



Mid-term Evaluation Report on The HomeAIDS Project for AIDS Prevention and Capacity Building in the Local Community

By Dr WAN Wai Yee

July 2007

Dr WAN Wai Yee

Director

Public Health Consultancy Network

Specialist in Public Health

M.B., B.S. (HK),

Dip Epidemiology and Applied Statistics (HK),

M. Med (Public Health) (Singapore),

M.R.C.P. (UK),

M.F.P.H.M. (UK),

F.F.P.H.(UK),

F.H.K.C.C.M. (HK),

F.H.K.A.M. (Community Medicine)

尹慧兒醫生

公共衛生顧問網絡 總監

公共衛生科專科醫生

香港大學內外全科醫學士，

香港中文大學流行病學與應用統計學文憑，

新加坡國立大學公共衛生科醫學碩士，

英國皇家內科醫學院院士，

香港社會醫學院院士，

香港醫學專科學院院士 (社會醫學)，

英國皇家內科醫學院公共衛生醫學科院士



DrWYWan@PublicHealthConsultancy.com

Special Thanks to the
Evaluation Team Members in the Field Investigation

- Dr Wang Ruxun
- Mr Stuart Manning
- Dr Claire Campbell
- Ms Alma Acub

Table of Content

Preface.....	6
1. Executive Summary.....	7
2. Background.....	9
2.1 AIDS in China.....	9
2.1.1 Yunnan HIV Epidemic is Mainly IDU-driven	9
2.1.2 HIV Risk in Migrant Population.....	9
2.1.3 Importance on Education to the General Population	9
2.2 HomeAIDS in Yunnan	10
2.3 Human Capacity Development Project.....	11
2.3.1 The Objectives to be Achieved	11
2.3.2 The Four Levels of Human Capacity to be Developed in HA.....	12
2.4 What are the Factors for Sustainability?.....	13
3 Objectives of the Study and Methods.....	14
3.1 Aims of the Evaluation	14
3.2 An Evidence-based and Consultative Approach.....	14
3.3 Methods Employed	14
3.3.1 Review of Available Service Data	14
3.3.2 Initial Interview with HomeAIDS Staffs and Salvation Army Officials ..	14
3.3.3 Conducting Focus Groups and In-depth Interviews	14
3.3.4 Conducting Field Visits to the Community	15
3.3.5 Self-assessment of AIDS Competence by the HA Staffs and Relevant Stakeholders.....	15
4. Results	16
4.1 HomeAIDS as an Information and Resource Centre.....	16
4.1.1 Activities Indices for Centre-based Function of HomeAIDS	16
4.1.2 Centre-based Function is Complementary to Other Activities	19
4.2 Volunteers Development Programme	19
4.2.1 Activities Indices of the Volunteer System in the College.....	20
4.2.2 Services Offered by College Volunteers	21
4.2.3 Essential Components of the Volunteer System	21
4.2.4. The Strength of the Volunteer Programme.....	23
4.3 Community Service Programmes	25
4.3.1 The Profile and Activity Indices of the Target Communities	26
4.3.2 Essential Components of the Community Service Programme.....	27

4.3.3.	The Range of Activities Held in the Community.....	28
4.3.4	Strength of Community Service.....	28
4.4	Advocacy Functions of the HA.....	33
4.5	Self-Assessment of the AIDS Competencies	33
4.6	Sustainability Assessment.....	33
4.6.1	Management and Organisation Aspect	34
4.6.2	Technical and Professional Aspect.....	35
4.6.3	Financial and Political Aspect.....	35
5.	Conclusion and The Ways Forward	37

List of Appendices

Appendix A - The List of Important Local Partners for HomeAIDS.....	39
Appendix B - List of people consulted	43
Appendix C - Self-assessment Report	47
Reference	51

List of Tables

<u>Table 1. Different Levels of Human Capacity to be Developed in HomeAIDS.....</u>	<u>12</u>
<u>Table 2. Nine Key Factors to Affect Sustainability According to a Model from The Australian Agency for International Development (AusAID, 2005).....</u>	<u>13</u>
<u>Table 3. The Dimensions on AIDS Competence</u>	<u>16</u>
<u>Table 4. Indices for Centre-based Activities in HomeAIDS.....</u>	<u>17</u>
<u>Table 5. Activity Indices for the College Volunteers System.....</u>	<u>20</u>
<u>Table 6. Basic Components of the Volunteer System in College.....</u>	<u>21</u>
<u>Table 7. Testimonies of The College Volunteers.....</u>	<u>23</u>
<u>Table 8. The Strength of the College Volunteer System</u>	<u>24</u>
<u>Table 9. The Basic Profile and Activity Indices for the Community Service Programme.....</u>	<u>26</u>
<u>Table 10. The Strength of the Community Service Programme</u>	<u>29</u>
<u>Table 11. Testimonies of the Volunteers of the Community Service Programme</u>	<u>31</u>
<u>Table 12. Testimonies of Other Participants of the Community Service Programme .</u>	<u>32</u>

Preface

The Evaluation Team

In June 2007, China Development Department of The Salvation Army Hong Kong and Macau Command commissioned an evaluation for the HomeAIDS HIV/AIDS Human Capacity Development Project. The Evaluation Team consisted of Dr WAN Wai Yee, Director of Public Health Consultancy Network, Dr Wang Ruxun, the Chairman of the HIV/Sexual Disease Association of the Yunnan, and three evaluators from The Salvation Army Asia-Pacific Regional Facilitation Team (Stuart Manning, Alma Acub, Dr Claire Campbell).

Field Investigations

Field investigation to HomeAIDS in Kun Ming was conducted from 21 to 24 June 2007.

The Facilitation Team led two sessions of self-assessment exercise for the AIDS Competence, one for the partners representing the colleges, NGOs and media on 22 June, and the other solely with HA staffs on 23 June. The self-assessment report in Appendix C was contributed by the Facilitation Team.

Compilation of Report

Dr Wan acted as the team leader and coordinate the process of the evaluation, and was in charge of drafting of this report.

Special thanks go to the local partners who were being consulted during our field investigation, and their names are recorded in Appendix B in this report.

The report was passed to members of the investigation team for comments.

The final views are those of the undersigned external evaluator and do not reflect that of The Salvation Army.

1. Executive Summary

Introduction

In June 2007, China Development Department of The Salvation Army Hong Kong and Macau Command commissioned a mid-term evaluation with the HomeAIDS HIV/AIDS Human Capacity Development Project (PD 2443) which has a project cycle from 2005 to December 2008. The evaluation team consisted of Dr WAN Wai Yee, Director of Public Health Consultancy Network, Dr WANG Ruxun, the Chairman of the HIV/Sexual Disease Association of the Yunnan, and three evaluators from The Salvation Army Asia-Pacific Regional Facilitation Team (Stuart MANNING, Alma ACUB, Dr Claire CAMPBELL). The field investigation lasted from 21 to 24 June 2007.

The aims of the study are to evaluate and summarize the project experience and lessons learnt in the past 2 years, to assess the human capacity development in the programme, to suggest the way forward for the project in the remaining term, and the possible strategies for sustainability beyond 2008.

Methods

An evidence-based and consultative approach was employed. The team obtained various parameters related to the service statistics, gathered new information to fill in gaps during the field study, and consulted representatives from the stakeholders to collect their opinions on specific aspects via in-depth interviews and focus group discussions. There was a self-assessment exercise of AIDS Competence by the HomeAIDS staffs and relevant stakeholders.

Results

The main functions delivered by HomeAIDS were assessed, with respective to the operation of the information and resource centre, volunteers development, the community service and advocacy functions. Overall, the project was effective according to quantitative and qualitative parameters. Further analysis has identified the essential components and the strength and potentials for each main programme.

For the college Volunteer System, the basic components were identified to be the recruitment, activities management, capacity building, evaluation and commendation, the main attributes which contributed to the success of the programme were the matching of the micro-environment, the attendance to volunteers' need, the sense of

ownership and generating passion for the volunteerism.

For the community service programme, HomeAIDS has pioneered a successful model to access the hard-to-reach population (the drug users and mobile population) with a remarkable penetration and a broad interfacing, while supported by the volunteer system to maintain the scale of impact. The programme can foster the social capital and promote acceptance of PLWA in the long-term.

In order to achieve sustainability, the following six suggestions are made. Regarding the management and organisational aspects, HomeAIDS should (1) re-establish an inventory with the function and logistics of the resource centre in HA clearly stated. The information and HIV knowledge should be documented and classified and retrieved readily for future use, and (2) to review the job description of the 3-staff system in HA and to empower the volunteer teams and to share the staffs' work burden. Regarding the technical and professional aspects, HomeAIDS should aim at the replication of its experience to achieve a greater impact, and it should strive (3) to build a tool kit for the volunteer system, which describe the essence to replicate the experience to other locations, and (4) to develop the best practices and information kit for the community service programme. To improve its financial and political sustainability, it is advised that (5) HA should proceed to registration as a legally sustainable entity, capable of fund-raising and (6) The HA should seek more proactive roles to be represented in local government and in various NGOs arena.

Ways Forward

HomeAIDS HIV/AIDS Human Capacity Development Project is an effective programme. Building on the competence of the organization and human capacity developed, HomeAIDS should continue to strengthen its current profile, and to instill innovations to serve the drug-users and the hard-to-reach population, and to explore partnerships for income generation.

