



APPLICATION

DEVELOPMENT COOPERATION

Date August 2007	Project number (SMC notes) 08:005
Country of the intervention People's Republic of China	

Heading for the proposed intervention, Site/Area:

HIV/AIDS care and prevention project and capacity building for the implementing organization; The Zhoukou Christian Council Project Office in Zhoukou, Henan Province, People's Republic of China

Short description of the proposed intervention:

Training courses on HIV/AIDS home-based care for caretakers in households stricken by HIV/AIDS, in 34 HIV-villages in Zhoukou and the organizing of small community groups among these households. Courses on capacity building for Zhoukou Christian Council Project Office staff who are participating in the implementation of church-run social projects.

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1) Total Cost (excl. adm.*)

333,999 SEK

2) Other contributions

3) Sw. Org. own contribution

33,400 SEK

4) Sida-grant applied for

300,599 SEK

Summarised budget

**Local
currency**

SEK

Remarks:

**Exchange rate:
0.9 SEK = 1 RMB**

Training courses for 1,000 caretakers in HIV/AIDS-stricken households, in 34 HIV-villages and the organizing of community groups

Teaching materials (written material)

20,000

18,000

20 RMB/person x 1,000 households

Training material (thermometer, blood pressure meter, stethoscope etc), one set for each community group also to be used after the course

16,000

14,400

80 RMB/set x 200 community groups

Condoms (used as training material and distributed to the families)

45,000

40,500

15 RMB/set x 3 sets x 1,000 household

Health files for the HIV/AIDS-stricken families

2,000

1,800

2 RMB/copy x 1,000 families

Expert's subsidy (including food, lodging, etc)

3,000

2,700

1,000 RMB/day x 1 person x 3 days

Travelling expenses for the expert	2,000	1,800	2,000 RMB x 1 person
Subsidy for the staff	34,000	30,600	50 RMB/person/day x 4 persons x 5 days x 34 villages
Travelling expenses for the staff	34,000	30,600	200 RMB/day x 5 days x 34 villages
2 workshops with 50 representatives from the participating households each time	20,000	18,000	10,000 RMB/time x 2 times
In total:	176,000	158,400	In two years
Capacity Building Courses for Zhoukou Christian Council Project Office			
Training courses at the <i>China NPO Network</i> for six of the Project Office staff members	12,750	11,475	For more details see 6. <i>Strategies and Activities</i>
2 two-days' workshops together with project staff from other church-run projects in Henan; about 30 participants each time	60,000	54,000	30,000 RMB/workshop including travels, accommodation, food, material etc One during the first year and one during the second year of the project
Equipment for the Project Office	18,560	16,704	1 projector 8,500 RMB, 1 laptop computer 6,800 RMB, 1 digital camera 2,860 RMB, 2 campaign banners 200 RMB/each
In total:	91,310	82,179	

Travelling costs for Amity staff (monitoring the project three times a year) and other Amity administrative costs including communication etc.	33,800	30,420	
Local coordination and communication including telephone bills and other costs for Zhoukou Christian Council Project Office when coordinating the project work with local churches, external specialists, government etc.	20,000	18,000	CNY 10,000 x 2 years
Audit fees and bank charges	10,000	9,000	
Independent evaluation	40,000	36,000	Second year
1) Total Cost (excl. adm.*)	371,110	333,999	Exchange rate: 0.9 SEK =1 RMB
2) Deduct: other contributions (not Sw. org.)			E.g. Local contribution
Total cost (excl. adm.* & other contributions)			
3) Sw. org. own contribution (min 10% of the above)		33,400	Funds from org. in Sweden
4) Sida-grant applied for		300,599	
Payment plan for Sida Grant (excl. adm.*)	Year 1	Year 2	Year
	147 294	153 305	

Section A - Context

1. Partners

Evangelical East Asia Mission

Evangelical East Asia Mission (Evangeliska Östasienmissionen) is an ecumenical organisation founded in 1982, when the *Swedish Mission in China and Japan* (founded in 1887) and the *Swedish Mongolia and Japan Mission* (founded in 1897) merged. The organisation is financed by donations from churches and individuals as well as funding from Sida and other organisations. The annual budget for 2006 was 2,2 million SEK. The organisation does not have any fixed membership, but the quarterly magazine is distributed to 1,100 households.

Evangelical East Asia Mission works in China, Mongolia and Japan. The organisation was particularly active in China from 1887 to 1951. After the Chinese communist takeover it became impossible to continue the work there. However, contacts with many of the Chinese partners were re-established when China opened up again in the 1980s. The Sida-financed projects are focusing on the poorest provinces of China.

Evangelical East Asia Mission has cooperated with Amity Foundation in the past, sending English teachers to China. The most recent cooperation is the Sida-financed Shangqiu HIV/AIDS prevention project which started in February 2006 (Project Number: 2006:017) and the Yunnan HIV/AIDS prevention project which started in 2007 (Project Number: 2007:029). Both of these projects are three-year projects.

Amity Foundation

Amity Foundation is a Chinese non-governmental organisation, founded in 1985. It is not a Christian organisation but it was created on the initiative of Chinese Christians. Amity Foundation wants to contribute to the development of Chinese society but also make the presence of the Christian church better known.

