

在发展中国家支持社区应对艾滋病

Community Response to HIV among Men who have Sex with Men in China

—Review and documentation of International HIV/AIDS Alliance China MSM projects



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Acronyms

AIDS	Acquired Immunodeficiency Syndrome
APCOM	Asia Pacific Coalition on Male Sexual Health
CBO	Community-Based Organization
CDC	Center for Disease and Control
HIV	Human Immunodeficiency Virus
Alliance China	International HIV/AIDS Alliance (Kunming Office) UK
MARP	Most-at-Risk Population
MSM	Men having Sex with Men
NGO	Non-Governmental Organization
PCA	Participatory Community Assessment
R&R	Review and Re-planning
STD	Sexually Transmitted Disease
VCT	Voluntary Counseling and Testing
UNAIDS	Joint United Nations Program on HIV/AIDS
UNDP	United Nations Development Program
UNESCO	United Nations Educational, Scientific and Cultural Organization
USAID	United States Agency for International Development
WHO	World Health Organization

Table of Contents

Acknowledgements	
Acronyms	
Executive Summary	1
1 Introduction	2
1.1 Alliance China	2
1.2 Target Audience	3
1.3 Report Structure	3
2 MSM Program Areas	4
2.1 Capacity and Organizational Development	4
2.2 Peer Outreach Community Mobilization	7
2.3 Peer-led Voluntary Counseling and Testing	8
2.4 Peer Care and Support	10
2.5 Anti-Stigma Advocacy	11
2.6 CBOs Network	12
3 Summary	14
Annexes (tools in CD):	17
Annex A: Capacity and Organizational Development	17
Annex B: Peer Outreach Community Mobilization	17
Annex C: Peer-led Voluntary Counseling and Testing	17
Annex D: Peer Care and Support	17
Annex E: Anti-Stigma	17
Annex E1: MSM Anti-Stigma Toolkit	17
Annex F: CBOs Network	17



Executive Summary

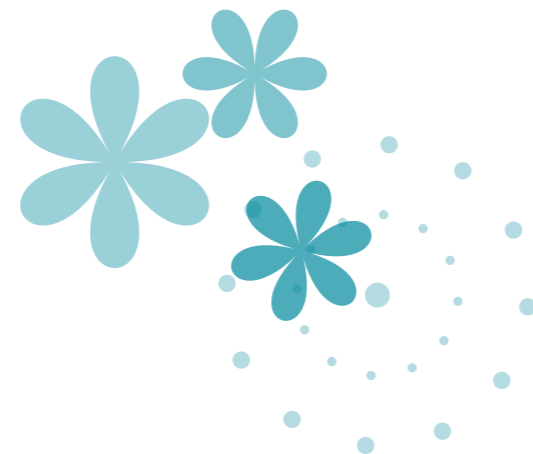
As the HIV/AIDS epidemic among MSM rises in China, Alliance China believes that the community-based approach it has been implementing in China since 2003 is one of the most effective and efficient strategies for the HIV epidemic among MSM. This document uses case studies on MSM community groups to illustrate this approach's various programming areas.

ALLIANCE CHINA'S SIX MSM PROGRAM AREAS:

- 1.Capacity and organizational development;
- 2.Peer outreach community mobilization;
- 3.Peer-led voluntary counseling and testing;
- 4.Peer care and support;
- 5.Anti-stigma advocacy; and
- 6.Community-Based Organization networks.

In this report, the first programming area, capacity and organizational development, is the common thread in Alliance China's approach: building the community foundation of MSM groups. This report documents how a strong community base helps MSM groups deliver on specific HIV intervention. Building such bases needs commitment from the community, the government and other civil society partners.

Drawing on Alliance China's extensive experience of working with the community and the government, this report offers many practical tips to MSM community groups, government officials and civil society organizations who are considering to work with or are working on HIV among MSM on how to maximize the potential contribution of community responses to HIV.



1 Introduction

Although the number of new HIV infections in China is stabilizing ¹ (50,000 in 2007 compared with 48,000 in 2009) China's HIV situation is now increasingly driven by homosexual transmission. Such transmission in 2007 accounted for only 12% of new infections, but by 2009 the number rose to 33%. The number of new HIV infections among MSM has then tripled in just over two years from 6,000 in 2007 to 16,000 in 2009. More evidence from national surveillance shows a five-fold increase from 1% before 2005 to 5% by 2009 in HIV prevalence in the major cities of China's Southwest provinces, such as Yunnan, Sichuan, Guizhou and Guangxi. These bear the heaviest burden: 21% in Chongqing, 15% in Chengdu and at least 10% in other big cities of China's southwest. The general population's prevalence rate increased only slightly from 0.050% in 2005 to 0.057% in 2009. By 2009 however, the HIV prevalence among MSM was more than 80 times higher than that of the general population.

