



The Centre
for Harm
Reduction

Evaluation Report

Yunnan and Xinjiang Red Cross & the Australian Red Cross HIV/AIDS Prevention & Care Program in China



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Acronyms and abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ARC	Australian Red Cross
AusAID	Australian Agency for International Development
BBV	Blood Borne Virus
FGD	Focus Group Discussion
FSW	Female Sex Worker
HIV	Human Immunodeficiency Virus
IDI	In-depth interview
IDU	Injecting drug user
IEC	Information, education, communication
INGO	International Non-Government Organisation
KRC	Kunming Red Cross
NGO	Non-Government Organisation
PE	Peer Educator
PE +	HIV positive Peer Educator
PF	Peer Facilitator
PLHA	People Living with HIV/AIDS
STI	Sexually Transmitted Infections
ToR	Terms of Reference
ToT	Training of Trainers
ToF	Training of Facilitators
UNAIDS	Joint United Nations Program on HIV/AIDS
VCTC	Voluntary Confidential Testing and Counselling
WHO	World Health Organization
XRC	Xinjiang Red Cross
YiliRC	Yili Red Cross
YRC	Yunnan Red Cross

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1. Executive Summary

The Australian Red Cross initiated an evaluation of the Yunnan Sunshine Homeland program (working with IDU/former IDU) and the Xinjiang PE+ (PLWHA) as part of the YRC/XRC/ARC HIV/AIDS prevention and care program in China. Two members of the Centre for Harm Reduction conducted the evaluation between 28th August and 3rd September 2003, Dr. Suresh Kumar in Xinjiang and Jimmy Dorabjee in Yunnan.

The purpose of the evaluation is to document and make recommendations on the relevance, efficacy and effectiveness of the two projects.

Evaluation process:

The evaluation utilized a qualitative assessment process involving the following key stakeholders:

- Yunnan Red Cross HIV project
- Xinjiang Red Cross HIV project
- Australian Red Cross China
- Red Cross Prefecture Managers: Kunming Red Cross, Yili Red Cross
- Sunshine Project Volunteers/PE's
- PE+ educators
- Local Health officials and health department initiatives, community leaders
- Daytop drug treatment centre and other collaborating NGOs, YPE workshop participants and the PSB at Drug Treatment Centres.
- Families of drug users

The dual epidemics of drug use and HIV in Xinjiang and Yunnan Provinces are a reality. The emerging HIV epidemic has triggered a positive, though small-scale response from the ARC, XRC and YRC. The response from Yili is notable and needs to be showcased as a best practice involving the HIV positive peers. Similarly, the Sunshine Homeland is an innovative project with tremendous potential in the Chinese context to further develop into a model for the region. Incorporating many key principles of effective HIV prevention approaches such as humane care, involvement of the infected and affected communities, the projects try to disseminate HIV prevention messages to the families and drug users. The positive leadership from the ARC, XRC, KRC and YRC, dedicated and selfless service by the staff and peer volunteers and productive partnerships have all contributed to the successful implementation of the project.

2. Recommendations and plan of action

Scaling up training of peer facilitators to adequately respond to the HIV epidemic

One of the critical elements in HIV control efforts is to build capacity to adequately respond to the emerging dual epidemics of injecting drug use and associated HIV infection among IDUs and their sexual partners. The needs assessment carried out by the Australian Red Cross has pointed out the urgency of imparting training to peer facilitators. The training of the peer facilitators and the self-care workshops that address the issue of community based care for HIV/AIDS in resource poor settings have been highly appreciated by the IDU community, the families and the health sector. There is a need to scale up these efforts in order to increase the number of peer facilitators trained.

Needed update workshops

There is a felt need for update workshops. Update and booster workshops for the peer facilitators to reinforce what has been learnt in the initial trainings, to explore new areas of learning and to address the current needs of the drug users is recommended. Technical assistance from within and outside the country may be required for further development of manual(s) and training inputs, especially on the subject of drug use and related harms.

Building capacity further

The peer facilitators need to be trained on an ongoing basis and study tours to other places implementing community based HIV prevention and care services will be helpful. Networking with other agencies engaged in similar activities will be useful. Furthermore, placements in regular training courses and attendance at the National, Regional and International Conferences and Workshops will enable the peer facilitators to further enhance their capacity and gain confidence. Regular access to information through newsletters, periodicals and websites should also be explored.

Sufficient capacity exists in the provinces, especially in the Universities and can be utilized for training of peers. The staff members of XRC and YRC have been involved in the peer facilitator training and their capacity should be further enhanced. Placement in some short-term training courses in other countries (Australia) should be considered.

Initiating integrated HIV prevention and care services conceptualised in the training model

An innovative model has been conceptualised in the training workshops that address three critical issues: HIV related risk reduction, STI treatment and HIV care and support. In many ways this training model is extremely beneficial to the drug using clients in suggesting integrated prevention and care services. This model has to be translated into action so that a significant proportion of drug users are covered by these services.

Peer Education and the use of peers is an efficient way of disseminating HIV prevention messages for drug using populations

The Peer + facilitators are mainly reaching out to the families with prevention messages while the Peer Facilitators in SH are targeting drug users in DTCs. They should be encouraged to educate their drug using and sex networks. Training IDUs as HIV prevention educators is a means of empowering members of the IDU community. Group training sessions for peer volunteers are very useful in achieving community wide risk reduction among IDUs. Large numbers of peers need to be trained in community outreach and peer interventions, in order to disseminate harm reduction messages and influence a sufficient number of drug users and others at risk for acquiring HIV. Peer volunteers need to be trained and utilized for providing harm reduction messages and materials in communities, drug using and dealing places.

Reaching 'hidden' populations of drug users is best achieved through community outreach

Outreach targeting drug users has not been developed well and it is important to initiate action to establish community based outreach systems. The drug users in the project are keen to reach out and help others but are concerned about possible harassment and arrest by the law enforcement. Advocacy with the law enforcement and public security is necessary in order to assist the development of community-based outreach. Through community outreach, it is possible to recruit and retain larger numbers of drug users who would otherwise not seek help. At present the PE attracts a small proportion of drug users, whereas outreach can help to provide harm reduction services like education, risk reduction materials, condoms and sterile injection equipment to large numbers of hitherto un-reached drug users. Outreach will also help to extend the services to the most vulnerable subgroups and ethnic groups of drug users. Site visits to other developing countries with established outreach systems would greatly assist in setting up such services in Xinjiang and Yunnan. Indigenous persons capable of outreach have to be identified and trained to carry out outreach. Existing outreach manuals (NIDA, WHO) can be adapted to the local settings for use.

Involvement of active IDUs and HIV + ve drug users

The Yinning experience has shown the significant contribution HIV positive networks can bring to the welfare of the IDUs. Active IDUs need to be included in activities best suited to their skills and work abilities, such as peer education and needle/syringe exchange. It is important to take necessary steps to support the networks formally in order that they can be sustained and contribute effectively.

Advocacy to create an enabling environment

The Yinning experience is a good example of winning confidence of the health sector; in particular, the communicable diseases control division through practical demonstration of the evidence that prevention and care approaches involving IDUs are feasible and

beneficial. Coalition building, a critical step, took considerable time and effort to establish in Yinning. Advocacy activities in other parts of China can be modelled after the advocacy process documented from Yinning. These advocacy actions have assisted the health sector at the prefecture and city level to increase their understanding of drug use, effective approaches to reducing drug use and effective HIV prevention and care among IDUs and their families. The advocacy process has to be sustained and expanded to other sectors as well.

Working with law enforcement

The legal environment in the country is unfavourable to drug users and possession of drugs is enough to send them to detention centres. Drug users are ordered to compulsory treatment centres that only offer detoxification services. It is important to work with law enforcement agencies with a view to change their perspectives about drug use, injecting drug use and HIV infection. Harm reduction programmes could be seen to conflict with law enforcement approaches and can be opposed by them strongly. Working with people engaged in 'illicit activities' can prove to be dangerous to outreach workers and they may face arrest and intimidation. It is important to work along with the law enforcement staff in order to implement harm reduction programmes successfully in the community. Police need to receive training (following a training needs assessment) to ensure they understand their role in HIV prevention among IDUs. Advocacy should be initiated and continued at the highest political level to influence the laws relating to drug use and possession. A dissemination process of workshops and other methods can be used to facilitate ways to enhance the effectiveness of the attempts to prevent HIV transmission among drug users.

Needle disposal: winning the confidence of the communities

Discarded needles and syringes are found in places where drug users congregate and use drugs. The communities are greatly concerned about this as children play around the area, increasing the risk for needle stick injury. The peer volunteers working in the community could take up collection and safe needle disposal and this will increase the community's approval of the work with drug using populations.

Breaking the chain of transmission

Many of the drug users in Yinning and Kunming are married and there is a great risk for transmission of HIV to their spouses. By addressing the sexual transmission risks among drug users and aggressive management of STIs, the chain of transmission from injecting drug users to their spouses and sexual partners can be broken. There is a great urgency and need to focus on this issue. The training has to emphasize sexual communication, negotiation and the ways to address the relationship dynamics (trust, intimacy, love, commitment, fidelity, gender, power) as well as the sexual norms surrounding condom use. Interventions specifically targeting the IDUs and their partners are an immediate need.

Linking services and addressing the multiple needs of drug users

A drug injector's life is complex and further complicated by multiple adverse social and health consequences. IDUs require many things – from primary health care to shelter; drug treatment to food; HIV counselling to employment opportunities and antiretroviral treatment to recreational opportunities. Many agencies offer these services and proper coordination between the various agencies would ensure that drug users are able to access these services without being excluded. It is important to link the various services that agencies offer and provide coordinated services to injecting drug users.

Assessing the extent and magnitude of drug use/HIV: critical for HIV prevention

In order to develop an adequate response to the rapidly evolving epidemic, it is important that rapid assessments of injecting drug use and HIV are carried out in different prefectures and cities experiencing a rapid spread of injecting drug use. Surveillance is critical and the present system needs to be expanded and changed to an ethically appropriate unlinked and anonymous surveillance. Behavioural surveys need to be carried out among different sections of injecting drug users in order to guide the design of interventions.

Technical support for harm reduction

In a country with very little community-based activity for drug users, the ARC's role in initiating Sunshine Homeland and outreach programmes is noteworthy. These activities have to be strengthened and scaled up. Technical assistance to assist with the harm reduction programme development should be sourced.

Urgently required: initiation, implementation and scaling up of HIV prevention and care services

To address and reduce the transmission of HIV among IDUs in Xinjiang and Yunnan, a rapid expansion of current HIV prevention and care services delivered through the peers and a set of new activities like expanded outreach targeting IDUs, peer interventions and strengthening of the prevention and care services are urgently needed. All these services must be implemented simultaneously. At present, in Xinjiang the Red Cross is the only agency involved in HIV prevention among drug users and effective HIV prevention among IDUs will occur only if the activities are scaled up.

Substantial technical assistance is required to assist the Ministry of Health and the Public Security Bureau to maximize the effectiveness of current activities and to allow them to start new activities which address the needs of IDUs, including low-threshold services such as outreach, peer education and basic care for HIV infected individuals. Furthermore, support is required for advocating for a methadone maintenance delivery mechanism in the province.

While emphasizing the importance of scaling up HIV interventions, it is important to ensure the following:

- immediate development of outreach activities to reach the majority of drug users
- involvement of peers in different intervention activities
- responding to the felt needs of the IDUs in compulsory treatment centres
- timely availability of funds for intervention implementation and capacity building
- sufficient number of full time staff for implementation of the harm reduction and care projects

Finding ways to make care and support services available and accessible to many

Till antiretroviral drugs are available to all those in need, treatment and monitoring of opportunistic infections should be carried out for drug users living with HIV/AIDS.

