

# **PROJECT PROGRESS REPORT**

## **Community Based HIV/AIDS Care, Prevention and Poverty Reduction**

**Final Report**

**June 2007**

## **1. Summary**

### **Benefiting country and the location of the project:**

Wenxi and Xia counties of Yuncheng Municipal Government,  
Shanxi Province, P.R. China

**Title:** Community Based HIV/AIDS Care, Prevention and Poverty  
Reduction

**Start Date:** April 2003

**End Date:** December. 2006

**Duration:** 3.5 year

**Executing Agency:** China International Center for Economic and Technical Exchanges  
(CICETE)

**Implementing Agency:** National Center for STD/AIDS Prevention and Control (NCAIDS)  
Government of Shanxi Province

**Report Period:** April 2003 - December 2006

**Type of Report:** Final report

## **2. Abbreviations and Acronyms**

CDC	(Chinese) Centre for Disease Control
CICETE	China International Center for Economic and Technical Exchanges
CSO	Civil Society Organization
EWRRS	Early warning and rapid response system
GIPA	Greater Involvement of People Living with HIV/AIDS
HIV/AIDS	Human Immuno-deficiency Virus /Acquired Immune Deficiency Syndrome
IEC	Information, Education and Communication
LGOPR	Leading Group Office for Poverty Reduction (State Council)
MOFCOM	Ministry of Commerce
NCAIDS	National Center for STD/AIDS Prevention and Control (China)
NGO	Non-Government Organization
PA	Poverty Alleviation
PLWHA	People Living with HIV/AIDS
PMCT	Prevent Mother to Child Transmission
P.R. China	People's Republic of China
PSA	Public Service Announcement
RMB	Renminbi (Chinese Currency)
STD	Sexually Transmitted Disease
TOT	Training of Trainer
UK	United Kingdom
UNAIDS	Joint United Nations Programme on HIV/AIDS

UNDP	United Nations Development Programme
UNTFHS	UN Trust Fund for Human Security
WAD	World AIDS Day

### **3. Executive Summary**

Experience with community-based HIV/AIDS care and prevention is lacking in China and the linkage between poverty alleviation and HIV/AIDS prevention and care has not been adequately addressed. By implementing and promoting a multi-sectoral community based approach, the Community Based HIV/AIDS Care, Prevention and Poverty Reduction Project aims to successfully build a local coordination mechanism model to mainstream HIV/AIDS-related prevention and care with poverty alleviation activities. This project is among the earliest to address poverty and human insecurity as the root cause of HIV/AIDS infections among former commercial blood and plasma donors in one of the poorest areas of China. It is implemented by China's National Center for AIDS (NCAIDS) and funded by the UN Trust Fund for Human Security (UNTFHS). This report highlights the key outputs/achievements of the lifelong project cycle.

### **4. Purpose**

#### **Project Objectives & Outcomes:**

The Project aims to directly improve the quality of life, self-sufficiency and human security of communities, families and individuals made vulnerable HIV/AIDS and poverty through:

- 1) Improved multi-sectoral coordination and response with increased utilization of existing resources, institutions and structures in a rational, complimentary and multi-sectoral manner;
- 2) Information, education and communication (IEC) production and distribution to combat discrimination and stigmatization of people living with HIV/AIDS, as well as gender sensitive information to bring about positive behavioral changes regarding healthy and positive lifestyles, and the prevention of secondary and tertiary HIV transmission;
- 3) Sustainable models of community and family counseling, care and support; and
- 4) Improved self-sufficiency and human dignity of communities and families afflicted by poverty and HIV/AIDS.

#### **Project Implementation Partners:**

*Executing Agency:* CICETE  
*Implementing Agency:* NCAIDS  
*National Project Director:* Director of Provincial Health Department

*Local Project Director:* Head of the Health Department who is leading/coordinating the counterparts at the country levels.

*Advisory Committee:* UNDP, UNAIDS, CICETE, NCAIDS, the State Council Leading Group Office for Poverty Reduction (LGOPR) and the representatives from local governments.

