

**United Nations Development Programme**

**China**

**CPR/96/402**

**MULTISECTORAL APPROACHES FOR AIDS PREVENTION AND  
CONTROL IN CHINA - PHASE II  
(JULY 1997' - JULY 2000)**

Report of the Mid-term Evaluation Mission  
(8 - 19 May 2000)

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Contents 1. Executive Summary

2. Methodology And Rationale
3. Project Concept And Design
4. Project **Implementation**
5. Conclusions
6. **Recommendations**

**Annexes**

**Annex 1 Terms of Reference**

## Annex 2 Itinerary, list of persons met and meeting summary

### 1. EXECUTIVE SUMMARY

The Multisectoral Response for HIV/AIDS Control and Prevention in China - Phase II, 1997 - 2000 (hereafter referred to as the project or Phase II) consolidates and expands on its predecessor, Phase I. The executing agency for the project is China International Centre for Economic and Technical Exchanges (CICETE) and the implementing agency is the Ministry of Health (MOH).

The Mid-term Evaluation of Phase II was conducted from 8 - 22 May 2000. The core findings of the Evaluation Mission are derived from interviews with project staff from the managing and implementing agents, visits to the demonstration sites, a review of project reports and an analysis of IEC materials produced by the project. The project was evaluated with regard to project design, capacity building, co-ordination and management, impact on participants, policy implications and recommendations.

The project design for Phase II involved wide consultation with participating agencies and consideration of the changing nature of the HIV/AIDS epidemic in China. The project was designed to build and expand on the achievements of Phase I:

*The UNDP Programme on Multisectoral Approaches for HIV/AIDS Prevention and Control in China (1993-1997), known as Phase I, is widely acknowledged to have contributed significantly to the advances China has made in national policy development on HIV/AIDS, in the broadening of a national multisectoral response mechanism to the spreading HIV/AIDS pandemic, in the establishment of a countrywide network of multisectoral trainers on HIV/AIDS and in the development of quality HIV/AIDS public health education material...*

*Phase II of the project will be divided into four major components:*

- (1) Support for increasing the management capacity of the Ministry of Public Health;*
- (2) Support for increasing training capacity of the Shanghai Training Centre; (3) Expansion of the demonstration projects of five national ministries and the AllChina Women's Federation; and*
- (4) Support to provincial multisectoral management and response.*

**Project Design Document, Multisectoral Approaches for HIV/AIDS Control and Prevention in China - Phase II**

In addition to the MOH and the All China Women's Federation, the participating national ministries are Justice, Public Security, Education, Railways and the State Family Planning Commission. Three provinces are included in the project and these are Fujian, Guangdong and Hainan.

The implementation of the project utilised the resources of government ministries and agencies as well as non government organisations. The scope and diversity of the components of the project facilitated an increased understanding of HIV/AIDS issues among the participating agencies and resulted in an improved delivery of services to clients targeted through the demonstration intervention projects.

The Evaluation Mission found that there was strong sense of national ownership of the project in its various sites and situations. Project funding from UNDP combined with additional support from participating agencies and astute project management has helped

*CPRI96/402 - HIV/AIDS Prevention, Phase II*

*Mid-term Evaluation*

*page 2*

to facilitate project implementation and increase capacity within the multisectoral framework promoted by the project design.

The major achievements of the project are in the areas of **Advocacy, Policy Development, Program Management, Education and Training Evaluation and Research.**

The recommendations of the Evaluation are made within the overall finding that Phase II has been successful in supporting the Government of China and the Governments of Fujian, Guangdong and Hainan Provinces to more actively engage in, and promote, a multisectoral response to HIV/AIDS and STDs. The recommendations call for ongoing national and bilateral support for HIV/AIDS and STD projects and make specific suggestions for future interventions designed to further increase the capacity of the Government of China and its various agencies.

## 2. **METHODOLOGY AND RATIONALE 2.1**

### **Terms of Reference**

The terms of reference for the Mid-Term Evaluation focus of the following aspects of the project:

- Validity of Project Design
- Project co-ordination, supervision and monitoring
- Institutionalisation and Capacity Building
- Technical and Administrative support from the executing agency and UNDP
- Policy Implication
- Impact of the Project
- Recommendations for improvement

*Findings are to be backed by both qualitative and quantitative evidence.*

**Project Design Document**

### **2.2 Data Collection**

Data for the Evaluation was collected in the following ways:

- meetings were held with program officers from the eight participating national ministries and agencies, staff from the health bureaux of the three participating provinces as well as officers from UNDP, UNAIDS, UNICEF, the European Union and CICETE;
- project documents were read;
- demonstration sites were visited and observed;
- discussions were held with members of the target audiences;

Sites visited for the evaluation were Guangzhou and Shenzhen in Guangdong Province, Fuzhou, Pintang and Shishi in Fujian Province and Haikou in Hainan Province.

### **2.3 Data Analysis**

In determining how to format its findings the Evaluation Mission closely followed the Terms of Reference (the complete TOR document is included as Annex 1) and UNDP evaluation guidelines. In determining how to process the findings the Mission referred to project objectives, proposed outputs of the project and **how the activities were conducted**. While, it is important to know whether the activities proposed in, and funded by, the project have been implemented, the Evaluation Mission was also conscious that there are already existing mechanisms in place for reviewing outputs - such as the annual Tripartite Review (TPR)- and that the evaluation presented an opportunity to look at whether the processes being employed in the implementation of the project were appropriate to the objectives.

The Evaluation Mission found that while there is a great deal of information documenting which activities have taken place there is limited quantitative and quantitative data available to measure the impact of these activities, such as outreach education, in initiating and sustaining behaviour change among the target groups. However it was possible for the Evaluation Mission to assess selected project activity in terms of how well it perceives the project is reaching out to the target groups, how effectively project staff have incorporated innovative forms of education and how well harm minimisation principles' have been understood and integrated into project work.

In assessing the impact of the project the Evaluation Mission was mindful of the relatively small number of community responses in the demonstration sites compared to the size of the target populations. For example, in the city of Shishi in Fujian Province it was clear from the brief visit made by the Evaluation Mission that the current intervention activities could not realistically be expected to impact on, or reach all of, the sexworkers currently working in that site. Greater levels of intervention are required but in the meantime it is important to assess the qualitative impact of the existing, pilot interventions to ensure that they are as effective as possible and establish a positive model for future activities.

The Evaluation Mission did not attempt to measure the impact of the project against the rates of STDs and HIV in the demonstration sites, however this was an issue which was discussed and will be of increasing importance in future years as governments and donors attempt to determine if specific and general interventions have been successful.

## 2.4 Current Situation

The HIV/AIDS epidemic in China is made up of several different epidemics and therefore it is difficult to make any broad generalisations regarding its current situation. However, the Evaluation Mission shares the widely held belief that the actual number of HIV infections in China is many times greater than the official number of people actually diagnosed as being HIV positive. The Evaluation Mission is also concerned that the factors observed in other locations as being necessary to enable the rapid spread of HIV through sexual transmission are present in the three provinces of Guangdong, Fujian and Hainan who are participating in the project. These factors are:

- high rates of STDs among sexworkers;

- sexual networks which encourage distribution of HIV throughout the country such as high numbers of mobile populations and the rates of contact between mobile populations and sexworkers as well as the high mobility of sexworkers;
- low rates of circumcision among male clients of sexworkers;
- sexworkers having multiple clients per day.

## 2.5 Constraints of the Evaluation Mission

- Field visits were conducted over seven days. Due to the limited time allocation it was not possible to visit all project sites, particularly the Shanghai Training Centre which was a major initiative of Phase I and was programmed to play a significant role in Phase II. The Evaluation Mission acknowledges the lack of information on the Shanghai Training Centre included in this report.
- There was limited time for the two members of the Evaluation Mission to work together in processing findings.
- The format for meetings with project and ministry staff was not always conducive to discussion of the difficulties faced, the limitations of the interventions and possible areas of adjustment. A longer and more interactive meeting with MOH staff would have been helpful for the better understanding the implications of the activities undertaken, especially given their pivotal role in the implementation of the project.
- In funding and scope of activities Phase II is a significant UNDP project. It would have been beneficial for any future UNDP project design exercise and for ongoing

advocacy purposes if the Evaluation Mission could have included a staff member from the Beijing UNDP office.

### **3. PROJECT CONCEPT AND DESIGN**

#### **3.1 Context of the Project**

*The UNDP Programme on Multisectoral Approaches for HIV/AIDS Prevention and Control in China (1993-1997), is widely acknowledged to have contributed significantly to the advances China has made in national policy development on HIV/AIDS, in the broadening of a national multisectoral response mechanism to the spreading HIV/AIDS pandemic, in the establishment of a countrywide network of multisectoral trainers on HIV/AIDS and in the development of quality HIV/AIDS public health education materials. Recognising the threat of arl AIDS pandemic in the world's most populous country, UNDP and its government counterpart accorded priority to HIV/AIDS Prevention and Control and decided to provide substantial financial assistance to the Ministry of Public Health in its third programming cycle. Together with WHO which pioneered work on HIV/AIDS in China, UNDP's resources were a critical input and were deeply appreciated by the Ministry of Public Health which has used it efficiently in the early stage of China's campaign to prevent and control HIV/AIDS.*

*CPR/96/402 - HI VIA IDS Prevention, Phase II*

*Mid-term Evaluation*

*page 5*

*Together with its counterpart, the China International Centre for Economic and Technical Exchanges (CICETE), and the Ministry of Health (MOH), UNDP recognises the urgent need to further consolidate the gains of the first phase of the Programme and expand the actions to contain the HIV/AIDS pandemic by continuing to support the project for another three years. Designated as Phase II of the Multisectoral Approaches for HIV/AIDS Prevention and Control in China Project 1997-1999, the project will now explore new horizons and attempt a hreakthrough by introducing innovative provincial and community level responses in preventing HIV/AIDS transmission and directly addressing the needs of population groups at risk of acquiring the virus.*

*To this end, UNDP and the Government of China through CICETE have agreed to extend its technical assistance and funding in the amount of US\$ 1.8 million for Phase II of this project plus \$90, 000 carryover from Phase I.*

#### **Project Design Document**

As indicated in this extract of the project document, Phase II was designed to directly build on the ground-breaking achievements of Phase.1 especially in the areas of:

- Policy Development
- Multisectoral Co-operation
- Training Capacity

- Education Materials Development
- NGO Involvement
- Community Education Projects.

### 3.1.2 Project Relevance

The Evaluation Mission concluded that the project design and concept were relevant to the current situation in China and the participating provinces for the following reasons:

- The project forecast that the rates of sexual transmission of HIV in China would continue to increase and represent a significant percentage of transmissions. This has been borne out by recent surveillance data in Fujian Province where, while the number of known HIV infections remains low, sexual transmission is the main cause of infection. Though the sharing of injecting drug equipment still accounts for most of the new infections nationwide, the project correctly highlighted the need for a greater focus on prevention of sexual transmission of HIV.

With regard to the institutional arrangements in Phase II, they were consistent with those of Phase I. CICETE remained as the executing agency and the MOH was again the implementing agency. CICETE is the UNDP counterpart in China whilst the MOH is the driving force at the back bone of China's response to HIV/AIDS and STDs.

- Having been successfully trailed in Phase I, Phase II strategically- focussed on continuing to strengthen multisectoral collaboration through the engagement of different government ministries in response to HIV/AIDS and STD. It also sought to engage provincial governments in the multisectoral response by including three provinces in the project. Furthermore, the project identified the need to:

*CPRI96/402 - HIV/AIDS Prevention, Phase II* *Mid-term Evaluation* page 6  
*explore new horizons and attempt a breakthrough by introducing innovative provincial and community level responses in preventing HIV/AIDS transmission and directly addressing the needs of population groups at risk of acquiring the virus.* **Project Design Document**

Community level responses included a number of demonstration projects targeting specific groups through outreach and peer education and clinical/education responses such as new model STD clinics. Evidence that these demonstration projects were viable was based on the fact that *a number of international NGOs have also successfully implemented interesting pilot intervention projects at provincial and community levels* (Project Design Document). In addition, Phase I had successfully included two demonstration projects with people practising high risk behaviours in Yunnan and Hainan provinces. However since there were very few similar activities at the time of the Phase II project design in 1996 the project correctly identified the need to increase the number of demonstration projects especially in the East and Coastal Provinces of Fujian, Guangdong and Hainan. In these provinces, as indicated

earlier, there are disturbingly high rates of STDs (including increasing rates of syphilis) and other factors conducive to the spread of HIV. They are also areas where there has been rapid economic growth which has corresponded with the rapid expansion of the commercial sex industry.

- During Phase I work had commenced on the Medium to Long Term Plan for HIV/AIDS Prevention and Control, 1998 - 2010 (the Plan). The process for the development of the Plan included consultation and review by different government ministries - a process facilitated by the advocacy activities conducted during Phase I. The drafting of the Plan continued during Phase II and it was promulgated by the State Council in November 1998.

