

Final Evaluation

OCTOBER –NOVEMBER 2012



Working towards Positive Change

"Reduce the effects and spread of HIV among youth and target groups specifically vulnerable to HIV and AIDS in three Chinese provinces."

Europe Aid / Non-State Actor Project:

Implemented by the Red Cross Society of China (RCSC) with technical support from the Netherlands Red Cross

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Map of China



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THE EVALUATOR SINCERELY HOPES THAT THE (TRANSLATED) FINDINGS AND RECOMMENDATIONS INCLUDED IN THIS REPORT WILL CONTRIBUTE TO THE POTENTIAL FUTURE PROGRAMMING OF HIV AWARENESS AND CARE OF BOTH RCSC AND NLRC.

Authors' Note

This report is based upon extensive interaction with the stakeholders in the HIV prevention program that was implemented by RCSC and the supported by the Netherlands Red Cross (NLRC). However the recommendations and other views expressed are the Authors' own, and do not necessarily represent the position of NLRC or RCSC.

Executive Summary

Background

The project under review with the overall project objective “*to reduce the effects and spread of HIV infection among the targeted communities of Anhui, Heilongjiang and Jiangsu provinces in China*”, has been implemented since November 2009 through the institutional framework and structure of the Chinese Red Cross Society (RCSC) and eight local RCSC branch-offices with strong technical and managerial support from the Netherlands Red Cross (NLRC) and funded by Europe Aid. The project has been implemented in three provinces of **Anhui** (including Suzhou Red Cross Branch (SZRC-AH) and Chuzhou Red Cross Branch (CZRC)), **Jiangsu** (including Nanjing Red Cross Branch (NJRC); Suzhou Red Cross Branch (SZRC-JS) and Yancheng Red Cross Branch (YCRC)) and **Heilongjiang** Branch (HLJRC).

Objectives and methodology of the final evaluation

The overall objective of the evaluation is to provide RCSC, NLRC and EU and other interested stakeholders with sufficient and accurate information to make an informed judgment about the past performance of the project – its efficiency, effectiveness and impact and to document areas for improvement. The **specific objectives** of the evaluation were to:

- Make an overall independent assessment of the overall project performance (i.e. the level of fulfilling the objectives as stated in the project document) and to evaluate the achievements and weaknesses of the program in respect to the five evaluation criteria;
- Evaluate the project implementation strategies and processes/structures, including assessment of the policy, organisational, institutional and operational set-up with the view to make recommendations on whether they were the most appropriate to achieve the programme objectives;
- Identify areas for improvement and to propose practical recommendations for follow-up actions

Key Findings

Reached beneficiaries

The RCSC project teams and NLRC delegation must be praised because of the remarkable result of having reached almost 400.000 direct and indirect beneficiaries. The project’s strategic objectives have been largely met, with some initially set targets even being exceeded. Where targets have not been met, this has been either due to factors beyond the project’s control or faced difficulties to determine successful approaches to the often hard to reach high risk groups. The project activities have strengthened relationships between RCSC and government bodies such as CDC but also with involved CBOs.

Improved Knowledge and enhanced relations with stakeholders

The university-based peer education intervention has succeeded in improving the levels of knowledge on modes of transmission and prevention, and in decreasing levels of stigma and discrimination in a culturally conservative setting. One of the strongest results of the project activities organised for the targeted universities and vocational and middle schools was the strengthened relationship between RCSC and these important stakeholders including provincial and city departments of the Ministry of Education. These enhanced relations already lead to the mutual agreement to establish Red Cross departments within the schools and universities and

could be of utmost importance for the future programming of HIV prevention activities for youth and could have a snowball effect on other Universities not yet involved.

Strengthened self-help groups

Empowered and with increased self esteem already some of the by the project supported self-help groups have either linked up with other associations or merged in one and successfully applied for national support schemes. This kind of support should be further extended to other PLHIV groups in China. The project activities likely to have the greatest achievements were those that fostered the self-help group's ability to influence government. This ability demanded not only that the targeted groups needed to be organised, but that the organisation was also legitimate and credible.

Capacity building

Evidence of strong capacity development of project staff was observed in the areas of realistic planning, budget management and forecast, quality and timely report writing in Chinese and (sometimes) English. The capacity strengthening of the RCSC branches in terms of project management and fundraising skills was much appreciated by all involved project staff and their leaders and the new skills are already being used for other RCSC activities

Efficiency

This project was efficiently managed and flexibly implemented and in close consultations with involved stakeholders. All inputs are in place and the necessary funding has been disbursed by the European Union (EU). M&E mechanisms were in place although the quality and follow up varied per target group, most focus was on the monitoring of Youth and PLHIV. The collected data, while efficiently carried out following the determined monitoring mechanisms, was not always consistently analysed and documented. Effective programmatic planning was constrained by the lack of reliable information on key target populations, particularly on MSM, PLHIV and CSW the size of the population in geographical area, behaviour patterns and HIV epidemic among MSM.

Sustainability

The achievements such as improved knowledge and positive behavioural change within the targeted groups are very impressive and are assumed to have lasting effects on the health situation and behaviour of the targeted groups after the project has finished. Moreover, it is anticipated that the representatives from these groups and trained volunteers will continue with peer education activities and counselling after the project's has ended, also with the support from RCSC permanent structures in the targeted areas.

The project was built on the most unique asset the International Red Cross Movement has - its network of active branches at province and city level and its trained volunteers and staff. The RCSC has the largest volunteer network in China, which makes it acceptable to have access to, and work in partnership with vulnerable communities, whilst also having access to policy makers. A very good example of achieved institutional sustainability is the decision making within the RCSC organisation to elaborate HIV awareness and the reduction of discrimination and stigma components in their Community based Health and First Aid manuals (CBHFA)

Another key finding and strong element of sustainability has been the project's entry points in the community, especially realised in the targeted universities and schools but also till a certain extend in the targeted high risk groups and PLHIV associations and groups.

Ownership

Reflecting on the partnership between NLRC and RCSC, the involved local RC branches had sufficient ownership of the HIV project. However, the involvement of HQ of RCSC in Beijing was unfortunately rather limited. This has not only lead to less motivation to commit to the project, limited involvement and feeling of responsibility towards the project's appropriate and efficient implementation but also for NLRC to keep strong charge on the implementation of planned activities throughout the project's time span.

The strong capacity building component for the PLHIV self-help groups/CBOs has lead to stronger ownership and therefore contributed to the sustainability of these groups.

The decision making on NLRC managerial ownership of the project is justifiable, particularly considering the impressive achievements against the anticipated results.

Recommendations for the current EU funded HIV Project

Monitoring and Evaluation

Effective programmatic planning was sometimes constrained by the lack of reliable information on key target populations, particularly MSM, PLHIV and CSW, and such as the size of the population in geographical area, behaviour patterns and HIV epidemic among MSM.

- For appropriate M&E always analyse baseline data and consolidate a report prior to the implementation or during the inception period of new projects. It is advised to use more accurate figures as a baseline and the follow up of local annual health reports/surveys and studies needs to be prioritized to be able to measure potential impact of new HIV and AIDS interventions on the health status of targeted populations.
- M&E mechanisms were in place although the quality and follow up varied per target group, most focus was on the monitoring of Youth and PLHIV. Besides, the collection of data, though efficiently carried out, was not always consistently analysed and documented.
- It is of utmost importance to prepare qualitative data collection tools in order to much better capture impact of the intervention on people's lives, knowledge, behaviour, and attitude and positive living. On an individual bases, and at randomly, new clients should be selected and followed during the different stages of support. These case studies should be carefully documented and should include testimonies and pictures that demonstrate increased quality of life.
- It is advised to always conduct Rapid Participatory Assessments (RPA) prior to the design and implementation of new HIV awareness programs aiming on detailed situational analysis and the collection of relevant and baseline-tailored information from the different target groups. Involved Universities as being key partners of RCSC could be of great assistance during these exercises.

Training and training materials

- It is recommended to shorten the PE courses for students to 2 x one day sessions and bring in more diversity with regard to the training curriculum (educational videos, role plays etc.). One day courses could attract more students to participate.
- It was observed that especially the ML groups had difficulties to grasp the more PE technical parts of the training and therefore it is recommended to develop a more practical "down to earth" training with less technical information and more focus on HIV transmission routes and the proper use of condoms.

Visibility, dissemination of IEC materials, networking

- It is advised to always include qualitative M&E tools in the project design in order to better measure possible impact of the activities in the field of visibility and dissemination of innovative IEC materials.

Commercial Sex Workers (CSW)

Mainly due to different local legislation and the determination of appropriate approaches to this high risk group the reaching out to CSW has faced quite some challenges which explain the small group of (male) CSWs that has been reached.

- It is strongly recommended to always include CSW as being one of the most vulnerable groups affected by HIV by using stronger networking, advocacy approaches and awareness rising activities on this matter particularly towards responsible government bodies at national, provincial and city level.
- RCSC should continuously advocate for better access and reaching out to CSW by analysing local challenges and further strengthen the established relations with involved local authorities and CDC in order to better determine their approaches in reaching out to high risk groups such as CSW.

Men having sex with men (MSM)

- Proper research and consultation with high risk groups prior to the implementation, intensified training on communication skills and anti stigma, and sharing of best practices could provide more useful and innovative tools for more appropriate approaches in reaching out to MSM.

Migrant Labourers

The innovative approach to reaching out to ML and the targeting of senior and middle management staff of the big construction corporations for PE facilitation bore fruits.

- Considering the importance of reaching out to this high risk groups it is recommended that RCSC continue with their successful approaches towards other construction companies in the country.

Sustainability

Given the impressive impact of the project activities at all levels, it is crucial that the project sustains the core activities of the project and look into future opportunities as soon as possible:

At the city level

It would benefit the future project activities if

- High risk groups were encouraged to form groups with the aim of representing them in relation to this project and develop other types of activities such as income generating or micro-credit.
- The initiative described above could be looked into and possibly further replicated /improved in other communities. That with the overall aim of forming CBOs which would eventually represent people vulnerable to HIV towards the local authorities and do lobbying to receive more services (ART treatment, economical support).

At the province/national level

- It is recommended that RCSC does even do more lobbying towards local/national authorities, in order to increase sustainability of its interventions. It is crucial not to have

future projects depending exclusively on other partners, and to institutionalize the services provided by the project.

At the RCSC level

New policy areas of special emphasis in China's new 5-year action plan should include reducing stigma and discrimination, encouraging greater civil society participation, HIV routine testing, partner notification, and management of opportunistic infections and co-infections with tuberculosis and hepatitis, and treatment of the mobile population.

- It is recommended that RCSC continues to play a crucial role in these foreseen future dynamics in the field of HIV awareness and reduction of stigma by positioning themselves as being strong experts in this field of work.
- Intensifying the capacity strengthening activities of the branch staff will further enhance RCSC organisational ability to secure funds for the future.
- It is strongly recommended to further "market" the unique position of RCSC with regard to its strength to connect with volunteers and vulnerable groups and not at the least its entry points through volunteer structures in the targeted communities (already established in targeted universities). The smart positioning of this niche of RCSC will be recognised by other potential partners in the humanitarian world, by Government and, when well strategized, by the private sector in China.
- RCSC should adopt, as a formal objective for its HIV awareness interventions, the building of strong credible community organisations/ Community based action groups that can influence government policies. It is not easy, it takes time, and it demands skilled staff to make it happen. RCSC staff needs increased knowledge of HIV awareness and skills in community-driven development. This requires continuous support for building the capacity, not only the direct project staff needs to be further trained but also key staff at HQ level in order to appropriately monitor, supervise and coach the staff on the ground.

Exit strategy

- It is recommended that NLRC compiles all training topics, developed reporting and monitoring forms and includes useful methods and frameworks on advocacy and networking and on resource mobilisation and relation management that could assist RCSR with their future HIV programming and strive to become less dependent on international donors.

Recommendations for Future HIV programming

Visibility, dissemination of best practices, networking

The project carried out several innovative campaigns and community activities to address stigma and discrimination attached to HIV and AIDS

- Each RCSC staff member and volunteer should be aware that all of them should be able to act as "ambassadors of RCSC" and therefore always should be well informed of ongoing activities, including the new experiences that came with this HIV awareness intervention. It is therefore strongly advised to put efforts on the continuous dissemination of best practices and lessons learnt from this project through final newsletters that include the summary of achievements, and workshops with other important stakeholders. The applied approaches might be recognized by government and other non-traditional donors during these workshops and hence encourage new partnerships.

- Most interviewed staff of the involved RCSC branches confirmed enhanced relationships with important stakeholders such as CDC, MoH, MoE, targeted universities and hospitals. Thanks to these enhanced relations with local government bodies some of the involved branches already have been successful in tenders for local funding for extension of some of the HIV prevention activities. It is therefore highly recommended to maintain and further strengthen the established networks and to expand HIV networking activities to also other areas in China.
- Continuous dissemination of IEC materials was one of the focus areas of the intervention. But impact of these materials on the targeted groups or wider public is not clear and maybe hard to measure when not documenting its effects on the target population. Baseline findings didn't indicate the major sources of information on HIV awareness. A lesson learnt in this respect is to have appropriate baseline research in place before determining approaches such as visibility activities, campaigns and dissemination of innovative IEC materials. Besides, it is important to develop monitoring mechanism to measure impact on the public. For example, increased contact with local radio/TV stations to advocate for regular HIV awareness messages and advocacy for discrimination and stigma reduction should be therefore prioritized. These regular advertisements could also have positive effects on the visibility of RCSC and recognition of its activities in the area.

Monitoring and Evaluation

- In future programming, M&E systems should be strengthened by incorporating the findings of the baseline survey into the project design. Indicators should be thoroughly designed accordingly and changes during program implementation should be reported at all levels in a timely manner and officially approved by all partners.
- It would be interesting to include more qualitative M&E tools that could assist to study and document impact on behavioural change, what activities/factors have had best impact. For example, with regard to increased and proper condom use how best to measure and what factors played a role? Was it the availability, access, improved knowledge through the IEC materials and therefore positive change in behaviour and attitude towards HIV prevention? Or have the peer educators or trained volunteers equally played a big role? Answers on these questions could help to better formulate new approaches.
- The objectives formulated at the onset of the project did not carefully follow the SMART principle. It is important that the objectives in future program design will be measurable so that the M&E schemes could be put to good use.