## **5. Resources**

The total budget for this project is US \$850,000. The UN Trust Fund for Human Security (UNTFHS) provided US \$800,000, while UNDP contributed US \$50,000. The attached financial report shows the expenditure breakdown by years. Please note that the expenditures of 2004, 2005 and 2006 were based on the UNDP official financial reports (CDR). The expenditure of 2007 is to adjust the discrepancies in the 2006 CDR between UNDP and our implementing partner. Following the project cost-sharing agreement, we therefore adjust the programme support cost to 5% and refund US \$ 10,509 to the project.

## **6. Main Outputs and Outcomes related to Project Objectives**

### **Output 1: Increased and coordinated institutional capacity of local government units in the selected model municipality/prefecture, counties and villages, in planning implementing, managing and monitoring multi-sectoral responses to poverty and HIV**

- In order to build a solid foundation and ensure that the project suit the local needs, a strategic **planning workshop** was organized in the third week of October 2003 where the key officials from different departments (health, public security, education, family planning, civil affairs, poverty alleviation office, planning commission, finance, radio and TV depart, and so on) were trained in the planning of HIV prevention interventions. And for the first time, strategic plans were formulated for Xia and Wenxi Counties and based on those, a broad-covering plan was designed for all 11 counties of Yuncheng city as a whole. This plan was further revised in 2006..
- **Action Plan (2006-2010):** an Action Plan was developed in early 2007. The action plan provides a policy environment, sets out specific targets with defined roles and responsibilities of each department, and emphasizes the importance of multi-sectoral approach in HIV/AIDS prevention.
- **Several multi-sectoral Workshops** were organized during the project cycle at two different levels – at city level of Yuncheng, and at the provincial level. The workshops prepared and improved different sectors (health, poverty alleviation, agriculture, planning and development, finance, public security, education, labour, women’s federation, red cross, youth league, family planning, media and so on) in optimizing their strength and resources in a HIV/AIDS response, and to improve coordination among them. To address the epidemic in a more comprehensive approach, various components (IEC, condom promotion, VCT) were included

in the project design and commencement of implementation this year built increased momentum at various sectors. Besides others, poverty reduction department was mobilized and actively engaged which provided guarantee fund to the microfinance component of the project.

- **Trainings and capacity building:** Capacity building was a prominent feature of the project. Various trainings ranged from early warning and rapid response system (EWRRS), NGO, private sector, and multi-sectoral cooperation, awareness to domestic and international study. With each project monitoring visits, increased capacities were clearly noted and the local government was able to mobilize resources from Global Fund and China Care to expand its HIV/AIDS prevention coverage during the past few years.

**Output 2: Improved knowledge and awareness concerning the means of HIV transmission and prevention, so as to reduce discrimination and stigmatization, and to reduce the secondary and tertiary transmission of HIV**

- **IEC:** After HIV/AIDS prevention being integrated into the general curriculum at junior and senior high schools, Yuncheng CDC and the Educational Department organized a HIV/AIDS TV knowledge contest for middle school students. After rounds of selections at all the middle schools in the city, 36 students were awarded prizes in the final contest.
- **Efforts to Reduce Stigma and Discrimination:** In the beginning of the project, awareness raising efforts centered on activities and advocacy campaigns around the World AIDS Day. Public service announcements, posters/flyers, distribution of IEC materials to the public, lectures, award presentation ceremony were organized which were widely covered by various media channels. On December 1, 2004, the public have seen that President of China, Mr. Hu Jintao visited Beijing's You'an Hospital and in the commemorate picture, the AIDS patient that shook hands with President Hu Jintao was from our project site. The high level events spoke more strongly against stigma and discrimination. Caravan road shows on HIV/AIDS, an invented initiative by the project people, seized various opportunities on public holidays and market days to advocate among the general public. It was institutionalized by the project and confirmed effective to reach rural populations. Local dramas and operas were made to disseminate HIV/AIDS knowledge and information, meanwhile entertaining the audiences. Together with disseminating other IEC materials, these activities have contributed to the increase of the public awareness and the knowledge of HIV/AIDS and to the creation of an enabling community environment free of discrimination. Now, the public attitude and behaviors to HIV/AIDS affected villages and people have been improved. For instance, rural positive households were invited to the wedding and funerals services and were greeted when meeting other villagers.
- **Condom Promotion:** high risks groups and PLWHAs continue to receive free condoms from the project. A survey results showed that the use of condom among sex workers

had increased from 30% from 2004 to the current 80% and condom use among PLWHA reached 90% from 60% in end of 2003.

