

DRAFT

**XINJIANG RED CROSS
HIV/AIDS PREVENTION AND CARE PROGRAM
ANCP July 2005-June 06**

photo

EVALUATION

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Executive Summary and Key Recommendations

Overall Findings and Conclusions:

The overall findings and conclusions of the evaluation team were that Xinjiang Red Cross has achieved much to date in its HIV/AIDS work; its work is relevant and effective, it has had important impact in the areas where it has been working, and Xinjiang Red Cross (XRC) has become one of the key players in HIV/AIDS work in Xinjiang Uygur Autonomous Region (Xinjiang). However, as the epidemic situation becomes more serious, with an ever increasing number of cases, there is a need to expand and further scale up its work, in order to meet further needs and help prevent the further spread of the epidemic in Xinjiang.

The evaluation team makes the following key recommendations for the future development and scaling up of the Xinjiang Red Cross HIV/AIDS Program:

Overall General Recommendation:

1. In line with its Strategic Plan for HIV/AIDS 2004-7, and to meet increasing needs of the HIV/AIDS epidemic in Xinjiang, the Xinjiang Red Cross HIV/AIDS Program should scale up its program activities in areas it is already working and expand to new locations, in order to make a greater contribution to HIV/AIDS prevention and care work in Xinjiang. At the same time as scaling up, however, it is important that the XRC HIV/AIDS Program team ensures consolidation of its existing activities and ensures that all Red Cross staff at prefecture and city levels, in existing and new program areas, have the capacities to implement the programs.

Recommendations related to Programs:

2. Targeted Education for Injecting Drug Users (IDU) Program

Before further scale up of the Targeted Education for IDU Program activities, the Targeted Education manual needs to be fully updated and adapted to the three day workshop, there needs to be a review of Red Cross volunteer facilitators capacities to run workshops, further training of volunteer facilitators depending on need, and there needs to be an adequate number of Uygur Red Cross staff and volunteer facilitators to run workshops in the target groups local language.

3. Targeted Education for Kazakh Youth Program

In the future, there is a need to ensure the Targeted Education workshops for Kazakh Youth target the most vulnerable high risk Kazakh youth. As the program develops, if resources are available, and future assessments identify a need, the program could be extended to rural areas in Yili and to other prefectures where there is a large Kazakh population, such as Hami and Altay.

4. PLWHA Peer Education (PE+) Program

XRC should consider ceasing needle collection activities and handing over to the Centre for Disease Control (CDC), who are also implementing this service.

If Red Cross PE+ volunteers are willing, and opportunities and resources allow for it, the drama performances could be expanded to new areas in Yili. For this expansion to occur, however, it may be best supported through a full-time City Red Cross staff member – preferably a PLWHA PE+ volunteer involved in the drama, and an increased per diem for volunteers, to enable them to participate, should be investigated.

To meet the many needs of those affected by HIV/AIDS in the program communities in Yining city, a clear plan needs to be put in place for more PE+ volunteers and PLWHA to access the XRC Care Fund and to involve PE+ volunteers in the distribution of funds and goods in kind, as this would increase ownership and respect of the volunteers.

5. Self Care Workshops Program

It is important to find ways to ensure that more men are able to participate in the Self Care Workshops, and more PLWHA and more male volunteers are recruited as Red Cross volunteer facilitators for the program.

It is recommended that treatment preparedness should be integrated into the Self Care Workshops and not be a stand alone program.

Depending on the results of the Care Survey being conducted in Urumqi in Shui and Sha Districts, that the Self Care Workshops program be expanded to Urumqi.

Recommendations related to Cross Cutting Thematic Issues:

6. Stigma and Discrimination

It is important that XRC continues to mainstream information and training on stigma and discrimination towards PLWHA across all its HIV/AIDS program components, and to stakeholders and key partners.

The principle of GIPA (Greater Involvement of People Living with HIV/AIDS) needs to be applied across all program components to ensure that in the future more PLWHA are involved as Red Cross staff and volunteer facilitators.

It is important that Red Cross staff and volunteer facilitators at all levels respect the confidentiality of PLWHA when they disclose their status.

7. Training Materials, IEC and Resources

All training manuals and IEC materials need to be consolidated and updated, and in addition summary pamphlets of workshops should be made for distribution to participants of the workshops. If resources allow, develop some DVDs about HIV/AIDS and some of the skills taught in the training, with real examples of PLWHA/IDU and their lives, which can be used as teaching materials and for distribution (ideally one for each program for training). Alternatively, source other relevant DVDs from within China to use. For the future, all XRC HIV/AIDS materials could be shared with other organisations. (For detailed recommendations concerning updating of the training manuals and IEC materials etc please see Section 3.2.)

XRC should build strong linkages with Kazakhstan Red Cross Society and continue the relationship with Mongolian Red Cross Society to develop more IEC materials in Kazakh for the Targeted Education program.

8. Capacities of HIV/AIDS Program staff

In Urumqi and Yili, and in other prefecture and city branches where the program may be expanded to, it is essential to ensure that all Red Cross staff involved in the program have adequate capacity to fully manage the HIV/AIDS program activities.

Support is still needed to help strengthen the capacity of the Xinjiang Red Cross HIV/AIDS Program staff at provincial level, to enable them to manage the scaling up of the program. It is recommended that the Australian Red Cross (ARC) Technical Advisor continue to provide full-time support to the end of 2006, and that after that a plan be agreed between ARC and XRC for the nature of continued future support for at least another 6 months. A possible model could be part-time support rather than full-time, with visits to Xinjiang every quarter.

Capacity building is still needed in program management, so that in the future XRC are better able to monitor and evaluate the impact of the programs. Additionally, some support is needed in technical areas – for example nutrition for the self care workshops, and in treatment preparedness.

In order to further expand the program, it is recommended that the following additional staff member be recruited to support the expansion: a full-time finance officer in Urumqi at provincial level, to support Yili, Urumqi and

other prefectures, to ensure strong financial management is in place, including budget management, staff training and reporting to partners.

With future expansion to other prefectures, it will be important to have more information sharing between the prefectures, to learn from each other. In addition, XRC should provide training for all XRC prefecture leadership to increase their understanding of the HIV/AIDS Program.

9. Coordination with Partner Organisations

It is important that at all levels – provincial, prefecture, city and district - there is more coordination, networking and information sharing between the Red Cross, Health Bureau, Centre for Disease Control (CDC) and other partners and organisations involved in HIV/AIDS work, to ensure maximisation of efficiency of resources and no duplication of activities.

It is important that the leadership of XRC support the HIV/AIDS Program, by using their positions and influence to lobby the Health Bureau, CDC and other partners, in order to promote the work of the XRC as a key player in HIV/AIDS in Xinjiang, to gain further resources (eg from the Global Fund), and to ensure efficient use of resources available.

10. Resource Mobilisation

XRC should diversify its funding base in order to secure long term funding for its HIV/AIDS Program.

Key Recommendations for RCSC headquarters:

For the future, in order for Xinjiang Red Cross and other provinces to scale up their HIV/AIDS work, in line with the Red Cross Society of China (RCSC) Strategic Plan for HIV/AIDS, it is very important that the RCSC national headquarters, with the support of the International Federation's Regional Delegation in Beijing, provides support to the provincial branches in the following four areas:

11. Resource mobilisation

RCSC headquarters in Beijing should identify new sources of funding, by fundraising within China for RCSC HIV/AIDS programs (city branch fundraising, corporate fundraising and lobbying the government for funds, eg Global Fund funds), and outside China with external donors and partner National Societies.

12. Information / experience sharing: RCSC headquarters **has an important coordination role in** facilitating more sharing of information, **materials**, experience, **technical expertise**, lessons learnt and best practise between provinces in their HIV/AIDS work. This could include visits and meetings between provinces, using experienced staff and volunteers from one province to train and mentor those in another province, an email information sharing group (like a China-based "Pass it on..."), and the RCSC website could be an important forum for sharing of information **(for example also information from UNAIDS, WHO and the International Federation)**, if kept updated.

13. Technical support: **It is important that technical support in areas such as strategic planning and monitoring and evaluation is provided by RCSC to provincial branches, and that monitoring and evaluation is streamlined into all HIV/AIDS programs.**

14. Advocacy

RCSC headquarters, with the support of the International Federation's Regional Delegation, needs to have a greater advocacy role to government and key partners (eg UNAIDS) regarding HIV/AIDS issues (eg access to free treatment for opportunistic infections), and to the International Federation in Geneva to apply to the Masambo Fund for funds to support Red Cross staff and volunteers living with HIV/AIDS in China.

SECTION 1: INTRODUCTION AND BACKGROUND

1.1 Introduction

Xinjiang Red Cross (XRC) began its HIV/AIDS Program in Xinjiang Uygur Autonomous Region (hereafter known as Xinjiang), China, in 1995, and, since 1999, has worked in partnership with the Australian Red Cross, which has provided technical assistance and also funding from the Australian Government to support the HIV/AIDS Program.

This evaluation was commissioned by the Australian Red Cross, and had the following overall purpose:

- To document and make recommendations on the relevance, effectiveness and impact of the XRC HIV/AIDS Program on the HIV/AIDS epidemic in Xinjiang and its future programming directions.
- To give feedback and make recommendations to the Red Cross Society of China (RCSC) in the direction and scaling up of its HIV/AIDS work at national and provincial levels.

The evaluation objectives were as follows:

1. To review and analyse the current project objectives, outputs and activities related to targeted education (TE), PLWHA peer education (PE+), self care workshops (SCW) and stigma and discrimination work as to whether they are meeting the needs of the most vulnerable target groups.
2. To review appropriateness of training materials, IEC and resources, including development processes to produce these.
3. To identify specific and feasible recommendations for improvement, redirection and/or scale-up of the XRC HIV/AIDS future program.
4. To review the lessons learnt and experiences of the XRC HIV/AIDS Program, in order to share them with other provincial branches and RCSC headquarters.
5. To determine current strengths and limitations of the XRC HIV/AIDS Program team in a few specific areas including planning and design, resource development and monitoring and evaluation that may become apparent during the evaluation – if time permits.

The evaluation took place during May 2006, and included visits to Urumqi, the capital of Xinjiang, and Yining city in Yili Prefecture, in the west of Xinjiang. The evaluation was conducted by a two person team – an external consultant as the Team Leader and the Australian Red Cross Program Officer responsible for Australian Red Cross support to programs in China.

1.2 Structure of the Report

The report of the findings, conclusions and recommendations of the evaluation team is split into the following four sections:

Section 1: Introduction and Background

Section one gives the structure of the report, the methodology of the evaluation, as well as background information on the situation of HIV/AIDS in Xinjiang and the XRC HIV/AIDS Program.

Section 2: Programs

This section provides the detailed findings, conclusions and recommendations of the evaluation team for each of the four program components which make up the XRC HIV/AIDS Program: Targeted Education for Injecting Drug Users, Targeted Education for Kazakh Youth, Positive Peer Education including Drama, and Self Care Workshops. There is also a brief update on future program plans.

Section 3: Cross Cutting Thematic Issues

This section covers the findings, conclusions and recommendations concerning various cross cutting thematic issues: stigma and discrimination, appropriateness of training materials, IEC and resources, capacities of current HIV/AIDS Red Cross staff at provincial and prefecture / city levels, coordination with partner organisations, resource mobilisation and the role of RCSC headquarters in supporting the scale up of HIV/AIDS work.

Section 4: Conclusions

This section covers lessons learnt and experiences of Xinjiang Red Cross HIV/AIDS Program to share with other provincial Red Cross branches and RCSC headquarters, and also the overall conclusions of the evaluation team.

1.3 Methodology for the Evaluation

The evaluation methodology included the following:

- A desk review of all the key documents concerning the Xinjiang Red Cross HIV/AIDS Program, including the Xinjiang Red Cross HIV/AIDS Strategic Plan and Strategic Plan review, program proposals, program reports, background Australian Red Cross documents, Red Cross Society of China headquarters HIV/AIDS Strategic Plan, Government documents re HIV/AIDS, UNAIDS China HIV/AIDS report etc.
- A visit to Xinjiang - to Urumqi, to the Xinjiang Provincial Red Cross and Urumqi Prefecture / City Red Cross branches, and to Yining city in Yili Prefecture, to the Yili Prefecture and City Red Cross branches.
- Semi-structured interviews with key informants – leadership and key Red Cross HIV/AIDS program staff at Xinjiang Red Cross provincial level.
- Focus group discussions (each of about 10 participants) – with semi-structured questions – involving groups of Red Cross staff, groups of Red Cross volunteers and groups of program beneficiaries, for each of the programs, in Urumqi and Yining, and also with key partners of the Red Cross, and home visits to program beneficiaries were also made.
- A review of the training manuals for the workshops was undertaken, and a review of the guidelines for the Care Fund.
- A visit to Red Cross Society of China headquarters and the East Asia Regional Delegation of the International Federation of Red Cross and Red Crescent Societies in Beijing, to meet key staff.

In total through the process of the evaluation, over 140 people were interviewed either individually or through the focus group discussions. The evaluation used a qualitative assessment process.

1.4 Overview of Current Situation of HIV/AIDS in Xinjiang Uygur Autonomous Region

Xinjiang Uygur Autonomous Region (Xinjiang) continues to be one of the provinces with highest HIV prevalence in China – it is fourth after Henan, Yunnan and Guangxi provinces. The 2005 Update on the HIV/AIDS Epidemic and Response in China, issued by the Ministry of Health, UNAIDS and WHO in January 2006, estimates that there are 650,000 people currently living with HIV/AIDS in China, a reduction from the 2003 estimate of 840,000. *As the UNAIDS 2004 Report on the Global AIDS Epidemic states, “it is feared that the number of people living with HIV/AIDS in China could reach 10 million by 2010 if the epidemic is left unchecked.”* At the end of March 2006, Xinjiang had an estimated 14,235 cases reported. However, as testing is still quite limited throughout Xinjiang, it is widely accepted that this figure is conservative, and it is quite possible that the actual number of cases is very much higher.

In Xinjiang, major transmission routes continue to be shared injecting equipment amongst drug users (84.2% of reported cases), with a sharp increase also in sexual transmission (approximately 11% of cases reported during 2005, an increase of 37% from 2004), indicated also by the increasing numbers of women testing positive (23% of cases reported in 2005), and consequently an increase in mother-to-child transmission. People 20-40 years of age account for 93% of cases reported during 2005.

Government figures indicate that there are more than 26,000 registered drug users in Xinjiang. In Yining city approximately 50% of the drug users are HIV positive, and this rises to approximately 70% in Kucha County in Aksu prefecture. Ethnic groups make up 92% of the infections in Xinjiang with 88% being Uygur. Yili and Urumqi prefectures account for approximately 80.1% of total Xinjiang cases reported up until the end of March 2006, also with the most people identified with AIDS, and with the potential for many AIDS deaths in the future. The other high prevalence centres are Aksu, Kashgar and Changi prefectures respectively (Xinjiang HIV Working Committee Report, 20 April 2006).

Of a total population of over 19 million, it is estimated that 2.2 million inhabitants of Xinjiang are within the official government definition of poverty – with an income of less than RMB 625 per year (US\$76). With an area of 1.6 million sq km, Xinjiang is the biggest province in China, in area. Uygur and Kazakh are the largest ethnic groups that make up the population of Xinjiang.

