

# Government of the People's Republic of China

## United Nations Development Programme

Programme Document

### Mitigating the Negative Impacts of HIV and AIDS on Human Development

#### **Brief Description**

The Programme aims to alleviate negative impacts on human development that arise as a result of HIV and AIDS. It will adopt an approach to programming in order to remain flexible and responsive to emerging needs.

**Component One: Safe mobility and HIV Prevention in northern China** aims to reduce vulnerability and risk of HIV within the stable and floating population in target areas of northern China. It will work with multi-sector local government and wide ranging partners to identify and test best methodologies to reach key 'at risk' populations. Targeted life skills training will be provided to empower mobile populations with the competence of safe mobility. Results and trainings will be disseminated and integrated into other ongoing prevention interventions.

#### **Other Partners**

The National Population and Family Planning Commission (NPFPC)

**Country: People's Republic of China**

**UNDAF Outcome(s)/Indicator(s):**

UNDAF Outcome 4: HIV/AIDS, TB, malaria infection and disease rates are reduced, care and support for those infected improved and the rights of PLWHA protected.

**CP Outcome(s)/Indicator(s):**

*(CP outcomes, linked to the SRF/MYFF goal and service line)*

By 2010, increased access and utilization of information, skills and services to: reduce stigma; prevent new infections and support provision of treatment, care and support to those infected and affected by HIV and AIDS, with a particular focus on women and vulnerable population groups. **CPD Outcome 8:** Leadership skills and legislation prepared to respond to HIV/AIDS.

**CP Output(s)/Indicator(s):**

*(CP outputs, linked to the SRF/MYFF goal and service line)*

8.1. Leadership planning and coordination capacities built among officials at the national level and in 20 piloted provinces. 8.2 national/provincial legislation revised

**JP Outcome**

*(Outcomes linked to the Joint Country Programme on AIDS in China (2007-2010))*

1.2 Enhanced Support to Local Government Response to AIDS

**Implementing Partner:**

China International Centre for Economic and Technical Exchange (CICETE)

**Other Partner(s):**

The National Population and Family Planning Commission (NPFPC); provincial and local authorities, NGO's and CSO's

Programme Period: <u>2008-2010</u> Programme Component: _____ Project Title: _____ Project ID: _____ Project Duration: <u>Three years</u> Management Arrangement: _____
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Budget _____ General Management Support Fee _____ Total budget: <u>US\$ 600,000</u> Allocated resources: _____ <ul style="list-style-type: none"> <li>• Government <u>300,000</u></li> <li>• Regular <u>300,000</u></li> <li>• Other:             <ul style="list-style-type: none"> <li>○ Donor _____</li> <li>○ Donor _____</li> <li>○ Donor _____</li> </ul> </li> <li>• In kind contributions _____</li> </ul> Unfunded budget: _____
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**Agreed by:**

**Signature**

**Date**

**Name and Title**

**Government/Implementing Partner:**

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**UNDP:**

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Abbreviations.

AIDS	Acquired Immune Deficiency Syndrome
AWP	Annual Workplan
BCC	Behaviour Change Communication
CICETE	Centre for International Commerce and Economic and Technical Exchange
CSO	Civil Society Organisation
CTA	Chief Technical Adviser
CP	Country Programme
CPD	Country Programme Document
GMS	Greater Mekong Sub-region
HIV	Human Immunodeficiency Virus
IDU	Injected Drug Use
IEC	Information and education
IDU's	Injecting Drug Users
JP	Joint Programme
M+E	Monitoring and Evaluation
MMP	Migrant and Mobile Populations
MYFF	Multi Year Funding Framework
NEX	National Execution
NPD	National Programme Director
NPM	National Programme Manager
NGO	Non-governmental Organization
NPC	National People's Congress
NPFPC	National Population and Family Planning Commission
PLWHA	People Living with HIV/AIDS
SCAWCO	State Council AIDS Working Committee Office
TRAC	
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNTG	UN Theme Group

## Section I

### Part 1. Situation analysis

Poverty and HIV are closely inter-related and form part of a vicious circle that has a direct negative impact on human development. Global experience has established that poverty-related factors such as lack of access to livelihoods, information and services, unequal power balances and marginalization, all encourage risky behavior and directly increase the risk of contracting HIV. In turn, a UNDP sponsored global study in 1995 found that a 1% increase in a country's HIV and AIDS rates leads to 2.2 years lost in human development as measured by the Human Development Index (HDI).

An estimated 700,000 people are estimated to be living with HIV in China and there are approximately 85,000 AIDS cases<sup>1</sup>. Characterized by widespread geographic differences, the epidemic is at a critical stage. While its incidence appears to be slowing, it is moving from high risk groups into the general population. As the epidemic matures and establishes itself in heterosexual networks, key populations at higher risk, including migrant and mobile populations (MMPs), ethnic minorities, and women, are in urgent need of targeted, people-sensitive interventions that are responsive and scaleable according to defined needs.