1.1 Alliance China

The China Office of Alliance China has been based in Kunming, the capital city of Yunnan province in southwestern China, since 2003. From its beginning, Alliance China has targeted MSM as one of its intervention priorities. Alliance China has worked with local government management partners ² and government-organized non-governmental organizations ³ to support grassroot MSM groups for a community-based response to HIV. Alliance China's MSM programming focuses on its six MSM program areas which are:

ALLIANCE CHINA'S SIX MSM PROGRAM AREAS:

- 1.Capacity and organizational development;
- 2.Peer outreach community mobilization;
- 3.Peer-led voluntary counseling and testing;
- 4.Peer care and support;
- 5.Anti-stigma advocacy; and
- 6.Community-Based Organization networks.

As well as Alliance China's community mobilization approach, it has also incorporated into its MSM support program relevant intervention models. These have been aligned with the Asia-Pacific region, particularly the comprehensive package of services agreed regionally in 2009 ⁴.

The services and programs in this comprehensive package are:

- 1.Prevention;
 - a.peer outreach;
 - b.condom distribution;
 - c.other sexually transmitted diseases; and

¹ "2009 Estimates for HIV/AIDS Epidemic in China," 2010, the Ministry of Health of the People's Republic of China, UNAIDS, WHO.

² The Yunnan Health Education Institute, Yunnan Center for Disease Control.

³ The Sichuan Association of STD/AIDS Prevention and Care.

⁴ "Developing a Comprehensive Package of Services to Reduce HIV among Men who have Sex with Men (MSM) and Transgender (TG) Populations in Asia and the Pacific," 2009, convened by UNDP.



- d. testing and counseling;
- 2. Access to treatment;
 - a. care and support;
 - b. an enabling environment;
 - c. harmonization with authorities;
 - d. anti-stigma and anti-discrimination; and
 - e. organizational development; community leadership; and
- 3. Strategic information;
 - a. population size estimates; and
 - b. monitoring and evaluation.

Alliance China's MSM support program emphasizes community response. This includes:

- 1. Capacity and organizational;
 - a. participatory community needs assessment; and
 - b. strategic planning;
- 2. Peer-led services;
 - a. outreach;
 - b. voluntary counseling and testing; and
 - c. care and support; and
- 3. Anti-stigma and community-based organization networks.

1.2 Target Audience

This report's target audience is

- 1. Government officials;
- 2. MSM community groups; and
- 3. Other civil society organizations;
 - a. government-organized; and
 - b. local and international non-governmental organizations.

Government officials who wish to work or are working with the MSM community to tackle the HIV situation in the MSM community will find in this report practical tips about how to work and have continuous dialogue with the MSM community in order to maximize the effectiveness and efficiency of their HIV programs. MSM community groups will also find not only tips about practical ways of working with government officials but also experiences from other MSM community groups. Government officials can use these experiences to consider their support of community groups' future organizational development. Program staff of other civil society organizations should find these tips for the government and the MSM community useful when addressing HIV issues in the MSM community.

1.3 Report Structure

The rest of this document describes each of Alliance China's six MSM program areas. There are also case studies with illustrated lessons learned, practical tips for government officials, the MSM community and civil society organizations who are interested in HIV programming among the MSM community. There are



many tools included in the compact disc and in this report's annexes. The contact information of each of the community groups in this report is also included in the summary.

2 MSM Program Areas

This section describes the key characteristics of Alliance China's six program areas. Case studies and practical tips for both government and MSM CBOs are provided.

Capacity and organizational development are at the core of Alliance China's community approach to address HIV/AIDS among MARP. It believes that healthy and well organized community groups are effective and vital for addressing the HIV/AIDS epidemic among MARP. The first program area, capacity and organizational development, will therefore be highlighted throughout this report for its contribution to the other five program areas above.