Both national and provincial level policy initiatives in HIV/AIDS have increased the range of programs available in Xinjiang, and initiatives such as voluntary testing and counselling, needle exchange programs, methadone maintenance therapy, prevention of mother to child transmission, and anti retroviral therapy have commenced at several sites. **Central government is also now providing more funding for HIV/AIDS work in Xinjiang.** The Health Bureau and Centre for Disease Control (CDC) are responsible for overall coordination. Support is provided by AusAID funded Xinjiang HIV/AIDS Prevention and Care Program (XJHAPAC), Save the Children (UK), and government initiatives such as the China CARES project (DFID funded), USCDC Global AIDS Program (GAP) and World Bank Health IX activities. Xinjiang is one of the provinces supported through the Global Fund (GFTAM) Round 4, which targets specifically injecting drug users and their sexual partners, commercial sex workers and their clients. **Mass organisations such as the Women's Federation are involved in HIV/AIDS work, but there are no non-governmental organisations involved in HIV/AIDS work in Xinjiang.**

1.5 Background to Xinjiang Red Cross HIV/AIDS Program

Xinjiang Red Cross (XRC) was established in 1986, when it became a separate organization, separate from the government Public Health Department. XRC has 14 prefecture branches, and every prefecture has 3-10 county branches; there are a total of 91 county branches **(49 of which are now separate from the Public Health Department, and the remainder are still part of the Public Health Department)**. Its main activities are disaster relief, Red Cross Youth, First Aid, bone marrow donation, and HIV/AIDS. In fact, in the past few years, the HIV/AIDS program has become one of the biggest activities for XRC.

Xinjiang Red Cross (XRC) began its focus on HIV/AIDS activities in 1995 and launched a youth peer education (YPE) project with the support of the Australian Red Cross (ARC) during 1999. Since this time XRC has been implementing community-based HIV/AIDS activities, and remains one of the very few organizations working directly with PLWHA, their affected families and community members in Xinjiang.

In 2002, a positive peer education project was launched in Yili prefecture; and in 2003 self care workshops for PLWHA and their families. In 2004 a decision was made to move away from Youth Peer Education (conducted in schools / colleges), and in 2005 this was replaced by Targeted Education – more targeted and focused work with vulnerable population groups – PLWHA and their families, unemployed at risk community members and injecting drug users. In 2005, a Targeted Education program for Kazakh youth was also started, as well as drama

performances. As XRC programs have broadened so has the greater involvement of people living with HIV/AIDS (PLWHA), advocacy to address stigma and discrimination, and capacity building for local Red Cross volunteers and staff at provincial, prefecture and city level.

The XRC HIV/AIDS Program is run from an HIV/AIDS Centre at the headquarters of XRC in Urumqi. The XRC HIV/AIDS Program team at provincial level is currently composed of a project director and 4 project officers (one with financial responsibility). The provincial team supports the HIV/AIDS activities in Red Cross prefecture and city branches. The prefecture and city branches have HIV/AIDS project staff, and are responsible for project management and implementation.

Since the beginning of the partnership with Australian Red Cross (ARC), ARC has provided technical support to the program. Initially, support was provided by the ARC Technical Advisor based in Yunnan province, who visited XRC from time to time, to conduct training and provide technical support. With the scale up of XRC HIV/AIDS Program activities, from April 2004, the ARC Technical Advisor relocated from Yunnan to Xinjiang, and since then full-time technical support has been provided, which is scheduled to continue up to the end of 2006.

Australian Red Cross together with the Australian Government (AusAID) has been the largest partner of the XRC HIV/AIDS Program. In addition, support has also been provided by Canadian Red Cross, Glaxo Smith Kline's Positive Action, British Red Cross, UNDCP, World Bank's Health IX project, Canada Fund and the TIDES Foundation.

Strategic Directions of the XRC HIV/AIDS Program

In 2004, XRC, with technical support from ARC, undertook a strategic planning process for its HIV/AIDS program, and the Xinjiang Red Cross Strategic Plan for HIV/AIDS 2004-7 now provides the overall strategy for the program. In January 2006, a strategic planning review was undertaken, also with ARC technical support, and the Strategic Plan was revised and updated.

The XRC HIV/AIDS Strategic Plan 2004 – 2007 divides the program objectives into the four key areas of Prevention, Care and Support, Stigma and Discrimination and Capacity Building, as detailed below:

- 1. *Prevention: To deliver peer-led education to vulnerable groups.***
- 2. *Care and Support: To support PLWHA and their carers to manage basic HIV/AIDS care at home.***
- 3. *Stigma and Discrimination: To reduce stigma/discrimination towards PLWHA, and to raise public awareness of HIV/AIDS and promote Red Cross HIV/AIDS projects.***
- 4. *Capacity Building: To develop capacity of key project staff, volunteers and stakeholders including PLWHA in HIV/AIDS programming.***

The Strategic Plan is aligned with and follows the International Federation of Red Cross and Red Crescent Societies (International Federation) Global Strategy for HIV/AIDS:

“The International Federation’s program to fight HIV/AIDS can be divided into three areas:

- Stigma and Discrimination***
- Prevention***
- Care and Treatment***

This approach is a holistic one: The three components are inseparable, with people living with HIV/AIDS at its very heart. All three must be addressed if any one is to succeed.”

XRC has adopted Greater Involvement of PLWHA (GIPA) as a principle and it is incorporated into its HIV/AIDS Strategic Plan. The GIPA principal is carried through to program and project level by including PLWHA in all

aspects of program development and implementation. The XRC program has also adopted harm reduction principles, in particular relating to the impact of injecting drug use on the epidemic.

XRC, as one of the first Red Cross branches involved in HIV/AIDS work in China, has contributed to the Red Cross Society of China's HIV/AIDS Strategic Plan – “Future Planning 2005-2009 of HIV/AIDS Projects for Red Cross Society of China” issued in 2005.

The XRC Strategic Plan is also aligned to the Chinese Government's National HIV/AIDS Strategy, “The Mid-Long Term Plan of HIV/AIDS Prevention and Control in China (1998-2010), issued in 1998. The Decree of the State Council of the People's Republic of China No 457 “Regulations on AIDS Prevention and Treatment” came into effect on 1 March 2006. The Decree supports and encourages the Red Cross to “take cooperative activities for AIDS prevention and treatment with various levels of people's governments”. **Government legislation thus gives Red Cross a clear mandate – and indeed responsibility – for the Red Cross to assist in mobilising the whole of society to address HIV/AIDS issues.**

In March 2002, the Xinjiang Uygur Autonomous Region People's Government issued document no 39 – its HIV/AIDS and Sexually Transmitted Disease Prevention and Control Mid to Long Term Plan. The Red Cross is mentioned, and is asked, along with other “social mass groups” like the Communist Youth League, Workers Union and the Women's Federation to “fully take their own advantage to actively take responsibilities of advocacy on HIV/AIDS and STDs prevention and control, to conduct advocacy and education activities systematically.” It also says community groups and nongovernmental organisations “should be encouraged to initiate care programs for people with HIV/AIDS and their families, to help provide counselling services, to eliminate discrimination, and to create a positive social environment” – areas to which XRC is very well placed to contribute.

ANCP 2005-06 Objectives

In line with the XRC HIV/AIDS Strategic Plan, the International Federation of Red Cross and Red Crescent Societies Global Strategy for HIV/AIDS and Chinese Government strategy documents, the 4 main objectives of the ANCP 2005-2006 funding for the core work of the XRC HIV/AIDS Program are:

- 1. *Stigma and discrimination:* To reduce stigma & discrimination faced by PLWHA and their families, and raise community awareness of HIV/AIDS issues, throughout Xinjiang**
- 2. *Prevention:* To deliver HIV/AIDS related information & skills-building to vulnerable groups through flexible models appropriate to local contexts**
- 3. *Care and Support:* To increase knowledge & skills of PLWHA regarding self-care (including treatment preparedness), and increase family members' ability to provide care & support to PLWHA**
- 4. *Capacity building:* To increase the knowledge & skills of volunteers, XRC and local Red Cross staff involved in program activities, throughout Xinjiang**

Evaluation of Program undertaken in 2003

An evaluation of the XRC HIV/AIDS Program was carried out in 2003 by the Harm Reduction Centre of the Burnet Institute in Australia, and during this evaluation in May 2006, the recommendations of the 2003 evaluation were reviewed. It was found that since 2003 the majority of the recommendations have been addressed by XRC in the scaling up of its HIV/AIDS work, and those recommendations are in the following areas:

- Scaling up training of peer facilitators to adequately respond to the HIV epidemic
- Need for update workshops
- Building capacity further
- Initiating integrated HIV prevention and care services conceptualised in the training model

- Peer education and the use of peers is an efficient way of disseminating HIV prevention messages for drug using populations
- Reaching “hidden” populations of drug users is best achieved through community outreach
- Involvement of active IDUs and HIV+ drug users
- Advocacy to create an enabling environment
- Working with law enforcement
- Needle disposal and winning the confidence of communities
- Breaking the chain of transmission
- Linking services and addressing the multiple needs of drug users
- Technical support for harm reduction
- Urgently required: initiation, implementation and scaling up of HIV prevention and care services

There were a only a few recommendations that have not been addressed by the Red Cross, and those were because the recommendations were actually for areas which were the responsibility of the government, and in all cases, the government has addressed those issues over the past three years since the evaluation was carried out:

- Assessing the extent and magnitude of drug use/HIV: critical for HIV prevention
- Finding ways to make care and support services available and accessible to many
- Time to promote methadone maintenance for opiate dependence.

SECTION 2: PROGRAMS

Xinjiang Red Cross HIV/AIDS Program has four main program components – Targeted Education for Injecting Drug Users and Targeted Education for Kazakh Youth (Prevention objective), PLWHA Peer Education and Self Care Workshops (Care and Support objective). Advocacy, or to reduce stigma and discrimination, is a program component as well, but it is also cross cutting and runs through all the programs – in this report it will be addressed as a cross-cutting theme (covered in Section 3). The evaluation team reviewed all four programs, looking at the relevance, effectiveness and impact of the programs:

2.1 Targeted Education for Injecting Drug Users (IDU)

Introduction:

This program started in June 2005 and replaced the Youth Peer Education Program which had run from 1999 to 2003. The program is conducted in Urumqi and Yining cities. Community volunteers are trained to conduct HIV/AIDS education training workshops with a focus on harm reduction targeting injecting drug users (IDU), their family members and other affected community members.

Findings:

In 2005, in Urumqi and Yining city, 73 workshops were held with 1,320 participants, and from January-March 2006, 10 workshops with 152 participants, making a total of 1,472 participants during the fifteen month period. From 1999-2003, the Youth Peer Education Program had trained 150 Youth Peer Education volunteers, and 11,200 participants had attended workshops.

In discussions with XRC leadership, XRC HIV/AIDS Program staff, Urumqi city, Yili prefecture and Yining city Red Cross staff and volunteers, everyone agreed that the change from Youth Peer Education to Targeted Education has been very important. **The Youth Peer Education Program had provided an important foundation for XRC HIV/AIDS work, but** it is now much more important to put more attention on high risk groups, and much less on schools/universities (the target groups of the former Youth Peer Education program). The new Targeted Education for IDU is recognised by all as being more useful, effective and relevant and having greater impact. Before the problem of stigma and discrimination in communities had been very serious, but that as the result of the workshops this had been reduced, and more people have an understanding of HIV/AIDS.

The environment has changed, for example the Education Bureau doing HIV/AIDS education in schools and the Labour Bureau taking on a role in workplaces, so the Youth Peer Education program was no longer needed. The Youth Peer Education Program had also not reached the most vulnerable people, such as IDU, who really needed the program; staff said that IDU/PLWHA would not attend the Youth Peer Education format of training in the past as it was not relevant to their lives. Everyone was agreed that it is much more important for the Red Cross to focus on the most vulnerable groups.

Urumqi and Yili – provincial and prefecture Red Cross staff

For the XRC HIV/AIDS Program staff, the Targeted Education Program for IDU is a new program, but is generally going well. As 90% of HIV cases in Xinjiang are caused by injecting drug use, the XRC staff wanted to develop a good quality program for IDU, with quality Red Cross materials, and if it is successful, then introduce the program to other prefectures.

In Urumqi, 15-17 volunteer facilitators have been trained (4 of these were the old Youth Peer Education facilitators), they have conducted 4 workshops each month, each for 5 days and each for about 15-20 participants. It is a challenge to find the right people to be facilitators, especially Uyghur facilitators, as the majority of IDU / PLWHA are Uyghur. They currently have one Uyghur volunteer facilitator (they had had a few more, but they have

since left the program), and no City Red Cross Uygur staff members, so no workshops are conducted in Uygur at present.

In Yili, 17 volunteer facilitators were trained but 7 found employment and left, leaving only 10 remaining, of which 4 are female and 6 male, and all are Uygur. Unlike in Urumqi, all workshops are conducted in Uygur in Yili.

They have tried to involve IDU/PLWHA to be facilitators, but so far this has not happened, as it has been difficult to find the right people to be volunteer facilitators. In time XRC hope this will happen, and they agree that certainly the principle of using a peer model is important.

Whereas with the previous Youth Peer Education program there was no problem in finding participants (as the workshops were held in schools/universities etc), now with the Targeted Education program, it is much more difficult working in communities, to find the most vulnerable people in the target high risk groups to attend the workshops. In the beginning the Street Offices helped to find the participants, but now most are found through the participants, facilitators and word of mouth. In communities, some people did not want to attend, or to give away their IDU or HIV positive status. Participants are also sometimes afraid to attend workshops due to a misconception that XRC may have a connection with the Public Security Bureau (PSB) who might report them. In Urumqi they found it was much easier to organise the Targeted Education workshops in the prison, holding centre and women's re-education centre, as the participants are all in place. Despite these challenges, staff reported the situation is getting easier, and as a result of the workshops there is greater understanding in the communities, and less discrimination against IDU/PLWHA.

One main difficulty Red Cross staff found with the Targeted Education for IDU was that the 5 day workshops (usually split into 2 parts over consecutive weekends), were too long for participants, so after a review in April 2006 they were changed to 3 day workshops (and materials have been adapted accordingly). Feedback from participants to them was the 5 day workshop was too complicated (for example the relapse prevention section), the content too "western", and some exercises not necessary or appropriate. It has taken a long time to develop and fine tune the new materials, train local Red Cross staff and volunteers (about a year). The 3 day module is seen to be more effective and relevant by XRC staff and Urumqi volunteer facilitators and participants. In Yining, the experience of the new 3 day workshops was not so positive even though they were supportive for the change in the beginning – the prefecture Red Cross staff now found the 3 day workshops too short, as the content is still roughly the same and has to be delivered in less time.

Some Red Cross staff also commented that it is the first time the volunteer facilitators have been working with IDU, and as there is generally still a lot of discrimination and stereotyping related to IDU, the program has not been easy to start with. In the Red Cross structure, it also takes time for new programs to be understood and be accepted by all levels.