The pattern of poverty reduction in China has been dramatic, from 53% of the population to 8% between 1981 and 2001, but it has been uneven. China now faces serious rural/urban divides and high levels of income inequality. Recent research in China has found a statistically significant relationship between HIV prevalence and income inequality, and other measures of human development such as gender<sup>2</sup>.

Regions with low levels of human development have a relatively high incidence of HIV. In 2005, seven provinces with HDI below 0.75, Henan, Jiangxi, Guangxi, Sichuan, Anhui, Yunnan and Guizhou, accounted for 67% of all recorded HIV infections. Furthermore, inequality between urban and rural incomes is greater in low HDI regions where urban incomes are 3.6 times rural incomes, compared with 2.5 times in high HDI regions.

Strong links are emerging globally between unsafe processes of migration that create vulnerability, and increased risks of contracting HIV. In China, the urban/rural divide and greater income opportunities far from home have helped to fuel an estimated 120 million migrant workers who have limited access to health care, education or income, and may be vulnerable to high risk behavior. Recent surveys carried out among mobile populations found that, while 95.3% of respondents had heard about HIV and AIDS, the ratio of people who had substantive knowledge about transmission methods and prevention was very low at 8.4%<sup>3</sup>.

Cross-border migration and population mobility continue to accelerate due to a myriad of push and pull factors such as increased economic cooperation, burgeoning opportunities and social disparities. There are few dedicated 'migrant friendly' support services, especially along the remote border areas which serve as initial entry points into larger cities. Leaving social safety nets and security behind, lacking skills, information or language necessary for protection, and with limited ability to access health and information services, migrant and mobile populations represent a serious challenge to the government's future success in combating the spread of HIV.

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<sup>1</sup> Joint Assessment Report 2007

<sup>2</sup> Sutherland: Exploring the Economic and Social Terrain of Epidemic Disease in China

<sup>3</sup> China Population and Development Research Centre (CPDRC) 2004

Levels of female illiteracy are of great relevance in understanding HIV epidemics and are relatively higher in low HDI regions. Imbalances between female and male illiteracy rates can also reflect broader gender discrimination and a lack of female empowerment. The increasing feminization of migration, coupled with gender inequalities and pay disparities, has contributed to a fast-growing sex industry.

HIV prevalence in the north eastern region is considered to be 'low' among the general population. However, an explosion in cross-border trade, tourism and work opportunities involving Russians, Koreans and Chinese, presents an ever-increasing risk to future HIV rates<sup>4</sup>. In southern China and GMS countries the risk of HIV among mobile populations has been identified as having 'the greatest potential long range consequences for the...region as a whole'<sup>5</sup> and has attracted considerable international, regional and national response. However, China's north eastern region (Heilongjiang, Liaoning, Jilin, Inner Mongolia) bordering Russia, Mongolia and the DPRK; and western China (Xinjiang, Tibet) bordering Russia, Mongolia, Kazakhstan, Kirgizia, Tajikistan, Afghanistan, Pakistan, India, Nepal, Sikkim, Bhutan and Burma, have received inadequate attention.

China's ethnic minorities have a combined population of 106 million, 8.4% of the national total, but make up 45% of the national total of extreme poor. Five of the six provinces with highest HIV rates (Yunnan, Guangxi, Sichuan, Xinjiang and Guizhou) are ethnic minority compacted areas and ethnic minorities make up a disproportionate number of national HIV cases. The major cause of HIV infection among ethnic populations is through injected drug use with non-sterile injecting equipment. Remote frontier communities are particularly at risk. Drug-related HIV infection, most prevalent in men from 15-55 years can lead families and communities into conditions of abject poverty.

Coverage of HIV prevention programmes targeting ethnic minorities is low. Vast distances, low population densities and an undeveloped medical infrastructure, alongside social, linguistic and cultural divides, isolate ethnic populations from accessing necessary prevention information and make them a key vulnerable population. Illiteracy rates of up to 60% in some ethnic minority populations, most often affect women and girls.

Such populations are not only physically hard to reach, but also create difficulties in the management and implementation of HIV prevention and treatment programmes. Advocacy and education measures remain inadequate in depth, scope and assessment of impact. Added to this is the challenge of harnessing the participation of local community groups, including CSO's and NGO's, who may have the ability to access key groups, but who lack the capacity, know-how, or necessary channels, to develop and implement effective interventions.

## **Part 2. Strategy**

The Programme will support improved human development outcomes through developing a comprehensive and targeted programme of HIV prevention interventions among key vulnerable populations, in particular migrant and mobile populations, ethnic minorities, rural poor and women. It will adopt a modular approach to remain responsive to current and emerging needs, and to maximize effectiveness of interventions.

