



**Project Completion Report**  
**Yunnan Cross Border Harm Reduction Project**

15th August 2013-----31<sup>st</sup> May 2014

UNAIDS China Office

10 August 2014



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## Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-retro virus Therapy
ARV	Anti-RetroVirus
ATS	Meta-amphetamine
AUD	Australian Dollar
CBO	Community based organization
DIC	Drop in center
FHI	International Family Health
HAARP	HIV/AIDS Asia Regional Program
HCCF	HAARP Coordination and Cooperation Forum
HIV	Human Immunodeficiency virus
HTC	HIV Testing and Counseling
IDUs	Injection Drug Users
IEC	Information Education and Communication
INGO	International Non-Governmental Organization
KAP	Key affected populations
M&E	Monitoring and evaluation
MMT	Methadone Maintenance Treatment
MoH	Ministry of Health
NCAIDS	National Centre for AIDS Prevention and Control
NGO	Non-Governmental Organization
NSP	Needles and Syringes Program
OSF	Open Society Foundation
STI	Sexually Transmitted Infection
UNAIDS	Jointed United Nations Programme on HIV/AIDS
YDHR	Yundi Harm-Reduction Network
YNAB	Yun Nan Provincial HIV/AIDS Prevention and Control Bureau

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## 1. Background

Located in the southwest of China, Yunnan has significant numbers of drug-users crossing borders of China, Myanmar, and Vietnam. HIV epidemic situation is serious and expanding along these border areas. However, lack of strategic leadership, long-term joint working mechanism, and capacity to respond to the epidemics makes HIV/AIDS response efforts among the drug users in cross-border areas difficult and challenging. This one-year cross-border project aims to contribute to reducing HIV transmission among IDUs and their sexual partners along cross border areas in previous HAARP cross border project counties through three major activities, i.e., (1) sustain and enhance cooperation and coordination mechanism between China/Myanmar in response to HIV epidemic among IDUs in border areas. (2) Provide comprehensive and quality services for IDUs in cross border areas. (3) Collect and disseminate strategic information on HIV situation and response for advocacy, programming and planning in both China and the bordering countries.

The project provided comprehensive services with Myanmar/Vietnam counterparts among IDUs and sex workers at four cross-border sites (Longchuan-Lwejie, Ruli-Muse, Zhenkang-Laikai and Hekou-Laocai) with AUD 123,047 funded by HAARP Regional Program through UNAIDS Beijing office and AUD 40,000 funded by Yunnan HIV/AIDS Provincial Prevention & Control Bureau (YNAB). The project implementation period is from 15 August 2013 to 31st May 2014. UNAIDS takes the overall responsibility in managing the funds, and overseeing implementation of project activities based on the grant agreement signed by UNAIDS and the Government of Australia. Yunnan AIDS Bureau supervises performance of Yundi and reviews reports submitted by Yundi before provided to UNAIDS. Yundi Harm Reduction Network (YDHR) represents vulnerable groups and affected communities to implement the project.

By the 31st May 2014, IDUs, sex workers, and other KAPs from the above four paired areas in the three countries have been provided with comprehensive harm reduction service, free VCT, abscess treatment and referral of TB, ARV, STD treatment based on the experience and lessons learned in previous HAARP cross-border project and local context.

## 2. Project implementation and progress

**Most targets set out at the beginning of the project are achieved, except one site cross border meeting failed. Actually, the project achieved all objectives within the agreed timeframe and budget. All activities have been implemented following the agreement of UNAIDS, YNAB and YUNDI. The progress and results are detailed as follows:**

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## **2.1 Sustain and enhance cooperation and coordination mechanisms between China/Myanmar in response to HIV among IDU in border areas**

Very supportive cross-border cooperation environment and mechanism has been maintained between local authorities of project areas in both China and Myanmar through the following activities. The activities involved UNAIDS, multiple sectors, local Community Based Organizations (CBOs) and INGOs.

