

Executive summary

PPE 645 PM (Project 1): “Rapid or classic - Upon your choice” – Running a user-friendly voluntary HIV counselling and testing service (VCT) for the general public

Aim and objectives:

- 1) To reach out and encourage people with high risk behaviours vulnerable to HIV infection to do early and regular testing;
- 2) To offer risk assessment, immediate emotional support and preventive education for enquirers using AIDS’s helpline, online AIDS enquiry service and internet intervention service;
- 3) To provide free, anonymous and confidential HIV testing with pre- and post-test counselling for the general public with risk behaviours including their spouses or partners, helping identify infected individuals and bridging them to HIV care and treatment.

Project design:

1) AIDS helpline

The AIDS helpline provided counselling service for the traditional phones users and smart phone apps users on a free, anonymous and confidential basis. To make the service convenient for the public, afternoon sessions from Monday to Friday plus evening sessions from Tuesday to Thursday were provided by both the Foundation’s staff members and trained volunteers.

2) Online AIDS enquiry service

The Foundation’s online AIDS mailbox, online risk assessment service and internet intervention, have become an effective platform for online intervention. Through answering HIV related enquiries and conducting risk assessment, some of the core messages such as the importance of practicing safer sex and early and regular testing are further reinforced.

3) Outreach service with educational materials’ distribution

Outreach service were conducted at popular hangouts such as bars and pubs in a bid to reach the potential target groups and educate them about HIV and the importance of safer sex and regular testing. Educational packs with service information and condom were widely distributed to targets.

4) Free, anonymous and confidential VCT service (both centre-based and outreach)

To ensure the quality of our free and anonymous blood test with pre- and post-test

counselling, the service was provided by our staff together with well trained volunteers such as doctors, nurses and other medical professionals. Service users were strongly encouraged to practise safer sex. The public were free to choose rapid or classic HIV antibody test either in the afternoon or evening at the Foundation's testing spots in different districts such as Shau Kei Wan, Jordan, Central or New Territories. To expand accessibility of our service, outreach VCT was also provided for clients of other NGOs in need.

Target population:

This project aimed to reach the 'hidden' population i.e. those with high risk behaviours but who did not consider themselves as members of the vulnerable groups.

Main achievements:

Services of different kinds were given to users in line with their needs. People with high risk behaviours and/or with great anxiety tended to approach our helpline service for HIV information, testing service and emotional ventilation. For emotionally stable clients, they preferred to use the online AIDS enquiry service. The most frequently asked questions were related to risk assessment; booking of HIV testing; preventive measures; information on medical treatment; and support service for people living with or affected by HIV/AIDS.

The Foundation has been providing the flagship one-stop service, ranging from preventive education, HIV testing, to case management and psychosocial service for PLHIV, conducive to avoiding leakage from the HIV service cascade model. In addition, our staff followed up each case closely from the stages of positive screening by rapid test and confirmation and processed further to AIDS clinics' referral.

Conclusions:

The Foundation had succeeded in educating people with high risk behaviours through various activities with different components of this project. Raising service users' awareness and equipping them with the preventive measures could help prevent the spread of HIV infection. For clients of sex workers hidden in the general population without a very distinctive group identity, tailor-made or targeted promotion and preventive measures of this project could reach out to them through mass media channels. All along, our service was well implemented and received by the service users and garnered many positive comments.

PPE 645 PM (Project 2): “Empowerment and safer sex education for people living with HIV (PLHIV)” – A project to empower PLHIV and help them maintain good sexual health, conducive to resuming quality lives and achieving effective HIV prevention

Aim and objectives:

- 1) To educate PLHIV the concept of empowerment and help them experience / actualise empowerment so as to increase their self-efficacy and self-acceptance; thus to enhance self-esteem and sense of well-being;
- 2) To promote sexual health among PLHIV and help them maintain safer sex practice in order to achieve secondary prevention;
- 3) To provide services catering to the specific needs of PLHIV elderly; and
- 4) To involve PLHIV as peer educators and in voluntary services that related to HIV prevention and future planning of self-help activities.

Project design:

1) Counselling service

Our professional counsellors and social workers provided counselling service for PLHIV and/or their partners and family members. Key areas covered: counselling to help PLHIV cope with their HIV status; the safer sex issues; how-to-manage treatment adherence; health related issues; emotional problems related with HIV infection and other relevant matters.

