Kingdom of Cambodia
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Letter of Agreement

Between

National Center for HIVAIDS, Dermatology and STD (NCHADS) of the Ministry of Health

And

FHI 360 for the project titled Meeting Targets and Maintaining Epidemic Control (EpiC)

Regarding

Technical Assistance to Support HIV Continuum of Prevention, Care, and Treatment to Achieve 95-95-95 Targets with a Special Focus on Key Populations and Priority Targeted Populations in Cambodia, for the period 01 October 2020 – 30 September 2024

PEPFAR

USAID
FROM THE AMERICAN PEOPLE

EpiC
Meeting Targets and Maintaining Epidemic Control

This **Letter of Agreement** (LOA) is made on 30 September 2020 and covers the period October 01, 2020 until 30 April 2024 as a transition from the current project LINKAGES. This LOA is between the National Center for HIV/AIDS, Dermatology and STD (NCHADS) and EpiC Project of FHI 360 Cambodia. Meeting Targets and Maintaining Epidemic Control (EpiC) is a global project funded by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the U.S. Agency for International Development (USAID). EpiC is dedicated to achieving and maintaining HIV epidemic control over a five-year period of performance from April 15, 2019 to April 14, 2024. EpiC is led by FHI 360 with core partners Population Services International (PSI), Palladium Group, Right to Care, and Gobee Group.

As part of this LoA, both parties NCHADS and EpiC will support the HIV continuum of prevention, care, and treatment to achieve the 95-95-95 targets with a special focus on key (KP) and priority populations in Cambodia.

Scope of the Agreement:

The **Agreement** embodies the terms and conditions under which NCHADS and EpiC Project will collaborate and cooperate in the course of their operations in Cambodia, especially in but not exclusive to Phnom Penh, Battambang, Banteay Meanchey, Siem Reap, Kampong Cham, Kandal, Kampong Speu and Preah Sihanouk Provinces and shall include the objectives, locations, and responsibilities of the parties involved herein.

Article 1: Objectives of the Agreement

1. To accelerate the implementation of Consolidated Community Action Approach (CAA) and the Boosted- Interactive Case Management (B-IACM) framework, and B-COPCT for KPs;
2. To support KP client-centered services including community-based treatment support and stigma and discrimination to increase case detection;
3. To support KP community-led monitoring to support national and sub-national KP monitoring tools and quality assurance;
4. To support the implementation of master patient index and case-based surveillance system for HIV.

Article 2: Project Location

EpiC project agrees to provide both technical assistance to NCHADS and eight high burden provinces including Phnom Penh, Battambang, Banteay Meanchey, Siem Reap, Kampong Cham, Kandal, Kampong Speu and Preah Sihanouk Provinces.

Article 3: EpiC Project Responsibilities

EpiC Project of FHI 360 will undertake the following responsibilities within the constraints of its financial, technical, and human resource abilities as specified in its NCHADS approved annual work plan and budget to support NCHADS (Annex 1).

1. To provide TA support to NCHADS to accelerate the implementation of the Consolidated Community Action Approach (CAA) for B-IACM, and B-CoPCT by building in a system of data driven adaptive management that allows flexibility in refining standard operating procedures (SOPs) to accelerate case

detection, enhanced index client partner testing, links to enrollment, and improved retention outcomes.