In Urumqi, the Targeted Education program runs in two districts – Shui district with 240,000 people, 8 street offices and 67 communities, and Sha District with 520,000 people, 10 street offices and 114 communities. In Shui district there are several organisations working in HIV/AIDS - Global Fund, Health Nine and XJHAPAC (it is a very poor district and clearly there are huge needs). However, there is a problem in that Global Fund and Health Nine each pay participants of workshops 50 RMB and 30 RMB respectively (for short 2 hour workshops, whereas the Red Cross workshops were much longer and more comprehensive in content, 5 days, now 3 days), and the Red Cross gives 7-10 RMB for lunch for each day, making it more difficult to get beneficiaries to attend Red Cross workshops. In addition, the Global Fund and Health Nine pay the facilitators more money for their work, and the Red Cross has lost some facilitators to them. In Shui district, XRC has made a decision that the Targeted Education program will stop, as other organisations are meeting the need there. As there are a very high number of PLWHA in the district and no care programs, it would be better to run a care program instead of a Targeted

Education program. In Sha District there are no other programs run by other organisations, and the Targeted Education program is much needed, so it should be scaled up there.

In Yili the Targeted Education program runs in Yining city, initially focussing on two districts; Doeletbagh with XX Street offices, XX communities and XX people, and Chongkoruk with XX Street offices, XX communities and XX people, and has recently been expanded to Herembagh District with XX Street offices, XX communities and XX people. The reason for the expansion to Herembagh was due to the saturation of other projects in the Doeletbagh and Chongkoruk Districts, these include Global Fund, Health IX and XJHAPAC. Although the Targeted Education IDU program is unique in its content, it has still been difficult to compete with other programs to attract participants as they provide higher financial incentives to attend their programs than offered by the Red Cross. It was also seen as easier to recruit training participants in Herembagh as many people had never had access to any training so were interested to participate in Red Cross programs. As with all of the programs in Yili the Targeted Education program also acts as a referral to its other programs, ie, SCW and PE+.

Urumqi – key partners

In Urumqi, a focus group discussion was held for key partners who provide beneficiaries for the program in their centres - representatives of No 3 Prison, a Holding Centre (where people await trial for 3-6 months before going to prison), a Women’s Re-Education Centre, and two Street Offices (all where Targeted Education workshops had been held).

Targeted Education Program for Injecting Drug Users - Focus Group Discussion with Key Partners in Urumqi

The Holding Centre had run 7 workshops (each 5 days), and as they had many PLWHA and IDU in the Holding Centre, the Targeted Education program was very relevant and the participants had said they would share the information with their peers. They would like to have more workshops, as they feel there is a huge need, and participants were enthusiastic and wanted to learn more.

The Street Office in Sha District had run several workshops – and the feedback from IDU/PLWHA had been very positive – *“big changes had happened in their lives; before they said they could not live and their neighbours did not want to have any contact with them, but afterwards when they had attended the workshop, and neighbours/family members had attended, they had a far greater understanding of HIV/AIDS and methods of transmission, their neighbours cared for them much more, and the PLWHA did not feel lonely any more.”* PLWHA also learnt much more about treatment, self care, drug use, needle exchange etc. As a result of the project, there is less discrimination against PLWHA in the community, and IDU are accepted more – as people have more understanding about HIV/AIDS.

The representative of Li Jing Street Office in Shui District said that with increased knowledge about prevention, the environment and behaviour had changed. For example IDU had changed their drug using methods, changing to one time needle use. Knowledge about Red Cross had also increased a lot. There had been a change in attitudes of family members – *“before IDU were seen as bad people in society”, but their attitudes had now changed – “IDU were also human beings and had a right to life.”*

The representative of Liu Dao Wan Street Office said that *“the IDU were a very vulnerable population, and the program was good for themselves, for their families and their community in reducing the distance between people, and reducing stigma and discrimination. Those who attended the workshops disseminated the knowledge to others after the workshops, and encouraged people around them to care about PLWHA and IDU.”*

The No 3 Prison had held 4 workshops, each for 5 days, approximately 20 people attended each workshop, 78 people had received training altogether, and of these 35 were IDU. They also had 2-3 people from each section of the prison (including the health worker responsible for health in each section). Prisoners normally stayed in prison for an average of 5 years. The workshops had been very effective – the information about health, HIV prevention, behaviour change, life skills etc was all very important, and there was less discrimination.

The Women's Re-education Centre had held 5 workshops, each for 5 days, for high risk groups, mainly commercial sex workers. Some came from rural areas of Xinjiang, had less education and had never heard about HIV. The workshops had increased awareness and the women were better able to protect themselves against HIV in future. It was seen as important to do more HIV/AIDS education work in rural areas where the women came from – *“so that the next generation of women would not follow their road.”* A suggestion was made that for the Women's Re-education Centre, the information given needed to be adjusted to be made more targeted and relevant for women's health issues, and not so much about drug use and harm reduction.

Urumqi and Yili – Red Cross volunteer facilitators

A focus group discussion was held with ten Red Cross volunteer facilitators for the Targeted Education program for IDU in Urumqi. When asked about their Red Cross work, and why they had become Red Cross volunteers, they said they loved their work, made new friends, learnt much knowledge and information, were happy to be able to help others who needed their help, and to do humanitarian work. One was a medical student who wanted to learn more about HIV/AIDS and to contribute what he learnt to the community; he also wanted to write stories, case studies and songs about HIV/AIDS. Some had heard about the Red Cross in the media (eg. in response to disasters), and when the Red Cross District Office was looking for volunteers they had been happy to join and contribute to humanitarian work, especially as there were such huge needs in Xinjiang. The Red Cross spirit and principles were important for them. For all the volunteers, positive feedback from the participants (IDU, PLWHA and family/community members) was also very important for them.

Similarly, a focus group discussion was held with 11 Red Cross volunteer facilitators in Yili. When asked about their Red Cross work and why they had become Red Cross volunteers, there was a range of different motivations. One person had been a Red Cross volunteer for 6 years previously with the Youth Peer Education program, there was a CDC hospital staff doctor, a rural nurse, a teacher and community members. A volunteer from the community in Yining city knew about Red Cross work through friends, and as many IDU were dying she wanted to help and so had contacted Red Cross to become a volunteer. Another volunteer said in her community there were many IDU who used to leave used needles everywhere and when she was a small child she would play with them. She then went to university to become a teacher so she felt it is her role to help and share her knowledge with others.

The volunteer facilitators in both implementation sites felt the “training for facilitators” training they had received from XRC provincial HIV/AIDS Program staff was very good – the structure was good, the content was very detailed, relevant and practical and it was not too theoretical, so they felt they understood the content well. They learnt about HIV, transmission, IDU, the CDC and epidemic stations, and training and facilitation skills. The training was very participatory making it easy to understand and by learning through participatory training methods themselves they could then use these skills in their own workshops (which is quite different from the old traditional lecturing type methods of teaching of the past). They also had practice workshops and role plays. After the training they felt confident and it was easy to communicate with the target group.

The facilitators update workshop they had attended had been very useful to update their knowledge and information, help solve some of the problems / questions they had, learn new training methods and receive new materials. It also provided an opportunity for them to meet together with other facilitators to share experiences. After the update training they felt more confident to deal with difficulties in their work, to talk easily about sensitive issues related to HIV/AIDS and drugs, and to work with IDU – they felt their capacity had improved a lot. XRC provincial level HIV/AIDS Program staff had also observed their workshops, given feedback and helped solve problems. They appreciated the support given by XRC HIV/AIDS Program staff, and said that it was necessary to continue update workshops on a regular basis.

In running the workshops the volunteer facilitators in Urumqi felt the 3 day format was adequate, although when running the workshops in prisons, for example, the 5 day workshop would also be fine, as time constraints are not

a factor for them. In Yili, the volunteer facilitators, as with the prefecture Red Cross staff, had found the 3 day workshops too short, they had not been able to cover all the material nor to use so many participatory methods, so they thought the course had been less interesting for participants. A positive feedback from the 3 day workshops though was that more participants completed the training.

The Urumqi volunteer facilitators felt that the Red Cross benefited a lot from the workshops too, as the workshops had increased the general knowledge about the Red Cross in the communities. Some of the participants in the prison / holding centre / women's re-education centre said to them that after leaving prison etc they would like to volunteer for the Red Cross.

Some of the Red Cross volunteer facilitators in Urumqi worked for the 3 different programs, and said that when comparing the Red Cross Targeted Education program workshops with other programs, the content of the Red Cross program workshop was much richer, more comprehensive and relevant and dealt much more with behaviour change. Whilst the Red Cross volunteer facilitators had the opportunity to regularly give feedback to Red Cross staff on the workshops, when they worked for other programs, they had no opportunity to give any feedback. In Yili, there was similar positive feedback about the workshops. They did experience some difficulties though, as the participants often had low education and literacy levels, so understanding was difficult and the mix of age groups with young ex-IDU and older women (family, friends or community members) sometimes caused conflict and was not culturally appropriate when talking about sex.

As with other Red Cross program workshops, there was pre-workshop and post-workshop knowledge testing and evaluations were carried out during the workshops at the end of each day and at the end of the completed workshop. Where they could incorporate feedback from daily evaluations into the remainder of the workshop, they did. They gave all the evaluations and testing results to the Red Cross prefecture branch. The Red Cross prefecture branches submit monthly reports to the XRC provincial level HIV/AIDS Program staff.

All the volunteer facilitators agreed that besides workshops, other activities linked to HIV/AIDS and reducing stigma and discrimination were needed in the general community in order to reach more of the target groups – for example knowledge competitions / quizzes (with prizes), drama / theatre shows. They were also interested in other Red Cross activities such as self care workshops for PLWHA. They all very much hoped the program would continue and that activities could be expanded, especially to work with other target groups such as commercial sex workers as this was becoming a big problem in their communities. The volunteers said they would like to learn more from others – for example from other prefectures and provinces. There was a feeling that they felt quite isolated in their work, and would like to meet others involved in HIV/AIDS work.

Urumqi and Yili - beneficiaries

Two focus group discussions were held with beneficiaries of the Targeted Education Program for Injecting Drug Users – one in Sha District Urumqi and one in Yining. The purpose of the discussions was to find out how useful and effective they found the workshops, to assess what they had learnt and what impact the workshops had had on their lives. The summary in the box below highlights these discussions:

Perspectives of Beneficiaries of the Targeted Education Program for Injecting Drug Users

In Sha District in Urumqi, a focus group discussion was held with ten beneficiaries of the program, who had all attended a Targeted Education workshop (the group included a cross section of ages, at least two of whom were PLWHA, and including family and community members):

One PLWHA said that she “used to be shy, but after the workshop she could communicate more with others.”

Another PLWHA said that “he had the same feeling – he had been under great pressure, even wanted to die, though he had not done anything bad or hurt other people; people would gossip about him, he suffered discrimination, the pressure from

others was terrible and he felt very unhappy. After the workshop he felt much better. Why hadn't it happened earlier?" He referred to a retired woman in the group, and that "she was like a mother to him....Last year he had had TB and been very sick, but had recovered now. He had no relatives, parents, brothers or sisters. The Street Office and Red Cross had helped him to go to the hospital and given him some money. The problem is that there are no medicines given for opportunistic infections (only ARV treatment is free). As he is unemployed he receives RMB 150 a month from the government, but the medicines cost RMB 200 – and he needs the RMB 150 for food so he is torn between choosing food or medicine.he could not even see from one eye any more...."

Another community member said *"Before, they had not understood about HIV, how it is transmitted, they thought it was a terrible disease, now they have knowledge about HIV, they know the causes, and they will transmit the knowledge to others."*

The mother of a son living with HIV said that she had attended the workshop with her son – *"afterwards I saw that HIV was not such a terrible disease...before I had hated my son and did not understand, but after that I cared about my son, and saw that some behaviours can stop."* She felt it was important that there were more workshops, and that more people understand, so that stigma and discrimination can be reduced.

An elderly retired woman said *"Before we were scared to go close to PLWHA, now we share love and care with them"*. The Red Cross workshop had been good to give a place to discuss HIV, and afterwards to discuss with neighbours. Through the Street Office and District Red Cross, they had given some food / small gifts to the PLWHA in the community at festival time.

A female community member said she *"used to be afraid of positive people, but after the workshop she knew about transmission, and was not afraid, and began to care about PLWHA and had gained much knowledge about HIV."*

A young unemployed woman said that in school she had learnt little about HIV, but after the training, she had learnt about HIV transmission and she was not scared of HIV. Her family members had not agreed for her to attend the workshop (they thought HIV was a terrible thing), but after the workshop, when she told them about it, they began to change their ideas – *"they had thought that even breathing and talking with PLWHA would mean you could catch HIV."* *"HIV is like a wall, and because of the workshop, the wall had been broken...There needs to be more workshops in this district, so that everyone would care about PLWHA."*

After the workshop they *"felt that there should be no more stigma and discrimination – it was not only the street offices and government's responsibility, but it was the responsibility of the whole of society, everyone's responsibility. It was important that all leaders of communities were involved."*

And from the focus group discussion in Yining, with a group of 10 people (6 females and 4 males) who had attended Targeted Education for IDU workshops:

The group were able to identify the key things they had learnt including: methods of HIV transmission, incorrect beliefs about HIV transmission, the importance of using condoms, where to get them for free, negotiating safe sex, what to do in the case of a drug overdose and not to discriminate against IDU or PLWHA – *"it is one mistake in their life."*

They did acknowledge that they did not always learn everything 100%, but they learnt a lot from having zero knowledge before. The facilitators were available for them to ask questions after class, and this was very useful if they were your neighbour and easily accessible.

One participant said *"there is no need to blame people as the problem already exists in our community, so we need to focus on prevention and care."*

In Urumqi, two home visits were conducted, to meet beneficiaries of the program. The box below demonstrates the value of the program, and the impact it has had:

Beneficiaries of Targeted Education for Injecting Drug Users in Urumqi

Two home visits were conducted in a very poor community in Shui District, Urumqi:

The first visit was to an elderly Uyghur woman, who had two sons who were IDU, one of whom had died, and she lived with one son and one granddaughter. She had attended one 5 day workshop held by the Red Cross but had also attended other workshops run by other organisations doing HIV work in the community (so it is difficult to assess the impact of the Red Cross workshops overall). The Street Office usually contacts her to attend the different workshops via a phone call. The workshop was held in Uyghur/Chinese with dual translation as needed – she recommended that there be workshops in separate languages. Before the workshop she knew a little bit about HIV, but now she knows a lot more, such as HIV transmission routes through sharing needles and blood and the symptoms of HIV. She expressed that since the workshops and the needle exchange programs she has seen a change in her community. She herself does advocacy work telling IDU information about HIV at the local shop. IDU are starting to stop taking drugs through a methadone program, and stigma and discrimination has also reduced.

The second visit was to a local male resident who heard about the Red Cross program through the Street Office who phoned his mother. He said he has attended many workshops but the Red Cross one was the most useful and relevant as it was longer and more comprehensive and the IEC was very useful and easily understood. If he didn't understand it, he would check with the teacher. He was able to recall some of the information he learnt but not all, as there was a lot to remember. He said he shares all of the information with his peers – HIV prevention such as don't share needles, use condoms when you have sex, don't share razors. In his opinion, he said there was behaviour change in his community – probably about 60% improvement. His friends didn't share needles anymore (the needle exchange program assists with this as you can take old needles and exchange them for new) and his friends used condoms (which are available free through the Street Office/family planning centre). Stigma and discrimination has reduced, as before the community would avoid him, but now they eat together and share ideas. He also recommended that the workshops be held in separate languages.