- Three counties in China (Hekou, Ruili and Zhenkang County) held cross-border meetings with Myanmar/Vietnam counterparts to present the activity plan, discuss the key issues, agree on the work plan, coordinating mechanism and management arrangement, reviewed the progress and supervised the field works together.
- Health Authorities in Laukai and Lwejie of Myanmar fully supported Yundi Harm Reduction Network to carry out HIV/AIDS prevention and control service for Myanmar IDUs funded by co-funding from Yunnan AIDS Bureau. Yundi signed an agreement with Laukai health bureau, and set up “Yundi 369 hospital” in the biggest clinic in Laukai and 2 DIC in Lwejie with counterpart fund. The DIC provide more accessible services including HTC, needle exchange and MMT/ART referral among IDU in Myanmar to supplement the services delivered in the existing DIC at Ruili and Hekou. For the first time, the project got permission from Myanmar to assist Myanmar IDU to access Chinese MMT in the agreement. Besides, the project also facilitated China side to provide ARV treatment for HIV-positive Myanmar and Vietnam citizens, which is only to Chinese citizen before the project.
- In addition, UNAIDS China Office took part in the HAARP regional meeting in Vietnam in May 2013, and took this opportunity to discuss with UNAIDS Vietnam and Myanmar offices on how to facilitate establishment of long-term mechanism for inter-government corporation and collaboration in the cross-border areas.

## **2.2 Provide comprehensive and quality services for IDUs in cross border areas**

### **2.2.1 Capacity building**

To ensure the smooth implementation of project activities, member CBOs under Yundi were fully mobilized, a number of capacity building sessions were organized, and technical support and supervision missions were conducted over 9 months.

- On August 21st 2013, Yundi held an annual meeting on work planning, financial management, file recording, management and reporting of the project with participation of all project manager/officers from four counties. On May 16<sup>th</sup>, 2014, 7 key members from the sites were convened for the end of project experience file and financial files management, final report writing discussion.
- Two joint staff communication & trainings took place between Vietnam and Hekou officials and outreach workers separately. A further 44 trainings organized at sites in order to maintain qualified project service, participants included local technical staff,

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outreach workers and beneficiary population, 1211 person-times received peer education (including 1046 Myanmar and Vietnam person). In addition, experience exchange field visits were organized between Laocai Vietnam and Kunming with participation of 3 Vietnamese outreach workers and 2 Chinese peer educators.

- 6 provincial technical support missions have been organized to visit all project counties to ensure the activities be conducted as planned. Expert mission to Hekou helped Vietnam sex workers to access ARV treatment in China , and to improve the quality of outreach services for drug users in Laukai Myanmar by piloting methadone carrying-outside services from the MMT clinics. Experts also assisted the well recorded and reported of the activities at Longchuan. From the programmatic aspects, the expert missions have resulted in improved project progress, quality of services, referral service for Myanmar IDUs, activity file management, data collection and reporting, documentation of good practices and successful stories etc. In addition 3 supervision missions were conducted by UNAIDS Beijing office directly to understand the needs of KAPs in bordering areas and difficulties faced by CBOs.

#### 2.2.2 Development and implementation of intervention packages for CBO-led interventions in cross-border areas.

With the aim to strengthen quality of services, document good practice and share experiences, UNAIDS China office developed an intervention package for CBO-led interventions among IDU, sex workers, long-distance truck drivers and people living with HIV/AIDS in cross-border areas, which involves:

- Essential elements of interventions among each group of KAP and minimum quality standards for each intervention.
- Collection of service delivery models for interventions among each group of KAP, which have been proven to be effective in the field.
- M&E indicators for CBO-led cross-border interventions, definitions, measurement, tools of data collection, analysis and reporting, and checklists of quality of interventions among each group of KAP.

The intervention package has been used as reference by Yundi for training, project supervision and reporting. On May 22nd, 2014, the draft guideline was presented by Yundi to Yunnan Provincial HIV/AIDS Bureau and considerable positive comments were received. Yunnan Centre for STD/HIV Control and Prevention will adapt the packages and disseminate them province wide to guide the quality implementation of interventions among IDU, SW, truck drivers and PLHIV in cross-border areas. Furthermore, the fund is needed for printed and distribution.

#### 2.2.3 Delivery of services in project sites

Following the project plan, YNAB provided counterpart fund to Yundi to establish 4 drop

in centers (DIC) at Laukai Myanmar and 2 DIC at Lwejie Myanmar. Yundi member CBOs in the project areas, under the support of local government, CDC and other related organizations/institutes, implemented the workplan and provided comprehensive services for IDUs and sex workers in both sides of China and Myanmar/Vietnam. These services included VCT, abscess treatment, Naloxone rescue, referral to MMT treatment, referral to pilot ARV treatment with YNAB support etc. Impressive coverage has been achieved including:

- A total of 1346 IDUs (117,942 IDU person times) including 768 Burmese and 578 Chinese were covered with interventions between August 15<sup>st</sup>, 2013 and May 31<sup>st</sup>, 2014.
- 191,503 needles syringes and 39,027 condoms were distributed to IDUs and their sexual partners.
- 229 IDUs were referred to Voluntary Counseling and Testing (VCT) and 60 to Methadone Maintenance Treatment (MMT) on China side.
- Since August 15<sup>th</sup>, 2013, Ruili, Longchuan, Zhangkang CBOs under Yundi network have been providing food, shelter and harm reduction services for 204 Chinese/Myanmar homeless IDUs along China/Myanmar border on China sides. (Note: most funds came from Chinese government, HAARP funded operation of DIC and salary of outreach staff).
- 246 Myanmar IDUs in border areas was offered self-reliance training with great help from Myanmar society community and bilingual service providers such as electronic welding, rubbish clarification helped more income before handed in, operate construction materials mixture and construction skill to smooth the wall etc.
- 26 heroin overdosed IDUs were treated and rescued with peer admitted Naloxone [HAARP jointly funded with Open Society Foundation (OSF)].

**Table: Summary of project outputs (15/8/2013-31/05/2014)**

Site	Nationality	Total number of IDUs reached with interventions	Number of women reached	Number of clean needles distributed	Number of condoms distributed	Number of IDUs Referral-Methadone Treatment	Number of IDUs Referral-VCT	Naloxone rescued number
Ruili	Chinese	250	7	99505	3635	3	69	13
	Burmese	220	0					
Longchuan	Burmese	268	2	21177	1244	0	71	9
Zhenkang	Chinese	216	0	59321	32348	57	57	2

	Burmese	280	0					
Hekou	Chinese	112	4	11500	1800	0	32	2
<b>Total</b>	<b>Chinese</b>	<b>578</b>	<b>11</b>	<b>191503</b>	<b>39027</b>	<b>60</b>	<b>229</b>	<b>26</b>
	Burmese	<b>768</b>	<b>2</b>					

### 2.3 Generation and dissemination of strategic information and good practice

Significant efforts have been put in disseminating the results of the project and key findings of special surveys among KAPs to generate policy dialogue and discussion on how to improve and strengthen HIV response in cross border areas, The level of dissemination activities, involved organizations and the influence include:

- After dissemination of good practice, Laukai health authority supported to conduct HIV testing among 331 high risk population (mostly drug users) in the close-settings with 44 HIV positives identified. It was the first time that Laukai Myanmar authority obtained HIV epidemic data among IDUs locally.
- 4 quarterly HAARP Cross border Project Chinese newsletters were developed and distributed to 61 related units including UNAIDS China office, Australian Embassy in Beijing, Guangxi Centre for Disease Control, YNAB, Yunnan Centre for STD/HIV Control Centre, Yunnan Provincial STD/HIV Prevention & Control Association, all related NGOs in Yunnan, 10 prefectures AIDS office in Yunnan, 31 Yundi teams and 3 major medias, which reflected progress of HAARP supported activities, successful story, as well as experience to share with others.
- One DVD was developed to reflect Yundi-led heroin overdose rescue and one year transition project activities and progress. The DVD were also uploaded on the websites for wider dissemination (<http://www.tudou.com/programs/view/aH5dHD9iavM/>), which helped to get consolidated support from New Zealand Ambassador Foundation and Open Society Foundation from USA.
- With the support of Kunming Medical University team, Yundi has published 24 papers/articles in Chinese national academic journals in 9 months, which presented the HAARP cross border project activities, HIV epidemic situation, service provision and outcomes among Myanmar IDUs, and Vietnam Female Sex Worker (FSW) HIV in the cross border areas.
- Yundi website kept updating HAARP progress and results regularly ([www.ynaidsxm.com](http://www.ynaidsxm.com)), which has been effectively disseminating the results and achievements of HAARP project widely.
- In October 2013, four team members of Yundi network were invited by China STI/HIV Prevention & Control Association, and presented/shared HAARP experience in care and support to homeless IDUs, overdose Naloxone rescue and CBO network

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capacity building with 31 IDU CBOs from 5 provinces in China.