The objectives of Phase II are complementary to those of the Plan. To some degree this reflects the impact of Phase I on the development of national policies including the Plan. This inter-relationship enabled Phase II to realistically envisage an expanded and progressive policy framework. The project design process identified areas where policy could be *refined and operationalised into laws and regulations* (Project Design Document).

- In regard to the larger economic picture in China, the project design recognised the impact of ongoing economic restructuring and its impact on the delivery of public health services:

*A major handicap for all Chinese public health programs including HIV/AIDS prevention and STD care arises from the fact that in view of the ongoing economic market changes in China much of the traditional public health sector is undergoing important modifications. Many public health institutions are compelled to invest in profitable activities in order to keep functioning. This has led to a number of counterproductive activities in the HIV/AIDS/STD field. For instance, HIV tests are rendered mandatory for certain persons who are also compelled to pay for the newly imposed test. STD patients are charged substantial sums for their treatment. Institutes are building level 3 biosafety laboratories for developing ELISA tests, while basic testing facilities are still absent in many laboratories.*

*A particular corollary of the changing market structure in China is the often poor access to basic health care of the rural populations (more than 900 million rural inhabitants in China), especially among the rural poor. The issue of rural poverty and access to health care is a major item on the political agenda of the Government of China. However, before this very complex situation can be solved, its impact on the future HIV/AIDS/STD situation could have become irreversible.*

- The increasing emphasis on 'user pays' within the public health system was



recognised by the project design in a number of ways including the proposal to establish new model STD clinics in the three provinces. Through the introduction of improved STD services at government run clinics it was anticipated that these clinics could better compete with their privately run counterparts, attract more clients and as a result keep their fees at a reasonable level.

- Macro economic issues were also considered by the project designers with the inclusion of proposal to commission a report into the economic impact of HIV/AIDS on Guangdong Province.
- At the provincial level the project was complementary to other emerging projects such as the EU Training Program on HIV/AIDS and STD in China which has provided training on syndromic management for STD service providers in all 31 provinces. Also, many of the innovations of Phase I and II have now been incorporated into other projects such as the World Bank's Health IX.
- The relevance and appropriacy of the project is reinforced by consideration of the relative scarcity of similar activities taking place at the time of the project design. As indicated in the project design document most of the HIV/AIDS activities supported by international agencies took place at the provincial and community level - they did not target the area of policy development at the national level.

### **3.2 Project document**

The Evaluation found that the project design reflected the suggestions and input of the government at both national and provincial level. Objectives and components were drafted by the design team as a result of discussions with the participating agencies and then incorporated into the project document. In Fujian Province active research was carried out by the Health Education Institute to determine the most appropriate activities and areas of greatest need. In Hainan Province, which had been involved in Phase I, the activities developed were a logical follow on to those already conducted including an expansion of pilot interventions with sexworkers.

The problems to be addressed by project were clearly identified including:

- the epidemic rates of STDs;
- the changing routes of HIV transmission;
- the need for more comprehensive and responsive policies;
- the need to target interventions in provinces and cities in the East and Coastal provinces.

The activities and strategies to be employed to solve the problem were also clearly identified and a tactical strength of the design document is that it has successfully exploited the opportunity to build on the achievements and lessons learned during Phase 1.

Project risks were identified as being around the following: staffing; project co-ordination and the politically sensitive nature of some of the activities. These risks are addressed in a variety of ways including the establishment of co-ordinating mechanisms such as multisectoral committees and the 'farming out' of sensitive activities to NGOs if necessary.

The participating provincial governments chosen for the project had all had some experiencing in implementing HIV/AIDS related activities especially Hainan and Fujian and the institutional arrangements were, as indicated in 3.1, successfully trailed in Phase I.

The target beneficiaries are clearly identified in the project design:

- *People with high risk behaviour especially those working in the entertainment, service and tourism industries i.e. hotels, restaurants, karaoke clubs, dancing halls, sauna and massage parlours, nightclubs, beauty salons and barber shops; business and other people with high-risk sexual behaviour, substance and drug abusers especially intravenous drug users; persons travelling overseas; seafarers and fishers; long distance truck drivers; migrant labourers; persons in detention centres, re-education camps and prisons.*
- *People with medium risk behaviours such as railway passengers, high school and university students, construction labourers, factory workers, women attending family planning and maternal care clinics whose husbands are migrant workers or regular travellers;*
- *NGOs and mass organisations in Fujian, Guangdong and Hainan such as the Working Committee for the Next Generation, Youth League, Overseas Chinese Association; Hotel and Restaurant Managers -Association, Rural Health Workers Club, STD/AIDS Prevention Association; the All China Women's Federation at national and provincial levels;*
- *Policy and decision makers at national, provincial and city levels from the following sectors: Health, Public Security, Local Governments, Economic Cooperation, Family Planning, Education, Justice, Railways, Tourism, Propaganda and Mass Media.*
- *Government workers and cadres working as focal points, middle level managers and field workers of the HIV/AIDS project in the various ministries at national, provincial and city levels.*
- *The Shanghai Training Centre for HIV/AIDS Prevention and Control.*

**Project Design Document**

of the intervention activities were specifically designed to increase knowledge among poor women of reproductive age, especially those now working in the sex industry. These activities included outreach education to sexworkers, condom promotion and improved STD services.

With regard to future sustainability of activities, the Evaluation Mission found that the project design did not pay adequate consideration to how activities, especially at the provincial level, might continue and/or expand after project funding had ceased.

## **4. PROJECT IMPLEMENTATION**

### **4.1 Program Strategy**

*The major elements and activities of the project strategy are:*

*Developing the capacities of provinces, cities and communities to plan and manage multisectoral responses to minimise the transmission of HIV. The three provinces of Fujian, Guangdong and Hainan are the main project areas for sub-national implementation.*

- Designing innovative and creative community level actions that would directly effect a decrease in people's risk of acquiring HIV and STDs. While some actions planned may generate sensitivities and controversies, these will be treated as experimental in nature, designed to assist the formulation or refinement of a local or national policy on HIV/AIDS prevention and control.*
- Enhancing the management of the national HIV/AIDS multisectoral network in coordinating all efforts of government, NGOs, mass organisations, the educational system and international partner agencies. The State Council through the Ministry of Health will be at the forefront of the coordination work particularly in the areas of policy development, production of quality educational multimedia materials, training and capacity building and further increasing the awareness of policy and decision makers.*
- Consolidating the achievements and expanding the direct interventions and innovative schemes of each of the key Ministries involved in Phase I, **namely, the Ministry of Health, Ministry of Public Security, Ministry of Railways, State Education Council, Ministry of Justice and the All China Women's Federation. The State Family Planning Commission will become a project partner in Phase II.***
- Translating and refining the national policies on HIV/AIDS developed during Phase I into relevant legislation, administrative regulations and operational guidelines to enable all sectors of society for community action against HIV/*

## AIDS.

*In Fujian Province, the strategy will focus on involving NGOs and mass organisations in three demonstration areas, Shishi, Pingtan and Fuding, to reach*

CPRI96/402 - HIV/AIDS Prevention, Phase II

Mid-term Evaluation

page 10

*out and implement community-based projects among populations with high risk behaviour. Face-to-face and interactive preventive health education on HIV/AIDS will be a major feature in the strategy. This will be supported by a provincial and city multisectoral coordinating committee and a provincial training program on STD/HIV/AIDS prevention and control.*

*In Guangdong Province, efforts would be made to reach out to people at higher risk of STD/HIV infection through sex and/or injecting drug use. Projects will be organised with the participation of the community and the non-health sector in the government authority. The following such projects will be implemented, viz., (i) improving the STD management system, (ii) developing outreach programs targeting people practising high risk behaviours, (iii) training clients of reeducation centres as peer educators, (iv) developing targeted education for the mobile population.*

*In Hainan, the provincial experiences in Phase I in dealing with women with high risk sexual behaviours, will be improved, expanded and institutionalised. A strategy of provincial wide condom use and safe sex multi-media campaign will be tested. HIV/AIDS prevention and control will be integrated with the STD program and family planning services. Multisectoral efforts and community participation will be generated for demonstration projects, viz., (i) drop-in centres for women with high risk sexual behaviour; (ii) counselling and health education posts, (iii) education for residents departing for overseas and (iv) education of drug users.*

### Project Design Document

The Evaluation Mission selected the following categories in which to analyse and discuss the project outputs based on our understanding of the project's focus and achievements. These categories are:

#### **Advocacy**

The tools employed by the project and the project managers to better promote understanding and awareness of HIV/AIDS and STDs among policy makers and government officials, promote multisectoral participation and involvement and, to develop and implement appropriate policies.

- **Policy Development** The policy achievements of the project as represented through the development of policies, national plans and operational guidelines, regulations etc.
- **Program Management** Those multisectoral activities which assist in the co-ordination and implementation of project activities and increase the scope of involvement of different sectors. Also

includes the new model of STD management, which is one of the demonstration activities.

- **Education and Training**

Includes: demonstration interventions for target groups in the three participating provinces; education for project staff, production of education materials; and building training capacity.

- **Evaluation and Research** How were the activities evaluated and what research has been conducted to inform the design and evaluation of activities?

## 4.2 ADVOCACY

A number of the project components could be described as advocacy related activities:

### 4.2.1 International Study Tours

Funding for international study tours was directed to all the participating ministries at the national level and to the three participating provinces.

- The Ministry of Health conducted three international study tours comprising representatives from different sectors of the government.
- The Ministries for Railways, Justice and Public Security and the State Family Planning Commission all conducted international study tours for policy and technical staff.
- Funding for study tours was not allocated to staff of the All China Women's Federation, however a key staff member involved in the implementation of their project was a participant in the study tour/work placement in the Philippines organised by the UNDP sub-regional HIV/AIDS/STD project.
- Senior leaders from Fujian, Guangdong and Hainan participated in study tours to either Thailand or Australia.

Staff from Shenzhen STD/AIDS Control Centre visited the Netherlands to observe STD and HIV treatment and prevention activities in Amsterdam, however this activity was funded externally.

### **Comments**

Study tours to Europe for Ministry of Railways staff expanded their understanding of how better to utilise railway facilities as a venue and opportunity for promoting HIV/AIDS awareness among railway passengers.

Study tours by staff of the Ministries of Justice and Public Security demonstrated the positive interventions which can be made through detention and detoxification centres to educate target groups and better manage detainees who are HIV positive.

The State Family Planning Commission tour to Thailand introduced officials of the Commission to the experience in Thailand of using family planning services to reduce HIV and STD transmission. The tour played an important role in demonstrating how the family planning system in China could "take advantage of its nationwide service network to promote use of condom to the target population including the education and counselling on correct use of condom and provision of free condom" (Trip Report). As indicated to the Mission by a participant in the study tour, visits to countries nearby countries such as Thailand are relatively low cost and provide an often first-time

opportunity for provincial and county level staff to observe other practices outside of the Chinese system.

Representatives from the Ministry of Education and the Institute of Child and Adolescent Health at Peking University Health Science Service Centre organised study tours to both Australia and Thailand. In each country participants were able to observe school-based sexual health and lifeskills education in action. Findings from the tours were adapted for the pilot project *School based HIV/AIDS Education Program in China*.

Although not directly part of the project, the visit to the Netherlands by doctors from the STD clinic in Shenzhen has increased their capacity to implement their model STD clinic.

At the provincial level study tours for senior officials are considered by provincial health bureau staff to have been particularly successful in generating a better understanding among leaders as to why HIV/AIDS is not just a health issue but requires a multisectoral response and why there is a need for a supportive legal and political framework.

Not only do study tours provide participants with an opportunity to observe successful and not so successful experiences in other countries, they also bring together participants from different divisions within ministries and provincial governments in an environment removed from the day to day constraints of their usual work. In this context participants can debate ideas amongst themselves and develop strategies for future action and support networks which will assist them in the implementation of those strategies.

On several occasions during the field visits the Evaluation Mission was told that the reason for the increased commitment of specific political leaders to HIV/AIDS prevention was due to their observation of international responses to HIV/AIDS while participating in a study tour. A specific example is the prominent role now taken in

HIVAIDS prevention by a vice-governor of Hainan Province who participated in a study tour to Thailand. Health bureau staff in Hainan directly credited her participation in the study tour as the reason for her increased commitment and greater awareness.

However, despite the success of international study tours there is room for improvement in the formatting of future tours. More time should be given within the tours for participants to explore how successful responses in other countries might be adapted for use in China and more opportunities should be given for participants to explore the practical methods used in other countries to engage specific target groups in HIV/AIDS prevention. An excellent example of such a tour is the one organised by the UNDP sub-regional HIV/AIDS project to the Philippines. The tour included many practical sessions and visits to grass roots organisations employing participatory education methods.

#### 4.2.2 Domestic Study tours

Fujian provincial officials conducted a study tour to Hainan and Guangdong for government leaders and program staff to observe responses in those provinces and to discuss policy issues.

#### **Comments**

Domestic study tours played only a small part in Phase II but as the response to HIV/AIDS and STDs in China grows and deepens, local study tours should become a more prominent advocacy tool. Fujian's initiative in organising this tour is indicative of their outward looking approach and their interest in learning from the experiences of others.