Conclusions:

The leadership of XRC, and all Red Cross staff and volunteers involved are very committed to the Targeted Education program. The outcome of the discussions in both Urumqi and Yili was that everyone agreed the move from Youth Peer Education to Targeted Education is appropriate. It reflects the changing nature of the epidemic in both Xinjiang and more broadly in China, and to the changing environment where there is now a multi-sectoral response. There is also agreement that the program is now more relevant, effective and has more impact. Compared to other provinces, XRC appears to be one of the leaders in Targeted Education, by working with the most vulnerable high risk groups.

Although the change from 5 day to 3 day workshops appears to have had some initial difficulties and the program needs refinement, it is generally agreed by most staff, volunteers and beneficiaries as appropriate. The training manual still needs to be reviewed to reduce content, the volunteer facilitators need further training support to be able to adapt the workshop to three days, and some facilitators may need further support in training and participatory skills.

The Targeted Education program is much appreciated by the target groups as it provides practical relevant information, and has helped reduce stigma and discrimination. The quality of the training is acceptable with participatory approaches and relevant materials. The support from the Red Cross staff at provincial, prefecture, city and district level and volunteer facilitators is good.

As the program uses the model of “targeted education” which is relevant for IDU, their families and those affected in the community, XRC needs to consider whether Targeted Education for IDU is providing the most appropriate information in settings such as Women's Re-education Centres, as feedback from key partners indicated that information on women's issues (particularly sex) was more important than harm reduction and information about injecting drug use.

All stakeholders in Urumqi agreed that more workshops needed to be conducted in Uyghur, as opposed to dual translation in Chinese and Uyghur in one workshop. Therefore there is a need for recruitment of more Uyghur volunteers for the Targeted Education program.

In Urumqi, the volunteer facilitators were keen to scale up, but the prefecture and city Red Cross staff agree it is more important to increase Targeted Education program workshops in Sha District, and to commence a care program in Shui District, depending on the outcome of the care survey currently being conducted.

It is clearly a problem that similar programs to the Targeted Education implemented by the government or other organisations in the same areas has had an impact on the Red Cross, particularly the payment of significantly different per diems for facilitators and beneficiaries.

Recommendations:

Before further scale up of the Targeted Education for IDU Program activities, the Targeted Education manual needs to be fully updated and adapted to the three day workshop, there needs to be a review of Red Cross volunteer facilitators capacities to run workshops, further training of volunteer facilitators depending on need and there needs to be an adequate number of Uygur Red Cross staff and volunteer facilitators to run workshops in the target groups local language.

2.2 Targeted Education Program for Kazakh Youth

Introduction:

The Targeted Education Program for Kazakh Youth started in 2005, and is so far carried out in one location in Xinjiang, in Yining City. Red Cross community volunteers are trained to conduct one day HIV/AIDS education training workshops targeting Kazakh youth, and the program is conducted in Kazakh language.

Findings:

XRC prefecture and city Red Cross staff

So far, 16 Red Cross volunteer facilitators have been trained, through a one week “training of facilitators” course, and there are now 13 active volunteers involved in the program. 30 one-day workshops have been held to date, each for 12-15 people, reaching a total of about 450 people. The workshops have been held in schools, universities, technical schools, restaurants, barbers/hairdressers and for Kazakh staff in government offices, such as the Human Resources and Labour Insurance Departments. Most of the workshops are held on the weekends.

General feedback from all the discussions held by the evaluation team with XRC HIV/AIDS Program staff, Yili Red Cross leadership, staff and volunteers, is that the program is progressing well. As a new program, it has filled a gap and been welcomed by the target groups as no other organisation is providing training for Kazakh youth in Xinjiang and there has been a lack of information in Kazakh language on HIV/AIDS. The government is also very supportive of the program and one of the workshops has been filmed and shown on television.

The main problem faced by the program is the lack of training manuals and IEC materials in Kazakh – further information can be found under section 3.2 “Appropriateness of training materials, IEC and resources.”

Red Cross Volunteer facilitators

A focus group discussion was held with 10 Red Cross volunteer facilitators. They had all been volunteers for three months – all were newly graduated from university, and were looking for work. They had joined the Red Cross for similar reasons: *“HIV is a serious social problem...the program is needed for young people, to protect young people,...we want to do something useful for people... if there is no action more people will suffer in the future...we need to act ourselves, voluntarily... humanitarian work is very important.”*

The volunteer facilitators had received a seven day “training of facilitators” training, which according to them was good quality, and included HIV information, training skills, how to run a workshop and how to treat participants. The training of facilitators workshop had been run in Chinese, as staff running the workshop did not speak Kazakh, but the draft manual was in Kazakh (“they had to use their imagination”), but ideally the training of

facilitators workshop would be run in Kazakh in the future. As they were all new to HIV/AIDS work, they felt they needed more update workshops to increase their capacity, to deliver knowledge, skills and training – “*if we knew more we could teach people more.*” They also said they would like to receive regular updated statistics about the HIV epidemic in Xinjiang and Yining. They felt that currently there were now enough volunteers (for the number of workshops they are doing) but if the program expanded they would need more.

The Red Cross volunteer facilitators felt that one day workshops were too short as it was hard to cover everything, and participants wanted more detailed information, for example on AIDS illness and symptoms. They felt the workshops had definitely helped increase participants understanding of HIV, and there was less discrimination as a result. They felt that it was easy for university students to change their attitudes, but it was not so easy for staff in government offices to change their attitudes, and that more time was needed in workshops for them. Sometimes locations arranged for the workshops were not suitable, in some cases too small or too noisy.

All the Red Cross volunteer facilitators were currently unemployed, so they felt they had time and wanted to do more. They raised the issue of the RMB 50 per day per diem they are paid, as they said it was not enough, if, for example, they needed to take taxis. They also wondered whether other HIV/AIDS program activities (eg Self Care Workshops etc) could be conducted in Kazakh.

The volunteer facilitators in Yining were very keen to extend the program to other counties, to rural areas and to two more prefectures – Altay and Tachen – and indeed would like to extend the program to all Kazakh areas in Xinjiang. It is also important as Kazakh people come to the cities from rural areas, get involved in high risk activities and then go back to rural areas. Schools and universities were seen as relatively low risk.

Beneficiaries

In Yining, the evaluation team met with a group of eleven people who had attended Targeted Education for Kazakh Youth workshops. The purpose of the discussion was to establish what they had learnt in the workshops, what the difficulties were, and how they saw the program could develop in the future. Here is a summary of the discussion:

Yining -Targeted Education Program for Kazakh Youth – Participants of the Workshops

A focus group discussion was held with eleven participants of the workshops (5 male and 6 female) – several were students, two were from government offices and one from a barbers shop.

A summary of the discussion:

“The workshops were very good and we learnt many things. The facilitators were very good – they were all university graduates and were well educated. We now have much more understanding of HIV, and the program has helped decrease stigma/discrimination.”

They expressed a problem of lack of materials in Kazakh and would like more materials such as DVDs/videos with real life stories of PLWHA.

Most felt the program should be extended to rural areas, because many Kazakh people come from the rural areas to the cities to work in services, for example in hairdressers/barbers shops and restaurants, which are high risk jobs. They also thought it was important to also have the workshops in schools/colleges as well.

The participant from a barbers shop said some barbers reused razors with different customers and did not know that HIV could be transmitted that way, and he felt there could be more workshops just for barbers.

The participant from the government Labour Insurance Office said they run training centres and courses, for example computer skills, so HIV education could be part of the courses. There is also a training school for hairdressers/barbers/beauty salons and they could do workshops there.

The participant from the government Public Art office also suggested that the program could use posters and exhibitions to further HIV education and anti stigma/discrimination messages.

To reach more people and especially to reach rural areas, they felt that drama could also be used, as well as radio and newspapers.

Conclusions:

From all the feedback received, the evaluation team concluded that the Kazakh Youth Targeted Education Program is relevant and well received by the target groups. All the stakeholders thought the programme was necessary and should be expanded to rural areas.

The volunteer facilitators are well educated, committed, and would have time to do more workshops. As they are all new facilitators, they would need quarterly update workshops to help improve their capacities, knowledge and skills. Currently the Kazakh Youth Targeted Education Program is being conducted in schools and colleges, some service areas in the community and some government departments, but the concern of the evaluation team was whether the program is really targeting the most vulnerable Kazakh youth population at risk to HIV.

Recommendations:

In the future, there is a need to ensure the Targeted Education workshops for Kazakh Youth target the most vulnerable high risk Kazakh youth. As the program develops, if resources are available, and future assessments identify a need, the program could be extended to rural areas in Yili and to other prefectures where there is a large Kazakh population, such as Hami and Altay.

2.3 Positive Peer Education (PE+)

Introduction:

PLWHA, injecting drug users and people affected by HIV/AIDS are trained as Red Cross community volunteers to deliver education and support to PLWHA and other community members through home and community visits. Volunteers also undertake needle collection in their communities, and pass on relevant information to volunteer leaders and Yili City Red Cross staff to enable them to assess the eligibility of PLWHA and their families to access the XRC PLWHA Care Fund. This program runs in two communities in Yining City (no other locations yet), and is being increased to 3 more communities. The PE+ volunteers also conduct drama performances in the community with the aim of increasing HIV/AIDS knowledge and reducing stigma and discrimination.

Findings:

Family visits

In 2003-4 the program reached 15,000 people through home visits, in 2005 it reached 6,656 people, and between January-March 2006, 1,620 people – making a total of 23,276 people during that period.

The program commenced in 2002 when the first “training of facilitators” was conducted. Eighteen facilitators were trained and their daily work was managed by the Street Office in their area. In the family visiting component, trained volunteers visit 20 people/families per month in pairs (usually one male and one female). They talk to families about HIV and IDU, distribute IEC, distribute first aid supplies and show people how to do basic first aid, do referrals to other Red Cross programs (for example the Self Care Workshops) and do referrals to relevant health centres for testing and medical treatments. The facilitators have monthly meetings in the Red Cross Activity Centre to allocate which areas to target with their family visiting so they do not overlap.

XRC, Prefecture and City Red Cross staff

From the Yili Prefecture and Yining City Red Cross leadership perspective, the program is very effective, appreciated by the community, and Red Cross volunteers give a lot of support to PLWHA, including those who are very sick. In the discussions with Yili Prefecture and Yining City Red Cross staff, they were all very positive about the program, and they felt feedback from beneficiaries was positive as well. Before the program there had been a lot of misunderstandings about HIV/AIDS, and after the program had become established, people understood more about HIV/AIDS, accepted the volunteers much more and there was decreased discrimination towards them. Family visits have led to people being introduced to other programs, for example the Self Care Workshop program. There are very good relations between the Red Cross volunteers and the community. In the beginning some volunteers found it difficult on family visits to discuss sensitive subjects like drugs, sex, condoms use, so the City Red Cross staff tried to support the volunteers in their work. They are currently expanding to new communities – but using the same volunteers - so there is a need to recruit more volunteers in the new communities, as they will also be better accepted if they are from those communities.

There have been a few changes in the management of the PE+ program in Yili since it started in 2002, moving between the Yili Prefecture and Yining City Red Cross branches, until it settled with the latter in September 2005. The XRC HIV/AIDS Program staff acknowledges that these management changes have had a disruptive affect on the program, especially the support to the volunteers. In fact, it is remarkable that despite the fact that there have been so many management changes, the program has achieved so much.

Volunteers

The volunteers said they had received good training for family visits, and also had received update workshops. Some new volunteers have also attended Self Care Workshops and do home visits with experienced volunteers. Sometimes they make just one visit to a family, but they go back again if needed. People appreciate the advice and information given.

Beneficiaries

During the evaluation, a home visit was made to one beneficiary of the program, in a community in Yining – she had appreciated very much the home visits she had received from PE+ volunteers, and learnt a lot about HIV from them. She expressed that more support and understanding needed to be given to women who were the wives of IDU as she said they were always the innocent victims who suffered the consequences of their husbands' behaviour.

Needle Collection:

The needle collection work commenced in January 2004 at the request of the volunteers due to the huge amount of used needles in the streets in the community. The PE+ facilitators received training about safe needle collection and disposal and were given the appropriate resources to undertake the work. During 2005, 10,000 needles were collected. Along with other organisations involved in needle collection, the impact of the work has been huge with very few needles in the main streets now (although apparently there are still many in the rural areas). The program has also contributed to a change in people's perceptions in the community towards IDUs as the volunteers (some who are ex-IDUs) are seen as doing something good for the community, so the community is accepting of this work.

There is however one problem in that the CDC (XJHAPAC supported) needle exchange program has commenced which includes needle collection in the same areas. Some Red Cross volunteers are also CDC volunteers so they are doing the same work for both organisations. CDC have also appointed volunteers to do this work 4 hours a day and are paid for this, whereas Red Cross volunteers are not.

Drama activities

XRC, Prefecture and City RC staff

The drama program started on World Red Cross and Red Crescent Day, 8 May 2005. They have drama activities on average once a month, and sometimes more frequently. They hold the drama activities in communities, often in the street, sometimes in schools, once in the countryside – mostly they are held outdoors. There are no exact statistics collected on the number of participants who attend the drama performances but on average there are 100-150 who attend each one. The drama activity involves about 20 volunteers, not just from PE+ volunteers but also from the Self Care Workshops and Targeted Education programs. Volunteers write and direct the drama themselves, which include HIV/AIDS prevention, IDU de-sensitisation and anti-stigma and discrimination messages. The Red Cross provides costumes, microphones and other equipment, and the community Street Offices mobilise community members to attend. Local Uygur media also cover the drama performance sometimes so the performances are shown on local television for free, of which they are proud. Discussions with provincial staff and the ARC Technical Advisor identified a possible need for a drama coordinator (like the PE+/Self Care Workshops and Targeted Education coordinators) if the program expands and more drama performances are held.

Volunteers

The drama is very successful, popular and much appreciated in the communities, including in schools – it is very relevant, a lot of information is disseminated and it is more effective than lectures / workshops. It is short in length, it takes place in communities, all family members can come, fun and knowledge is combined together and the drama also gives information about other Red Cross program activities. The drama has had a secondary effect of reducing stigma and discrimination towards them in the community – people recognised them in the street, come up to talk with them, ask for advice and show them more respect.

Initially the City Red Cross had asked the Street Offices to organise the drama events (venue and times etc), but now organisations ask them to come. Last time in a rural area a government leader invited them all for dinner, and asked them to do the drama again in that area. The Cultural Bureau also recognises their work. The Red Cross volunteers would like to take the drama activity to rural areas – a lot of areas have been covered in Yining City now by the drama - if they had the resources, funds for transport etc – they could go all over Xinjiang.

They need some equipment such as microphones and speakers and would like to get some background scenery. If they were to go to more rural areas they would need money for transportation and accommodation. The budget they have at the moment is small.

Another issue raised by the volunteers, was that some have other work and as the drama takes up a lot of time, if they do the drama, they lose money, for example, if they have to close their shop. They would like an increase in per diem to compensate as they currently get RMB 15 per day, which is not enough.