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<sup>4</sup> The floating population of Heihe City in Heilongjiang Province ballooned from 133,000 to 340,000 between 1996 and 2000. In 2004, there were 200,000 registered residents, and 750,000 people who floated to and fro across the border.

<sup>5</sup> Regional Strategy on Mobility and HIV Vulnerability Reduction in S-E Asia and China 2006-2008

## **2.1 Component One: Safe mobility and HIV Prevention along China's northern borders.**

The National Population and Family Planning Commission (NPFPC) implemented the UNDP regional project 'Safe Mobility and HIV and AIDS Prevention in North east China 2004-2005' focusing on cross-border mobile populations in three sites in north east China. Methodologies were developed and IEC activities were carried out. The project included peer education campaigns and training. The pilot project targeted the floating population between China, Russia and Korea. The mobile populations between China and Mongolia and along Xinjiang's borders have not yet been addressed.

The component will work with multi-sector local government and wide ranging partners to identify and test best methodologies to reach key 'at risk' populations along China's northern borders. Targeted life skills training will be provided to empower mobile populations with the competence of safe mobility<sup>6</sup>. Results and trainings will be disseminated and integrated into other ongoing prevention interventions. The target age range is women and men aged 15-49.

A gender and rights-based approach will be utilized and fully integrated into knowledge, information and life skills training. Special attention will be paid to gender representation and to the recruitment and training of female outreach workers.

Four pilot sites have been selected based on the epidemic, geographic location, local commitment especially in terms of capacity for cost-sharing, and the potential for achieving expected results.

Two sites, Heihe in Heilongjiang Province and Yanji in Jilin Province, both part of the former NPFPC/UNDP project, will continue to deepen and widen project impact and determine best methodologies.

Two new sites will be selected from Inner Mongolia (Erenhot) and Xinjiang (Huo'erguosi). The Component will make consistent efforts to enhance and form synergies with cross-border HIV and AIDS prevention interventions and regional programmes. The Component will also proactively seek partnership opportunities to expand its coverage to more sites once more funds are made available.

### **2.1.i. Development and application of multi sector implementation plans**

Following site selection and assessment to gather an initial understanding of the target population, existing networks and population specific activities, the component will carry out advocacy among local government and other partners to ensure support and engagement with aims.

Local partnerships will be established and the potential to integrate resources explored. Related departments will be encouraged to take responsibility and practice multi sector interventions for outreach and to enhance community based interventions. The component will encourage broad participation of the public, Civil Society Organizations (CSO's) and NGO's. This may include supporting improved channels of communication and coordination between multi sector partners, and capacity enhancement. Partners will include customs, tourism companies, CDC, Women's federation, public security, labour agencies and civil society organizations. (See partnership strategies)

A project team will be set up in each area including PLWHA and identified local individuals or bodies. Detailed Participatory Project Proposals will be developed in each county. These will identify the target population, suitable coordinating departments, organizations and institutions for partnership, and possible best methods for delivery. Based on this information, teams will develop feasible and effective Project Implementation Plans.

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<sup>6</sup> Safe Mobility refers to migrants having improved HIV prevention knowledge, will be more likely to change high risk patterns of behavior when moving from place to place.

On the basis of the Implementation Plans, community-based interventions will be organized to ensure widespread knowledge of safe mobility and HIV and AIDS protection among the target population. This will include: targeted IEC and Behavioral Change Communication (BCC) activities; peer education; creation of local self-supporting groups, mass media and participation by a wide range of organizations and individuals. Special efforts will be made to reach women in the entertainment industry and women 'left behind'.

IEC materials will be reviewed and translated so that they fit with local conditions and needs and suitable methodologies for delivery will be explored. Safe mobility information kits will be developed to teach life skills to the migrant population and trainings will be organized through cooperation and networking with local government and NGO's. Training curriculums will be developed, reviewed and standardized and training given to local trainers on delivery of HIV and AIDS prevention and life skills courses.

HIV and AIDS prevention and safe mobility information will be integrated into existing government and NGO training projects such as into agriculture techniques and skills training programmes, family planning education courses, women's capacity training and youth league training.

### **2.1.ii. Development of Knowledge Products**

After review and assessment of implementation and experiences, and with reference to experiences in the rest of China and the region, the component will draft and explore effective 'models' for HIV and AIDS prevention to be used among mobile populations in similar socio-economic or cultural areas. The resulting Study into vulnerabilities faced by mobile populations in these regions and tried and tested implementation methods will be widely disseminated. The component will present the Study and experiences at national and international seminars.

### **Programme Communication and Advocacy Strategy**

The Programme will support and initiate the production and dissemination of knowledge and advocacy products, and convening related media events. It will support the Programme to achieve and maximize planned outcomes; raise the visibility and awareness of HIV as a development issue among government, civil society, donors and private sector; and increase awareness and understanding of HIV and reduce stigma among the general population. An estimated 1.5% of the overall Programme budget will be used for this purpose.

