



PART V:

Experiences by
professionals –
participatory
approaches in
health and
education

Introduction

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by LU CAIZHEN and JOHANNA PENNARZ

LU CAIZHEN is a research fellow at the Centre for Mountain Ecosystem Studies at the Kunming Institute of Botany. Her research areas include: i) poverty studies and rural development; ii) gender analysis; iii) participatory research, participation and local governance; vi) natural resource management and sustainable livelihoods; and v) climate change and local adaptation. She uses both qualitative and quantitative approaches and has published several papers in international academic journals.

The quality of human agency is enhanced by better education and health (Anand and Sen, 1997).¹ However, in China, both health and education services have met major challenges during the process of rapid growth and transition, in particular in rural areas (Khan *et al.*, 1999). In rural areas health and education services were traditionally provided through the collectives.

After the dismantling of the collective economy (from 1979), local health and education services have faced major challenges with regard to funding and staffing. Poor quality of education and excessive school fees were seen as main reasons for keeping poor children out of school. A simi-

lar story emerged from the health sector. While the wealthier section of the Chinese population has benefited from advanced health technologies, the poor have lost access to even the most essential services. Rising fees have forced the poor and low-income population groups to minimise their use of health services. Failure to seek medical attention when unwell has increased the risk for entire communities to spread diseases (WHO, 2006).²

There have been a number of projects trying to address these problems since the late 1990s, but it was not until the 11th Five Year Programme (2006-2010) that the government has paid increasing attention

¹ Human agency is the capacity for human beings to make choices and to impose those choices on the world. *Source: Wikipedia.*

² WHO, China State Council Development Research Center: China – Health, poverty and economic development. Beijing, 2006.

to the delivery of basic public service.

In the education sector 'quality of education' became an important theme from 1999. Since 2002 the government pushed to achieve compulsory education for all children in rural and urban areas. Under the 11th Five Year Plan (2006-2010) the government implemented a compulsory education finance reform to address inequalities in the education sector. This included measures to target individual poor students (rather than poor areas, like under previous policies), in particular through the two exemptions for all students (from miscellaneous fees and school book fees) and one subsidy (boarding subsidies), targeted at poor students.³

Projects supported by World Bank and DfID focused on the introduction of a demand-led approach, in particular the demands of teachers and parents for better education services. It was understood that if the quality of school services improve more children will attend schools. The Gansu Basic Education Project (GBEP) was designed in 1999 and completed in 2006. It was a highly successful project which piloted a complex set of innovative methods and approaches to improve quality of basic education in poor areas of Gansu Province. The basic approach was to focus on school development, participatory training methods and specific measures to target disadvantaged children. The project concept included principles of community involvement and participation in the new curriculum reform and development which were later incorporated in the promotion of 'nine-year basic compulsory education programme'. An important element was the so-called 'school development plans'

which were seen as important tools to close the gap between top-down allocation of priorities (through the Five Year Plans) and local needs.⁴ Another important innovation was the introduction of participatory teaching techniques as described in Li Jianru's case study.

The following three cases show how the transition to a demand-led approach has changed the attitudes, roles and even behaviour of the professionals.

Yu Denghai describes an innovative approach which enables women to participate in public health planning in Zhenning County. The article explores participatory institutional building and maintenance and ways of integrating health knowledge into local people's lives. In Zhenning, the local health sector does not target local women except via one or two clinic doctors at the village committee level. However, these busy doctors seldom have time to educate local women about health issues. This article explores how Health Promotion Groups and 'demonstrative households for health promotion' are helping to educate local women on ways to protect their health and improve their quality of life.

Li Jianru explores how participatory teaching in big class is challenging the traditional style of 'cramming teaching'. She describes how she changed from a traditional paternalistic teaching style to a more facilitating role. Students were no longer passive learning recipients, but actively involved in learning. Li Jianru's approach aims to promote communication and break the psychological gap between teachers and students. By bringing participation in their lives, Li Jianru aims to help open students' minds, encourage their creativity

³ See: World Bank. 2008. Review of 11th Five Year Plan. World Bank. 2009: China – Education Sector Review.