- The results of HAARP cross border transition project, the findings of surveys among KAPs in different areas, and good practices in field were presented to various stakeholders including Yunnan HIV/AIDS Prevention and Control Bureau, Yunnan Centre of Disease Control, Yunnan Institute for Drug Abuse, Yunnan Police Academy, Social Science Academy of Yunnan Province, Yunnan Provincial Health Research Centre, FHI 360, Oxford Hong Kong, and Yunnan STI/HIV Prevention & Control Association in April and May 2014.
- "The study of correlation between condom use in commercial sexual behavior and social-environmental factors among Vietnamese cross-border FSWs" has been selected for presentation as a poster exhibition at the 20th International AIDS Conference (AIDS 2014), held in Melbourne, Australia. "ATS abuse using among cross border Myanmar commercial sex workers" has been selected for post presentation in the Women's and Children's section. at "College on Problems. of Drug Dependency" meeting in Puerto Rico on June 13th <http://www.cpdd.vcu.edu/index.html> (cooperated with Georgetown University USA)

### 3. Budget implementation

The total budget from the Government of Australia for the Cross-border transition project was 123,047 Australian Dollars. Budget implementation rate reached 100% by 31 May 2014. For more detail, please refer to annex 1: project expenditure summary.

### 4. Achievements

4.1 Impressive coverage of services has been achieved among IDUs in project areas with the counterpart fund and clean needles/syringes provided by YNAB, full implementation support by health departments in border counties, financial support from Chinese central government for homeless IDUs service along border and Open Society Foundation for heroin overdose IDUs field rescue. All facilitated the target accomplishment rates for outreach, referral, and aid to homeless IDUs over 100% in less than one-year overall project period, on the condition of limited resources.

**Table: Target achievement by 31st May 2014**

Services	Targets of the year	Achievement by 31 <sup>st</sup> May 2014	Achievement rate
Provide comprehensive services	800	1346	168.3%



(outreach, peer education, HIV test etc.) to IDUs in China-Myanmar cross border areas			
Self-reliance services for Myanmar IDUs in border areas	100	246	246%
Provide Naloxone to 100 border Chinese and Myanmar IDUs	100	26	26%
Referring for IDUs to MMT, ARV, STD treatment services	200	237	118.5%

4.2 Cooperation and coordination mechanism has been maintained and strengthened between the bordering countries especially at county level. As the results, MMT and ART services are now becoming available for Burmese in China side gradually. Local authorities in Myanmar side supported Yundi to set up drop-in-centers to provide services for KAPs in need in Burma side with the funding support from China side. Together with intensified training and capacity building, opportunity and space has been maintained for more broad and comprehensive HIV/AIDS response cooperation in cross border areas between countries in long run.

4.3 For future Program, operationally, CBO can play a major role in reaching hard-to-reach KAP, delivering services and referring KAP to key interventions (such as HTC/MMT/ART) in cross-border areas in particular in political sensitive areas, as demonstrated the Government of Australia funded cross-border CBO transition project, are highly recognized by Yunnan Provincial AIDS Bureau and local government. Local governments have allocated funding to the CBOs to support their daily operation and intervention activities, though insufficient.

4.4 Advocacy activities in a short time period were arranged; regular newsletters, website advocacy, dissemination meeting at provincial experts, provincial key holders, international conference to DVD and published academy articles. The results could also be further shared with regional HAARP countries.

4.5 Intervention packages for CBO-led interventions among IDUs, SW, PLHIV and other KAPs in cross-borders areas and M&E requirement, building on experience and lessons learned in HARRP project and the transition project, have been developed, which could be used/adapted in both China and other countries to guide standardized implementation of interventions among KAPs in border areas to achieve better results and outcomes.

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## **5. Challenges**

5.1 Lack of long-term, systematic and sustainable plan and funding mechanism in interventions among KAPs in cross-border areas in the future is a challenge, especially for services delivered by CBOs. Without sustainable funding, the established CBO capacity, collaborating mechanism and relationship, some of most significant achievements made by the Government of Australia-funded transition project, will be discontinued. Of course, adhered to the report submitted in February, 2014, Yundi funding mobilization plans has made substantial progress as New Zealand Embassy Fund, Ministry of Civil Affair China supported funding of 100,000 AUD to Yundi to support service delivery in cross border areas after the end of HAARP transition project, the main focuses are aid to most vulnerable people such as homeless IDUs, refugees along China-Myanmar border. In July, UNAIDS China office and Open Society Foundation also provided substantial support to cover cross border Vietnam commercial sex workers and Myanmar IDU's heroin overdose rescue, which keep expanding the results of Government of Australia-funded transition project in long run.