2.1 Capacity and Organizational Development

■ Approach

Alliance China believes a successful HIV response amongst MARP must come as does MSM from the community. Even before Alliance China becomes involved, there is already a community response, albeit very small, from that community. Only when there is a group of individuals committed to serving their community needs and showing mutual respect can Alliance China begin its capacity building with that group. This approach involves Alliance China:

1. Identifying individuals in the community wishing to provide services such as HIV, anti-stigma and anti-discrimination programs to the community. These individuals will work with or without Alliance China. Its supporting role is never permanent. Its aim is to strengthen the response that is already present in the community;
2. Providing technical support for these individuals to conduct a participatory community assessment.⁵ This involves the group mobilizing other community members to assess their community needs and then to design a response strategy. A strong community foundation must be provided from the start so that the community can develop its own plans. This builds community ownership of the HIV response;
3. Supplying technical program staff and financial support for these groups to develop working plans with specifically set targets and budgets. These must address community needs which have already been identified. Alliance China's role is to encourage the group to implement democratic decision-making and open leadership. These will make the community feel that it owes the work that the group is doing;
4. Furnishing technical support for programming, capacity and organizational development during the implementation phase. Financial management support should also be given for basic bookkeeping. This will ensure financial accountability and also prevent fraud;
5. Supporting the group when conducting an annual review and re-planning exercise. This again will encourage open discussion, a feeling of community ownership, program quality and responsible financial management;
6. Encouraging small groups to develop long-term plans and serve a wider community. This is particularly

⁵ See Annexes A1, A2 and A3.



important with HIV programs because such work requires a high level of trust from the community. Alliance China believes community trust can only be gained through high quality services that meet community needs. The group must therefore be open to all community members; and

7. Advising small groups about staff, volunteer and financial management in order to strengthen their capacity to provide a high quality service. Capacity and organizational support must meet the community's requirements and be delivered systematically.

■ Case Studies

The following case studies illustrate Alliance China's capacity and organizational development approach and its supports of other programs.

Tongle in Chengdu, the capital of Sichuan province, was formed in 2002.

A Men having Sex with Men group wanted to address certain issues. In 2004, Alliance China provided Tongle technical and financial support to conduct a community needs assessment so that the government would support the group's work.⁶ Tongle now conducts an annual R&R exercise which is also supported by Alliance China. The R&R monitors Tongle's progress against long-term goals, fine-tunes and re-prioritizes its strategies to ensure its long-term goals are realized.

Tongle has about ten staff members and over 100 volunteers serving thousands of MSM. It provides high quality community-based HIV prevention and care. Tongle's success is from its strong community foundation, open discussion, democratic leadership and annual reviews that assure community needs are met.

With the increase of its voluntary counseling and testing, Tongle's present challenge is to expand without losing any quality in its services. It has decided to be more strategically selective of its volunteers who provide the bulk of the counseling service. Each volunteer is put on a three month training and mentoring process to ensure high quality. As the number of staff increases, Tongle realizes the importance of human resource management for maintaining a stable team and ensuring service quality. Supported by Alliance China, Tongle has developed job descriptions for each staff and is designing a staff appraisal system. To strengthen its community accountability, Tongle is planning to establish a governance board to oversee its work and to provide future strategic guidance.

Honghe Brothers in Kaiyuan, a small city in Yunnan, began in 2006.

It had strong support from the local health authority and the Kaiyuan Health Education Institute. Alliance China supported Honghe Brothers to conduct a community needs assessment in 2007⁷. Afterwards, Honghe Brothers focused on HIV prevention with a drop-in center. It gave out condoms and information about HIV in Kaiyuan and in the neighboring cities of Mengzi and Gejiu. Despite Honghe Brothers' short history, it now has



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红河团队例会



two staff members and ten volunteers. The government recognizes Honghe Brothers' contribution and took over its financing when Alliance China's funding finished in 2011.

Yunnan Parallel in Kunming was first established in 2007.

Oxfam funded Yunnan Parallel's program to carry out HIV prevention and outreach work among male sex workers. Alliance China provided technical support in 2009 and 2010 for a participatory community assessment to identify the group's long-term directions. When Oxfam finished its funding in 2011, Yunnan Parallel adopted a totally different organizational model which it thought would be the best way to address the community's needs. Yunnan Parallel decided to apply for funding selectively because it believed that donor-driven programs might not meet the community's needs. Yunnan Parallel decided to have an all-volunteer and democratic decision-making model. Without having to look for external funding, Yunnan Parallel now concentrates on issues that it has the capacity and resources to address.

In 2012, Yunnan Parallel will focus its work on discrimination, HIV rapid testing and counseling. It has also decided not to engage in the harmful practice in which some donor programs pay people to be tested. This practice attracts professional testers who are just after the money and deters MSM who really should be tested but do not wish to be associated with professional testers.

Since Yunnan Parallel's reorganization in 2011, it now has over 300 members. It is doing anti-discrimination work in university campuses, promoting the rights of sexual minorities, organizing film festivals and charity events. There are also nursing home visits and showcasing of sexual minorities' contribution to society. Yunnan Parallel has just received the Kunming Center for Disease and Control's endorsement to provide free HIV rapid testing services.