Time to promote methadone maintenance for opiate dependence

Given the acknowledged high rates of relapse and increasing prevalence of injecting drug use and HIV infection amongst Drug Users, methadone should be seriously considered as an important harm reduction option. Since methadone is not expensive, it will be cost effective to implement methadone maintenance programme. All efforts must be taken to establish and sustain the methadone programme, as one of the best options to contain the HIV epidemic among drug users in China. In line with the draft RC guidelines on Harm Reduction (May 2003), the ARC should advocate for the role of methadone and other opioid substitution therapies with the respective Government agencies.

Suggestions to improve the current work of peer + volunteers

1. Operational issues

Timing of services: In order to reach out to drug users in the community, the timing of outreach services need to be flexible. Most often drug users congregate and use drugs at drug using venues in the mornings and late evenings. Thus the timing of the outreach services has to be accordingly reoriented.

Operate in pairs: A mixed team of male and female peer facilitators will facilitate the contact of IDUs and their sexual partners and also help to deliver sex risk reduction messages. By working in pairs, peer + volunteers are better prepared to face the full range of risks and if one gets into trouble, the other can help or seek assistance.

Safety guidelines and protocols: Safety guidelines and protocols can address the safe handling of needles and syringes, needle stick injuries and other practical issues (dealing with aggressive clients). Work guidelines should be developed to get a clear idea of work supervision, team meetings and the redesign of interventions based on assessment of needs. Basic rules relating to unacceptable behaviour by the peers (selling/dealing drugs; using drugs with clients; selling project materials; using drugs during outreach; theft; violence; not attending supervision meetings) must be developed.

Team meetings: At present the peers are guided and supervised by the anti-epidemic station officials whose support has been vital for the continuation of the outreach work by the peers. In addition the peers could have weekly meetings held by their own elected peer leader. These weekly meetings can foster and create a sense of teamwork and serve as a forum to discuss issues, to develop appropriate interventions in addition to being a method to regularly evaluate the outreach work. These meetings can propose and agree to changes in operations to better meet the needs of the clients.

Logbook: The outreach team collects basic information relating to the drug users and their partners in their diaries. Such information could be collected in a simple standardized format that can be analysed for future evaluations.

Logos and acronyms: A Project logo can open channels for conversation relating to HIV prevention and care. A special logo needs to be created, not necessarily with a text but recognizable symbols designed to attract visual attention. The logo serves two purposes. First, large logo posters can be made and placed at community venues visited by target population members. The posters with the logo imprinted offer no explanation of it's meaning and has the potential to create curiosity among the people. "What is this about"? The peer + volunteers could wear the logo on buttons or shirts, especially when they are with others in the target population. People in the community are familiar with the logo on the posters, but are unaware of what it depicts. When they see the logo being worn by the peers, they tend to ask the peers what the logo actually signifies. In reality, the logo doesn't need to have a special meaning other than to stimulate a conversation. The peers could be taught to use any question about the logo as a way to start a risk reduction conversation: "*The logo design is about a program I attended. I learned a lot about*

healthy sex, HIV and STDs, and ways to stay safe. Let me tell you about it”. The logos create more conversation opportunities and raise community awareness about HIV and STI prevention. When the peers sport the logos, it indicates that popular people of the target community personally support HIV and STI prevention efforts. Similarly, the use of acronyms can also trigger conversations and these logos and acronyms are also helpful in the evaluation of the programme.

Debriefing sessions: Weekly debriefing sessions with the peer coordinator are helpful for monitoring and redesign of appropriate interventions and to provide guidance to the peers facing problems in their work.

2. Reducing Drug related HIV risk behaviours

Contacting drug users: The peers at present are primarily reaching out to the families of drug users and drug users in detention or treatment centres, and only a small number of current drug users are reached by the peer volunteers. It is vitally important to reach out to the population of current drug users in order to contain the escalating HIV epidemic, since adequate and consistent coverage is crucial for HIV prevention.

Contacting the drug users in their natural settings and reaching out to drug networks: In order to choose locations for conducting program activities, a thorough knowledge of the community is required. Identifying sites where and when drugs are bought and used and the location of major sex work spots is the first step. Peer volunteers should identify and map the places where the drug users congregate and at what specific time. Drug dealing areas, shooting galleries, bars, pool halls, liquor stores, storefronts and public places like parks must be identified. The peers can work in pairs to maximize their visibility, credibility and for their safety. They can meet the target population in the street or in other community settings. The peers need to begin conversations with drug users by introducing themselves, the programme and their purpose for being there. The goal of promoting safer behaviours and reducing risk behaviours must be articulated directly in a simple language. Confidentiality should be ensured and referrals to drug treatment, HIV testing and counselling and HIV care and support services should be provided. The targeted members should be encouraged to pass on the risk reduction information to their HIV risk networks. Conversations between the peer and the target group member may last only seconds or may continue for several minutes, depending on the interest and the context. Generally, outreach interaction should provide core information on:

- Risk behaviours
- Risk reduction methods
- Information materials for those who are literate
- Referrals

Myths and misconceptions about risk behaviours must be addressed and the facts provided. Reviewing behaviours that place people at risk for HIV/AIDS and discussing personal risks can help determine which risk reduction strategies may be most appropriate for a particular individual. The hierarchy of safer behaviours must be provided to enable target populations understand the various risk reduction strategies.

Hierarchy of Risk Reduction Strategies for IDUs

- Stop or never start using drugs
- If using drugs, use non injecting route
- Stop injecting drugs
- If drug injecting continues:
 - Never reuse or share syringes/needles, water or drug preparation equipment
 - Use only syringes/needles obtained from reliable sources
 - Use a new, sterile syringe/needle to prepare and inject drugs
 - Use sterile water to prepare drugs; otherwise use clean water from a reliable source
 - Use a new or disinfected cooker/spoon and sterile cotton to prepare drugs
 - Clean the injection site prior to injecting with a sterile alcohol swab
 - Safely dispose of syringes/needles after one use

In addition to verbal messages, it is desirable to provide written information to the drug users who are literate. Simple and visually attractive printed materials reinforce the messages given during the outreach contact. Providing information on local services that are available is also important. The peers must offer appropriate referrals to medical, psychological and social services to the individuals at risk. Repeat contacts enable peers to discuss prevention messages thoroughly and to reinforce behaviour change efforts. Repeated contacts also increase the trust between the peer volunteer and the client which in turn facilitates greater disclosure by the drug users.

Addressing immediate problems: Injecting drug users often have multiple medical problems that require medical attention and treatment. Abscesses are common and wound care is an important aspect of medical care for injecting drug users. Offering medical care for adverse health consequences related to injecting is a high priority issue to improve the quality of life of drug injectors. Contact with primary medical care in a friendly atmosphere can be a conduit for HIV prevention services. Primary health care settings can also provide risk reduction information, materials, sterile injection equipment, condoms and risk reduction counselling.

3. Reducing sexual risk behaviour among injecting drug users and their sexual partners

Interface between drug use and sex risk: High risk drug use behaviours and high risk sexual behaviours are often linked, escalating the risk for HIV acquisition and transmission. This is an issue that needs to be addressed urgently as high risk sexual behaviours among male and female injectors engaged in sex work is common.

Since unsafe and unprotected sex is still practiced by HIV positive IDUs, the peer facilitators should:

- Offer counselling for safer sex as part of standard care
- Screen for new STI in HIV positive IDUs

The increasing importance of sexually transmitted diseases in HIV infected persons makes it necessary that peer volunteers be vigilant in sexual risk assessment and be aware of the need to screen and refer for appropriate treatment.

Improving sexual communication between partners: Mixed teams of peer volunteers can address the sexual health issues of drug users and their sex partners. It is important to address the couple in order to facilitate safer negotiation for condom use within the relationship. Relationship based risk reduction interventions encourage collaboration to address mutual needs and these may be more effective for intimate partners. It is expected that such an intervention delivered through peers targeting injection drug users and their sexual partners will achieve community changes towards safer sex between the partners.

4. Update training workshops

Training in peer outreach that focuses on problem solving: The focus of the proposed training is to motivate participants to influence network members' HIV related behaviours and to teach the participants skills to enable them to influence their network members. Participants have to be taught negotiation skills, effective communication, modelling, problem solving, conflict resolution and social influence. The role of the facilitator is to help elicit culturally appropriate solutions to the problem of HIV/STI prevention, including forms/styles of communication among the IDU population. The facilitator has to ensure cultural relevance, validation of strategies and techniques of prevention. Role plays of real life problem situations can be very useful.

Skills training in primary health care issues: Since addressing the primary health care needs of IDUs is important, the peer volunteers could be provided basic nursing care training in wound care and advice on nutrition. They could be trained to identify sexually transmitted infections, opportunistic infections and how to make proper referrals.

Vocational skills training: Many of the drug users are unemployed and have poor vocational skills. Providing vocational skills may be a viable alternative for them to avoid antisocial contacts and to participate in mainstream life. The Sunshine Homeland model needs to be replicated across both provinces.

Training in drug treatment: Since most drug users are preoccupied with their drug use, the peer volunteers can be trained to help the drug users during their withdrawals. In addition, the peer volunteers could offer the current drug users harm reduction options.

5. Referrals

Accompanied Referrals: The regular home visits by the peer volunteers are deeply appreciated by drug users and their families. However, it is important to provide referral services for the multiple problems faced by the drug users. Accompanied referrals in which the peer volunteer accompanies drug users to various services improves the relationship and trust between the drug user and the peer volunteer.

Referral networks: It is important to network with all the available services – medical, welfare and legal services that are relevant for the drug user. By linking up with various organizations, drug users can be provided appropriate treatment for the opportunistic infections like tuberculosis; malaria; skin and nutritional problems and AIDS. Vaccination for hepatitis B can also be arranged for those negative for hepatitis B.

6. Other activities

Needle disposal: Since drug users discard used needles and syringes carelessly, often at places where children play, it is important that peer volunteers safely remove the contaminated syringes and needles and dispose them off properly. It is important to work closely with the health sector in order to ensure that safe needle disposal is maintained on a regular basis without interruption. This activity also has the potential to create goodwill among communities affected by drug use, and is a good public relations exercise.

Care and support for the peer volunteers: Many of the peer + volunteers are HIV infected and are in different stages of infection. Few have access to anti retroviral drugs, like in most developing country settings. As reinforcement for the committed work of public health significance being carried out by the peer volunteers, they could be offered assistance for their medical problems. Treatment of opportunistic infections like tuberculosis, and good nutrition are extremely important to maintain the peer volunteers' health. They should, in addition, have the benefit of ongoing emotional support to deal with emerging crises. Networking with the existing, available services would be helpful. At the minimum, care for peer volunteers should include:

- Clinical management (testing, diagnosis, rational treatment and follow-up)
- Abscess care
- Nursing care
- Promotion and maintenance of hygiene
- Palliative care and health education to home care givers about observance of universal precautions
- Counselling support to reduce stress and anxiety
- Promoting good quality of life
- Risk reduction to prevent re-infection and new infections
- Social support (referral services for welfare and supportive activities; assistance in forming self-help groups)

Development of PLHA self-help groups: Access to available services is limited by stigma and discrimination. Injectors living with HIV/AIDS are doubly stigmatised by being a drug user and HIV positive. In order to advocate for their rights and to receive adequate social support, the formation of PLHA self-help/support groups is important.

Recreational activities: The peer volunteers have many talents and these should be unearthed and nourished. Organizing picnics and social events for the peer volunteers and arranging update workshops in places other than in Yinning/Kunming will help the peers to reduce stress and improve psycho-social functioning.

Challenges

HIV/STI prevention interventions for injection drug users (IDUs) and their sexual partners present special challenges. These challenges include the need to address both sexual and drug taking risk behaviours, poverty, instability and power differentials in their sexual relations and the effects of substance use on HIV related decision making and problem solving. Many of the problems of HIV transmission within this group are linked to the social conditions of poverty and economic hardships, limited drug treatment, restricted access to sterile syringes, unemployment, the lack of pro-social opportunities and high levels of demoralization. Without addressing these issues, it is doubtful that the full potential of HIV prevention interventions for IDUs and their sexual partners can be realized.