2. Background

2.1 AIDS in China

According to the UNAIDS 2007 global report, China's HIV epidemic remains low prevalence overall, but there are pockets of high infection among specific sub-populations and in some localities. It was estimated that as of late 2005, 650,000 people were living with HIV/AIDS, of which 75,000 had developed AIDS, and country-wide HIV prevalence averaged 0.05% (range: 0.04 to 0.06%)¹.

2.1.1 Yunnan HIV Epidemic is Mainly IDU-driven

In China, two-fifth (44.3%) of the estimated HIV/AIDS cases acquired the infection via intravenous-drug use (IDU), which corresponded to 288,000 drug users living with HIV/AIDS. It was estimated that 89.5% of the infected drug users were concentrated in just seven provinces in China, and among them Yunnan has the highest HIV prevalence. Yunnan Province was described as one of the longest running, IDU driven epidemic provinces² by UNAIDS. In Yunnan, 74.6% of infections were spread among injecting drug users sharing syringes and needles, 12.2% through unprotected sexual contact, and 0.2% through mother-to-child transmission. The epidemic has been continually fuelled by new infections among the injecting drug users at the Myanmar border, high proportion of mobile population and unsafe sex.

2.1.2 HIV Risk in Migrant Population

China has 100–120 million people who travel away from their homes for work each year³. Migrants represent special risk factors in HIV prevention⁴. Compared to the general population, migrants are usually younger - in the sexually active age, and they often have higher prevalence of drug and alcohol use⁵. They are also connected with commercial sex: migrant women of rural origin often lack good education and job skills, so a proportion of them are recruited into sex work⁶; migrant men are likely to become clients of commercial sex workers when far from home and with increased disposable income. Migrants present special challenges for HIV prevention as they are often difficult to target.

2.1.3 Importance on Education to the General Population

While traditional health promotion programmes for HIV prevention emphasizes targeted prevention towards the high risk populations, it is important to educate the general population as well, since the epidemic can spread readily from high-risk

populations. It is noteworthy that Yunnan is an example of the high prevalence provinces, in which HIV prevalence is already >1% among pregnant women and those receiving premarital and clinical HIV testing.

The community acceptance of PLWA cannot be achieved without the public acknowledgement of basic HIV knowledge. Success of HIV prevention projects for injection drug users are also dependent on the support of the communities in which they are implemented. Peer educators and community outreach programmes in IDU have been shown to be more effective, if levels of knowledge and positive attitudes in community improve⁷.

2.2 HomeAIDS in Yunnan

HomeAIDS (HA) is an HIV/AIDS consultation and service centre, situated in Kun Ming, the capital of Yunnan Province. It was launched in 2002, obtaining the majority of its funding initially from Australian Agency for International Development, AusAID. Since 2005, HA has been funded by a four-year project under the Norwegian Agency for Development Co-operation, the NORAD.

Three organisations are in close collaboration with HA and provide supervisory and advisory functions : The Salvation Army, The Yunnan Red Cross Society, and the Yunnan International NGOs Society, YINGOS.

At present, the HA has a total of 3 staffs. The Centre Manager is the overall in-charge of the organisation. There is one Project Manager who looks after the project functions, information management and website, and an Administrative Assistant who is in charge of all administrative and financial duties. The present organisation chart can be represented in Figure 1.

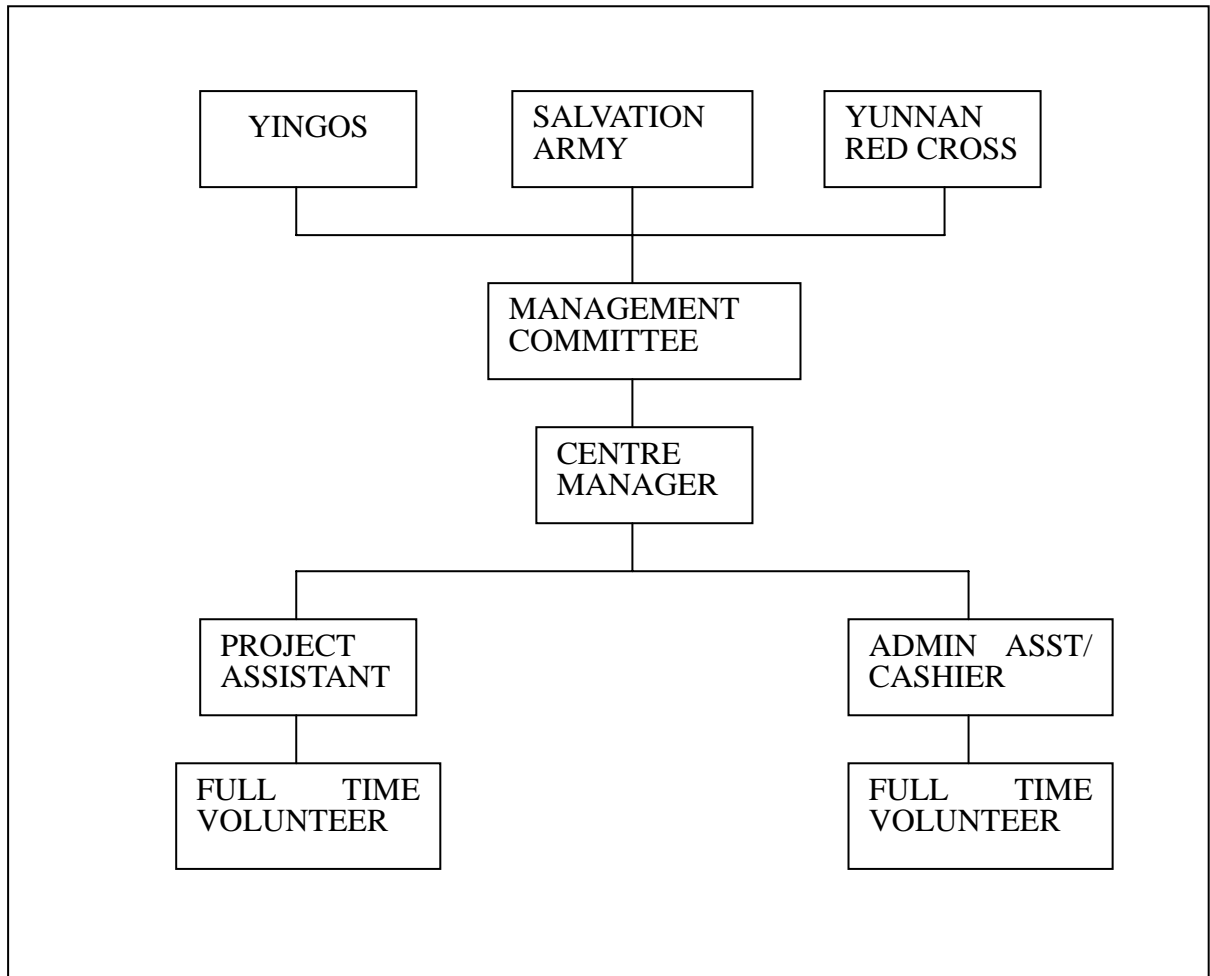


Figure 1. Organization Chart of HomeAIDS

2.3 Human Capacity Development Project

The HomeAids HIV/AIDS Human Capacity Development Project (PD 2443) is a four-year project funded by the NORAD from 2005 to December 2008. The overall goal of the project was to “develop a HIV/AIDS caring and preventive community in Kunming through building up of human capacity and stimulation of local response at community level”. The project aimed to develop HIV/AIDS competence among local HIV/AIDS non-governmental organization in Kunming, through creation of mutual learning working culture.

2.3.1 The Objectives to be Achieved

The specific objectives to be achieved for the HomeAIDS Human Capacity Development Model are as follows :

1. Develop local responses by showing ‘AIDS Competence’.
2. Human Capacity developed at NGOs and local level.

3. Community able to response to their situation with actions and plans.
4. Improve acceptance and care of PLWAs at local level
5. Establish a self-sustainable service and information Centre for continuous support of the program at community level.
6. Willingness to learn from experience
7. Community able to develop a shared vision with ownership and responsibility for response.

2.3.2 The Four Levels of Human Capacity to be Developed in HA

In the context of HA, the building up of local human capacity involves at least 4 levels : (i) building of capacity in HA staffs, (ii) building of workforce in active volunteers, (iii) enhancing the capacity of the at risk-populations for peer education and target community outreach, and (iv) participation from the communities, which involves all the local stakeholders, from GO, NGOs, communities, and media partners.

As the HomeAIDS evolved over the years, there has been accumulation of technical expertise as well as relationship with relevant stakeholders, which build the foundation for its further development. The aims for human capacity development should be adapted to the different levels in the local context, and will be discussed in different sections in this report (Table 1).