#### 4.2.3 Multisectoral workshops

- National level

Shanghai Training Centre has conducted six multisectoral training of trainer workshops in Shanghai for policy makers and program officers from different ministries and provinces. The final of these six workshops was conducted recently for program officers or contact persons who are new to their positions.

#### **Comments**

The Evaluation Mission was not able to visit the Shanghai Training Centre to discuss their project activities. However, during the field visits the Mission met with participants who had attended these workshops and who were highly complementary of the methodology employed by the Training Centre and the subject matter covered.

- **Provincial level multisectoral workshops**

Each participating province has organised several multisectoral workshops at provincial and county level. These workshops have focussed on policy development, education around basic issues relating to 'HIV and AIDS for participating agencies and interagency cooperation

## Comments

Workshops for policy makers and leaders at provincial level complement study tours as an advocacy tool and often lead to the establishment of multisectoral co-ordinating committees and intersectoral project collaboration. In Fujian Province these activities have been extended to include representatives from NGOs and the business sector and it is to be hoped that this will also occur in other provinces.

## 4.3 POLICY

Phase 11 anticipated that at national level the Ministry of Health and other ministries would have *"translated the national policies on HIV/AIDS prevention and control into administrative regulations, (and) operational guidelines .... addressing the needs of population groups at risk of HIV/AIDS within their respective jurisdictions. "*

Project Design Document

### 4.3.1 Policy Developments

There have been a number of significant national policy developments and 'policy promoting activities' during the life of the project. Some of these are direct outcomes of the project while others are the result of the increased capacity and awareness stimulated by the project. These include:

- CPRI96/402 - HI VIA IDS Prevention, Phase II                      Mid-term Evaluation                      page 14
- The development of guidelines for pre and post test counselling (MOH, June 1998).
  - Instructions by the Ministry of Public Security directing Public Security institutes and officers to participate in AIDS intervention actions (Ministry of Public Security, 2000).
  - Regulation of management of people with HIV and AIDS. Includes antidiscrimination measures for people with HIV such as the right to medical care, freedom to go to school, and the right of prisoners to be allowed access to treatment whilst being detained or to be allowed to access public health services if lie or she has developed AIDS (MOH, April 1999).
  - Principles for AIDS Education. jointly issued by nine ministries (MOH and others, January 1998).
  - Direction for all local governments to release HIV infection rates in each province to the public (MOH, June 1999).

National workshops have been conducted to facilitate policy development and the drafting of operational guidelines listed above. These include the national multisectoral workshop for policy development in 1997 and a mass media workshop.

In December 1-2, 1999, a national workshop was jointly organised by the Ministry of Health, Ministry of Public Security, Ministry of Education and Ministry of Broadcast, Film and Television. The meeting was attended by representatives from a wide range of government ministries, NGOs and international agencies. Activities supported by UNDP Phase II and by other funding agencies were presented at the workshop. Two draft technical guidelines for intervention targeting sex workers and their clients and injecting drug users and their sexual partners were developed after the workshop.

Furthermore, the National Mid-and-Long Term Plan for HIV/AIDS Prevention and Control 1998 - 2010 (the Plan) was promulgated by the State Council in November, 1998. Work on the Plan commenced



during Phase I and its finalisation can be seen as a significant part of the evolution of National China AIDS policy. The Plan is closely associated with both phases of the project.

#### Comments

The majority of the proposed policy-related activities proposed and funded by the project have been conducted.

Policy remains central to the further development of effective responses to HIV/AIDS and STDs in China. It is also an area of ongoing concern to UNDP and its development objectives as strong and supportive policies support the facilitation of sustainable human development.

At the provincial level there is still evidence that in the three participating provinces policies approved at the national level are yet to be adequately applied. For example in Shenzhen, which is one of the demonstration sites in Guangdong Province, women carrying condoms are still assumed to be sexworkers and are detained by the local police. This is in direct contravention of the Principles for AIDS Education which were jointly issued by nine ministries including Public Security and Justice in January 1998.

CPRI96/402 - HIV/AIDS Prevention, Phase II

Mid-term Evaluation

page 15

The Mid-to-Long Term Plan is an excellent document which reflects the advances in understanding and awareness of HIV/AIDS issues among senior policy makers. However, within its supportive framework there still remains considerable room for policy enhancement especially in the area of harm minimisation. Greater uptake of harm minimisation principles and practices are seen by many interviewed for this evaluation as being crucial to enabling China to further develop effective prevention programs. The development of further harm minimisation policies requires an understanding by senior leaders that the current legal status of sexwork and injecting drug use in China may hinder rather than promote safe sex and safe injecting practices.

The exact nature of the policy changes necessary must be decided on by the Government of China but they need to be such that they will significantly facilitate the implementation of practices which are proven to reduce the rate of transmission of HIV, especially among those practising high risk behaviours. It is understood that these changes require astute political negotiation by all those involved, but it is also understood that the development to date of progressive and supportive policies in line with international best practice are indicative of the Government of China's capacity to embrace policy which is politically sensitive.

The principal body developing policy is the National AIDS Committee (NAC). The NAC has supported the policy initiatives of Phases I & II. It has high level leadership and enables the MOH to directly promote its policies to other member agencies. This committee will hopefully provide the platform for further policy developments.

Finally, it is noted that there are positive examples of how existing policy development has facilitated project implementation and supported harm minimisation. These include:

- **Principles for AIDS Education** which was used to lift the ban on condom advertising on national television.
- The Ministry of Public Security has recently issued guidelines which direct the Ministry to become actively involved in AIDS prevention and to facilitate health

educators from the provincial health bureaux to conduct outreach education to groups such as sexworkers and IDUs.

- In April 3-4, 2000, a National AIDS Committee meeting was held in Beijing. Vice Prime Minister Li Lanqing chaired the meeting and vice ministers from 33 ministries and vice governors from 5 provinces participated in the meeting. Education for general public and specific behavioural interventions targeting 'high risk' groups were emphasised for future AIDS programs.

## **4.4 PROGRAM MANAGEMENT**

### **4.3.1 Multisectoral Meetings and Mechanisms**

- A national multisectoral workshop/conference was held in 1999. It was jointly organised by the Ministry of Health, Ministry of Education, the Ministry of Broadcasting, Film and Television and the Ministry of Public Security. The

*CPR/96/402 - HIV/AIDS Prevention, Phase II*

*Mid-term Evaluation*

*page 16*

workshop included participants from a wide range of ministries, government agencies and local and international NGOs and UN agencies.

- The Ministry for Public Security, the Ministry of Justice and the Ministry of Health jointly developed self study manual for law enforcement officers in the public security and justice system at the provincial, prefecture and county level.
- Strengthening of the National AIDS Committee. This committee was originally chaired by a state councillor and is now chaired by a Vice Prime Minister. It has also set up a co-ordinating office which is directed by a Vice Minister of Health.
- Provincial AIDS co-ordinating committees have been established in Hainan and Fujian and are each chaired by a vice governor. Guangdong Province has yet to establish such a committee.
- At the county level some co-ordinating committees have also been established. In Fujian province co-ordinating committees have been established in -the three project sites of Pintang, Fuding and Shishi. These committees are all chaired by either the city mayor or county head. These committees help to achieve policy development and provide a forum for advocacy.

### **Comments**

Multisectoral committees provide a forum to exchange information and co-ordinate and manage interventions at all levels. They enable the participation of diverse sectors including non government and business organisations and are an essential aspect of multisectoral program management and should be further encouraged and supported. It is to be hoped for example that a Guangdong provincial AIDS committee can be initiated within the life of the project and used to further promote activity and political

commitment in that province.

#### 4.3.2 Multisectoral Project Collaboration

There are increasing levels of collaboration on project work at the provincial level between different agencies:

- There has been collaboration between government and private agencies to support the commercial distribution of condoms including provision of training for shopkeepers on condom usage, correct size, correct storage etc.
- All non health sector agencies have utilised local health bureau personnel when conducting training activities for staff and target groups for example training activities in detention and detoxification centres.
- Collaborations with mass media, newspapers, magazines, TV, radio periodically disseminate messages to the general public, especially in the period around World AIDS Days - these collaborations have been facilitated by the involvement of the mass media in the multisectoral committees at provincial and county level. Media activities include newspaper columns on HIV/AIDS, knowledge competitions, coverage of AIDS related education activities.

#### **Comments**

Multisectoral project collaborations:

- encourage the sharing of knowledge and skills among project workers from different units and sectors;
- help broaden the response to HIV;
- promote the understanding that HIV is not just a health issue;
- help to avoid duplication of services;
- facilitate involvement of NGOs and private businesses.

Limited financial resources are generally available for project work. Multisectoral collaboration can lead to cost-sharing across sectors and help to ensure that existing trained personnel, such as health educators within the health bureaux, are utilised by other departments when they provide training to their staff and constituents.

#### 4.3.2 New Model of STD Management

The establishment of new model STD clinics has been a key component of the demonstration projects in the three participating provinces. New model STD clinics have been set up in all three participating provinces in the specific project sites: Guangzhou, Shenzhen and Shantou in Guangdong; Fuding, Fuzhou, Pintang and Shishi in Fujian; and Haikou and Qianhai in Hainan.

Components of the model include:

- anonymous testing and treatment for STDs and HIV;
- counselling to all clients and including instruction on condom use;
- sale of condoms to all clients; availability of education material and;
- the syndromic management of STDs.

The guidelines for these clinics have been established by the National STD Centre.

### **Comments**

New model STD clinics have proved very successful. They are a significant achievement of the project and demonstrate provincial level commitment to providing improved STD services and responding to STD epidemics. They have resulted in an increased number of clients and a better capacity to measure rates of STDs among local populations. In particular the provision of anonymous testing has been a major step forward in the implementation of harm minimisation principles. New model STD clinics have also benefited from the European Union Project providing training on syndromic management of STDs in all 31 provinces.

There is still room for improvement and modification in the new model STD clinics - all the more so because of the valuable service they provide and the success they have achieved to date. There needs to be greater co-operation between the clinics and health educators conducting outreach education. It would be useful, for example, if clinic doctors or nurses could participate in outreach education and conduct outreach clinics and provide appropriate referrals. National Guidelines for STD management should be better promoted.

*CPR/9h/402 - HIV/AIDS Prevention, Phase II*

*Mid-term Evaluation*

*page 18*

**Condom Promotion**

**As well as acknowledging that "positive norms on love, marriage, family, sex moral and sex health should be promoted", the Mid and Long Term Plan on HIV/AIDS Prevention states, that "Condoms should be promoted vigorously among target populations." This statement indicates the degree to which policy in China regarding condom use has shifted in recent years and provides positive support for condom promotion in HIV/AIDS prevention activities.**

(Quotes are extracted from the draft translation of the Mid -and - Long Term Plan for HIV/AIDS Prevention and Control, 1998 - 2010)

## **4.4 TRAINING AND EDUCATION**

### **4.4.1**

In this section the Evaluation Mission have included those activities in the project which

have a formal or informal education component. These include:

- Training of Trainers
- Outreach education (including institution-based education)
- School-based education
- Design, production and distribution of education materials

### **Training of trainers**

Training of trainer (TOT) activities have included training for health educators and other staff from the participating ministries. The objective is to increase the training skills of staff in order to improve their ability to provide HIV/AIDS awareness training to their constituents (i.e. members of the target groups) and to fellow staff.

### **Comments**

Among the challenges facing TOT activities is ensuring that they adequately address the values and attitudes of those being trained and that they introduce participants to education methods which will be appropriate for the target groups they will be working with. Based on the findings of the Evaluation Mission it appears that a number of the TOT activities conducted by and for government staff do not adequately address either the training skills of the participants or how their attitudes and values affect their capacity to train others.

The State Family Planning Commission conducted innovative training in its demonstration sites to improve the capacity of Commission staff to promote condom use among all clients, regardless of marital status.

#### **4.4.2 Outreach and Peer Education**

- **Institution-based**

Through the Ministries of Justice and Public Security peer education has been conducted for women in re-education centres, clients in re-education centres and drug users in detoxification and detention centres. This has not been limited to the

three provinces but has also been carried out in Beijing, Tianjiang, Shandong, Hubei, Sichuan and Guizhou.

Further pilot peer education activities have been conducted by health educators in the provinces in a range of detention and re-education centres.

#### **Non-institution-based**

Informal outreach education has been conducted in all three provinces for female attendants in entertainment establishments including saunas, karaoke clubs, beauty parlour clubs and hostels who are mainly engaged in commercial sexwork. Other groups have also been targeted - most specifically truck drivers in the city of

Shenzhen in Guangdong province. This innovative project targets truck drivers in a variety of ways including conducting informal education in truck stops.

The Ministry of Railways has established pilot health education centres in the Beijing West and Guangzhou stations. These centres target those who are moving between rural areas and the cities. The Health Education Centre in Guangzhou was visited by the Evaluation Mission. It is strategically located within the main body of the station and is staffed by members of the Railway's anti-epidemic station. The Centre provides factual and interesting education materials including well designed pamphlets and video displays.