⁴ World Bank Education Sector Review (2009, p. 42). School development plans take into consideration not only the regular functions and operating cost, but also the specific needs of the school and the community (e.g. the number of left-behind children served, the problem of drop out among girls), and the required resources to carry out the strategy to address the problem. The school development plans' budget can be aggregated to the county level and then eventually aggregated up to the province for submission to the central government for allocation.

and bring about positive change for the future.

Wang Jun, Wang Xiaodong, Yang Dou, Yu Fei, Lin Shu, Lin Xiaojie, Wen Yi and **Yang Yu** present a case study about the Chengdu Gay Care Organisation (CGCO). This article reflects an even more decisive shift in within the participation continuum. The article describes how men who have sex with men (MSM) were involved in policy-

making to address their needs and priorities. The most successful aspect of the case study is that the project created opportunities for them to become involved in the process in the first place – and that these usually vulnerable and marginalised groups became active participants and actors. The article also describes how participants were able to build their capacity through their involvement in the project process.

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Improving the health of rural women through participation

by YU DENGHAI

YU DENGHAI works in the Public Health Bureau of Zhenning County, Guizhou Province. In 2006, he participated as project coordinator in the two-year Health and Gender Equity project. This participatory project was sponsored by the Overseas Development Department of the Swedish Embassy. Here, he describes his experiences.

Introduction

According to a 2005 Government survey, 60% of the labour force in rural China consists of women. However, 70% of married women suffer from some kind of gynaecopathy. Improving the health of rural women is not only important for women's development. It can also make a huge contribution to the well-being of their families.

The Health and Gender Equity Project took place in Muyi Township and Benzai Township of Zhenning County between August 2006 and August 2008.¹ The project was designed to demonstrate a feasible model for women to participate in public health planning. It aimed to improve the public health administration and technical

workers' sense of responsibility and enable health services to better respond to and address women's health needs.

Participatory approaches used in the project

A participatory approach was adopted to mobilise women to participate in project implementation, and improve their abilities to actively participate in social affairs.

Involving local women in project implementation

At the start of the project, village representatives were elected at a village meeting. It was important that the representatives were both active and passionate. Together with the village directors, the head of the

¹ The project was funded by the Overseas Development Department of the Swedish Embassy, with the Foreign Loans Office under the Ministry of Public Health.

women’s federation and village doctors, they formed the Village Women’s Health Promotion Group. At the same time, village meetings also elected several families as ‘demonstration households for health promotion’ to participate in the advocacy of health knowledge. The families were selected if they had a potentially strong influence in the villages – in terms of positive thinking, good interpersonal skills and health awareness. It was expected that they would set a positive example and persuade other families to follow.

Participatory institutional building and maintenance

At the village meeting, it was agreed that the project activity funds would be autonomously managed by the Village Health Activity Groups. The funds would be implemented under the supervision of the township and county project leading groups. The use of funds was collectively decided by the Village Health Activity Groups, and signed by the group leader, operator and accountant.

The Village Health Promotion Groups now meet with the demonstrative households for ‘free and cordial’ talks at least once a month. Here, the elected households learn about gender equity, hygiene and health, for example. In turn, they share what they have learnt with other villagers according to their realities.

The establishment of the health and identifying of the local needs

The Village Health Promotion Group has established ‘health homes’ based in the demonstration households. They have held irregular meetings with the villagers for ‘free and cordial talks’. The groups used participatory methods they believed were effective and popular to share information about health and gender issues with the villagers. An example of this was adapting and singing folk songs (see below).

At the same time, the demonstrative households are responsible of collecting information about the villagers’ health service needs. They communicate these with the health administrative department through an established reporting mechanism, aiming to improve both health services and better provide for the health of the villagers.