Tips for Community-Based Organizations

Building a solid community foundation for the group is important.⁸

1. Listening to your community and addressing their needs;
2. Building trust among the community group;
3. Making decisions democratically and having a transparent leadership;
4. Ensuring all members' work and opinions are valued to encourage community ownership;
5. Deciding on a group's long-term mission and strategies from the start even if the group has only a few

⁶ See Annex A4 for the assessment's results and Annex A11 for Tongle's organizational statute.

⁷ See Annex A5 for the assessment's results.

⁸ See Annexes A6, A7 and A8.



- members and no paid staff;
- 6. Reviewing progress at least every year;
- 7. Re-prioritizing the group's work to align it with its mission and strategies;
- 8. Improving the quality of its services;
- 9. Preparing to register as an NGO;⁹ and
- 10. Demonstrating high quality and sound financial management to gain government trust.

Tips for Government Officials¹⁰

Understanding how to work with grassroots is important. It takes time but the community groups' long-term benefits are worth the effort.¹¹

Some good tips are:

1. Treating grassroots groups as equal partners;
2. Asking grassroots groups to help you deliver a successful HIV response. Remember: these groups should already have a solid foundation in the community;
3. Supporting grassroots groups to build a foundation and community trust in the groups;
4. Never forcing HIV program targets on groups;
5. Working with them to see the relevance of a HIV program to the needs of the community; and
6. Working with China's other leading MSM groups and public sector organizations who have experience working with MSM groups. This will help you understand how to provide organizational development for groups that demonstrate a good community foundation.

2.2 Peer Outreach Community Mobilization

■ Approach

Alliance China provides technical support for groups to strengthen their outreach skills and knowledge about HIV. Its approach mobilizes peer educators from the community.¹² Alliance China believes that this is the most effective way of disseminating the HIV prevention message to MSM communities.

Groups supported by Alliance China have peers trained in outreach skills and equipped with HIV information with which to reach out to the community at venues such as bars, saunas, websites, hotline and drop-in centers. Apart from outreach channels, peers are also trained to build a trusting relationship with their outreach clients by learning more about their clients' problems face-to-face. This takes time. Once trust is established, the peer educators introduce HIV prevention and voluntary testing to encourage the clients to practice safer sex and be tested regularly.



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■ Case Studies

Honghe Brothers' peer educators reach out to MSM via a drop-in center in Kaiyuan which also serves the neighboring cities of Gejiu and Mengzi.

⁹ See Annex A9: Yunnan NGO Registration.

¹⁰ See Annex A10.

¹¹ See Annex B4: Government Partner Toolkit.

¹² See Annex B1: The MSM Community Outreach Manual.



Honghe Brothers also uses the Internet, chiefly QQ. These cities are small and about a four hours' drive south of Kunming. MSM groups in small cities face different challenges in their HIV outreach work. Because the numbers of MSM in these cities are small, stigma against people living with HIV is pervasive. It is more difficult for peer educators in these small cities than their colleagues in larger cities to talk about HIV and to be tested.

Honghe Brothers has learned that the Internet can be the first outreach point for MSM to talk about and alleviate their fear of being stigmatized.¹³ Once a client and peer educator have established online a trusting relationship, the client is more likely to visit Honghe Brothers' drop-in center or be tested at a local CDC. Since 2011 local CDCs have taken over Honghe Brothers' financing in recognition of its contribution in HIV response among MSM.



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Tips for Community-Based Organizations¹⁴

1. For groups in smaller cities, the Internet and particularly QQ are greatly important for reaching out to MSM in order to reduce fear of stigma;
2. For groups in smaller cities where the impact of stigma is more readily felt, community trust is even more important; and
3. For building community trust a high quality outreach is important. Clients see peer educators as their trusted friends to whom they turn for not only HIV but also other support.

Tips for Government Officials¹⁵

1. As well as financial support for MSM groups, attention must be given when building a group's capacity to deliver high quality outreach that ensures the group is trusted by the community;
2. Paying people to be tested is counterproductive. It has no good outcome in HIV prevention. Paying people is not sustainable economically. Because it encourages people who may not need testing to receive financial incentives for testing, it destroys the trust a community has in its groups; and
3. It is important that health authorities pro-actively liaise with other government departments to familiarize them with public health and policy enforcement benefits that arise from the community groups' outreach work.

2.3 Peer-Led Voluntary Counseling and Testing

■ Approach

Alliance China believes the best approaches for encouraging MSM to have themselves tested are led by peer counselors and screening tests such as rapid tests, especially the oral version. These should be community-based with drop-in centers run by an MSM group where MSM clients feel safe. Because confirmatory testing

¹³ See Annex B2: The Internet Intervention Manual, Annex B3: The Honghe Brothers VCT Referral Manual and Annex B4: The Honghe Brothers Outreach Manual.