Suggestions for Sunshine Homeland

- **Expand YPE:** Currently, PE sessions are held in communities and at drug treatment centres and presents a unique opportunity for the dissemination of HIV prevention messages. However, to reach the most vulnerable and marginalized, it is necessary to widen the front and conduct outreach based peer education with current drug users in settings where drug use occurs. Sunshine Homeland should develop a program to work with current IDUs, and include outreach services and referrals.
- **Gender balance:** At present there is only one female PF. Sunshine Homeland need to examine the issues of gender balance and make concerted efforts to involve more female DUs in the YPE activities. This will have the added benefit of being able to reach out to female drug users.
- **Retention:** Out of a total of 29 PE trained in the TOF, only 6 currently remain with SH. It is important to develop retention and sustainability plans to prevent the loss of PEs after trainings as valuable resources are being lost. A large proportion of the loss of PEs is due to relapse. Initiating relapse prevention strategies and strategies to reduce burn out among SH staff and PEs is recommended.
- **Manual development:** The current YPE manual needs to be further developed to cover issues relating to drug use and harm reduction. Specific chapters are needed on drug use and harm reduction including different sharing behaviours, relapse prevention, components of harm reduction, different responses to drug use issues (Demand and Supply reduction) and updated information on drug use trends from the Asian region.
- **IEC Materials:** The development of specific IEC materials for drug users on safer injecting, overdose, hygiene, wound/abscess management and relapse prevention is recommended.
- **More Sunshine Homelands:** SH reaches out to a limited number of drug users at present. In order to have a better size effect, there is a great need to increase the number of similar facilities modelled on Sunshine Homeland in Kunming.
- Increase the budget for PE sessions at DTC's as staff and PEs feel the current RMB 50 for snacks/cigarettes is not enough to adequately provide refreshments.

3. Methods

The purpose of the project evaluation is to document and make recommendations on the relevance, efficacy and effectiveness of two specific projects, Yunnan Sunshine Homeland programme (working with IDU/former IDU) and Xinjiang PE+ (PLWHA) as part of the YRC/XRC/ARC HIV/AIDS prevention and care programme in China. Between 26th August to 6th September 2003 Mr. Jimmy Dorabjee and Dr. M. Suresh Kumar of Centre for Harm Reduction, Burnet Institute in Melbourne, Australia carried out the project evaluation.

At the start, the two evaluators met with Ms. Sally Moore, Technical Advisor at ARC in Urumqi and held discussions with her. Following the discussions about the two specific projects, the consultants decided on the methodology to be employed for the evaluation and developed the appropriate assessment tools (see annexure) to be used. The evaluation subsequently carried out in Kunming (28th August to 3rd September 2003) and Yinning, Yili (27th August to 1st September 2003) utilized the following methods:

- Face to face semi-structured in-depth interviews (IDI) with key individuals involved in the project across all levels of the project;
- Focus group discussions (FGD) involving key participants in the project;
- Field visits and discussions with the beneficiaries of the project
- Discussions with the senior health officials and project managers
- Observation of a training workshop
- Peer Education in a Drug Treatment Centre
- Observation at field sites
- Visit to Sunshine Homeland
- Review of manuals
- Document review and analysis.

S.No	Method	Yunnan (Kunming)	Xinjiang (Yinning)
1	In-depth Interviews	10	11
2	Focus Group Discussions	2	2
3	Discussions with senior health officials		2
4	Field visits and discussions with beneficiaries	Wu Hua DTC Sunshine Homeland Daytop DTC Discussion with family members	Two communities Doelatbag Qong'koruk Discussion with many beneficiaries – family members; IDUs and their wives
5	Observation at a training workshop	Wu Hua DTC	
6	Observation in the field visits		Two communities Doelatbag Qong'koruk Common places where drug users gather to inject Needle disposal places

In total 21 IDIs and 4 FGDs were held. Except the interviews with the staff members of the Xinjiang Red Cross, all other interviews in Yinning, Yili were conducted in the local language, Vega and /or Chinese with the help of two interpreters from the Xinjiang Red Cross. In Kunming, except for an interview with the Sunshine Homeland Project Officer, all interviews were conducted in Chinese. ARC identified all the interviewees and these details were provided to the consultants prior to the commencement of the review. Several extra interviews were also arranged at the request of the consultants. Notes were taken during each session and written up as soon as possible following their completion. Notes recorded from the IDI and FGD were reviewed again at the end of each day. Key points were noted in accordance with the stated objectives of the review. Common themes emerged from the interviews and the themes from the analysis of the data helped to form the structure of this report.

A review of selected secondary data documents was undertaken to gain an understanding of the project philosophy and rationale, as well as initial project objectives and implementation strategies. The ARC Technical Adviser identified key documents and the evaluators were provided with the training modules. The documents analysed included previous evaluations, submissions for funding and project reports.

Secondary documents reviewed

1. Training manual for HIV/AIDS Prevention – Youth Peer Education Project
2. PE + training manual
3. Self care workshop manual and power-point presentations
4. Project proposals
5. Annual and monthly reports 2002, 2003
6. Monitoring and Evaluation checklists
7. Previous evaluation reports

4. Brief background to ARC HIV/AIDS Prevention project

HIV/AIDS Prevention Projects by Australian Red Cross

Level of activity	Yunnan Province	Xinjiang Province
Provincial level	In collaboration with Yunnan Red Cross HIV/AIDS Prevention Project	In collaboration with Xinjiang Red Cross HIV/AIDS Prevention Project
Prefecture level	Seven activities supported by Australian Red Cross Two funded through other sources	Two activities supported by Australian Red Cross Two funded through other sources
Target Population	Youth Drug Users Sex workers Residents of drug treatment centres Families of drug users	Drug users Inmates of drug treatment centres Families of drug users
PE +/-PE volunteers	Ruili Yianjiang Kunming - 29 PE volunteers	Yinning, Yili Serving two different communities About 35 PE+ volunteers
Major activity under evaluation	Sunshine Homeland	PE + activity in Yinning, Yili

Xinjiang

Activities of the project:

PE+ training manual: The ARC has developed two training manuals – one deals with the self-care of HIV positive drug users and another addresses the training needs of HIV positive individuals. A booklet describing the self-care for HIV infected individuals is under preparation and this will serve as a useful material for the infected persons in the community.

Peer training workshops: The self-care workshop is organized for two days and focuses on domestic and personal care of HIV infected. The training workshop for the peer facilitators last for five to six days and the facilitators are chosen with the help of the anti-

epidemic station in different prefectures. Other agencies that help in the process of peer identification are: public security bureau, family planning and welfare. The identified peers are oriented about the role of peer volunteers in HIV prevention among the vulnerable populations and the community through a half-day workshop organized by the Australian Red Cross. This process helps to select the potential peers for the comprehensive five to six days training. Following training, the peer volunteers are expected to work as peer + volunteers. At times, drug users in the drug treatment centre (DTC) request for training and in response ARC arranges training workshops for them. Most of the trained peer volunteers reach out to the families of drug users to disseminate information. The peer educators usually target only the drug users residing in the compulsory treatment centres.

Skill building: The training not only aims to enhance the knowledge levels of the drug users but also contributes to accentuate the skills of the peer facilitators in the following attributes: communication, negotiation and assertiveness. By working with the peer facilitators the project has increased the self-esteem of the peer volunteers.

Information, education and communication (IEC) materials: Relevant IEC materials have been developed and these address issues relating to basic knowledge about HIV/AIDS, HIV transmission, self-care and sexually transmitted infections (STIs). Moreover, IEC materials relating to safe injecting are being developed for distribution among the drug using populations.

Linkages with Government and other agencies: Red Cross has significant links with several agencies and organizations. Partnership with the Government sector is the most important of all the linkages. In addition, Red Cross has established strong links with drug treatment centres and the local communities. Enjoying a high level of support from the public security, health sector and the local agencies, Red Cross volunteers are able to reach out to the hidden and marginalized populations easily. The peers are proud to be associated with Red Cross and to be a Red Cross volunteer increases one's reputation and prestige in the local community. As RC volunteers the peers are welcome in the local communities in contrast to the Government health workers with whom the communities relate reluctantly.

Facilitating home based care and self-care for HIV infected: One of the most neglected areas is the care and support of the HIV infected individuals. People living with HIV/AIDS are discriminated against, stigmatised and live in despair and hopelessness. Increasing their self-esteem, educating them about taking care of themselves, looking after their general health, improving the nutrition and getting treated for opportunistic infections are important priorities. The Australian Red Cross has been addressing these issues through training workshops thereby facilitating the process of self-care and community based care.

Supporting and promoting volunteerism: Volunteerism is central to Red Cross philosophy and principles. ARC encourages active voluntary participation of peer + volunteers. Recognizing that most of the peer + volunteers have no other way of

livelihood to support their lives, their time and involvement with community work is compensated by Red Cross by offering a small incentive (150 Yuan per month).

Family first approach: The drug users live with their families and most enjoy a very good social and family support. Australian Red Cross has effectively used the support from the families by taking the HIV prevention messages to the drug users' homes. Currently, the drug users are mainly reached through their family members. The families are educated about drug use, HIV transmission and effective methods of HIV prevention.

The key persons responsible for the project from the Xinjiang Red Cross are: Ms. Hai Liman, Ms. Muhadasi Aizezi and Mr. Yasin Abdullah. Ms. Sally More of ARC supervises the project periodically. In addition three officials from the Doelatbag health post in Yili (Wubul Kasim, Ms. Ruer Siya, Ms. Ailiya Yousuf) support and coordinate the activities of the peer + volunteers. Mr. Du Chun Yong, General Secretary, Doelatbag community office supports them in their work.

Yunnan - Sunshine Homeland (SH)

Activities of Sunshine Homeland:

YPE Training Manual: The YPE manual was developed by the Red Cross in 1997 and updated in 2002. This manual consists of 7 chapters, each covering a different aspect of HIV/AIDS prevention, with subjects of Adolescent Health, HIV/AIDS, STD and HIV/AIDS, Drug Use and HIV/AIDS, Peer pressure and communication skills, Gender and AIDS and Understanding Care and Support for People Living with HIV/AIDS.

Training of Facilitators (TOF): The YPE model utilises core trainers (project staff) to provide training for Youth Facilitators (YF), generally aged between 15-30 years. SH selects those who are active and willing to be volunteers and trains them to become peer facilitators through a training of facilitators (TOF) program. Peer Educators (PEs) are sourced through community visits and the local Red Cross or community leaders suggest the names of people to be trained as PEs.

Peer Education Workshops in drug re-education centres: After being trained as peer facilitators, the youth facilitators/volunteers use the YPE training module to educate and provide knowledge and skills about HIV/STDs, life skills and drug prevention to inmates at the eight drug treatment/re-education centres in Kunming. The workshops use a participatory methodology and using a life skills framework, cover the areas of HIV/AIDS prevention, adolescent health, STD, drug use, reproduction, sexual responsibility, care and support of PLWHA, peer pressure, communication and negotiation skills.

Information and support for families and friends of drug users: Families and friends of drug users are targeted and peer volunteers make home visits in order to facilitate the dissemination of information on drug use, HIV prevention and caring for drug users at home. Families also visit Sunshine Homeland and participate in the activities.

Job Skills Training: SH facilitates job skills training to former drug users in first aid, cooking, hairdressing, shoe repairs and computer training. Job skills training occurs at the Sunshine Homeland Project premises and at some government training facilities, and provides opportunities to former drug users to return to an active and productive life within the community.

Care & Support and counseling: Facilitators who are interested in care and support are trained as peer counselors to provide one to one counseling and support to drug users, with the aim of preventing relapse and improving quality of life.

First Aid Training: Ex drug users are taught basic life saving skills and first aid.

Community activities: Awareness raising activities are held in communities with prevalence of drug use.