Integrating health knowledge into local people’s lives

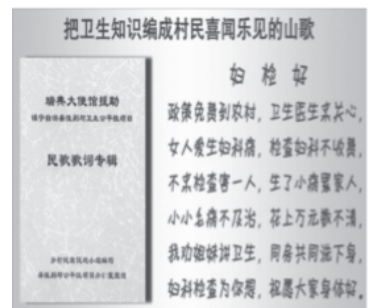
While conducting project activities, project facilitators discovered that folk songs were popular amongst local people. The Village Health Groups and demonstrative households adapted existing folk songs and took the lead in singing them. Health information that had been seen as ‘dull’ was incorporated into people’s daily lives, helping to spread and improve people’s knowledge about health issues (see Box 1).

Box 1: The advantages of gynaecological examinations

A folk song adapted by the Village Health Promotion Group (translated by the editor).

‘Thanks to Government policy and the doctors’ efforts, Gynaecological examinations are now are free. It is normal for women to have this examination. Please come and check, otherwise it might do harm, Not only to you but also to your family.

If you do not want to spend a fortune, It is better to cure it before it becomes more serious. It is better that you and your husband Wash your genitals before having sex. Please have the gynaecological examination for your own benefit, And we wish you and your family good health.’



Adapting multiple health participation activities to local conditions

During the spring festival, many local people who work as migrant labourers return home. Having realised this, every Village Health Promotion Group organised the migrant labourers to hold 'free and cordial talks'. During the meetings they also shared information about how to prevent HIV/AIDS infections.

On national holidays, the Village Health Promotion Groups organised large-scale contests of folk songs. Participants were also asked different questions related to health. In these questions and answer sessions, health knowledge was more widely spread. In addition, the demonstrative households also shared health knowledge with the villagers during weddings, funerals and when working in the fields.

Providing medical care for pregnant women and new mothers

Village Health Promotion Groups autonomously established rescue teams for pregnant women in their village and also persuaded women to go to hospital to give birth. Village doctors and the demonstrative households also advocated appropriate healthcare to pregnant women and new mothers.

Calling for professional assistance to maintain reproductive health

As required by the Village Health Promotion Groups, the County Project Leading Group organised the clinic team from the County Maternal and Child Health Hospital to visit project villages. They conducted extensive reproductive health examinations and treatments. They found that most women had reproductive health problems of varying degrees. The Village Health Promotion Groups organised an advocacy campaign about reproductive health. They handed out medicine to women with genital duct infections and persuaded seriously ill women to go to hospital for treatment.

Box 2: Demonstrative households: the case of Liu Zhengmin

Liu Zhengmin is an ordinary, kind-hearted rural woman from the Gelou Villagers' Group, Fenji Village, Benzai Township. She was so shy that her face turned red while encountering strangers on the way to the street market. Mobilised by the Village Health Promotion Group, Liu Zhengmin's family became one of the 'demonstrative households'. Inspired by the training, she often helped her neighbours.

In January 2007, a child of Mr Wei in the same village had a terrible stomach ache. With the knowledge learnt from the training, Liu Zhengmin judged that the child was very sick and needed to see a doctor immediately. She asked the village doctor to send the child to the hospital. The child had an acute intestinal obstruction. Due to a quick rescue, he was promptly treated and avoided serious intestinal necrosis, and he soon recovered.

In April 2007, Liu Zhengmin's neighbour Wei was pregnant. Liu Zhengmin often visited her, and passed on knowledge about pregnancy healthcare she had learnt from participating in the Health and Gender Equity Project. She convinced Wei to visit the township hospital for a prenatal examination, and accompanied Wei and her family to the county hospital to give birth. After this, the village women trusted Liu Zhengmin deeply and always came to her for help about private matters.

What did the project achieve?

Strengthening women's participation and health awareness

After several rounds of training, the Village Health Promotion Group, the demonstrative households and the villagers have a much better understanding and awareness of health issues. Incentives for participating in project activities were high. Driven by the demonstrative households, all of the pilot villages conducted many activities aimed at upholding women's rights and spreading health knowledge. Project evaluation data in 2008 year indicated that 97.7% of interviewees believed that the project activities had improved women's abilities to participate in social activities.