2) Peer support groups

Peer support group aimed at providing mutual support for PLHIV and participants, during the group meetings, participants were facilitated to share among themselves their problems and concerns. Issues being discussed included emotional ventilation; self-acceptance; coping strategy; breaking isolation; and mutual support establishment etc.

3) PLHIV’s Quality Life Enhancement

Our drop-in centre with stationed social worker(s) provided non-scheduled counselling service. Besides, organization of social activities, educational talks and interest classes were all available with the aims to enhance PLHIV’s ability to build up social support and attain quality lives.

4) Services for PLHIV Elderly

In response to the growing number of PLHIV aged 50 years and older, a series of services including counselling, home visit, set up of database for elderly service’s referral and provision of HIV training for elderly service institutions were designed

and executed to meeting with the increasing needs of the PLHIV elderly population.

5) Voluntary service

Empowerment service served to provide an excellent opportunity for PLHIV to realise that they had the capability to help others. Trained PLHIV volunteers were involved in various support services for other PLHIV, HIV education for the general public and self-help activities planning to strengthening the cohesion and support network among PLHIV.

Target population:

People living with HIV/AIDS

Main achievements:

Counselling service offered by experienced social workers was found to be effective in giving PLHIV emotional support especially at the newly diagnosed stage; making medical referral to AIDS clinics and working with hospital staff to provide psychosocial service; maintaining drug adherence; practising safer sex; and improving their physical and psychological health. Besides, a number of support groups, aiming at enhancing mutual support and enriching their coping strategies with the status, were organised and garnered positive feedbacks.

As mentioned, during the year, we provided a series of services for PLHIV elderly and our efforts paid off. For example, we significantly raised the awareness of staff members of elderly homes through our talks which aimed to remove stigma and fear towards PLHIV inmates. It was a matter of fact that managers and participants of elderly homes admitted that they earned more basic knowledge in HIV, their bias were removed due to more understanding and therefore felt that they would be more able to overcome fears and reduce discrimination against PLHIV who stayed in their homes.

On the other hand, for those living-alone PLHIV elderly did welcome the idea of home visits paid by our volunteers accompanied by our staff members, as the care and support given had warmed their hearts.

Last but not least, as we always believed that PLHIV have their own unique abilities and talents, thus there were a lot of them taking part in our various service provision too; i.e. we needed them for the HIV education; peer counselling for individuals and support groups and escort service; and participation in education programmes and self-help activities. The empowerment of PLHIV was proven successful as the volunteers admitted that their self-efficacy as well as self-esteem significantly

improved.

Conclusions:

Through the different services and groups, PLHIV showed substantial improvement not only in their self-acceptance of the illness, knowledge of the infection and health management ability but also the awareness of practising safer sex. The benefits of this project could be wide ranging. At the individual level, it had helped PLHIV raise self-esteem and boost morale, decrease isolation and depression, and improve health through accessing to better and more information about care and prevention. At the community and societal level, it had helped reduce fear and prejudice and achieve secondary prevention.

PPE 645 PM (Project 3): “Man-d Project” – HIV prevention and sexual health programme for Men who have Sex with Men (MSM)

Aim and objectives:

- 1) To implement sexual health education inclusive of knowledge and skill to prevent HIV infection among the MSM communities;
- 2) To promote and sustain safer sex practice among the MSM communities;
- 3) To promote early and regular HIV and STI testing with counselling among the target groups; and
- 4) To mobilise the MSM communities to take part in the HIV/AIDS prevention programmes.

Project design:

1) Peer educators training

Volunteers were recruited and trained on basic knowledge of HIV/AIDS and STIs; sexual and psychological health information on MSM; and peer counselling skills and outreach service skills.

2) Sexual health enhancement programme for Young MSM (YMSM)

A series of multi-level interventions, including internet/apps counselling, HIV education group and activities, and roving educational exhibitions at tertiary institutions, were all implemented to reach the target groups for HIV preventive education. Interactive and youth appealing approaches garnered very good response from our target student groups and students who visited our booths.

3) Sexual health enhancement programme for Mature MSM (MMSM)

Capacity building workshops and peer support groups were organized for MMSM through addressing the issues like sexual orientation and sexual health etc., aiming to increase participants’ awareness of knowledge and skills related to safer sex practice.

4) HIV/STI voluntary counselling & testing service

Our team of social workers, counsellors and health/mental health professionals provided HIV testing with pre- and post- counselling. If clients were found positive, immediate counselling and psychological support would be offered and the cases would be followed up by Foundation’s patient service workers immediately.