### **Comments**

Outreach and peer education are widely recognised as an important way to increase HIV/AIDS and STD awareness among people who may be practising high risk behaviours but who are not easily accessible through formal education programs. Members of these groups may have low levels of school education and may not feel well-disposed towards traditional methods of education such as learning by rote and lectures.

Outreach education activities have taken education into sites frequented by the target groups. These initiatives represent a significant shift in the understanding by health educators as to where education can be conducted as well as how it can be conducted. However there are many opportunities available to improve the quality of these education programs especially through the better incorporation of adult learning practices and participatory education activities.

The expansion of the sex industry in the three provinces provides an enormous challenge to local health education facilities. There is an urgent need for the pilot outreach projects to sexworkers now being implemented in these provinces to go to scale - an effort which will require extensive funding, training and political support.

#### **4.4.3 School based education**

A new model of education focussing on HIV /AIDS and STD awareness and lifeskills have been piloted in 22 middle schools in three areas - Beijing, Shenyang and Yunnan. It has been implemented by the Institute of Child and Adolescent Health at Beijing Medical University.

### **Comments**

An excellent curriculum has been developed which integrates HIV/AIDS information with other lifeskills based education. The curriculum needs to be implemented in ' a larger number of schools and in trade-based vocational colleges.

#### **4.4.4 Education Materials**

Many IEC materials have been produced during the life of the project and at significant cost. These include printed, audio and audio-visual materials such as posters, pamphlets,

calendars, comics, condom packaging, cassette tapes, videos and CD ROM. Most of these materials have been targeted towards specific groups including sex workers, clients of sexworkers, drug users, truck drivers, family planning clients mobile populations and the mainstream population. Some have universal application such as the MOH publication, *Key AIDS Messages*.

### **Comments**

While many materials have been produced, very few have been adequately pre-tested or their impact evaluated. The quality of the materials, both in terms of written material and design, varies greatly and the messages are often contradictory or confusing.

The Evaluation Mission concludes that the skills and science involved in producing IEC materials are underestimated by the implementing agencies and recommend that greater consideration be given to the design and testing of materials. This includes the better use of marketing techniques and the greater involvement of target groups in the design and testing process.

## **4.5 EVALUATION AND RESEARCH**

Evaluation and/or Research components of the project include:

- Development of National Indicators for the National Plan of Action on HIV/AIDS Prevention and Control (still to be finalised).
- Pre and post intervention comparison studies (KAPB) conducted among target populations by participating ministries and provinces.
- Extensive surveying of inmates conducted by the Ministry of Public Security at demonstration sites including ethnic minorities in Tibet and Sichuan and sex offenders in Shanghai and Shangdong.
- The Ministry of Justice conducted follow-up interviews of 66 detainees after they were released from detention to review whether there was sustained behaviour change. Results indicated significant rates of changed behaviour away from drug use and sharing of equipment.
- Guangdong Province commissioned research into the potential economic impact of HIV/AIDS in the province (this report has yet to be released).

- Qualitative studies in the three provinces were undertaken to map patterns of sexwork and injecting drug use.

### **Comments**

- **Research**

Well focussed and well designed research is an invaluable tool in the design of education programs. At present there are limited resources available for this kind of research. Furthermore a great deal of the research conducted to date has been preoccupied with determining if target groups such as sexworkers, prisoners and IDUs know how HIV is transmitted. However there is a noticeable lack of research data indicating whether behaviour change such as condom use has been adopted and sustained and very little social research exploring the barriers to adopting behaviour change, especially among sexworkers and IDUs. Research in both these areas is needed in order to be able to improve programs, track behaviour change, and advocate for program funding and policy change.

- **Evaluation**

Evaluation of the project components is generally a weak link in the project cycle. There tends to be too much emphasis on cataloguing the activities conducted or measuring their immediate outcomes in an exercise intended to demonstrate project success to political leaders. It may be more useful to concentrate on developing ways to measure the impact of project activities in encouraging and sustaining behaviour change over time. For example, pre and post knowledge tests, which are a feature of many of the education interventions, only evaluate whether knowledge has been acquired in the short term and do not generally include information on whether improved knowledge levels have led to sustained changes in behaviour such as 100% condom use.

It should be understood by project managers, and political leaders that not all projects will be successful and that there is a great deal to be learned from unsuccessful activities. Creating an environment where staff can openly discuss project shortcomings, constraints and frustrations may go against existing cultural norms but will result in the opportunity to design and implement projects which are more responsive to actual needs and which better reflect the complexities involved in supporting behaviour change.

## **5. CONCLUSIONS**

### **5.1.1 General Findings**

The Evaluation Mission concludes that overall Phase II has been successful at achieving its objectives.

The funding and framework provided by the project has enabled project activity which otherwise would not have taken place. It has encouraged participating agencies to contribute their own resources and to give added priority to HIV/AIDS and STD prevention. It has helped to strengthen to the multisectoral response to HIV/AIDS and STD in China.



Much of the success of Phase II resides in the commitment made by the staff of the participating ministries, agencies and provincial governments. At both national and provincial levels staff have demonstrated a strong sense of ownership of the project and a willingness to take on difficult work.

Unlike some donor funded projects which rely on international technical assistance, both Phase I and Phase II relied heavily on the utilisation of local skills and resources. Where external resources have been called on, such as in international study tours and in the project design itself, the emphasis has still remained on how the lessons learnt in other countries can be adapted for application in China. This does not undermine the need for ongoing international co-operation since HIV/AIDS is a global problem and the painful lessons learned in other countries do have some universal applications.

Building a multisectoral response and creating an infrastructure which supports and enables behaviour change is an ongoing process. The activities of Phase II should be seen within the context that the ultimate goal of the project, indeed of any HIV/AIDS prevention project, is to stop HIV transmission. International experience has proved that this can only be achieved through a broad scale mobilisation of health and social services within a politically supportive framework. This framework has yet to be fully achieved but significant components in the structure have been put in place. That the push for further efforts to complete the necessary policy framework comes from within the participating ministries and the national mechanisms for co-ordination is extremely significant and encouraging.

## **5.2 Summary of findings in light of the four components described in the project design**

### **5.2.1 Support towards increasing management capacity of the Ministry of Health**

The Ministry of Health is the driving force behind the national response to HIV/AIDS and STD. MOH staff responsible for the implementation of the project are progressive with a strong commitment to fostering a multisectoral response. The MOH coordinated and supported a range of policy development activities during the life of the project.

### **5.2.2 Support towards increasing capacity of the Shanghai Training Centre**

Shanghai Training Centre played a significant role in providing training for policy makers and high level officials from ministries and other provinces but provided limited technical support to the three provinces in community based outreach education programs.

Despite the establishment of National Centre for AIDS Prevention and Control and the National Roving Team of Experts, the Evaluation Mission concludes that there is an ongoing role for the Shanghai Training Centre in the national response to HIV/AIDS

particularly in the provision of training in innovative methods of health education and the production of targeted health education materials.

### **5.2.3 Support towards increasing HIV/AIDS and STD Programs of other relevant Ministries**

As a result of their involvement in the project participating ministries have conducted an extensive series of activities including study tours, training of staff and constituents, research and the production of education materials.

In some ministries the provision of in-kind support and direct financial contributions have enabled either additional activity to take place or for activities to be expanded. For example the Ministry of Railways has contributed its own funds to enable the operation of the two pilot health education centres. This additional input from agencies indicates not only a high level of commitment to HIV/AIDS prevention but also demonstrates the significance of the project in encouraging that commitment.

### **5.2.4 Support to Provincial Multisectoral Management and Response to HIV/AIDS and STDs**

At the provincial level all participating governments have made significant contributions to furthering a multisectoral response to HIV/AIDS. Most active and forward looking has been Fujian Province where there has been extensive multisectoral collaboration at provincial • and county level. The level and competency of project management in Fujian has also been exemplary and this has facilitated the contribution of non health agencies, local government authorities and NGOs at the county level.

It is uncertain to what degree interventions commenced during the project will continue after funding has ceased. In Hainan for example, peer education among sexworkers is heavily dependent on project. funds, however the Hainan Provincial Government has allocated specific funds for HIV/AIDS in its current budget and has signalled that it intends to continue this practice.

Whilst there are some excellent demonstration activities in Guangdong Province, there appears to be a lack of political commitment at the government level in Guangdong to supporting a multisectoral response.

### **5.2.4 Findings on Project Management and Project Supervision**

The Evaluation found that in general the administrative arrangements for the project with regard to payment to participating agencies has been satisfactory. Some agencies experienced delays with reimbursements but the Evaluation Mission concluded that these delays resulted from administrative practices employed by the recipient organisations and were not the fault of the central managing or implementing agencies.

UNDP monitoring of the project has been satisfactory although reductions in staffing levels within the Beijing office appear to have impacted on the time available by staff for this activity.

## **6. MAJOR RECOMMENDATIONS**

The recommendations are intended to:

- a) Assist UNDP in directing its support for strategic initiatives which will promote further development of HIV/AIDS related policy within a harm minimisation framework.
- b) Support the Government of China in its efforts to promote best practice in the response to HIV/AIDS and STDs and to increase its financial and political commitment to prevention focussed interventions.
- c) Encourage international donor agencies to increase their levels of financial support for HIV/AIDS and STD capacity building initiatives in China.

### **A. The Evaluation Mission recommends that UNDP continue to support strategic initiatives which will assist the Government of China to enhance its response to HIV/AIDS and STDs.**

**Specifically it recommends:**

#### **Policy Development**

- 1. UNDP in conjunction and consultation with the Ministry of Health and CICETE should design and support a series of strategic initiatives which are likely to promote the greater adoption and integration of harm minimisation policies in China.**

These initiatives could include workshops attached to meetings of the National AIDS Committee co-facilitated by national and international experts and including representation from target communities and people living with HIV/AIDS.

#### **Experience Sharing**

- 2. Before the completion of the project participating ministries and agencies and provincial governments as well as other key players should have the opportunity to share experiences and identify successes and shortcomings of the project.**

This activity would greatly assist in disseminating the lessons learned by the project and in promoting its achievements with the view to the replication or adaptation of demonstration projects in other provinces.

This activity should be carefully planned and well facilitated and should encourage interactive sessions and frank discussion. This workshop could also act as a final evaluation of the project.

**B. With regard to the continuing role of the Government of China, UNDP and other international agencies the Evaluation Mission recommends the following:**

**Capacity Building**

**3. Provide training to technical staff in provincial governments in the design of projects and in how to generate domestic and international funding for such initiatives.**

Provincial governments need to consolidate skills in fundraising and project design. This activity could be incorporated by UNDP into a new project or could be taken up by the Ministry of Health and/or other international donors.

**4. Provide further training to technical staff on the design, commissioning and testing of education materials for the general public and target audiences.**

The quality of education materials is often poor or their focus unclear. Skills in the design and commissioning of materials needs to be improved. This could be facilitated by utilising the skills of the IEC sub-committee of the team of roving experts, the staff of the Shanghai Training Centre and international consultants through a series of national and provincial workshops and demonstration projects.

**5. Increased efforts should be given to intervention activities designed to affect change among people conducting high risk behaviours.**

The depth and range of interventions targeting people who may be especially vulnerable to HIV infection needs to be increased. This includes the wider inclusion of target groups in project design, implementation and evaluation, and an increase in the number of interventions. There needs to be better collaboration between implementing agencies such as health education institutes and STD clinics, enabling better referrals, outreach clinics. Greater emphasis should be placed on project evaluation including the provision of evaluation training.

Note: Harm minimisation principles and policies are a pragmatic hierarchy of responses. These responses may include promoting abstinence or monogamy as one way of preventing sexual transmission of HIV and STDs but also and simultaneously promoting condom use and supporting prevention education to sexworkers. Equally with injecting drug use, harm minimisation may include drug rehabilitation services for people attempting to give up illegal drug use as well as making education available to those who continue to inject drugs to encourage them not to share injecting equipment. Harm minimisation accepts that people practice a multiplicity of behaviours and that these behaviours can be modified to prevent HIV and STD transmission.

## **Annex 1**

### **Terms of Reference for Mid-Term Evaluation for CPR/96/402**

#### **Multisectoral Approaches for HIV/AIDS Control and Prevention in China - Phase II**

April 2000

#### **Rationale**

The project started implementation in July 1997. In the past two and a half years HIV/AIDS has been fast spreading in China, with the estimated number of HIV/AIDS infected persons increased from about 200,000 at the time when this project was formulated in mid 1997 to 400,000 by mid 1999. Meanwhile, China witnessed a rapid economic development accompanied by social sector reforms including the health system reform and influence exerted on organizational structure by government restructuring last year has affected daily management at both central and local levels. It is therefore necessary to examine the project relevance and effectiveness against project objectives and propose recommendations for improvement or adjustment.