¹⁴ See Annexes B1 to B4.

¹⁵ See Annex A10.



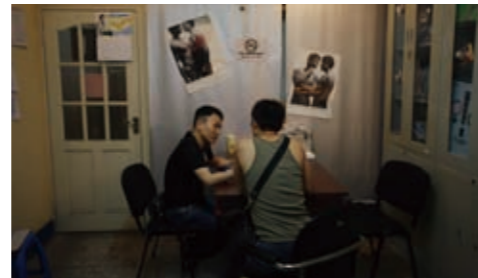
is done only at government clinics and these require real names, MSM clients fear stigma. Peers from the community can help MSM clients overcome this fear so that they have themselves anonymously tested in a safe space. If the screening test results are positive, the MSM counselors can provide support on the spot to encourage and even accompany clients to local government clinics for confirmatory tests.

This requires strong, professional counseling skills from MSM groups. Confidentiality is always of the utmost importance. Strong local government support will allow the community group to carry out tests. If a test is positive, the community group counselors can provide psycho-social and treatment access support. Testing is nothing in itself. To increase the willingness of MSM clients to be tested, the test must be complemented by a strong community-based case approach. Support is given not only before and after testing at the community group sites and at government clinics.¹⁶

■ Case Studies

Tongle in Chengdu began its community-based testing referral service in 2003.

Its peer educators encourage MSM to be tested at a local CDC. Realizing the need to have a safe place for testing, Tongle subsequently set up a drop-in center in 2007. Now clients feel safe when having pre- and post-test counseling and when having their blood taken. After convincing the local CDC, Tongle became the point-of-contact where clients would be notified about their results. To overcome the government's initial doubts, Tongle followed the engagement strategy it had decided upon in 2004. It used pilot tests to demonstrate results and engage supportive government officials to build the Government's confidence in Tongle.



同伴主导的VCT咨询

The case approach was very successful. The number of MSM tested increased from less than 200 cases in 2003 to nearly 700 in 2007. The number jumped to almost 2,000 in 2011. Tongle follows up 90% of the positive cases which is a much higher follow up rate than the local CDCs'. This collaboration between the MSM community group and the health authorities was so successful that Tongle is now planning to scale up rapid tests at its drop-in center and expand its service to local saunas.

Organizational development grants were provided by Alliance China. This led to a participatory capacity assessment being conducted to develop Tongle's vision, mission and working principles. It's human Resource support for peer-led service.

Tips for CBOs¹⁷

1. Focus on
 - a. high quality services;
 - b. strict confidentiality; and
 - c. high quality counseling, support and follow up;
2. Focus on solutions when interacting with the government. Pilot tests are very good for building a

¹⁶ See Annex C1: The MSM VCT Training Manual.

¹⁷ See Annex C.



- government's trust in the community group's work;
3. Identify and provide supportive government officials to become the champions of the community group's work; and
4. Show that the group's achievements support the government's lead on the response to HIV.

Tips for Government Officials¹⁸

1. Most government health officials now recognize community groups' critical roles in the country's HIV response among MSM. When working with the MSM community, government and community groups must learn from and support one other;
2. Treat community groups as equal partners. This adds value to your job and to those who need your support;
3. Liaise with other local government units to ensure a safe space for the community groups to operate in; and
4. Understand that capacity and organizational development is a major component to support healthy development of community groups. These groups need not only financial but also technical support. This includes management and leadership development.

2.4 Peer Care and Support

■ Approach:

Alliance China's approach for providing care and support to MSM who have been tested positive is also based on peers from the community.¹⁹ Peers provide information on gay friendly health services, accompany clients to clinics for tests and treatment, counsel them on how to deal with depression and prevent other sexually transmitted infections. Peers also facilitate self-help groups where clients may share mutual support. This will need a community needs assessment before the group decides upon implementing any programs.²⁰

■ Case Studies

Colorful Sky of Yunnan was established in 2002.

It was Yunnan's first MSM community group. It was supported by the Yunnan Health Education Institute and since 2010 by Alliance China which has provided programmatic support for Colorful Sky's work on MSM who are HIV positive.

Via QQ especially and a drop-in center, Colorful Sky has now reached over 200 MSM who are HIV positive. The Internet platform reaching out to HIV positive MSM has been successful. Many MSM clients reported that it was the Internet and again mainly QQ that led them to get in touch with Colorful Sky from whom they received initial support. Despite the Internet's and QQ's importance as sources of support, clients emphasized that the face-to-face support from Colorful Sky's staff and other MSM who are HIV positive was irreplaceable. The drop-in center is the only place where clients feel comfortable to share their experiences and challenges with fellow MSM who are also HIV positive.



