore the project's outreach work had to be reduced.
- Opening hours of the Health Service Center did not match the convenience of sex workers. Sometimes, the Health Service Center staff have to work without break.



Critical Issues and Lessons Learned

- Intervention for sex workers requires continuous work due to their high mobility.
- The commitment of the Health Department and the active cooperation of other sectors (i.e. Public Security Bureau, Department of Industry and Commerce, and Administrative Committee of Commerce and Trade), are critical for the success.
- Establishing a Health Service Center with affordable standard services strengthened the intervention to EEs. Outreach intervention work was more easily accepted by sex workers when combined with clinical services.
- A variety of participatory approaches employed during the training (including role play, competitions and watching educational VCD programs) attracted more sex workers into the training.



UNFPA, the United Nations Population Fund, is an international development agency that promotes the right of every woman, man and child to enjoy a life of health and equal opportunity. UNFPA supports countries in using population data for policies and programmes to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV/AIDS and every girl and woman is treated with dignity and respect.



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