Table 1. Different Levels of Human Capacity to be Developed in HomeAIDS

	Local Human Capacity	Aims	Section
1	HA Staff	- to achieve the competencies and professionalism in HIV health promotion, and to achieve the target deliverables of HA as a resource centre	4.1
2	Active volunteers	- to maintain a strong team of volunteers which are sufficient in number to deliver HA function in quantity and quality	4.2
3	High risk population	- to increase awareness of HIV knowledge in at-risk population - to change attitude on HIV infection and PLWA - to affect behavior change to stay away	4.2 4.3

		from drug	
4	Community	<ul style="list-style-type: none"> - to increase awareness for HIV prevention, knowledge that HIV will not be spread by social contact - to change attitude on acceptance on drug users willing for rehabilitation - to adopt behavior and activities to integrate ex-drug users in community - to promote acceptance on PLWA 	4.3

2.4 What are the Factors for Sustainability?

There are different definitions of sustainability. One comprehensive working definition for sustainability in the donor-funded projects, is the “continuation of benefits after major assistance from a donor has been completed”⁸. Some key factors identified for sustainability are illustrated in Table 2⁸. For the purpose of establishing long-term sustainability for HomeAIDs, it is strategic to examine HA’s position in different aspects and to build appropriate competence towards the long-term goal.

Table 2. Nine Key Factors to Affect Sustainability According to a Model from The Australian Agency for International Development (AusAID, 2005)

<ol style="list-style-type: none"> 1. partner government and donor policies 2. local participation and ownership 3. management and organisation 4. financial and economic 5. awareness and training 6. technology 7. social, gender and culture 8. environment and 9. external political and economic.

3 Objectives of the Study and Methods

3.1 Aims of the Evaluation

As a mid-term evaluation, the aims of the study are to :

- evaluate and summarize the project experience and lessons learnt in the past 2 years;
- assess the human capacity development in the programme; and to
- suggest the way forward for the project in the remaining term, and suggest possible strategies for sustainability beyond 2008.

3.2 An Evidence-based and Consultative Approach

In order to provide a comprehensive assessment of the current system and to propose rational ways forward, the evaluation team used an evidence-based and consultative approach. We obtained various parameters related to the service statistics, gathered new information to fill in gaps during the field study, and consulted representatives from the stakeholders to collect their opinions on specific aspects via in-depth interviews and focus group discussions.

3.3 Methods Employed

More specifically, the following tasks were undertaken:

3.3.1 Review of Available Service Data

The present status of HA was reviewed by the available publications, such as the HomeAIDS website (www.homeaids.org), the original project proposal, annual reports and publications.

3.3.2 Initial Interview with HomeAIDS Staffs and Salvation Army Officials

The team interviewed the HA staffs on existing programme statistics and an analysis of the stakeholders in the local community. The stakeholders map of the relevant partners of HA were established (Please refer to Appendix A, for the List of Important Local Partners).

3.3.3 Conducting Focus Groups and In-depth Interviews

From the stakeholders network, the following representatives were interviewed :

- Representatives of management NGOs : The Yunnan Red Cross Society, The Salvation Army and the YINGOS,
- Representatives from both College Volunteers System and the Community Service Programme,
- Collaborating partner organisations including NGOs and government representatives in Yunnan
- Representatives from the target population, including people who are drug users, PLWAs, commercial sex workers,
- Representative of residents living in the partner communities

3.3.4 Conducting Field Visits to the Community

Field surveys were conducted. We visited the community work in Qian Wei Community and joined a regular monthly Hong Shan Community Forum.

3.3.5 Self-assessment of AIDS Competence by the HA Staffs and Relevant Stakeholders

Three groups were invited to participate in the self-assessment on AIDS competence :

- representatives of 3 related NGOs, together with a media representative,
- representatives of college manager, and
- HomeAIDS staffs

The AIDS Competence (as described in Table 3) were graded by the NGOs according to their own assessment of the competence, and the results obtained from the HA's staffs were compared to the other 2 groups.

Table 3. The Dimensions on AIDS Competence

1	Acknowledgement and Recognition
2	Inclusion
3	Care and prevention
4	Access to Treatment
5	Identify and address vulnerability
6	Learning and transfer
7	Measuring change
8	Adapting our Response
9	Ways of working
10	Mobilising resources

4. Results

The performance of HomeAIDS can be assessed according to the main functions of HomeAIDS, which are the (1) information and resource centre function, (2) the volunteers development function, (3) the community programmes, and (4) advocacy function. The Self-assessment on HIV Competence and sustainability assessment would also be discussed.

4.1 HomeAIDS as an Information and Resource Centre

4.1.1 Activities Indices for Centre-based Function of HomeAIDS

The HomeAIDS was set up originally as an information and resource centre for HIV/AIDS in Kun Ming in 2002. Over the years, through the operations of the resource centre and clearing-house, HA had acquired relevant knowledge and expertise, both in physical form (which had served as a library, the drop-in centre, the IEC distributing information and resource centre as well as a training site) and in virtual context, such as the website, the voice message system and the various education materials (IECs).

The resource centre had achieved remarkable outputs. The range of services provided by HA and the activities indices are recapitulated in Table 3.

Table 4. Indices for Centre-based Activities in HomeAIDS

	HomeAIDS Service	Description of Service	Activity indices*
1	IVRS (Interactive Voice Response System) : - 86 - 871 - 3633337	This is an automatic recorded voice message system. The caller can obtain information about various HIV/AIDS topics in Putonghua. .	Total calls - 8897 calls
2	AIDS hotline : - 86 - 871 - 5336553	This is an anonymous AIDS information enquiry and counselling service manned by trained volunteers. Counselling can only be given in Mandarin. It can be accessed directly by the above telephone number or by transfer from the interactive Voice response system. It is available from 7:00 to 10:00 pm on every Wednesday and Saturday. There is advice on voluntary counselling and testing service with referral offer to the testing services in the region.	Total 1347 calls
3	Face-to-face counselling	The centre is open for people to drop in for consultation about HIV/AIDS related information. Home AIDS professionals and volunteers provide anonymous and confidential face to face counselling to visitors at the centre.	Total face-to-face counselling - 9 times
4	HomeAIDS website : (www.homeaids.org)	This is a platform to disseminate AIDS-related information as well as updates about the HomeAIDS centre. Web counselling will be provided from the AIDS forum link.	Total hit rate - 32185 visits

5	Information Education Communication Materials (IEC) production	The resource centre had produced numerous Information Education and Communication materials, including books, leaflets, videos, magazines and souvenirs for health workers, volunteers, PLWHA and people who are interested in knowing more about HIV/AIDS.	IECs produced : 289,676 Total distributed : - 244, 000
6	Centre visits	Throughout the years, different organizations visited HA, as a model for health promotion and HIV prevention.	Total organizations visited HA : - 54
7	AIDS awareness training	HomeAIDS holds training classes, seminars and workshops for different groups of participants such as students, medical professionals, etc. The topics of these lessons include general awareness about the disease, means of prevention and encouragement to treat PLWHA with care and respect in order to decrease stigmatization and discrimination.	Total number of activities held # - 133 Total participants : - 5399

* period from 14 April 2002 to 31 Dec 2006 unless stated otherwise

This index was obtained from 2003 to 31 December 2006.

4.1.2 Centre-based Function is Complementary to Other Activities

It is noted that most of the NGOs, GO and organisation partners we interviewed had appreciated the resource-centre function of HA. While these outputs are directly beneficial to the recipient of the service, it is also noted that the centre-based function enhances the professional and technical knowledge in HA, and it served to enhance the organisation in various aspects including :

(i) Training of volunteers

Many volunteers had highly valued the training in HA, as the professionalism and demand in excellence were essential to fulfil satisfaction in the volunteers. It was noted that the resource and information database enhanced the volunteer training in a systematic way. On the other hand, the physical location of the centre gave a sense of belonging to volunteers, and in return, a number of volunteers were willing to come to HA to help in the day-to-day centre-based functions, such as answering telephone enquiries, production of IECs, conduction of workshop etc. In 2007, there were 47 active volunteers who were actively participating in HA, and they attended to HA activities at least 2 times per week on average.

(ii) Knowledge-based support for other AIDS NGOs

HA would provide IECs, and training materials useful to others NGOs in the locality. The sharing of resources prevented ‘re-inventing the wheels’ and fostered mutual support on the technical front.

(iii) Leadership in professional knowledge

The HA has been interviewed by various media as the source of authority in HIV/AIDS in Kun Ming. From 2005 to 2006, more than twenty media partners had interviewed HA for their work. It is anticipated that the establishment of the professional standing has strengthened the image of HA as the reputable source of HIV knowledge (refer also to Section 4.4.1, on the Advocacy Functions for HA).

4.2 Volunteers Development Programme

There are 2 main volunteer systems in HA. One is recruited from the College students, and the other from the high-risk population, for example, ex-drug-users and commercial sex workers. The College Volunteer System is to be discussed in Section 4.2, while the Community Volunteer System is to be discussed in Section 4.3.

4.2.1 Activities Indices of the Volunteer System in the College

The HA has student volunteer teams in 13 Colleges (refer to Appendix A, the List of Important Local Partners), and HA is leading one of the largest volunteer teams in Kun Ming. A typical volunteer team in the College composes of one or two selected student leaders, a group of core volunteers and active volunteers, as well as some lecturers and College administrative staff who act as the advisers of the students. Their roles and the structures are recapitulated in Table 4.