2. To provide TA support to develop and implement cost-effective interventions to accelerate HIV testing and new case detection among key and priority targeted populations through better targeting, profiling and rapid scale up of interventions such as social networking (e.g., PDI+, risk tracing snowball), HIV self-testing, PrEP, Online Reservation Application, use of online and social media platforms.
3. To provide TA to NCHADS to implement HTS wherever appropriate for targeted index case partners. Trace identified index cases from the facility to the community (e.g., partner notification and contact tracing) and refer them back to the health facility.
4. To provide TA to NCHADS and support stigma and discrimination-free health services, including Patient Satisfaction Feedback (PSF) system, gender-based violence (GBV) management and KP-competent services, to increase PEP provision for prevention, improved case detection and better ART retention.
5. To provide TA to NCHADS to implement master patient index and case-based surveillance system for HIV.
6. To provide TA support NCHADS in data management, analysis and interpretation to address the emerging challenges and/or other surveillance/research.
7. To provide TA to NCHADS to develop private sector policy around the delivery of HIV services and social enterprise development for sustainability in selected CSO.
8. To collaborate with and support NCHADS and other partners to document the implementation of the above activities.
9. To provide technical assistance staff to NCHADS and PHD/PASP in eight high burden provinces to implement five components listed in annex 1.

Article 4: NCHADS Responsibilities

NCHADS will be responsible for the following.

1. To coordinate and facilitate with PHD/PASP, OD and other development partners to implement EpiC responsibilities outlined in Article 3;
2. To coordinate and facilitate with private sector in developing policy related to HIV service provision as also outlined in Article 3;
3. To coordinate and facilitate EpiC's support to PHD/PASP, OD and other implementing partners to implement and scale up CAA for B-IACM and B-CoPCT;
4. To coordinate and facilitate EpiC's support to PHD/PASP, OD and other implementing partners to implement and scale up the cost-effective interventions to increase HIV testing and new case detection among KP and priority targeted populations such as targeting and profiling and rapid scaling up of cost-effective interventions such as social networking (e.g., PDI+, risk tracing snowball), HIV self-testing, PrEP, Online Reservation Application, use of online and social media platform;
5. To coordinate and facilitate EpiC's support to PHD/PASP, OD and other implementing partners to implement and scale-up the tracing of identified index case partners (e.g., partner notification and contact tracing) and facilitate testing, referral for care and retention in ART for those found HIV positive;
6. To coordinate and facilitate EpiC's support to PHD/PASP, OD and other implementing partners to implement and scale-up the stigma and

discrimination-free services, GBV management and KP-competent services, to increase case detection and retention and monitor by KP driven PSF;

7. To facilitate EpiC's efforts with other partners to document the implementation of the above activities;
8. To conduct technical and monitoring visits to project implementation sites;
9. To ensure sufficient supplies of ARV drugs, HIV test kits and other commodities;
10. To ensure smooth coordination of activities and resources among partners supporting the implementation.

Article 6: Funding

EpiC project is committed to allocate budget of approximately **1.45 million USD** to support all activities in this LoA for the first fiscal year. The detailed workplan and budget plan are shown in Annex 1. The budget and detailed activities for the following year will be jointly developed.

Article 7: Period of Collaboration

This **Letter of Agreement** shall remain in full force and effect until September 30, 2024.

Article 8: Amendments

This **Letter of Agreement** may be amended with agreement of both parties: NCHADS and EpiC Project.

Article 9: Settlement of Disputes

Both parties shall resolve any dispute regarding implementation of the program discussed in this agreement amicably.

Article 10: Termination

Both parties may terminate this LoA by giving each party three-month prior notice in writing.

Article 11: Law Applicable

This Letter of Agreement shall be construed and governed in accordance with Laws of the Royal Government of Cambodia.

This Letter of Agreement will come into effect from October 01, 2020 after the representatives of both parties sign the agreement.

Sign and Seal	Sign and Seal
Dr. Ly Penh Sun	**Dr. Steve Wignall**
Director of NCHADS Project	**Director of EpiC/FHI 360 Cambodia**

Attached:

- *Annex 1: EpiC workplan and budget plan*

Annex 1: EpiC workplan and budget plan

Component	Activity
Priority Area 1: Policy and Public Health Systems Support	
Budget: ***250,000 USD***	***SI Leadership, governance and granular data use for decision making***
	Work with NCHADS and development partners to develop training curriculum for data quality assessment
	Work with NCHADS and development partners to develop data quality assessment tools
	Conduct orientation workshop on routine data quality assessment
	Support the routine data quality assessment (align with PAAR 2021-2023)
	Develop dashboard of HIV cascade for national, provincial and site levels
	Conduct training on data analysis and data utilization for program managers and data management officer
	Work with US CDC to enhance the capacity of the NCHADS' Data Management Unit and the SI TWG to review CBS program data and other studies to better understand emerging risks, vulnerabilities, co-infections and co-morbidities among key populations and PLHIV
	Work with NCHADS-DMU and US CDC to conduct readiness assessment of all ART sites for real-time data entry (included HR, computers, and internet connection)
	Work with NCHADS-DMU and US CDC to set up phased implementation plan to operationalize real-time data entry system
	Provide technical support with NCHADS-DMU to implement the phased implementation plan
	Provide necessary capacity building and ICT-related equipment to staff at ART sites for real-time data entry system
	Work closely with NCHADS-DMU, US CDC and consultant team (HISP) to collect feedback to enhance and update the real-time data entry system
	Work closely with consultant team (HISP) to assist NCHADS-DMU to set up helpdesk for system and maintenance mechanism for real-time data entry system
	Conduct joint monitoring and coaching to site level for real-time data entry system
	Conduct DHIS2 administrator-level training for data management officers at provincial level
Priority Area 2: Client-Centered Services: Community-based Treatment Support, and Stigma and Discrimination	
Budget: 350,000 USD	***Improve quality and effectiveness of client-centered retention and return to treatment strategy such as Community Action Approach (CAA), SDART, U=U, MMD and TLD transition***
	Work with NCHADS to develop improved PNTT and adherence counselling and pre-LTFU and adherence tools for CAA staff using MI skills
	Conduct orientation workshop on the LTFU mitigation tools to all CAA staff and refresh MI
	Work with NCHADS to perform data analysis on the LTFU on a quarterly basis and identify gaps for improvement
	Support NCHADS to conduct regular monitoring on CAA and PNTT at ART site
	RTOs actively participate in the GoC meetings
	Work with NCHADS AIDS Care Unit to include PNTT, U=U, H4A, SDART, TLD transition, LTFU prevention, improved adherence counselling and MMD as topics for any refresher trainings
	Review and revise the clinical monitoring checklist to include PNTT, U=U, H4A, SDART, TLD transition, LTFU prevention, improved adherence counselling and MMD
	Explore new social media approaches and online tools to support continued adherence by clients participating in MMD
	Develop SBCC materials (online/offline) to educate PLHIV about VL, what it means, why suppression should be their goal and how important U=U education for communities may help to reduce stigma.
	Conduct physical/virtual TA to ART sites for improving and strengthening the MMD
	Advocate NCHADS senior management team to switch from TLE and other drug combinations to TLD
	Provide orientation on the transition to TLD to all ART clinicians
	Promote friendly services to reduce stigma and discrimination for increase access to, and uptake of HIV prevention and treatment services among KPs
	Ensure KP-competent care and inclusivity using the facility checklist
	Facility staff best practice and code of conduct and job aids developed
	Ensure facility staff in ART sites serving KP implement code of conduct and using job aids provided
Priority Area 3: Prevention, Case Finding, and Policy & Public Health Systems Support	
Budget: 300,000 USD	***Scale up PrEP services for young and high-risk priority population to all HIV high burden areas***
	Develop PrEP SOP for Family Health Clinic (FHC) and other NGO's clinics
	Support NCHADS to scale up PrEP services to 16 additional sites in 6 high HIV burden provinces (Phnom Penh, Siem Reap, Battambang, Banteay Meanchey, Kandal and Preah Sihanouk)