Ownership

- For future HIV programming with other partners both NLRC and RCSC are advised to always prioritise, without exceptions, investment in ownership at all levels of the implementing partner(s) in project design, selection of target groups and areas, responsibilities for coordination, planning and implementation; even within the context of complex and strict requirements of the Donor.
- The role the leaders of the self-help groups and PEF for students play for its members and wider communities should not be underestimated. They have a very responsible task in these groups and in their respective communities and therefore it is recommended for potential future HIV programming to put even more priority on their training and exemplary roles that could help their fellow community members to think differently about PLHIV.

Centre for Disease Control and linkages with other important stakeholders

- It is strongly advised that RCSC further builds on the enhanced relations with CDC because in China only CDC is officially entitled to carry out HIV testing and registration and can therefore regularly provide the China Red Cross with updated HIV prevalence statistics and help to gain access to people living with HIV by referring them to Red Cross and PLHIV support groups. Moreover, inventive measures need to be taken for optimal integration of all international and national HIV and AIDS related interventions.

PLHIV

- Based on the successful project approaches for PLHIV it is recommended to maintain the strongly built relations with the PLHIV groups, invest in capacity building and continue with training on disclosure and self stigma reduction, applying carefully determined approaches in close consultation with the groups to also involve family members in household care and support, positive prevention, and universal precaution is strongly recommended.
- It is advised that RCSC look into further streamlining and strengthening its social and right-based approach through continuous support to the PLHIV and other high risk groups formed at the community level to develop themselves in community based organizations. That support, combined with creating more linkages between the local authorities and the involved organised groups, could further empower the self-help groups to better advocate for their rights.
- In some of the project areas PLHIV members have been actively involved in the peer education, training and gatherings of other targeted high risk groups such as the youth and MSM and most of the representatives met and interviewed during the focus group discussions struck the evaluator with their confidence, positive strengths and commitment to help others. It is therefore recommended to utilise these strengths and skills of these key actors and to continue or even expand the professional participation of PLHIV in the future programming of HIV prevention and Care activities. Moreover, since PLHIV often have other strong networks such as with MSM and CSW, they could facilitate and/or even be the entry points for the RCSC outreach work in the future.

IGA approaches and material support

Most vulnerable PLHIV households do experience food insecurity and this may continue to affect their nutrition status and therefore their health status and adherence to treatment. IGA and nutritional/material support for the most vulnerable PLHIV was essential but small in essence for the success and impact of this component.

- There is no shortcut to the process of learning from mistakes in income generation. Achieving positive impacts with income generation depends on an extraordinary good knowledge of the economic environment as well as the groups RCSC wants to support. Both dimensions can and should be explored by means of a robust market research and monitoring and evaluation (M & E) system.
- It is advised that future HIV programming always include strong advocacy mechanisms to prioritise material support and home care for newly identified most vulnerable clients and to strongly monitor their stages of recovery. This kind of support obviously is the basis for the rebuilding and empowering the lives of the enrolled PLHIV.

Advocacy

- RCSC needs to have an advocacy strategy / framework and continue to actively advocate on behalf and for the vulnerable / specific at risk groups and PLHIV to address stigma among the general population and ensure access to HIV services. It is recommended that NLRC assists with some useful frameworks on advocacy and networking based on their experiences and best practices in other countries.
- Future programming on HIV awareness should also include more synergies with other organisations and CBOs in the targeted areas. RCSC has a strong presence in all provinces and many cities in China and therefore should not shy away from taking up a much stronger leading role in improved collaboration and coordination with government and other (new) partners and even should make efforts to link up with the private sector.
- Advocacy at higher level / government authorities, structured mass media campaigns and other approaches should be explored to address external stigma. In this context, the RCSC headquarters need to play a leading and significant role and guide the local RCSCs in addressing stigma and discrimination. Moreover, the local RCSC branches should use their built capacities and strengthened relations with local authorities to advocate for a better access of HIV prevention and treatment services including treatment for opportunistic infections.
- For RCSC it is strongly advised to not to lose the momentum regarding their priority setting for HIV awareness and anti discrimination and stigma programming since their capacities have been remarkably strengthened and the scope of the problem in China is high. Strong cooperation with governmental bodies, especially MOH and local departments of CDC, but also its positioning and marketing in the field of HIV and AIDS towards government but also international donors such as EU (by further building on the established relationships) is therefore of utmost importance.

Picture 1: YPE in Heilongjiang



Acronyms

AI	Appreciative Inquiry Approach
AIDS	Acquired immunodeficiency syndrome
ARC	American Red Cross
BRC	British Red Cross
CBHFA	Community based Health and First Aid
CDC	Centre for Communicable Disease Control
CSW	Commercial Sex Workers
CZRC	Chuzhou Red Cross Branch
EU	European Union
EUD	European Union Delegation
HIV	Human Immune Virus
HLJRC	Heilongjiang Branch
IDU	Intravenous drug users
IEC	Information, Education, Communication
IGA	Income Generating Activities
IFRC	International Federation of the Red Cross and Red Crescent Societies
M&E	Monitoring and Evaluation
MOE	Ministry of Education
MOH	Ministry of Health
ML	Migrant labourers
MSM	Men having Sex with Men
HIV	Human Immunodeficiency Virus
MTR	Mid-term review
NJRC	Nanjing Red Cross Branch
NLRC	Netherlands Red Cross
NGO	Non Governmental Organization
NS	National Societies
OVC	Orphans and other children made vulnerable by AIDS
PEF	Peer education facilitator
PLHIV	People living with HIV
PSO	Dutch organisation for capacity stranthening
RCSC	Red Cross Society of China
ROM	Result-Orientated Monitoring Review EU Midterm
STI	Sexually Transmitted Infection
SZRC-JS	Suzhou Red Cross Branch in Jiangsu
SZRC-AH	Suzhou Red Cross Branch in Anhui
WHO	World Health Organization
YCRC	Yancheng Red Cross Branch
YPE	Youth Peer Educator

List of content

Map of China.....	2
Acknowledgements.....	3
Executive Summary.....	4
Acronyms.....	12
1. Context and Methodology.....	14
1.1 Introduction.....	14
1.1.1 The HIV prevention and Care project in brief.....	14
1.2 Context.....	15
1.3 Objectives and Methodology of the appraisal.....	16
1.4 Some limitations of the Action’s Appraisal.....	17
2. Findings.....	18
2.1 Relevance of the intervention/project design.....	18
2.2 Effectiveness.....	24
2.2.1 The Project’s effectiveness in reaching the Expected Results.....	24
2.2.2 Impact/outputs of the Project’s planned activities: The Key Achievements.....	32
2.2.3 Influencing factors for effectiveness.....	33
2.3 Efficiency.....	34
2.3.1 Project’s budget allocation and expenditure.....	34
2.3.2 Cost effectiveness/ value of money.....	35
2.3.3 Financial Management.....	35
2.3.4 Monitoring, LFG, Information management and Reporting.....	35
2.3.5 Programme management and Reporting.....	36
2.3.6 Partnerships and Stakeholders.....	36
2.4 Impact.....	39
2.5 Sustainability.....	39
2.5.1 Volunteer network	39
2.5.2 Financial sustainability.....	40
2.5.3 Institutional sustainability.....	40
2.5.4 Exit strategy.....	41
3. Conclusions and Recommendations.....	42

Annexes

Annex 1	Evaluation framework including tools for interviews and focusgroup discussions
Annex 2	RCSC HIV Strategy 2011-2015
Annex 3	Summary of the project
Annex 4	Scope of the evaluation mission
Annex 5	Geographical distribution of cumulative reported HIV AND AIDS cases (as of 31st December (2011))
Annex 6	Pre-Test YPE / MLPE
Annex 7	Final planning of the Evaluation mission

1. Context and Methodology

1.1 Introduction

1.1.1 The HIV prevention and Care project in brief:

The project under review has been implemented since November 2009 through the institutional framework and structure of the Chinese Red Cross Society (RCSC) and seven local RCSC branch-offices. The big advantage of RCSC is that it is one of the few national organisations in China, operating in the field of HIV awareness with established working links to all provincial areas, counties and prefectures through its vast network of staff, members and volunteers. The project has been implemented in three provinces of **Anhui** (including Suzhou Red Cross Branch (SZRC-AH) and Chuzhou Red Cross Branch (CZRC)), **Jiangsu** (including Nanjing Red Cross Branch (NJRC); Suzhou Red Cross Branch (SZRC-JS) and Yancheng Red Cross Branch (YCRC)) and **Heilongjiang** Branch (HLJRC). One province, Zhejiang, dropped out in the early stages and the project re-planned to focus on the remaining three.

The overall project objective is *to reduce the effects and spread of HIV infection among the targeted communities of Anhui, Heilongjiang and Jiangsu provinces in China*. The specific project objectives are:

1. Decrease high risk sexual behaviour among the targeted communities within the programme area (Provinces of Anhui, Heilongjiang and Jiangsu)
2. Improved quality of life of persons living with and affected by HIV and AIDS by decreasing their social and economic isolation
3. Reduce the incidence of stigma and discrimination towards people living with HIV, Orphans and other children made vulnerable by AIDS (OVC) and families
4. Enhance the institutional capacity of the Red Cross Society China and other organizations involved/to be involved in the response to HIV in the programme area.

The final beneficiaries and target groups were estimated to be youth (35,000), target groups specifically vulnerable to HIV and AIDS (20,000) such as migrant labourers, commercial sex workers (CSW), men having sex with men (MSM), people living with and affected by HIV and AIDS and people working in the field of HIV and AIDS.

RCSC and NLRC have cooperated for many years through a long-term partnership agreement and they have been implementing several HIV-programmes in China together since 2005 (TMF, MFS and AkzoNobel). The implementation of the project under review was supported by key project managers and seven Project officers (PO) at the RSCS branches as well as one NLRC-full time Delegate and national project officer. Three out of the eight POs were paid by the project. Three provinces with a different level of experience have been targeted. The Red Cross branches in Heilongjiang province for example already worked on HIV prevention and care in the framework of the project in the Northeast; and branches in Jiangsu province already

participated in the so-called AkzoNobel project. Anhui was selected because of its rather limited capacities in the field of HIV awareness and anti stigma. As a bordering province the capacities of the Jiangsu could easily spill over.

During the implementation of these previous projects, cooperation has been established with several other organisations and governmental departments and many youth peer facilitators (YPF) have been trained. Evaluations of these previous two projects indicated some points of attention which had been taken into account in the design and implementation of this new project. These recommendations included:

- RCSC should and can play a stronger coordination role in HIV and AIDS field in China using their links to both grassroots and governmental organisations
- RCSC has proven capacity to do outreach, which is scarce in China. It is important to continue to build, improve and expand this.
- Expand strength of working with youth by paying more attention to selection participants, anti-stigma and monitoring of the peer effect. Possibly people living with HIV could be more often involved.
- Improvement by contacting and sharing with other relevant departments and organizations is needed.

Early in 2008, the RCSC officially joined the IFRC Global Alliance on HIV prevention. The work plan aims at covering the needs of 31 provinces, autonomous regions and municipalities to carry out a massive scale up of HIV prevention work. The aim of the global alliance is to reduce vulnerability to HIV and its impact in China, through preventing further HIV infection; expanding care and support; reducing stigma and discrimination; and strengthening RCSC capacities to deliver and sustain scaled-up HIV programmes. This project under review has the same objectives as the Global Alliance on HIV prevention.

The total cost of the project is 960,005 EUR with a finance of Europe Aid of 716,832 EUR, equivalent of 74.67% of the estimated total cost while the Netherlands Red Cross provides financing of maximum 243,168 EUR.

An internal Mid-Term Review (MTR) was carried out at the end of year 2 and an independent EU Result-Orientated Monitoring (ROM) Mission was conducted in April 2012 as initiated by the EU Delegation in Beijing. This final evaluation includes the review on the follow up of the recommendations of both MTR.

1.2 Context

Despite years of efforts in the fight against HIV and AIDS, the epidemic still remains a scourge in a large part of the world. According to UNAIDS, there are as many as 34 million people worldwide living with HIV and AIDS and as many as 2.5 million new diagnoses each year. For many years, intravenous drug users (IDU) were the primary source of new HIV infections in China. Since the beginning of the 21st century, China's new HIV infections have mainly been transmitted through sexual relationships, with infections among MSM rapidly trending upward. According to the official estimates, the number of MSM in China is 3 million within the total population of 1.34 billion.¹

According to the China 2012 AIDS Response Progress Report of the Ministry of Health, epidemic estimates show that at the end of 2011, the estimated number of PLHIV in China stood at

¹ Source: <http://www.impatientoptimists.org/Posts/2012/07/China-Perspective-How-Were-Turning-the-Tide-on-AIDS>

780,000 people. Of these, 28.6% were women; there were 154,000 cases of AIDS; overall prevalence stood at 0.058%. Of the 780,000 people estimated to be living with HIV, 46.5% were infected through heterosexual transmission, 17.4% through homosexual transmission, 28.4% through intravenous drug use, 6.6% were former blood donors or transfusion recipients, and 1.1% were infected through mother-to-child transmission.² Although the general population prevalence of HIV is 0.1 per cent, that figure rises to 9.3 percent among IDUs in the capital. Other groups vulnerable to HIV in China are youth, MSM, CSW and Migrant labourers. There is a concern that the epidemic is spreading from these key groups to the general population, including women and children. Because HIV is spreading both in numbers and geographically, it is viewed as a major public health threat and there is an urgent need to increase AIDS awareness and knowledge among all segments of the general public.

Geographical differences in China are big and this also applies to the availability and quality of HIV prevention activities and services provided to people living with and affected by HIV. Implementation of national policies on local level takes time in a country with a population of 1.3 billion which is divided in 33 provinces, autonomous regions and municipalities with their own authorities and health departments. In practice this can result in the availability of HIV tests and treatment for free in one city in a certain province, but not in another city only 100 km down the road. It is openly acknowledged by experts from Chinese Centres for Disease Control (CDC) and Non Governmental Organizations (NGO) that the actual number of PLHIV might well be considerably higher than the currently registered number of PLHIV. There are currently no signs of a generalized epidemic in the country, but rather low levels of knowledge and awareness on HIV need to be addressed to avoid a generalized epidemic.