The main goals of the organisation are formulated as follows:

- To contribute to China's social development and openness to the outside world
- To make Christian involvement and participation in meeting the needs of society more widely known to the Chinese people
- To serve as a channel for people-to-people contact and the ecumenical sharing of resources

Since their founding, Amity Foundation has conducted numerous projects, including educational and health-care projects, all over China. The words “Love in Action” is a motto guiding their work.

Amity Foundation was quick in their response to the problem of HIV/AIDS in China. The first HIV/AIDS project by Amity started in 1996. Today Amity has HIV/AIDS projects in 11 provinces all over the country. For more details about these projects see *Lessons learnt from previous projects* under 2. Background and analysis.

Zhoukou Christian Council

The local partner for Evangelical East Asia Mission and Amity Foundation in this project will be the Zhoukou Christian Council (ZCC), with its chairman Pastor Ma Xin. The ZCC has cooperated with Amity Foundation for many years. Last year, six training sessions were conducted, in an Amity project supported by the Church of Sweden. 700 church leaders were trained in HIV prevention.

To facilitate their social work, the Zhoukou Christian Council has established an Amity Project Office in Zhoukou where nine staff members work with the church-run social projects. Having conducted prior HIV/AIDS projects, including the training-of-trainers among church leaders for the last couple of years, the leaders at the Zhoukou Christian Council are well familiar with the epidemic situation in the area. They have accumulated much experience when it comes to working with prevention, testing and medical and psychological care. According to Amity, the project staff has good experience from running projects. In the second phase of the t-o-t projects, many of the local churches have also organized HIV/AIDS information campaigns. Church members who took part in the previous projects will be participating actively in this new project. The previous projects are providing a good foundation for this intervention.

There is a Christian hospital: the Zhoukou Gospel Hospital in connection to the church in Zhoukou. The hospital is a general hospital with 36 doctors and nurses, 20 inpatient beds and an average of 150 patients/day for the out-clinic. Pastor Ma is the hospital chief. The Zhoukou Gospel Hospital with its resources will play an important part in the project.

The planning process that led to this proposal

In the beginning of 2005 Evangelical East Asia Mission contacted Amity Foundation to learn more about their work. Amity’s main office in Nanjing as well as one of Amity’s project sites; Zhoukou, was visited in April 2005. An application for a similar project in the neighbouring county of Shangqiu was made and this was approved by the Swedish Mission Council in November 2005. The project started in the beginning of 2006. The planning for another HIV/AIDS project in cooperation with Amity started in the beginning of 2006. It was approved by the Swedish Mission Council in November 2006 and started in the beginning of 2007.

In December 2006, Ing-Marie Berglund, coordinator for PMU’s HIV/AIDS interventions worldwide, visited Shangqiu and held a seminar describing PMU’s work concerning HIV/AIDS. Among the participants were a group of project staff from Zhoukou who had been invited by Amity and Shangqiu. At this meeting, Evangelical East Asia Mission was approached by the Zhoukou church leaders who

wanted support for a continuance of their HIV/AIDS work in cooperation with Amity.

In January of 2007 Amity organized an HIV/AIDS workshop in Henan Province. Participants from Asia, Europe, and Africa were invited to the conference to share their experience in fighting HIV/AIDS. Many of Amity's local partners, including the Zhoukou Christian Council participated in the workshop. Especially the African project leaders had experience from home-base care projects and they gave many good insights and ideas. Amity Foundation has done much on HIV/AIDS prevention work but wants to extend their work to helping people living with HIV/AIDS. The workshop in January 2007 inspired Amity to develop these ideas.

A possible project in Zhoukou with a focus on this target group was discussed between Zhoukou and Amity and together they worked out a detailed project proposal which was sent to Evangelical East Asia Mission in April 2007. A preliminary application to SMC based on the Chinese application was written. This was then thoroughly revised after the visit to Zhoukou in May 2007 by EEAM and Helena Bådagård from the Swedish Mission Council. This application is the result of the rewrite of the preliminary application.

The original application included two more main activities – vocational training for young people from HIV/AIDS-villages and free gynaecological checkup's and information campaigns for women. Discussions about the effectiveness of these activities were held at site and after further discussions between SMC, Evangelical East Asia Mission, Amity and Zhoukou, these activities were cut out of the application.

Instead, this project will mainly focus on the training of caretakers in HIV/AIDS-stricken households. Training for caretakers is a new type of intervention for Amity. Therefore, it has been decided that it will be better to make it the central activity in a project rather than being a part of a more complex project. In this way it can be given more attention and Amity hopes to draw as much lessons from it as possible. If this form of activity is efficient it can be used as a model for future projects. Also, because the form is new, much emphasis is put on evaluation. Besides the three monitoring visits per year by Amity staff, an independent agency will be hired to perform an evaluation at the end of the project.