Information, education and communication (IEC) materials: A range of IEC materials have been developed, including the YPE training Manual, T-Shirts, a carry bag and cap, pamphlets, six posters and project introduction brochures.



The Magnificent Seven:
Sunshine Homeland Peer Educators and Project Officer Su

5. Objectives of the evaluation

The purpose of the project review is to document and make recommendations on the relevance, efficiency and effectiveness of Yunnan Sunshine Homeland programme (working with ex and current IDUs) and the Xinjiang PE+ (PLWHA) programme, as part of the YRC/XRC/ARC HIV/AIDS prevention & care programme in China.

Objectives of the evaluation:

- To assess and analyse the current intervention models (training manuals, training workshops, peer outreach, linkages with existing services and other services) as to the appropriateness and effectiveness in addressing the complex issues of HIV/AIDS.
- To assess the capacity building of YRC and the XRC through organisational analysis and assessment, to identify factors that impede or enable effective and appropriate program design, delivery and evaluation (staff selection, & recruitment, management systems, collaborative arrangements with other organizations and involvement of key stakeholders).
- To assess the local relevance and future sustainability of the project. Analyse the need to modify the project objectives and intervention models to meet the needs of young people most at risk of HIV/AIDS transmission and PLWHA and to ensure that the project effectively responds to the challenges of HIV/AIDS in Yunnan and Xinjiang. Analyse the need to develop local capacity to ensure local ownership.

6. Findings:

Australian Red Cross, Xinjiang Red Cross and Yili Red Cross – Peer + Project

The reasons for initiating the Peer + Project

Two self-care workshops were held in Yinning, Yili during May 2001 and October 2001 to familiarize the drug users with the issues relating to HIV care and support. The response from the workshop was overwhelming and triggered a positive response from the community of drug users, a significant proportion of them being HIV infected. Some of the HIV infected drug users and their family members expressed their willingness to work closely with the Red Cross as volunteers. They were keen on disseminating the HIV prevention and care messages to the drug users and their families. Subsequently, in June 2002, a study tour was organized to Ruili in Yunnan province where such an activity was already in place. Five persons from Yili which included representatives from Yili Red Cross, anti-epidemic station, the community and a HIV positive drug user; three persons from Baqang that included members from public security, community and a HIV positive person; and two persons from Xinjiang Red Cross participated in the exposure visit and spent three days in Ruili. The study tour provided insights to the participants and convinced them about the need to initiate a peer + project in Yili.

A training workshop was organized between 25th August to 31st August 2002 and the training was imparted to fifteen participants. Of the participants, twelve were HIV positive and one each from the Anti-epidemic station, community and Yili Red Cross. Ms. Sally More of the ARC was the prime trainer during the seven day workshop and Ms. Muhadasi Aizezi (Chinese) and Mr. Yasin Abdullah (Vega) served as interpreters. The training was facilitated with the help of a manual developed by ARC. Following the training workshop, the trained peers started to work with the community as peer + volunteers. A second workshop held from 9th to 15th July 2003 recruited twenty-two participants of which nineteen were HIV positive individuals. A major achievement was that the training was imparted in the local language directly by three local trainers from Xinjiang Red Cross without any external assistance.

The training manuals

Peer + training manual

The peer + training manual has the following sections: Module 1 - Introduction; Module 2 - Basic HIV Knowledge; Module 3 - Self Care for PLWHA; Module 4 - Drugs and Hepatitis C; Module 5 - Sexually Transmitted Infections; Module 6 - Grief and Loss; Module 7 - Being an Educator and Life Skills; Module 8 - Conclusions. The module is presented in a simple, lucid language and covers most of the essential components. Community outreach, peer education, safe needle disposal, sexual communication and sexual decision-making are some of the issues that need to be included in the future manuals. The manual can include exercises that address the topics covered in the training. Exploring myths and misconceptions and correcting them; role-plays for communication;

brainstorming and story telling are some of the options. The training can include a field visit to demonstrate community outreach and peer education.

The self-care training manual

The self-care training manual is used for a two day workshop and the content is basic and relevant. Further manuals are required on wound care, nutrition and primary medical care.

The training workshops

In response to the felt needs of HIV infected drug users and their family members, the self-care workshop was organized. The training methods adopted by the trainers in the self-care workshop were deeply appreciated by the participants and the training sessions were participatory and enhanced skills. The peer + project was conceived subsequent to the workshop. A training manual developed by ARC guides the peer facilitator workshop and the training duration is for a week. The training is participatory and interactive. The training is imparted in the local language. The workshop brought HIV infected and others together and helped to defeat the stigma and discrimination. Disclosure was facilitated and persons with HIV infection felt a supportive environment. The candle ceremony at the end of the workshop was an emotional event for most of the participants. The training workshops are highly successful and more people are requesting for such workshops. It is important to observe that the Xinjiang staff members conducted the second training workshop without external assistance. Local capacity exists for training and organizing peer volunteers.

Understanding the risk behaviours of injecting drug users in Yili

The in-depth interviews and focus group discussions with the injecting drug users during the evaluation revealed a number of issues related to HIV risk behaviours.

Drug of use and injecting drug use: The most commonly used drug was heroin and a small proportion of individuals injected synthetic opiates. Additional use of triazolam with heroin was not uncommon in some drug injectors. Injecting was the common mode of administration among heroin users and injecting is well established in the prefecture.

Sharing of injection equipment: Sharing in small groups, with an average group size of three, is common. For fear of police harassment, individuals do not assemble in large groups. Despite the small size of the sharing networks, it was noticed that the network composition changed often. This means that a drug injector on any day will inject with one or two others but the persons keep changing constantly. The reason for injecting together was primarily financial as IDUs pooled in money to buy the drugs. Most heroin injectors were preoccupied with the withdrawal symptoms. Interviewees expressed that heroin withdrawal is a desperate state and the users did not bother about safe practices, safe settings during such states and took more risks at that time. Sharing occurred with strangers and in common locations like the dealer's place. A small amount of the drug is often exchanged for providing a service or extended to another injector who is unable to contribute to the purchase of the drug and/or is sick. The use of one syringe to mix,

divide and distribute a shared or jointly purchased drug is not uncommon. In these practices the syringe is not shared; its contents are shared.

Frequency of injection: Heroin injectors need to inject the drug frequently and they remained either intoxicated or in withdrawals; most of their time was spent in search of the drug. On an average the heroin injectors injected two to three times daily. The frequency was also related to the money available with the drug users. When drug users had adequate or surplus money the frequency of injecting escalated.

Preparation of the drug: The drug preparation did not require heating and the drug users mixed the heroin with any available water. The myth was that flowing and running water (river water) was safe and more often than not, the drug injectors used the river water to clean the syringe and to prepare the heroin injection.

Injection equipments: The syringe used for injection was relatively inexpensive and can be procured from the pharmacies. Despite being legal, pharmacies were reluctant to sell the syringes and needles to young persons. The users preferred 2.5 ml syringes for injecting. Reuse of syringes was common. Drug users feared arrest and harassment and hence did not want to carry their personal syringes. Some users kept the syringes in secret places at common locations and believed that they could identify the injection equipment and use them at a later time/date.

Cleaning of injection equipment: Unsafe practices like use of any available water and wiping the injection equipment with clothes are found among drug injectors and this contributes to the adverse health consequences like abscesses.

Stigma related to injecting drug use: In many places injecting drug use is associated with stigma. Injecting drug users live in the fear of marginalization, disapproval and discrimination. Negative attitudes about injecting drug use are relatively common in Yili.

Needle disposal: The drug users discard their used needles and syringes in the garbage within the neighbourhoods. Near the shooting locations, the evaluator and the team observed piles of needles and syringes that were thrown away. Certainly, this presented a significant environmental threat to the public, in particular to the street children and others who walk in the area. ***Environmental concerns are negligible among drug users and education has to focus on this important issue hereafter. Syringe disposal and destruction of used needles and syringes are important concerns to be considered in the near future by the present project.***

Sex risk behaviour: In the context of everyday drug injecting, the HIV risks associated with injecting are seen to be less immediate or important than other risks, such as the risk of overdose, vein damage or addiction. For many drug users involved in the regular use and/or injecting of opiates, the health risks associated with sexual behaviour were often viewed as less important than the health risks associated with drug use. It was evident from the interviews that sexual risk behaviour was relatively common among the drug users. It was uncommon for drug users to report commercial sex. History of sexually

transmitted infections was common among young drug users. Some female sex workers (FSW) were injecting drug users and the interface between sex work and drug use is seen in Yili.

Condom use with spouses: Condom use with regular sex partners was uncommon. Many drug injectors were married and had unprotected sex with their wives. Some continued to have unprotected sex even after knowing about their HIV status. Sexual communication was absent between the couples and women did not have the power to negotiate for safe sex with their husbands.

Adverse health consequences in injection drug users

Abscesses, tuberculosis, skin infections, jaundice, nutritional problems and sexually transmitted infections are the common adverse consequences seen among the drug injectors. Many times the drug injectors wanted help with primary medical care.

“So many people have Tuberculosis. We need to arrange treatment for them.”

FGD with peer volunteers

The needs of HIV infected drug users

Apart from primary medical care, the drug users were mostly interested in drug treatment. There is no option for voluntary treatment and those who were caught were sent to the compulsory treatment centres. Drug users believe that relapse following compulsory treatment is almost a certainty and prefer home based treatment for their withdrawal symptoms. In their opinion, substitution/maintenance would be a good alternative for drug injectors and would be extremely attractive to drug users. Apart from medical needs, the HIV infected persons have multiple problems and may require legal, vocational and welfare assistance.

“Drug users need something to help them with withdrawals. It is difficult to stay clean and the compulsory treatment does not help. There is no treatment in the hospitals for HIV. Help them with some medical care.”

“We all need help for transportation.”

FGD with peer volunteers

Services available for drug users and HIV infected

At present the options for drug treatment is limited and there is no scope for access to anti retroviral drugs. Many of the drug users know their serostatus mainly through the anti epidemic station. The voluntary testing and counselling facilities are not available for drug users. The treatment for opportunistic infections is possible and the services are available at the hospitals for a cost. Medical services are not free for patients and persons with HIV/AIDS have to buy health care services from the hospitals.

“The treatment costs a lot at the hospitals. Many cannot afford this.”

FGD with peer volunteers

Characteristics of Peer + volunteers

Empathy, respect for target population, genuineness, self disclosure, charisma, leadership qualities, discipline, conviction about one's purpose, commitment to work and communication skills, are some of the quality attributes that describe the personal characteristics of the peer + volunteers involved in the project. They have shown and demonstrated 'altruistic' qualities by carrying on the HIV prevention work with family and friends. Their reach with families is significant and they enjoy good reputation with the communities. ***However, to be more effective in HIV prevention work, the target group to be reached is active drug users. The peer volunteers must relate to the active drug users in their own terms, communicate greater concern, and view themselves as advocates for those at risk.***

Prevention work by Peer + volunteers

Thematic content analysis of interview notes from the peer + volunteers revealed several salient themes.

Families talk about HIV/AIDS: Cultural values may potentially support safer sex and other HIV preventive behaviours. Support from family members regarding health issues is in accordance with the importance of familial interdependence in many East Asian and Southeast Asian cultures. The peer facilitators believe that approaching the family is the best way to spread the HIV prevention messages. By talking about HIV and drug use to their own families and the families of other drug users, the peers are seeking to establish favourable social and community norms towards drug use and HIV. The project has gained visibility primarily due to the endorsement of the project activities by the Government and the community.

By talking to the family members the peers have raised the awareness among the members of the community. The stigma surrounding HIV and drug use has been addressed to a large extent, thanks to the sustained prevention efforts targeting family members. The women in the households are keen to learn about HIV and drug use and disseminate the messages to their children. During the evaluation it was found that the community is highly appreciative of the prevention project. The family members in the community narrated the positive encounters between the peer facilitators and them. Describing the benefits of the project in sensitising the community about HIV and drug use, they also noted an increase in the levels of understanding of the needs of HIV positive individuals. The HIV prevention message is also taken to the religious clerics and through them it is being addressed as a priority public health issue.