1.3 Objectives and Methodology of the evaluation

1.3.1 The overall objective

The overall objective of the evaluation is to provide RCSC, NLRC and EU and other interested stakeholders with sufficient and accurate information to make an informed judgment about the past performance of the project – its efficiency, effectiveness and impact and to document areas for improvement.³

1.3.2 Methodology

The framework and tools used for the evaluation were developed by the consultant⁴. Translation, when required, has been sufficiently organized. The consultant chose to work within the framework of the Appreciative Inquiry Approach (AI)⁵ using a mix of methods for the collection of qualitative data namely, in-depth interviews with key informants, national and international stakeholders, trend-appraisal exercises⁶ applied during focus group discussions with representative of targeted youth, MSM, Migrant labourers and PLHIV, as well as

² China 2012 AIDS Response Progress Report of the MoH of China

³ See Annex 1 for the specific objectives of the evaluation mission

⁴ See Annex 2 for an the overview of the evaluation framework including study questions, interview questions and other tools

⁵ The Appreciative Inquiry is an approach to organizational transformation that looks at successes rather than problems, examines the excellence in an organization but also looks at areas for improvement.

⁶ Trend analysis is participatory group work, with the aim to discuss, categorize and analyze the positive changes within the organization, the project and its beneficiaries compared with the period prior to the implementation of the project.

the project officers and managers of the Chinese Red Cross branches, observation of project activities and thorough review of relevant project documents. Overall, during the field visits in China, the evaluator met and interviewed a total of almost 100 people (See also table 2).

All data obtained have been triangulated and analyzed: Data collection methods for this appraisal have been highly participatory, allowing the consultant to gather and validate the views of various actors, especially those of the involved beneficiaries, project staff and national and international stakeholders.

Table 1: Overview of number of people met/interviewed that are related to the HIV prevention and Care project

NLRC staff	RCSC staff	Youth	MSM	PLHIV	ML	IFRC	ARC	EU	Total
6	20	20	20	20	5	4	1	1	97

1.4 Some limitations of the Action’s Appraisal

- It is important to understand that the limited reliable baseline information was a significant implementation challenge and a limitation in assessing accomplishments of the evaluated projects
- Language barriers: during most of the key person interviews and the focus group discussions the Project Officer of NLRC had to translate which could have caused some bias.
- A substantial part of the project documentation, especially work plans and reports were in Chinese with minimum translations and therefore verification and triangulation of collected data was not always possible.
- Limited time allotted for the entire evaluation process and consequently limited time that could be allocated to spend at each of the visited projects sites.
- Due to the rather tight schedule and short notice it unfortunately was not possible to schedule meetings with relevant persons such as national health care, educational, and social resources in the local communities that provide the same, overlapping, or ancillary services such as the Centre of Disease Control (CDC) for validation of data and information received from the key actors.

2. Findings

The Terms of Reference for the current evaluation of the HIV prevention and care project implemented in the three provinces in China included a broad range of evaluation areas and specific questions pertaining to the overall design of the projects, their relevance, efficiency, effectiveness, impact, partnerships and cooperation, and sustainability. Answers to the majority of these questions are included in the descriptive summary of the evaluation findings below.

2.1 Relevance of the Intervention/Project Design

2.1.1 Relevance to the priorities within the national context and consistency with the policy and program framework of the RCSC's and NLRC's policies on HIV and AIDS prevention

With regard to project's compliance to HIV awareness priorities within the national context the HIV approach of RCSC with support of NLRC covers most of the set priorities for the China context and hence is **highly relevant**. It targets youth, is specific at risk groups with high risk behaviour and PLHIV and aims at building knowledge and understanding of the target groups in HIV prevention and discrimination and stigma reduction. It also strives to develop the capacity of the targeted provincial RCSC in HIV programming.

The project's key focus on reduction of discrimination and stigma has been **more than relevant** to the reality that HIV and AIDS has become one of the most stigmatized themes in China⁷. This project under review is **aligned** with the RCSC's HIV **Strategy 2011-2015** and partly has been built on the key objectives described in the China's Medium-long Term Plan on Prevention and Control of HIV and AIDS (1998–2010) and China's Action Plan for Reducing and Preventing the Spread of HIV and AIDS (2006–2010), which was released by the State Council of China, and cooperating with the mass media to deliver information about HIV therefore became one of its key strategies to increase awareness and reduce stigma. Further bringing about the *Five Expands and Six Strengthens*, the action intends to increase the effectiveness of China's AIDS response and achieving the objectives of reducing new infections by 25% and AIDS related deaths by 30% by 2015.

National AIDS response

During 2010-2011, China continued to improve its response to AIDS in accordance with the "AIDS Regulations", "State Council Notice on Further Strengthening the AIDS Response", (the Notice) and the "China Action Plan for HIV AND AIDS Prevention and Control (2006-2010)", building a response with government taking the lead, ministries and departments fulfilling their respective roles and full participation from society. While continuing to implement the "Four Frees, One Care" policy, further efforts were made to implement the "Five Expands, Six Strengthens" approach, resulting in important achievements. "Five Expands," means to expand IEC activities, surveillance and testing, PMTCT, comprehensive interventions, and coverage of ART. "Six Strengthens" means to strengthen blood safety management, health insurance, care and support, rights protections, organizational leadership and strengthening of response

(2012 China HIV and AIDS Progress Report)

⁷ China Media Research, 6(4), 2010, Ren, et al, Newspaper Coverage of HIV AND AIDS in China

The project also **fits into the NLRC International Strategy**, which, among others, focuses on supporting human development and a commitment to IFRCs strategic approach on actively supporting broad HIV and AIDS interventions. RCSC is one of the implementing partners of the IFRC Global Alliance in the fight against HIV and thus, it has a long-term commitment to build the HIV prevention peer education and outreach capacities of its national network of 31 provincial branches. Lastly it is good to mention that the lessons learnt and best practices from previous RCSC/NLRC HIV and AIDS projects in China (funded by TMF, MFS and AkzelNobel) have been thoughtfully built on in the design of this project under review.

2.1.2 The quality of the identification of key stakeholders and target groups and of institutional capacity issues

The identification of target groups has been partly built on the experiences of the previous HIV and AIDS approaches and experiences and their vulnerability to get affected by HIV. Targeted groups included:

Youth

Most recent statistics show that most of the new infections are with people in their early to mid twenties. The project reached out to youth at universities (age 19-21), vocational schools (age 17-18) and middle schools (age 14-16).

Picture 1: YPE in Heilongjiang



Sexual and reproductive health education is lagging behind current attitudes and demands of students. The students' attitudes towards sexual matters seem to be liberal; however, their knowledge about reproductive health and STIs/AIDS appeared to be still limited. The Project's approach to focus on this group and to provide effective and confidential sexual and reproductive health education to young people has been **a quality choice and is highly relevant**. The increased knowledge and awareness levels will enable them to make healthy choices during their life; and related personal skills (saying no, negotiate condom use) will enable them to put these choices into practice.

MSM

In China, as in many other Asian societies, cultural factors inhibit discussion of sexual behaviours that are central to the spread of HIV. In the case of MSM, the social unwillingness to acknowledge its existence, together with stigma and discrimination, feed the secrecy around male to-male sex, increasing risk-taking behaviours and making it difficult to reach men with HIV prevention and health services. Reports, confirmed by the interviews and focus group discussions with MSM by the evaluator, mentioned that many MSM lead 'double lives' by succumbing to social pressure to get married and lead 'straight' lives at work and at home. This in turn also puts their spouses at risk of contracting HIV. To have targeted this group specifically vulnerable to HIV therefore has been **highly relevant**.

Commercial Sex Workers

The commercial sex industry, though still illegal, is on the rise in China according to demographic studies. Latest reports indicate that although consistent condom use is on the increase for commercial sex workers and their clients, it is still at an alarmingly low 25%. The rapidly rising STI incidence rates among CSW suggests that unsafe commercial sex consumption is a key risk factor in assessing the potential for an HIV epidemic in China. The anticipated targeting of this particularly high risk group was **more than relevant**, by principally and practically considering their current vulnerable position in the Chinese society and strong linkages with other target groups such as the Migrant labourers.

Migrant labourers

Migrant workers (the "floating population"), are invariably single, poorly paid and from less progressive regions of China where sex education remains taboo, are immediately exposed to the high-risk groups. The national action plan calls for increasing access to HIV treatment for rural migrants through the "Four Frees and One Care Policy" and to urban workers through the Basic Health Insurance Scheme. Despite these ambitious targets, effective prevention and care services have only reached a small proportion of vulnerable workers in the country. Focused prevention programs, such as this project under review, prioritizing the mobile (male) workers have contributed to the prevention of the bridging of HIV from the commercial sex industry to (vulnerable women and children in) the general population and hence has been **highly significant**.

People living with and affected by HIV

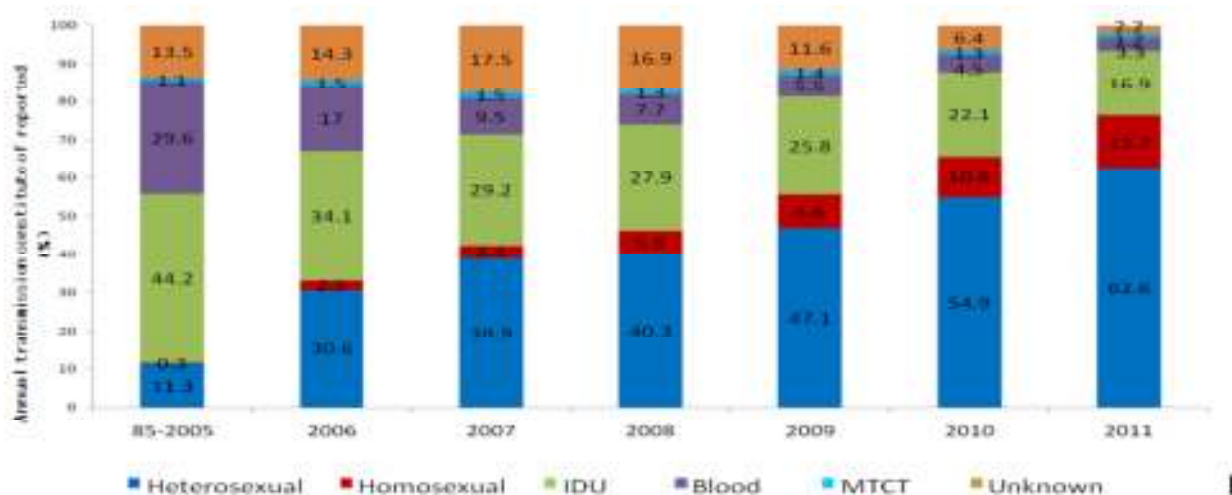
The current official estimation of people living with HIV in China is 780,000 but it is acknowledged by many experts that this number might be higher in reality. Several case studies show that stigma and discrimination is so severe in some communities that children affected by AIDS are prevented from attending school or community activities. The economic impacts of families can be significant as fewer members are able to earn incomes and many are thrown into poverty as finances are diverted to treatment and care. In many cases PLHIV need to pay many additional costs, such as treatment for opportunistic infections, which increase the economic burden for families affected by AIDS. Therefore targeting people living with HIV who because of currently prevailing levels of stigma and discrimination, although illegal, are often excluded from necessary health services, job continuation, social participation and achieving their potential was **necessary and appropriate**.

People working in the field of HIV and AIDS

Medical staff working in the field of HIV and AIDS is the primary group to have access to people living with and affected by HIV. Many PLHIV in China do not seek treatment because of HIV-associated stigma and discrimination, and stigma also prevents many people from being tested

for the virus. This serious matter was confirmed by the interviewees during the evaluation mission. Increasing knowledge on HIV and AIDS, decreasing stigma levels and enhancing communication between PLHIV and medical staff therefore improved the quality of life of PLHIV to a great extent and increased the number of people who are aware of their HIV status and therefore it was **highly relevant** to target this group with the determined project activities.

Figure 1: Breakdown of newly reported cases of HIV in past years⁸



2.1.3 Relevance of the Project’s objectives and activities in relation to the needs

The **relevance** of this project which overall objective is to "Reduce the effects and spread of HIV infection among the targeted communities of Anhui, Heilongjiang, Jiangsu provinces in China" is **high**. The project addressed the Millennium Development Goal 6; to combat HIV and AIDS, Malaria and other diseases. The Project’s objectives and supporting activities have been carefully determined, and based on the actual needs, in particular the outputs of the needs assessments amongst PLHIV and outcomes and lessons learnt from the previous HIV and AIDS projects. However, due to limited consultation with and needs assessments among other involved groups such as MSM and CSW groups, minimum analysis of local context, and little involvement of the local city branches during the development process of the project design, some of the approaches and planned activities to some extent have missed the mark.

2.1.4 Relevance perceived by involved staff and volunteers, representatives of the target groups and other stakeholders

Most individuals, both the staff and direct beneficiaries, reached by the evaluator also represent a broad range of important characteristics. The evaluator was able to interview involved representatives of all positions/functions within the visited project areas, including staff members with long histories of their involvement in the implementation of the evaluated project. The evaluator was also able to conduct interviews with beneficiaries of different gender, age; and beneficiaries who are HIV positive and who are HIV negative.

All involved key staff, volunteers and representatives of the different target groups considered the RCSC/NLRC HIV awareness project as being **highly relevant**. However, it must be mentioned

⁸ UNAIDS progress report 2012

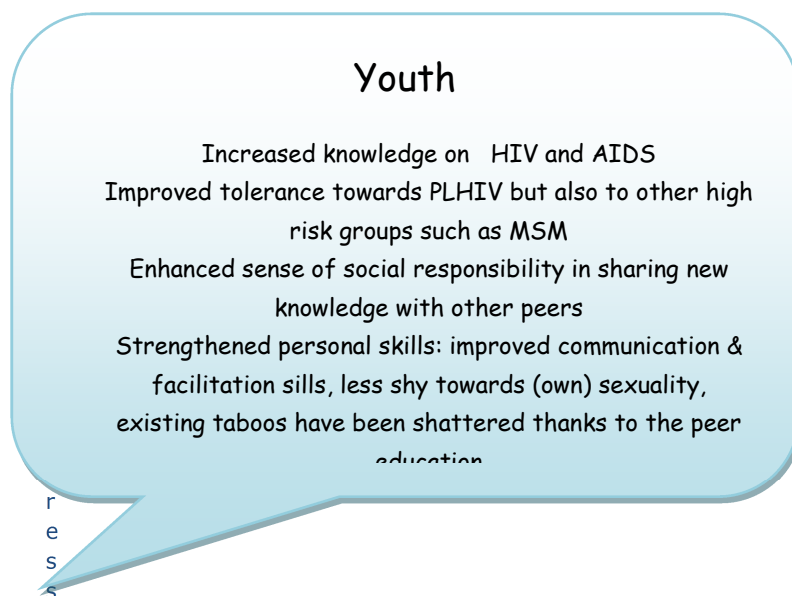
that more substantial qualitative research is needed to be able to measure the project's impact on behavioural change of the targeted high risk groups.