Table 5. Activity Indices for the College Volunteers System

	Composition of the college Volunteer Programme	Activity Indices*
1	Student leaders <ul style="list-style-type: none">- they are the representatives of the student group at the College level,- responsible to hold the college coordination committee held once a month with the HA staff,- they are typically year 2 or year 3 college students, who had experience and commitment in HA volunteer work	18
2	Core Volunteers <ul style="list-style-type: none">- defined as volunteers who are more commitment to HA works, and contributed to regular HA activities at least twice a week,- often help in the daily operations of HA and are in charge of planning and implementation of some student directed activities	47
3	Active volunteers <ul style="list-style-type: none">- defined as students committing more than 30 hours per year to HA activities	1164 (cumulative till end of 2006)
4	Long-term volunteers <ul style="list-style-type: none">- defined as students joining as active volunteers for more than one year	1082 (cumulative)
5	Advisers <ul style="list-style-type: none">- they are the lecturers and college administrators who act as the adviser of the group.- Typically, they have long-standing collaboration with HA, and can act as the adviser for the students and often speaks on behalf of the students in negotiation with outside parties or with the College	At least one per College

* The activity indices are for the academic year 2007 unless stated otherwise

4.2.2 Services Offered by College Volunteers

The College Volunteers were in charge of planning and implementation of activities for their own College and for the neighbourhood community near their College. The volunteers helped to organise a range of activities , which include :

- conducting the need assessment survey face-to-face questionnaire to the community,
- conducting home visits to targeted families,
- conducting HIV/AIDS knowledge workshops for target population,
- planning and organising publicity programmes to high-risk neighborhood community, for example a short film on HIV knowledge are shown in the community neighborhood to raise AIDS awareness and dispel misconceptions,
- school-based publicity programmes targeting fellow students in their own Colleges, and
- they also held numerous interest groups for fellow students.

4.2.3 Essential Components of the Volunteer System

In this section, the volunteer system is analysed according to the essential components, followed by a brief description.

Table 6. Basic Components of the Volunteer System in College

	Programme Components	Description
1	Recruitment <ul style="list-style-type: none">- Introduction to HA- Induction training- Volunteer selection	<ul style="list-style-type: none">- HA is introduced to the freshman when they have to choose their extra-curricular activities, centre visits to HA are arranged- Students have to formally apply to be HA volunteers- Induction programmes include experience sharing sessions with existing volunteers, HIV training workshops, practicum training, as well as performance assessment in HA activities.- Students have to pass the training requirement to be registered as HA volunteers

2	Activities management	<ul style="list-style-type: none"> - Volunteers are trained to plan for their own programmes for HIV health promotion - Volunteers also participate in some of the regular programmes by HA - Volunteers are liable to implement and manage as well as keeping the activity records
3	Capacity Building	<ul style="list-style-type: none"> - On-going capacity building workshop on HIV knowledge and volunteering skills - Numerous exchange forums are arranged for experience-sharing of volunteers between the Colleges - All volunteers are required to keep a logbook as standardized record of participation.
4	Evaluation	<ul style="list-style-type: none"> - There are individual assessments as well as evaluation of the College team performance - Assessment of performance is based on quantity of time spent, as well as the quality of the programmes
5	Commendation	<ul style="list-style-type: none"> - The outstanding volunteers and teams are honoured in the various volunteer exchange programmes - There are also some chances of international exchange and meetings, in which the opportunities to attend the meetings are awarded to the outstanding volunteers.

4.2.4. The Strength of the Volunteer Programme

From the structured interviews and the focus groups, most of the various local partners commented that the volunteer systems were successful in many aspects. The evaluation team interviewed the college volunteers and the related partners in the programme. Their testimonies are recapitulated in Table 7.

Table 7. Testimonies of The College Volunteers

“I enjoy coming to the HA office when I don’t have classes in the afternoon, I am here two to three times a week. I learned a lot from the programmes . I learned from them (the ex-drug user volunteers) what is the meaning of strength and perseverance and it revives my own compassion for life. Our lives may not be smooth all the time, and we need courage and preservation to face the difficulties.”

- College Core Volunteer

“I feel what I do in the publicity activities has enriched my life, it’s meaningful and contributes to society... before what I did was minimal. Now there is a community where I go to do publicity work.. makes a real significance to myself”

- College Core Volunteer

“I know HA because in our school there was information. I feel like it’s a meaningful job. Now as a university student I have more time to be involved. This place is a platform for more to show care and love. I have learnt how to get along with people, how to relate to people. I get along with others just like friends, we know each other”

- College Core volunteer

It was very positive that HA was able to maintain the strong volunteer system within limited resource setting, and that the volunteers have supplemented in the momentum and impact of HA programmes.

Further questions were structured to explore the factors attributed to the success of the programme, and the strengths could be summarised into four main attributes : (i) Matching the macro-environment, (ii) Attending to students’ need, (iii) Sense of ownership and pride for the programme, and (iv) maintaining passion in promoting volunteerism.

Table 8. The Strength of the College Volunteer System

(1)	Matching the macro-environment
	<p>The volunteer programme was actually in line with government policy to promote awareness of HIV in the community and promote volunteerism.</p> <p>Yunnan is one of the HIV high prevalence provinces, and the government is determined to step up HIV prevention works.</p> <p>To give an example of a government initiative. In order to encourage the skill transfer to the rural and the needy, the government had initiated the “三下乡” movement in 1990s which literally means bringing “three aspects of knowledge” on technology, health and culture to the rural. Throughout the years, the movement collected increased momentum and more government departments were participating. Now the establishment of volunteerism in University students is in line with the central policy. That it also involved transfer of knowledge from the University students to the poor and the needy.</p>
(2)	Attending to students’ need
	<p><u>Alignment in value system</u></p> <p>Many students in the College in Yunnan were grown up with the ideology that “we should serve the people” “爲人民服務”. They were willing to join a well-established reputable volunteer group in order to serve the community</p> <p><u>College requirement and atmosphere for extra-curricular activities</u></p> <p>In some colleges, for example in the faculty of social work, the students were requested to take on voluntary work as part of the curriculum. The performance in the volunteer work would be reflected in the academic record, which was perceived to be favourable for the students to seek a good job in future.</p> <p><u>Need to learn and to excel</u></p> <ul style="list-style-type: none"> - Training of technical knowledge: The volunteer training was structured to enhance systematic growth of the students. Their achievement and results were demonstrable and were reflected to the students, who were further motivated by the learning process. - Training in project organisation : the students can learn various skills in

	<p>planning and implementation of projects, and through team work, which is not otherwise learned in school environment</p> <ul style="list-style-type: none"> - Transfer of tacit skill and sharing of life experience : The College students had the chance to work with Community volunteers in some occasions, who would be high-risk population and ex-drug-users. Although the two groups are like people ‘coming from different worlds’, some students disclosed that they have learned tremendous tacit knowledge while working with the ex-drug users. They have learned “how to take hardship”, “the essence of preservations and determination”, and become “more aware of their own existence”. They thought that these experience could not otherwise be learned anywhere.
(3)	Sense of ownership and sense of pride
	<p>By involving the students in the planning and implementation, they shared ownership of the programme and they were motivated by honour and pride in the success for the programme.</p>
(4)	Passion is the key point in promoting volunteerism
	<p>The most important factor is to generate the meaning behind the course, and the passion for the voluntary work. The volunteers were aware that HIV/AIDS is a disease which have significant affected many people, and the risks spread from high-risk population to the normal population. The students felt personally involved and were willing to participate in the course. The devotion of the staffs and also other volunteers set an example for the new comers to follow, and the organization culture is shaped.</p>

4.3 Community Service Programmes

The early community service in HA started from 2002 and the community volunteer programme evolved to its present format in 2005. The “Community” (社區) was chosen as a unit, as it had geographic boundary which coincided with government administrative boundary at the local neighbourhood level, so it facilitated the full utilisation of the government logistical support. Four target communities had developed their own community service model, and they were the (i) Qian Wei Community, (ii) Feng Zhu Community, (iii) Village Group of Lijia Dui Village, and

(iv) Hong Shan Community. Their profile is discussed in Section 4.3.1. The evaluation team visited Qian Wei Community, and we also joined a Community Forum held in Hong Shan Community.

4.3.1 The Profile and Activity Indices of the Target Communities

The target communities were chosen initially because these populations were estimated to have higher HIV behaviour risks than the general population in Kun Ming, as reflected by the higher prevalence in IDU and the mobile population in the locality. For example, the Village Group of Lijia Dui was chosen because it was where the mobile population would gather. For the Qian Wei Community, out of the 13000 population, there were an estimated mobile population of 2000, and 150 drug users (1.2%) known to the authority. It was projected that these targeted community had greatest potential to benefit from HIV health education programmes. The basic profiles of the four communities and activity indices were estimated during this evaluation to estimate the impact and coverage of the programme (Table 9).

