

GF7 Objectives and activities

Target population: Those who are working or living in the places rather than their permanent official registers, for the sake of living and personal development.

GOAL: Reduce HIV related *vulnerabilities* and transmission and mitigate impact of the HIV epidemic among migrant populations

(by addressing specific barriers migrant populations face in accessing HIV information and HIV prevention, treatment and support services)

Objective 1: Strengthen policy development/implementation, strategic planning and advocacy at national and provincial level to increase migrant access to HIV prevention and care and to reduce stigma and discrimination

SDA 1.1 Improve national and provincial level policy development, coordination and planning amongst government and non-government agencies for migrant related policies on HIV/AIDS

National Level

Consultations between SCAWCO in ministries and non-government agencies to scale up prevention services (and STI?) for migrant workers

Ministry of Labour and Security

ACFTU

Ministry of Construction

National Population and Family Planning Commission

Chinese Communist Youth League

All China Women's Federation

Ministry of Education (for vocational schools)

Nanjing STI Center

Public Security Bureau

Ministry of Civil Affairs

Assessment of HIV/STI policies and programs in ministries and non government agencies and identification of gaps and opportunities for scaling up

Planning workshops to strengthen and scale up HIV/STI policies and programs for migrant workers in each of the related ministries

Policies are created to support implementation of action plans:

- Ministry of Construction develops stipulations and guidelines to integrate HIV/STI prevention into large-scale infrastructure projects

- Ministry of Labour develops guidelines to integrate HIV/STI prevention into national occupational, health and safety programs
- Ministry of Education integrates HIV/STI and life skills into routine curriculum of vocations schools
- Other ministries: Such as Ministry of Agriculture, Women's Federation, etc.

Provincial Level

Planning meetings between national and provincial ministries to develop provincial level action plans

Training for senior level officials in appropriate departments ministries and non-government agencies to support implementation of action plans

SDA 1.2 Strengthen national level advocacy to mobilize public and private organizations to develop HIV/STI programs for migrant workers

1.2.1 Advocacy meetings with large-scale public and privately owned companies in selected industrial sectors (including mining, construction, entertainment establishments)

1.2.2 Develop and issue the guideline on workplace HIV/AIDS program

SDA 1.3 Advocacy for improving access to prevention, treatment, care and support for migrants in alignment with universal access principals by expanding the national treatment program to cover migrants

SCAWCO facilitates consultation meetings between PLHA and relevant ministries to discuss removing barriers to treatment access for migrant workers

Assess policy limitations, resource and operational constraints that limit migrant access to HIV services, including methadone services and AIDS treatment

Promulgation of the national policy on methadone and ART treatment covering migrants

SCAWCO coordinates Ministries to strengthen implementation of national treatment programs to cover migrants outside their home provinces

Objective 2: Reduce HIV transmission in migrants through comprehensive HIV prevention programs

SDA 2.1 Increase HIV/STI awareness and life skills in migrant sending areas

Develop curriculum on life skills, safe migration, anti-trafficking and HIV/STI prevention for vocational schools and recruitment agencies

Train teachers in vocational schools, recruitment centers and migrant activity centers

Implement training activities to potential migrants in vocation schools, recruitment centers and migrants.

SDA. 2.2 Strengthen HIV/STI prevention and service referrals along migrant transit routes

Strengthen coordinated behavior change communication for both male and female migrants

- HIV/STI prevention and information on safe migration and anti-trafficking
- Condom promotion and distribution (how??)
- Promote available STI and migration support services, including resource guide on locations, standard treatments and costs of STI services

SDA 2.3 Increase coverage of targeted prevention services and condom promotion for migrants with high risk behaviors

Capacity building for community health centers/ community based organizations /outreach workers/volunteers to deliver HIV/STI services for migrants with high risk behaviors at community level

Outreach, condom distribution and social marketing, health service referrals and mobile STI services for high risk migrant men (truck drivers, day laborers, out of work migrants who inject drugs, clients of female sex workers) in locations such as rest areas, work sites and entertainment settings

Outreach, condom distribution and social marketing, health service referrals and mobile STI services for female sex workers in entertainment venues and other locations

Improve outreach, BCC, needle exchange, methadone services and mobile STI services for injecting drug users in collaborating with other projects.

SDA 2.4 Increase coverage of comprehensive prevention and care programs in the workplace

Develop training manuals and behavior change communication materials for workplaces in target sectors

Establish referral networks between workplaces and STI, CT, reproductive health services and safe migration centers

Capacity building for labour inspectors and NGOs to facilitate workplace programs in companies

Companies implement workplace programs that include on-going prevention, condom promotion and distribution, mobile STI services and referrals

Objective 3: Increase access to services of HIV/ STI testing and counseling, sexual and reproductive health, ARV treatment, care and PMTCT among migrants

SDA 3.1 Increase the accessibility to HIV/STI counseling and testing services for migrants

3.1.1 Establish a HIV/STI service system for counseling, testing, referral for migrants at community level;

3.1.2 Rapid tests Oral or urine HIV at sites where there is known high prevalence of high-risk behaviors or high STI prevalence rates, or HIV prevalence rates of 1% or higher

3.1.3 Establish referral system for HIV positives to access to the treatment and care services at the community level.

SDA 3.2 Integrate HIV counseling and testing (or referral for testing) at relevant SRH and STI treatment points of service delivery for migrants at pilot sites

3.2.1 Integrate SRH and STI diagnosis, treatment, counseling, and referral services for migrants at relevant points of service delivery points:

3.2.2 National Center for STI Control and/or Nanjing STI Center to modify existing guidelines and develop approaches for providing quality SRH/STI services to migrants

3.2.3 Training relevant service providers on syndromic STI management using modified national STI treatment training materials. Training to cover syndromic management, laboratory training, and diagnosis and treatment for common STIs.

Mobile STI clinics targeting sites with higher concentrations of sex workers and/or migrants with high risk behaviors

SDA 3.3 Increase access to ARV treatment and home based care services for migrants at relevant points of service delivery at pilot sites

Provision of quality ARV treatment and care services to PLAHA among migrants

Possible Implementers

Community health centers, STI clinics, pharmacies, NGOs, community-based clinics, district hospitals, local CDC

Possible target areas for implementation:

Guangdong, Fujian, Zhejiang, Jiangsu, Shanghai, Tianjin, Beijing – All these provinces (municipalities) have no coverage of major international or national projects. Moreover, in most of these provinces, work related to HIV prevention, treatment and care are lagging behind other provinces.