Project staff

Without exceptions all interviewed staff perceived this project under review as necessary, especially taking into consideration the Chinese context and priority-setting towards HIV prevention of the Chinese Government.

In addition, the significant expansion of several targeted PLHIV groups thanks to the project's support was mentioned as one of **the highlights of the project**. The capacity building component was much appreciated, activities such as the trainings on project management, project planning and reporting, and resource mobilization were highly appreciated. For technical support on HIV awareness and anti stigma approaches several national experts were invited to conduct trainings and seminars for staff as well as the involved students. Knowledge of HIV and AIDS and an open attitude towards PLHIV have been essential elements in this project under review. The staff confirmed that they obtained enhanced capacities and skills that enabled them to more efficiently design, implement and monitor HIV prevention and care programmes for different target groups in the future.

Students (Peer education facilitators and Peer educators)

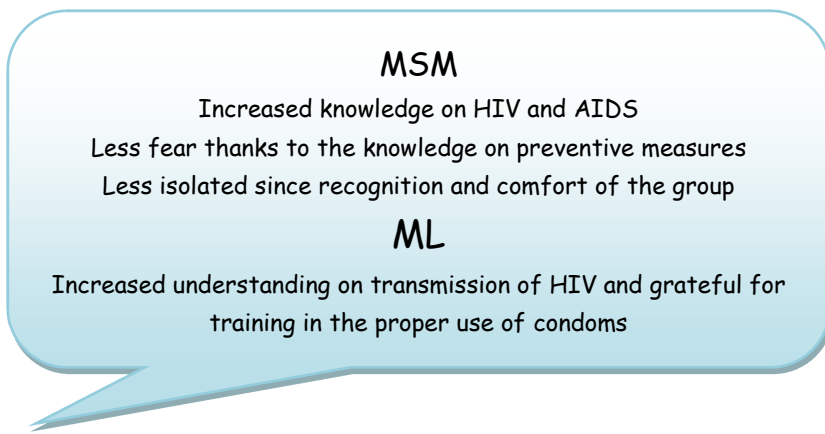


ed positive changes by targeted youth

It was impressive to experience the enthusiasm and transparent group discussions with the student groups in the three provinces. Testing their new knowledge worked out to be positive; talking about sensitive issues did not withhold the group to actively participate in the group discussions. Remarkably was that two peer educator facilitators of one of the targeted vocational schools expressed their difficulties to openly discuss the proper use of condoms during their peer education sessions apparently due to some restrictions from the school's leadership. Whether there have been attempts follow up on this matter by RCSC staff did not become clear.

MSM and ML groups

MSM representatives highlighted that the project's support activities have enhanced their self-esteem, decreased their fear thanks to their new knowledge through peer education and exchange of experiences during the regular group gatherings. In addition, the project's



relevance was significant with regard to the increased awareness, understanding new knowledge among their families and friends

Figure 3: Expressed positive changes by MSM and ML

PLHIV groups

All interviewees have perceived the project as highly relevant, particularly thanks to the committed involvement of RCSC staff, the organizational –and material support the groups have grown into professional associations that have a voice

that is heard and capacities to advocate for improved legislation for PLHIV, better medical treatment and care and not at the least to raise funds for their members in greatest needs.

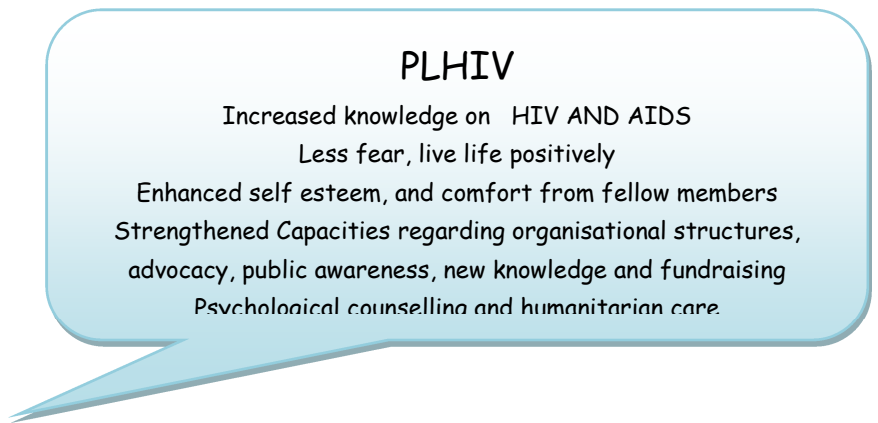


Figure 4: Expressed positive changes by PLHIV

2.2 Effectiveness

2.2.1 The Project’s effectiveness in reaching the Expected Results

After the review of the Project’s Logical Framework, the actual implementation of the planned activities to date linked to the expected results and measured by the determined indicators the following observations and comments could be made:

The project’s strategic objectives have been largely met, with some initially set targets even being exceeded. Where targets have not been met, this has been either due to factors beyond the project’s control or faced difficulties to decide on successful approaches to the often hard to reach high risk groups.

Thanks to the project’s activities the relations with government bodies such as CDC and MoH but also with involved CBOs have been significantly strengthened.

It is not likely that in the context of targeted provinces a dramatic reduction of HIV prevalence could have been achieved over a relatively short time period, nor should it be expected, projected, or anticipated as a result of the project under evaluation. The incidence rate, or the

number of newly detected infections, could be a better, more accurate measure of progress in combating the spread of HIV. However, integrating means you'll need to actively refer to testing facilities and a precise and reliable measurement of HIV incidence rate requires a well-established integrated network of healthcare facilities and a sophisticated epidemiological surveillance system, but the testing services in China are not according to international standards and therefore the project set-up did not include integration which makes the measurement of the project's impact on the overall HIV prevalence and incidence rate impossible.

Looking at the [achievements](#) discussed against the [expected results](#) the following comments could be made⁹:

35,000 young people will have increased awareness and knowledge of HIV, STI and AIDS, better access to condoms and improved condom application skills

A total of **35323 students** directly benefitted from the project's activities and one can assume that at least **another 211938 youth** and family members indirectly benefitted from the new knowledge-sharing from the trained peer educators. A remarkable positive result thanks to the enthusiastic RCSC project staff, peer education facilitators, involved leadership of the targeted universities and the commitment to the set project goals of the efficient NLRC team. Ensuring free access of condoms to youth, and distribution of condoms at universities, middle and vocational schools were often not possible due to school policies. However, from the interviews and observations, it was found that condoms are readily available from vending machines and supermarkets for a reasonable price.

The comparison and analysis of pre-and post tests among the students targeted by peer education showed significant better knowledge on the modes of transmission and prevention and fewer misconceptions, and knowledge on the proper application of condoms. In addition, students who received the peer education interventions suggested to have developed more understanding and tolerance towards PLHIV.

According to the involved project staff another strong result of the project activities organised for the targeted universities, vocational and middle schools was the strengthened relationships between RCSC and these important stakeholders, including provincial and city departments of the Ministry of Education (MoE). These enhanced relations could be of utmost importance for the future programming of HIV prevention activities for youth and could have a snowball effect on other universities not yet involved. Moreover, besides the agreed establishment of RC youth departments in each of targeted universities, thanks to also strong advocacy, already the leadership of some of the involved universities committed themselves to include the Peer Education component on HIV prevention in their study curricula.

Discussion

It would have been interesting to find out and document what activities/factors have had best impact on increased and proper applications of condoms taking into consideration the project's strong focus on HIV preventive measures for all targeted groups. Was it the availability, access, improved knowledge through the IEC materials and therefore positive change in behaviour and attitude towards HIV prevention? Or have the peer educators or trained volunteers equally

⁹ See for detailed quantitative data per target group also Table 1

played a big role? Answers on these questions could help to better formulate future programming on HIV prevention.

The youth very much appreciated the PE training but suggested that the courses should be shorter. Throughout the project's period one cohort over a 2 day week-end were conducted whilst suggested that they could do two cohorts each with a one day course and thus double the number of students they reach. Moreover, the PEF also suggested that proposing one day courses could attract more students to participate. Finally, most interviewed youth suggested more diversity in the content of the training such as educational videos, role plays etc.

20,000 members of target groups specifically vulnerable to HIV and AIDS, including ML, CSW and MSM, will have increased awareness and knowledge of HIV, STI and AIDS, better access to condoms and improved condom application skills

Almost **14000** members of groups specifically vulnerable to HIV and AIDS have directly benefitted from the peer education sessions and have better awareness and knowledge on HIV preventive measures and treatment. They are much more aware about the proper use of condoms as a measure for protection. It can be assumed that over **70000 other persons such as family members, colleagues and friends have indirectly benefitted** from the targeted project activities and have now increased knowledge on STD and HIV prevention and assumingly look now different, and with anticipated fewer tendencies to discrimination of vulnerable groups such as PLHIV and MSM.

Discussion

Reaching out to CSW has faced quite some challenges which explain the small group of (male) CSWs that has been reached. Attempts to work with CSW in the other targeted areas failed, mainly because of the restrictions implemented by local legislation. The PMO representative of the HQ in Beijing expressed her concern about the project's challenges to reach out to more CSW and wondered why not more 'best practices' and 'lessons learnt' from other by RCSC covered areas in China had been considered. This could be partly explained because of the limited ownership and therefore the limited technical involvement of the HQ leadership in the project's approach. Moreover, the question remains whether more CSW (male and female) could have been reached by the project teams in the case that they would have used stronger advocacy approaches and awareness rising activities on this matter. It was further observed that not all involved POs felt sufficiently confident how best to reach out these sensitive target groups.

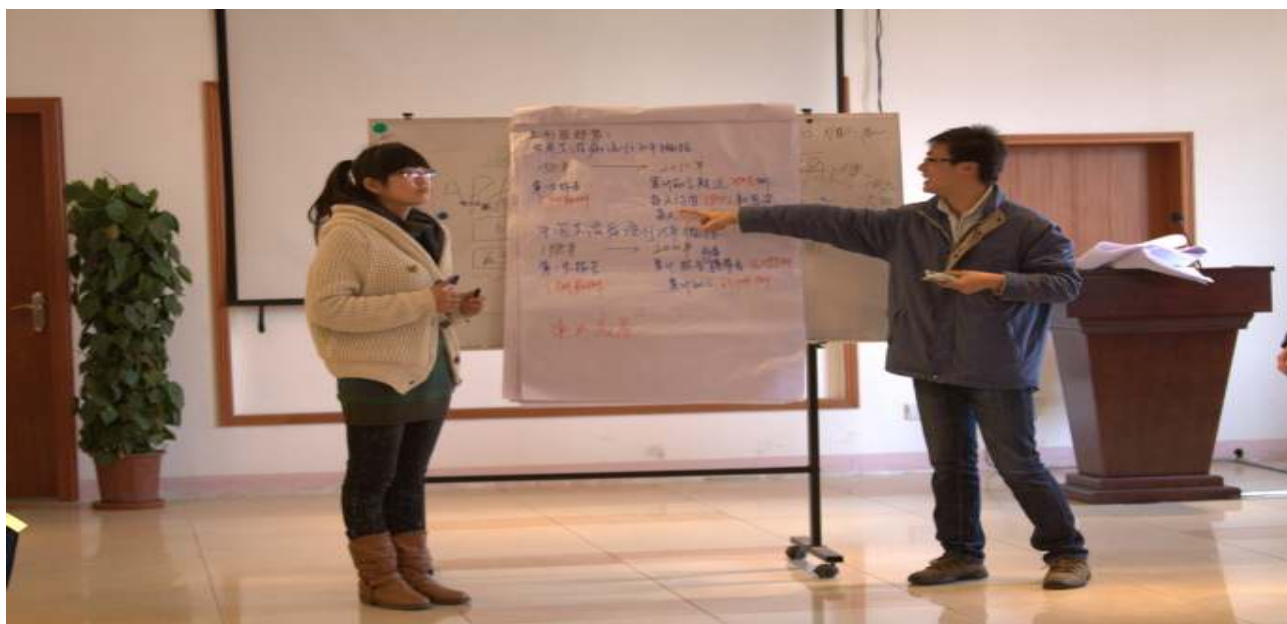
Other factors that also could have played a role are the limited built capacities in some of the involved branches compared with those branches that had significant experience in working with MSM thanks to their determination to reach out to these groups in HIV prevention and care activities prior to the implementation of this project under review but also high turnover of involved staff during the project's time span. More consultation from MSM groups prior to the implementation, and sharing of best practices from other HIV projects in China could have provided useful and innovative tools for other innovative approaches in reaching out to MSM.

Networking and advocacy skills need to be further strengthened to make sure that Red Cross continues with acting as a bridge between the different target groups and (local) authorities.

Strengthening the capacity of the RCSC has contributed to its nationwide HIV prevention mandate and the collaboration between RCSC and CDC, the infectious disease control centres and other relevant government bodies has been remarkably enhanced.

There is need to develop a standard training outline tailored to the particularities and expressed needs of MSM as well as CSW in order to ensure consistency, quality and required impact. Currently these trainings seem to have been conducted using materials that are extracted from Youth PE manual and other sources. In addition it was observed that especially the ML groups had difficulties to grasp the more PE technical parts of the training and required a more practical approach with most focus on HIV transmission routes and the proper use of condoms. Nevertheless, the innovative approach to reaching out to ML and targeting senior and middle management staff of the big construction corporations for PE facilitation bore fruits, the involved health and safety managers expressed their commitment to continue with their training to their fellow ML. It was confirmed that the PE component will be elaborated in the general Health and safety bulletins of the construction companies. With determined support and based on the good experiences with the currently targeted construction corporations, RCSC should try to continue with the application of these positive initiatives to other construction companies in the country.