Women's health has improved

At the beginning of the project implementation, over 70% of women in the pilot

villages had genital duct infection symptoms. The results of the final project evaluation indicated that more than half of married women of child-bearing age in the pilot villages exhibited symptoms of genital duct infection. This figure was 8.7% lower than the comparison villages and 20.8% lower than the baseline survey.

Local health organisations are more responsive to women's needs

In order to improve health services for women in the pilot villages, the township hospital improved the department of obstetrics and gynaecology and the department of examinations. It promptly sent staff from these two departments for higher level on-the-job training. The hospital also supported village health staff in conducting prevention, treatment and consultation services for genital duct infections.

More responsible healthcare and equitable resource allocation

By implementing the project, healthcare decision makers deepened their understanding of maintaining women's health. The newly revised 'New Rural Cooperative Medicare Compensation Method of Zhenning' (2008)² offered a compensation subsidy to parents of newborn babies that did not join the cooperative scheme and so did not have the first year insurance. For rural households who use birth control after giving birth to two daughters or one boy, the subsidy rate will be increased by 15%. At the same time, county and township family planning service stations were incorporated into the organisations responsible for cooperative Medicare. This expanded women's reproductive health services and greatly increased the opportunities of fundraising for these services. As a result, medical equipment was purchased, such as ultrasonic equipment, laboratory

instruments, obstetric tables and sterilising carts. Medical professionals from the department of obstetrics and gynaecology also organised on-the-job training at higher level hospitals.

More cohesive communities

The project established a bridge for interpersonal exchanges in the pilot villages. This reinforced communications amongst neighbours, helped to reduce conflicts and enhanced social harmony. According to participants, they had more opportunities to talk to their neighbours. As such, their community has becoming more cohesive.

Main lessons learnt

The role of local government in project implementation

At the start of the project, we provided gender knowledge training to the county and township leaders and relevant departments. The aim was to improve their understanding so they could actively support project activities. This strategy proved to be very efficient. During the course of the project, the village committees consistently supported the project activities. Their extensive organisational experience was invaluable in assisting the Village Health Promotion Groups to carry out their work.

Professional health training was critical

The members of the Village Health Promotion Groups and demonstrative households were autonomously elected by the villagers. However, they still lacked basic health knowledge and working skills. During the initial project stages, we needed to provide them with basic health knowledge and how to integrate this science-based knowledge within the indigenous knowledge system.

² China has gradually introduced the New Rural Cooperative Medical Care system since 2002. Unlike the old cooperative system participation is voluntary. Households are able to join the system through payment of a membership fee. Members can then claim all medical expenses from the scheme.

Electing Village Health Promotion Groups and demonstrative households

One of the key success elements was establishing the Village Health Promotion Groups and the demonstrative households. Only by allowing the farmers to autonomously elect village representatives could the project activities be effectively implemented. Village representatives need to be active and passionate about collective activities and have lively and cheerful characters. They must be willing to devote their free time to the project and be representative of rural women. They must also lead healthy lifestyles themselves, in order to function as demonstrative households and participate in the Village Health Promotion Groups.

Although many members of the Village Health Promotion Groups and demonstrative households were not well educated, they were able to use their knowledge of local folk songs and facilitate face-to-face 'free and cordial talks' to root project activities into local people's lives. They visited friends and relatives and offered their homes or fields as places for 'free and cordial talks'. They exchanged stories and case studies and 'telling the truth' so as to spread health knowledge to countless people within their communities.

These are the people who can change the health habits of villagers by adapting health theory to the local context. It proved to be an efficient method for adapting our activities appropriately.

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Applying participatory teaching in big classes – experiences of a primary school teacher

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by LI JIANRU

LI JIANRU is a Chinese teacher at No. 2 Primary School in Yumen, Gansu Province. She was a teacher for more than 10 years before she participated the China-UK Nine-year Compulsory Education Project in 2006. She has explored the potential of integrating participatory teaching into primary school education ever since. In October 2008, Li Jianru was granted the first award in teaching in Gansu for her outstanding achievements.