The cooperation

Evangelical East Asia Mission will cooperate with Amity Foundation and the Zhoukou Christian Council. The planning of the project has been made in cooperation with all three parties. Amity will be responsible for starting, administering and monitoring the project. The Zhoukou Christian Council will be responsible for providing the detailed plans of the practical issues of the activities according to this application. They will also be responsible for implementing the plans. The local churches in the area and the Zhoukou Gospel Hospital will participate in the project coordinated by the Zhoukou Christian Council.

The Zhoukou Christian Council will be required to document the training courses, according to strict guidelines from Amity (including taking photos of every training session, handing in name lists with names and contact information on every participant etc) according to a signed mutual agreement. They will also write progress reports to Amity Foundation. Amity will be responsible for providing the

funding from EEAM/SMC/Sida and for giving advice on the implementation of the project if needed. Amity staff will visit the project site at least three times a year to monitor the progress, evaluate and write progress reports. Evangelical East Asia Mission will review these reports and make suggestions for changes or improvements if they see fit.

Some of the material that will be used (booklets, posters, teaching materials etc) is designed and printed by Amity, especially for use in HIV/AIDS information campaigns, basic HIV prevention courses etc. The Zhoukou Christian Council will also be responsible for producing some of the information material to be used.

Evangelical East Asia Mission started an HIV/AIDS prevention project in Shangqiu, Henan in February, 2006, together with Amity Foundation. The project is running smoothly with a well functioning organisation. It has attracted the attention from other Christian Councils and local authorities as well as international organisations. The cooperation and communication between the three parties is working well. This project will have a similar cooperation structure.

2. Background and analysis

Background: HIV/AIDS in China, Henan Province and in the Zhoukou District

China occupies an area of 9,6 million square kilometres, roughly the size of Europe and 21 times larger than that of Sweden. The country has a population of about 1,3 billion; 144 times larger than that of Sweden. China is divided into 22 provinces, 5 autonomous regions and 4 central governed cities. The country has experienced a rapid economical growth and dramatic changes over the past 20 years. The living standard has improved for a large group of people. Despite this, the country only ranks at number 81 in the Human Development Report made by the United Nations (2006), surpassed by countries like Armenia (no. 80) and Kazakhstan (no. 79). As China's economy grows, the gap between the rich and the poor widens. Sweden is currently number five on the HDR-list which is topped by Norway.

HIV/AIDS is a growing problem world wide. According to the UNAIDS, approximately 40 million people are infected by the virus today. It has long been known that HIV/AIDS is spreading rapidly in the countries in sub-Sahara Africa. Now, experts are bringing our attention to Asia and to China. WHO estimates that there are over 6 million HIV-positive people in Southeast Asia and that 95% of them don't know that they are infected by the virus.

Officially it is stated that there are 650,000 people currently living with HIV/AIDS in China and that 75,000 of them have developed AIDS (2005). However, both Chinese and international experts believe these figures to be much higher. UNAIDS estimates that the number of HIV-infected people in China could surpass 10 million by 2010 if not drastic measures are taken.

The first official case of HIV in China was discovered in 1985. During the first few years it was believed that the disease only circulated among foreigners and Chinese people returning from abroad. In 1989, 146 drug addicts were tested HIV-positive in the Yunnan Province. The disease was soon to

be found in all provinces.

Henan Province, with an area of 167,000 km² and a population of over 97 million (2004), is one of the worst stricken provinces. From official sources, the number of HIV-positive people in Henan is 16,000. Some international reports however claim that the number could be as high as one million people living with AIDS in Henan only. A Chinese expert recently claimed that there could be as many as 1-2 million people with HIV in Henan. There is no accurate number at the moment.

Henan Province is divided into 89 districts, *shi*. Zhoukou Shi is one of these districts. Zhoukou is situated in the south-eastern part of Henan (bordering directly on Shangqiu). Zhoukou is divided into 8 counties, 1 city and 1 area. The size of Zhoukou is only about 12,000 km² but it has a population of over 10 million people. Zhoukou is a typical agricultural district where 80% of the population are farmers. The industry is poorly developed. Official statistics from 2005, showed that the average annual income for these farmers was only 1 962 RMB (about 1 800 SEK).

The first official case of HIV in Zhoukou was reported in 1995. Up until 2004 the number of reported cases was 2,730. Most of them had been infected through selling blood. In two years, from 2004 to 2006, the number of reported HIV cases in Zhoukou increased from 2,730 to over 5,000. The increase has been rapid. It should be noted that these numbers show the official reported cases only.

The number of HIV-infected people in Zhoukou may not seem that alarming when compared to the situation in sub-Sahara Africa. But it must be remembered that these numbers are from incomplete official statistics. In many villages, people, although apparently in grave risk of being infected after having sold blood in the 1990s, have not been tested. Also, Henan province is an extremely densely populated province and Zhoukou with 10 million people is only one of its 89 districts. Any increase in the prevalence of HIV/AIDS, even if it's only a small percentage of the population, will involve a large number of people when considering the Chinese population of over 1,3 billion people. It is therefore important to stop the spreading of HIV/AIDS in China before it grows to enormous proportions.