Picture 3: YPE in Heilongjiang



Enhanced care and support systems for and by people living with and affected by HIV (PLHIV) due to better networks and advocacy

Thanks to the project's services all targeted PLHIV groups, in particular the involved CBOs have strengthened capacities in organisational management, advocacy, and networking. This has been illustrated by not only the strikingly increased number of new member registrations compared with the start of the project but also by the effects of advocacy towards adaptations of local policies that in some areas succeeded in adapted local policies, improved (financial) support for PLHIV, reduced stigma among medical staff, and improved treatment more appropriately tailored to the needs of sick and bedridden patients.

Discussion

Even given the low HIV incidence and prevalence percentages among women in China, there is a need to more effectively address gender issues related to PLHIV, including the continued stigma, and more efforts should be put involving women who have been affected by HIV and AIDS. It was observed that the well organised and dynamic PLHIV groups unfortunately hardly

included women. The interviewed leaders of the PLHIV confirmed this but expressed their challenges how to reach out to these women. They agreed that women who live with HIV need equal attention, comfort and care from these active groups. It is recognized that these affected women are hard to detect, especially when they tend to isolate themselves. However, intensified awareness raising through media, publications, dissemination of business cards and brochures by the involved PLHIV groups might help to convince affected women to join the groups. Moreover, more research, advocacy and training for medical staff is needed for women affected by HIV and AIDS because of the often different symptoms they develop which require appropriate follow up in treatment and care.

Improved knowledge on HIV/ AIDS and general health related topics, e.g. nutrition and health, and skills, e.g. dealing with stress, among PLHIV through training activities fulfilling their actual needs

All training sessions have been actively monitored and reported on by the leadership of the groups and responsible POs using monthly monitoring formats. During the focus group sessions all representatives of these groups confirmed to now have much better inside in treatment, nutrition and health which they subsequently shared with other peers and family. Although members of the interviewed groups confirmed to be involved in psychological counselling of callers of the hotline service and new members, it didn't become clear whether these active and committed members have consistently been trained in counselling by experts or on ad hoc basis. Some of the interviewees who were actively involved in counselling appealed for more tailored training.

Discussion

A point of discussion is the approach regarding the foreseen '*decreased economic isolation through income generating activities (IGA) by people living with and affected by HIV, including feasibility studies, marketing support and necessary training and tools*'. Various support measures, training and items have been given to the PLHIV groups but a way in which to promote income generation for PLHIV has not been fully addressed.

Although in some project areas RCSC managed to set up some small-scale IGA (Christmas cards and other articles such as the red ribbons) with the involved PLHIV; in other areas this activity has not achieved what it had intended. Remarkably, some IGA activities such as the financial management training have been conducted to employed members of the PLHIV groups who expressed their confusion about this activity during the group discussions. It appeared that in this particular case the logical framework (LFW) including all planned activities was considered as a blue print rather than a more flexible tool for planning and guidance. This was confirmed by involved PO who admitted to have had difficulties to develop more effective IGA approaches. When planned activities and/or approaches work out differently and don't have the anticipated impacts, it is strongly advised to always, and in an early stage to seek the consultation with the involved representative of the donor in order to seek their approval for adaptation of the approach or a shift of the budget allocation.

The project's material support (warm clothing, food, hospital fees etc.) provided to the most vulnerable and sick PLHIV was, although heart warming and based on the severe needs of the beneficiary, rather limited and ad hoc, and not sustainable. However, thanks to the organisational support and training in project proposal development and fundraising it is anticipated that the active PLHIV groups will develop more sustainable ways to assist their most vulnerable members.

Increased respect for and tolerance and understanding of people living with and affected by HIV through training of and discussion with people working with PLHIV

Much effort has been put in training in HIV treatment and anti stigma training of medical doctors and RCSC staff by the project teams but also the involved PLHIV groups have been very active in seeking the discussion with medical staff and hospital leadership to successfully advocate for improved treatment and care for PLHIV.

Discussion

It was observed that not all RCSC staff of involved branches has been consistently targeted with anti stigma and HIV prevention training. As every staff member and volunteer of RCSC should be ambassadors of the RC humanitarian principles it is advised to organise PE sessions for HQ as well as the provincial and city branches. According to the interviewed PMO coordinator of RCSC HQ, already all provincial branches have trained peer education facilitators who could take up this important role in the future.

Increased respect for and tolerance and understanding of people living with and affected by HIV through training of and discussion with youth and target groups specifically vulnerable to HIV and AIDS

In some of the project areas some PLHIV members have been actively involved in the peer education, training and gatherings of other targeted high risk groups such as the youth and MSM. Most of the representatives met during the focus group discussions struck the evaluator with their confidence, positive strengths and commitment to help others.

Discussion

It was observed that most of the PLHIV group members (predominantly male) have not disclosed their status to their immediate family members due to stigma and fear of rejection. Efforts should be put in place to carefully involve more family members and HIV positive women.

Despite all project's efforts to de-stigmatize HIV and AIDS, entrenched discrimination towards people who are affected by HIV and AIDS still exists. The stigmatization is dangerous, as it discourages people from adequately learning about HIV, and discourages them from disclosing that they are infected. The government, as well as educators and RC volunteers, must make a consistent effort towards the de-stigmatization of HIV and AIDS, while also recognizing that this will be a long process. Even with strong M&E mechanisms, particularly in the follow up of project's youth activities, no monitoring methods have been developed to effectively follow up and measure impacts on behavioural change and increased tolerance. New knowledge can be tested by the pre-and post tests, but measuring the impact of the project's efforts on behavioural change, reduced stigma and increased tolerance is of course much more of a challenge.

There are different qualitative research methods that could be applied in the future, such as the use of the case study method.

Case studies are analyses of persons, events, decisions, periods, projects, policies, institutions, or other systems that are studied holistically by one or more methods. Rather than using samples and following a rigid protocol (strict set of rules) to examine limited number of variables, case study methods involve an in-depth, longitudinal (over a long period of time) examination of a single instance or event: a **case**. They provide a systematic way of looking at events, collecting, analyzing, and reporting the results. As a result the researcher may gain a sharpened understanding of why the instance happened as it did, and what might become important to look at more extensively in future research.

Improved capacity of RCSC branches due to training and hands-on experience that enables them to independently design, implement and monitor HIV prevention and care programmes with and for different target groups

Evidence of capacity development among project staff was observed in the areas of realistic planning, budget management and forecast, quality and timely report writing in Chinese and English. The capacity strengthening of the RCSC branches in terms of project management and fundraising skills was much appreciated by all involved project staff and their leaders and the skills are already being used for other RCSC activities. Involved project staff has been trained on programme cycle management, project development, monitoring, baseline survey tools development, approaches to access special target groups, and reporting.

Every five months planning and coordination meetings were held between the NLRC team and project staff and every two months planning coordination meetings were conducted between staff and the leaders from each of the target groups. All planning meetings with staff were in combination of training sessions which topics were based on the expressed training needs of the involved project staff.

Table 2: Example of training activities for RCSC staff during the second year of the project's time span

Type of training	Contents	Date/ location
Training on cooperation with community based organisations (CBOs)	<ul style="list-style-type: none"> • Current development of CBO's • Potential cooperation • Role of RCSC in a cooperation 	Nanjing, March 2011
Fund raising training	<ul style="list-style-type: none"> • How to raise funds from external donors • How to write a letter to apply for funds 	Shanghai, July 2011
Meetings with NLRC delegate	Diversity of topics including <ul style="list-style-type: none"> • Project management • Project design • Monitoring 	Over 20 meetings, different project sites
Feedback by phone and e-mail	Improvement of project related documentation including <ul style="list-style-type: none"> • activity plans • narrative and financial reports • monitoring plans • fundraising plans 	Continuously

Quarterly plans, monthly progress- and annual reports were submitted timely to the NLRC team in Shanghai by the most experienced teams from Jiangsu and Heilongjiang Branch. The Anhui provincial branch including Suzhou Red Cross Branch (SZRC-AH) and Chuzhou Red Cross Branch (CZRC)) had been targeted as being the branch in most need for capacity building in HIV and AIDS programming. In addition to the limited capacities it was noted that they had struggled with high turn-over of staff in the middle of the project's time span which impeded the sufficient implementation of some of the planned activities such as the reaching out to MSM and MLs. It was therefore decided to involve Chuzhou branch to take over activities such as training of Migrant labourers as from the first quarter of 2012. The NLRC team paid a lot of attention to the coaching and intensified their support to the Anhui team by offering the involved PO exchange visits with more experienced branches, and extra program support.

Discussion

The impression was given that particularly RCSC HQ's ownership of the project under review has not been as it was supposed to be.

Although RCSC HQ agreed with the role division between NLRC and RCSC that was proposed to EU with little responsibilities described for HQ, it however appeared that there were still

openings for HQ to take charge of for example the planning and coordination meetings and training activities which have not been taken up¹⁰. The provincial branches did actively participate in the design of the project's proposal but only after the target areas and target groups already had been determined by NLRC and HQ. The selection of provinces clearly was based on level of capacity and experience with HIV programming but other selection criteria such as for example HIV prevalence rates, needs assessments and situational analysis, level of cooperation with government and other stakeholders seem not have been reported. The same applies for the selection of target groups, and on which criteria and context in one province ML, MSM and CSW were excluded whilst in others included.

The participating City branches have not been involved in the design of the project which is noteworthy since they often have much better insight in local context and dynamics and should therefore be the key actors in design and implementation. The expressed reason of having had too limited time to involve all stakeholders for the submission of the project proposal is therefore debatable.

NLRC has encouraged the involved branches to seek consultation with the foreseen target groups such as PLHIV and YPE in order to obtain their views and needs on which the reaching out approach could be based on. Unfortunately not all branches managed to follow up on this which could have been one of the key reasons that some of the target groups were hard to be reached during the implementation period. In addition, all branches confirmed that they had experienced difficulties with the strict budget- and financial administration regulations from the donor.

Regarding the strong managerial role of the NLRC regarding the project's implementation, it was halfway the project's time span decided to extend the initially agreed period of 18 months of direct involvement of NLRC to the end of the project's period instead of handing over all managerial responsibilities to RCSC. The main reason according to NLRC was their concern that their partner was not up to the task at that period of the project's time span and hence NLRC feared the risk to impede efficient implementation of the project's activities and the good relations with the donor when not staying on top of the project's implementation. In agreement with RCSC HQ and in consultation with the donor it was decided to extend the position of NLRC programme manager for another 18 months till the end of the project's period. The consequence with regard to required budget re-allocations was solved within the HR budget lines and had no negative impact on program implementation budget lines,

Looking at the overall achievement but particularly the implementation of the capacity building component, including the strong focus on strengthening of efficient planning and coordination of the project's activities, timely reporting, financial management and organised training sessions based on the expressed training needs, and not at the least the expressed appreciation of this component by the involved project staff, the above described decision making on managerial ownership of the project is justifiable. At the other hand remains the question whether this decision has served the principle of ownership by the implementing partner and whether RCSC HQ with increased ownership would have felt more committed to take charge of the project's implementation including the coaching and support of its own staff.

¹⁰ This information was provided by first NLRC program manager who was involved in discussions and proposal development

Increased visibility, understanding and recognition of Red Cross HIV prevention work among targeted communities and relevant authorities

Visibility of the EU and its donation to the project was guaranteed by including proper logos and texts on printed materials and in PowerPoint presentations. IEC materials were designed and printed for all project sites at the same time to make sure unity and visibility was ensured in a proper way. For guidance the communication and visibility manual of the EU was summarized and translated into Chinese for use by RCSC staff involved in the project. Local issues related to visibility appeared to have been quite difficult as branches find the EU rules were rather complex. The HIV newsletter was scheduled to be published on a quarterly basis but not more than 3 editions have been published and distributed due to either late submissions of the stories, or the limited availability of time of RCSC ranch and HQ staff.

Compared to other organisations in the field of HIV and AIDS in China, the Red Cross is the only player with strong connections with both grassroots and governmental organisations. Furthermore their specific experience and skills in outreach work with target groups specifically vulnerable to HIV and AIDS is of great value to the national HIV prevention and care work. However Red Cross needs to expand their efforts to communicate these assets to relevant local and national authorities such as Ministry of Health (MOH), MoE, Ministry of Infrastructure, hospitals, CDC and community workers at local level. Moreover, for improved surveillance, data collection and integrated approaches in the field of HIV and AIDS it is of utmost importance to seek more cooperation of not only relevant Government bodies but also with other (I)NGOs working in this field.

The Chinese Red Cross is well-known in China for their disaster relief operations and blood donor recruitment activities. Their role in HIV prevention and care is less known to the general public. Activities about stigma and discrimination have often been hosted in the weeks prior to major events like Red Cross Day or World Aids Day. Activities ranged from publications in the newspaper to public events on squares or at university campuses. IEC material specifically addressing stigma and discrimination has been disseminated to the target group members attending project activities including Youth, ML, MSM and CSW. Also during visibility activities organized for the general public, IEC-material was distributed to spread knowledge about HIV prevention and care.

According to the interviewees it was thanks to the project approaches on visibility and dissemination of the IEC materials that RCSC's image has improved and their developmental work better recognized by the public.

Discussion

A substantial part of the project's budget has been invested in visibility (over Euro 142,000=15%) and the reviewed reporting on visibility confirmed innovative and successful approaches and sufficient disseminations of strong IEC materials. It would have been interesting to have had more qualitative indicators elaborated in the M&E schemes in order to be able to better measure impact of this visibility component. Coverage of Media has occasionally occurred but has not been sufficiently monitored and followed up by the involved branches.

2.2.2 Impact/outputs of the Project's planned activities: The Key Achievements

The RCSC project teams and NLRC delegation must be praised because of the remarkable result of having reached almost **400.000** direct and indirect beneficiaries. The target of **35.000** youth

has been reached, including over **175.000** students indirectly. It is assumed that at least five other persons for each of the trained youth have indirectly benefitted from shared knowledge on HIV and anti-stigma towards PLHIV and other affected groups. Regarding the other groups vulnerable to HIV **13973** out of the anticipated 20.000 direct beneficiaries have been reached. During the evaluation mission all representatives of the different high risk groups confirmed that they shared their new knowledge with at least 5-10 other friends and family members. In table 2 the number of indirect beneficiaries has been calculated based on the assumption of a minimum of 5 per direct beneficiary.