A final issue raised by the volunteers, was the fear that their drama activity might be taken over by CDC (which is threatened to happen). For example on World Drugs Day and World AIDS Day, the Red Cross had planned drama events, but the CDC took Red Cross volunteers (they do not have their own drama group but would like to have) by offering them more money – and disrupted the Red Cross program. CDC has been approaching people, and those who do not receive benefits from CDC can say no, but those who receive benefits as PLWHA cannot refuse. This was clearly upsetting the Red Cross volunteers, who are so enthusiastic, passionate and humanitarian. *“CDC already copy some of our programs, but they cannot steal our drama program.”* They are happy to cooperate with CDC in a good way, if coordination is good.

On the last day of the visit to Yinnng, the evaluation team had the opportunity to watch the drama activity – it was held in the street at midday, with about a hundred people watching. There was no doubt that it was very well received by all the audience (a mixture of ages, though more women than men – maybe because of the time of day). The stories told and enacted were very moving, and certainly the audience could identify with the stories of their lives. They gave very clear, **strong and powerful** messages related to HIV/AIDS and drugs, and stigma and discrimination. It was certainly immensely memorable.

The PLWHA Care Fund

XRC and City Red Cross staff

The XRC PLWHA Care Fund was set up in 2004 and at present has a budget of RMB 10,000 per year. There are guidelines which govern the use of the fund, outlining the four key criteria areas, and these were reviewed by the evaluation team, and were found to be quite clear and satisfactory. Small amounts of money are given to PLWHA (Red Cross volunteers and members of the community) – every 3 months - for opportunistic infection medicine and /or family food items). A lot of money has not been distributed at present because there are new staff at Yining City Red Cross, and the Care Fund is not widely known about.

Volunteers

The volunteers give information to volunteer leaders and City Red Cross staff about people who need funds (according to the guidelines), and in addition, volunteer leaders and staff go to the lowest level of Street Office to get names of people who need support. The volunteers said that they make recommendations for people to receive support, but they do not know if the community members actually receive the money, as they are not involved in its distribution, as Red Cross staff and leadership distribute the funds.

PE+ volunteers

The evaluation team held a focus group discussion with 9 Red Cross PE+ volunteers, to have their perspectives of the program. Much of what they said is reflected in the text above, however, below are a few quotes which illustrate their experiences, and also show their commitment and dedication to the program:

Yining – Red Cross PE+ Program Volunteers

A focus group discussion was held with nine PE+ volunteers (5 male and 4 female)

“People in the community welcome our visits – only occasionally are there problems. It takes time to build relations in the community. Now people understand more, there is less discrimination.”

“Before people thought we were “police dogs” – now we are much more respected – as powerful people, people have changed their perception of Red Cross volunteers.”

Some of the volunteers had been treated badly when doing their work, some had even been hit. When asked why they had kept going, even when they were so badly treated, they said *“because of HIV”*. One of the Red Cross volunteers said *“I knew 30 people who had died...Red Cross has changed my life and has given me direction in life”*. Others said they would continue without money, they would continue their Red Cross work what ever happened – *“it is about stopping others getting infected by HIV”*. Even when they were treated badly, *“it was nothing like the problems we had had before, for example when we had ended up in prison”*. As one PLWHA said *“if we can stop one person taking drugs it is our pleasure...”*

“If more HIV positive people would stand up and tell their story, to let other people understand them, that would be effective” - but it is rare that that happens – positive people know each other and talk with each other, but do not stand up and advocate – because of the larger discrimination in the community. *“Stigma and discrimination still exists, and if we stand up and speak out we are afraid it would affect our families – for example our brothers and sisters would not be able to marry.”*

Conclusions:

The PE+ program appears to be very successful across all components – family visiting, drama, needle collection and the Care Fund – and promotes the other Red Cross HIV/AIDS program activities, as well as promoting more generally the work of the Red Cross. The program really puts Red Cross ideals and principles into action. The PE+ volunteers are extremely dedicated, motivated and committed to their work, some working for as long as 6 years on the program. The PE+ program has had a huge impact on the volunteers’ lives, where they have gained increased self esteem, confidence, and the will to live, they have something positive to give to the community and

have become valuable community members. The PE+ program has created support networks for IDU and PLWHA amongst each other. The whole PE+ program has changed peoples' perception in the community towards IDU and PLWHA – they are more accepted and respected, especially the volunteers, who are seen as community role models.

The changes in management of the program between the city and prefecture branches over the years have impacted on the PE+ program, and at times hindered progress, but many achievements have been made and the core components are well developed and successfully implemented.

The family visits appear to be well planned, with monthly meetings at the Red Cross Activity Centre with the volunteers, to plan their visits to different areas in the community. The principle of the Care Fund is seen as a very positive thing for the community. The guidelines are adequate and the Care Fund certainly should be continued. It is important, however, to ensure that it is easily accessible by PE+ volunteers and other PLWHA in the community, and that it does not get tied down in the bureaucracy of decisions being made by leadership, about who receives it.

There is an issue with CDC regarding their expansion into some of the PE+ areas, such as needle exchange and particularly the drama, and this could impact on the volunteers by being forced to work for CDC, or impact on the Red Cross if volunteers leave the PE+ program.

Recommendations:

XRC should consider ceasing needle collection activities and handing over to the Centre for Disease Control (CDC), who are also implementing this service.

If Red Cross PE+ volunteers are willing and opportunities and resources allow for it, the drama performances could be expanded to new areas in Yili. For this expansion to occur however, it may be best supported through a full-time City Red Cross staff member – preferably a PLWHA PE+ volunteer involved in the drama, and an increased per diem for volunteers, to enable them to participate, should be investigated.

To meet the many needs of those affected by HIV/AIDS in the program communities in Yining city, a clear plan needs to be put in place for more PE+ volunteers and PLWHA to access the XRC PLWHA Care Fund and to involve PE+ volunteers in the distribution of funds and goods in kind, as this would increase ownership and respect of the volunteers.

2.4 Self Care Workshops

Introduction:

The Self Care Workshops program started in 2005 in Yining City, Yili Prefecture, and is currently only conducted there. Red Cross community volunteer facilitators, including PLWHA, are trained to conduct Self Care Workshops on basic care of PLWHA including the basic management of opportunistic infections. The workshops are all delivered in Uygur language. The workshop participants include PLWHA and other community members, and after the workshops, Red Cross volunteers provide follow up support through visits to the workshop participants. The Self Care Workshops are held 4 or 5 times a month, each lasting 2 days, and are run by pairs of volunteer facilitators (one male and one female, if possible).

Findings:

XRC, Prefecture and City Red Cross staff

In 2005, 39 workshops were held, with a total of 606 participants. During the first quarter of 2006, 15 workshops were held, with a total of 219 participants making a total of 825 participants since the program's inception.

For the XRC HIV/AIDS Program team it is still a new program, but so far it is going well. The leadership of Yili Prefecture and Yining City Red Cross feel that the Self Care Workshops are an important program for PLWHA and their families, and the workshops have helped spread information about HIV in the community. The feedback from the Yining City and Yili Prefecture Red Cross staff was that the participants have appreciated the workshops, found the content useful and relevant, have learnt a lot and in many cases *“the workshops had changed their lives.”* Participants have informed other PLWHA about the workshops and about the information they have learnt. Where previously PLWHA had rarely been able to tell others about their situation, the workshops have provided a comfortable, safe, accepting environment where they can talk about their situation, the problems they face, get emotional support and seek help and advice about tests and treatment. For those participants in the workshops who were not PLWHA, pre-workshop testing showed that prior to the workshops they had “negative attitudes” towards PLWHA, but the post-workshop testing demonstrated changed attitudes and increased understanding about care and support.

The first training of volunteer facilitators was held in December 2004 for 15 people who consisted of PE+ volunteers and new volunteers. Normally training of facilitators would last for 5 days but this one was extended to 10 days (or 2 full trainings), as it was difficult for the volunteers to understand. The number of volunteer facilitators reduced to 4 over a period of time as people left to go to jobs and some relapsed and went to drug re-education centres and prison. A training of facilitators has been held a third time, with the latest one in December 2005, so there are now 20 trained volunteer facilitators, although only about 15 are active (11 women and 4 men). They need more PLWHA to become volunteer facilitators, but so far it has not been so easy to achieve.

The XRC HIV/AIDS Program team feel that in parts the Self Care Workshop manual is lacking in details – for example the part about care for PLWHA is not in-depth enough. The nutrition section is not relevant to local people, as it is based on Chinese food and not Uygur food. The Women’s Federation/XJHAPAC have developed information on nutrition, so they suggested asking them for these resources. The XRC HIV/AIDS Program team feel they do not have enough skills and knowledge about nutrition – they have attended a workshop before but a long time ago, and would like to have some update training on this.

The new training module on treatment preparedness was touched on during the evaluation, as the XRC Program team were having discussions about whether it should be a stand alone workshop or integrated into the Self Care Workshops. The general consensus seemed to be that it should be kept as part of the Self Care Workshops and that it should not be a stand alone activity.

Volunteer facilitators

A focus group discussion was held with seven Red Cross volunteer facilitators (5 male and 2 female). They had received an 8 day training of facilitators training - 5 days for the Self Care Workshop and 3 days on Treatment Preparedness. The Treatment Preparedness component however, was more complicated (it was more medical and had been carried out in two languages – translated from English to Uygur). They felt they had enough confidence to run Self Care Workshops themselves now. They have not yet included the Treatment Preparedness component in the Self Care Workshops, and they would like to have an update workshop and observe a Treatment Preparedness session before they run one themselves.

The volunteer facilitators said the feedback from participants was very positive, the workshops were useful and relevant, and there had been a change of attitudes and behaviour. Most of the participants said they would like the workshops to be longer. The contents are very detailed and very practical. Most of the participants had learnt about the Self Care Workshops through the PE+ program. They felt that they needed to do the workshops in rural areas and in more communities – 3 areas were covered so far in Yining City (those areas with highest prevalence), but they needed to cover other areas too. The Self Care Workshops program follows the PE+ program, so the programs are linked, though there is no link yet with the Targeted Education program.

They raised an issue regarding the location of the training as sometimes workshops are not in the right place – the old Activity Centre was too small, some places were noisy and they did not like to do the workshops in hotels, as the IDU / PLWHA felt uncomfortable in hotel surroundings. Although they can now use the new Red Cross Activity Centre which is bigger, it is still a problem for some communities if it is a long way to travel each day to the Activity Centre, and they would rather have the workshops in their own communities.

At the moment out of the 15 volunteer facilitators involved in the program there are 11 women and 4 men (there were 6 men in the beginning but 2 had left), so they need more male volunteers. They also need volunteers from different communities, if they are going to expand to more communities. They expressed a need to do more workshops, but they realised there is an issue regarding capacity as to what the Yining City Red Cross staff could organise.

One problem faced by the program is that most of the participants of the workshops are women, as IDU/ex-IDU/PLWHA often send their wives or other family members to the workshops to attend if they are unable or unwilling to attend themselves.

Beneficiaries

In Yining, at the Red Cross Activity Centre, a focus group discussion was held with a group of eight women who had attended the Self Care Workshops and all who were affected by HIV in some way within their families and communities. The purpose of the discussion was to have their views of the workshops, to see if the workshops had been useful to them, to assess what they had learnt, and to have their ideas as to how the workshops could be improved in the future. Below is a summary of the discussion:

Yining City, Red Cross Activity Centre - Self Care Workshop Beneficiaries

A focus group discussion was held at the Red Cross Activity Centre in Yining, with 8 women, who had all attended the Self Care Workshops.

All the women had appreciated the workshop very much; they had learnt a lot about HIV/AIDS, how it is transmitted and how it is not transmitted, and it had helped correct misunderstandings they had had – for example previously, many had thought that all IDUs were HIV positive. They had also learnt a lot of information about basic care for PLWHA, where to get tests and treatment, information about nutrition, emotional support, symptoms, daily care etc. The information had been very useful and relevant to their lives, and they had passed the information on to their family members and people in their communities. They felt there had definitely been a change in attitudes towards PLWHA as a result of the Self Care Workshop Program, and a realisation that PLWHA needed care and help. Before many people had thought “*HIV/AIDS was a terrible illness and only bad people would get HIV.*” The workshops had helped correct a lot of misunderstandings. One woman said that her husband had died of HIV/AIDS and that “*if the workshop had happened before, may be he might still be alive.*”

All the group were mothers, some of them mothers of PE+ volunteers, and all respected very much the work of the Red Cross. The Red Cross had let IDUs become Red Cross volunteers, and the Red Cross had changed their lives. As one woman said, “*the Red Cross had saved a lot of peoples lives. Without the Red Cross my son would already have died, he was very sick, but after the Red Cross workshop, he stopped taking drugs*”. They had seen the Red Cross drama events, in the streets and on television, and they found the drama very sad and very effective. They had found the Red Cross volunteers very active and committed, and concerned about the people in their communities. If they meet the volunteers in the street, the volunteers are always happy to answer their questions.

Before there had been a lot of problems because of drugs in their communities - robberies, illegal happenings and before they could not walk alone in the street as drug users might rob them. There were also a lot of orphans, and people living in very difficult situations. “*Before there had been a lot of tragedies, and many young people had died before their parents. Now there are less IDU, there is less crime, the communities are safer, less young people are dying before their parents, and parents felt more peaceful now.*” All were agreed that the program had had great impact.

The fact that many more women attend the workshops than men was discussed – because the men are busy or at work, and do not have time to come, or some who are IDUs are afraid to come. They said they passed information on to their husbands and sons. Ways to enable more men to attend the workshops were discussed – for example holding shorter workshops in the evenings.

They had seen the “Hope and Help” Video, which they had liked very much. There was a discussion about having more videos about women being empowered, speaking out in the community, many voices being better than one – mobilisation of people to speak out about the HIV/AIDS issue – them being able to influence change in the community, to help people stop using drugs.

(This was certainly a strong group of women, who were very committed and could be role models in their community – they were willing to do more, to spread information about HIV/AIDS and to help others. Such women could become Red Cross volunteers in the community – and also could become a support group in their community, and importantly be a voice for women.)

During the period of the evaluation, interviews were conducted at the Red Cross Activity Centre in Yining with three women who had attended the Self Care Workshops. Three case studies were collected, which demonstrate the value of the Self Care Workshops program, and the impact it has had on their lives. Here are their stories:

Yining City Red Cross Activity Centre, 24 May 2006 - Case Study 1

Asiyam

Asiyam lives in Yining in an area that was once rural but now forms part of Yining City. She has been married for 18 years, and has three children aged 18, 16 and 11 years old. Her husband is a farmer, but he only grows food for the family. To support her family and children, Asiyam works as a cleaner at a local hospital where she has been working for 11 years. Although she has faced many challenges throughout her life, she has managed to overcome them and feels that at this point her life is OK.

Asiyam’s sister, who is a Red Cross volunteer, introduced her to Shamshinur, the Yili City Red Cross Liaison Officer. Shamshinur invited her to attend a Self Care Workshop that was being facilitated by Red Cross volunteers in her community. The content of the workshop and the Red Cross program impressed Asiyam so much; she said that she felt like stopping her job at the hospital, so that she could be more involved in Red Cross work. In fact today she has taken half a day off work so that she can participate in a meeting.