#### **Brief Description of the Project**

The overall objective of the programme is to assist the central government of China and the provincial governments of Fujian, Guangdong and Hainan in preventing and controlling HIV transmission through the development of appropriate responses directed to communities and population with highest risks of acquiring HIV, supported by multisectoral efforts at the national and local levels and complemented by national policy development. The programme has four main components to support the following: 1. increasing the management capacity of the Ministry of Health; 2. increasing the training capacity of the Shanghai Training Center; 3. increasing HIV/STD programmes of other relevant ministries; 4. provincial multisectoral management and responses to HIV/AIDS/STD. The programme's implementation involves seven ministries/agencies at national level, one municipality and three provinces and there are totally 25 immediate objectives and 79 outputs under the whole programme.

#### **Project Strategy**

With accomplishments in Phase I as a foundation, Phase II of the Programme shifts its focus in three ways: first, from capacity building at central level to capacity building at provincial and city levels; second, from concentrating on injecting drug use as the major transmission route of HIV to sexual transmission as the forthcoming major transmission route; and third, from policy and training development to direct demonstrations and actions at community level for populations with high risk behaviors.

With the STD epidemic reaching alarming proportions particularly in Eastern China, HIV/AIDS prevention and control will have to be built on an effective STD

1

prevention and control program. Thus, STD and HIV/AIDS work will have to be implemented in an integrated manner.

*Major elements of the project strategy:*

- Developing the capacities of provinces, cities and communities to plan and manage multisectoral responses to minimize the transmission of HIV. The three provinces of Fujian, Guangdong and Hainan are the main programme areas for sub-national implementation.
- Designing innovative and creative community level actions that would directly effect a decrease in people's risk of acquiring HIV and STDs. While some actions planned may generate sensitivities and controversies, these will be treated as experimental in nature, designed to assist the formulation or refinement of a local or national policy on HIV/AIDS prevention and control.
- Enhancing the management of the national HIV/AIDS multisectoral network in coordinating all efforts of government, NGOs, mass organizations, the educational system and international partner agencies. The State Council through the Ministry of Health will be at the forefront of the coordination work particularly in the areas of policy development, production of quality educational multimedia materials, training and capacity building and further increasing the awareness of policy and decision makers.
- Consolidating the achievements and expanding the direct interventions and innovative schemes of each of the key Ministries involved in Phase I, namely, the Ministry of Health, Ministry of Public Security, Ministry of Railways, Ministry of Education, Ministry of Justice and the All China Women's Federation. The State Family Planning Commission will become a programme partner in Phase II.
- Translating and refining the national policies on HIV/AIDS developed during Phase I into relevant legislation, administrative regulations and operational guidelines to enable all sectors of society for community action against HIV/AIDS.

In Fujian Province, the strategy will focus on involving NGOs and mass organizations in three demonstration areas, Shishi, Pingtan and Fuding, to reach out and implement community-based projects among populations with high-risk behavior. Face-to-face and interactive preventive health education on HIV/AIDS will be a major feature in the strategy. This will be supported by a provincial and city multisectoral coordinating committee and a provincial training program on STD/HIV/AIDS prevention and control.

In Guangdong Province, efforts would be made to reach out to people at higher risk of STD/HIV infection through sex and/or injecting drug use. Projects will be organized with the participation of the community and the non-health sector in the government authority. The following such projects will be implemented, viz., (i) improving the STD management system, (ii) developing outreach programs targeting people practicing high risk behaviors, (iii) training clients of re-education centers as peer educators, (iv) developing targeted education for the mobile population.

In Hainan, the provincial experiences in Phase I in dealing with women with high risk sexual behaviors, will be improved, expanded and institutionalized. A strategy of provincial wide condom use and safe sex multi-media campaign will be tested. HIV/AIDS prevention and control will be integrated with the STD program and family planning services. Multisectoral efforts and community participation will be generated for demonstration projects, viz., (i) drop-in centers for women with high risk sexual behavior; (ii)

2

counseling and health education posts, (iii) education for residents departing for overseas and (iv) education of drug users.

#### **Mission Tasks**

The mission will assume the following responsibilities:

- Meet with project staff of UNDP, CICETE, MOH and provincial project managers;
- Review document and materials including data provided by the project authorities;
- Field visit to project provinces and project counties;
- Assess and evaluate effectiveness of UNDP support;
- Draft and finalize a mid-term evaluation report

Attention should focus on following aspects during the field visits and in the mid-term evaluation report. Findings should be backed by both quantitative and qualitative evidence.

#### Validity of project design

Has there been any changes or new developments in the situation of HIV/AIDS in China which directly affected the validity of the project design? If so, is the design still relevant? What measures of adjustment- if any - have been taken?

#### Project coordination, supervision and monitoring

How effective have project coordination, supervision and monitoring been? What needs to be improved?

#### Institutionalization and capacity building

Has the project helped institutionalization of policies/ procedures and capacity building in national, regional and local institutions involved?

#### Technical and administrative support from the executing agency and UNDP

How useful was the technical and administrative support from the executing agency and UNDP with regards to implementation of the project?

#### Policy implication

Has the project had any implications on policy drafting and decision-making at national, regional and local levels?

#### Impact of the project

What is the overall impact so far? What could be instrumental to sustain or enhance this impact?

#### Recommendations for improvement

Which aspects of the project design/substance would require improvement to further enhance support to policy changes and technical assistance for this and similar projects?

3

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With regards to project implementation how can management and coordination between all parties involved including CICETE, UNDP and project offices be improved?

### **Outputs**

The evaluation team is required to produce an outline of the report including executive summary, recommendations and lessons learned and give an oral presentation of findings to UNDP before concluding its mission in China. Upon return to his/ her own country the team leader will be granted another five working days to produce a draft report in close consultation with the national consultant. The draft report is to be submitted to UNDP within two weeks after the team leader's departure from China. If necessary the international expert will be required to incorporate comments made by UNDP/ CICETE and other parties involved before submitting the final draft.

The report should cover the following items:

- Executive summary
- Main text
- Findings including the result of the assessment
- Lessons learned both positive and negative
- Conclusions
- Recommendations for future actions

### **Terms of Reference for the Consultants**



The mission will be conducted by one international consultant as team leader and one national consultant, accompanied by project staff from MOH if necessary. It will be the responsibility of the international consultant to write the mid-term evaluation report.

The international consultant should be an expert on public health particularly on HIV/AIDS. Working experience on health projects evaluation and on UN projects is desirable.

The national consultant should be an expert on HIV/AIDS in China, who speaks Chinese and English and working experience on UN projects would be preferable.

The team leader (international consultant) shall be recruited by UNDP while the national consultant will be recruited by CICETE. The international consultant will receive a fee per day plus daily substance allowance (DSA) for the assigned working days and will be reimbursed for inside-the-country travel costs. The national consultant will receive the consultancy fee according to the standard set for national experts and will be reimbursed for travel expenses. 80% of the DSA will be paid once the service contract has been signed between UNDP/ CICETE and the consultants. The remaining 20% DSA plus the consultancy fee will be paid after the consultants have finished the assignment and the final evaluation report has been submitted.

4

### **Duration, Itinerary and-Timing**

The evaluation tentatively scheduled for the month of May is likely to take at least three weeks. A minimum presence of two weeks in China would be required including one week of travel outside Beijing to project sites and one week in Beijing devoted to visits with project counterparts as well as two days for the drafting of the outline. Another five working days will be granted to the team leader to draft the evaluation report upon return to his/ her own country.

### **List of Documentation for the Consultants**

1. Project document
2. Project Brief
3. Annual Project Workplans
4. Annual Project Review Reports (by sector and by province)
5. TPR Meeting Minutes
6. Guidelines for evaluation
7. Country Cooperation Framework
8. Other relevant government documents or materials

5

## **Annex 2**

### **Itinerary for the Mid-term Evaluation of UNDP Project CPR/96/402**

**May 8-19, 2000**

**By  
Nicholas Bates and Zunyou Wu**

**May 8, 2000, Monday**

Mr. Nicholas Bates and Dr. Zunyou Wu met Ms Lena Lindberg from 8:30 to 9:30 in the UNDP conference room. Ms. Lindberg briefed the project to the two consultants and talked about purpose of UNDP evaluation the mission. They clarified some questions.

The two consultants met Mr. Bill Steward, the Program Officer for the EU-China STD Training Program, at UNDP small meeting room. Mr. Steward briefed the EU-China STD Training Program. He also talked about current STD issues in China.

In the afternoon, Mr. Bates and Dr. Wu met Dr. Emil Fox, Gang Sun and Liqiu Wang in the UNAIDS China Office. Dr. Fox is the UNAIDS Country Program Adviser for China. He has been actively participated in part of phase I program and development of Phase II program.

Then, the two consultants met Mr. Yalin Ming, Director of Program Division I at CICETE and Ms Lin Cao, the program officer at CICETE. They briefed about their impression about the project.

**May 9, 2000, Tuesday**

In the morning, there was no meeting scheduled. Mr. Nicholas Bates and Dr. Zunyou Wu reviewed the program documents provided by UNDP.

From 13:45 to 14:45, the two consultants met Dr. Jingling He, the National Program Officer on Health in the UNICEF. She had actively participated in the implementation of program activities in the Ministry of Education in Phase I. She has not been involved in the phase II.

Then, Mr. Nicholas Bates and Dr. Zunyou Wu met Ms. Kerstin Leitner, the Resident Representative of UNDP in her office.

The two consultants took flight CZ3110 from Beijing at 19:20 and they arrived in Guangzhou in 22:00. Dr. Quan He picked them at the airport and sent them to the Hotel.

**May 10, 2000, Wednesday**

At 9:30 in the morning, Dr. Shu-Rong Han, the Program Director at the Ministry of Railways and Dr. Qu Program Director for Guangzhou Railway Station picked the two consultants at the hotel. DR. Han arrived in Guangzhou yesterday afternoon. She came to Guangzhou particularly for the mission visit to the Guangzhou Railway Station.

1

Dr. Han briefed the project. Dr. Qu added additional information. After the meeting, two consultants visited the AIDS post in the Guangzhou Railway Station. There are 6 large posters in the pass way at the second floor. Six health workers set there to provide counseling to passengers. There was an AIDS videocassette playing in the place. Dr. Wu interviewed two of passengers who were watching the video. One is from the Henan province and the other is from the Hubei province. Each had leaflet in his hand. Then, they looked at the two broadcast screens. The screens were used for announcing train numbers and leaving times. AIDS message was rotated on the screen.

In the afternoon, the two consultants met Dr. Zhusheng Chen, Deputy Director of Division of Disease Control, Guangdong Health Department. He briefly summarized the program in Guangdong. The two constants requested to visit STD clinics. They were told that the roads to the STD clinics were under construction. Therefore, they could not go. They were told that they could visit STD clinics in Shenzhen. The meeting started at 2:45 and ended at 5:40.

Dr. Feng, the Deputy Director of Guangdong Health Department greeted the two consultants at the reception in the evening. Dr. Feng took in charge the program in Guangdong just a few month ago. They talked about capacity to provide funds for AIDS control from Guangdong Province.

### **May 11, 2000, Thursday**

With accompany of Dr., He Quan, the two consultants went to Shenzhen by car. We left the hotel at 8:30 and arrived in Shenzhen Health Bureau at 10:40 a.m.. The briefing meeting was from 10:40 a.m. to 12:50 p.m.. Participants are project staff working on' project targeting sex workers, long distance truck drivers from the Shenzhen Anti-Epidemic Station and staff from Shenzhen STD/AIDS Control Center. One participant was from public security. Local project managers and staff briefed their work to the two consultants.

Division of Environmental Health at the Shenzhen Anti-Epidemic Station implemented the education outreach program targeting sex workers in entertainment establishments. The preparation and implementation of this specific demonstration project has not informed public security. It was considered as public health responsibility. Therefore, it is not necessary to inform public security.

It is much more difficulty than it was originally expected to implement education program for long distance drivers. It was found that most of long distance track drivers had engaged in high risk sexual behaviors and that tape cassette is the most appropriate vehicle for educating drivers.

The new STD clinic model was set at Shenzhen STD/AIDS Control Center and has functioned. In a recent national evaluation of new model clinics cross the China, it had been ranked the number one among selected 6 new model clinics by the National STD Center.

The two consultants visit to project sites in the afternoon. First is one of entertainment establishments that local health workers lunched outreach education program. The establishment had about 15 sex workers in their waiting room. Some just came last week and have never exposed to the education program. Two videos were played for about 30 minutes. Then the two consultants talked with sex workers. *One important information was that a girl*

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*carrying a condom is still considered as the evidence for prostitution and for arrest though the policy regarding girls carrying condoms were issued jointly by 9 ministries in 1998. The gap between practices and the policy need to be solved.*

The second visited site was the new model of STD clinic at the Shenzhen STD/AIDS Control Center. Besides adopted all new concepts of standard STD services, one impressive services is that eight doctors voluntarily provide STD services free at the Hospital Online.

The two consultants took flight departure from Shenzhen at 20:50. They arrived in Haikou 22:00.