Table 3: Total number of reached (in) direct beneficiaries

Total number of direct and indirect beneficiaries 2009-2012					
	Youth	MSM	CSW	ML	PLHIV
	Target: 35000			Target: 20.000	
PEER Education	7812	3572	71	1376	7417
TOF & ADV. TOF	258	114		68	
Others (Reported experience sharing, follow up, etc.)	564	273	16	1044	
Anti-Stigma Activity	12595	20			
Internet survey	14094				
Indirect Beneficiaries¹¹	176615	19895	435	12440	37085
Condom distributions	85600 reported distributions to target groups and general public				
Sub-total Direct beneficiaries	35323	3979	89	2488	7417
Total Direct and indirect beneficiaries	211938	23874	524	14928	44502
Total (incl.condom distributions)	381366				

2.2.3 Influencing factors for effectiveness

Across all the three targeted provinces there could be a set of key factors identified that influenced the ability of RCSC teams to carry out their work effectively. These included:

¹¹ Also confirmed by the interviewed representatives of the different target groups, one may assume that least 5 additional persons/direct beneficiary have benefited from the project activities, in particular the HIV knowledge sharing and anti stigma activities.

- The openness of the different stakeholders to HIV prevention and anti stigma and discrimination and their willingness to commit to it. The approach worked best where the actors on the ground were strongly committed to it.
- The strength of the linkages of the RCSC teams with the target groups. Those teams that had already strong linkages with the targeted groups such as MSM and CSW groups prior to the implementation of the project under review were able to implement more effectively.
- The level of experience and strengthened branch capacities thanks to previous HIV interventions.
- The understanding of the determined HIV prevention approach. Where the RCSC teams understood the methodology and felt enough confidence to apply it, this worked very well. This was not the case where there had been rather inexperienced staff involved.
- One of the anticipated achievements of the project was the establishment and/ or strengthening of potential linkages, cross-linkages with universities, hospitals, the PLHIV associations, CDC, linkages to Government and with other stakeholders. It became clear that the most effective approaches occurred where the RCSC teams and involved target groups were able to influence government.
- The level of (beneficiaries and governmental) dependency on humanitarian aid and willingness to change this dependency into increased independence and resilience and self-sufficiency
- RCSC's level of ownership, commitment and capacity in the determined project approach

The best evidence for the strengthening of the targeted .groups came from the groups themselves. In all the three visited provinces the representatives of the involved target groups supported by RCSC confirmed that the project activities increased their capacity to look more positively at their lives and had increased their self esteem and confidence. Some interviewees gave specific examples of how the project intervention had increased their resilience. In some cases, the involved representatives of the targeted groups identified critical enablers for their increased resilience, in addition to whatever physical input was provided. These two expressed enablers were: i) [increased knowledge and social responsibility to share this new knowledge](#) and ii) [being organised and \(pro\) active](#).

2.3 Efficiency

2.3.1 Project's budget allocation and expenditure

Reviewing the Project's budget a percentage of 32% of the total budget was allocated to overhead costs (HR, Office, M&E), 39% to the activities for beneficiaries (incl. Peer Education, PLHIV support, and RCSC capacity strengthening), 15% to visibility activities, 7% to Local travel (from all project partners in china) and 7% to administration costs.

The 18 months extension of the NLRC program management position put some pressure on the initial allocated HR budget for RCSC personnel positions. However, this revision has been done in close communication with the donor and the leadership of RCSR.

Three years after the onset of the intervention 100% of the budget should have been spent (the final financial report is still pending so the evaluator had no insight in final expenditures). However, during the project's implementation some factors seem to have played a role with regard to certain phases of under-expenditure and re-allocations of budget:

- Delayed reporting (narrative as well as financial) from the field that hampered subsequently the timely cash transfers.
- Existing financial management and administration capacities and experience in working with the rules and regulations of international donors
- Ownership and level of commitment

2.3.2 Cost effectiveness/ value of money

The balance between the project benefits and (in) direct beneficiaries could be best judged by the participants themselves. It appeared that the teams that were interviewed were enthusiastic and grateful about the project activities, indicating that they considered it well worth their time to participate. As the project has been based on active community/targeted group's management of the process, this helps to ensure that there is a balance between participation and benefit. Given the impressive number of almost 400.000 people who have benefitted from project, and an unknown number of people reached by the campaigns and IEC materials that were disseminated in the targeted cities, the value of money could be considered as adequate. In addition, the target group's voluntary contributions by spending time for training, meetings, assistance to the most vulnerable and advocacy activities should not be underestimated in the discussion of the value of money within this HIV prevention and anti stigma project.

Developing the capacity of the implementing partner RCSC is expensive (the allocated budget for the costs of training and coordination was highest-26.6% of the total project's budget), and relatively short-time frames mean that there may be little return for this investment. This is a system-wide problem and does not just apply to NLRC and RCSC, but is particularly acute where projects seek to introduce new concepts and methods.

2.3.3 Financial Management

This project is well managed and flexibly implemented and in close communication with involved stakeholders. All inputs are in place and the necessary funding has been disbursed by the EUD. Contractual procedures were understood and although certain aspects of the required EU conditions versus the Chinese Red Cross standards initially caused some confusion.

The involved Project Officers were responsible for the financial transaction and accounting. Monthly and annual financial reports were, with some exceptions, submitted timely. In March 2011, an Internal Financial Audit of the project was performed by the Financial Department of NLRC-HQ. The audit-visit to the three provincial RCSC-branches resulted in a number of recommendations for improvement of the financial accountabilities within the project. The recommendations were submitted to RCSC for follow-up actions. A similar financial audit will be conducted at the of the project's time span.

Within the NLRC team, the national NLRC project officer was responsible for the financial management, the NLRC financial program "Winpaccs", and administration and for the compilation of financial reports after receiving monthly reports from the respective provinces. An unusual finding was that despite the quarterly planning of activities no quarterly narrative/financial reports have been compiled for (internal) monitoring against planning of activities.

2.3.4 Monitoring, LFG, Information management and Reporting

The responsibility for day-to-day monitoring of the operation was with the participating branches but strictly supervised by the NLRC team in order to ensure appropriate accountability, transparency and financial management of the operation and help to identify

and, where possible and necessary, resolve any problems. The situation in the field was reported on through monthly reports and through on the spot monitoring visits. The number of monitoring visits to the branches of the NLRC Delegate was fewer than expected in particular in the first half of 2011 due to a gap in the hand-over from one NLRC Delegate to the other in the period of April to August 2011. In the second half of 2011, therefore more frequent and regular site and monitoring visits to the branches were carried out by the current NLRC-Delegate.

In the first year different monitoring and evaluation approaches and tools on implementing level were developed in order to properly collect data, learn from experience and to improve the effectiveness and efficiency of project activities. Examples of how every project activity has been monitored and evaluated include:

- ✓ a standardized monitoring form for YPE designed by NLRC and RCSC as well as standardized monitoring forms for activities
- ✓ pre- and post-test questionnaires completed from all participants
- ✓ evaluation forms for feed-back after each training session
- ✓ a method for internet based data collection was developed and tested by NLRC and RCSC. This internet based data collection method provides easy-to-analyse data about HIV knowledge and awareness levels among freshmen and sophomore students in the universities where YPE is being implemented.

2.3.5 Programme management and Reporting

Two Annual plans have been drawn up and subsequently there are 5 monthly and 2 monthly plans. Reporting is frequent both written and through visits. For the monthly reporting NLRC developed forms in close collaboration with involved branches. The Project Officers were responsible for the annual and quarterly planning and translation of plans to activities, prepare budget and compile monthly reports from the field are submitted monthly Chinese and translated to English language before forwarding to the NLRC team. Annual reports have been compiled by NLRC.

The NLRC delegate was end responsible for the overall management and implementation of activities. The RCSC program coordinators and Project officers worked closely with MSM, Youth Peer Education and PLHIV group leaders as well as with other RCs staff who are responsible for the different target group.

Many efforts (through coaching, participatory planning) have been put in place to facilitate project cycle management by the local RCSs and programme staff. The programme staff seemed to have developed adequate problem identification skills, a good understanding of the project and was highly motivated and committed.

The role of NLRC in programme implementation was well understood and described as follow: funding, technical support, monitoring of activity implementation (quarterly by the programme manager and yearly by the Regional Representative). All staff interviewed at the RCSC HQ Office (PMO) and implementing local RCSs valued the technical guidance and support provided by the NLRC. The RCSC perceived the project under review as a comprehensive HIV intervention (a model for other provinces) that it would like to capitalize in the coming years.

Discussion

It was observed that the project's monitoring scheme only had data pertaining to their own project and lacked a comprehensive picture of the overall situation. When HIV and AIDS projects are not well integrated into national programming and surveillance it becomes impossible to measure the project's contribution to an effective response to the epidemic in China, or rather in the targeted provinces. For example, according to the World Health

Organization (WHO), in 2007 an online comprehensive HIV and AIDS data system was developed and became operational on 1 January 2008. Data are entered into this system from all HIV and AIDS projects operating in China and are provided as needed to those programmes for monitoring of implementation and assessment of project impact¹². This process permitted a much clearer picture of the country's progress in its HIV AND AIDS response. Since 1 January 2008, monthly, seasonal and annual statistical reports on the implementation of the national HIV and AIDS programme have been generated based on this system. Adequate project planning is crucial for the successful integration of foreign projects into one national programme. The second five-year national action plan is used as a framework for planning foreign-funded HIV AND AIDS projects. Understanding the coverage of all existing HIV and AIDS projects is important to better identify gaps in the national response and to direct the planning of new projects so that they can be well integrated with existing projects.

Baseline information and data analysis

During the review, some baseline data were shared but a copy of the "baseline survey" report with sufficient analyses was not available. The said baseline survey can be safely referred as a situational analysis assessment, and it is recommended to analyze all existing data collected in all targeted areas during the course of the project's implementation before carrying out the end term evaluation of the programme. The absence of clear baseline information and little analysis of collected data that have not been systematically ordered, accumulated and analysed may affect the project's monitoring efforts of activities analysed against the set objectives and expected results.

Advocacy and networking

"...Assist with as much advocacy and networking as possible - call on international experience and best practices elsewhere. Maximise links with other HIV projects in China through the RCSC and International Federation through visibility activities. Ensure all results are presented to the Regional HIV AND AIDS Prevention Committees"....¹³

This strong recommendation of the EU MTR report to put, in addition to completing all activities, more focus on advocacy and networking seems not have been prioritised during final stage of the project.

Role division between NLRC and RCSC

The project document includes a clear definition of roles and responsibilities for both NLRC and RCSC: *"Provincial RC branches of the Chinese Red Cross will be the responsible implementing agents; Netherlands Red Cross will have an advisory role with final responsibility towards the donor."*

According to the targeted provincial RC societies they are autonomous in terms of decision making and received little support from their headquarters on HIV programming. The RCSC HQs created an HIV Project Management Office in Beijing. The office is responsible to oversee all HIV programmes in China irrespective of source of funding (domestic or international), which is under the structure of Project Management Office (PMO). In principle this department was responsible to provide guidance support and working framework in HIV programme implementation and monitoring of activities. However, this support is has not been provided as expected despite experienced program staff at HQ. This to some extent impacted the coherent implementation of the HIV intervention under review.

¹² 34

¹³ ROM report April 2012

It is important for the RCSC to disseminate its HIV strategy, policy and tools at all levels in order to harmonize approaches and ways of working, but also to further utilise its gained experience in the field of HIV prevention in several provinces in China by taking up more ownership in future programming.

Measuring results

A significant challenge exists in the limited amount of evidence-based data available on the social and economic impacts of HIV and AIDS as well as limited knowledge, tangible data and resources on most-at-risk populations. Effective programmatic planning is constrained by the lack of reliable information on key target populations, particularly MSM, PLHIV and CSW, and such as the size of the population in geographical area, behaviour patterns and HIV epidemic among MSM. Monitoring and evaluation should be therefore one of the major focus areas of capacity building of RC and other organisations involved in future HIV and AIDS projects. Keeping the balance between qualitative and quantitative data collection is a challenge in a country where numbers and needs are huge and people are used to work from a quantity approach.

2.3.6 Partnerships and Stakeholders

EU-NLRC/RCSC

Thanks to the efforts of the NLRC Regional Manager and the PM, consultative mechanisms have been established between the EU representative in Beijing and NLRC that resulted in a strong coordination and cooperation linkage which contributed to the Project's results. Regular consultations and sharing of achievements but also faced challenges within the framework of the project are crucial and contributed to not only the sufficient implementation of the project under review but also to improved understanding and recognition of the work of RCSC as being the main implementing partner of NLRC. The latter is of utmost importance for RCSC future programming in the field of HIV awareness, discrimination and anti stigma. It is therefore strongly advised for RCSC HQ to involve the EU delegation in their future plans.

NLRC-RCSC

The existing linkages between NLRC and RCSC have been built since 2005. NLRC's committed and continuous assistance for the development of the HIV prevention projects design and implementation has clearly contributed to the achievements till to date.

As already discussed is that a more enhanced role of RCSC HQ in Coordination, Program Management and M&E would have contributed to their sense of ownership of this project under review and hence would have further positively influenced implementation, not at the least by sharing their experiences and best practices gained from other HIV programs in China.

NLRC/ RCSC-other Red Cross Movement partners

NLRC has established good working relations with the International Federation of Red Cross and Red Crescent Societies (IFRC) and PNS involved in IV programming such as the American Red Cross (ARC) and British Red Cross (BRC), although the latter has no program staff in China but monitors in close communication with RCSC from abroad. Bilateral informal meetings have been organised, especially to share experiences and to reflect on applied methods. Theme-specific coordination meetings however have not been observed.

RCSC-targeted groups/public/Government

The linkages between the project teams of RCSC and target groups have been strong since long, also thanks to previous HIV projects such as MSF and AkzoNobel. Also thanks to the good work, the visibility actions and these excellent linkages with the targeted groups it is considered that the general image and recognition of the work of RCSC among the public has been improved.

Nevertheless, also some challenges were faced regarding the reaching out approaches to the often isolated and stigmatised target groups such as MSM and CSW but also to government bodies. It was observed that depending on the experience in approach of the involved project staff and volunteers (including the Branch leadership) these challenges could be tackled.

Most interviewed managers of RCSC confirmed enhanced relationships with important stakeholders such as CDC, MoH, MoE and Universities and Hospitals. Some branches already have been successful in tenders for local funding for extension of some of the HIV prevention activities. RCSC should put all their efforts in further strengthening of the existing relationships with these important national stakeholders in order to strive to more sustainable action in the future, especially when measures will be taken for optimal integration of all international and national HIV and AIDS related interventions.