The largest group among AIDS cases in China today, is still former commercial blood and plasma donors - most of which were infected before 1996. Currently the main HIV transmission way is through intravenous drug abuse. However, reports show that the HIV/AIDS epidemic is spreading fast; from high-risk groups to the general population and that the spreading through sexual intercourse is increasing.

How HIV-infected people and people living with AIDS are looked upon in China varies in different provinces. In Yunnan for instance, where the first AIDS cases were reported, most of the infected people so far have been drug addicts and prostitutes. Therefore HIV and AIDS are linked to drug abuse and prostitution. The situation in Henan is different. Most HIV-positive people in Henan were infected through contaminated medical equipment when selling blood. It is therefore not the same stigma to be infected by HIV in Henan, although these people are still feared and in many cases shut out from social contacts by the local communities. But the fact that so many "ordinary" people in Henan have been infected makes it easier to talk about the disease here than in Yunnan.

Evangelical East Asia Mission's connection to Henan

Evangelical East Asia Mission has a long history of activities in Henan Province. One of EEAM's pioneer missionaries, Carl Blom, started a missionary station in the city of Luoyang, in Henan Province, in as early as 1897. Many of the following missionaries were active in the areas surrounding Luoyang; including Sanmenxia, Yiyang and Mianchi. Contacts between the Swedish organisation and churches in Henan have been resumed and intensified during the last ten years. There have been cooperations with Bible Schools, homes for disabled children etc. A three-year Sida-supported project concerning a rehabilitation centre for disabled people in Yiyang which started in 2005 ends this year. Evangelical East Asia Mission in cooperation with Amity Foundation are conducting one HIV/AIDS project in Henan, in Shangqiu close to Zhoukou (since 2006), and another HIV/AIDS project in Yunnan Province, (since 2007).

Problem analysis

In 2003 the Chinese central government started the national "four free and one care" policy in response to the HIV/AIDS problem. The "four free" means: free screening and testing, free anti-viral medicines, free education for orphans of AIDS-victims and free consultation, screening and treatment for pregnant women. The "one care" means that HIV/AIDS patients in poverty should receive economic relief from the government. However, the efficiency of how this policy is carried out varies in different parts of the country. In Zhoukou, the local government does provide the anti-viral medical treatment for AIDS-patients (registered patients only) and economic help to poor to some extent. The government has also managed to control the illegal blood selling and they have conducted public information campaigns on HIV prevention.

However, the measures taken by the government to prevent the spreading of HIV/AIDS and to care for those who have already been infected are not enough. Although the illegal blood selling has been stopped, the sexual transmission is increasing and HIV is now spreading from high-risk groups to the general population.

It is difficult to achieve behaviour changes and changes in attitudes. It is also difficult to measure whether such a change has taken place or not. The Chinese government is conducting information campaigns but they have a difficulty reaching people on a personal level. Here the Christian church has a great advantage. The church has the trust of the people and communicates directly with them. Church members can bring the information directly to people's homes and influence them by their own actions. The church has a rich human resource.

The main problem for the HIV-positive people and the people living with AIDS in the target area is how to survive and how to maintain a good quality of life. People living with AIDS need special care. But many of the AIDS patients in the rural areas of Zhoukou lack proper care. This makes their illness progress more rapid than it would otherwise. Opportunistic diseases are also developing faster since the patients are not receiving the proper care. However, this care does not only include medical care. Good hygiene, nutrition and psychological support would greatly improve the quality of life for these people. The patients also need better knowledge on how to take the medication they are prescribed. In

many cases patients have stopped taking their medicines because they have not understood the normal side effects and have thought that the medicine itself made them sick. Lack of knowledge also leads to the spreading of HIV within the family or, in the opposite scenario, that the patient is abandoned by his family and left on his own.

Lessons learnt from previous projects

Amity Foundation realised the threat of HIV/AIDS at an early stage, in the beginning of the 1990s. From the very beginning it was recognised that prevention is a key word in the battle against HIV/AIDS. A large-scale, three-year project in Yunnan was started in 1996. It included information campaigns with pamphlets, posters and books as well as information via radio programs, TV programs, films and videos. Special campaigns with slogans painted on walls and theatre groups and pop band performances were also organised.

From their previous HIV/AIDS projects Amity Foundation has drawn the following conclusions and set up guidelines for their future HIV/AIDS prevention work.

”The prevention of AIDS is a huge social undertaking. It needs participation and concerted efforts at different levels of society. Amity will take the following priority actions to try to halt the spread of HIV/AIDS:

- a) Amity will direct its efforts at preventive work by launching massive AIDS awareness education campaigns at the grassroots, especially in the broad rural areas
- b) Amity will work with families, communities and authorities to break the silence and fight against the stigmatization and discrimination of HIV-positive persons and their families
- c) Amity will support initiatives from local churches to start “Training of Trainers” programs to promote HIV/AIDS awareness education among both Christians and non-Christians
- d) Amity will gear more resources towards the needs of HIV-patients and provide care for them if necessary. Special emphasis will be given to the support of AIDS-orphaned children”

Today Amity conducts HIV/AIDS projects in 11 provinces/self-governing cities all over China. HIV prevention is one of the main areas for Amity’s medical work. Since the first HIV/AIDS project, over 2000 training sessions have been held in different forums. The projects in Yunnan, Henan and Hunan have been running the longest and have been the most widely-spread ones.