Not only does Asiyam feel that she has benefited from participating in the Self Care Workshop, she feels that all people in the community, regardless of whether they are children or adults, could benefit from this Red Cross program.

Asiyam has a family member who is an injecting drug user. He has a wife and two children. Asiyam has been able to share the new knowledge and skills she learned at the workshop with her family. Her hope is that she will be able to support and encourage her family member to stop using drugs, so that he, his wife and children can have less pressure in their life and feel confident about their future.

In addition to assisting her family, Asiyam feels she is also now able to support those around her. She said it may appear that she cannot do a lot, but by talking to other people in the community who need help she is able to give them psychological support and make them happy. Therefore the program really means that everyone around her gets benefits not just her.

Yining City Red Cross Activity Centre, 24 May 2006 – Case Study 2

Zainaip

Zainaip is 57 years old and lives close to the Red Cross Activity Centre.

One day Zainaip was given a brochure on HIV/AIDS that was developed by the local Red Cross. She felt she really wanted to learn more about the prevention and transmission of HIV and to share this knowledge with her community. Armed with the brochure she went looking for the Red Cross Activity Centre.

The communities in which the Red Cross works in Yining are so close knit that Zainap was able to locate the centre through her son, who went to school with one of the Red Cross PE+ volunteers.

Zainap participated in a Self Care Workshop and realised that she had a lot of misinformation about HIV and IDU. She had thought a family member had HIV as he was an IDU, and she believed all IDU had HIV.

Because of this for three years she had not let the family member's wife wash his clothes, because she thought his wife would get HIV. Zainap had washed the clothes herself which included boiling them to protect the family. She was also worried about being infected but thought as she was an old lady it did not matter as much. Also in their daily life she would have separate eating utensils for the family member and would wait on him if he needed food as she thought no one else would want to.

After the workshop she was so relieved to know how HIV is really transmitted, she ran home and told all of her family loudly they did not have to worry about getting HIV. She now knew how HIV is transmitted and how to protect yourself, so from today everyone could do their own jobs, and she was no longer washing her family member's clothes.

Zainap said she feels very happy inside and more comfortable now as a result of the workshop and was so impressed by the hard work that the Red Cross volunteers do that she sent them flowers.

She also feels that she has some idea of how hard their work is and the discrimination they face. Because Zainap has been coming to the Activity Centre often, she has suffered some ridicule including neighbours laughing at her, assuming she is going to the centre to access some government support.

However, Zainap feels that their community suffers too much from drugs and IDU, and she says even when she sleeps she thinks about these problems. So if even one person changes and becomes better, the community feels so happy for that person.

Since doing the training, the people around her also now have a better understanding about HIV and IDU. Before when some of her family would visit other peoples houses they would not allow them in, but now they understand more and will accept them, and this understanding is increasing more and more.

Zainap says that no matter how busy she is, if Red Cross needs her she is ready to support them; she wants to see the Activity Centre and work of Red Cross expand so that so that more people can change their perceptions about HIV/AIDS and have correct information about HIV/AIDS.

Yining City Red Cross Activity Centre, 24 May 2006 – Case Study 3

Turcenai

Turcenai has two sons and a daughter-in-law who are Red Cross PE+ volunteers. She is very happy that her children can work for the Red Cross.

Her children and family have faced many problems and difficult situations because of drugs. It has been so serious one of her children almost died.

Turcenai says the family tried its best to provide support during these times but it was hard as there was no organisation they could go to for help.

At a time when one of her sons was sick she heard about Red Cross recruiting volunteers. Adele, one of the PE+ volunteers, introduced her son to the training program, and invited him to attend the workshop.

Although her son had been in hospital having an operation on his leg and had not fully recovered, she did not want him to miss the training of facilitators for the PE+ program. Turcenai says she did not ask the doctor's permission to discharge him from hospital, she just sent her son to the training of facilitators, and the week following the training he began work as a Red Cross volunteer.

As Red Cross volunteers commit not to use drugs while working, she trusts that he has stayed off drugs for many years now, and will not use drugs again.

Her son then introduced his brother who also used dugs and many other drug users to the next training of facilitators training program. She is very proud of her son for doing this as he has changed a lot of peoples' lives by doing this.

Turcenai is very happy about Red Cross' role in the community and appreciates them very much. Before her sons joined Red Cross she had no job and her husband had a small business, but they had a hard life because their sons sold many things for drugs, and their life was becoming worse and worse. However, after they joined Red Cross they became good boys and she is very happy for this change.

She has really supported her children's work even though she knows it is a hard job, and was the one who encouraged her daughter-in-law to become a Red Cross volunteer. To make sure this could happen she even offered to look after her grandchildren, so that her daughter-in-law would have enough time to work.

Turceani said "I can say the Red Cross saved my two sons, I feel if there had been no Red Cross my children would already be dead, and that would have destroyed us too. I want to say on behalf of a mother, thank you very much for the Red Cross."

(Case studies compiled by Hai Liman and Glenn King, during the evaluation, 24 May 2006)

Conclusions:

The evaluation team concluded that the Self Care Workshops were very well received by the communities, had increased the knowledge of people about HIV, and had provided links to other programs, for example the work of the PE+ volunteers. The Self Care Workshops have provided a comfortable, safe, accepting environment for people to talk about the problems they face. The workshops have impacted on those who attended, have changed their attitudes, regarding the need for care and support of IDU and PLWHA and taught people basic skills in this area. The case studies clearly demonstrate the value and impact of the Self Care Workshops program. The Self Care Workshops have also helped increase access to other services for IDU and PLWHA. From all the discussions, volunteers seemed to have a reasonable understanding of the content they had to teach, and the beneficiaries were able to reflect to the evaluation team the information they had learnt about HIV and the care and support required. There is a gender imbalance amongst Self Care Workshops volunteers with more male volunteers needed, as well as more PLWHA. In addition, more women are attending the workshops than men.

Recommendations:

It is important to find ways to ensure that more men are able to participate in the Self Care Workshops, and more PLWHA and more male volunteers are recruited as Red Cross volunteer facilitators for the program.

It is recommended that treatment preparedness should be integrated into the Self Care Workshops and not be a stand alone program

2.5 FUTURE PROGRAM PLANS

Findings:

Discussions were held with XRC HIV/AIDS Program staff on future program plans for scaling up and expansion – all the plans are within the XRC HIV/AIDS Strategic Plan framework.

Future plans include the following:

- Expansion of the XRC HIV/AIDS Program to Kashgar, Altay and Aksu. In the next funding cycle, July 2006- June 2007, the plan is to implement a Targeted Education program for Kazakh Youth in Altay and a Targeted Education for PLWHA and the community in Kashgar. In addition, a needs assessment will be conducted in Aksu with recommendations for program development.
- A Care Survey is currently being undertaken in Urumqi. It is likely that a Self Care Workshops program will be implemented, however this is dependent on the findings of the assessment.
- Expansion of the Yining program (PE+, Self Care Workshops and Targeted Education) to more communities in Yining, and possibly to rural county areas.

- The role of the Red Cross Activity Centre in Yining city will be broadened, with a key focus on PLWHA and ex-IDU support, and the possibility of income-generation activities for ex-IDU and PLWHA involved in the programs. The centre is based in one of the HIV/AIDS affected communities in Yining City, providing support and management for Red Cross project volunteers, and a space where community including PLWHA can come to access support and information. The Centre has a newly opened building which is very spacious, and which the evaluation team visited.
- There is a possibility that the Red Ribbon Centre in Urumqi may be taken over by XRC (CDC have asked XRC to take over the management of the Centre, and this is still under discussion). During the evaluation, a visit was made to the Red Ribbon Centre which currently is a drop-in and support centre for PLWHA, provides a telephone information and counselling service, and a space for organisations to conduct HIV/AIDS related training. In addition, XJHAPAC has asked XRC to consider developing a Red Ribbon Centre in Kashgar and Yili. In Yili there is a potential to incorporate the current Red Cross volunteer Activity Centre into a Red Ribbon Centre. **The possibility of the Red Cross running a total of three Red Ribbon Centres has great future potential, and also, importantly, real potential for PLWHA to be involved in the running of the Centres.**

Recommendation:

In line with its Strategic Plan for HIV/AIDS 2004-7, and to meet increasing needs of the HIV/AIDS epidemic in Xinjiang, the Xinjiang Red Cross HIV/AIDS Program should scale up its program activities in areas it is already working and expand to new locations, in order to make a greater contribution to HIV/AIDS prevention and care work in Xinjiang. At the same time as scaling up, however, it is important that the XRC HIV/AIDS Program team ensures consolidation of its existing activities and ensures that all Red Cross staff at prefecture and city levels, in existing and new program areas, have the capacities to implement the programs

SECTION 3: CROSS CUTTING THEMATIC ISSUES

Advocacy work to reduce stigma and discrimination is a program objective in itself according to the four program objectives, but as it is a recurring theme throughout all of the program components, it has been reviewed as a cross cutting thematic issue.

3.1 Stigma and Discrimination

Findings / Conclusions:

Feedback from the Red Cross staff, volunteers, key partners and program beneficiaries during the evaluation confirmed that all the program components have contributed to the reduction of stigma and discrimination in the communities where the Red Cross is working. In particular, the drama activity of the PE+ volunteers in Yining does much to help reduce stigma and discrimination in the communities, with its very powerful messages.

On World Red Cross and Red Crescent Day and World AIDS Day, Red Cross HIV/AIDS awareness activities are carried out in a number of prefectures in Xinjiang with various events held, for example drama, competitions and distribution of IEC. However, it is always difficult to know what the impact is of such mass campaigns.

Gradually over the life of the program, there has been coverage of Xinjiang Red Cross HIV/AIDS Program activities on television, the radio and newspapers. During the summer of 2006 a film is being made which is a new collaboration between Xinjiang Red Cross and the Anthropological School of the Xinjiang Normal University in Urumqi. The film will document the impact of HIV/AIDS in Xinjiang, focusing on the communities affected by HIV/AIDS in Yining city. It is hoped that the film will be ready by World AIDS Day on 1 December 2006, and that it can be shown on television, as well as used in workshops and trainings. It will be important in addressing stigma and discrimination issues, and **can be shared with all prefectures in Xinjiang, and also with other provinces in China.**

From various discussions over the period of the evaluation, it is clear that there is still a very serious problem of stigma and discrimination against IDU and PLWHA in Xinjiang. This exists at all levels; in communities, cities, rural areas, in the government at all levels, and also in the health care sector. In some of the discussions with volunteers they commented on the difficulties in working with the target groups as they are “uneducated, don’t understand and try to disrupt workshops.” The evaluation team was also quite shocked to hear some of the comments toward IDU and PLWHA during some discussions with stakeholders.

One important development has been that gradually more PLWHA are involved in the XRC HIV/AIDS Program. A few people who the evaluation team met disclosed their status to the evaluation team during meetings, but other PLWHA were found out through breaches of confidentiality of people’s HIV positive status by some partners and staff involved in different components of the program.

The evaluation team concluded that whilst to date the Xinjiang Red Cross HIV/AIDS Program has certainly had an impact on stigma and discrimination, the program has only reached limited locations and communities in Xinjiang, and there remains much to be done to increase people’s understanding of HIV and to further reduce stigma and discrimination. It will be very important that more PLWHA are involved as staff and volunteers in all the HIV/AIDS programs, as a way to help reduce stigma and discrimination. In the future, the program would like to raise the profile of PLWHA in the wider community through the media, and by presenting positive perspectives of PLWHA through the collection of case studies and publishing of articles. **XRC also has its own website, which could be used more in the future to promote the XRC HIV/AIDS Program, and issues of stigma and discrimination. It is also important that the XRC HIV/AIDS Program team has access to the International Federation’s website and email forums such as “Pass it on...”**

Recommendations:

It is important that XRC continues to mainstream information and training on stigma and discrimination towards PLWHA across all its HIV/AIDS program components, and to stakeholders and key partners.

The principle of GIPA (Greater Involvement of People Living with HIV/AIDS) needs to be applied across all program components to ensure in the future more PLWHA are involved as Red Cross staff and volunteer facilitators.

It is important that Red Cross staff and volunteer facilitators at all levels respect the confidentiality of PLWHA when they disclose their status.

3.2 Appropriateness of Training Materials, IEC and Resources

During the evaluation, a review was undertaken of the workshop training manuals for Targeted Education for Injecting Drug Users Workshops and for the Self Care Workshops. In addition, in the various discussions with the XRC, Prefecture and City Red Cross HIV/AIDS Program staff, Red Cross volunteer facilitators and beneficiaries of the workshops, the training materials, IEC and resources were raised and discussed.

Review of Targeted Education for IDU Training Manual:

Since the Targeted Education for IDU workshop manual was first developed in 2005 there have been significant changes from the original 5 day manual that the volunteer facilitators began using (called “Draft 6”), compared to the latest 3 day manual (called “draft 9”). In summary some specific points to make on the findings are:

The 5 day format was not user-friendly, but perhaps part of this reason was that it was anticipated to be finalised at some point in a glossy manual. The latest version has a program overview for each day outlining activities and the time to spend on them at the beginning of the manual – this was not included in the first version. At the beginning of each training day the objectives of each activity, the timing and the processes are clearly outlined in more detail making it easy for the facilitator to explain the program for the day – this existed in an ad hoc way in the 5 day version.

The sequence of training information in the 3 day format appears to be more logical and there is inclusion of more detailed HIV/AIDS information and the HIV and gender section which did not exist in the 5 day manual.

The 5 day format had outlined points for the facilitators to talk about but the content was not written there for them to follow (for example Red Cross principles, statistics of community situation, harm reduction etc). This has been improved in the 3 day format where everything that needs to be taught by the facilitators is written down as a guide for them to follow.

The 5 day format and 3 day format both have similar activities, but the content in some areas in the 5 day format is more in-depth in some cases. It has to be questioned whether this information is too complex for the facilitators to understand and therefore teach – particularly as some of the concepts are very “western” in origin. One area that stood out as being quite in-depth was the session on “types of drugs” which covered all categories of illicit drugs. In some contexts this would be essential but as the focus of the Targeted Education is on injecting drug use and mainly heroin, and there is limited time for the training and possibly limited understanding by participants, it is best if the focus is heroin. This is unless assessments and feedback from the community demonstrate an increase in other types of drug use such as recreational drugs. The 3 day module has taken most of this section out, except for one line on Day 2, Exercise 2 “What is our understanding regarding drugs and drug use?” that says facilitators need to talk about some of the common drugs in Xinjiang, but there is no information that goes with this exercise. Another area that is possibly too complex and western was the section on “the 7 steps of relapse

prevention”. The theory behind the 7 steps is good but it needs to be modified and culturally adapted to meet the needs of the participants attending the course. The 3 day format has modified these steps to make them clearer than in the 5 day format, but further work needs to be done.

The harm reduction section in the 5 day training was brief but has been expanded in the 3 day module.

There is no information in either manual on stigma and discrimination related to both IDU and PLWHA – even though a non-discriminatory approach is mentioned throughout the manual especially in relation to the Red Cross and how the participants should treat each other in the workshops.