Table 9. The Basic Profile and Activity Indices for the Community Service Programme

Name of Community (Geographic boundary)	Qian Wei Community 前卫社区 (北京路与塘双路中间)	Feng Zhu Community 凤翥社区 (凤翥街)	Village Group of Lijia Dui Village 李家堆村民小组 (人民西路以北)	Hong Shan Community 虹山社区 (昆瑞路)
Year of initiation of programme	2002	2003	2003	2007 (just started)
Size of Community	0.27 sq km	0.5 sq km	No definite geographic boundary	0.87sq km
Registered populations	12903	12086	608	10000
No of registered household	3977	3083	260	3800
Mobile population* (estimated figures)	2000	2500	2000-3000	More than 2000

Population below poverty line#	104 households 279 people	178 household	No figure, but was estimated to be high	300 households
Size of young population (in primary schools)	3000	4000	200-300	3500-4000
Drug users known to the authority	150 are registered, of which : - 50 are unemployed - 14 are undergoing drug detoxification,	114 are registered	Unknown	83
Number of volunteers	Quite a lot	23	4	3
Number of household who are have joined HA programme *	At least 50 by one volunteer	2000 households	100 households	Not yet started
Number of residents who had participated in HA programme *	Estimated more than half of the population	More than 1000	A few hundred	More than 3000

* estimated figures, as no formal studies have been performed in these areas

the poverty line is defined as the eligibility for social security

4.3.2 Essential Components of the Community Service Programme

After a specific target community was chosen, the HA staffs would pay courtesy visits to the community managers who are government officials to manage the community, and they were instrumental in endorsing the programme and providing logistical support. The volunteers would help to deliver a need assessment survey by face-to-face interview, as well as home visits in the community. The peer educators

were mobilised to target to special groups with high-risk behaviour to build the network to effect behaviour change. Community volunteers were identified, who were residents in the particular neighbourhood who would like to be the liaison persons and helped in subsequent HA programmes. The activities in the community were usually planned and organised by HA staff, with varying degree of assistance from college and community volunteers.

4.3.3. The Range of Activities Held in the Community

The HA held regular activities in the community public space. The activities served as regular gatherings for the community, and channels where the residents would mix and know more about the neighbourhood. The HA staffs always acted as the mediators and to disseminate messages of HIV prevention and education, and the peer volunteers helped on major programme logistics. In a core community which is developed, the range of activities include :

- (i) publicity programmes to introduce HA, HIV knowledge,
- (ii) film show with messages on HIV education and dispel of misconceptions on HIV/AIDS,
- (iii) seminars and workshops for HIV prevention and education,
- (iv) community theatre, in which the peer counsellors and volunteers share the true life experience on how to stay away from drugs and how they combat the various difficulties in life.
- (v) community forum, in which all residences are gathered, to share their life experience and how to improve on the local communities.

4.3.4 Strength of Community Service

It was noted that the present HA service model is one which has evolved to meet the community need. The programme can successfully target the high-risk group in a community setting, in a most non-discriminating way.

The strengths of the programme are recapitulated in Table 10.

Table 10. The Strength of the Community Service Programme

(i)	Direct and effective help on ex-drug users and their families
	<p>The community service programmes provided some channels for the ex-drug users to share their life experience, in a neighbourhood setting, there were also family and friends to obtain mutual support. The peer counsellors showed encouragement to the drug-users who newly quit, so the transfer of knowledge and life skill was very effective. Most drug-users are unemployed in Yunnan, as they go down the social spiral, they lose the original job and are often abandoned by their family. However, after joining HA, some of the ex-drug-users started to take up voluntary work as peer counselors, and it served as a first step of integration back to community. Up till now, there were around 50 ex-drug-users who had worked as peer volunteers in HA, and around half of them had found secured employment already. This is a remarkable achievement.</p> <p>Since the programme has taken place in the neighbourhood setting, it provides a platform for the family of drug-users to meet and share their common concern of tackling the various life situations.</p> <p>The testimonies of the Community Volunteers and the related partners in the programmes are recapitulated in Tables 11 and 12 respectively.</p>
(ii)	Promotion of acceptance of PLWA
	<p>Many people have heard of the high HIV prevalence in Yunnan, yet most people do not have any understanding on the route of transmission. As a result the residents were unwilling even to touch or shake with a person who is known to be an ex-drug user, since he would be worried that it would spread HIV/AIDS. The HIV knowledge brought by HA is a step towards acceptance of PLWA. Not only do the residents know the proper ways to prevent HIV/AIDS, they are also more willing to accept ex-drug-users in the community.</p> <p>The regular community gatherings have served to build social capital in the community, by fostering the sense of a friendly neighborhood and supportive environment, and would be proven to be important asset in the community in</p>

	the long-run.
(iii)	Tackling the hard-to-reach population
	From the profile of the community, it is noted that there is a high proportion of mobile population, who are typically hard to be reached by the traditional programmes. The setting of the programme in the neighbourhood public space can tackle the high risk and mobile population which are otherwise difficult to be targeted.
(iv)	The active participatory approach in programmes
	The activities organized by the drug users, e.g. Drama Performance, were true stories directed by the ex-drug users themselves. The active participatory approach facilitated the transfer of life experience, and foster mutual support.

Table 11. Testimonies of the Volunteers of the Community Service Programme

“I was a drug-user, but I have quit clean for 2 years, and I am a volunteer for HA. In HA, I found my confidence again ... sometimes I ask myself, why have I not controlled myself before? Sometimes life is difficult, I know that I am still myself and my character is the same, but the education I received in HomeAIDs changed me a lot, and it strengthened my determination. I wish to be integrated back to the society.”

– Ex-drug user

“ I still remembered when I was in Drug Rehabilitation Centre three years ago, my 16-year-old son wrote a letter to me, he said, “we don’t need to be rich, but I need you to be with me”. I was divorced then and his father had newly married again I think drama is a great way to express my emotion. I directed the drama and my own true experience into the story... both my brother and my son came to see my performance”

- Oasis Group Volunteer, Ex-drug user

“When HA was introduced to me, I had just quit (drug) and didn’t know what to do.... The manager in my community introduced me to HA... then I suddenly realized -- there are many people like me here and I am not alone ! Having a history of drug-use may not be the end of your life, many have walked this path! Now I wish to give back to the community.”

- Oasis Group Volunteer, Ex-drug user

“I was in Yunnan Correctional Institute, and I went through the compulsory drug detoxification programme four times without success. A peer introduced me to HA, and here I am, I have quit clean now. I am a factory worker, I found that my fellow workers don’t have much HIV knowledge, they are sharing razors ! I feel that I can do more to educate them.”

- Oasis Group Volunteer, Ex-drug user

“My ex-classmate is an active volunteer in HA. I saw her life changed with this organization so I joined as a volunteer too. I am divorced 3 years now, and I have 2 boyfriends. So everyone of us has risks of contacting HIV, right? In the office where I work, I sit next to a young lady and she has several boyfriends, I think HIV education should be introduced to the workplace as well.”

- Community Volunteer

Table 12. Testimonies of Other Participants of the Community Service Programme

“We are the same people as you, we are human beings – I have learnt a lot of knowledge from HA, how to give up(drugs), how to prevent aids”

– Ex-drug user

“Many of my friends died with AIDS”

– Ex-drug user

We are the same as normal people – I hope all society would accept us”

– Ex-drug user

“The people who are with AIDS, we shouldn’t look down on them, we should care for them – don’t isolate them”

– Ex-drug user

“We should all care about people, just like HA – I feel so appreciative to HA – we should all try our best”

- Father of ex-drug user

“Family accepted her (ref: ex drug user), we talked with her father, we convinced him to take her in”

- Manager of the Community

“ When HA first had the drama performance in my community in December 2006, the residents couldn’t believe their eyes : these people who are performing on the stage are people whom we know and we see them everyday in the neighbourhood, we know that they were drug-users, how come that their lives are all changed now ? It was amazing !”

- Manager of the Community

“Before I never shaken hands, as I am not sure if my neighbours have HIV or not, now because of HA I shake hands”

- Community Resident

“Before I didn’t know about HIV, now after education from HA I know how to combat”

- Community Resident

4.4 Advocacy Functions of the HA

During the course of evaluation, although the advocacy functions were not explicitly stated by HA, the evaluation team observed that HA had actually performed significance advocacy function in the past two years.

From the HA statistics 2005 to 2006, 54 organisations had visited HomeAIDs, and numerous important officials had come to visited the Centre, among them are The National People's Congress Standing Committee Vice-Chairman, Mr Jiang Zhenghua (全國人大常委副委員長蔣正華), Vice-Secretary of United Nations, Dr Peter Piot, and Deputy Governor of Yunnan Province, Mr Gao Feng (云南省副省长高峰). more than 20 media partners had interviewed HA for their work. The work of HA has been so effective that it now collaborated with a regular radio programme which discussed the issues on HIV prevention. The advocacy functions in HA has served to promote the public image of HA, and thus contributed to sustainability of the organisation. In the long-run, building up the public literacy and background knowledge on HIV in the community, and would pave the way for more effective work of HA in future.

4.5 Self-Assessment of the AIDS Competencies

The HA performed the self-assessment of AIDS Competence, and the full report is attached in Appendix C. The main conclusions are :

1. The HA team feel that they are quite strong in many areas of responding to the issue of HIV
2. The HA team identified their key area of strength as learning and transferring.
3. The team identified that they particularly need to focus on strengthening their response in the areas of vulnerability, measuring change and mobilising resources

4.6 Sustainability Assessment

The most important factor for any NGO to sustain long-term is that it should be delivering effective programmes beneficial to the local community. The effectiveness of the projects delivered by HA has already been discussed in the previous sections. This section would discuss the various factors contributing to long-term sustainability in a broader sense.

From its inception in 2002, HA has gained the support of donor agencies, local NGOs and GOs. The organisation is also benefiting from the government central policy of increasing support to HIV prevention, in which Yunnan is a priority province. Collaboration with NGO is an essential prerequisite for some government applications from Global Fund to fight HIV, TB and Malaria, and HA has great potential to develop further partnership with the government to work on various “government-led and community participated” (政府主導,社會參與) initiatives.