5) Hotline service

Hotline service provided a safe and comfortable avenue for service users to make enquiries, with most of them relating to sexual health including HIV/STI; risk assessment of their behaviours; HIV testing; sexual orientation and relationship.

6) Internet intervention

It aimed to reach out to MSM through internet and social apps and provide a platform for them to discuss sexual health issues and related worries and concerns; and raise request for related service including HIV testing.

7) Outreach service

Outreach team conducted educational interventions at different gay hangouts and peer educators would actively talked to the customers about condom use and sexual health, coupled with the distribution of educational materials and condoms.

Target population:

Men who have sex with Men (MSM)

Main achievements:

The project had a good and smooth progress with positive and encouraging feedbacks received from the participants; peer educators; and gay and LGBT organisations. Moreover, participants' sexual health awareness include the HIV prevention was raised; together with the increasing trends in clients' knowledge level, safer sex practice and doing HIV testing.

For the sexual health enhancement programme for Young MSM, feedbacks from the participants and the collaborating student groups of tertiary institutions were positive; and the units favored future cooperation with service expansion.

Conclusions:

It was found effective to adopt a comprehensive sexual health approach working through multi-levels such as individual; interpersonal; organisational; and community level to facilitate changes in community's norms and behaviours in maintaining sexual health. The various components mentioned aforesaid had the emphasis on not only the knowledge but also the psycho-social issues, attitude change towards safer sex and new skills' training related to safer sex negotiation so as to reduce high risk sexual behaviours.

PPE 645 PM (Project 4): “Set out happy, go home healthy” – HIV prevention for cross-border travellers (CBT)

Aim and objectives:

- 1) To educate cross-border travellers (Men who have sex with Men [MSM] and Male Clients of Female Sex Workers [MCFSW]) in HIV and preventive measures so as to protect them from HIV infection;
- 2) To promote and reinforce safer sex practice among cross-border travellers;
- 3) To encourage early HIV testing among the target groups; and
- 4) To develop and consolidate co-operation with AIDS workers and organisations in neighbouring cities frequently visited by Hong Kong cross-border travellers on HIV prevention programmes.

Project design:

1) Programme/activities targeted at Hong Kong MSM in Shenzhen and Zhuhai

a) Training of peer educators

To strengthen peer educators’ knowledge of HIV prevention, sexual health and safer sex, and outreach engagement skills.

b) Outreach education service at MSM venues

Outreach service by project staffs and peer educators of local partnering organisations was conducted at different gay hangouts which were considered to be hotspots for Hong Kong cross-border MSM. Education materials were given out during outreach service and also placed at hot spots for distribution.

2) Programme/activities targeted at Hong Kong MCFSW in Shenzhen, Macau and Zhuhai

a) Training of volunteers

To train our volunteers for work on HIV prevention and intervention, with topics on knowledge of HIV, safer sex, early testing, and outreach and communication skills.

b) Exhibition booths and educational outreach service

Popular spots frequented by Hong Kong travellers were located with the help of local counterparts and education activities were conducted therefore. Peer educators shared with the targets on topics related to HIV prevention, safe sex and information on testing and service provided in Hong Kong. Education material with the information of hotline service of the Foundation and our local counterparts was distributed.

Target population:

Cross border travellers (MSM and male clients of female sex workers)

Main achievements:

Through cooperation with local health authorities and NGOs and the involvement of volunteers and peer educators, significant number of targets were reached and educated in HIV knowledge, risk reduction measures and the importance of regular testing. With the support of local Centres for Diseases Prevention and Control (CDC) of Nanshan (南山), Baoan (寶安), Longgang (龍崗), Futian (福田) and Lowu (羅湖), together with NGOs in Macau and Zhuhai, the HIV intervention was significantly extended to reach Hong Kong CBT with high risk behaviours in these districts.

Conclusions:

The march of AIDS identifies no boundaries and the spread of HIV/AIDS across the border has been far from a mild one. “Recommended HIV/AIDS strategies for Hong Kong 2012 – 2016” have projected that the heterosexual men primarily contracting HIV from sex workers outside Hong Kong would be the second largest group of new infections. Together with the information researched from a number of studies, the chance of Hong Kong CBT engaging in high risk sex on the mainland is still a high one. It is therefore necessary for Hong Kong to continue working together with neighbouring cities on HIV prevention so as to reduce the vulnerability of our CBT to HIV infection.