From 2007, Amity wishes to strengthen their commitment in the community based care for HIV-infected and people living with AIDS. Through projects which engage the joint efforts of the families, the communities and the churches Amity want to help improving the lives of the HIV-infected and PLWA.

Amity Foundation’s HIV/AIDS projects are unique because they have a close cooperation with Christian churches. As knowledge on HIV/AIDS is spread to a large number of people through their projects it becomes obvious to the local government and to people in general that the church is making

an important contribution to the community. The church members are making an example of good citizenship as they help and care for people living with AIDS – a group of people who are now being heavily discriminated against, mostly because of fear due to the lack of knowledge.

Section B – Purpose of the intervention

3. Development Objectives

1. Good living conditions and high quality of life for HIV-infected people and people living with AIDS as well as the rest of the people living in the villages in the target area
2. Reduced spreading of HIV and less fear, stigma and discrimination against HIV-infected people and people living with AIDS
3. A strengthened communication and understanding with networking and cooperation between individuals and households in the community
4. An improved access to good medical care for all people living in the villages in the target area
5. A Christian church with a strong role in Chinese civil society and with an active participation in social work, trusted by the Chinese government as well as by the general population

This intervention will provide training courses for the caretakers in HIV/AIDS-stricken households. This will make them better equipped to care for their family members in a good way, which will raise the quality of life for the sick. The knowledge will also give the caretakers tools for protecting themselves and their family members from contracting the virus, and help preventing the spreading of HIV outside the family. When people know how HIV is transmitted and how it is not transmitted this will make it easier for them to deal with the every day life contacts with other HIV-infected people and PLWA. Better knowledge on HIV/AIDS will help reduce the fear and stigma of HIV/AIDS. The community groups will not only involve the families of HIV/AIDS patients. Church members will also be active in supporting the groups. The community groups will encourage communication and networking between individuals and households.

The medical staff at the Zhoukou Gospel Hospital will receive training from independent experts. This will raise their competence. If the village clinic staff participates in the courses it will also raise the capacity of the village clinics, which will benefit the whole villages.

The problem of HIV/AIDS in Henan is immediate. The Church has an important role to play. A well performed project will make the church gain further trust of not only the people but also of the local authorities. It will strengthen the church's role in Chinese civil society.

4. Immediate Objective

1. Make the caretakers in HIV/AIDS-stricken households better equipped to care for the HIV-infected and the people living with AIDS, by conducting training courses on home-based care
2. Strengthen the networking and cooperation between HIV/AIDS-stricken households, by organizing small community groups where they can help each other

3. Strengthen the church's capacity and involvement in social work. by providing training courses on capacity building for the Zhoukou Christian Council Project Office staff, organizing workshops, purchasing equipment for the Project Office, and by mobilizing the church members to active participation in the implementation of the project

Indicators for the immediate objectives

(see also *Ways of monitoring the activities* under 6. *Strategies and activities*)

1. For the training courses for caretakers in HIV/AIDS-stricken households

- A. Results from tests done at the beginning and in the end of each training course for comparison between level of knowledge before and after the course to show that the participants are better equipped to care for the sick after the completed course
- B. A short essay (1-2 pages) from one or two participants at the end of each training course, describing their expectations on the course, the realisations of these expectations and what impact this new information will have on their everyday life.

2. For the organizing of small community groups and networking between members of HIV/AIDS-stricken households

- A. A short essay (1-2 pages) from 30 of the participants (15 per year, representing 15% of the 200 community groups in total), 6 months after the organizing of the community groups, describing their situation, what impact the community group has had on their personal life, what difficulties the group has encountered and how they hope to solve these problems, if the group needs any further support etc
- B. A follow-up at the end of each year, to see how many of the community groups are still active and how they are working

3. For strengthening the church's capacity and involvement in social work

- A. A report from the participants in the *China NPO Network* courses on how the new knowledge can be incorporated in the future work at the Project Office
- B. A yearly report from the Zhoukou Christian Council including the following content:
 - a. Has any new contacts been established through this project – with the government, important key persons, other organisations etc.
 - b. Have there been any formal statements, suggestions or opinions from the local government concerning this project or any other social work done by the church?
 - c. Have there been any positive reports in media (TV, newspapers etc) concerning this project? Or has any other organizations visited the project?
- C. A yearly report from the local churches describing how active the church members have been in the implementation of the project
- D. A report from each of the two workshops describing the content of the workshops and what has been learnt from them

5. Target Group

Direct target groups

1. 1,000 caretakers from HIV/AIDS-stricken households in 34 HIV-villages in Zhoukou, who will participate in the training courses on home-based care and who will participate in the forming of small community groups
2. Members of the Zhoukou Christian Council Project Office staff who will receive training in Beijing on capacity building arranged by the *China NPO Network*