5.2 Lack of high level government engagement at both China and other country side, lack of cross-border cooperation mechanism for the whole border areas of related countries, limited information sharing and lack of joint planning, or implementation on both sides of borders, resulted in: (1) HIV/AIDS interventions in these areas are not implemented in a systematic, coherent and efficient way, and (2) Limited access to NSP, MMT and ART services for Burmese in both side. Obstacles to cross-border collaboration observed include; (i) Lack of influence and of commitment of the central government for the health and development of ethnic minorities in the border areas, in particular in Myanmar, is a long-standing issue embedded in a complex political and historical context; (ii) Lack of clear directives from Chinese and Myanmar MoH (to provincial authorities and practitioners) of policy position, planning and resource allocation regarding cross-border cooperation with neighboring countries; and (iii) Lack of regional and/or inter-country cooperation framework/ mechanisms. Political tensions in the Myanmar border between ethnic group militias and the central government of Myanmar complicate the situation. All of these issues, obstacles and challenges need to be addressed at higher level taking consideration of local situation.

## **6. Recommendations and follow-up actions by UNAIDS China Office**

6.1 Continue support to Yundi, as part support to CBO efforts in China, to develop and implement strategic plan for next 3 years outlining the objectives, comprehensive work

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plans and potential funding sources, based on which, funding mobilization plan could be developed to seek funding from various sources, including the Chinese government, UN, bilateral donors and INGO.

6.2 Facilitate national-level discussion on joint HIV response in cross-border areas with Chinese government (NCAIDS, Yunnan Provincial Health Bureau and etc), concerned countries (Myanmar, Vietnam, Laos), international organizations including UNAIDS and NGO/CBO through dissemination workshop on the cross-border transition project.

6.3 Some kind of final dissemination meeting is suggested to further disseminate the result supported by the Government of Australia at China national level.

### **Acknowledgement**

The cross-border project, mainly funded by the Government of Australia, is a joint effort of provincial and local government in Yunnan province, communities affected by HIV, the Government of Australia and UNAIDS.

UNAIDS would like to thank all related partners and individuals who have contributed to the project.

Annex:

1. Project expenditure Summary (15/8/2013-31/12/2013)
2. Intervention Packages For Community-based organizations - led Interventions among Key Affected Populations in Cross-border Areas

**Annex 1: Project expenditure Summary (15/8/2013-31/12/2013)**

Activity No.	Activity Description	Budget(AUD)	Expenditure(AUD)
<b>Objective 1: To maintain regional cooperation mechanism</b>			
1.1	HCCF meeting in 2013	0.00	0.00
1.2	Exchange cross border counties meeting(two times per year )	0.00	0.00
1.3	Cross border jointed training	3174	3205
1.4	Cross border jointed M/E	3174	2595
	<b>Sub-total</b>	<b>6348</b>	<b>5800</b>
<b>Objective 2: Response to HIV among IDU at both sides of border countries</b>			
	Refine intervention packages and quality standards for cross-border IDU interventions	1900	5000
	Build capacity for Yundi and other CBOs in implementing quality-assured cross-border interventions	2300	1750
	Develop operational M&E manual on cross-border interventions provided by CBO	2500	5000
	Build capacity for Yundi to conduct high quality M&E activities	2300	
	Field visits (On-site supervision and technical support, meetings and workshops etc)	6000	3250
2.1	Four sites: Distribution Clean needle, swab, sterilized water, related IEC and condom	0.00	0.00
2.2	Drop in Centre (DIC) and Out Reach Worker's (ORW) salary for one year	15238	15881
2.3	cross border referral 200 for MMT, ARV, STD treatment	4452	4128
2.4	Provide Naloxone to 100 border Chinese and Myanmar IDUs	9524	9063
2.5	China-Myanmar 400 IDU harm reduction comprehensive service result evaluation	4762	4530
2.6	Document Yundi IDU peer overdose rescue result and one year cross border good story in DVD	6349	6316

2.7	China-Myanmar 800 cross border IDUs service (ORW Service, Peer education, HIV test etc)	14285	14869
2.8	Technical support of IDUs drop in centre in Myanmar, self reliance for 100 cross border Myanmar IDUs on China side etc	11111	11950
	Sub-total	80721	81737
Objective3: Support community level NGO for innovative cross border programs and promote regional influence			
3.1	Kunming Yundi staff salary	21428	21515
3.2	Yundi website (one time activity)	0.00	0.00
3.3	Stationary and office operation cost	6500	5945
	Sub-total	27928	27460
	UNAIDS administrative cost 7%	8050	8050
	Total	123047	123047