"I am proud that my son is with the project, he is helping himself and others – including the community"

Family member of IDU

Motivations for conducting HIV prevention work: Although peer facilitators were not paid for conducting outreach, they remained enthusiastic about it. Volunteers reported several motives for conducting outreach. Both males and females reported that they were concerned about their community, the children and other family members becoming

infected with HIV. Most peer volunteers reported having a close friend or family member infected with HIV. Another important motivational factor was the peers' interest in maintaining their new status as an expert in HIV and other health related issues. Many of the peer facilitators reported that others began to depend on them for HIV prevention information. It is theorized that their new role and identity as a *health expert* was reinforced in the community, which motivated them to acquire more knowledge about HIV and to act as models within the community.

"I am doing a job that changes people's lives – I am proud to be with Red Cross and I will continue to do this job whether I receive money or not. I will continue with what I am doing even if the project were to stop for some reason."

AA, a peer facilitator

"I am seen as an officer – health officer. For me it is the new role that is most important."

PT, a peer facilitator

"I'm proud to be associated with the anti-epidemic station. My wife and family are encouraging me to do this, I am happy to continue working here."

A peer + volunteer

The present intervention has made use of social identity processes to augment pro-social identities that are culturally appropriate for the target population. Social identity theory holds that when individuals identify with a group, the collective group concept becomes part of their self-concepts. In this process, a redefinition of self emerges and the individual's behaviour tends to become congruent with the group's goals and actions. The peer + project heightens their self-identity as community members who could improve the health and well being of family and friends. This heightened identity is expected to motivate participants to advocate HIV preventive behaviours among peers. Consistent with communal values of the population, super ordinate goals of protecting one's family, friends, and community, are emphasized in the present project. Another benefit is to normalize discussion about HIV within community contacts.

"I was associated with anti-social acts. None can trust me, I am known for stealing, had a bad reputation. You see me now - see the dress I wear and how I am received by the officials. I am invited by officers for dinners at their homes. I can't imagine this happening in my life."

IDI with a peer + volunteer

"I was still doing drugs when I was invited by my friend to be a peer volunteer with Red Cross. In the beginning, it was difficult - but see now, there is big change in me."

IDI with a peer + volunteer

"For many of us it was difficult to begin with. We are all drug users and how can anyone listen to us. We were stigmatised, as many know about us and knew we do drugs – many are doing drugs currently too. But when we continued with work and disseminate

prevention messages to the families, everyone is looking at us differently. It is also helping us positively. Many of us are now clean and lead a productive life.”

FGD with peer + volunteers

It has long been observed in the social psychology literature that inconsistencies between behaviours and attitudes can lead to changes in attitudes to conform to behaviours. When people temporarily assume a role that entails advocating or engaging in a new behaviour, a change in attitude may result and that, in turn, leads to an extension or continuation of the new behaviour beyond the temporary situation. This potential mechanism of behavioural change has been explained by cognitive dissonance, self-perception, and role theories. In the present project, it is possible that many peer volunteers have taken the role of an educator and this new role assumption perhaps is also helping them to stay away from anti-social acts.

Obstacles to outreach: One frequently mentioned obstacle encountered by the peer + volunteers was the individuals’ feigned indifference about acquiring HIV. One effective response was to state that as peer volunteers, they were providing this information and materials because they cared about their community. An initial difficulty for some of the peer + volunteers is that they were not confident to deal with many issues relating to HIV/AIDS.

“We knew a lot during the initial workshop but not enough to feel completely comfortable in the community. When we went out and met the community, they would ask us some questions. Some of us are not sure about the answer. Of late, we are all beginning to feel that we need more information.... more specific information.... repeated information so that we remember. Also, we need more materials for us to learn.”

FGD with peer + volunteers

To maintain their credibility, the peer + volunteers express the need for update workshops. The current suggestion is that if peer facilitators were uncertain about the answer to a question, it is effective to tell the individual that they would find out the answer and get back to them.

Outreach as assumption of pro-social role and identity: Several participants stated that their outreach work altered their neighbours’ and friends’ perceptions of them and increased their respect among both drug users and nonusers. Another salient theme discussed by participants was that the outreach provided them with non-drug-related activities. Several peers indicated that the public security recognized their outreach activities in their neighbourhood and several reported positive encounters with police. One participant expressed pride when a public security officer nodded approvingly to him on the street.

“When I visit the homes, they greet me like a family member. I am offered tea and fruit, the warmth is unbelievable.”

IDI with a peer + volunteer

“I have been to jail before and despite this, now the public security treats me well. They know I work with the anti-epidemic station.”

IDI with a peer + volunteer

Community education as destigmatising HIV/AIDS: During the course of the community based prevention, some of the peer + volunteers revealed their status to the families and communities. To a great extent, the encounters with the community have helped to reduce the fears surrounding HIV/AIDS.

“When I announced after a while my serostatus to the family to whom I was disseminating messages, they appreciated my honesty and courage. Their respect increased after this. Now I am seen as a family member. They take me seriously and listen to me intently. There is more understanding in the community.”

IDI with a peer + volunteer

Gender differences in topic of conversation and audience: Whereas women were more likely than men to discuss HIV risk through sexual contact, men were more likely than women to discuss risk through needle sharing. Women, compared with men, reported sharing information with other women and in private settings, such as houses.

“I talk about safe sex with men at times, of course. It is not possible to discuss safe sex with the women because in our culture it is not accepted.”

IDI with a male peer + volunteer

“The women that I meet include wives of drug users. I talk about safe sex and condom use with them whenever possible.”

IDI with a female peer + volunteer

The HIV positive persons in the project feel more empowered: Participation in the current project has helped the peer + volunteers to have more personal control and competence, with increased self-esteem and self-efficacy. These effects of psychological empowerment help HIV-positive IDUs achieve expertise and mastery of risk reduction principles. Empowerment also helps them manage psychological stigma associated with HIV infection. Being in a group with other HIV positive individuals also provides psychological support and helps them deal with the stress of their diagnosis. By actively participating in the community prevention efforts, the peer + volunteers are reducing their own risk behaviours. HIV prevention efforts that are successful in reducing risk behaviour among sero-positives may affect transmission rates more efficiently than programmes that focus on risk reduction among at-risk drug injectors only.

“I have joined Red Cross and earned reputation, respect and self-worth”

“Being with others is helpful. I share my feelings with others. They understand and help me when I face problems”

IDI with a peer + volunteer

“We enjoy the good reputation. We came for 150 Yuan but now after we changed, we realize....we live as we are still here and our friends have died. We are fortunate and we will take this message to others.”

FGD with peer + volunteers

Discussions on sexual transmission among partners

Our evaluation findings indicate that many women may be having unprotected sex with their partners to demonstrate intimacy and trust in the relationship. Reluctance to have sex may be viewed as rejection of love and sex is seen as a bonding factor. In the name of commitment, safety is compromised. In order to prove that everything is well in their lives, the drug users at times have sex with their wives despite the lack of sexual interest and lack of sexual arousal. Condoms are not perceived to be important in protecting themselves against diseases including HIV and STIs.

The discussions with peer + volunteers indicate that the drug injectors may dominate their sexual partners and the power and control in the sexual relationship is predominantly with the men. Some women also fear that they will lose the partners if they insist on protected sex. Demanding the use of condom may be interpreted as an indication that the woman has been unfaithful to her partner or fear her husband has been unfaithful to her or suspicion that he has AIDS. Of particular concern is the plight of women experiencing domestic violence, which often happens under the influence of alcohol. However, the recommendation of condom use in such relationships is extremely difficult.

“When I discuss with the wives they understand about the need to use condoms. But they wonder what they can do. It is not proper for them to talk about condoms. It is a man’s issue. How can the woman open the topic of condom with the husband? In our society man should only decide about sex.”

IDI with a female peer volunteer

“When we go and talk to wives they say ‘the man comes home drunk....how can you talk to him? What is the point in talking to us? Go and talk to the men and convince them.’ So it is important we speak to both of them.”

IDI with a female peer volunteer

“Why are you insisting on using a condom in a husband-wife relationship, the man will ask. They think condoms are only for sex workers.”

IDI with a male peer volunteer

“I have got AIDS through injecting. I don’t have any other women other than my wife, so why should I wear a condom? - that’s what many people say...its tough to educate them.”

IDI with a male peer volunteer

Peer education needs to be scaled up

Peer educators have a greater influence than professionals on the HIV related behaviours of friends, relatives and sex partners. They are able to enter a diversity of settings across a

wider geographic area and are also cost effective. Peer facilitators should be encouraged to educate their drug and sex networks. Training IDUs as HIV prevention educators is a means of empowering the members of IDU community. Group training sessions for peer facilitators are very useful in achieving community wide risk reduction among IDUs. If a sufficient number of peers are trained in Yinning, then hopefully a proportion of them would disseminate harm reduction messages and influence a sufficient number of drug users and others at risk for acquiring HIV. Peer facilitators can be trained and utilized for providing harm reduction messages and materials in communities, common congregating places, rehabilitation centres and correctional settings.

Mr. Du Chun Yong, the General Secretary of Doelatbag Community Office believes that peer education is a significant component that needs to be scaled up.

“I have a strong desire to support the peer education. At present only a small number are reached. Many do not know the power of peer education, and this needs to be popularised. We have to reach the majority and this is possible only with the help of the peers.”

Human Care

Negative attitudes, stereotypes and stigma associated with injecting drug use, injecting drug users, HIV infection and AIDS should be defeated. Human care of HIV infected individuals and risk groups like injecting drug users is critical to the success of interventions targeting the marginalized communities. The remarkable aspect of the project supported by Red Cross is the exemplary humane approach by the staff of the ARC, XRC and the three key persons responsible for monitoring the PE + project. The compassion and commitment exhibited by the individual staff members is obvious in many ways. Regular contacts by the staff make the peers feel wanted and the staff have responded to all the felt needs of the peers. The approach is “humane” rather than “judgmental”. The complex needs and problems of the peers are well understood by the staff and they are flexible and pragmatic in their approaches. The Red Cross project is seen by most of the beneficiaries as a “home away from home” and it is in this place that they feel secure, safe, protected and wanted. At the same time, the staff members are careful not to foster dependency and strive hard to facilitate their independent living and coping. Most staff members serve as “mirrors” and reflect the problems of the infected and affected and provide guidance and support. Most people are happy to spend their time with the community clinics and interact with the key persons from the community.

“For the first time in my life I felt I have a purpose in life”

IDI with a peer + volunteer

“I was a thief but they took me in and educated me. Today I am respected. ...the way Red Cross treated me was different from the way others treated me.... they were the first ones to believe me - not even my family used to trust me but Red Cross trusted me.”

IDI with a peer + volunteer

“The Red cross staffs are like angels. They are compassionate, humane and considerate. Whenever you need them they are there for you.”

IDI with a peer + volunteer

“I can share all my feelings with the key person... she is understanding and motivating. She guided me in this work and I owe a lot to her.”

IDI with a female peer + volunteer

Involving HIV positive drug users in decision making process

It is important to listen to the voices of the infected and the affected as they are useful in designing, implementing and evaluating activities of HIV prevention and care for injecting drug users. Their engagement and involvement leads to better quality programmes that are responsive and meet their needs. The experience of ARC and XRC in Yili has revealed the significant contribution HIV positive individuals' networks can bring to the welfare of the IDUs.

Our friends listen to us and if they see us changing they are motivated. They say ‘if A can change, I can also change. I know he was in a terrible state.... but he has changed, so I can also do it’....it is our problem. We have to find a solution with our friends.”

FGD with peer volunteers

Red Cross is great. They respect and take our opinions. We feel it is our duty to work for the infected drug users.”