Indirect target groups

1. The HIV-infected people or people living with AIDS who will receive a better medical and psychological care after their caretakers have participated in the courses on home-based care
2. The extended family (mainly the children, siblings and elderly parents) of these caretakers who will be better protected against contracting HIV and who will also gain a better knowledge on HIV/AIDS and on home-based care
3. The medical staff at Zhoukou Gospel Hospital who will gain better knowledge from the experts invited to teach in the courses
4. Medical staff at the small village clinics where the training courses will be held
5. The general population in the Zhoukou area who will gain from better qualified medical staff at the Zhoukou Gospel Hospital and the village clinics, and who will gain from more people having knowledge in basic HIV/AIDS prevention and care as well as hygiene and other general health issues

In most HIV/AIDS-stricken household in Zhoukou it is the husband who was infected first and the caretaker is generally a woman. However, the training for caretakers does not exclude men. In some families the woman has been infected while the husband is HIV-negative. In such cases the man is more than welcome to participate in the courses. Also, the word “caretaker” means that it does not have to be a family member. The caretaker of an AIDS-patient can be a relative, a neighbour, a co-worker or close friend or a church members who sees it as his/her responsibility as a Christian to help his/her fellow person.

Apart from the above activities, the project will involve many local church members in the base line survey and in the practical planning of the activities. Women constitute more than 60% of the active church members in many congregations.

Section C – Implementation

6. Strategy and activities

The intervention will include four main activities:

1. Training courses for caretakers in HIV/AIDS-stricken households
2. The organizing of small community groups where the HIV/AIDS-stricken households can help each other
3. Two workshops for representatives of the target households
4. Capacity building for the Zhoukou Christian Council Project Office, including two workshops

There are 34 villages in Zhoukou where there are 20 or more HIV-positive people or people living with AIDS. The Zhoukou Christian Council has already conducted training-of-trainers for church leaders in many villages in the Zhoukou area in previous projects. Before this intervention starts, the leaders of the local village churches will make a base line survey, report back to the Zhoukou Project Office and recommend 1,000 HIV-households for the caretakers' training courses. The study will take the following criteria into account: family members, economical income situation, educational level, etc. Each of the chosen households should be represented by one person. It can be a woman, or a man. It does not have to be the husband or wife but can also be a relative, a neighbour, a close friend, co-worker or a volunteer from the local church who sees it as his/her responsibility to help this family.

The local church members will help with preparing for the implementation of the training courses and the rest of the project activities. They will also be encouraged to visit the families in the project during the project and after the project has ended and to join and encourage the continuation of the community groups.

1. Training courses for the caretakers in HIV/AIDS-stricken households

The Zhoukou Gospel Hospital will provide the medical staff, medical equipment, material and cars for the training courses which will take place at local village clinics, in the local churches and/or in the homes. Experts from other hospitals as well as from the AIDS Prevention Office will be invited to teach the courses. The training for the caretakers will include the following content:

- × General knowledge on HIV/AIDS
- × General hygiene and nutrition
- × Practical home-based care (feeding, clothing, washing etc)
- × How to use a condom correctly
- × Common symptoms and illnesses from HIV/AIDS and how to address these properly
- × How the prescribed drugs should be administered (including side effects etc)

Each family will receive three sets of condoms (36 pieces in total). The training will include careful instructions on how to use them correctly.

The Zhoukou Gospel Hospital will draw up the detailed plan and set up a schedule for the training courses. The medical staff will spend five days in each village.

2. The organization of small community groups for the HIV/AIDS-stricken households

Small community groups with about five households in each group will be organized during the courses described above. The intention of the community groups is that the households should help each other after the project activities have ended. A telephone hotline to the Amity Project Office in Zhoukou will be set up, so that these groups have someone to contact if they run into problems they can not solve on their own after the project has ended.

Some basic medical equipment such as thermometers, equipment for measuring blood pressure

including stethoscopes etc, will be purchased and one set of equipment will be distributed to each community group. The equipment will be kept by the principal of the group and can be used by all the group members. The equipment should be used only to assess the medical status of the patient. For example, a dangerously high fever indicating an infection or elevated blood pressure can be discovered at an early stage and the patient can be taken to hospital in time. The caretakers are not meant to function as doctors or nurses, to conduct any diagnoses or prescribe any treatment.

During the home-based care training and according to what information was found at the base line survey, a health file with the basic information of the medical condition of the family members in the target households will be set up for. The files will be kept by the community groups, which will be required to update the files with new information according to the health condition of its members. A copy of the file will be kept at the Zhoukou Gospel Hospital so follow-ups can be made by the medical staff at the hospital.

3. Workshops for representatives of the target households

This project is different from other HIV/AIDS projects run by Amity. In order to get a good understanding of the impact and to monitor whether the caretakers have mastered the basic knowledge and techniques of home-based care, two workshops will be held. One will be organized at the middle of the project, and the second one at the end of the project. For each workshop 50 representatives of the target households will be invited to participate. The participants can include both caretakers and HIV-infected people. At the workshop, they will be encouraged to share their experiences and the problems they have been facing. Experts participating in the workshop will try to help the participants come up with solutions to their problems.

Through these two workshops, we will have a better understanding of how the project is proceeding, what problems the project staff and the participants have encountered and what the basic needs of the local people are. The implementation of the project can then be modified accordingly.