### **May 12, 2000, Friday**

The two consultants met provincial project officers in the meeting of the Hainan Health Department from 8:30 to 10:30. Dr. Bai, Deputy Director of Hainan Health Department attended the meeting. Dr. Xiong Wang, Deputy Director of Division of Communicable Disease Control and Health Inspection chaired the meeting and briefed the project activities. Dr. Pengtang Zhong, project officer from Hainan Health Department, Dr. Qiya He, Director of Institute of Epidemiology in the Hainan Anti-Epidemic Station, Dr. Bing Yang, Director of Hainan STD Institute, Dr. Maoguo Wei, Director of Hainan Health Education Institute, and Mr. Hong, Director of Division of Public Security of Hainan Department of Public Security participated the brief session.

Dr. Zhong added some comments. First, provincial government committed and supported the project implementation. Provincial AIDS Coordination Committee was set up in 1997 and 22 government sectors jointed the committee. So far 3 coordination\_ meetings has held. Vicegovernor had participated in distribution condoms on the street. In 1998, Professor Yi Zeng from Chinese Academy of Preventive Medicine was invited to give lectures for 3000 governors and vice governors at provincial, city and county level and director from each of government sectors. Second, multisectoral collaboration was very positive. Third, the project has change attitudes towards patients with HIV/AIDS. At

the beginning of project, doctors and nurses refused to provide care to patients with HIV/AIDS. Now patients with HIV/AIDS can get medical at most of hospitals. Finally, we have lessons in the development of project proposal. During the development, we thought the more activities the better outcomes will archive. We had underestimated the manpower needed to accomplish these activities and underestimated the complexity of these activities.

After the meeting, the two consultants visited the new STD model clinic at the Hainan STD Institute. Though clinic is small, it was well designed. Condoms and education materials are displayed at the greeting lobby. They also run a peer education program targeting sex workers. Discount cards were distributed to sex workers in entertainment establishments by peer educators. The questionnaire to assess the knowledge, attitudes and behaviors were finished by peer educators.

Then, the two consultants left Haikou to Qionghai City. On the way to Qionghai, they visited one outreach program based on the Rongfa Township Hospital. The project staff had participated in UNDP program training and they collaborated with other scientist to implement this outreach program supported by other funding agency.

3

At 13:30, the two consultants arrived in Qionghai City. First, they visited the new model STD clinic. Then, they visited one project hotel. In all room, condoms and education material are distributed to each room. The manager introduced the two consultants to a few rooms in the fourth floor. Two condoms were displayed in the bathroom. Education materials were in bedroom. Two consultants requested to randomly select one floor to have another check. They went to the seventh floor. Three more rooms were checked and they all have condoms and education materials. They went to supply room, condoms and education material were also in the supply cart.

Left the hotel, the two consultants visited the "women center". This center is used for training women cadres at government sectors, township women cadre, and women leaders. They also train youths.

Finally, the two consultants visited one project school " Overseas Chinese Middle School" . The project in the school and from the school to the community was designed and implemented by one epidemiologist from the Hainan Medical College. Comprehensive education activities were implemented in the school. Each student was requested to bring 10 basic AIDS messages to home for their families and had their parents signed for they did so. They were also requested to bring the message to their neighbors. On average each student passed messages to 7 persons in the community. During the visited, about 60 students were summoned in the classroom. Mr. Bates asked 3 questions and they answered well.

They went back to Haikou at 6:00 p.

**m. May 13, 2000, Saturday**

The two consultants departed from Haikou Airport at 7:50 a.m. and they arrived in Fuzhou at 10:00 a.m. Dr. Guan, the Director of Fujian Health Education Institute picked them up at the airport.

The brief meeting was held at the Fujian Health Education Institute. Dr. Xiangwu Liu, Director of Division of Disease Control from the Fujian Health Department chaired the brief session. Dr. Jindan Xu from Railway Station, Dr. Jifeng Zhang and Ms. Yuerong Hong from Fujian Red Cross, Ms. Mingquan Cheng, Secretary General of Fujian Healthy Baby Association, Mr. Bin Huang from Fujian Normal University, Mr. Xiaoming Lei from Fuzhou University, Ms. Ruixiang Xia and Ms. Tiexin Zhen from Foreign Trade Hotel, Ms. Xianjin Chen from Fujian Daily, Cunsheng Zhang from Fujian Education TV Station, Dr. Zhaosheng Wu and Dr. Guangming Zhang from Division of Disease Control of Fujian Health Department, Dr. Guan and her 4 staff from the Fujian Health Education Institute Participated the brief meeting.

Dr. Guan presented major activities briefly. Then participants from each sectors briefed their works. Dr. Guan also summarized the characteristics of the UNDP project in Fujian. First, the project was supported and actively participated by government and sector leaders. Multisectoral collaboration has become a social norm in government and community response to AIDS. Second, intervention targeting high risked is community-based and can be sustainable. Third, many staff in health department and other sectors including both government and non-government organizations have been trained and they applied their knowledge and skills in implementation of intervention activities. Fourth, awareness of AIDS

has increased and attitude towards AIDS has changed among general public. Fifth, varieties of IEC materials have been developed for specific targeting groups. She added that the UNDP project has created a good model to response to AIDS. These models need to be expanded.

After the meeting, the two consultants visited the new model STD clinic at the Fujian STD Institute. At the entry of the build, a 21' color TV is hang at the waiting room. The screen was showing counseling. The clinic was arranged by one doctor in one room. Male and female were in separated rooms. Education materials were displayed in diagnosis and treatment rooms. They also visited clinic labs. The two consultants left the clinic at 17:40.

### **May 14, 2000, Sunday**

The two consultants left hotel at 8:00 am. They arrived Pingtan County, one of the project site at 10:40 a.m.. The group first visited the Pingtan STD Hospital where a new model of STD clinic was set up. Ms. Lin Zhang, the Vice.Magistrate of Pingtan Country Government greeted two consultants at the Pingtan STD Hospital. Dr. Xin Chen, director of the hospital briefed the new model of STD clinic. Anonymous treatment, IEC material and condoms were provided. In both male and female treatment room, there are several

patients in. The two consultants also visited its laboratory. After the visit, the mission group went to a meeting room at the Pingtan Hotel.

Thirty-two officers and staff from 22 government sectors and NGOs were waiting in the meeting room for briefing their activities. Vice Magistrate Ms. Lin Zhang chaired the brief session. Dr. Maoying Ling, Deputy Director of Health Bureau and Director of Project Office for UNDP project at Pingtan, summarized all activities implemented at Pingtan. Then, Mr. Xianghe Wang, Vice Chair of Care for Next Generation Association, reported their work at the UNDP multisectoral AIDS prevention project. Ms. Xiuyun Zheng, Vice Director of Health Department

After the briefing meeting, we went to one sex worker resident place. Sexual health education and STD/AIDS prevention education program was carried out in their dormitories by trained peers. Mr. Bates interviewed a few sex workers.

We left Pingtan about 2:45. The two consultants arrived in the Shi~hi City about 6:00 p.

#### m. **May 15, 2000, Monday**

A briefing session was organized at the Shishi China Tourism Hotel, started 9:00 am and ended 11:30 am. Mr. Wu, Director of Department of Science, Health, Cultural and Physical chaired the brief session. Ms. Liliang Guo, Vice Mayor of Shishi City briefly reported major achievements accomplished in the last two years. Then, Mr. Wu, Director of Department of Public Security talked about public security participated in training, education intervention program. Besides, participants from the Shishi Red Cross, Shishi Health Education Institute, etc. actively reported their activities and experiences. There were a total 31 local participants attended the briefing session, representing Shishi government, public security, foreign affairs, education, justice, civilization, foreign trade, economic, family planning, youth league, worker union, overseas Chinese association, care for next generation association, self

5

employed business association, city business association, Shishi TV station, women federation, sport association, art and drawing association, book club, etc.

After the briefing session, the two consultants looked project documents. These documents are well prepared and in a systematic order.

In the afternoon, the two consultants first visited Hua Yun Cheng resident school. The school was established in 1993. The major activities are to disseminate scientific developments. There is one-45 class each month. **AIDS** education was scheduled in 3 of them. Young residents learned AIDS basic knowledge in the class.

Then, the two consultants visited one factory, Jiuyi Fashion Factory. Workers are mostly young females. Health education including sexual health, STD, and HIV/AIDS were

carried out regularly.

Left the factory, Mr. Bates and Dr. Wu visited the new model STD clinic at the Shishi Hospital. Male and female patients were in separated two rooms. One color TV set and VCR was in the waiting room. Education materials were displayed. Mr. Bates talked with one STD Clinician. Drs. Wu and Guan talked with nurse who is responsible for counseling and for education.

Then, two consultants visited on condom spot. It is a pharmacy. The project trained the pharmacy attendants how to evaluate quality of condoms, how to educate peoples how to use condom appropriately, etc. There are varieties of condoms in pharmacy.

In evening, assisted by two local outreach staff, the two consultants visited one Karaoke Club. The pimp arranged 3 girls to talk with the two consultants. They asked the sex workers if they know the two local outreach staff, and basic sexual health and **STD/AIDS** knowledge. They answered appropriate. The owner came in during the discussion. He is very supportive to the outreach education to his establishment. He told the consultants that there was about 90 female attendants working at his establishment.

#### **May 16, 2000, Tuesday**

The two consultants left Shishi City at 9:30. They arrived in Xiamen City at 11:00 **a.m.** The two consultants took CZ378 departure from Xiamen at 14:20 and arrived in Beijing 16:40.

#### **May 17, 2000, Wednesday**

The two consultants arrived at the Ministry of Justice at 9:00 a.m. Ms. Kun Liu, Director of Division of Health Management, Bureau of Management of Prisons, and Ms. Jian Wang, Deputy Director of Health Management, Bureau of Re-Education Camps briefed their work in the Ministry of Justice. The meeting last for two and half hours.

They went to All-China Women's Federation at 2:00 p.m. Ms. Laiying Lou, Ms. Guang Shu, Ms. Yuenan Ma and Ms. Yong Wu met the two consultant at room #436 in the All-China Women's Federation building. Ms. Yuenan Ma briefed their implementation to the two consultants. The meeting last about 2 hours.

6

#### **May 18, 2000, Thursday**

We meet at the entry gate of the Ministry of Public Security at 9:00 am. Ms. Xuan Shen picked us up at the entry. Mr. Jianming Dong and Ms. Xuan Shen briefed to the two consultants about UNDP project in the Ministry of Public Security. The meeting lasted for 100 minutes.

The two consultants participated in the UNTG meeting on AIDS at the UNICEF from 2:00



p.m. to 2:50pm. After that, they went to the Institute of Child and Adolescent Health at Peking University Health Science Center. Ms. Xin Zhang, Deputy Director of Division of Physical, Health and Art, Ministry of Education, Dr. Jiangping Sun, Deputy Director of Institute of Child and Adolescent Health, and his three staff met the two consultants. Ms. Xin Zhang briefed principles of Ministry of Education. Then Dr. Jiangping Sun talked about activities in schools carried by Ministry of Education.

From 6:30 p.m. to 8:10 p.m., the two consultants met AusAID mission group, Professor Arie Rotem, Ms. Judy Rodland and Dr. Gang Sun at the Sheraton Great Wall Hotel.

**May 19, 2000, Friday**

Mr. Bates and Dr. Wu arrived at the State Family Planning Commission at 8:50 a.m.. Mr. Liming Zhang greeted the two consultants. Mr. Zhang is an Acting Director, Division of Scientific Research Administration, Department of Science and Technology, The State Family Planning Commission. Dr. Pengfei Zhao came to Beijing from Shanghai for this meeting. Dr. Zhao is the expert who directed and implemented the UNDP project for the State Family Planning Commission. The meeting started from 9:00 am and ended at 10:45 a.m.

In the afternoon, the two consultants went to the Ministry of Health. **Dr. Xinhua Sun**, Deputy Director of Division II, Department of Disease Control, Ms. Haixia Cui, Program Officer for UNDP project in MOH and Ms. Yun Zhang from Department of International Cooperation participated in the meeting. Ms. Cui briefed major activities and achievements made by MOH. The meeting starts at 2:00 pm and ended at 4:00 pm.

About 4:40 am., the two consultants met Mr. Jing He and Beate at the conference room of UNDP. They briefed major findings during the mission visits to Mr. He and Beate. They also discussed the format and time for the briefing session in next Monday.

7

Name of evaluator	Date of completion	June 2000
Project Number	Nicholas Bates CPR/96/402	

CENTRAL EVALUATION OFFICE

PROJECT EVALUATION INFORMATION SHEET

PROJECT EVALUATION INFORMATION SHEET

Part 1: Basic Project Information

I

Project Number: CPR/96/402\*I Use the format GUY/81/003 \*1  
\* I signifying the number of times the project has been evaluated.

Project Title: Multisectoral Approaches for (150 characters limit) HIV/AIDS Control and Prevention in China - Phase II

3. Executing Agency: CICE TE Use English acronyms only (e.g. ILO rather than OM).
4. Budget at the time of Evaluation: 2 134 000 To the nearest thousand, no dollar sign or punctuation marks.
5. UNDP Contribution: 1 900 000
6. Cost Sharing: 234 000
7. ACC Sub-sector: (Four digits)
8. Current Phase of the project: Final
9. Scheduled completion date of the project: Nov. 2000  
Project approval date: 23 May 1997
10. Regional Bureau: RBAP
11. Year of Evaluation: 00 (Two digits)
12. Type of Evaluation: I E \_\_\_\_\_ 1 E  
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13. Functional Descriptors: PRIMARY: FP05, FP 15 See descriptors list at the end of this information sheet. SECONDARY: FS25

14. Thematic

more of the following thematic areas. Use 7A for "Yes", 6B for "Partially", 6B for "No".