A Dissemination Plan will be developed by the implementing agency of each Component based on the expected results and attached to this document.

For Component One, a detailed account of activities will be kept on an ongoing basis and will be updated onto the NPFPC's website to inform the wider community. Dissemination through national and local cross sector experience sharing workshops and publicity will play a strong role throughout the design and implementation stages, and follow-up. Various media outlets such as print, TV, radio and internet, will be invited to participate at national and local level events and interviews, and to go on site visits, for increased coverage.

### **Partnership Strategy.**

The Programme will follow an integrated participatory approach to broaden impact and be as representative as possible. Successful implementation will rely on the active involvement of multiple sectors in government, the private sector and civil society. Every effort will be made to link the Programme with ongoing regional programmes and to enhance synergies.

**Joint UN Country Programme on AIDS in China (2007-2010):** Endorsed by the UN system in China and the Government of China, this framework is based on the MDG and UNGASS Declaration of Commitment. It will mainstream resources into the national development process under UNDAF. Three focus areas are outlined: (i) an enabling environment and multi-sector response at local levels; (ii) increased awareness and intensified prevention interventions; and (iii) scaling up treatment, care and support. UNDP is the designated lead agency of focus area one. UNDP as the lead and convening agency of Focus area one, will follow the implementation guidelines of the Joint Programme, and convene semi-annual meetings to share progress and concerns in this area to the stakeholders including UN theme group on HIV and AIDS, SCAWCO and other government agencies.

**Component One: The National Population and Family Planning Commission (NPFPC)** has a well-developed and extensive network extending from national to provincial, city, county, village and residents' committee levels which will be utilized to enhance aims. At grassroots levels, family planning workers have established long-term relations with locals. NPFPC has a number of subordinate institutions i.e. research, policy consulting, publicity and education, information collection and publication. It works closely with other central government departments such as the MoH, Ministry of Agriculture, Ministry of Education, Office of Poverty Alleviation, Ministry of Civil Affairs, and Ministry of Labor and Social Security. It has also established long-term relationships with CSOs such as the China Family Planning Association, the All China Women's Federation, All China Youth Federation, grass root organizations and research institutions and universities.

The Component will seek to enhance public participation involving NGO's, CSO's, the private sector, the general public, PLWHA's and bodies or individuals capable of reaching mobile populations ie tourist agencies, labor export companies, border inspection, entertainment venues etc. It will work with, and provide training to, peer educators from among the migrant population.

NPFPC partners will include: Customs, the Bureau of Border Inspection, tourism companies, the departments of health and agriculture, CDC, Women's Federation, Public Security Bureau, Civil Affairs Administration, Labour agencies and CSOs.

Finding ways of working with different partners for the benefit of the target population groups will be an active and ongoing process. The component will seek collaborative implementation with parallel projects working with high risk populations based on the needs of the local response..

The Component will make consistent efforts to enhance and form synergies with regional cross-border HIV and AIDS prevention interventions.

#### **Donor Interventions:**

The **Red Cross of China and Mongolian Red Cross** have both developed IEC materials in Erenhot in Inner Mongolia. The **Chinese Preventative Medicine Association and the German Technical Communication Center** have carried out and HIV prevention project in Heihe, Heilongjiang.

### **Part 3. Management arrangements**

The Programme will be implemented on behalf of the government by China International Center for Economic and Technical Exchanges (CICETE) of the Ministry of Commerce. It will undertake contractual arrangements with other key cooperating agencies according to (NEX) manual

The overall Programme will fall under the management guidance of a Programme Steering Committee which will be chaired by UNDP. Other members of the Programme Steering Committee will be: CICETE, State Council AIDS Working Committee Office (SCAWCO), NPFPC, State Ethnic Affairs Commission (SEAC), UNTG representative, implementing agencies of other components.

The Programme Steering Committee will meet once a year for the Annual Review to supervise implementation, review, evaluate, approve outputs, coordinate inputs and guide overall Programme activities and workplans.

Each Component will set up a Component Steering Committee which will be chaired by the lead agency in charge of each component. Component Steering Committees will also include: CICETE, UNDP, key component partners and provincial/local representatives.

For Component One, the National Population and Family Planning Commission (NPFPC) will assume overall responsibility for implementation and will set up a National Office within its offices in Beijing. Local offices will be set up in pilot areas or provinces as required. Active involvement of provincial and local leadership and communities is seen as a pre-requisite for overall success.

There will be a National Programme Director (NPD) from the respective implementing agency for each component. NPDs will be responsible for guiding, endorsing and overseeing all activities related to each component. NPD's will be supported by National Programme Managers (NPM's) who will be responsible for day to day management and implementation of each component's activities. At the national level, Technical Expert Groups may be set up to meet on an ad hoc basis to provide technical support, advice on M&E and others.