2.4 Impact

Considering all achievements the project has had significant impact, especially on the lives of the targeted groups. All target groups acknowledged that they are much better informed thanks to all project activities and efforts of the project teams. The pre and post training tests of their knowledge bear this out. However, whether this translates into changed behaviour is less easy to measure. But all interviewed target groups consistently confirmed it did have changed their understanding and behaviour towards HIV prevention. As to reducing discrimination and stigma, again all target groups, confirmed that it substantially reduced their fear and thus stigma. They appreciated that HIV is a virus that cannot be caught by eating together or being in non-intimate contact. However it is not clear whether the number of people declaring themselves to be HIV positive has increased as general levels of stigma remain high. Nevertheless, according to the interviewed high risk groups it seemed that more people are willing to get themselves tested than before as long as they can do it voluntary.

Interviews showed that in most of the time there was a multiplier effect amongst all target groups, particularly proven amongst the targeted youth thanks to the strong monitoring mechanisms developed for the follow up in this group. The MSM and PLHIV groups confirmed to also have passed on information to friends and other groups and in some cases they had the courage to discuss their new knowledge with their families.

A very important success is that the project has been able to really foster capacities among particularly PLHIV groups to influence government policies to better support PLHIV.

As discussed before, measuring impact in a broader context was not possible. It is advised to involve important stakeholders such as MoH, MoE and CDC, but also other international players in future programmes and to strive for stronger integration of HIV prevention programming into provincial but also national context and existing surveillance mechanisms. In addition, cross-cutting issues such as gender and advocacy should be more prioritised in future programming.

2.5 Sustainability

2.5.1 Volunteer network

A key element of sustainability of the intervention under review is its entry points to the targeted communities, especially realised in universities but also till a certain extend in the targeted high risk groups and PLHIV associations and groups. The project was built on the most unique asset the International Red Cross Movement has - its network of trained volunteers. The RCSC has the largest volunteer network in China, which makes it acceptable to have access to, and work in partnership with vulnerable communities, whilst also having access to policy makers.

2.5.2 Financial sustainability

This project's attempted to raise awareness among national, provincial and prefectural decision makers have partly succeeded by sharing newsletters, and inviting key people to attend activities and networking in order to position the Red Cross more favourably among those organizations who have been receiving far more substantial financial resources from different levels of government, As one of the interviewed managers said: "*We have a good product for sale which the Government could buy..*"

Another avenue for financial sustainability for HIV prevention also comes via CDC. They receive new funds from a new initiative from Global Fund & Gates combined. Thanks to also the capacity building component the targeted CBO's and PLHIV support groups can apply for funds from CDC to host training sessions / organization support / advocacy etc. This has proven quite successful and contributed significantly to the sustainability of these groups.

Finally the continuation of the RCSC branches at different administrative levels is guaranteed and not dependent on externally funded projects, as is their continued involvement with and reliance on volunteers.

2.5.3 Institutional sustainability

The RCSC is one of the implementing partners of the IFRC Global Alliance in the fight against HIV. This entails a long-term commitment to build the HIV prevention peer education and outreach capacities of its national network of 31 provincial branches.

This evaluated project made important contributions in (further) strengthening of the capacities in three targeted provinces. All provincial Red Cross branches are members of the provincial HIV prevention committees. At present there is no other Chinese organisation that has made such a focused effort to develop outreach- and peer education capabilities on a national scale. This project allowed the RCSC to add to the national coverage of these qualities.

A very good example of achieved institutional sustainability is the decision making within the RCSC organisation to elaborate HIV awareness and the reduction of discrimination and stigma components in their Community based Health and First Aid manuals (CBHFA)

The level of project ownership of most of the involved RCSC branches and particularly of the target groups was observed to be high. The youth volunteers in the universities would like to pass on their knowledge skills to future cohorts but this is unlikely without the continued support of the local CRC branches. Policy support exists from the Government and the CRC; however interviews also suggested that HIV prevention is slipping down the list of both sets of priorities.

Close collaboration with government institutions will (if not has) lead to the institutionalization of the HIV related activities of the RCSC, and it is anticipated that, with mutual efforts, the CDC will take over some of these in the future.

The ownership of the project needs to lie both with local Red Cross as well as the gradually growing portfolio of self-help and interest groups that are partners in the project. It has been demonstrated that targeted PLHIV self help groups organised medical specialists to also practice in the dedicated HIV and AIDS hospitals and adapt their treatments to the needs of their clients, who played crucial roles in the advocacy for adapted local government policies towards the PLHIV and organized leisure activities and psychological as well as practical advice for fellow PLHIV.

MSM groups ensured condom availability among the most vulnerable male prostitutes working in public spaces. And even, although at small scale, it can equally be that the targeted CSW relocating to other towns shared their newly gained knowledge with new work colleagues. Perhaps against initial expectation, and therefore to be considered as unexpected results, it must be emphasised that all targeted beneficiaries confirmed to have gained more self esteem, more social responsibility to spread their new knowledge and to have developed new personal skills to better come up for themselves. These achievements definitely have changed their lives and perspective of the future.

2.5.3 Exit strategy

Throughout the project's implementation period, capacities have been built among RCSC staff members and volunteers. Training manuals are created, monitoring templates and forms have been developed which can all be used after NLRC leaves China. Most RCSC branches and HQ mentioned that they will continue with HIV prevention, and maintain the relationships with PLHIV support groups and network of other reached beneficiaries. RCSC HQ has a national HIV strategy up to 2015, which forms the basis of their roadmap for HIV prevention and anti stigma. NLRC also coordinated a by PSO funded a resource mobilisation training component (PSO is a Dutch organisation for capacity strengthening) in 2010/2011 for various branches of RCSC. Subsequently fundraising initiatives among local private business was initiated but whilst some companies showed their interest they eventually pulled back apparently due to non systematic follow up actions by RCSC.

As illustrated in Table 4 which presents the inputs from involved project staff on future HIV programming within a SWOT framework (strengths, weakness, opportunities and threats perceived by the RCSC participants from each of the three targeted provinces), limited resources and how best to develop more fundraising methods were of high concern Fund raising is vital for the continuation of the services established under this programme. The biggest threat to sustainability is the lack of finance. Other key donors in the sector such as Bill Gates and The Global Fund are reportedly pulling out of China or refocusing on tobacco related diseases. The RCSC branches confirmed the (local) government will provide funds but there is no indication as to how much or when. Therefore further advocacy and networking is necessary to help future fundraising and to share skills and experience with other provinces. Here the RCSC (at all levels) but also IFRC could call on the experience/results of other projects too.

Because NLRC will leave China after the adequate closure of the project under review, the shared exit strategy of NLRC included a very detailed exit planning with focus on final reporting, audits, closure of offices and debriefing. This planning was necessary for reasons of efficiency and guidance for NLRC to adequately and within the Donor requirements; close down of the project and to prepare its exit out of China. To ensure that all levels of RCSC have access to all the training modules that were provided with assistance of NLRC and PSO, and taking into

consideration the expressed concern on fundraising methods expressed in the SWOT exercise, it would be convenient to also include all training modules in the exit strategy.

Table 4 Outcome of the **SWOT analysis** with involved project staff on potential HIV prevention future programming in China

Strengths			Weaknesses		
Jiangsu	Anhui	Heilongjiang	Jiangsu	Anhui	Heilongjiang
<p>Increased capacities branches</p> <p>Close linkages with involved volunteers and stakeholders</p> <p>Improved image and recognition of Public</p>	<p>Enhanced relationships with target groups</p> <p>Increased capacities of involved project staff</p>	<p>Strong relations with target groups</p> <p>Strong support from branch management</p> <p>Enhanced capacities of staff and volunteers</p> <p>Multi-sector cooperation</p>	<p>Still too rigid ways of thinking towards new initiatives, and innovativeness</p>	<p>Challenges to reach out to isolated groups such as MSM and CSW</p> <p>Local CBOs still lack the strong leadership necessary for independency and self sufficiency.</p>	<p>Lack of sustainable resources</p>
Opportunities			Threats		
Jiangsu	Anhui	Heilongjiang	Jiangsu	Anhui	Heilongjiang
<p>Enhanced skills and capacities of project staff</p> <p>Enhanced relations with Government gives opportunities for future cooperation and resources</p> <p>HIV context in China and available national funds</p>	<p>Thanks to the support and capacity building activities of the project under review enhanced capacities to work in the field of HIV and AIDS.</p>	<p>Very active target groups that are easy to mobilise</p> <p>Cooperation model between RC and target groups are in place</p> <p>Service systems for target groups have been established and functioning</p>	<p>Difficulties to reach out to new target groups (IDU, CSW, prisoners, MSM, PLHIV)</p> <p>Application of appropriate and innovative project approaches</p> <p>Difference between expectations and final results</p> <p>Rich approaches to</p>	<p>future HIV programming on HIV prevention and anti-stigma largely depends on the RCSC priorities, new policies and leadership</p> <p>Available resources, sustainability</p>	<p>Poor local economy</p> <p>Limited resources programming for HIV</p> <p>Large distances between cities</p> <p>Limited support from social policy makers</p> <p>Poor social environment regarding discrimination and anti-stigma</p> <p>Target groups and CBOs not strong and independent, their</p>

			work with MSM Limited capacities English, project planning and timely implantation		capacities still need to be strengthened
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3. Conclusions and Recommendations

Key findings of the final evaluation are that this EU funded HIV project has done very well, especially in relation to the remarkable result of having reached almost **400.000** direct and indirect beneficiaries. The project’s strategic objectives have been largely met, with some initially set targets even being exceeded. Where targets have not been met, this has been either due to factors beyond the project’s control (local legislation) or faced difficulties in the determination of successful approaches to the often hard to reach high risk groups. This project under review is highly relevant by addressing the needs and priorities related to the HIV and AIDS awareness and stigma within the Chinese context, the National Aids Response on HIV prevention strategies, the IFRC global alliance priorities as well as the RCSC Strategy on HIV prevention.

Moreover, all involved project staff perceived this HIV prevention and care project as a comprehensive programme that aimed at bringing behaviour change among high-risk groups. They also felt that the project positively developed the capacities of RCSC staff and local branches involved in the project in the areas of project cycle management, data collection, planning, reporting and working with high risk groups. The target groups perceived this intervention as highly relevant, interviewed beneficiaries even stated that the intervention positively changed their lives, particularly because of their new knowledge and understanding, increased self esteem and new personal skills.

The youth based peer education intervention has succeeded in improving levels of knowledge on modes of transmission and prevention, and in decreasing levels of stigma and discrimination in a culturally conservative settings. One of the strongest results of the project activities organised for the targeted universities, vocational- and middle schools was the strengthened relationship between RCSC and these important stakeholders including provincial and city departments of the Ministry of Education. These enhanced relations could be of utmost importance for the future programming of HIV prevention activities for youth and could have a snowball effect on other universities and schools not yet involved. A fantastic and sustainable result is that besides the agreed establishment of RC youth departments in each of targeted universities, thanks to strong advocacy already some of the involved universities will include the Peer Education on HIV prevention component in their study curricula.

Empowered and with increased self esteem already some of the by the project supported PLHIV groups have either linked up with other associations or merged in one and successfully applied for national support schemes. This kind of support should be further extended to PLHIV groups in China.

The project has strengthened relations with important stakeholders such as involved universities, construction corporate and not at the least with (local) government bodies such as CDC and PLHIV groups and CBOs.

Evidence of strong capacity development among project staff was observed in the areas of realistic planning, budget management and forecast, quality and timely report writing in Chinese and English. The capacity strengthening of the RCSC branches in terms of project management and fundraising skills was much appreciated by all involved project staff and their leaders and the skills are already being used in some cases for other RCSC activities. Involved project staff has been trained on programme cycle management, project development, monitoring, baseline survey tools development, approaches to access special target groups, and reporting.

Looking at the overall achievements but particularly the implementation of the capacity building component, the decision making on NLRC managerial ownership of the project is justifiable. At the other hand remains the question whether this decision making has served the principle of local ownership and whether particularly the RCSC Headquarters in Beijing with an increased sense of ownership would have felt more committed to take charge of the project's implementation including the coaching and support of its own staff.

Recommendations for the current EU funded HIV Project

Effectiveness

CSW

Reaching out to CSW has faced quite some challenges due to local legislation which explain the small group of (male) CSW that has been reached in the province of Heilongjiang. CSWs should be considered as one of the most vulnerable groups in the Chinese society.

- It is strongly recommended to always include CSW as being one of the most vulnerable groups affected by HIV by using stronger networking, advocacy approaches and awareness rising activities on this matter particularly towards responsible government bodies at national, provincial and city level.

MSM

Not all involved Project officers (PO) felt sufficiently confident how best to reach out to sensitive target groups such as MSM. Other factors that also could have played a role are the limited built capacities compared with those branches that had significant experience in working with MSM thanks to their determination to reach out to these groups in HIV prevention and care activities prior to the implementation of this project. In addition there has been a rather high turnover of involved staff during the project's time span.

- Proper research and consultation with these high risk groups prior to the implementation, intensified training on communication skills and anti stigma, and sharing of best practices could provide more useful and innovative tools for more appropriate approaches in reaching out to MSM.

Migrant Labourers

The innovative approach to reaching out to ML and the targeting of senior and middle management staff of the big construction corporations for PE facilitation bore fruits. The

involved health and safety managers expressed their commitment to continue with their trainings to their fellow men and the PE component will be elaborated in the general Health and safety bulletins of the construction companies.

- Considering the importance of reaching out to this high risk groups it is recommended that RCSC continue with their successful approaches towards other construction companies in the country.

Training and training materials

The youth peer education followed the IFRC model and RCSC training manual. Similarly the trainings provided for MSM, CSW and ML were of good quality although the PE training manual or defined curriculum for the training of these particular groups could have been better adapted to the characteristics of the target groups.

- It is recommended to shorten the PE courses for students to 2 x one day sessions and bring in more diversity with regard to the training curriculum (educational videos, role plays etc.). One day courses could attract more students to participate.
- It was observed that especially the ML groups had difficulties to grasp the more PE technical parts of the training and therefore it is recommended to develop a more practical “down to earth” training with less technical information and more focus on HIV transmission routes and the proper use of condoms.