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¹⁸ See Annex A10.

¹⁹ See Annex D1: Peer Support Treatment Manual.

²⁰ See "Organizational Development" in the section above.



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Colorful Sky with the agreement of the government decided to become independent of the Yunnan Health Education Institute. This move presents opportunities and challenges alike. Colorful Sky now has complete control over of its own future direction. It is planning to launch a new round of participatory community assessment and strategic planning for the future. Thanks also to the Yunnan Health Education Institute's facilitation, other government units are now more familiar with the community approach among MSM who are HIV positive. Now there are even more opportunities for Colorful Sky to address community needs.

Tips for CBOs ²¹

1. Listen to the community about how it can be reached and served;
2. Ensure that community groups have strong support from the community to help you deliver your work; and
3. Ensure that volunteers have meaningful roles in your organization which must also have a decision making process based on open discussion.

Tips for Government Officials

1. Working with the community to tackle HIV takes time but in the long run benefits outweighs your investment;
2. Capacity and organizational development support to community groups is extremely important, particularly in the group's early stages; and
3. Balance between qualitative and quantitative targets and focus on influencing community groups to come up with solutions that tie in with the community response to HIV.

2.5 Anti-Stigma Advocacy

■ Approach

Alliance China realizes the importance of enabling community response to HIV and therefore supports community groups that address social stigma that MSM face. Community groups are encouraged to create their own strategies that will foster community ownership. Alliance China also conducts anti-stigma workshops that facilitate community groups to identify specific anti-stigma areas that they believe should be addressed. ²²

■ Case Studies

Yunnan Parallel of Kunming using the Alliance China's workshops and its own open discussions has a very innovative three-pronged anti-stigma strategy:

1. Action advocacy conducted by Yunnan Parallel members at university events organizing:
 - a. Student speech competitions publicizing anti-discrimination messages, street performances; and



²¹ See Annex D.

²² See Annex E1: MSM Anti-Stigma Toolkit.

- b. Rainbow flag presentations to pop stars at concerts;
2. LGBT Film festivals to reach out to the community;
3. Social services to the community beyond MSM such as nursing home visits and tree planting to promote a positive image of MSM.

Yunnan Parallel also relies on the Internet especially QQ to get its message out and recruit new members. Its innovative advocacy work is gaining attention from the MSM community. Yunnan Parallel attracted over 300 members in less than 12 months in 2011. Many members because they were involved in the decision making, report a strong sense of ownership in their advocacy work.

Tips for CBOs ²³

1. Projects should be driven by the community rather than by the donors;
2. Listen to the community;
3. Be open to everyone using regular dialogue and democratic decision making;
4. Use a facilitative leadership style;
5. Be innovative; and
6. Search for strategic partnerships.

Tips for Government Officials ²⁴

1. Support and fund MSM groups' anti-stigma advocacy;
2. Help them create their own community response to HIV;
3. Do not force HIV targets on MSM groups but help them to understand the HIV response;
4. Treat them as equal partners; and
5. Liaise with non-health government departments to support anti-stigma work.



反歧视小组活动

2.6 CBOs Networks

■ Approach

As well as providing programmatic and organizational development support to community groups, Alliance China recognizes the importance of experience sharing amongst community groups and communicating with government health officials. To facilitate sharing, Alliance China hosts bi-annual meetings for community groups to share their experiences about programmatic and organizational improvements.

For dialogue with the government, Alliance China believes the network is a platform where CBOs are free to inform the government on issues pertinent to their work in HIV. This is critical to the government's understanding about how to leverage the community to ensure the best possible outcome of its HIV response. To support the initial development of a CBOs network, Alliance China works with CBOs to map their capacities and identify gaps. ²⁵ Based on the results of this network capacity analysis, Alliance China provides technical support to help the network to draft its terms of reference, to recruit network coordinators and to develop

²³ See Annex E.

²⁴ See Annex A10.

²⁵ See Annex F1: CBOs Network Capacity Analysis.



working plans. During the early development stage, Alliance China facilitates the government to engage in the network.

Case Studies

Yunnan MSM Network was created in 2008 by Alliance China, other International NGOs, the MSM community and the government.

Yunnan MSM Network assessed the capacities of MSM CBOs. It drafted its terms of references and elected a volunteer community coordinator.²⁶ Yunnan's CDC provided a staff member to liaise with Yunnan MSM Network. The latter has been holding quarterly meetings in which CBOs can share their experience and channel requests to Yunnan's CDC to help liaise with sub-provincial CDCs. Yunnan CDC has also invited other government officials to its quarterly meetings. These have made the government and CBOs better informed about the issues that the MSM community faces.