FGD with peer volunteers

Successful advocacy model

An organized effort at advocacy was required to influence the health officials, the anti-epidemic station officials and community leaders to accept harm reduction as a pragmatic approach to deal with the dual epidemics of injecting drug use and HIV infection. The experience in Yili is a good example of winning the confidence of important sections through persuasive communication and practical demonstrations of the evidence that peer based approaches are feasible and beneficial. Coalition building was a critical step and it took considerable time and energy to build this coalition in the Yili prefecture. Several initial consultation meetings were held to bring consensus and to set clear objectives. Meetings were held periodically and individual opinions of the partners were carefully taken into account. The role of the partners was credited and acknowledged. The advocacy helped to include HIV/AIDS into the health policy deliberations of the Prefecture. Such an approach needs to be developed in all the prefectures and at the provincial level for the effective development of healthy public health policies and programmes that address HIV prevention and care among drug using populations in Xinxiang.

“We have a good relationship with Red Cross. We have asked three of our staff to work closely with Red Cross. They volunteer to be the bridges between the drug users, the community and Red Cross. We will do everything to support the work of Red Cross and senior leaders in the Government are supportive of this project.”

General Secretary, Doelatbag Community Office

The PE + project model of integrating prevention and care

An innovative model has been conceptualised in the training that addresses three critical issues of drug use intervention (harm reduction), STI treatment and HIV care. In many ways this model is extremely beneficial to the drug using clientele in offering integrated prevention and care services. By offering a user friendly service, operating at hours that are convenient to users and being located in places that are easily accessible, the peer + volunteers can attract and retain the ‘difficult-to-access’ population of injecting drug users. The peer + project has attracted HIV positive drug users and by offering prevention and care services to them, an important group in maintaining the HIV epidemic can be intervened with. A majority of the HIV positive drug users participating in the project have changed their risk behaviours substantially. Some have given up drug use, some have stopped injecting, some have stopped sharing injecting equipment with others, some use sterile injection equipment every time they use drugs, many have adopted safe sexual practices by engaging only in protective sex and some have been convinced to bring their spouses and other injecting partners to the project. Targeting the HIV positive drug users in these high prevalence settings is important for the control of rapid spread of HIV infection. Again, the treatment and care for HIV infection for these individuals will offer new hope to them and significantly alter the quality of life for them. Treatment of AIDS will also beneficially impact on HIV transmission potentials. By addressing the sexual transmission of drug users and aggressive management of STIs, the chain of transmission from the injecting drug users to the spouses and sexual partners can be broken.

Role and achievements of the Red Cross staff

The contribution to the peer + project of Ms. Sally More and the three staff members of Xinjiang Red Cross is quite significant. The interviews with the Xinjiang staff members demonstrated that they were passionate and committed to the work with the vulnerable sections. With differing backgrounds of Dentistry, English major and Economics, the staff have transformed in the past few years into trainers and harm reduction advocates. The motivating factor for continuation in the work has been the significant progress made by the peer volunteers. Starting as interpreters, the staff have reached a milestone of being trainers and the experience has been rewarding and reinforcing. Their participation in the self-care workshops had been an eye-opener for them. The final day candle ceremony in the workshops has unfolded the emotional person in them and has been instrumental in their decision to be involved in the work with the HIV infected individuals. The ‘humane’ nature of the work, the inspiration from the peer volunteers, the tremendous support from the ARC, the feedback from the community, families and peers in each of their official visits and the inner satisfaction derived from the work make them believe that they would continue with their dedicated work with the Red Cross. There are challenges in the work: constant coordination that needs to be carried out with the Government; inability to match the ever expanding needs of the clients and communities; stress of dealing with a multitude of problems; and the great pressure involved in balancing the ideal and the feasible. But the impact of these challenges is minimized by their passion, involvement and the consistent support from ARC.

“I have an opportunity to serve my own people. I have gained so much and it is important for me to give back to my people.”

Hai Liman

“I love my job. Whenever I am in Yili, I feel at home. The peer facilitators treat me with respect and love and I treat them with dignity and affection. The bonding is strong between us as we care for each other.”

Muhadasi Aizezi

“I think what I do is liked by God. I am moved when peers consult me for everything. Their trust in me motivates me to do what I am doing.”

Yasin Abdullah

Role and achievements of the Key persons from anti-epidemic station

The community office at Doelatbag has been offering remarkable support to the work of the Red Cross. They have been instrumental in identifying the peers for the training workshop. The three key persons responsible for coordinating the peer + project from the community office are:

Mr. Wubul Kasim

Ms. Ailiya Yousuf

Ms. Ruer Siya

During the interviews with the peers, it was evident that many of them were constantly encouraged and supported by the key persons. Repeatedly the peers mentioned their selfless commitment to work with HIV infected individuals. The key persons have been monitoring the work of peers and the way information is disseminated in the communities. The dairies maintained by the Red Cross volunteers are regularly supervised and necessary feedback given to them. Their continued support and guidance is central to the success of the peer + project. They serve as bridges between the community and the Red Cross. **Their work and time is not compensated at present and it is important to think of some ways of providing incentives for them. Red Cross could facilitate their attendance at some National and International Conferences on HIV/drug abuse. The key persons are keen on continuing their work with Red Cross and expect Red Cross to scale up the coverage of drug users in the community.**

Role of the health division

The anti-epidemic station is supportive of the work and appreciates the contribution of Red Cross in the control of HIV in Yili. They propose to establish an incinerator for waste disposal and in a short while, the health division will take over the safe needle disposal from the Red Cross volunteers.

The needle disposal project

The community sees safe needle disposal as a priority concern and peer volunteers are keen to get involved in the proposed project. In a specially organized training session during the period of evaluation, the peer volunteers were given a hands-on training on

safe needle, syringe disposal. The following information material was translated to Vega and distributed to the participants.

Procedure for dealing with used needles and syringes:

If staff are involved in the retrieval of inappropriately discarded injecting equipment, the following points should act as a guide:

- Wear latex or plastic gloves for protection.
- Take the disposal container and lid to the site of the discarded needle and syringe (not the syringe to the container).
- If the needle and syringe is difficult to reach, carefully remove rubbish or other material around it to enable easy access to the needle and syringe.
- If there is more than one needle and syringe, separate them by using tongs or a stick. Do this carefully. Each needle and syringe can then be picked up individually by the tong.
- Never recap a needle and syringe, even if the cap is also discarded.
- Pick up the needle and syringe by the barrel (plastic end). Do not pick it up by the needle end. Make sure the needle is pointing away from you at all times.
- Place the needle and syringe, needle end first, into the container. The container should be placed on a stable surface beside the syringe and not held in the hand.
- Secure the lid on the container.
- Remove the gloves and wash hands with warm soapy water.

Source: Victorian Department of Human Services 2001
Victorian Needle and Syringe Program Operating Policy and Guidelines Melbourne

During the training, a mock session on needle disposal was carried out. This helped the peer volunteers understand the issues involved in safe needle disposal.

Findings:

Sunshine Homeland Project

The Sunshine Homeland (SH) is a joint project between the Australian, Yunnan and Kunming Red Cross and though initiated in July 2002, only began activities in October 2002. Currently located on the 2nd floor above the Kunming Skin Disease Prevention and Treatment Centre, SH is a HIV prevention and re-entry program for injecting drug users in Kunming, Yunnan Province. It is clear that the project is guided by the Red Cross principles of humanity, impartiality and voluntary service, the SH endeavours to help former drug users return to an active role in society, promote healthy lifestyles and reduce HIV transmission among the most vulnerable populations. SH provides recovering IDUs with knowledge, skills, counselling and care services and focuses on reducing the risks of HIV transmission through injecting drug use, promoting safer

behaviours and developing coping and life skills through the utilisation of a peer education model.

YPE training manual:

The content of the YPE sessions is based on the YPE manual developed by the Red Cross in 1997 and updated in 2002. This manual consists of 7 chapters, each covering a different aspect of HIV/AIDS prevention, with subjects of Adolescent Health, HIV/AIDS, STD and HIV/AIDS, Drug Use and HIV/AIDS, Peer pressure and communication skills, Gender and AIDS and Understanding Care and Support for People Living with HIV/AIDS. The manual also offers facilitators of the YPE workshop a structure for planning and evaluation as well as tips on facilitating workshops, necessary attitudes among facilitators, communication skills, games and activities and the creation of a friendly environment and atmosphere.

The manual is written in an easy to understand style and provides enough detail to skill facilitators to respond to questions that may arise in workshops. However, there is very little harm reduction information contained within and specific chapters need to be developed in order to make the manual more relevant to drug using populations.

The YPE manual is good...provides knowledge and skillsteaches how to protect oneself and reduce risk behaviours. But the situation has changed and the manual has been re-edited three times already and in future, will need to be reoriented. Yes, there is a need to develop more specific drug use material.

Madam Shi, Manager HIV Projects, YRC.

Training of Facilitators (TOF)

A total of two TOF have occurred. The first group at the TOF consisted of 15 (M 7- F 7), of whom one was not an ex drug user. The second group of trainees consisted of 15 (M 10-F 5). Thus, a total of 29 former drug users have received training at SH so far. The training of facilitators lasts for 6 days and a certificate is given to all attendees on completion. The PE's also receive a manual, a structured timetable, contents of subjects to be taught and some AIDS booklets.

The TOF participants have benefited greatly by attending the trainings. Participation at the TOF has increased their knowledge and understanding of HIV prevention, STD and drug prevention. However, the greater benefit of the TOF is that participants begin to feel part of normal society again. The increased self confidence and self worth is evident and this impacts very positively on quality of life. The feedback below indicates the success of SH in destigmatising and normalising drug use/drug users and significantly impacting on their mental and psychological well being.

When I came to the training, the first thing I found was my self-confidence while I learned knowledge about HIV, drugs, facilitating skills, peer pressure as well as how to say no.

I have always thought that I lost most social ability that I ever had. Self contempt always follows me and forbids me to make contact with main society. I was also afraid of discrimination. However, when I meet Cailong, Xiao Pan and other staff, I felt so much kindness – they never treated our experiences as criminal or discriminated against.

Participant feedback

YPE workshops

After volunteers have been trained, they regularly visit the communities and 7 out of the 8 Drug Treatment Centre's (DTC's) in Kunming and deliver Youth Peer Education (YPE) sessions. The DTC's in Kunming are visited twice each year by the PEs and YPE sessions are held over a period of two days. Also, since 2003 all country side DTC's are provided with YPE sessions by Sunshine Homeland. The YPE sessions at the DTC's provide knowledge and skills about HIV/STDs and drug prevention to residents in the drug re-education centers, and are guided by the YPE manual developed for the purpose.

An evaluation of the YPE workshops show that the overwhelming opinion of participants indicate that the process is very successful in dispelling myths and misconceptions on HIV/AIDS and provides them with clear and relevant information, knowledge and skills about HIV/STDs and drug prevention. The newly gained knowledge was sustained after the workshop and participants were able to remember the information on HIV transmission and prevention. Participants also disseminated the information to others including family, friends and colleagues.

Participants attitudes to PLWHA changed and they now actively promoted anti-discriminatory treatment of PLWHA and many were prepared to care for PLWHA. The workshops have stimulated their interest and motivation and many wanted to participate in further training workshops.

I had the opportunity to observe the SH team conduct YPE at the Wa DTC in Kunming, and was impressed by the large amount of information that the PE's imparted to the participants within a short span of time at the DTC. There were 21 participants/inmates and the facilitators, one man and a woman, held an easygoing and confident session interspersed with laughter and fun in between the information dissemination. The information that was provided covered topics on how HIV/AIDS is transmitted, tests available for detecting HIV, the spread of HIV in China, current treatments for HIV including traditional Chinese medicines, historical overview of HIV/AIDS in the world, latest global figures of HIV infections, reasons for spread of HIV in China and in the Yunnan Province, STDs, the need for condom use and training and demonstration of condom use.