#### **Part 4. Monitoring and evaluation**

Programme monitoring and evaluation (M&E) will be conducted with a focus on outputs of interventions, partnerships formed and coordination. M&E will focus on results at Output level ie the specific products and services generated by the Programme, and risk reduction among target groups. It shall enhance management efficiency of the Programme and ensure consultation and participation of all stakeholders. It will focus not only on assessment of progress but also on experiences and lessons learned to support dissemination of results.

Monitoring progress towards achievement of Programme outputs will be undertaken at individual Component level. Results of monitoring visits and interventions will be reported to the Component Steering Committee for review, lessons learned and adjustment to work plans if necessary.

Programme and Component level management will invite the direct involvement and support of provincial and local level government on an ongoing basis to enhance monitoring and evaluation activities. The extent to which the desired outputs of each component have been achieved will be monitored through a system of M+E activities, annual work plans and budgets, peer group review and evaluation.

Specific indicators and results will be devised and agreed by partners at the outset. These may include for Component One: project implementation plans developed and implemented; IEC materials developed; trainings integrated into regular training programmes; rise in levels of safe behavior; gender specific indicators, such as numbers of women participants in activities or training; models tested and documented; Study into vulnerabilities among target populations.

Monitoring visits will be conducted by UNDP and CICETE to assess progress and results including through meetings with stakeholders and beneficiaries. NPMs will prepare quarterly updates with the assistance of local offices to support day to day implementation and for information sharing. In addition to annual progress reports, an overall Programme report will be prepared by NPM's in consultation with UNDP and CICETE.

The Annual Review by the Programme Steering Committee and Component Steering Committees will ensure periodic assessment on whether approaches and interventions will, or have produce(d) expected outputs .

Progress of the Programme will be shared with UN agencies, donors, SCAWCO and other stakeholders in the semi-annual meeting of Focus Area One of the UN Joint Programme led by UNDP.

#### **Part 5. Legal context**

This project document shall be the instrument referred to as such in Article 1 of the Standard Basic Agreement between the Government of the People's Republic of China and the United Nations Development Programme, signed by both parties on June 29<sup>th</sup> 1979. The host country implementing agency shall, for the purpose of the Standard Basic Agreement, refer to the government cooperating agency described in that agreement.

#### **Part 6. Funding**

The total budget for Component One is US\$ 600,000 over three years.  
(US\$ 300,000 is TRAC and US\$ 300,000 is cost sharing.)

## Section II – Results and resources framework

### Part 1. Programme/Project results and resources framework

<p><b>Intended Outcome as stated in the Country Results Framework: UNDAF Outcome 4:</b> By 2010 increased access and utilization of information, skills and services to: 1) reduce stigma and discrimination, 2) prevent new HIV infections and 3) support provision of treatment, care and support to those infected and affected by HIV/AIDS, with particular focus on women and vulnerable population groups.</p>			
<p><b>Outcome indicator as stated in the Country Programme Results and Resources Framework, including baseline and target.</b></p>			
<p><b>Applicable MYFF Service Line:</b></p>			
<p><b>Partnership Strategy:</b> National Population and Family Planning Commission (NPFPC); provincial and local government; NGO's; CSO's; private sector; civil society; peer group and individuals; cross border regional programmes</p>			
<p><b>Programme: Mitigating the Negative Impacts of HIV and AIDS on Human Development</b></p>			
<p><b>1. Component One: Safe mobility and HIV Prevention in northern China</b></p>			
<p><b>Outcome 1.</b> Reduced risk of HIV/AIDS among mobile populations in selected regions of northern China.</p>			
<p><b>Output 1.1:</b> Multi sector implementation plans for HIV and AIDS prevention among mobile populations adopted in pilot areas and integrated in related departments. <b>Baseline:</b> tailor-made responses weak or not in place; multi sector coordination weak <b>Indicators:</b> Implementation plans integrated in related departments; M + E system on multi sector participation set up. <b>Output 1.2.</b> HIV and AIDS IEC/BCC content and delivery methodologies applied in target areas. <b>Baseline:</b> systems for targeting populations weak. <b>Indicators:</b> % change in behavior among target population i.e. increase condom sales; trainings integrated into regular programmes; % of women participating incl. female migrants or migrants' wives/girl friends; % change in HIV/AIDS prevention knowledge; % change in high risk behavior. <b>Output 1.3.</b> Study into vulnerabilities of mobile populations in target areas and models for implementation. <b>Baseline:</b> no tested and documented models for HIV prevention in target population <b>Indicators:</b> details available on NPFPC website and disseminated through advocacy and communication; Study into mobile populations and models widely distributed.</p>			
Intended Outputs	Output Targets for (years)	Indicative Activities	Inputs (US\$)
<p><b>1. Component One: Safe mobility and HIV Prevention in northern China</b></p>			
<p><b>Outcome 1 related outputs</b></p> <p><b>Output 1.1:</b> Multi sector implementation plans for HIV and AIDS prevention among mobile populations adopted in pilot areas and integrated in related departments</p>	<p>Coordination mechanism set up at county and district level by February 2008</p>	<p>1.1. i . Carry out site selection and assessment</p>	<p>10,000</p>
	<p>Participatory proposals adopted by mid 2008</p>	<p>1.1. ii. Advocacy meeting among local government and partners</p>	<p>12,000 (3,000x4)</p>
		<p>1.1. iii. Set up multi sector teams and establish cooperative links between local govt. organizations and individuals</p>	
	<p>Implementation Plans approved and integrated in related departments in third quarter 2008 with implementation ongoing to 2010</p>	<p>1.1. iv. Clarify responsibilities, strategies and resources of each main partner and draft proposal for integration</p>	
		<p>1.1.v. Baseline survey</p>	<p>20,000 (5,000x4)</p>