Visibility, dissemination of IEC materials, networking

- It is advised to always include qualitative M&E tools in the project design in order to better measure possible impact of the activities in the field of visibility and dissemination of innovative IEC materials.

Efficiency

This project was very well managed and flexibly implemented and in discussion with involved stakeholders. All inputs are in place and the necessary funding has been disbursed by the EUD.

Monitoring and Evaluation

Effective programmatic planning is constrained by the lack of reliable information on key target populations, particularly MSM, PLHIV and CSW, and such as the size of the population in geographical area, behaviour patterns and HIV epidemic among MSM.

- For appropriate M&E always analyse baseline data and consolidate a report prior to the implementation or during the inception period of new projects. It is advised to use more accurate figures as a baseline and the follow up of local annual health reports/surveys and studies needs to be prioritized to be able to measure potential impact of new HIV and AIDS interventions on the health status of targeted populations.
- M&E mechanisms were in place although the quality and follow up varied per target group, most focus was on the monitoring of Youth and PLHIV. Besides, the collection of data, though efficiently carried out, was not always consistently analysed and documented.

- It is of utmost importance to prepare qualitative data collection tools in order to much better capture impact of the intervention on people’s lives, knowledge, behaviour, and attitude and positive living. On an individual bases, and at randomly, new clients should be selected and followed during the different stages of support. These case studies should be carefully documented and should include testimonies and pictures that demonstrate increased quality of life.
- It is advised to always conduct Rapid Participatory Assessments (RPA) prior to the design and implementation of new HIV awareness programs aiming on detailed situational analysis and the collection of relevant and baseline-tailored information from the different target groups. Involved Universities as being key partners of RCSC could be of great assistance during these exercises.
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Impact

The achievements such as improved knowledge and positive behavioural change within the targeted groups are impressive and are assumed to have lasting effects on the health situation and behaviour of the clients after the project has finished. It is assumed that the representatives from targeted groups and trained volunteers will continue with peer education activities and counselling after the project’s has ended, also with the support from RCSC permanent structures in the targeted areas. The project activities likely to have the greatest achievements were those that fostered the client’s ability to influence government. This ability demanded not only that the targeted groups needed to be organised, but that the organisation was also legitimate and credible.

Sustainability

The project was built on the most unique asset the International Red Cross Movement has - its network of active branches at province and city level and its trained volunteers and staff. The RCSC has the largest volunteer network in China, which makes it acceptable to have access to, and work in partnership with vulnerable communities, whilst also having access to policy makers. A very good example of achieved institutional sustainability is the decision making within the RCSC organisation to elaborate HIV awareness and the reduction of discrimination and stigma components in their Community based Health and First Aid manuals (CBHFA)

Another key element of sustainability has been the project’s entry points in the community, especially realised in the targeted universities and schools but also till a certain extend in the targeted high risk groups and PLHIV associations and groups.

Given the impressive impact of the project activities at all levels, it is crucial that the project sustains the core activities of the project and look into future opportunities as soon as possible:

At the city level

It would benefit the future project activities if

- High risk groups were encouraged to form groups with the aim of representing them in relation to this project and develop other types of activities such as income generating or micro-credit

- The initiative described above could be looked into and possibly further replicated /improved in other communities. That with the overall aim of forming CBOs which would eventually represent people vulnerable to HIV towards the local authorities and do lobbying to receive more services (ART treatment, economical support).

At the province/national level

- It is recommended that RCSC does even do more lobbying towards local/national authorities, in order to increase sustainability of its interventions. It is crucial not to have future projects depending exclusively on other partners, and to institutionalize the services provided by the project.

At the RCSC level

New policy areas of special emphasis in China's new 5-year action plan should include reducing stigma and discrimination, encouraging greater civil society participation, HIV routine testing, partner notification, and management of opportunistic infections and co-infections with tuberculosis and hepatitis, and treatment of the mobile population. It is therefore recommended that RCSC continues to play a crucial role in these foreseen future dynamics in the field of HIV awareness and reduction of stigma by positioning themselves as being strong experts in this field of work.

- Intensifying the capacity strengthening activities of the branch staff will further enhance RCSC organisational ability to secure funds for the future.
- It is strongly recommended to further "market" the unique position of RCSC with regard to its strength to connect with volunteers and vulnerable groups and not at the least its entry points through volunteer structures in the targeted communities (already established in targeted universities). The smart positioning of this niche of RCSC will be recognised by other potential partners in the humanitarian world, by Government and, when well strategized, by the private sector in China.
- RCSC should adopt, as a formal objective for its HIV awareness interventions, the building of strong credible community organisations/ Community based action groups that can influence government policies. It is not easy, it takes time, and it demands skilled staff to make it happen. RCSC staff needs increased knowledge of HIV awareness and skills in community-driven development. This requires continuous support for building the capacity, not only the direct project staff needs to be further trained but also key staff at HQ level in order to appropriately monitor, supervise and coach the staff on the ground.

Exit strategy

- It is recommended that NLRC compiles all training topics, developed reporting and monitoring forms and includes useful methods and frameworks on advocacy and networking and on resource mobilisation and relation management that could assist RCSR with their future HIV programming and strive to become less dependent on international donors.

Recommendations for Future HIV programming

Visibility, dissemination of best practices, networking

The project carried out several innovative campaigns and community activities to address stigma and discrimination attached to HIV and AIDS. Nevertheless it is too early to assess the impact of such activities and discrimination and stigma (both external and internal remains) high.

- Each RCSC staff member and volunteer should be aware that all of them should be able to act as “ambassadors of RCSC” and therefore always should be well informed of ongoing activities, including the new experiences that came with this HIV awareness intervention. It is therefore strongly advised to put efforts on the continuous dissemination of best practices and lessons learnt from this project through final newsletters that include the summary of achievements, and workshops with other important stakeholders. The applied approaches might be recognized by government and other non-traditional donors during these workshops and hence encourage new partnerships.
- Most interviewed staff of the involved RCSC branches confirmed enhanced relationships with important stakeholders such as CDC, MoH, MoE, targeted universities and hospitals. Thanks to these enhanced relations with local government bodies some of the involved branches already have been successful in tenders for local funding for extension of some of the HIV prevention activities. It is therefore highly recommended to maintain and further strengthen the established networks and to expand HIV networking activities to also other areas in China

M&E

- In future programming, M&E systems should be strengthened by incorporating the findings of the baseline survey into the project design. Indicators should be thoroughly designed accordingly and changes during program implementation should be reported at all levels in a timely manner and officially approved by all partners.
- In future HIV programming it would be interesting to include more qualitative M&E tools that could assist to study and document impact on behavioural change, what activities/factors have had best impact. For example, with regard to increased and proper condom use how best to measure and what factors played a role? Was it the availability, access, improved knowledge through the IEC materials and therefore positive change in behaviour and attitude towards HIV prevention? Or have the peer educators or trained volunteers equally played a big role? Answers on these questions could help to better formulate new approaches.
- The objectives formulated at the onset of the project did not carefully follow the SMART principle. It is important that the objectives in future program design will be measurable so that the M&E schemes could be put to good use.

IGA approaches and material support

Most vulnerable PLHIV households do experience food insecurity and this may continue to affect their nutrition status and therefore their health status and adherence to treatment. IGA and nutritional/material support for the most vulnerable PLHIV was essential but small in essence for the success and impact of this component.

- It advised that future HIV programming include strong advocacy mechanisms to prioritise also home care for newly identified most vulnerable clients and to strongly monitor their stages of recovery. This kind of support obviously is the basis for meaningful rebuilding and empowering the lives of the enrolled PLHIV.
- The material support component of the intervention was not clearly defined at the start of the programme; hence particularly ad hoc approaches have been carried out in the areas of care and support for PLHIV. It is therefore recommended for future HIV programming to better define the care and material support component with references made to the IFRC model and help the PLHIV CBOs and other self-help groups to raise funds for more continuous material support and care for the most vulnerable people.
- Study the market and particular IGA needs of most vulnerable PLHIV
- Always monitor results of IGA approaches to learn from successes and failures, if required change/adapt approach.

Ownership

Reflecting on the partnership between NLRC and RCSC, the involved local RC branches had sufficient ownership of the HIV project. However, the involvement of HQ of RCSC in Beijing was unfortunately rather limited. This has not only lead to less motivation to commit to the project, limited involvement and feeling of responsibility towards the project's appropriate and efficient implementation but also for NLRC to keep strong charge throughout the project's time span.

The strong capacity building component for the PLHIV self-help groups/CBOs has lead to stronger ownership and therefore contributed to the sustainability of these groups.

- For future HIV programming with other partners both NLRC and RCSC are advised to always prioritise, without exceptions, investment in ownership at all levels of the implementing partner(s) in project design, selection of target groups and areas, responsibilities for coordination, planning and implementation; even within the context of complex and strict requirements of the Donor.
- The role the leaders of the self-help groups and PEF for students play for its members and wider communities should not be underestimated. They have a very responsible task in these groups and in their respective communities and therefore it is recommended for potential future HIV programming to put even more priority on their training and exemplary roles that could help their fellow community members to think differently about PLHIV.

Centre for Disease Control

- It is strongly advised that RCSC further build on the enhanced relations with CDC because in China only CDC is officially entitled to carry out HIV testing and registration and can therefore regularly provide the China Red Cross with updated HIV prevalence statistics and help to gain access to people living with HIV by referring them to Red Cross and PLHIV support groups.
- RCSC should put all their efforts in further strengthening of the existing relationships with national and local stakeholders in order to strive to more sustainable action in the

future, especially when measures will be taken for optimal integration of all international and national HIV and AIDS related interventions.

PLHIV

- Based on the successful project approaches for PLHIV it is recommended for future programming to maintain the strongly built relations with these groups, invest in capacity building and continue with training on disclosure and self stigma reduction, applying carefully determined approaches in close consultation with the groups to also involve family members in household care and support, positive prevention, and universal precaution is strongly recommended.
- RCSC should look into further streamlining and strengthening its social and right-based approach through continuous support to the PLHIV and other high risk groups formed at the community level to develop themselves in community based organizations. This will give them an even stronger voice and therefore improved resilience. This could be achieved through capacity building in advocacy and awareness raising, leadership skills and organisational management, including financial management and fundraising. That, combined with creating more linkages between the local authorities and the involved organised groups, could eventually empower them to better advocate for their rights.
- In some of the project areas some PLHIV members have been actively involved in the peer education, training and gatherings of other targeted high risk groups such as the youth and MSM. Most of the representatives met during the focus group discussions struck the evaluator with their confidence, positive strengths and commitment to help others. It is therefore recommended to utilise these strengths and skills of these key actors and to continue or even expand the professional participation of PLHIV in the future HIV programming of HIV prevention and Care activities. Since PLHIV often have other strong networks such as with MSM and CSW, they could facilitate and/or even be the entry points for the RCSC outreach work in the future. In addition, hiring staff from the target groups (MSM and PLHIV) contributes to greater involvement of target beneficiaries in the planning and implementation of interventions, in addressing stigma and discrimination and strengthening ownership among the beneficiaries.

Advocacy strategy

- The RCSC need to have an advocacy strategy / framework and continue to actively advocate on behalf and for the vulnerable / specific at risk groups and PLHIV to address stigma among the general population and ensure access to HIV services. It is recommended that NLRC assists with some useful frameworks on advocacy and networking based on their experiences and best practices in other countries.
- Future programming on HIV awareness should also include more synergies with other organisations and CBOs in the targeted areas. RCSC has a strong presence in all provinces and many cities in China and therefore should not shy away from taking up a much stronger leading role in improved collaboration and coordination with government and other (new!) partners and even should make efforts to link up with the private sector.
- RCSC should continuously advocate for better access and reaching out to CSW by analysing local challenges and further strengthen the established relations with involved

local authorities and CDC in order to better determine their approaches in reaching out to high risk groups such as CSW.

HIV workplace programming

- It is recommended to implement a HIV workplace programme and develop a workplace policy to address internal stigma in each of the branches of RCSC with assistance of the already trained Peer Education facilitators.
- Continuous dissemination of IEC materials was one of the focus areas of the intervention. But impact of these materials on the wider public is not clear and maybe hard to measure when not documenting its effects on the target population. Baseline findings didn't indicate the major sources of information on HIV awareness. A lesson learnt in this respect is to have appropriate baseline research in place before determining approaches such as visibility activities, campaigns and dissemination of IEC materials. Besides, it is important to develop monitoring mechanism to measure impact on the public. For example, increased contact with local radio/TV stations to advocate for regular HIV awareness messages and advocacy for discrimination and stigma reduction should be therefore prioritized. These regular advertisements could also have positive effects on the visibility of RCSC and its meaningful activities in the area.

IGA and material support

- There is no shortcut to the process of learning from mistakes in income generation. Achieving positive impacts with income generation depends on an extraordinary good knowledge of the economic environment as well as the groups RCSC wants to support. Both dimensions can and should be explored by means of a robust market research and monitoring and evaluation (M & E) system.
- Advocacy at higher level / government authorities, structured mass media campaigns and other approaches should be explored to address external stigma. In this context, the RCSC headquarters need to play a leading and significant role and guide the local RCSs in addressing stigma and discrimination. Moreover, the local RCSC branches should use their position (auxiliary to the government) and enhanced relations with important stakeholders like CDC and MoH to advocate for a better access of HIV prevention and treatment services.
- Studies have shown that (voluntary!) testing is an important strategy for changing high-risk behaviours of people living with HIV while also reducing the spread. Recent studies show that people living with HIV reduce high-risk behaviours by 60% after learning their status. And if the infection is discovered at an early stage and treatment begins immediately, the risk of disease transmission through sex will be reduced by 96%. Based on these research results, there are two core philosophies in the field of HIV awareness and prevention: *testing is an important measure for intervention and treatment is an important means of prevention and control*. It is therefore recommended that RCSC includes innovative approaches in their future HIV contribute to increased voluntary testing and adequate treatment as important means to increase HIV awareness.
- For RCSC it is strongly advised to not to lose the momentum regarding their priority setting for HIV awareness and anti discrimination and stigma programming since their capacities have been remarkably strengthened and the scope of the problem in China is high. Strong cooperation with governmental bodies, especially MOH and local

departments of CDC, but also its positioning and marketing in the field of HIV and AIDS towards government but also international donors such as EU (by further building on the established relationships) is therefore of utmost importance.