The MSM community was consequently able to get more advice and assistance from Yunnan's CDC to liaise with local CDCs. It is encouraging to see that the Yunnan CDC when formulating its HIV work and policy among MSM relies greatly on Yunnan MSM Network. Yunnan CDC now provides some financial support to Yunnan MSM Network. The network, based on the results of the capacity analysis, developed a work plan for 2011.²⁷



秘书处会议



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Tips for CBOs²⁸

1. Use Yunnan MSM Network to influence government policies. The provincial government is currently developing an MSM action plan;
2. Use Yunnan MSM Network to coordinate various CBOs' work that cover the same areas;
3. Learn from each other to improve program quality. Yunnan MSM Network is not a solution but a forum to identify gaps in services; and
4. Continue to use Yunnan MSM Network to inform and update the government about community needs, changes in HIV transmission trends and effective community response.

Tips for Government Officials²⁹

1. Treat CBOs as equal partners;
2. Strengthen government response to HIV among MSM by understanding and regularly communicating with the MSM community;
3. Involve the MSM community group in the response program;
4. Dedicate staff to liaise with MSM networks;

²⁶ See Annex F2: The Yunnan MSM Network Terms of Reference.

²⁷ See Annex F3 for the capacity analysis and Annex F4 for the 2011 work plan.

²⁸ See Annex F.

²⁹ See Annex A10.



5. Provide technical support for the MSM networks' policy advocacy work;
6. Consider an open bidding process to recruit MSM groups that demonstrate high quality services when applying for organizational and programmatic funding for HIV work; and
7. Encourage government health departments for community groups to liaise with local CDCs and other relevant government departments.

3 Summary

The table below summarizes key tips for CBO and government officials for a community response to HIV epidemic.

Program Area	Tips for CBOs	Tips for Government Officials	Tools (Annex number in bold)	Community Groups
1) Capacity and Organizational Development	<p>Listen to and address community needs to build community trust.</p> <p>Democratic decision making and open leadership style to encourage community ownership.</p> <p>Decide the group's long-term aim and strategies.</p> <p>Regularly review, learn and reprioritize the group's work.</p> <p>Prepare to register as an NGO.</p> <p>Show high program quality rather than just quantity</p> <p>Good finance, transparent organization management and leadership gain the government's trust.</p>	<p>Treat grassroots groups as equal partners.</p> <p>The best grassroots groups for a successful response to HIV should already have a solid foundation in the community.</p> <p>Support grassroots groups to build a community foundation.</p> <p>Do not force HIV pro-gram targets on groups.</p> <p>Work with the groups so that they understand the HIV epidemic and see the relevance of its effect on the MSM community.</p> <p>Work with the MSM groups to see how to provide organizational development.</p>	<p>A1 Participatory Community Assessment (PCA) Facilitator Guide</p> <p>A2 All Together Now!</p> <p>A3 Tools Together Now!</p> <p>A4 Tongle PCA Report</p> <p>A5 Honghe Brothers PCA Report</p> <p>A6 CBO Organizational Development Manual</p> <p>A7 CBO Team Building Manual</p> <p>A8 CBO Capacity Assessment Toolkit</p> <p>A9 Yunnan NGO Registration</p> <p>A10 Government Partner Toolkit</p> <p>A11 Tongle's Organizational Statute</p>	<p>Tongle, Chengdu, Sichuan (Tel: +86 28-8662-7577; Email: Tongle2002@tlgay.com; Website: http://weibo.com/Tongle2002)</p> <p>Honghe Brothers, Kaiyuan, Yunnan (Tel: +86 873-7238-056; Email: yx14914@vip.sina.com; Website: http://yntz.net/2008new/org/hh/)</p> <p>Yunnan Parallel, Kunming, Yunnan (Tel: +86 871-3379-065; Email: ynparallel@gmail.com; Website: http://weibo.com/ynpx)</p>