	Support NCHADS to conduct an official launch for PrEP in each targeted province the COVID-19 situation permitting.
	Provide capacity building and onsite coaching after official launching to newly PrEP site focus on clinical, data and reporting system management
	Conduct joint monitoring visit to each new site for at least four times per year
	Roll out PrEP data collection system to all sites (requirement: HR, computer, and internet connection)
	Jointly perform data quality review for PrEP, enrollment uptake, adherence and retention on a monthly basis
	Support NCHADS to conduct PrEP quarterly meetings, semi-annual and annual meetings to review the progress, challenges and solution
	Address technical challenges in a timely fashion and establish a group communication mechanism (e.g. Telegram, Messenger) for providers and outreach workers on PrEP awareness and document frequently asked questions (FAQ). This same platform can be used to improve coordination between CBOs and providers and solve problems in delivery and support.
	Support NCHADS in PrEP promotion to attract all KPs from communities and other related services such STI, VCCT, etc
	Strengthen the coordination between PrEP site and NCHADS/LMU to avoid stockout of PrEP drugs and reagents
	Work with NCHADS, SIs and SSIs to update PDI+ concept note if necessary, to add priority populations
	Support NCHADS and NGO partners and SIs and SSIs to expand their implementation of the revised PDI+ model
	Strengthen NCHADS and PASP routine monitoring and support for PDI+ implementation at demonstration site
	Strengthen NCHADS and PASP's ability to analyze the results of PDI+ and inform NCHADS TWG and key stakeholders on the progress update of PDI+
	Post-demonstration advocacy brief and recommendations for self-testing as part of the national response (dissemination the results of HIVST to stakeholders)
	Dissemination HIVST SOP for national program
	Support NCHADS to implement the HIVST nationwide by co-facilitate the training, coaching and monitoring.
	TA to NCHADS, SIs and SSIs to review the revise HTS training curriculum by including MI and counseling skills
	Link HIVST and online self-risk assessment to online PrEP promotion and clinic booking/reservation to those at high-risk
	Provide technical support to NCHADS to conduct regular B-CoPCT meeting with NGO partners to follow up HIV testing cascade and address key barrier at implementing level
	Provide technical support to NCHADS to strengthen the counseling skills to outreach workers via face to face or virtual training
	Address gaps in case findings for priority and general population through refining testing modalities such as social networking (PDI+), index case testing and HIV self-testing with the increased use of social media
	Work with NCHADS to develop job aid for HIVST implementation for both communities and health facility
	Maintain and improve HIVST data collection tool
	Develop communication content to promote HIVST through social media and social influencers and link to hotline counseling
	Develop data capture approaches in clinics doing re-screening and confirmatory testing of HIVST clients.
	Conduct joint monitoring with NCHADS to strengthen and improve the uptake of HIVST for both communities and health facilities
	Support NCHADS to routinely conduct the HTS technical working group meeting
	Adopt the latest 4th version of Online Reservation Application (ORA)
	Conduct online Knowledge, Attitude, and Perception (KAP) assessment among priority population to understand their preferences of HIV content and ICT channels usage
	Support to NCHADS's Global Fund Social Media campaign in content development and guidance
	Work with online ads and influencers to promote ORA to new audience
	Expand ORA system to more clinics and provinces
	Update health facility service directory
	Monitor the uptake on the use of ORA for risk screening and reservation
Priority Area 4: Community-led Monitoring: Community Monitoring System: Support national and sub-national KP monitoring tools and quality assurance	