There are some areas which the HA can further improve to enhance the sustainability position :

4.6.1 Management and Organisation Aspect

At present the activities in HA are overwhelming to the thin manpower which consists of 3 staffs only. The investigation team was touched by the enthusiasm and devotion of the HA staffs during the visit. It was noted that there was a heavy work burden to each of the HA staffs, especially the Director, who had newly taken the position of Director for 3 months only at the time when the evaluation was done. During this evaluation, it was noted that HA do not have a good record system for the resource centre and clearing house function nor there were any documentation on how the programmes were designed and run, although the HA did keep a basic inventory to honestly report the activities to the donors. It was noted that the previous Director had been on the job for a long time and had been the chief engineer for the organisation, so some experience and skill were intrinsic knowledge to the post of the Director and might not be explicitly explained and documented. This had made the present Director difficult to takeover adequately for the present duty. To some extent, a large extent of the experience in the various HA programmes were passed on by experienced workers and volunteers and very few documentations were available. The programmes are therefore more liable to individual variations and less susceptible to governance. It is potentially difficult for external evaluation to adequately understand the gist of the programmes in a short time, as most of the information had to be acquired by asking the questions from the relevant stakeholders again.

Suggestions :

(i) To re-establish an inventory in HA with the function and logistics of the resource centre clearly stated. The information and HIV knowledge should be documented and

classified and retrieved readily for future use.

(ii) The preliminary observations in this evaluation show that the present HA 3-staff system can re-engineer their job duties, to further empower the volunteer teams and to share the staffs' work burden. There is potential for job expansion for existing human resources at various levels.

4.6.2 Technical and Professional Aspect

HA has actually evolved over the years and now has actually owned a wealth of HIV knowledge both in form of an information hub in the resource centre, and in form of tacit knowledge in the implementation of programmes. HA had invested and experimented with innovations which had turned into successful and pragmatic models like the volunteer development and the community service programmes. There is potential that the best practices in HA can be replicated, and the various HA functions can be rolled out in more locations.

But in order for these to happen, the HA should first be prepared to recapitulate its experience and document the best practices. During the evaluation, it was noted that there was rarely any written documentation on the theme and essential components of the programme, to the effect that although the project staffs already possessed all the essential knowledge to implement the programme logistics, actually very scanty information of the programmes were explicitly written down in project proposals or in manuals. Again this creates hurdle for external evaluators to understand the programmes, and is not conducive to replication of programmes to a larger scale.

Suggestions :

To build (i) a tool kit for the volunteer system, and (ii) the best practices and information kit for the community service programme.

4.6.3 Financial and Political Aspect

The HA has relied on a single funding source from an external charitable organization, and the model may not be financially sustainable in the long-term. The HA has not yet been registered as an NGO, and thus would lead to some associated problems in attaining a legal identity and the ability to perform any fund-raising activities on its own.

There are several ways to register HA under the present system :

(i) HA can register as a grass-root organization in Kun Ming.

- While this option takes less administrative procedures, there is a need to appoint a local personnel to be the legally responsible person on behalf of the organization, so it is not flexible in the long-term.

(ii) HA can registered as a civil-operated, non-enterprise (民營,非企業) entity under Yunnan Red Cross .

- The procedures have to go through the Civil Affairs Unit of the government, and has to be moderated through the various sectors under The Yunnan Red Cross Society. However, this option has the advantage that HA will have a legally sustainable status, capable of raising funds to its own bank account, while continues to benefit from the strategic institutional partnership from Yunnan Red Cross.

Another aspect which the HA can improve is its strategic position locally. The relationship of HA with government officials has so far been responsive and passive. There are potentials for escalating the level of communication, and taking on a more proactive role, so as to increase the profile of HA and to affect government policy in the local or national level. If HA can achieve the legal registration status, it will also enhance its recognition and advocacy status in the community.

The HA should also take a more proactive role in liaison and coordination of NGOs in the locality and to increase networking with community partners.

Suggestions :

(i) HA should proceed for the registration as a legally-sustainable entity.

(ii) The HA should seek more proactive roles to be represented in local government liaison groups and in various NGOs forum. In particular, as reviewed by YINGOs official during the evaluation, the Yunnan Provincial Government is organising a prize to commend effective NGOs in the locality “爭研獎”. Also, the Yunnan provincial government is organising an NGO Forum with country-wide participation to be held in Kun Ming. The HA should seek to participate and present during these occasions.

5. Conclusion and The Ways Forward

HA has established the resource centre model since 2002, and has started the various volunteers and community service model since 2005. HA has fulfilled the project objectives as stated in the initial proposal. As the programme evolved, it has consolidated various innovation ideas to suit the local environmental niche in accordance to evolving political and social scenarios. It has also proved to develop the human capacity in the various levels of participation.

Yunnan is a province with high HIV prevalence, and a priority area in the Chinese National Policy in HIV control, so many NGOs have flourished in the past years in Kun Ming. HA has to be benchmarked against growth of similar AIDS NGOs in the area, and it should continue to differentiate to a unique position to serve the local community.

Building on the established competence of the organization and strengths of the staffs, it is suggested that the HA should continue to instill more innovations on its current profile, two particular new areas are suggested :

(i) To instill innovations to serve the hard-to-reach population

Many of the drug user groups and migrants are traditionally “hard-to-reach” populations, who are marginalized by poverty and drug-user status. Their access to wealth, opportunities, and knowledge are often denied and it leads to a vicious cycle. It is noted that the HA has pioneered a successful model on the hard-to-reach population, with a remarkable penetration and a broad interface. There is also a strong volunteer system to maintain the scale of impact. These provide significant potentials for further development.

(ii) Ideas on income generation

The revenue model for HA has been single-sourced from overseas charity funding. With the maturity of the organization and demonstrated effectiveness of projects, additional innovative strategies should be sought for income-generation. There may be potentials to explore partnership with social enterprise or collaboration with Corporate Social Responsibility Projects. The HA has an earlier project to partner with local enterprise to repair bicycles, which generated job opportunities for the rehabilitated volunteers, and provided income generation, as well as financial sustainability for the organization in the long run. Although this project was not

sustained, models on innovations in income-generation should be explored.

External expertise should be sought where appropriate

Considered the workload and relative limited expertise of the present HA staffs, it is instrumental to render technical support to the team, especially if new initiatives are expected. It is suggested that an external expert / team would be deployed to help the HA to document its best practices, and to help the new Director to firmly established the duties.

A handwritten signature in black ink, reading 'Wan Wai Yee' in a cursive, flowing style.

By Dr WAN Wai Yee
Director, Public Health Consultancy Network

17 July 2007

Appendix A - The List of Important Local Partners for HomeAIDS

The important local partners listed here are those already having networks and established collaboration with HA in Kun Ming already. They are categorized in the following groups :

Profile of the Local Partners :

1. Non-government Organisations, which are further divided to
 - (i) NGOs in close collaboration, which are partners having regular and frequent collaboration programmes with HA; and
 - (ii) NGOs with varying degree of partnership, which are various partners supportive of HA programmes, but do not have any regular programmes with HA at present.
2. Related Government organizations are of 2 types, either (i) treatment agencies or (ii) public health agencies
3. Media partners, which are divided into the group with (i) regular and frequent partnership with HA, and (ii) with at least one programme with HA per year since 2005.
4. Partners for College Volunteers Programme
5. Community development programme
These are further divided into (i) target community, defined as communities having the most established format, with full range of activities and deployment of volunteers, (ii) communities being developed, which are communities newly established, with some channels of regular communication and programme development already, but full range of activities are to be established, and (iii) communities in the planning stage, are communities in which the need assessment survey have been done already, but no regular programme have been established yet.

1. NGOs

NGOs in close collaborations:

Sun Shine Homeland	陽光家園
Sino-America Daytop Drug Rehabilitation Village	戴托普
Asia Pacific Council of AIDS Service Organizations (APCASO)	亞太愛滋病服務機構
Yunnan Jiaxin Children Assistance Center	家馨社區兒童救助中心
Yunnan Steering Group Office for HIV/AIDS Prevention and Control	雲南省艾協
Population Service International	PSI
Beijing Huizeren Human Service Center	北京惠澤人諮詢服務中心
AIDS Alliance International	國際艾滋聯盟
Family Health International (FHI)	美國家庭健康國際
Yunnan ChunYu Tong Xin Group(MSM)	春雨同心工作組

NGOs in varying degree of partnership :

Health Unlimited UK	英國無國界衛生組織
World Vision	世界宣明會
Sino-America Policy Programme	中美愛滋病政策專案
Heifer International China	國際小母牛項目
Aids Care China---Cai Yun Homeland	彩雲家園
Good Friend Health Chamber, Da Li	大理好朋友健康會所
Red Plateau Group	紅土高原小組

2. Related Government organisations (GOs) :

Treatment agencies :

Care Center of Yunnan Province	雲南省關愛中心
No.3 People's Hospital of Kunming	昆明市第三人民醫院

Public health agencies

Kunmng Yunnan Provincial Center for Disease Prevention and Control	昆明市 CDC
Yunnan Provincial Center for Disease Prevention and Control	雲南省 CDC

3. Media partners :

Media partners having regular programmes on HIV programme with HomeAIDS :

Yunnan Daily, Spring City Evening Paper	春城晚報
Yunnan Radio Mid-Night 1+1 Programme	雲南省人民廣播電臺午夜 1+1 欄目