In July 2007, I attended the training workshop for the China-UK Elementary Education project. Here, I learnt about the concept of participatory teaching for the first time in my life. I was deeply impressed and enlightened by its democratic core, its new class organising strategies and diverse teaching methods. In order to explore the potentials of this participatory approach for improving teaching quality, I decided to start a pilot project in my own school. I began to apply some of the methods I had learnt from this workshop to my Chinese teaching class.

‘Participatory teaching is not applicable to teaching in big classes.’ This was a conclusion reached by many teachers involved in participatory teaching. The reason was that there were too many

students in the class, making it difficult to control and ensure a high level of participation. However, if the teachers believed that participatory teaching was simply to play games, perform or engage in group discussion, they were wrong. I believe that the key to participatory teaching is to see if the students actively participate, explore, think and practice during the learning process.

Based on my two year pilot experience in integrating a participatory approach into the Chinese teaching at the primary school level, I realised that it is practicable to apply participatory approaches in a large class. The results showed that it could be a very efficient teaching method. Here are some lessons learnt from my pilot project.



Photo: Li Jianru

Student playing the 'little doctor' correcting spelling mistakes.

Creating a relaxed and psychologically-safe environment

While teaching, to help facilitate a relaxed environment for the students, the teachers must learn to squat on their heels when engaging with the students – to observe the world from the students' perspective, and engage with them on an equal footing. They should tolerate students' mistakes, appreciate their brightness, solve their problems, stimulate their desire to express themselves, broaden their views, and encourage them to have unique understandings. This helps to facilitate effective communication between the teacher and student. Teachers should also try to narrow the psychological gap between the teacher and student, and promote the establishment of a new type of teacher-student relationship.

The teaching methods I describe below can help to:

- create a friendly and relaxed environment and stimulate students' interest;
- encourage questions, and foster students'

abilities to think for themselves; and

- promote classroom democracy, and encourage students to actively respond by using rewarding words.

Teaching methods which encourage active student participation

Role play

One role play game I have used I call 'little doctor'. One student plays the 'little doctor'. The 'doctor' makes a diagnosis of their 'patient' – a piece of writing – looking out for spelling and grammar errors. The 'little doctor' then prescribes a 'cure' – in other words, they correct the piece of work. By playing these roles, the students more actively participate in studying, and with greater interest.

Another game that my students were very much interested in is the 'little tour guide'. In the course of reading about folklore and human landscape, the students play the role of 'little tour guides' to inspire them to participate in learning by

Photo: Li Jianru



Students playing the role of 'tour guides' leading through a landscape video.

'guiding' them through the videos or pictures showing landscapes or cultural customs.

My students were deeply involved in the game of 'little teachers' too. I ask the 'little teachers' to teach everybody new words, and all the students join in and provide comments. Playing teacher and student roles in reversed injects a fresh air of democracy, equality and harmony into the classroom.

Learning by doing

In my pilot class, I applied different types of participation activities during the class.

Select wonderful contents from textbooks for students to 'draw'

There are many articles and paragraphs describing scenery or things with beautiful words in the text. Allow your students to

use their imaginative power, and 'turn the words into pictures' based on their own understanding of the language and words. The students can deepen their understanding of language in the course of participating in reading, thinking and drawing, and feel the fun of creative writing in Chinese and the beauty of arts.

Practicing with their hands and allowing students to 'try'

The experience of the participatory teaching process enabled students to become active explorers of knowledge. For example, we taught the story 'Crow Drinking Water'.¹ We asked the student to do an experiment. They increased the water level in a bottle with small stones. We then asked them to figure out why this happened, in order to understand how the crow was able to drink the water.

¹ A traditional Chinese children's story. A thirsty crow uses his beak to fill a water bottle with tiny stones so that the water in it gradually rises until the crow can finally drink. The moral of the story is that when facing difficulties, you can learn from the crow and manage to find a solution to overcome them. Source: <http://resources.echineselearning.com>.



Photo: Li Jianru

Students performing the 'crow drinking water' story.