One area that is needed in the YPE is specific harm reduction training. Although this may be an area that is sensitive in the Chinese context and hence deliberately played down, it is a necessary followup the excellent model that is currently in place. We strongly recommend that the ARC, in collaboration with YRC and KRC, lobby to gain the political will and support to begin harm reduction activities in both provinces. The

current prevention work is not sufficient to meet the challenges that are present for HIV prevention among most vulnerable and marginalized IDUs.

Perhaps an unintended benefit of the YPE has been among the staff at the DTC's. The workshops have positively influenced the way drug users and HIV +ve individuals are perceived by policemen, and have managed to humanize the issue of drug use/drug users. During the visit to the Wa DTC, I spoke to the Director who was very enthusiastic about the YPE and their impact.

The YPE is very good and I encourage it in the DTC. The policemen who work there also listen to the YPE and they have learnt a lot from the PEs. Before the YPE, we were afraid of HIV +ve people, but now we know how HIV spreads and how to protect ourselves. We have learnt communication skills and this has helped us to become better police officers. The YPE is really a great help and now we feel safer. I really thank the ARC for this. Through the YPE we have also learnt about drug users as human beings. Earlier, I did not understand them. Now I know that the use of drugs hurts them as well as their families. The situation for drug users is sad and even if they want to stop there are high levels of relapse.

Mr Wang Jian, Director, Wu Hua Drug Treatment Centre, Kunming

Linkages with other agencies

The Red Cross has created significant links with drug treatment centres and the local communities. A strong partnership approach with the provincial Red Cross and Government sector is evident. The ARC has support from the public security, health sector and the KRC and YRC. Red Cross volunteers are well respected by the families and the peers are proud to be associated with the Red Cross. To be known as a Red Cross volunteer increases one's reputation and prestige in the local community. The YPE workshops run by SH are the result of the spirit of collaboration between the YRC and ARC. Local Red Cross (KRC) runs the YPE under YRC control and the KRC is responsible for monitoring the TOF and YPE in DTC's. Government linkages have been nurtured and developed over time and there are good relationships between the KRC and the DTC's. An indication of this is the fact that ex drug users are not allowed into the DTC's, but due to the trust and rapport built up by the KRC, ex drug users are welcomed and allowed to do the YPE in the DTC's (Mr. Sun Jian, Kunming Red Cross). The relationships between ARC/YRC/KRC and the DTC's have been cultivated and developed over time, and is a trusting relationship. The Yunnan Institute for Drug Abuse (YIDA), DAYTOP drug treatment Centre, KRC and YRC are all very supportive of Sunshine Homeland and feel that it is a project to be emulated.

The overwhelming opinion of senior staff from the KRC, YRC and ARC is that the SH project is an innovative and successful project, with tremendous potential in the Chinese context to further develop into a model that should be replicated. Responsibility for the SH is shared by the ARC, YRC and the KRC. Volunteerism is "a big thing" in China, and the Red Cross has credibility for its approach. Community level support is high and

volunteers are welcome in the local communities as the RC is a non government organization, and official level support continues to be good due to its impartial and humane approach.

Families

The SH peer facilitators approach families to spread the HIV prevention messages. By talking about HIV and drug use to their own families and the families of other drug users, the peers have been able to establish favourable social and community norms towards drug use and HIV. The peers have raised the awareness among the members of the community and to some extent dispelled the stigma surrounding HIV and drug by targeting family members.

A visit to a Peer Facilitators family by the evaluator revealed that the women (mother and wife) were interested to learn about HIV and drug use. They were very appreciative of the prevention and awareness raising activities of the Sunshine Homeland project and felt that the son/husband has benefited by the association. Earlier, the family members were greatly affected by the stigma associated with drug use in the community and used to be ashamed of their sons' addiction. However, they now have an increased understanding of the needs of drug users and HIV positive individuals and are outwardly supportive of drug users.

"I am proud of my husband. He helps others now.....publicizing drug and HIV information and helping the community"

Wife of Peer Facilitator

Motivations for conducting HIV prevention work: Though the peer facilitators are paid small sums (RMD 50/day) for conducting YPE workshops they remain enthusiastic and motivated. Among the motives for conducting YPE were concern for other drug users, pride and self confidence in spreading HIV prevention messages in the community, love for Sunshine Homeland as their home and to share their experiences with others less fortunate. An important motivational factor was the peers' new found status as an expert on drugs and HIV and other health related issues.

Humane treatment and Care

A noteworthy aspect of the Sunshine Homeland project is the humane and non judgmental approach by the staff of the ARC, YRC and KRC. The compassion and commitment exhibited by the staff members are clearly reflected in the feedback documented (Sunshine Project Facilitator feeling after TOF). The ARC Technical Advisor has taken the lead in presenting a human touch to the project and this has in turn influenced others to exhibit the same. During in depth interviews with Ms. Li Ling, the YRC HIV Coordinator, Ms. Su Yanqing, Project Officer, Sunshine Homeland, Mr. Sun Jian, KRC, Sunshine Homeland, Ms. Pan Xiaoyan, Project Officer, YRC, Ms. Li Ping, KRC Sunshine Homeland Staff, Mr. Liyun, Project Officer Sunshine Homeland and

Mdm Shi, Manager, YRC HIV Projects, it became apparent that Sunshine Homeland holds a special place in their hearts and they are proud of being associated with it.

Regular supervision and contact at Sunshine Homeland by the staff ensures that the peers feel cared for, supported and accepted. The approach is “humane” rather than “judgmental”. The project is seen by most of the beneficiaries as “our home” and “it belongs to us”.

I always feel I am despised, inferior and no confidence. In Sunshine Homeland I find confidence again.

Jobs skills trainings

Another aspect of SH is to facilitate job skills training to former drug users in first aid, cooking, hairdressing, shoe repairs and computer training. Job skills training occurs at the Sunshine Homeland Project premises and at some government training facilities, and provides opportunities to former drug users to return to an active and productive life within the community. SH also promotes the project to small businesses, in order to encourage the recruitment of former drug users into the workplace. Since Sunshine Homeland started, a total of 56 persons have received jobs skills training. Though in its infancy, the project has made inroads in local businesses and should continue to build on this momentum. Providing skills that enable drug users to become productive and earning members of society is one of the ways that can prevent relapses to drug use.

In conclusion, the SH is a popular project and continues to grow and attract attention. Visitors to SH have been impressed with the practical responses to community issues and the communities have also accepted the SH. Many drug users now come to SH themselves and want to participate. The overwhelming opinion of senior staff from the KRC, YRC and ARC is that the SH is an innovative and successful project, with tremendous potential in the Chinese context to further develop into a model for the region.

Conclusion

The dual epidemics of drug use and HIV in Xinjiang and Yunnan Provinces are a reality. The emerging HIV epidemic has triggered a positive, though small-scale response from the ARC, XRC and YRC. The response from Yili is notable and needs to be showcased as a best practice involving the HIV positive peers. Similarly, the Sunshine Homeland is an innovative project with tremendous potential in the Chinese context to further develop into a model for the region. Incorporating many key principles of effective HIV prevention approaches such as humane care, involvement of the infected and affected communities, the projects try to disseminate HIV prevention messages to the families and drug users. The positive leadership from the ARC, XRC, KRC and YRC, strong commitment by the anti-epidemic station, dedicated and selfless service by the staff and peer volunteers and productive partnerships have contributed to the successful implementation of the project.

The advocacy process is a shining example of garnering support from various constituencies to sustain the work. Ultimately the objective of the prevention approaches is to reduce and avert the number of new HIV infections and this is possible only by scaling up the evidence based interventions. The urgent need is to initiate a number of HIV prevention and care projects. While resources have to be allotted appropriately to establish the prevention and care services in all the prefectures of the two provinces, the financial sustainability of such programmes have to be considered.

It is important to provide a range of integrated and coordinated services to the drug using population; however, it is important to ensure that basic harm reduction services are available to the majority of drug users. This is possible only by strengthening community outreach and peer education, beyond the drug treatment centres. This activity must be prioritised and the hidden populations of injecting drug users must be accessed, the social and risk behaviour networks of drug users targeted and the means for behaviour change provided.

Some settings like prisons, compulsory rehabilitation centres, correctional facilities and venues where drug users' congregate promote the mixing patterns, rapid partner exchange and facilitate efficient transmission of HIV. Interventions must target these settings as well. Law enforcement and an unfavourable policy environment pose great challenges for effective HIV prevention work. Government's efforts need to be strengthened by encouraging infected individuals, community based organizations and INGOs to actively involve themselves in HIV prevention and care activities. Xinjiang and Yunnan Provinces have an excellent opportunity to strategically act to save the lives of thousands of drug users, their families and set an example for the rest of the Region.

Appendix 1: List of informants

Australian Red Cross

Ms. Sally More

Xinjiang Red Cross

Mr. Hai Li Man, Xinjiang Red Cross, Urumqi

Ms. Muhadasi Aizezi, Xinjiang Red Cross, Urumqi

Mr. Yasin Abdullah, Xinjiang Red Cross, Urumqi

Yili Red Cross

Ms. Chen Yue Yin, Yili Red Cross, Yinning, Yili

Kunming Red Cross

Mr. Sun Jian, Kunming Red Cross, Kunming.

Yunnan Red Cross

Mdm Shi, Yunnan Red Cross

Ms. Li Ling, Yunnan Red Cross

Ms. Xiao Pan, Yunnan Red Cross

Sunshine Homeland

Ms Li Ping, Sunshine Homeland

Mr. Li Yun, Sunshine Homeland

Ms. Su Yanqing, Sunshine Homeland

Daytop

Mr. Li Minqian, Daytop.

Wa Hua Drug Treatment Centre

Mr. Wang Jian

Anti-epidemic Station

Ms. Guo Xue Jun, Leader, Anti-epidemic station, Yinning, Yili

Doelatbag community office

Mr. Du Chun Yong, General Secretary, Doelatbag Community office, Yinning, Yili

Mr. Wubul Kasim, Doelatbag Community office, Yinning, Yili

Ms. Ruer Siya, Doelatbag Community office, Yinning, Yili

Ms. Ailiya Yousuf, Doelatbag Community office, Yinning, Yili

PE+ Project Volunteers List

1. Rahimjan

Doelatbag

2. Parhat

Doelatbag

3. Happer

Doelatbag

4. Shahrat	Doelatbag
5. Keyum	Doelatbag
6. Adil	Doelatbag
7. Patigul	Doelatbag
8. Adila	Doelatbag
9. Aynur	Doelatbag
10. Abdureshit	Doelatbag
11. Zohra'ay	Doelatbag
12. Oemarjan	Doelatbag
13. Tursunjan	Doelatbag
14. Jumahun	Doelatbag
15. Ablikim	Doelatbag
16. Nizatay	Doelatbag
17. Asiya	Doelatbag
18. Abdusalam	Doelatbag
19. Mahira	Doelatbag
20. Jappar	Doelatbag
21. Demarjan	Qong'koruk
22. Hushantay	Qong'koruk
23. Imam	Qong'koruk
24. Mosajan	Qong'koruk
25. Eliyar	Qong'koruk
26. Raziya	Qong'koruk
27. Hurshida	Qong'koruk
28. Nurahmat	Qong'koruk
29. Yalkun	Qong'koruk

Appendix 2: Interview and Focus Group Guides

In-depth interview for the PE/PE+

1. How were you selected to be a peer educator?
2. What is your background?
3. Have you received any training? If so,
 - Who conducted the training sessions?
 - How long were the training sessions?
 - What were the main issues addressed?
 - Access to relevant information
 - Booster training sessions
4. Job description?
5. Where do you contact the target populations?
6. Who are the subpopulations reached?
 - Drug users / Injecting drug users
 - Families of drug users
 - Youth
 - Sex workers
 - Others
7. What ethnic groups are reached?
 - Vegas
 - Minority groups
8. How many are reached?
 - Day –
 - Week-
 - Month
9. New Contacts?
 - Week –
 - Month –
10. Repeat contacts
 - Week
 - Month

11. Profile of persons reached

- Age groups
- Gender
- Ethnicity
- Subpopulations (DUs, IDUs, SWs, Youth etc.,)
- Families

12. What do you provide?

- Peer training workshops
- Face to face communication
- Peer education
 - What areas are covered?
 - General health
 - HIV/AIDS
 - Drug use prevention
 - Harm reduction
- Health education materials
- Risk reduction materials
 - Condoms
- Referrals

13. Are you satisfied with the job?

14. Do you feel that your respect has increased with your peers after being a peer educator?

15. Do you receive other supportive services from the agency?

- Debriefing sessions
- Counselling
- Other supportive services

16. How you like to improve your skills?

- Communication skills
- Leadership skills
- Harm reduction issues
- Sexual Health
- HIV/AIDS
- Counselling
- Primary health care
- Others

17. What would help you to sustain your work as a PE/PE+?

18. What is the most important thing that you achieved during your work?

19. What is the most important challenge faced by you during your work as PE/PE+?

20. Any other comments:

Focus group discussions with PE/PE+

1. Your role as PE/PE+ and what subpopulations covered
2. Acceptance of peers by target populations
3. Potential benefits to the target populations; challenges and barriers to work
4. What should be future directions in order to enhance quality of services?