Budget: 300,000 USD	***Scale up the implementation of "Patient Satisfaction Feedback" (PSF) system to be used as an S&D monitoring platform***
	Provide technical support to NCHADS and CRS to expand PSF system to all ART sites and collaborate with EQHA to expand to other services in referral hospital and private clinics
	Support NCHADS and PASP to conduct routine monitoring visit to PSF implementation sites
	Facilitate the PSF integration into the national CQI and existing service delivery dashboards
	Maintain and enhance the PSF data management system
	Document use of PSF data in the quality improvement process and examine linkages to improved retention, adherence and viral suppression and lower mortality
	To foster real KP and PLHIV community participation and monitoring across the entire prevention to care cascade, EpiC will work with Joint Forum of Networks of PLHIV and Most-At-Risk Populations - FoNPAM nationally and DFoNPAMs in the districts
	TA to training on program monitoring and reporting
	TA to Advocacy training for FoNPAM members
	Conduct field monitoring visits to provide coaching/mentoring
	Advocate with the current Prevention and Care TWGs to include the KP representatives as part of the membership
	Advocate with PASPs to include KP representation
	Engage KP representatives to regularly attend the meeting in prevention TWG at the national level and GOC meeting at the sub-national level
	Provide capacity building to selected KP representative in the selected operational district and national level on the address to HIV intervention toward key populations
	Work with NAA and NCHADS to scale up community GBV reporting and referral network for legal, social and medical supports for priority and general population experiencing GBV (includes intimate partner violence) including prompt referral and access to PEP
	Conduct meetings with PHDs, KP and women's community organizations to discuss and get support on scaling up GBV and HIV responses
	Support PHD to coordinate provincial consultative committee for women and children (PCCWC) meetings to establish provincial GBV TWG and district GBV working groups that include KP reps
	Develop and maintain GBV Service Directory
	Develop GBV demand generation among KP and women including young girls and media connection to promote GBV and HIV responses
	Provide orientation to members of provincial GBV TWG
	Provide capacity building on GBV, IPV, KP, PEP, first line support, and reporting to health care provider in provincial level plus targeted ART and Family Health Clinic sites to improve GBV services response to KP and general populations
	Roll out GBV online reporting system
	Conduct quarterly monitoring and coaching to targeted district GBV working group
	Support quarterly meetings of Provincial GBV TWG
	Collaborate with national level such as MoWA, NCHADS, NAA, and other development partners to shape GBV and HIV prevention and response mechanism to align with national guidelines and policies
Priority Area 5: Strengthen CSO-led service delivery by capacitating CSOs to become social enterprises	
Budget: 250,000 USD	***Develop social enterprise (business) models with CSA and other CSOs***
	Review existing business model, strategic plan and sustainability strategies used by CSA and other CSOs. Consider the experiences of RHAC, Marie Stopes and other private clinics providing services to key populations.
	Share global best practices on social enterprise models and explore their potential application to the Cambodian context and these CSOs specifically.
	Work with CSA and relevant CSOs to develop a shortlist of promising social enterprise models. This could include an expansion of fee-based service offerings enabled by technology where applicable. The services may include vaccinations, gender affirming hormonal treatment, cancer screening, or self-test kits. In addition, EpiC will explore PrEP for expatriates via private appointment and online services which will help generate additional income for CSA.
	Conduct market research to test social enterprise models. This could include a survey of existing clients on their service preferences and willingness to pay.
	Develop social enterprise plans (business models) and financial projections for CSA and other CSOs that quantifies the amount of revenue that can be generated and proportion of total resource needs that can be covered through non-donor, non-government revenue sources.
	Develop a strategy for scaling the model to other clinics and cities, including minimum criteria for expansion, minimum investment needs, potential partnerships, and risk and mitigation plans.

	Work with USAID Mission through the U.S. Small Business Applied Research (S-BAR) initiative to capacitate local MSM, TG, EW and PWID/PWUD organizations to explore social enterprise models to provide partial organizational support.
	Explore funding opportunities available through S-BAR program and other suitable income sources. The other sources include individual philanthropy, corporate social responsibility partnerships with associated industries, including, but not limited to, alcoholic beverage companies, telecom companies, hospitality chains, pharmacies, and condom manufacturers.
	Explore extending the social enterprise model to other similar clinics or CSOs providing services to key population groups in Cambodia (including RHAC, Marie Stopes and other private clinics).
	Provide technical assistance to CSOs to develop and submit their S-BAR applications, and if successful, guide them through the co-creation process and development of final concept papers.