4. Capacity Building

At the meeting with Zhoukou Christian Council Project Office members, the Amity Foundation staff and representatives from EEAM and SMC in May 2007, the question of capacity building was raised. The ZCC would like to develop their organisational skills in planning, implementing and evaluating their social projects etc. Amity Foundation recommends a Chinese organization: *China NPO Network* (NPO = non-profit organisations) which describes its mission as follows: *to build up a public information platform for Chinese NPOs; to serve the capacity building of Chinese NPOs; to promote accountability of Chinese NPOs.*

Six members of the Zhoukou Christian Council Project Office will attend different courses held by the *China NPO Network* in Beijing. The content of these courses will include leadership, capacity building and building up trust of NPOs, development and management of volunteer activities, public management, effective empowerment and mobilization of staff, management of participatory development projects etc. The budget for these courses (including tuition fee, travels, accommodation

and food etc) will be 12 750 RMB (11 475 SEK). The length of four of the courses are four days, the other two are two days' courses.

In addition to the training courses, two workshops will be held during the course of this project. For each workshop about 30 people, project staff from other Church-run HIV/AIDS-project in Henan, including EEAM's running projects, will be invited to attend. At these workshops the different approaches to the HIV/AIDS problem, the project activities and their effectiveness and challenges will be discussed. One workshop will be held during the first year and one at the end of the project. The time frame for each of these workshops will be two days and the budget will be 30 000 RMB (27 000 SEK) for each.

In order to carry out the project efficiently this application includes some equipment; one projector which can be used in training courses as well in other activities conducted by the Project Office in the future, one lap-top computer which will be used for writing plans, progress report, sending e-mails etc. The Zhoukou Christian Council office currently has one stationary computer. However, this is used by all the staff of the church and of the seminar and it is often occupied. Furthermore, the Project Office would need a digital camera for documenting the activities etc. The one digital camera that is currently used belongs to the seminar and is borrowed when needed. It would be of much convenience to have a digital camera for the use of the Project Office only. Two campaign banners for promoting the project will be made.

Ways of monitoring the activities

(see also *Indicators* under *4. Immediate Objective*)

- 1. For the training courses for the caretakers from HIV/AIDS-stricken households**
 - A. A description of the content of the training courses
 - B. Name lists of the caretakers who have attended the courses and of the teachers
 - C. Photographs from each training session

- 2. For the organizing of small community groups**
 - A. Lists of groups and participants showing that such groups have been created
 - B. The health file of each target household

- 3. For the two workshops for representatives of the target households**
 - A. Name lists of the participants of the workshops
 - B. A report on the content of the workshops and what conclusions have been made

- 4. For the capacity building for the Zhoukou Christian Council Project Office**
 - A. A description of the content of the training courses
 - B. Name list of the project staff attending the courses
 - C. Report on how the purchased equipment is used in the project (and if used in any other activities, or planned to be used in future projects)
 - D. Reports from the two workshops with name list of participants etc

7. Risk analysis and side effects

The project should not induce any negative side effects if carried out according to the plan.

A precondition to the project is: caretakers from HIV-stricken households who want to participate actively in the courses and who want to be involved in the forming of community groups. In Zhoukou, many people with HIV-positive family members or family members with developed AIDS are in desperate need of help. The Zhoukou Christian Council has provided some help for HIV-stricken households already. It has been greatly appreciated. Therefore the risk of not finding caretakers who are willing to participate in the courses appears slim.

There is a risk that it will be difficult to start the community groups. And even if they start, there is a risk that they will not continue after the project ends. The teachers at the courses as well as the local church members and volunteers should be made aware of this and do their best to help these families. The Zhoukou Gospel Hospital should also be prepared to help the groups with counselling through the telephone hotline that is to be established.

No specific environment analysis has been made for the project. But the teaching courses will not have any negative impact on the environment of the area.

8. Conflict Impact Assessment

To carry out projects in China smoothly they must be done with the knowledge and support of the Chinese authorities. The local partner in this project will be the Zhoukou Christian Council. It has full support of the authorities. Amity Foundation is also a well known organisation that has been working in the area before. There should not be any conflict problems.

9. Organisational Issues

For the specific roles of the partner organisations: please see *1. Partners, The cooperation*.

As seen in other projects in for instance Shangqiu as well as earlier projects in Zhoukou, the Amity HIV/AIDS projects have strengthened the Christian churches in their contacts with the local governmental as well as with the general population. There is an obvious need for dealing with the HIV/AIDS problem and these projects have made the Christian churches presence in society better known. They have given Amity Foundation and the Christian churches a good reputation as caring and unselfish institutions, devoted to helping others.

Amity Foundation has conducted courses on project management in Nanjing where church leaders have been invited. The chairman of the Zhoukou Christian Council has participated in such a course. Through this, the Zhoukou Christian Council has become better equipped for running large-scale project such as this one. However, the staff at the Project Office feels the need for developing their

organisational skills further and capacity building of the Zhoukou Christian Council is one main focus of this project.