Description of the Project

Poverty Eradication and grass-roots participation 7A  
 Environment and natural resources management -  
 Management development  
 7A Technical cooperation among developing  
 countries\_ Transfer and adaptation of technology for  
 development Women in Development

15. Project Descriptors PDH005, PDI001, PDNOOI, PDPO16 See  
 descriptors list at the end of this information sheet.

16. Report Descriptors RDD001, RD0005, RDGOOI, RDI001, RDP002 See  
 RDR002, RDS002  
 descriptors list at the end of this information sheet.

17. Cluster Evaluation: GB 7A = Yes; 6B = No.  
 19. For Cluster Evaluations list ID \_\_\_\_\_ ID if not applicable. projects, starting with  
 the  
 lead project.

**Representation on the evaluation mission**

20.	UNDP	6B	1S = Consultant 2S = Staff
21.	Executing Agency	6B	3S = Both consultant and staff
22.	Government	6B	6B = No
23.	Others	1S	

**PART 11. Terms of reference (TOR) of the evaluation mission.**

	Were the TOR project-specific?	7A	7A = Yes 6B = No
	Did the TOR require assessment of:		
2.	Project design?	7A	
	Personnel?	7A	
4.	Equipment?	<b>6B</b>	
5.	Training?	7A	
6.	Management?	7A	
7.	Results?	7A	
8.	Effectiveness?	7A	
9.	Capacity building?	7A	
10.	Environmental impact?	<b>6B</b>	

- |     |   |                                 |
|-----|---|---------------------------------|
| 11. | Women in development?                                       | <b>6B.</b>                      |
| 12. | Impact on the beneficiaries?                                | 7A                              |
| 13. | Sustainability?   | 7A                              |
| 14. | Coordination with other development efforts in the country? | <b>6B</b>                       |
|     | Is . This project is the lead                               | 6B_____project in the cluster'? |

7A =Yes  
6B=No  
ID = Not applicable.

4

**Part 111.** Project design.

All questions in this section refer to the current design of the project. In other words, if the original objectives, outputs, inputs and activities of the project have been modified, the questions refer to the modified versions.

- |                                    |    |  |
|------------------------------------|----|--|
| How well was the project designed? | 1A | I A =<br>Very<br>good<br>2A =<br>Good<br>6A =<br>Satisfactory<br>4B =<br>Poor. |
|------------------------------------|----|--|

**Please respond to this question only after answering the following questions:**

- |    |  |    |  |
|----|--|----|--|
| 2. | Has the design of the current phase built on the results of previous phase(s)? | 7A | 7A = Yes<br>I B = Partially<br>6B = No<br>4N = Current Phase is Phase 1. |
|----|--|----|--|

**Currently Phase II**

- |    |                                     |    |                                  |
|----|-------------------------------------|----|----------------------------------|
| 3. | Was the project linked to important | 7A | 1 B =<br>Partially<br>6B =<br>No |
|----|-------------------------------------|----|----------------------------------|

Was the project designed within the 7A framework of a programme approach?

- |    |  |
|----|--|
| 5. | Did the project have linkages with other <b>1B</b> projects funded or not by UNDP? |
| 6. | Did the project design take account of 7A socio-economic factors?                  |
| 7. | Were the beneficiaries/target groups 7A identified?                                |

8.	Were the beneficiaries/target groups consulted in the formulation stage?	7A	
9.	Were the immediate objectives clear?	7A	
10.	Were the immediate objectives internally consistent?	7A	
11.	Do the outputs and activities logically lead to the achievement of the immediate objectives?	7A	
12.	Did the results include success criteria?	1B	
13.	Are the immediate objectives still relevant?	7A	
14.	Were the immediate objectives overly ambitious?	<b>1B</b>	
15.	Were the external assumptions optimistic?	<b>1B</b>	
16.	Did the project have a realistic time frame?	7A	
17.	Was the institutional arrangement appropriate?	7A	
18.	Was the design of the project and activities) modified during project implementation?	<b>6B</b>	(objectives, outputs, inputs)
19.	Did the mission draw any major findings or lessons?	7A	7A = Yes ( <b>see part X</b> ) 6B = No

6

Part 1V: Project personnel

Main composition of international personnel	N/A	1P = Long-term experts 2P = Short term experts 3P = Consultants 4P = Associate experts 5P = UNVs
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To the knowledge of the evaluation team, very few international **personnel were involved** in the

Appropriateness of international personnel	N/A	1A = Very good 2A = Good 6A = Satisfactory 4B = Poor
--	-----	---

implementation of the project

3.	Performance of international personnel	N/A	
4.	Was there a shortage of international personnel?	N/A	7A = Yes 6B = No
5.	Were there delays in the arrival of international personnel?	N/A	
6.	Was the international personnel fully utilized?	N/A	

7.	Was the international personnel	N/A involved in training staff counterpart?
8.	Did the project make use of	7A national experts? <b>Extensive use was made of local experts for training activities</b>
9.	Appropriateness of national experts	2A I A = Very good 2A = Good <b>In most cases national experts were appropriate and with specific experience in HIV/AIDS and STIs</b>
	To what extent were national	6A 6A = Satisfactory
	fully utilized?	4B = Poor I D = Not
	Performance of national experts	<b>6A</b> applicable
	Appropriateness of counterpart staff	<b>6A</b>
	Performance of counterpart staff	<b>6A</b>

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Was there a shortage of counterpart staff?	7A	7A = Yes 6B = No
--	----	---------------------

Were there delays in the appointment of counterpart staff?	Not known
--	-----------

Did the international personnel include women'?	7A	7A = Yes GB = No
---	----	---------------------

Did the national personnel include women'?	7A
--	----

Did the counterpart staff include women'?	7A
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10. it.

12. 13. 14. 15.

16. 17. 18.

19.	Did the project suffered from high national staff turnover?	<b>6B</b>
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20.	Did the mission arrive at any major findings/lessons'?	<b>6B</b>
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Part V: Training.

2.	Did the fellowship trainees include women"	<b>ID</b>	7A = Yes 6B = No
3.	Was there a shortage of fellowship	ID	training candidates'?
4.	<i>Were there delays in fellowship training?</i>	<b>ID /</b>	
5.	Were the fellowship trainees fully	<b>ID</b>	utilized'?
6.	Did the fellowship candidates have	ID	language problems?
7.	In-service training	<b>ID</b>	1A = Very good 2A = Good 6A = Satisfactory 4B = Poor I D = Not applicable
8.	<i>Was there a shortage of in-service trainees?</i>	<b>ID</b>	7A = Yes 1 B = Partially 6B = No I D = Not applicable
9.	Were there delays in-service training?	ID	
10.	Were the on-the-job trainees	ID	significantly utilized'
11.	Was the training methodology appropriate'?	ID	
12.	Did the mission make any major findings	<b>6B</b>	7A = Yes ( <b>see part X</b> ) 6B = No

**Part VI. Equipment and infrastructure.**7A = Yes (**see part X**) 6B = No

1A = Very good  
2A = Good  
6A = Satisfactory 4B = Poor  
I D = Not applicable

	<i>Overall assessment of the contribution of the equipment to project results</i>	<b>ID</b>	1A = Very good 2A = Good 6A = Satisfactory 4B = Poor I D = Not applicable
2.	Were there delays in the procurement of the equipment'?	<b>ID</b>	7A = Yes
		8	1,13 = Partially 6B = No

ID = Not applicable

- |       |   |           |
|-------|---|-----------|
|       | Was the equipment of suitable quality?  | <b>ID</b> |
| 4.    | Was the equipment appropriate?  | <b>ID</b> |
|       | Was the equipment significantly utilized?"  | <b>ID</b> |
| 6.    | Was there a shortage of spare parts?  | <b>ID</b> |
|       | Was the equipment properly maintained'?"  | <b>ID</b> |
| 8.    | Can the use of the equipment be sustained after project completion?                     | <b>ID</b> |
| 9.    | Were there problems with the provision of physical facilities'?"                        | <b>ID</b> |
| 10.   | Were there problems with transport facilities"?   | <b>ID</b> |
| <hr/> |   |           |
| 11.   | Did the mission make any major findings or draw any major lessons related to equipment? | <b>6B</b> |

7A = Yes (**see part X**)  
6B= No

#### Part VII. Management

- |       |   |           |  |
|-------|---|-----------|--|
| I .   | How wel I was the project managed on the whole?                     | 2A        | I A = Very good<br>2A = Good<br>6A = Satisfactory<br>4B = Poor |
| <hr/> |   |           |  |
| 2.    | Was the project managed <b>by</b> only a National Project Director? | 7A        | 7A = Yes<br>6B = No  |
| <hr/> |   |           |  |
| 3.    | How well was the project monitored?                                 | <b>6A</b> | I A = Very good<br>2A = Good<br>6A = Satisfactory<br>4B = Poor |
| 4.    | Assessment of UNDP field support                                    | <b>6A</b> |  |
| 5.    | Agency backstopping   | 6A        |  |
| 6.    | Coordination among Government, Agency and UNDP?                     | <b>6A</b> |  |
| 7.    | Coordination with other development efforts in the country.         | <b>6A</b> |  |
| <hr/> |   |           |  |
| 8.    | Was the work plan realistic?  | 7A        | 7A = Yes<br>6B=No<br>6D= No work plan exists.                  |
| <hr/> |   |           |  |



	9. Did The project experience overall delays?	<b>6B</b>	7A = Yes 6B = No
<hr/>			
10.	What was the overall impact of the delays?	<b>ID</b>	3C = Potential setbacks were overcome 4C = Permanent setbacks 8B = None significant ID = Not applicable
11.	Did the mission make any major findings?	<b>6B</b>	7A = Yes ( <b>see part X</b> ) 6B = No

**Part VIII. Government support**

	Overall government support for the project	2A	1A = Very good 2A = Good 6A = Satisfactory 4B = Poor ID = Not applicable
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**Please characterize, when applicable, the effect of the following government policies on the project:**

2.	Personnel	<b>IC</b>	1C = Positive 2C = Negative ID = Not applicable
3.	Training	<b>IC</b>	
4.	Research	<b>ID</b>	
5.	Procurement	<b>NOT KNOWN/ID</b>	
6.	Pricing and Tax	<b>ID</b>	
7.	Foreign trade	<b>ID</b>	
8.	Sector	<b>ID</b>	
9.	Region	<b>ID</b>	
10.	Participatory development	<b>IC</b>	
11.	Gender consideration	<b>IC</b>	
12.	Environment	<b>ID</b>	

I	Others (specify)	<b>6B</b>	7A = Yes ( <b>see part X</b> ) 6B = No
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14.	Did the experience of this particular project highlight a need for a change in government policy?	7A	7A = Yes ( <b>see part X</b> ) 6B = No
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15.	Did the mission make any major findings or draw any major lessons?	7A	7A = Yes ( <b>see part X</b> ) 6B = No
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**Part IX. Results**

**Nota bene:** Complete either part A or part B depending on the type of evaluation. A. Mid-term

**Evaluation.**

I. What is the overall achievement of the 8A 4A = Exceeds target

10  
project at the time of the evaluation?

8A = On target 3B = Below target

Please before responding to this question, keep in mind the guidance **provided in pages 22 to 25 of this chapter** and try to respond first to the following questions:

- |   |    |  |
|---|----|--|
| Was the project purpose relevant?   | 7A | 7A = Yes<br>1 B =<br>Partially<br>GB=<br>No  |
| 3. Was the project approach appropriate?  | 7A |  |
| 4. Was the modality of execution adequate?  | 7A |  |
| 5. Have the beneficiaries of the project<br>7A been reached or are they likely to be reached?             |    |  |
| 6. Have the target groups (end-users) of the<br>7A project been reached or are they likely to be reached? |    |  |
| 7. Is a mid-course change in the project  | 7A |  |
| 8. Are the overall achievements likely to be<br>113 sustained after project completion?                   |    |  |
| 9. To what extent the institution building<br>component will be achieved"                                 | 6A | 5A = Significant<br>6A =<br>Satisfactory<br>4B = Poor  |
| 10. Is the project performing well?   |    |  |
| 11. Is the project likely to be successful?   | 7A |  |
| 12. Recommendation of the mission<br>for future assistance<br>extension                                   | 2M | 1 M = Extension<br>1 Mn= Extension for n months, e.g, 1 M9 =<br><br>for 9<br>months 2M = New project<br>phase<br>4M = Project<br>Termination 5M =<br>No recommendation |

**B. Terminal and ex-post evaluations**

Describe the overall achievements of the project at the time of the evaluation'?