Other media partners, with at least one media publicity per year since 2005 :

Kunming Education TV Station	昆明教育電視臺
Shenghuo New Daily	生活新報
“Life & Health” Programme Yunnan TV	雲南電視臺《生命與健康》欄目
Yunnan Daily	雲南日報
Voice of Traffic, Kunming Radio	昆明交通之聲廣播
Hunan TV	湖南衛視

4. Thirteen Colleges in regular programme for Volunteers Programme

Kunming University of Science and Technology	昆明理工大學
Yunnan Financial&Economic University	雲南財經大學（本部）
Yunnan Economy and Management Vocational College	雲南財經大學西區
Kunming Medical College	昆明醫學院
Hai Yuan Institute of Kunming Medical College	昆明醫學院海源學院
Yunnan National Soil and Resources Vocational College	雲南國土資源職業學院
Kunming College	昆明大學
Kunming Teachers College	昆明師範高等專科學校
Yunnan Agriculture Vocational Technical College	雲南省農業職業學院
Kunming Metallurgy College	昆明冶金高等專科學校
Kunming Deaf-mutism Massage Vocational School	昆明市推拿職業學校
Yunnan University Public Management Institute	雲南大學公共管理學院
Yunnan Economy and Management Vocational College	雲南經濟管理職業學院

5. Community development programmes

Target Communities

Qian Wei Community	前衛社區
Feng Zhu Community	鳳翥社區
Village Group of Lijia Dui Village	李家堆村民小組
Hong Shan Community	虹山社區

Communities being developed

Yu Chi Road Community	魚翅路社區、
Xi Zhan Street Administrative Office	西站街道辦事處、
Shuang Long Qiao Community	雙龍橋社區、
Jiang An Culture Center	江岸文化中心、
Qing Yun Community	青雲街社區
Zong Shu Ying Community	棕樹營社區
Feng Ning Community	豐甯社區、
Railway Community	鐵路社區

Communities in the planning stage

Wen Lin Community	文林社區、
Feng Huang Cun Community	鳳凰村社區、
Jin Niu Community	金牛社區、
Er Jia Wan Community	佶家灣社區、
Yuan Tong Road Community	圓西路社區、
Lian Hua Chi Community	蓮花池社區、
Bei Men Community	北門社區、
Gong Ren New Village Community	工人新村社區、
Mid-Jiao Chang Road Community	教場中路社區、
Ming Tong Road Community	明通路社區、
Chun Hui Community	春暉社區、
Ru Yi Community	如意社區、
Tao Yuan Street Community	桃園街社區、
Wen Miao Community	文廟社區、
Jin Sha Community	金沙社區、
Xi Yuan Community	西園社區
Chun Yuan Community	春苑社區

Appendix B - List of people consulted

1. Home AIDS Staffs

HomeAIDS Staff	爱咨家在职工作人员
<ul style="list-style-type: none"> - Ms Zhao Juan, Director of HomeAIDS - Ms Wang Lijia, Administrative Assistant - Mr Fang Yu, Programme Assistant 	<ul style="list-style-type: none"> - 赵娟（中心主任） - 王丽佳（项目助理） - 方宇（项目助理）

HomeAIDS Consultant Committee	爱咨家顾问成员：
<ul style="list-style-type: none"> - Previous Director of HomeAIDS Ms. He Huilin - Ms.Xia Donghua 	<ul style="list-style-type: none"> - 何惠林(原爱咨家中心主任) - 夏东华

2. Donor Agencies

The Salvation Army	救世军西南办相关人员：
<ul style="list-style-type: none"> - Ms Chen Peishi, Director for China Development Department - Mr. Deng Shunhua, Director for Southwest Office, TSA - Mr. Weiwei, Assistant Project Officer, Southwest office, TSA 	<ul style="list-style-type: none"> - 陈佩诗（中国区域总监） - 邓顺华（西南办主任） - 魏巍（项目官员）

Yunnan Red Cross HIV/AIDS Prevention office	省红会艾防项目办相关人员
<ul style="list-style-type: none"> - Ms. Shi Luhua, the previous Project Supervisor - Ms. Pan Xiaoyan, the present Project Supervisor - Ms. Zhao Bing, Programme Officer 	<ul style="list-style-type: none"> - 施路华会长（原项目主管） - 潘晓妍（项目主管） - 赵冰（项目官员）

YINGOS, Yunnan International Non-Government Organization Society	云南省民促会相关人员
<ul style="list-style-type: none"> - Mr. Guo Jingming - Mr. Sun Ruilu 	<ul style="list-style-type: none"> - 郭竞鸣主任 - 孙睿露

3. Collaborative Partners- NGO/GO

Partners : Government	合作伙伴：政府
Bureau of HIV/AIDS Prevention of Yunnan Province - Mr. Lei Jingyu, staff	云南省艾防局 - 雷靖宇

Partners : Non-government Organisations	合作伙伴：非政府组织：
Daytop (Drug Abuse Yield To Our Persuasion), a Drug Abuse Treatment and Rehabilitation Centre - Mr. Chen Hailong Senior Consultant	戴托普 - 陈海龙（高级咨询师） 家馨社区儿童救助中心 - 白娅娟（工作人员）
Jia Xin Children Service Center - Ms. Bai Yajuan, staff	FHI 美国家庭健康国际 - 李玲（工作人员）
Family Health International - Ms. Li Ling, staff	阳光家园 - 李华渊（志愿者）
Sun Shine Homeland - Ms. Li Huayuan, staff	

Media Partner	合作媒体
- Yunnan Economic Radio Mid-night 1 Plus 1 Programme - Ms. He Ping, Radio programme host	云南人民广播电台生活之声 午夜 1+1 栏目 - 和平（电台主持人）

4. Volunteer System of HA

Full-time volunteers	全职志愿者
- Mr She Kanglin, Full-time volunteer - Ms He Lianzhen, Full-time volunteer	- 余康林 - 何莲珍
-	
Core Volunteers in College	爱咨家志愿者骨干：
- Hu Hao, YNSVC, National Soil	- 胡浩（大学生）

Manangement - Li Lingchao, KMC,Haiyuan Insititute, Nursing - Zhang Gaoxiang, YFEU, Account Manangement -	- 李玲超（大学生） - 张高翔（大学生）
---	--------------------------

-

Advisers in College Administration :	
- Mr. Wang, vice-secretary League branch, Yun Nan National Soil and Resources Vocational College - Ms. Wang vice-secretary League branch, Kunming Normal College - Ms. Tang, Professor, Department of Social Work Insititute of Yunnan University - Mr. Zhang Jun, vice-secretary League branch, Hai Yuan Insititute of Kunming Medical College	- 云南国土资源职业学院团委 - 汪老师（团委副书记） - 昆明师范高等专科学校团委 - 王老师（团委副书记） - 云南大学社会工作学院 - 汤老师（教授） - 昆明医学院海源学院团委 - 俊老师（团委副书记）

Community Volunteer System

Community system	目标社区（重点社区）
Management Officials of Target Community - Director Li Hao, Qian Wei Community - Director Wangbin, Hong Shan Community	- 前卫社区：李浩（社区主任） - 虹山社区：王冰（社区主任）

Management of the Developing Community	社区管理者：
- Ms. Jiang Zijie, Feng Zhu Community - Zhao Huimin, Li Jiadui Community - Zhong Lihua, North Feng Ning Community - Jin Yanfang, Long Yuan Community	- （凤翥社区）蒋自洁 - （李家堆社区）赵惠敏 - （丰宁北社区）钟丽华 - （龙院社区）金艳芳

- Wei Zhiquan, Community Police Officer	
<p>Core Volunteers and peer educators in target communities</p> <ul style="list-style-type: none"> - Ma Liqin, Cong Ren Community - Li Fang, Hong Shan Community - Li Kaiyan, Jiao Lin Community - Xu Yuebing, Gong Ren Xin Cun Community - Liu Ping, Dou Fu Ying Community - Liu Yonghong, West Renming Road Community 	<p>受益人群---社区中的目标人群（吸毒戒断者、感染者、性服务工作者）：</p> <ul style="list-style-type: none"> - 马莉琴（崇仁社区） - 李凡（虹山社区） - 李燕芬（交菱路社区） - 徐跃武（工人新村社区） - 刘萍（豆腐营社区） - 刘永红（人民西路居委会）
<p>Residents in the Communities</p> <ul style="list-style-type: none"> - Yang Zhizhen, Hong Shan Community - Yang Fengxian, Hong Shan Community - Xie Jingtao, Hong Shan Community - Ms. Cai, Hong Shan Community - Zhao Zhiyun, Feng Ning Community - Zhu Zhengguo, Feng Ning Community 	<p>受益人群---社区中的普通居民：</p> <ul style="list-style-type: none"> - 虹山社区：杨志真、杨凤仙、谢静涛、蔡大妈、王大妈 - 丰宁社区：赵志敏、朱正国

Appendix C - Self-assessment Report

Self Assessment of AIDS Competence: A Strategic Framework HomeAIDS June 2007

Background:

The HomeAIDS HIV/AIDS Human Capacity Development Project aims to demonstrate an effective and sustainable in HIV/AIDS prevention through human capacity development approach. The overall approach aims to facilitate local response through team formation and participation in homes and communities. The project has been funded by Norad for a period of 3 years. The project has just entered into its third and final year of the funding cycle. It was considered necessary for an external evaluation to meet with the HomeAIDS team and relevant stakeholders to determine whether it is meeting its stated goals and objectives as well as to identify areas for continued sustainability after the completion of the Norad funding period.