- **Voluntary Counseling and Testing (VCT):** Based on the work plan, a VCT component was initiated in Yuncheng City, Wenxi and Xia Counties in 2004. It aims to increase voluntary tests and counseling for the PLWHA and high risk groups, and to provide PLWHAs with medical, prevention and psychological support and services. It also aims to establish a VCT network, to train professionals and explore a modality that fits well to the local situations. (see counseling services under output 3.)

### **Output 3: Increased access to quality and gender-sensitive community and home based care, counseling and other support services**

- **Home/community care and support: at city level,** based on the 2004 work plan of the project, a home care and support component was initiated from July to November 2004, to increase access to home care, counseling and other support services in the sensitive communities with PLWHAs. Training in the following areas were provided: how to live a healthy life, how to increase sanitation and keep a clean environment, how to provide medical support, how to prevent 2<sup>nd</sup> and 3<sup>rd</sup> generation transmission, and how to link community/home care and support with government health system. Over 40 staff (including 13 medical staff) participated in the technical group, implementing group, and supervision group. More than 20,000 booklets/flyers were distributed the public, reaching a coverage of 95% of the target groups. Yuncheng Contagious Disease Hospital has accomplished its results.
- **At community level,** a key factor is the psychological health of the families with PLWHAs. Materials introducing good practices and testimonials and equipments were provided to families with PLWHAs. Guidance was provided and standard models were introduced to these families to reduce negative impacts. As a result, these families felt positive in psychology, improved in skills, and quality of life. They also feel encouraged and motivated to be exemplary among the PLWHAs to face challenges in their lives.
- Continued efforts were made in 2006 to provide HIV affected households with knowledge and information on HIV/AIDS prevention, **counseling services** and psychological support, condom promotion and distribution at community levels. Training on counseling was organized for medical professional staff at county and city level CDCs who found their counseling skills improved and their knowledge of the needs of the positive people expanded as well. Data showed that increased number of people received counseling from 3024 in 2004, to 3536 in 2005, and to 3972 in 2006. There are also increased numbers of testing from 2812 in 2004, to 3358 in 2005, and to 3724 in 2006. The project also conducted free medical checks for 350 rural villagers.
- To help children affected by HIV/AIDS, **revolving textbooks** were purchased for children of 200 households in 2004. The project continued throughout the project cycle to support 260 children from HIV/AIDS-affected families with text-books and school supplies to

reduce the financial burden of their families. Farming vehicles and appliances, fertilizers, cotton seeds, and rabbit cages were purchased and provided to the 229 needy households as well.

**Output 4: Increased self-reliance of people living with or affected by HIV/AIDS with human dignity through enhanced access to appropriate technologies and skills, markets, financial services and other economic opportunities in a non-discriminatory and non-stigmatizing environment.**

- **Incomes generating training activities** were organized to over 70 participants from project offices, poverty reduction offices, labour department, civil affairs department, rural credit cooperatives in December 2004. Experienced agricultural technical staffs were invited and made suggestions on business development and marketing. Discussions were organized on feasibilities of these proposals. Staffs from poverty reduction department and labour department brief on the policy feasibilities and implementation plans were made at the workshop. Rural Credit Cooperative representatives shared their plans to assist the poor and affected people in reducing poverty. This laid a good foundation for the microfinance implementation.

In the last year of the project cycle, the project focused mainly on the **micro-credit component** – providing small loans to PLWHAs to help general income and improve their self-production capacities.