		<p>1.1.vi. End-line survey</p> <p>1.1.vii. Participatory planning to identify target groups, related departments and individuals</p> <p>1.1.viii. Draft Implementation Plans including M+E system for monitoring participation</p> <p>1.1.ix. Approve detailed Plan and integrate into other agencies and departments</p> <p>1.1.x. M+E</p> <p>1.1.xi. Review implementation and amend if necessary</p>	<p>20,000 (5,000x4)</p> <p>16,000 (4000x4)</p>
<p><b>Output 1.2.</b> HIV and AIDS IEC/BCC content and delivery methodologies applied in target areas</p>	<p>Methodologies tried and tested in pilot areas from June 2008 to November 2010</p> <p>IEC/BCC materials for target population developed and tested by July 2008</p> <p>Life skills training for mobile populations developed and integrated into training programmes May 2008 – November 2009</p> <p>Mainstreaming of content and methodologies into ongoing multi sector training programmes May 2008 to November 2010</p>	<p>1.2.i. Carry out community-based interventions: IEC/BCC; peer education; mass media etc.</p> <p>1.2.ii. Community based centres for floating population</p> <p>1.2.iii. Recruit and train the peer educators</p> <p>1.2.iv. Peer education</p> <p>1.2. v. Participatory activity for MMP's wives/girl friends</p> <p>1.2.vi. Monitor and evaluate peer education</p> <p>1.2.vii. Training workshops on life skills</p> <p>1.2.viii. Establish networks on life skills training</p> <p>1.2.ix. Organize folk performances on HIV/AIDS prevention</p> <p>1.2.x. Media broadcasts and coverage</p> <p>1.2.xi. Review current IEC/BCC materials and develop according to target population</p> <p>1.2.xii. Make IEC materials an distribute</p> <p>1.2.xiii. Translate material into local language</p> <p>1.2.xiv. Prepare HE materials for trainers and floating population</p>	<p>12,000 (3,000x4)</p> <p>16,000</p> <p>16,000</p> <p>16,000</p> <p>12,000</p> <p>12,000</p> <p>16,000</p> <p>16,000</p> <p>12,000</p> <p>15,000</p> <p>12,000</p> <p>12,000</p> <p>12,000</p> <p>12,000</p> <p>10,000</p>

		<p>1.2.xv. Gender expert to assist in curriculum development</p> <p>1.2.xvi. Test new methods for reaching target populations and impact evaluation</p> <p>1.2.xvii. Review and standardize training curriculum</p> <p>1.2.xviii. Find ways to integrate HIV/AIDS prevention education into ongoing development programs</p> <p>1.2.xix . Advocacy with local leaders and set up training networks for capacity building</p> <p>1.2.xx. Communicate with media and publish the relevant information</p> <p>1.2.xxi. Annual review meeting</p>	<p>2,000</p> <p>21,000</p> <p>12,000</p> <p>12,000</p> <p>30,000</p>
			<b>Total: US\$ 356,000</b>
<b>Output 1.3.</b> Study into vulnerabilities of mobile populations in target areas and models for implementation.	<p>Study drafted and discussed from December 2008</p> <p>Seminars to disseminate results and plans for further application August 2009</p>	<p>1.3.i. Programme Steering Committee Meeting and launch</p> <p>1.3.ii. Record of activities</p> <p>1.3.iii. Edit and disseminate newsletter</p> <p>1.3.iv. Update and make available on website</p> <p>1.3.v. Draft detailed Study on vulnerabilities and models</p> <p>1.3.vi. Dissemination at national and international symposium</p> <p>1.3.vii. Managers of govt. departments and NGOs visit Central Asia.</p> <p>1.3.viii. Effective and sustainable HIV/AIDS prevention intervention model(s) applied in areas with similar socio-economic and cultural context</p> <p>1.3.ix. Regular meetings on project progress and linkages with similar cross-border and regional programmes</p> <p>1.3. x. Community-based database for migrants and to monitor change</p> <p>1.3.xi. Advocacy and Communication</p>	<p>10,000</p> <p>8,000</p> <p>12,000</p> <p>29,000</p> <p>10,000</p> <p>94,000</p> <p>39,000</p> <p>16,000</p> <p>8,000</p> <p>9,000</p>
			<b>Total: US\$ 235,000</b>