To support the evaluation process the evaluation team felt the HomeAIDS team would benefit from participating in a self assessment of the aids competency of the program.

Background of the tool:

The “self assessment” framework of AIDS competence provides both a common framework for action and a common language for sharing good practice and lessons learned. The framework enables groups and organisations to review how well they perform 10 key practices for AIDS competence. The scores range from 1 – 5. Level 1 indicates basic level of understanding, to level 5, where the practice is part of life. They can set targets for improved performance and identify actions required to meet those targets.

When used by several groups and institutions, the tool assists in the identification of the strengths and areas for improvement for each of the groups to enable sharing to meet targets. The self assessment of AIDS competence has been successfully applied in Zambia, Uganda, Kenya, Geneva and Thailand among many others. The self assessment and excel spread sheet can be found at <http://www.unitar.org/acp>

Process:

The self assessment was first introduced to HomeAIDS stakeholders. Its purpose and method of completion were discussed.

The stakeholders then completed 5 of the 10 dimensions (Figures 1 and 2). This included acknowledgement and recognition, inclusion, care and prevention, identify and address vulnerability and learning and transfer (Green lines in figure 1 and 2).

The NGO and school group then identified 3 practices that they wanted to focus on improving. They identified the level they wanted to increase to within 3 months (red line in figure 1 and 2)

The HomeAIDS team were introduced to the self assessment tool and completed the 10 dimensions (Figure 3).

The HomeAIDS team discussed the areas where they felt they needed to focus in order to improve (red line Figure 3). These were identified as identifying and addressing vulnerability (from level 3 to level 5), measuring change (from level 2 to level 3) and mobilising resources (from level 2 to level 3)

The results of all the groups were placed on a graph and the results discussed in terms of identifying strengths and areas to improve.

Results:

The river diagram demonstrates how the learning can be applied. It shows the results for HomeAIDS. The green line shows current scores, the red line the targets for improvement. The blue background (the “river”) illustrates the range of other scores (maximum and minimum) for a particular practice, as given by each group completing the self assessment.

Where the river is wide there is most scope for learning and sharing between communities. For example, on the practice “learning and sharing”, the HomeAIDS team scored themselves at level 5 while the NGO’s scored themselves at level 3 and the schools scored themselves at level 2. This indicates that the NGO’s and schools can learn from HomeAIDS with regards to sharing and learning. That is, where the north bank of the river is low e.g. for the practice of “sharing and learning”, then it indicates the need for NGOs to raise overall capability by introducing another community with strengths or a competency programme.

The practices which were not completed by a group are left blank as seen in Figures 1 and 2.

Figure 1: NGO’s self assessment in relation to schools and HomeAids

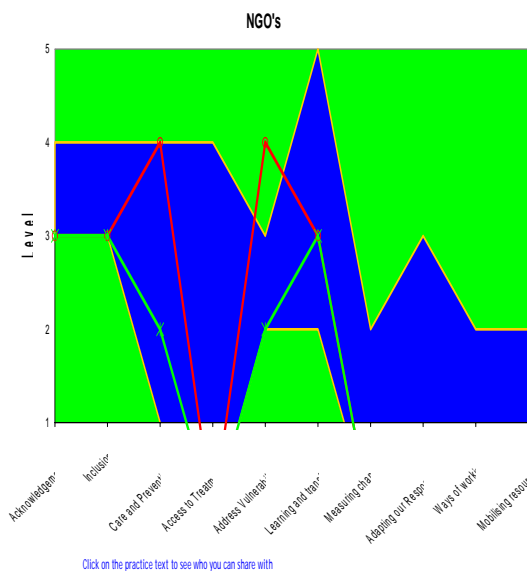


Figure 2: Schools self assessment in relation to NGO’s and HomeAids

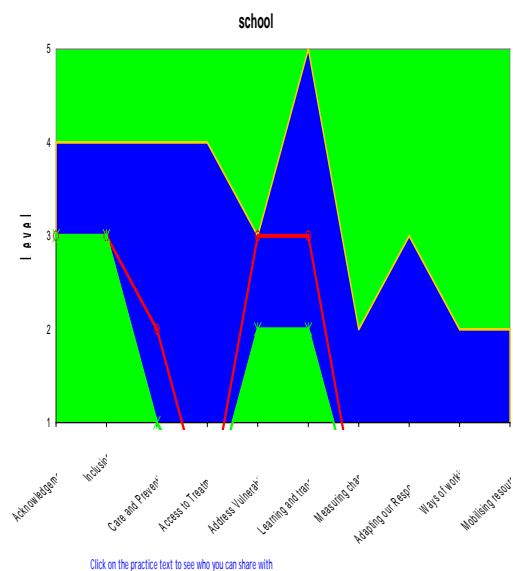
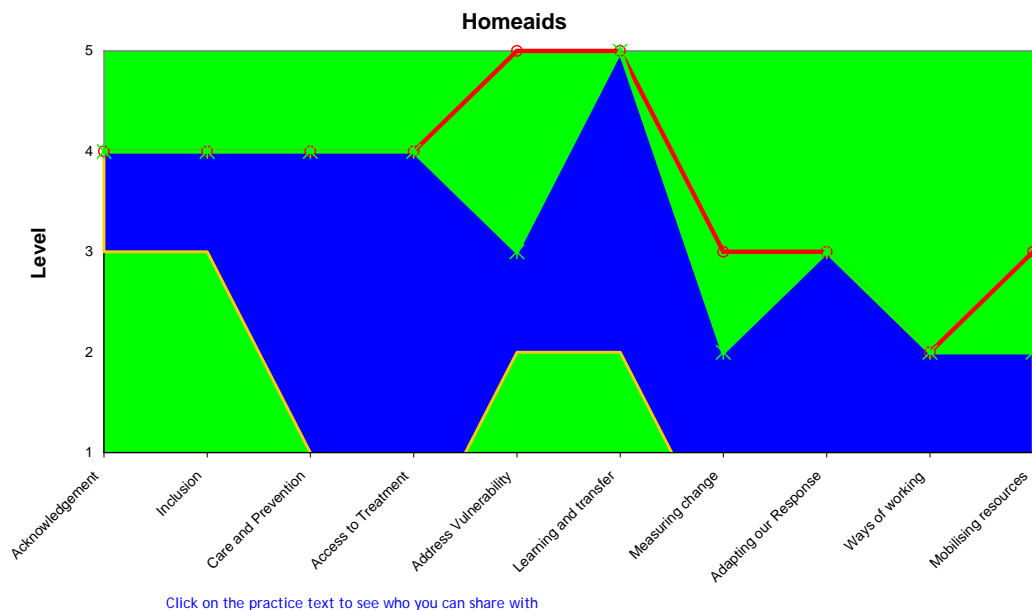


Figure 3: HomeAids self assessment



Interpretation of HomeAids team self assessment results:

1. Participating in the self assessment allowed for open and deeper discussion of the issues surrounding the response to HIV HomeAids is helping to facilitate
2. The HomeAids team feel that they are quite strong in many areas of responding to the issue of HIV
3. The HomeAids team identified their key area of strength as learning and transferring (level 5).
4. The team identified that they particularly need to focus on strengthening their response in the areas of vulnerability (from level 3 to level 5), measuring change (from level 2 to level 3) and mobilising resources (from level 2 to level 3).
5. More discussion is required to explore next steps and strategy for the HomeAids team.

Reference

-
- ¹ UNAIDS. *Report on the Global AIDS Epidemic 2006*. Assessed at http://www.unaids.org/en/HIV_data/default.asp on 1 July 2007.
- ² Lu, F; Wang, N; Wu, Z; Sun, X; Rehnstrom, J et al. **Estimating the number of people at risk for and living with HIV in China in 2005: methods and results.** *Sexually Transmitted Infections*. 82 Supplement 3:iii87-iii91, June 2006.
- ³ Zhang KL, Ma SJ. Epidemiology of HIV in China [Editorial]. *BMJ* 2002;**324**:803–4.
- ⁴ Anderson AF, Qingsi Z, Hua X, *et al*. China's floating population and the potential for HIV transmission: a social-behavioral perspective. *AIDS Care* 2003;**15**:177–95.
- ⁵ Qian, Z H; Vermund, S H; Wang, N. Risk of HIV/AIDS in China: subpopulations of special importance. *Sexually Transmitted Infections*. 81(6):442-447, December 2005.
- ⁶ Liao SS. HIV in China: epidemiology and risk factors. *AIDS* 1998;**12**:S19–S25.
- ⁷ Hammett, Theodore M.; Norton, Giulia D.; Kling, Ryan; Liu, Wei et al. Community Attitudes Toward HIV Prevention for Injection Drug Users: Findings from a Cross-Border Project in Southern China and Northern Vietnam. *Journal of Urban Health. International Research on HIV/AIDS*. 82 Supplement 4:iv34-iv42, September 2005.
- ⁸ The Australian Agency for International Development . *AusGuide - A Guide to Program Management*. Assessed at <http://www.ausaid.gov.au/ausguide/pdf/ausguideline6.4.pdf> on 1 July 2007.