The number of participatory exercises has reduced from 18 in the 5 day manual to 15 in the 3 day manual; the number of exercises remains satisfactory and the exercises are relevant. It is questionable, however, whether the facilitators would be able to get through all of the participatory exercises and content within 3 days.

At the end of the workshop the facilitator has to summarise all of the information that has been discussed, which is written in point format, but no other extra information is included here, so they would have to refer back to the relevant sections in the manual.

So from this information and other points discussed in the Targeted Education for IDU section of the report, the main conclusions are that the Targeted Education for IDU manual is relevant for the target population of IDU, families and the communities it is trying to reach. The 3 day Targeted Education training should be appropriate as the main concepts in the 5 day training are still covered and some of the more advanced sessions have been removed. Inclusion of more information about HIV, HIV and gender, and Harm Reduction is appropriate.

Detailed recommendations:

The Targeted Education for IDU manual needs to be finalised as soon as possible; this includes having a glossy manual printed for the volunteer facilitators to use as opposed to a stapled photocopied version.

The format of the 3 day version compared to the 5 day manual is appropriate but whether the current content in each of the 3 separate days can be adequately completed needs to be considered before the manual is finalised.

All of the information that needs to be disseminated to the participants by the facilitators has to be written in the manual – both for when they are relaying information/lecturing and to guide them through the steps of an activity.

There is a need to add specific information to the manual on stigma and discrimination related to both IDU and PLWHA.

It is recommended to add another objective “to understand some common drugs used in Xinjiang”. The activity could be a brainstorming of the participants on their knowledge and thoughts about the types of drugs there are, and conclusion of the session with some factual information for the participants about the most common drugs and heroin in particular.

In the 3 day manual the section on relapse prevention has been modified to be clearer and adapted to the cultural situation, but some practical examples of what people have done in the past in each of these steps from ex-IDU that have experienced these steps, may be useful to make it more relevant.

To conclude the workshop it would be useful if the facilitator had a summary page/flyer to read from with the most important information captured on it. This information could then be given to the participants to keep as useful information and for them to pass on to others in their family or community.

Review of Self Care Workshop Manual:

A review was also undertaken of the Self Care Workshop Manual. This manual is set out quite differently from the Targeted Education manual. In general the findings are as follows:

The current version of the manual was reviewed by XRC and Yunnan Red Cross staff and facilitators in 2004 and then up-dated to reflect review comments in March 2005. There are still tracked changes and comments throughout the manual that have not been accepted or up-dated.

The contents page and schedules are not completed. There are 6 sections to the manual but it is unclear which of these are taught on day 1 and which on day 2, or how long each session should last. The 6 areas of the manual are all relevant and are in a logical format.

Some “aims” have been included for some training sessions, but no clear objectives have been written.

Some areas of the manual are outdated or are constantly changing – epidemic statistics or CDC policies for testing and treatments etc.

Care and treatment options in section 6 are comprehensive, but some areas need to be updated to reflect the comments and tracked changes there. The nutrition section needs to be more reflective of the diet in Xinjiang.

Detailed recommendations:

The manual needs to be finalised and printed into a glossy manual for facilitators to use.

A clear contents page and a schedule outlining activities and timings needs to be created, and clear objectives for each of the sessions established (the Targeted Education format would be useful to follow).

It is advised not to put in statistics on HIV etc as they will constantly change which will make the manual outdated. Instead, refer facilitators to an epidemic statistics sheet (as is done in the Targeted Education manual), which XRC receives regularly from the CDC. For testing and treatment information, give general information only in the manual. Specific contact information should be given to participants for relevant medical and support centres which XRC should provide and keep facilitators updated with, on a regular basis.

Include information about the window period.

Update areas in section 6 and make the nutrition section more reflective of the diet in Xinjiang – give practical examples of the food eaten in Xinjiang.

General findings regarding IEC and training:

In discussions throughout the evaluation with Red Cross staff and volunteers, and participants of the workshops, training manuals and various IEC materials were discussed, and some common themes were identified.

Targeted Education for IDU

Volunteer facilitators

Concerning the materials and IEC for the workshops, facilitators wanted more visual materials such as DVDs/videos showing real stories of IDU/PLWHA and case studies. Not only would this be useful in workshops, but participants could show DVDs/videos to other family and community members, and they could then reach more people. There were some differences in opinion about giving all participants DVDs/videos – some thought it a good idea, others a waste of Red Cross money as they thought some people might only play a video once. However, the possibility that people could borrow DVDs/videos was good. They also suggested some different pamphlets/IEC materials for different groups – eg for IDU with more information on harm reduction, and for women sex workers with more specific information to meet their needs. Materials should be simple and pictures were important, as many in the target groups did not have high education levels.

Targeted Education for Kazakh Youth

XRC and Yili prefecture Red Cross staff

The main problem faced by the program is the lack of training manuals and IEC materials in Kazakh. The issue is one of translation, as some of the terminology related to HIV in Kazakh have not existed in the past in Kazakh, and when translating the manuals and IEC materials it is a lot of work to check the translation is acceptable and to do pre-testing of the materials. There has been collaboration with Mongolian Red Cross Society as part of a cross-border initiative (supported by the International Federation) where Kazakh language is spoken in the border area of both countries but the written language is different (Cyrillic versus Arabic script). The IEC developed uses both Kazakh scripts and will be used by both Red Cross societies. XRC HIV/AIDS Program team have tried, unsuccessfully, to contact Kazakhstan Red Crescent Society, as there are many organisations working in HIV/AIDS in Kazakhstan, and it would be good to be able to share materials, especially because of the problems of terminology.

Volunteer facilitators

They needed more information and materials in Kazakh such as pamphlets, pictures, visuals and DVDs/videos with real life stories. They also requested more training aids, for example for demonstrations of condoms.

PE+ Program

Volunteers

The PE+ volunteers would like to have DVDs/videos as some people will not attend workshops, but they would watch a DVD/video, so more people could be reached. In the materials they use they would like to have more pictures/visual materials as this is more useful as some people are not literate.

Self Care Workshops

Volunteer facilitators

If possible, they would like to have more materials such as DVDs/videos to show during the workshops. They would also like to have summary pamphlets of what was learnt in the workshop to give away to participants at the end of the workshop, which includes practical information such as nutrition.

Detailed Recommendations:

If resources allow, develop some DVDs about HIV/AIDS and some of the skills taught in the training, with real examples of PLWHA/IDU and their lives which can be used as teaching materials and for distribution (ideally one for each program for training). Alternatively, source other relevant DVDs from within China to use.

Summary pamphlets with short and simple key messages and pictures need to be developed for all the workshops – Targeted Education for IDU, Targeted Education for Kazakh Youth and Self Care Workshops – to give out to participants.

Build strong linkages with Kazakhstan Red Cross Society and continue the relationship with Mongolian Red Cross Society to develop more IEC materials in Kazakh for the Targeted Education program.

To meet the needs of the volunteers, training of facilitators courses need to have power point presentations (notes could be printed off and updated easily) and a power point projector needs to be purchased.

In the future, the materials XRC develops for its own programs could be made available to other organisations.

3.3 Capacity of Current XRC HIV/AIDS Staff at Provincial and Prefecture / City Branches

The focus of the evaluation was on the programs, their relevance and effectiveness, rather than focussing on organisational capacities. However, during the course of the evaluation, observations were made on capacities, and some discussions were held on capacities at different levels.

Findings:

A key finding of the evaluation team, which came through in all the discussions, was the great dedication and commitment of all the Red Cross staff and volunteers to the HIV/AIDS work. The leadership of XRC are also very committed to the HIV/AIDS Program and to its scaling up. Of all the staff and volunteers the evaluation team met, those volunteers who were the most committed, passionate and motivated about their work were those volunteers living with HIV/AIDS.

XRC HIV/AIDS Program Team – Provincial level

The XRC HIV/AIDS Program team is now a well-established, well experienced **and very competent** team. There are 6 staff and of those, 4 have been with the program for over 6 years. In order to strengthen capacity at provincial level, XRC has approached the local government to support two further paid staff at provincial level, but they are not sure if they will be approved. Staff workloads appeared to be high with some staff undertaking multiple tasks such as training, monitoring, travel, finance and other Red Cross responsibilities. In the mid to long term, more staff will be required at provincial level if they are going to expand the program to more sites.

The provision by Australian Red Cross of an HIV/AIDS Technical Advisor for the program (initially part-time and from 2004 full-time) has been very important in providing capacity building support to the program, especially to the provincial level program team. The fact that until 2004 a model of a part-time Technical Advisor was used (who was based in Yunnan and visited Xinjiang about every three months) seems to have been important in ensuring that from the beginning XRC kept full ownership of the program. It seems to have always been regarded as the “XRC HIV/AIDS Program” and not the “ARC HIV/AIDS Program”. **The current ARC Technical Advisor being in post since August 2005. Certainly, there appeared to be a very good open working relationship between the ARC Technical Advisor and the HIV/AIDS Program team, and they all appreciated very much the support provided by the Technical Advisor.** However, feedback was received that “sometimes it is not clear who manages the program – XRC or Australian Red Cross”. This is an issue, and there certainly are differing perceptions. However, as clearly it is the XRC HIV/AIDS Program, it is XRC who should manage the program, with ARC providing technical advice, guidance, **mentoring and support. The current Technical Advisor will remain in Xinjiang until December 2006, and it has not yet been decided if support will continue after that**

time, and whether that support should be full-time or part-time. The possibility of the Technical Advisor being based in Beijing was discussed (also with the International Federation's Regional Delegation in Beijing), providing support to Xinjiang on a part-time basis, and also support to other provinces, thereby maximising resources.

In May 2005, XRC undertook a "Self Assessed Capacity Mapping", and a "capacity building / handover plan" was drawn up, outlining the capacity building work which needed to take place, to shift responsibilities from ARC to XRC. It is a comprehensive plan, covering all areas of program management, planning and design, resource development, financial management, capacity building, program administration, stakeholder relationships, monitoring and evaluation, funding development and strategic relationships. During the evaluation period, the plan was reviewed with the ARC Technical Advisor, and whilst in some areas the HIV/AIDS Program team have a strong capacity **and their capacity has improved a lot**, in other areas they still need support. The "handover plan" provides a very useful framework, and could be a good basis for quarterly plans for technical support to the XRC HIV/AIDS Program team.

Areas where there are sometimes difficulties are delays in funding transfers to branches, sometimes issues of time management, and deadlines for reports and funding proposals not being met. Areas identified where they needed more technical support were on specific topics such as nutrition and counselling skills, and in monitoring and evaluation, assessment analysis, and measuring the impact of programs. They also want to develop their own work place policy for HIV/AIDS. However, on the positive side, reporting has improved a lot – for example, in the past they did not realise the importance of collecting consolidated figures on numbers of beneficiaries of the program. The fact that the latest ANCP funding proposal has been jointly written by XRC and ARC is important in ensuring more ownership by XRC of the proposal.

Urumqi and Yili Prefecture / City Red Cross Staff and Volunteers

At Urumqi and Yili Prefecture and City level, the staff and volunteers very much appreciated the support of the XRC Provincial HIV/AIDS Program team to help build their capacity and to provide guidance for their work. They receive big support from XRC provincial level in technical support, training, report writing, update workshops etc, however, they said they needed more support. Management meetings are held twice a year, bringing together staff from different branches involved in the HIV/AIDS Program. The long term goal for XRC provincial HIV/AIDS team is to assist the branches, and help them build their capacity, but not to implement the program themselves, as branch capacity is critical to the success of the program.

Whilst there are some very experienced Red Cross staff at prefecture and city level, there are also many new staff, who need more training, including general training on the Red Cross. **The leadership of XRC emphasised also the need for more capacity building of staff and volunteers at branch levels. Regular update workshops for staff and volunteers are certainly very important. The capacity of the branches is critical to a more effective scaled up response.**

Regarding volunteers, the aim of XRC is to have a small number of high quality volunteers rather than having too many. XRC want to make the volunteers that they currently have more responsive to what the program needs and make it more meaningful for them in the work that they do.

It was mentioned by the XRC HIV/AIDS team that some of the branches do not have adequate computers and office equipment.

One aspect which the evaluation team did not have time to look at, but which would be important for the future, is the impact of the HIV/AIDS Program on strengthening the capacities of branches, and giving them experience in program management, which could be applied to other areas of programming.

Detailed Recommendations:

In Urumqi and Yili, and in other prefecture and city branches where the program may be expanded to, it is essential to ensure that all Red Cross staff involved in the program have adequate capacity to fully manage the HIV/AIDS program activities.

Support is still needed to help strengthen the capacity of the Xinjiang Red Cross HIV/AIDS program staff at provincial level, to enable them to manage the scaling up of the program. It is recommended that the ARC Technical Advisor continue to provide full-time support to the end of 2006, and that after that a plan be agreed between ARC and XRC for the nature of continued future support for at least another 6 months. A possible model could be part-time support rather than full-time, with visits to Xinjiang every quarter.

Capacity building is still needed in program management, so that in the future XRC are better able to monitor and evaluate the impact of the programs. Additionally, some support is needed in technical areas – for example nutrition for the self care workshops, and in treatment preparedness.

In order to further expand the program, it is recommended that the following additional staff member be recruited to support the expansion: a full-time finance officer in Urumqi at provincial level, to support Yili, Urumqi and other prefectures, to ensure strong financial management is in place, including budget management, staff training and reporting to partners.

With future expansion to other prefectures, it will be important to have more information sharing between the prefectures, to learn from each other. In addition, XRC should provide training for all XRC prefecture leadership to increase their understanding of the HIV/AIDS Program.

3.4 Coordination with Partner Organisations

Findings and Conclusions:

The leadership of XRC have good connections with the Government and the Health Bureau. In addition, a new vice president of XRC has just been appointed who was previously Deputy Director of the Regional Health Bureau where he was responsible for HIV/AIDS.

The Government **is responsible for the overall coordination for HIV/AIDS work**, and it clearly recognises and appreciates the role of XRC in HIV/AIDS work. In a meeting with a representative of CDC in Urumqi, it was stated that “XRC has a very important position in HIV/AIDS work, is a major player in HIV/AIDS work and a key partner for CDC...that Red Cross is one of the best, highest quality... and is very professional in its HIV/AIDS work...**it has been the pioneer of peer education for young people.**” **The government also recognises that the Red Cross is also different from other organisations in that it is closer to vulnerable people at community level, it has its own network of branches and volunteers, it is unique in its humanitarian work, and can focus more on PLWHA, and can reach hidden and marginalised groups more easily.** It was stated that “some activities are not convenient for the Government to do, but organisations like the Red Cross can carry out such activities” (for example working with IDU). The CDC felt that for the future, the Red Cross can have a greater role in HIV/AIDS work. CDC felt that whilst other organisations such as the Women’s Federation and Youth League could take on more prevention work, the Red Cross, as well as playing an important role in prevention, was ideally placed to take on more community care and support work.

There is some coordination between different organisations – in Urumqi there is an HIV/AIDS working committee – and at different levels there are different coordination meetings. However, the impression received, is that coordination is limited and there needs to be more networking and information sharing meetings between the different organisations working in HIV/AIDS.