Program Area	Tips for CBOs	Tips for Government Officials	Tools (Annex number in bold)	Community Groups
	For small city groups, the Internet (QQ) is important for fighting stigma. Community trust is important for small city groups where stigma is more profound. Build community trust with high quality outreach services so that clients can see peer educators as trusted friends.	As well as finance support for MSM groups, building the groups' capacity for delivering high quality outreach is important. Ensure that the group is trusted by the community. Paying people to be tested has a negative impact on long-term HIV prevention and weakens community trust in CBO services. Health authorities must liaise with other local departments to familiarize them with the community groups' work to maximize effective community response.	B1 MSM Community Outreach Manual B2 MSM Internet Intervention Manual B3 Honghe Brothers VCT Referral Manual B4 Honghe Brothers Outreach Manual	Honghe Brothers, Kaiyuan, Yunnan (Tel: +86 873-7238-056; Email: yxl4914@vip.sina.com Website: http://yntz.net/2008new/org/hh/)
3) Peer-led Voluntary Counseling & Testing	Focus on quality service with strict confidentiality, quality counseling and referrals. Focus on solutions when interacting with the government. Pilot testing is a good option to build a government's trust in community groups. Identify and encourage supportive government officials to become the champions of community group's work. Encourage government officials to let groups play a supportive role to the government's lead in HIV response.	Recognize community groups' critical roles in the country's HIV response. Treat community groups not as MSM case finders but as equal partners. Liaise with other local government units to ensure a safe space for community groups to operate. Understand and provide capacity and organizational development support to community groups.	C1: MSM VCT Training Manual	Tongle, Chengdu, Sichuan (Tel: +86 28-8662-7577; Email: Tongle2002@tlgay.com; Website: http://weibo.com/Tongle2002)



Program Area	Tips for CBOs	Tips for Government Officials	Tools (Annex number in bold)	Community Groups
4) Peer Care and Support	Ask the community how it can be reached and served. Ensure the group has strong support to deliver. Ensure volunteers take meaningful roles in your organization, including decision making.	Long-term benefits of working with the community outweigh your investment. Capacity and organizational development support to community groups are very important in a group's early stages. Balance between qualitative and quantitative targets. Influence groups to find their own solutions to HIV community response.	D1 Peer Support Treatment Manual	Colorful Sky, Kunming, Yunnan (Tel: +86 871-3109-782; Email: yncolorfulsky@163.com Website: http://weibo.com/2354650990/profile?topnav=1&wvr=4)
5) Anti-Stigma Advocacy	Projects should be driven by the community rather than by the donors. Listen to the community. Have regular dialogue. Have a democratic decision making and facilitative leadership. Be innovative and look for strategic partnerships.	Support and fund MSMs' anti-stigma work. Never force HIV program targets on MSM groups. Treat them as equal partners so that they see why HIV should be part of their work. Work with non-health government departments that support anti-stigma work.	E1 MSM Anti-Stigma Toolkit	Yunnan Parallel, Kunming, Yunnan (Tel: +86 871-3379-065; Email: ynparallel@gmail.com; Website: http://weibo.com/ynpx)
6) Community-Based Organizations	Use the network as a platform to influence government policies and plans. Use the network to coordinate different CBOs that cover the same areas. Learn from everyone how to improve program quality. Continue using the network to inform and update the government on community needs, changes in HIV transmission trends and effective community response.	Treat CBOs as equal partners. Have staff liaise with MSM groups. Use an open bidding process to recruit MSM community groups that have proven high quality services. Community groups need political support from government health departments to liaise with other government units and the local CDC.	F1 CBOs Network Capacity Analysis Toolkit F2 Yunnan MSM Network Terms of Reference F3 Yunnan MSM Network Capacity Analysis Report F4 Yunnan MSM Network 2011 Work Plan	Yunnan MSM Network, Kunming, Yunnan (Email: ynmsm@googlegroups.com)



Annexes (tools in CD):

Annex A: Capacity and Organizational Development

- Annex A1: Participatory Community Assessment (PCA) Facilitator Guide
- Annex A2: All Together Now!
- Annex A3: Tools Together Now!
- Annex A4: Tongle PCA Report
- Annex A5: Honghe Brothers PCA Report
- Annex A6: CBO Organizational Development Manual
- Annex A7: CBO Team Building Manual
- Annex A8: CBO Capacity Assessment Toolkit
- Annex A9: Yunnan NGO Registration
- Annex A10: Government Partner Toolkit
- Annex A11: Tongle's Organizational Statute

Annex B: Peer Outreach Community Mobilization

- Annex B1: MSM Community Outreach Manual
- Annex B2: MSM Internet Intervention Manual
- Annex B3: Honghe Brothers VCT Referral Manual
- Annex B4: Honghe Brothers Outreach Manual

Annex C: Peer-led Voluntary Counseling and Testing

- Annex C1: MSM VCT Training Manual

Annex D: Peer Care and Support

- Annex D1: Peer Support Treatment Manual

Annex E: Anti-Stigma

Annex E1: MSM Anti-Stigma Toolkit

Annex F: CBOs Network

- Annex F1: CBOs Network Capacity Analysis Toolkit
- Annex F2: Yunnan MSM Network Terms of Reference
- Annex F3: Yunnan MSM Network Capacity Analysis Report
- Annex F4: Yunnan MSM Network 2011 Work Plan