**Sub-programme Two Total: US\$ 591,000 + overhead US\$ 9,000 = US\$ 600,000**

**Risk Log**

<b>ID</b>	<b>Description of Risk</b>	<b>Category</b>	<b>Impact and Probability</b>	<b>Countermeasures and Management response</b>	<b>Owner</b>	<b>Author</b>	<b>Date Identified</b>	<b>Last Update</b>	<b>Status</b>
<b>1. Component One: Safe mobility and HIV Prevention in northern China</b>									
01	Cost-sharing if local partners are unable to fulfil obligations	Financial	Some localities risk higher than others  P = 3	Written financial agreements to be agreed and in place during 1 <sup>st</sup> month of project	NPFPC	UNDP and NPFPC			
02	Changes in yearly ability to commit financially may reduce results and participation	Financial	Hard to determine level of risk, but present  P = 1	Financial monitoring system in place and reviewed to assess status	NPFPC	UNDP and NPFPC			
03	Limited capacity to implement in pilot areas	Operational and organizational	Likely in new pilot areas and will impact results in first year P = 2/3	Capacity development will focus on this in first months and year	NPFPC	UNDP and NPFPC			

### Section III – The total workplan

#### Annual Workplans.

#### Component One: Safe mobility and HIV Prevention in North east China and Mongolia

Activity	Date	Place	Indicator's Remarks
<b>Output 1.1:</b> Multi sector implementation plans for HIV prevention among mobile populations adopted in pilot areas and integrated in related departments. <b>Output 1.2.</b> HIV and AIDS IEC/BCC content and delivery methodologies targeting mobile populations developed and tested in target areas			
Rapid assessment	September 2007	NPFPC, Project counties	Questionnaire distribution
Identify project sites	September 2007	NPFPC	Pilot sites are identified based on results from the rapid assessment
1 <sup>st</sup> Steering Committee Meeting and launch	January 2008	NPFPC, UNDP and partners	
Baseline survey	Jan.-Feb. 2008	NPFPC, Project counties	Investigate HIV/AIDS knowledge of target population in pilot sites
Build up project leading groups and clarify the responsibility of relevant departments	Jan. 2008	Project counties	A leading group include representatives of floating population and peer educator and person from relevant governments and NGOs
Advocacy meeting to explain the objective of project	Early Jan. 2008	NPFPC	Two representatives from province/autonomous region, one from prefecture/city and two from project counties respectively
Start-up meeting/implementation plan in every project county	Feb. 2008	Project counties	An action plan includes an overall action plan, sector action plans and budgets
Advocacy meeting to seek support from stakeholders	Jan. 2008	NPFPC, Project counties	Participants including leaders from relevant government sectors and NGOs and floating population
Regular meetings on project progress	Mar. 2008.-11, 2010	Project counties	At least once a month, participants are members of the leading group
2 <sup>nd</sup> Steering Committee Meeting	January 2009	NPFPC, UNDP and partners	
Monitoring, supervision and evaluation	March 2008 to October 2010	NPFPC	At least five visits to project sites
3 <sup>rd</sup> Steering Committee Meeting	January 2010	NPFPC, UNDP and partners	
End-line survey	October 2010	NPFPC	
Training networks on capacity building involving related governments/NGOs	March 2008	Project counties	Relevant governments/ NGOs should be involved

<b>Activity</b>	<b>Date</b>	<b>Place</b>	<b>Indicator's Remarks</b>
Training of local trainers	Late April 2008	NPFPC, Project counties	Participatory trainings at county level
Recruitment of peer educators (advertisement, interview and recruitment)	April 2008	Project counties	10 peer educators will be recruited finally
Training of peer educators with attention to the participation of PLWHAs	May 2008 to October 2010	Project counties	At least five participatory trainings in every county
Peer education with attention to the participation of PLWHAs	May 2008 to November 2010	Project counties	Peer educators are paid for their work. Training for project contacting persons.
Monitoring and evaluation of the process of peer education with attention to the participation of PLWHAs	June 2008 to November 2010	NPFPC, Project counties	Interview local people and project contacting person
Participatory activity for MMP's wives/girl friends	June 2008	NPFPC, Project counties	Pay more attention to the BCC of MMP's female spouses
Set up community-based activity centers for floating population	April 2008	Project counties	Activity centers are within the community
Training networks for life skills training among floating population with attention to the participation of PLWHAs	April 2008	Project counties	Every peer educator keep contacts with one contacting person, who will then establish contacts with others so as to form a network
Life skills trainings (focusing on the issues of rights and gender)	May 2008 to November 2009	Project counties	At least three participatory trainings in each project county for current and potential floating population
Participation of NGOs in life skills trainings	May 2008 to November 2010	Project counties	
Edit newsletters about floating population's life (focusing on the issues of rights and gender)	Apr. 2008 to November 2010	Project counties	Bimonthly, distributed among floating population and NPFPC
Involve HIV/AIDS education into development programs of relevant departments	April 2008	Project counties	
Translate and review existing IEC/BCC materials	May 2008	NPFPC	
Evaluate the quality of IEC/BCC materials	June 2008	NPFPC	
Develop IEC materials on safe mobility for floating population	July 2008	NPFPC	
Develop training modules	July 2008	NPFPC	Mainly for trainings of trainers and floating population
Translate IEC materials into local languages	July 2008	Project counties	
Distribute HE materials among floating population	May 2008 to November 2010	Project counties	
Review and standardize training modules	May 2008 to November 2010	NPFPC	