The Shangqiu project which has been successful so far is only a two hours' drive from Zhoukou. The two churches have much contact with each other. Experiences from Shangqiu can be used in Zhoukou. This will help the further development of the Zhoukou Christian Council organisation and all the local participants. Experience from this project can also help the Shangqiu Christian Council in their future work.

10. Resources and specific budget

Specific budget see comments in the Budget summary, page1-2

Accessible resources

- × Well established contacts between the leaders of the Zhoukou Christian Council and Amity Foundation and smooth cooperation on previous projects
- × Experience from previous HIV/AIDS projects and a strong commitment in the local churches
- × Experience of cooperation between Evangelical East Asia Mission and Amity Foundation on similar projects in the Shangqiu project and the Yunnan project
- × Church leaders in the Zhoukou area, who have already participated in the HIV/AIDS trainer-of-trainers projects and church members who have participated in stage-two courses – in total 4 730 people who have already received training on HIV/AIDS
- × A Christian hospital, the Zhoukou Gospel Hospital (privately owned but run in the name of the Christian church). The hospital will provide medical staff for the project, medical equipment as well as cars and other material
- × Small local clinics in some of the villages and church buildings, where the training courses for caretakers from HIV-stricken households can take place
- × Information material on HIV/AIDS especially designed by Amity Foundation

Needed resources

- × Active participation by caretakers from HIV-stricken households in the training course for home-based care
- × Active participation in forming community groups by members from HIV-stricken households
- × Medical experts who will be invited to train the local medical staff as well as the caretakers from HIV-stricken household on specific topics like nutrition, hygiene and symptoms and treatment of HIV/AIDS etc
- × Teaching material on home-based care
- × That the medical staff in the village clinics will facilitate the implementation of the project
- × Church members who want to participate in the project on a volunteer basis

Section D – Sustainability and Evaluation

11. Sustainability

The caretakers who attend the 5 day-courses on home-based care will be better equipped to take care of the HIV-infected person or person living with AIDS in their households after the courses, and they will know better how to take care of themselves and how to prevent the spreading of HIV/AIDS. This does not stop after the project is finished. The knowledge gained in this project will benefit these families for the coming years. Hopefully, the knowledge will be passed on to other people; foremost the rest of the family members, especially the children but also to friends, co-workers, neighbours etc.

The community groups for HIV-stricken households organized within this project are meant to continue after the project ends. Whether this will happen or not depends on what value these groups have for the participants. Active local church members can help support these groups to keep up the activities. A hotline for inquiries will be set up so that the groups can contact the Gospel Hospital if they have any questions, for instance on the medical or psychological care of the HIV-infected or person living with AIDS.

This intervention will strengthen the capacity of the Zhoukou Gospel Hospital. The medical staff will gain knowledge from the experts invited to teach in the courses. This knowledge can be used in their future daily work. The medical staff at the local village clinics (where there is one) will be invited to participate in the training courses for the caretakers from HIV-stricken households. In those villages where the clinic staff chose to participate, this will increase their knowledge on how to treat other patients who come to their clinics with similar symptoms in the future.

The capacity building courses for Zhoukou Christian Council Project Office staff will give the people working with social projects deepened knowledge on how to conduct these projects in a more professional and efficient way. It will strengthen their capacity for conducting future projects. The equipment applied for in this application; the projector, the laptop computer and the digital camera, will be used in this particular project, but will also be of use in other future projects.

12. Learning and evaluation

Amity Foundation will be responsible for monitoring the project. Amity staff will visit the project site at least three times a year. Zhoukou Christian Council will be responsible to see all the measures listed under *Ways of monitoring the activities* are carried out. They are also responsible for documenting the results of the *Indicators* in this application. The documentation of the monitoring measures will guarantee that all the activities have been carried out according to the plan. The results of the indicators are more qualitative and will reflect on how the activities have contributed to obtaining the immediate objectives.

Both monitoring measures and results of the indicators will give useful information for learning and

evaluation. As seen from previous projects, much is also learnt during visits to the project site. Any problems detected during visits by Amity staff or Evangelical East Asia Mission staff or reported by Zhoukou Christian Council, should be addressed during the course of the intervention. The written progress reports also give a good base for learning and making changes/corrections.

A survey should be made at the end of each year to see how many of the community groups are still active. If the community groups fail to stay active after the training courses considerations need to be made on why it is so, and how the project can improve the help to these groups.

Training in home-based care for caretakers in HIV/AIDS-stricken household is a new form of activity for Amity Foundation. The Chinese government and other NGOs in the area are not conducting similar projects either. Therefore monitoring and evaluation will be especially important in this project. Besides the three monitoring visits per year by Amity staff, an independent agency will be contracted to conduct a larger evaluation at the end of the project. Although the overall budget for this project is relatively small it will include over 30 villages which are scattered in different counties and townships all over the Zhoukou area. The independent evaluation should be quite extensive and there will be a need for the specialists to visit as many villages as possible and interview many beneficiaries. If the implementation of this project is successful it can serve as a model for future projects.

Signatures

Date:

Date:

Signed on behalf of the Swedish organisation

Signed on behalf of the organisation in the country of the intervention

Clarification of signature and position

Clarification of signature and position