In-depth interviews with staff members

Background

How were you selected for this job?

How long are you working?

Your roles and responsibilities

Training received by you

 Nature of training

 Sessions, duration, by whom? Content

 Boosters

Visits to other projects

What are the objectives of your program?

Who are the target populations?

 Geographical locations

 Ethnic groups

 Groups with high-risk behaviours

What activities do you carry out?

 Administration

 Finance

 Training the facilitators

 Training the peers

Supervision and monitoring
Material development
Manual development
Support services
Liaison with Government agencies
Liaison with service agencies
Liaison with community agencies
Liaison with families
Advocacy

Job description and expectation

Job satisfaction

Potential for development within the organization

Support services for staff members (To reduce burn out)

Is your program addressing the stated objectives?

What are your (agency's) achievements in the past year?

What are the main challenges?

What are the main barriers / obstacles to your work?

Future directions?

Focus group discussion with the staff members

What are the primary achievements? Which groups have benefited the most?

What are the challenges? Barriers? How do you plan to increase the coverage of vulnerable populations?

How can you increase the local ownership of the program?

Suggested forms for monitoring and evaluation in future work

**Training session by the peer facilitators (two day training) evaluation –
(Comments on peer training by the facilitators and delivery of prevention messages)**

Names of Facilitators:

Evaluator:

Length of Session: |__|__| Hours and |__|__| Minutes

1. What planned content did the facilitator cover well during this session?

2. What planned content was covered only partially or not at all in this session?
Why?

3. Is there any aspect of the presentation that went particularly well that you might want to share with others?

4. Did the facilitator have trouble presenting any part of the content? If so, describe the situation. What do you think could be done differently to improve on this section next time?

5. What kinds of positive experiences delivering messages did the PE/PE+ report? What kinds of messages were working?

6. Did PE/PE+ report having any problems delivering messages? If so, what kind? What suggestions do you have about how to address these problems?

11. How thoroughly was scheduled material covered?
- 1 Completely
 - 2 Mostly
 - 3 Less than half

II. PROBLEM SOLVING

12. Did the trainers use role-plays or other active methods to help the trainees problem solve difficult situations?
- 1 Every time possible
 - 2 Mostly
 - 3 Less than half the time
13. Did trainers help trainees reframe a negative experience into a more positive experience?
- 1 All of the time
 - 2 Most of the time
 - 3 Less than half the time
14. How many of the got trainees to discuss the presentations?
- 1 All of them
 - 2 Most of them
 - 3 Less than half of them

III. REVIEW OF CONCEPTS FROM PRIOR SESSIONS

15. Were key points from earlier sessions covered?
- 1 Yes
 - 2 No
 - 3 Not Applicable (Session 1 Only)
16. How thoroughly was scheduled review covered?
- 1 Completely
 - 2 Mostly
 - 3 Less than half

IV. INSTRUCTION

17. Was any instruction scheduled to be presented to the trainees during the session?
- 1 Yes
 - 2 No
18. What types of instruction were scheduled and covered?

	<u>Not Scheduled</u>	<u>Scheduled - Not Covered</u>	<u>Scheduled - Covered</u>
a. AIDS and STDs Knowledge	1	2	3
b. Referral Information	1	2	3
c. Role of peer facilitators	1	2	3
d. HIV/STD Risk Behaviors	1	2	3
e. HIV/STD Risk Reduction Steps	1	2	3
f. Correcting Myths / Misconceptions	1	2	3
g. Condom Demonstration and Practice	1	2	3
h. Characteristics of Effective Messages	1	2	3
i. Using 'I' Statements or Cultural Equivalent	1	2	3
j. Countering negative views about safe sex practices	1	2	3
k. Identifying barriers to practicing safe sex	1	2	3
l. Developing advice for those facing barriers	1	2	3
m. Other (Specify: _____)	1	2	3
19. Were trainees given the opportunity to ask questions?			
1 All of the time			
2 Most of the time			
3 Less than half of the time			
20. How thoroughly was this material covered?			
1 Completely			
2 Mostly			
3 Less than half			

V. MODELLING

21. Did trainers model appropriate conversations for the trainees?
- 1 Yes
- 2 No
- 3 Not scheduled for this session
22. Were the role-plays that were modeled appropriate and engaging?
- 1 Yes
- 2 No
23. Were trainers comfortable modeling the role plays?
- 1 Yes
- 2 No

24. Did trainers elicit comments and discuss questions about the modeled role plays?

- 1 Yes
- 2 No

VI. ROLE PLAYS

25. Were role plays used during this session?

- 1 Yes
- 2 No
- 3 Not scheduled for this session

26. Did trainers provide a non-threatening atmosphere for the role plays?

- 1 Yes
- 2 No

27. Were role play scenarios culturally appropriate and realistic?

- 1 Yes
- 2 No

28. Did trainers observe the role plays and offer encouragement and positive feedback?

- 1 All of the time
- 2 Most of the time
- 3 Less than half the time

29. Did trainers offer constructive criticism?

- 1 All of the time
- 2 Most of the time
- 3 Less than half the time

30. Did trainers help the trainees problem solve to overcome barriers?

- 1 All of the time
- 2 Most of the time
- 3 Less than half the time

31. Did trainers discuss practice efforts with the group as a whole?

- 1 Yes
- 2 No

32. Did each trainee have multiple opportunities to practice role plays?

- 1 Yes
- 2 No

VII. QUESTIONS FOR THE EVALUATOR

33. Was the trainer prepared for the session?
- 1 Yes
 - 2 No
34. Did the trainers appear comfortable with the manual (e.g., notes were not relied on heavily)?
- 1 Yes
 - 2 No
35. Did the trainers encourage questions and participation from all trainees throughout the session?
- 1 All of the time
 - 2 Most of the time
 - 3 Less than half of the time
36. Did the trainers work together actively and smoothly?
- 1 Yes
 - 2 No
37. Did the trainers provide a way to give skills and information to trainees who had missed a session without undue delay in the current session?
- 1 Yes
 - 2 No
 - 3 Not Applicable
38. Did at least 75% of the participants appear alert and interested in the session?
- 1 All of the time
 - 2 Most of the time
 - 3 Less than half of the time
39. Did at least 75% of the participants actively participate in the session (e.g., ask questions, participate in role plays, report on assignments, etc.)?
- 1 All of the time
 - 2 Most of the time
 - 3 Less than half of the time
40. Were appropriate items distributed during the meeting (e.g., handouts, etc.)?
- 1 Yes
 - 2 No
 - 3 Not Applicable
41. What did the trainers do well during this session?

42. What changes could the trainers make to improve this session next time?

Outreach form (suggested)

Date

Staff initials

Client identifier code

Type of contact

Face to face

Group meeting

Duration of contact

How contacted

Known

Through referral

Snowball

Client initiated

Where contacted

Street

Public place

Home

Compulsory treatment centres

Others

Gender

Age

Ethnic background

Area of living

Employment

Employed

Unemployed

Housewife

Sex worker

Others

Services provided

Information about HIV

Information about harm reduction

IEC materials

Condoms

Project card

Primary health care

Referrals

Others

If referred, what reason and where

Arranged further contact

Yes

No

Currently use drugs?

Yes

No

If yes, go the Drug use questionnaire

Drug Users Questionnaire (suggested)

"I would like to ask you some very brief questions about your drug use"

1	How old were you when you first used drugs? <div style="text-align: right;"><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></div>	2	How old were you when you first injected drugs? <div style="text-align: right;"><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></div>
3	When was the first time you came in contact with a peer volunteer?	Month	Year
4	How many times have you injected in the last week? <div style="text-align: right;"><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></div>	5	How many syringes have you used to inject yourself in the last week? <div style="text-align: right;"><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></div>
6	How many new/unused syringes did you obtain last week? <div style="text-align: right;"><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></div>		
7	What drugs have you injected in the last 6 months? heroin <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <input style="width: 30px; height: 30px;" type="checkbox"/> <input style="width: 30px; height: 30px;" type="checkbox"/> <input style="width: 30px; height: 30px;" type="checkbox"/> <input style="width: 30px; height: 30px;" type="checkbox"/> <input style="width: 30px; height: 30px;" type="checkbox"/> <input style="width: 30px; height: 30px;" type="checkbox"/> ... </div>		
8	During the last 4 weeks how often have you shared used needles or syringes? Frequently Sometimes Hardly ever Never <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <input style="width: 30px; height: 30px;" type="checkbox"/> <input style="width: 30px; height: 30px;" type="checkbox"/> <input style="width: 30px; height: 30px;" type="checkbox"/> <input style="width: 30px; height: 30px;" type="checkbox"/> </div>		
The next two questions are about sharing injecting equipment. This includes needles, syringes, filters, spoons, cookers and caps. Sharing means using someone else's equipment, which had already been used. Or someone using your equipment, even if you were not both there at the time.			
9	During the last 4 weeks how often have you shared injecting equipment? Frequently Sometimes Hardly ever Never <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <input style="width: 30px; height: 30px;" type="checkbox"/> <input style="width: 30px; height: 30px;" type="checkbox"/> <input style="width: 30px; height: 30px;" type="checkbox"/> <input style="width: 30px; height: 30px;" type="checkbox"/> </div>		
10	During the last 4 weeks, with how many people have you shared any injecting equipment? <div style="text-align: right;"><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></div>		

11	Have you ever had treatment for your drug use?	Yes <input type="checkbox"/> No <input type="checkbox"/>
12	If yes, how many times?	<input type="text"/> <input type="text"/> <input type="text"/>
13	Have you ever had a blood test for HIV?	Yes <input type="checkbox"/> No <input type="checkbox"/>
14	Have you ever had a blood test for hepatitis B?	Yes <input type="checkbox"/> No <input type="checkbox"/>
15	Have you ever had an STI?	Yes <input type="checkbox"/> No <input type="checkbox"/>
15a	IF YES: How long ago in months, did you last have the STI?	<input type="text"/> <input type="text"/> <input type="text"/>
16	During the last six months with how many different sexual partners did you have penetrative sex?	<input type="text"/> <input type="text"/> <input type="text"/>
17	How many of them were sex workers?	<input type="text"/> <input type="text"/> <input type="text"/>
18	How many of them were drug users?	<input type="text"/> <input type="text"/> <input type="text"/>
19	How often do you use a condom when having sex with a sex worker?	Never 1 Sometimes 2 Often 3 Always 4
20	How often do you use a condom when having sex with your spouse?	Never 1 Sometimes 2 Often 3 Always 4

THANK YOU FOR COMPLETING
THIS INTERVIEW