**Please before responding to this first question, keep in mind the guidance provided in pages 22 to 25 of this chapter and try to respond first to the following questions:**

- |     |   |    |   |
|-----|---|----|---|
| 2.  | Was the project relevant?   | 7A | 7A = Yes<br>I B = Partially<br>GB=No                        |
| 3.  | Was the project efficient?  | 7A |   |
| 4.  | To what extent were the outputs achieved?                                     | 6A | 5A = Significant<br>GA =<br>Satisfactory<br>4I3 = Poor      |
|     |   | 7A | 7A = Yes<br>I B = Partially 6B=No                           |
|     |   | 3A | 3A = Successful<br>2B = Partly successful 7B = Unsuccessful |
|     |   | 11 |   |
| 5.  | To what extent were the immediate objectives achieved?                        |    |   |
| 6.  | To what extent were the development objectives achieved?                      |    |   |
| 7.  | Did the project perform well?   |    |   |
| 8.  | Was the project cost effective?   |    |   |
| 9.  | To what extent has capacity-building been achieved?                           |    |   |
| 10. | Have the beneficiaries of the project been reached?                           |    |   |
| 11. | Have the target groups (end-users) of the project been reached?               |    |   |
| 12. | Did the project make a positive or negative impact on the target groups?      |    |   |
| 13. | Did the project make a positive or negative impact on gender issues?          |    |   |
| 14. | Did the project make a positive or negative impact on environment?            |    |   |
| 15. | Did the project make a positive or negative impact on the institution?        |    |   |
| 16. | Are the overall achievements likely to be sustained after project completion? |    |   |

17. What are the views of the following parties on the project?

- Government

- Recipient institution - Beneficiaries - Executing agency

- Implementing agency

18. Recommendations of the mission for future UNDP assistance

6A

6A

7A 7A = Yes

1 B = Partially 6B = No

7A

6A 5A = Significant 6A = Satisfactory 4B = Poor

7A 7A = Yes

1 B = Partially 6B = No

7A

1 C 1 C = Positive

2C = Negative

6C = No impact

1C

**6C**

**1C**

**1B**

Funding remains a crucial issue

1 C 1 C = Positive

2C = Negative

5C = No views

IC

IC

**IC 1C**

2M 1 M = Extension

1 Mn= Extension for n months, e.g, = 1 M9 = extension  
for 9 months 2M = New project phase

4M = Project Termination 5M = No recommendation

12

**Part X Textual information**

**Nota bene:** This section of the project evaluation information sheet must be filled in by the evaluation team and given to the Resident Representative prior to leaving the country where the evaluation takes place.

## **Part X Textual Information**

### **1. Summary of Objectives and Outputs (extracted from Project**

#### **Document) A. Objectives**

##### **Ministry of Health**

- To assist the Government of China in building the capacity to refine and implement the HIV/AIDS prevention and control policies developed in Phase 1 and enhance management and organisation capacities.

##### **Shanghai Training Centre**

- To strengthen the training and management capacity of the Shanghai National Training Center on HIV/AIDS.

##### **Ministry of Public Security**

- To initiate HIV/AIDS peer education among women with high risk sexual behaviour in re-education camps in six areas: Shanghai, Tianjing, Xian, Wuhan, Chengdu and Beijing.

##### **Ministry of Railways**

- To enhance the capabilities of railway stations as venues for public health education on HIV/AIDS particularly targeting the floating migrant population and provide staff training.

##### **Ministry of Education**

- To initiate the process of integrating sex education and HIV/AIDS in the curriculum of senior and junior high schools including teacher training.

##### **Ministry of Justice**

- To develop an education program for the reintegration of sexual offenders back into the community focusing on the prevention of STD/HIV and behaviour change.

##### **All China Women's Federation**

- To install a mechanism of educating poor women leaving their provinces for work in the cities on STD/HIV/AIDS prevention and following them up during their stay in the city. **State Family Planning**

##### **Commission**

- To develop methodologies for integrating HIV/AIDS prevention and control into family planning services.

13

### **Provinces of Guandong, Fujian and Hainan**

- To develop strategic plan for guiding the prevention, care and control program of STD and HIV/AIDS all participating provinces within the framework of the National STD/HIV/AIDS strategy and prepare other important studies. The plans shall become the blueprints for provincial activities to be conducted in the coming three years (1997 - 2000)
- Promotion of Multisectoral Approaches and Collaboration.

### **B. Summary of Outputs**

The following expectations and major accomplishments will have been achieved by the project:

- Specific high risk population groups in Fujian, Guandong and Hainan will have acquired the knowledge and skills to prevent the transmission of STDs and HIV/AIDS.
- Specific cities will have designed and implemented their city plans of action for the prevention and control of STDs and HIV/AIDS.
- The Provinces of Fujian, Guandong and Hainan will have established their Provincial Multisectoral HIV/AIDS committees and will have formulated and implemented their medium-term strategic plan for the prevention and control of STDs and HIV/AIDS.
- Shanghai Training Centre will have built the capacity of the Provinces of Fujian, Guandong and Hainan and specific national ministries -in the development of provincial and national training teams and the design and implementation of their own training programs for the prevention and control of HIV/AIDS.
- Breakthroughs will be made in the following action points in HIV/AIDS prevention and control.
  - Peer education among high risks population groups.
  - Condom promotion.
  - Integration of HIV/AIDS prevention in Family Planning activities
  - Integration of HIV/AIDS work in STD Prevention and Control
  - Integration of sex and HIV/AIDS education in the curriculum of junior high schools
  - Railway stations and trains as venues for HIV/AIDS public education
  - Utilisation of the syndromic approach in STD management
  - Involvement of general practitioners and private STD clinics in HIV/AIDS control
  - Documentation of the patterns and epidemiology of high-risk sexual behaviour at provincial, city and community levels
  - Definition of the role of NGOs and mass organisations in HIV/AIDS prevention
- China will have refined and operationalised into laws and regulations its HIV/AIDS national policies on:
  - HIV testing and surveillance
  - Regulation of blood and blood products
  - Public education and use of mass media about HIV/AIDS
  - Community and employment discrimination on people with HIV/AIDS

- Quarantine and travel regulations for people with HIV/AIDS
- Provision of care, support and maintenance of confidentiality for people with HIV/AIDS

14

- China will have developed a plan for a national resource centre for HIV/AIDS on education, information and communication;
- China will have a National Roving Team of Experts on HIV/AIDS available for technical advice and support to the demonstration provinces, cities and national ministries.

## 1. Findings on project identification and design

The foundations of the project design were built on the model established by Phase I - the building of the government capacity to respond to HIV/AIDS and STIs through supporting policy development and multisectoral collaborations. This model was continued in Phase II and expanded to include capacity building and demonstration projects in three provinces - Guangdong, Fujian and Hainan.

The evaluation found that the project identification and design was an effective process that built on previous successes and introduced new activities as a result of extensive consultation and input from the relevant agencies at central and provincial level.

## 2. Findings on the general results of the project

### A. Relevance

The project was highly relevant. Multisectoral collaborations between government agencies and activities such as study tours continued to enable policy development and expand the number of agencies involved in implementing activities. Demonstration projects enabled provinces to implement prevention based interventions with target groups in areas with high rates of STIs and other factors which may enable the rapid transmission of HIV.

Since the project was in many ways a follow on from Phase 1, it was evolutionary in nature. However, it took into careful consideration changing trends within the HIV/AIDS epidemic in China.

### B. Performance

The performance of the project was generally consistent with the project document with a few exceptions. The level of commitment from participating agencies was high in most cases and as a result most of the projected activities of the project have been implemented. The evaluation has categorised the activities conducted in the project as follows:

- **Advocacy**
- **Policy Development**
- **Project management**
- **Education and Training (including the production and distribution of education materials)**
- **Evaluation and Research**

### C. Success

Success of the project can be measured through the level and quality of activities conducted, outputs achieved, and the commitment of the participating agencies including additional, self funded activities which were integrated into the project.

The evaluation found that the major successes of the project were:

- **Advocacy** - the impact of international study tours through development of policy, increased commitment towards HIV/AIDS activities and improved multisectoral collaboration.

- **Policy Development** - the continuing advances in policy development, guidelines and other tools to promote a multisectoral response to HIV/AIDS and STIs. Includes development of working guidelines and regulations in the following areas: HIV testing and surveillance; Regulation of blood and blood products; Public education and use of mass media about HIV/AIDS; Community and employment discrimination on people with HIV/AIDS; Provision of care, support and maintenance of confidentiality for people with HIV/AIDS.

15

- **Program Management** - the continuing and expanded multisectoral response both at the central and provincial level and the impact of this response on improved service delivery. Includes the implementation of new model STD clinics in three provinces incorporating anonymous testing, counselling and condom promotion.
- **Education and Training** - prevention education targeted at people at risk of contracting HIV/AIDS and the training of health and other officials within participating agencies.
- **Research and Evaluation** - the information collected on behaviour of members of the target group and the analysis of project achievements.

### 3. **Main problems faced by the project**

- **Advocacy** Political commitment to the improvement of HIV/AIDS and STI related programs is not consistent across all of the participating regions and demonstration sites.
- **Policy Development** Variations in policy and its interpretation at provincial level have, at times, restricted the implementation of certain activities aimed at the projects target groups.
- **Program Management** The degree of political commitment to support HIV/AIDS initiatives varies across agencies and provinces, impacting on the capacity of technical agencies to conduct and sustain initiatives.

The high rates of STIs (sexually transmitted infections) in the participating provinces and the nature of the target populations continues to provide many challenges for effective interventions.

There are limited funds for projects at the provincial level which directly impacts on the ability to . plan and sustain sequential activities.

#### **Education and Training**

The level of input from the Shanghai HIV/AIDS Training Centre has not been as extensive, especially at the provincial level, as originally anticipated. There appear to be several and complex reasons for this which the evaluation did not fully determine.

There is a limited personnel amongst participating agencies expert at the design and testing of education materials such as posters, pamphlets etc.

- **Research and Evaluation**  
Limited availability of social research data continues to hamper understandings around the behaviour of the target groups and methods of evaluation currently employed do not indicate whether there has been a sustained uptake of safer behaviours (safe sex, safe injecting practices).

### 4. **Lessons Learnt**

- **Advocacy**  
International study tours, if well planned, can provide an excellent tool to introduce



political leaders and technical experts to a wide variety of response to HIV/AIDS and STIs in other countries.

- **Policy Development**

Policy development and policy implementation are largely dependent on political commitment. Whilst great strides have been made in the area of policy, the ongoing support of political leaders is essential if China is to enter into the next stage of policy development and implementation considered by experts to be essential to building a comprehensive response to HIV/AIDS and STIs.

16

- **Program Management**

Multisectoral collaboration is an ongoing process. Achievements to date are significant and should be further encouraged.

There is a need to build better linkages between participating agencies and services at the provincial level eg outreach to sexworkers by health educators should also include personnel from new model STD clinics and provide referrals to clinics.

New Model STD clinics are an important means by which to provide improved STD services for clients.

The Government of China through the Ministry of Health need to develop stronger and more comprehensive policies to support sensitive but effective interventions among people practising high risk behaviours.

There is a need to initiate activities to increase the capacity of participating agencies, particularly provincial governments, to generate funding from external sources.

- **Education and Training**

There is a need to increase the extent and nature of interventions targeting people practising high risk behaviours such as sexworkers, clients of sexworkers, injecting drug users and mobile populations.

Efforts towards behaviour change among target groups need to be more inclusive- ongoing effort needs to be directed towards inclusion of target groups in project design, implementation and evaluation.

Participating agencies tend to underestimate the science and arts needed to produce good quality education materials. There have been some problems regarding proposed assistance in education materials development by the roving team of experts anticipated by the project.

There is currently not enough involvement of target groups in design and focus testing of materials.

- **Research and Evaluation** Changes in level of risk behaviour should be used to measure impact of intervention programs.

Evaluation activities should be more directed towards understanding and identifying barriers to change.

Greater emphasis should be given to evaluation within programs. are the processes including emphasis on process as well as results.

## 5. **Summary of Recommendations**

The evaluation recommends that UNDP continue to support to whatever degree possible, strategic

initiatives which will assist the Government of China to enhance its response to HIV/AIDS and STIs.

In particular the evaluation, based on its consultation with a wide range of domestic and international agencies, encourages UNDP to investigate and support further **Policy Development activities** which are likely to promote the greater adoption and integration of harm minimisation principles. This could include workshops attached to meetings of the State Council AIDS Co-ordinating Committee

In addition the evaluation recommends support for further capacity building initiatives:

- **Funds Generation** Provision of training to assist provincial governments to design effective interventions and generate domestic and international funding for such initiatives.

17

- **Education Materials Development**

Provision of training and support in the development of education materials for target groups.

This could include better application of the IEC sub-committee of the team of roving experts, workshops facilitated by Shanghai Training Centre and international consultants and demonstration projects.

- **Experience Sharing**

Before the completion of the project, contributing agencies and provincial governments as well as others responding to HIV/AIDS and STIs in China should have the opportunity for a meaningful and facilitated sharing of experiences. This would greatly assist in disseminating the lessons learned by the project and promoting its achievement with the view that model or pilot activities will be replicated in other provinces.

X18