Groups discussions and letting students 'talk about it'

How can you guarantee the effectiveness of cooperative study in large groups? How do you mobilise an entire class to use their initiatives? This is key for study and learning improvement in big classes.

I conducted a preliminary group studies exploration, looking at 'homogeneity between groups and mixed abilities in the group'. I found that in order to guarantee the effective participation of students in a big class, the key is proper group allocation, specific role assignment and process-based evaluation.

Create mixed ability groups to work together
I divided the 64 students in my class into 16 groups, with four people in each group. I created mixed ability groups which each included students with different levels of academic achievement. Mixed ability groups were good for the students, allowing them to cooperate, debate with and learn from each other. The organisational and studying abilities, studying results, thinking and sexes

between different groups were basically even, creating homogeneity between the different groups. This made for equitable competition between them.

The groups implemented a group leader responsibility system. They autonomously assigned the roles of members and proposed self-discipline requirements, which laid a sound foundation for cooperative learning in the classes.

Effective participatory processes

Enabling every student to fully participate in the group is very challenging for the teachers when designing the study content. The questions we ask the students should be open enough to inspire the student's interest in participating. I have found it is very useful for the students to taste the happiness of success by using sharp-thinking activities such as group discussions and brainstorming.

Appropriate group evaluation methods

Teachers need to develop a scientific and

Photo: Li Jianru



Students performing 'cat and mouse'.

reasonable evaluation mechanism for students' learning. From our experience, our advice on appropriate group evaluation methods is:

- Comment on the group's performance instead of the individuals.
- Give careful feedback both on the learning processes used as well as the results.
- Diversify the means of providing feedback. Use e.g. observation, discussion, analysis of school assignments, awarding students with 'appraising stars' and examinations.

Encourage students to participate in-depth by providing an open learning environment

Student-centred learning activities

Student-centred learning activities allow students to select learning activities according to their interests. If driven by their interests, students tend to autonomously look up relevant information, organise discussions, and work with their own hands. In this way, the students command

the relevant knowledge. They are able to practise their exploring abilities and innovative thinking.

Create an exploring and learning environment for children

I taught my class the story called 'Story of a Small Village'. Since it was an article about environmental protection, I designed a class called 'Advocacy for Environmental Protection on Campus' based on the realities of the school. I allowed the students to use different means of exploration and practice activities. Students drew advocacy pictures, designed slogans, wrote proposals and produced handwritten newspapers about environmental protection at school. In this way, all the students were able to participate. It also promoted their awareness of environmental protection issues.

Encourage students to continue exploring after classes

Effective class teaching requires student participation before, during and after



Photo: Li Jianru

Teacher interacting with students during group work.

classes. In this way, we provide the students with more opportunities for participation. We provide guidance on how to continue their explorations and be creative outside of the classroom – building on what they have learnt at school, so that it becomes more integrated with their lives.

Conclusion

Teachers need to mobilise, guide and enable

their students to participate freely, actively and deeply in the learning process. Only in this way can teachers help the students to adopt better studying and learning habits, use their intelligence, develop their potential and accumulate knowledge.

I firmly believe that as long as we truly understand the core concept of participatory teaching, it will shine in big classes with dazzling splendour!

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Participation based on empowerment: the Chengdu Gay Care Organisation

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WANG XIAODONG is the director of the Chengdu Gay Care Organisation (CGCO). WANG JUN, YANG DOU, LIN SHU, YU FEI are section directors. They have been responsible for implementing a DfID funded HIV/AIDS prevention project. The CGCO was established in 2003 as a community-based organisation (CBO) by local men who have sex with men (MSM). Empowerment has always been its guiding principle. The role of CGCO has steadily developed in regional and national policy-making and in speaking for the rights of MSM in decision-making at the national level. CGCO has also played a leading role in establishing a regional and national network of CBOs (the China Male Tongzhi Health Forum).