Activity	Date	Place	Indicator's Remarks
Special programs in TV/broadcast and columns on newspaper	March 2008 to November 2010	Project counties	
Put up posters and other IEC materials in public	March 2008 to November 2010	Project counties	
Edit project newsletters and update on website	March 2008 to November 2010	Project counties	Submit the newsletters to NPFPC and update on website in time
Organize folk performances on HIV/AIDS prevention	May 2008 to November 2010	Project counties	At least two performances in each county
IEC activities by relevant government departments and CSOs	May 2008 to November 2010	Project counties	
Evaluate the impact of IEC and advocacy activities	May 2008 to November 2010	NPFPC, Project counties	
<b>Output 1.3.</b> Study into vulnerabilities of mobile populations in target areas and models for implementation.			
Managers from governments and NGOs visit Central Asia to learn and share experiences of HIV/AIDS prevention	July and August 2009	Project counties	
Organize an international seminar and invite the scholars and project managers from neighbor countries	July and August 2008	NPFPC, UNDP	
Conferences to share project experiences and develop an effective and sustainable HIV/AIDS prevention intervention model	December 2008	NPFPC, Project counties	
Edit and widely distribute project newsletters	April 2008 to December 2010	NPFPC	
Submit the mid-term project report	June 2009	NPFPC, Project counties	Each project county submit its mid-term report independently
Submit the final project report	December 2010	NPFPC, Project counties	
A seminar to summarize lessons of CSOs' participation in HIV/AIDS prevention	August 2009	NPFPC, Project counties	
Documentation of project activities, process and outputs	Dec, 2008 to December 2010	NPFPC, Project counties	Keep detailed records of project activities and available on website

**Component One: Safe mobility and HIV Prevention in northern China****Population statistics for Pilot Counties**

County	Province	Cases of HIV/AIDS	Infection route
Kuandian	Liaoning	4	Sex
Yanji	Jilin	27	Sex
Heihe	Heilongjiang,	27(18 AIDS patients)	Blood transfusion
Manzhouli	Inner Mongolia	2	Sex;
Erlianhaote	Inner Mongolia	1	Blood transfusion
Tashiku'ergan (Hongqilapu)	Xinjiang	2	
Huocheng (Huo'erguosi)	Xinjiang	637	Drug use

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## 1) Population breakdown in Yanji, Jilin

	resident		migrant	
	Male	Female	Male	Female
2002	197356	201559	15997	
2003	200451	205984	16792	12134
2004	203393	209713	12763	8533
2005	202488	210501	46751	28553

## Population through border posts in Yanji, Jilin

	entrance		departure	
	total	chinese	total	chinese
2002	15104	3861	14701	3666
2003	44549	16638	44771	17135
2004	70192	24350	74967	31356
2005	58202	30020	58191	26598

Chinese migrants mainly crossing to: work, visit relatives, tourism and study.

## 2) Population breakdown in Heihe, Heilongjiang

	resident		migrant	
	Male	Female	Male	Female
2002	95410	92674	6015	5632
2003	97123	93887	7068	6227
2004	97805	96096	7069	6428
2005	99269	97971	7146	6926

Chinese mainly working in: trade, construction industry, farming or forestry in Russia. Most Russians come to China for trade and tourism.

**Component One: Government Cost Sharing Schedule of Payment**

	<b>2008(¥)</b>	<b>2009(¥)</b>	<b>2010(¥)</b>	<b>Total(¥)</b>	<b>USD \$</b>
<b>National</b>	200,000	150,000	100,000	450,000	
<b>Jilin</b>	250,000	150,000	100,000	500,000	
<b>Xinjiang</b>	250,000	150,000	100,000	500,000	
<b>Heihe</b>	150,000	150,000	100,000	400,000	
<b>Inner Mongolia</b>	150,000	150,000	100,000	400,000	
	<b>1,000,000</b>	<b>750,000</b>	<b>500,000</b>	<b>2,250,000</b>	<b>USD 300,000</b>