The main problem seemed to be at prefecture and city level with CDC, where sometimes there was not such good coordination. In Yining, it seemed that coordination was lacking and that in a couple of cases, CDC had replicated Red Cross activities, for example the needle collection program and the drama activities. In a discussion with CDC in Yining, it was agreed that it would be more effective if XRC and CDC worked together with joint programs and activities and close cooperation, or work in different places to avoid duplication.

In Urumqi, there were also communication and coordination issues, for example in Shui district where many organisations were working there is a lack of standardised approaches, for example in rates of per diem for facilitators and beneficiaries, which in particular affected the Red Cross Targeted Education program there.

The representative of CDC in Yili hoped in future there would be closer cooperation, more information sharing and communication, and more opportunities to get to know each other better. They said they knew in general about Red Cross work but not the details. CDC requested XRC to send any proposals for expansion of their programs, copies of annual plans etc to CDC, so they can stay informed and keep the big picture, to avoid any duplication. There is the question though, as to whether, in exchange, CDC shares all its plans and policies. In discussions with the ARC Technical Advisor and XRC staff, they agree that increased cooperation is needed but they contradicted CDC's comments regarding information sharing from their side, as things have been shared in the past but CDC are not always interested or supportive. Furthermore, they also highlighted that the Red Cross is an independent organisation so it does not have to share all of its proposals with CDC, but are happy to share more about their plans.

CDC certainly see an important role and niche for XRC, not just in training, but also to focus more on care programs, visits and emotional support to families, follow-up, palliative care, treatment preparedness, and working with the most vulnerable. They suggested that as Red Cross has good experience, they hoped it could expand to other counties in Yili Prefecture where the HIV/AIDS situation is serious – Chapcha, Gongliu, Takasa, Jiaosu, Xingyuan, Nileke – where there is no HIV/AIDS work going on, and also to continue in Yining City. As CDC said “XRC, with ARC support, has worked very hard, and is a good example and a good learning model.”

In focus group discussions with key partners in Urumqi and in Yining (in Yining with the Peoples Hospital, the Mother and Child Hospital and street offices, and in Urumqi with the No 3 Prison, Holding Centre, Women's Re-Education Centre and street offices), there seemed to be very good cooperation between the Red Cross and the key partners, and all the partners found the Red Cross work relevant and effective and having great impact in the areas where they are working.

Recommendations:

It is important that at all levels – provincial, prefecture, city and district - there is more coordination, networking and information sharing between the Red Cross, Health Bureau, CDC and other partners and organisations involved in HIV/AIDS work, to ensure maximisation of efficiency of resources and no duplication of activities.

It is important that the leadership of XRC support the HIV/AIDS Program, by using their positions and influence to lobby the Health Bureau, CDC and other partners, in order to promote the work of the XRC as a key player in HIV/AIDS in Xinjiang, to gain further resources (eg from the Global Fund), and to ensure efficient use of resources available.

3.5 Resource mobilisation

Findings and Conclusions:

The Australian Red Cross (with Australian government support) has been the largest partner of the XRC HIV/AIDS Program, and its support, both technical and financial, has been invaluable in enabling the program to

scale up. As a representative of CDC said in Yining, “ARC was the first organisation from outside China to fund HIV/AIDS work in Xinjiang.”

The leadership and staff of XRC, as well as the leadership, staff and Red Cross volunteers of Urumqi and Yili prefecture and city Red Cross branches were all extremely appreciative of the support from Australian Red Cross over the past few years and they hope that the cooperation will continue into the future. At the time of the evaluation, a funding proposal for the coming year 2006/7 was being prepared by XRC HIV/AIDS Program to be submitted by Australian Red Cross to the Australian Government (AusAID) as part of the Australian NGO Cooperation program (ANCP), and to British Red Cross who will be co-funding the program this year.

In addition to the Australian Red Cross partnership, over the years support has also been provided by Canadian Red Cross, Glaxo Smith Kline’s Positive Action, British Red Cross, UNDCP, World Bank’s Health IX project, Canada Fund and the TIDES Foundation. **The International Federation has also provided funding for XRC HIV/AIDS program in the past – for example for the strategic planning process and for staff to participate in a national Training of Expert Trainers on HIV/AIDS – which has been appreciated by XRC HIV/AIDS Program.** Up to now, XRC has not been able to access funds from the Global Fund or the XJHAPAC program.

Government support is also important, and the fact that most of the salaries of XRC provincial level and prefecture and city level staff are covered by government funding is important for the future sustainability of the XRC HIV/AIDS Program.

XRC has limited resources and very limited possibilities to raise funds for the program within Xinjiang, owing to the fact that the separation of the Red Cross from the Health Bureau at prefecture levels has only recently been rolled out – for example last year in Yili - it is a newly independent organisation so it has limited resources. Whilst, they hope in the future that they may be able to generate more income in Xinjiang, the reality is that for the foreseeable future XRC will be reliant on funding from external partners in order to implement and scale up its HIV/AIDS work.

The fact that currently XRC relies on year by year funding – and has no long term multi-year funding commitments – makes for uncertainty and contributes to a lack of concrete long term planning, as they do not know what funding they will have in the future. They are therefore unable to make concrete long term plans, which are essential to enable XRC to scale up and expand its HIV/AIDS work.

Recommendations:

XRC should diversify its funding base in order to secure long term funding for its HIV/AIDS Program.

3.6 Role of Red Cross Society of China Headquarters

Findings and Conclusions:

During discussions with XRC HIV/AIDS Program staff, as well as with the leadership of XRC, the role of RCSC headquarters was discussed, as to how they could assist Red Cross provincial branches in the scaling up of their HIV/AIDS work. In addition, discussions were held with the RCSC headquarters in Beijing (**with representatives of the International Department, the new Project Management Office, and the HIV/AIDS Coordinator**), and with the International Federation’s Regional Delegation for East Asia in Beijing (**with the Head of Regional Delegation and the Regional Health Delegate**). **The RCSC Project Management Office has existed for a year, and is responsible for the coordination of bilateral programs in China. In our discussions they said they were keen to be more closely involved in programs – in implementation, reporting and sharing of lessons learnt.**

An important area of support is clearly resource mobilisation (already covered under section 3.5), as RCSC headquarters is well placed to access funds from wealthier provincial branches in China, corporate funds, as well

as funds through the Government. For the future, RCSC headquarters should have an important role in helping Red Cross provincial branches to access Global Fund funds (through the Country Coordinating Mechanism, and the State Council High Level HIV/AIDS Committee.) In addition, provincial branches such as XRC, are not able to make direct contact with partner National Societies themselves to fundraise (only once a relationship is already established, for example the support from ARC), so they rely on RCSC headquarters to make contact with partner National Societies to raise funds.

Currently 16 provinces in China have HIV/AIDS programs, and whilst some provinces, such as Xinjiang and Yunnan, have gained much experience in HIV/AIDS work, in many provinces HIV/AIDS work is new, and provinces need technical support and resource mobilisation support in order for them to scale up their HIV/AIDS work. Stronger technical support is needed in many areas – eg strategic planning for HIV/AIDS programs, training manuals and IEC development. There needs to be a much better coordination mechanism for sharing materials between provinces. The RCSC could also take a lead in the translation of International Federation documents relating to HIV/AIDS into Chinese – and adapting them to the Chinese context. More communications between RCSC headquarters and provinces is needed. There is a need for a comprehensive mapping of all the provincial HIV/AIDS programs and the various activities they are running, also a complete mapping of the resources available – technical expertise and capacity as well as funding (funding through the International Federation and bilateral funding), and where the gaps in funding are, to facilitate support from new donors. It is only RCSC headquarters that can have the complete picture.

ARC has arranged some exchange visits between Yunnan and Xinjiang Red Cross HIV/AIDS programs, but more such exchanges need to happen between all provinces involved in HIV/AIDS work.

During the evaluation, a discussion was held with the Netherlands Red Cross representative based in Beijing concerning their support to RCSC HIV/AIDS programs. They now provide bilateral support to seven provinces, and certainly they find it very beneficial having a representative in Beijing (based at the International Federation's Regional Delegation), to ensure close working relationships with RCSC headquarters. The possibility of Australian Red Cross following such a model was discussed.

Advocacy is important at all levels, and especially at national level, where RCSC headquarters has access to the Ministry of Public Health and CDC at national level, and can have a more direct advocacy role, raising the profile of RCSC in HIV/AIDS work and advocating on HIV/AIDS issues.

In Xinjiang, there are an increasing number of Red Cross staff and volunteers living with HIV/AIDS, and Greater Involvement of PLWHA (GIPA) is very important for the future success of the program. An important way that RCSC can assist Red Cross staff and volunteers living with HIV/AIDS is applying for funds from the Masambo Fund, managed by the International Federation of Red Cross and Red Crescent Societies in Geneva. Initially the priority for the Fund was Africa, but now any National Societies can apply for funds, and funds are available. In June 2006, this was discussed with the Health Department at the Secretariat of the International Federation in Geneva, and they encouraged the RCSC to apply for funds for 20 to 40 Red Cross staff and volunteers (the Chinese government provides free ARV treatment, but Masambo Fund funds could be used for other testing and treatments). It is important that access to treatment is available to all Red Cross staff and volunteers living with HIV/AIDS.

Through all the above, there is an important role for the International Federation's Regional Delegation in Beijing in supporting RCSC in scaling up its HIV/AIDS work.

Recommendations for RCSC headquarters:

For the future, in order for Xinjiang Red Cross and other provinces to scale up their HIV/AIDS work, in line with the RCSC Strategic Plan for HIV/AIDS, it is very important that the RCSC national headquarters (with the

support of the Federation Delegation in Beijing) provides support to the provincial branches in the following four areas:

1. Resource mobilisation: RCSC headquarters in Beijing should identify new sources of funding, by fundraising within China for RCSC HIV/AIDS programs (city branch fundraising, corporate fundraising and lobbying the government for funds, eg Global Fund funds), and outside China with external donors and partner National Societies.

2. Information / experience sharing: RCSC headquarters **has an important coordination role in** facilitating more sharing of information, **materials**, experience, **technical expertise**, lessons learnt and best practise between provinces in their HIV/AIDS work. This could include visits and meetings between provinces, using experienced staff and volunteers from one province to train and mentor those in another province, an email information sharing group (like a China-based “Pass it on...”), and the RCSC website could be an important forum for sharing of information **(for example also information from UNAIDS, WHO and the International Federation)**, if kept updated.

3. Technical support: **It is important that technical support in areas such as strategic planning and monitoring and evaluation is provided by RCSC to provincial branches, and that monitoring and evaluation is streamlined into all HIV/AIDS programs.**

4. Advocacy: RCSC headquarters, with the support of the International Federation’s Regional Delegation, needs to have a greater advocacy role to government and key partners (eg UNAIDS) regarding HIV/AIDS issues (eg access to free treatment for opportunistic infections), and to the International Federation in Geneva, to apply to the Masambo Fund for funds to support Red Cross staff and volunteers living with HIV/AIDS in China.

SECTION 4: CONCLUSIONS

4.1 Lessons learnt and experiences of XRC HIV/AIDS Program to share with other provincial branches and RCSC headquarters

It is hoped that all the findings, conclusions and recommendations of this evaluation will be useful in helping to document the lessons learnt and experiences of the XRC HIV/AIDS Program.

During discussions with RCSC headquarters staff at the beginning of the evaluation, it was encouraging that the new Project Management Office was very supportive of this evaluation and that the experience gained and lessons learnt by XRC in its HIV/AIDS program work should be shared with other provinces. In the future, the Project Management Office can have an important role in facilitating sharing of lessons learnt.

The evaluation team, together with the reference team for the evaluation, would like to highlight the following as the key lessons learnt by the XRC HIV/AIDS Program:

- **Greater involvement of PLWHA and other vulnerable people in program development and delivery is essential to program success**
- **The genuine involvement of PLWHA and other vulnerable groups has empowered them to make life changes, to stop using drugs and become community advocates for other vulnerable people**
- **The importance of developing programs that meet the needs of target populations by making them truly responsive to the local context and the target groups needs**
- **By working within the framework of the Red Cross principles and values, XRC has been able to work with the most vulnerable people in the community and implement programs**
- **In addition to the Red Cross principles, all work carried out is guided by a humanitarian, and non judgmental perspective, which has enabled XRC to gain the respect and genuine involvement of the vulnerable groups with which it works**
- **The importance of capacity building of provincial, prefecture and city Red Cross staff, so that they can implement programs independently**
- **Cooperation with relevant government departments, key partners and stakeholders is essential**
- **There needs to be more information, experiences, lessons learnt and best practise sharing between provinces in their HIV/AIDS work**

4.2 Overall Conclusions

The overall findings and conclusions of the evaluation team were that Xinjiang Red Cross has achieved much to date in its HIV/AIDS work, its work is relevant – **to the communities it serves, and to the epidemic and humanitarian context** - and effective. It has had important impact in the areas where it has been working, **the program has made a real difference to PLWHA and their families**, and it has become one of the key players in HIV/AIDS work in Xinjiang Uygur Autonomous Region. However, as the epidemic situation becomes more serious, with an increasing prevalence of HIV cases and people with AIDS related-illnesses, there is a need to expand and further scale up its work, in order to meet the growing needs and help prevent the further spread of the epidemic.

Before scaling up however, the XRC HIV/AIDS Program team must ensure consolidation of its existing activities and that all staff at prefecture and city levels, in existing and new program areas, have the capacities to implement the programs.

The XRC HIV/AIDS Strategic Plan has been very important in providing the overall strategic framework and future directions for the program. **It is clear that the Strategic Plan has been drawn up based on an analysis of the epidemic.** The fact that a participatory process was undertaken involving a range of people from staff to volunteers and PLWHA was important and greatly appreciated by all of those involved. It is clear that all decisions made relating to future development of the program are made within the strategic framework.

Overall, more has been achieved than has been captured in reports of the program. In the future, it is important that XRC **does more to** document the program, including its experience, how the program has developed over the years, and **to demonstrate the outcomes and impact of the program,** and lessons learnt, through reports and case studies, in order to share this with the RCSC headquarters, Red Cross provincial branches and other organisations working in HIV/AIDS. For example the experiences gained by XRC in their work in Yili involving HIV positive peers should be documented and shared as best practice with other provinces.

It is important that RCSC headquarters facilitates more information, experience, lessons learnt and best practise sharing between provinces in their HIV/AIDS work. This could include visits and meetings between provinces, using experienced staff and volunteers from one province to train and mentor those in another province, an email information sharing group (like a China-based “Pass it on...”), and the RCSC website could be an important forum for sharing of information, if kept updated.

The HIV/AIDS Program also has an important role in promoting the work of the Red Cross and promoting Red Cross principles and values in Xinjiang. It is targeting the most vulnerable high risk populations, and through its work it is really putting Red Cross **principles, humanitarian values and** ideals into action **and reality.** **The Red Cross can increasingly become a voice for the most vulnerable, advocating for their needs.**

To conclude, the Xinjiang Red Cross HIV/AIDS Program has been a pioneer in many areas of work, and by sharing its experience as widely as possible, it can make a great contribution to RCSC headquarters and provincial branches, to assist them in scaling up their HV/AIDS work, so that throughout China RCSC branches become key players in HIV/AIDS by working with the most vulnerable populations.