Empowerment – the core of participation

Over the past decade much importance has been given to participatory approaches to development. However, the involvement of target populations is often merely symbolic, especially in developing countries. Despite many ‘participatory’ projects having been implemented, the status and situation of target populations have not been greatly improved, as real participation has not taken place.

According to a UNAIDS summary report (Roey, 1999) the participation of target populations can be divided into six levels, from low to high:

- target audiences
- contributors
- speakers
- implementers
- experts
- decision makers

The power of the different levels varies correspondingly. The target audience is generally weakest and the decision makers the most powerful. The reason why target populations reap little benefit from programmes is that they tend to be confined to the first three levels and are rarely equipped or given the opportunity to be implementers or experts.

True participation must have empower-

ment at its core. The target population should be given the right to have their say in programme design and implementation from the very start. They should be regarded as experts who provide an important resource of information, knowledge and skills. Their suggestions should be given the same value as those of other policy and planning experts. In this way members of the target population can be cultivated to become the real owners of the programme. They are able to progressively expand into other locally-owned work, with other organisations being supporters and co-operators. Only in this way can the participatory approach be sustainable and make a real change.

The CGCO is an excellent example of this approach. CGCO implements HIV and AIDS prevention and care work among the MSM community. The target population participates in all aspects of CGCO's work as a genuinely self-managed CBO.

How to empower the target population

The target population manages the programme autonomously

When DfID first began preparing its support for the prevention and care of those with HIV and AIDS among the MSM population in Chengdu, it decided that the self-formed CGCO should take full responsibility for the design, execution and management of the programme. DfID provided funds, technical support, supervision and evaluation.

CGCO core members were already acquainted with the local MSM population. This became the most important and influential resource in the process of the programme design. The programme had a high level of acceptability from the beginning. It paid special attention to relating its goal to the needs of the target group. It was also able to avoid problem places which might have led to difficulties for the target population. Many of the MSM have not only accepted the services provided by



Photo: CGCO

Volunteers and community representatives deliberated and passed the constitution of the organisation at a community conference.

CGCO, but also participate actively as volunteers in its work. In less than three years CGCO provided services for over 10,000 local MSM and enrolled the help of over 200 volunteers.

Using the knowledge of the MSM population as a basis, CGCO set up a new model for HIV and AIDS prevention and care. This model is firmly rooted in the gay subculture and is comprehensive in its range of interventions and services. It is not limited by conventional technical theory and international precedents. This model raises the standard of service of HIV and AIDS prevention and care programmes among the local MSM population. It has also established examples for other developing countries to follow.

DfID further contributed to the level of participation by the target population by supplying CGCO with professional skills, capacity building in programme management and organisational development. To CGCO, the support for organisational development has been crucial.

Expand community members' participation through open and democratic governance

It has to be emphasised that a self-formed CBOs such as CGCO must continuously foster active participation from the target population. Power and control of resources should not be concentrated merely with the person in charge or a core group within the organisation. It would only be empty participation without real influence. This approach would have blocked others from participating in policy-making at CGCO,

Photo: CGCO



CGCO submits work statements and financial reports annually at a community conference and is questioned by community members.

despite the fact that the organisation had originally been formed in an inclusive way and its leaders are mainly from the target population. There needs to be a governance structure and process that entails genuine power sharing among the community.

CGCO has paid a lot of attention to this matter, with support from DfID. CGCO formulated its constitution in a participatory way through a community conference. It involved a wide range of volunteers and community representatives, who both reviewed and approved the constitution. The community conference also elected a board to supervise the daily work of CGCO. Also, in order to perpetuate the community conference, CGCO submits work statements and financial reports to it annually, and asks volunteers and community representatives for suggestions. During these conferences rewards are presented to outstanding volunteers. This greatly increases the level of the whole community's participation and inspires greater enthusiasm.

Drawing more target population members into the policy-making process

From 2006 onwards DfID supported CGCO to engage in regional networking and policy-making.

First, with DfID assistance, CGCO conducted research into the current situation of HIV and AIDS prevention and care among the MSM population within Sichuan Province. In light of the research results, CGCO then tabled a proposal to the Sichuan Provincial Government. It proposed that the Prevention and Care of



Photo: CGCO

CGCO mobilises community members to join its programmes by organizing their favourite activities.