**The needs assessment survey** conducted by the national micro-finance experts found: (1) PLWHAs are the poorest among the poor, and should be included in the poverty alleviation schemes. (2) PLWHAs have demonstrated skills and capacities and showed strong desires to enhance their production and living standards. (3) PLWHAs are mainly lack of access of financial services. (4) formal financial institutions can not meet their demands and therefore special arrangements like micro-credit can be an effective means to alleviate them from poverty.

Then “**the Micro-credit Implementation Guidelines**” were set out after consultation with concerned parties, including CDC, poverty reduction office at the local levels, Rural Credit Cooperatives (RCC), UNDP, MOFCOM, etc. Criteria for the success of implementations included:

- 1) Improved living standards, increased income of the PLWHAs.
- 2) Sole beneficiaries of the micro-credit loans services.
- 3) Timely repayments and recycling use of the loans.
- 4) Management model set up for future replication.

The following **operating mode** was established:

- **Guarantee fund:** A total of 800,000 RMB (including mostly the project inputs and funding from the local poverty alleviation office) were mobilized and deposited in the RCC who is in charge of issuing loan fund to households approved by CDC.
- Country CDCs recruit 2 loan staff to perform household assessment to the potential clients, screening, selection, and help submit applications. The loan staff also assists in

screening sponsors, signing loan contracts, receive repayments, etc.

- The contracts are signed between the beneficiaries and RCC. The maximum loans will not exceed 5,000 RMB.

Following the micro-credit inception in 2005, a **total of 139 households** received a total of 175 loans varying from 3,000 – 3,500 RMB. As an integral part of micro-credit programme, relevant trainings were conducted including agricultural production techniques, skills covering a wide range of topics: cash-plants, rabbit raising, cotton raising, pig raising, A total of 1192 PLWHAS and their families benefited from these activities.

**An evaluation on micro-credit component** was conducted in Oct. 2006 and the following highlights were worth mentioning:

- 1) The evaluation confirmed the success of the loan services to PLWHAs against its criteria. PLWHA households who received micro-credit have increased their income from 1,000 to over 2,000 RMB annually per person, which generated hope for a brighter future.
- 2) The evaluation confirmed that physical health of the PLWHAs did not put micro-credit services at higher risk.

The evaluation also noted that rabbit raising was the most profitable compared with pig, sheep, cow raising.

- **Greater Involvement of People Living with HIV/AIDS (GIPA)** The GIPA principle is realized and strengthened in this project. PLWHAs were mobilized and motivated in working more closely with affected families, communities, NGOs, in building a comprehensive prevention programme. Their roles were found especially useful in building confidence, faith of the affected families and establishing an effective care and support model. Through advocacy and training, more than 10 PLWHA have become the core staff in carrying out AIDS prevention and care work especially at micro-credit services at community level. They play a key role in mobilizing positive households to apply for micro-credit services, and they also serve as key information channels on VCT services and voices for government policies, etc. Five positive households were identified to join the national dissemination workshop and were awarded innovative community leadership with cash prize of 4,000 RMB each, which again impacted on local PLWHAs at the community levels.

### **Constraints:**

- Though the project advocated for multi-sectoral approach, meaningful coordination was only observed between CDC and the educational department to co-work to education middle-school students. Local poverty alleviation office was mobilized with RMB10,000 to provide guarantee fund for the micro-credit services. Other non-government sector was less successful.
- The design of project put much attention on capacity building and therefore much budget were spent in trainings related activities. The real impact however comes from how the positive households were assisted in alleviating poverty, including micro-credit and other self-help production efforts.

**Findings:**

- As a result of implementing UNDP project which was the very first by Yuncheng CDC, improved capacity were noted with changed mindset, more openness of the local officials.
  
- The linkage between HIV/AIDS prevention and care, and poverty reduction requires multi-sector cooperation and coordination. It is noted with delight that at end of December 2006, the central government called a coordinated care mechanism be set up including departments of civil affairs, family planning, local CDCs and health department, red cross, women's federation, etc. Yet, it is pity not seeing poverty alleviation office included. The experiences gained from this project should be further documented and disseminated.
  
- More sustained efforts should be taken on education and advocacy throughout the year.