HIV and AIDS Programme be implemented throughout the entire province.

The Sichuan Government gave great importance to the suggestion. Afterwards, the programme was implemented on a provincial scale, with CGCO making a major contribution.

CGCO has also helped to build community organisations in 11 cities, with DfID support. CGCO helps these organisations build working relationships with local governments and professional institutions and at the same time provides long-term technical assistance to the local organisations. During this process of extending its work across the entire province, CGCO pays special attention to the principles and processes of the participatory model and empowerment, insisting on local ownership of the programme and ensuring the independence of the local organisations' daily work. CGCO tries hard to create a working network that embodies equality and mutual help.

As CGCO has grown in ability and experience, it has increasingly taken part in higher level meetings. In 2007, China's National Centre for AIDS Control and Prevention (NCAIDS) engaged a writing group of four experts from communities affected by HIV and AIDS. The group worked with experts from the China Centres for Disease Control and Prevention to formulate a national HIV and AIDS prevention and care programme. Two of these experts came from CGCO and undertook the main writing task. In the same year, the Director of CGCO, Wang

Xiaodong, was invited onto the national advisory committee by NCAIDS as the member representing the MSM community. In 2008, CGCO was entrusted with drafting advice for China's MSM AIDS prevention and care strategy.

CGCO has also joined in efforts to initiate the China Male Tongzhi Health Forum (CMTHF). So far, CMTHF is the only national association of MSM community organisations in China. The network also serves as a platform where the MSM population can participate in policy-making at the national level. The CMTHF includes more than 20 gay community organisations from across the country. As an important member of CMTHF, CGCO also provides staff members. The former publicity chief of CGCO, Wang Jun, was appointed Secretary General of CMTHF. CGCO also provides venues and hardware support for the forum. At present the administrative support for the CMTHF secretariat is provided jointly from the CGCO office.

Conduct research that is led by target populations

DfID took steps to support the target population's own applied research initiatives. Collaborating with professional organisations and with support from DfID, CGCO has conducted research into issues such as the size of the MSM community, the risk factors for HIV infection and various intervention models and their effectiveness. The research results have proven more useful than the more academic research conducted by other experts. This is because the CGCO research takes the practical situation of the MSM community into consideration, together with the social, political and economic factors which influence the behaviour of MSM. Hence the research is more practical in its applicability.

Current situation

DfID is no longer the largest sponsor of CGCO and may gradually withdraw its

funds. But thanks to the model of development it offered and the capacity building work it did, CGCO has established itself clearly as an independent organisation. It is becoming one of the most prominent leaders in the field of HIV and AIDS prevention and care in China.

The next stage in the development of CGCO is to become more professional in the area of social work. This will mean training volunteers from the MSM community to become full time social workers and to develop a more sophisticated division of labour and allocation of responsibility within the organisation. A greater degree of specialisation in social work will require the target population to acquire more professional knowledge. Community affairs will be better managed, with more enlightened participation by the target population. This in turn will enable the MSM community to develop more sustainably.

Conclusion

This success story of DfID's approach in supporting CGCO's development demonstrates that the core of the participatory model must be empowerment – the endowment of rights to the target population. Plans and processes must always be focused on the objective of transferring power to the target population. But the effective use of this power is dependent on the community being well enough equipped with the right skills and institutional arrangements. So capacity building of the target group turns out to be the most important task to ensure that they can govern and manage their own community effectively.

To assess the programme, we need to observe and study the following aspects:

- How has the programme improved the abilities of the target populations?
- Are the target populations endowed with more power and better able to exercise their rights?
- Has the participation level of the target population risen?
- Has the scope of the participation risen?

(Local/ regional/ national/ international scope)

- Is there any power-sharing mechanism established within the target population's community?

- Has the target population acquired more

information and knowledge for policy-making?

Only by investigating these issues can we find out whether greater participation of the target population has been truly realised.

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