Kingdom of Cambodia

Nation Religion King

Ministry of Health

Standard Operating Procedures (SOP) for Continuum of Prevention to Care and Treatment for Women Entertainment Workers in Cambodia

Revised in August 2009

National Center for HIV/AIDS, Dermatology and STD

FORWARD

The Ministry of Health would like to express its appreciation to the National Technical Working Group for the Continuum of Prevention to Care and Treatment for Female Entertainment Workers, led by the National Center for HIV/AIDS, Dermatology and STD (NCHADS) with active participation from development partners in developing the Standard Operating Procedures (SOP) for the implementation of a Continuum of Prevention to Care and Treatment for Female Entertainment Workers in Cambodia.

The continuum of HIV prevention to care and treatment for Most at Risk Populations (MARPs) is very important to ensure consistent condom use to prevent other infectious diseases, to support birth spacing and to promote the understanding of reproductive and sexual health issues. This strategy will strengthen the coordination mechanism and collaboration between community based support groups, especially the MARPs' networks and different health services, for instance, VCCT, STI, and OI/ART services.

Ministry of Health officially endorses this SOP, supports its implementation and expects all partners' commitment in order to avoid a second wave of HIV epidemic in Cambodia.

Phnom Penh 01 **October 2009**

Minister of Health

Prof. Eng Huot
Secretary of State

ACKNOWLEDGMENTS

This Standard Operating Procedure (SOP) for Continuum of Prevention to Care and Treatment for Women working in Entertainment Services in Cambodia was reviewed and developed by the national Technical Working Group in the close collaboration with the National center for HIV/AIDS Dermatology (NCHADS), National AIDS Authority (NAA), UNAIDS, World Health Organization (WHO), UNFPA and the relevant Non Governmental Organization partners (NGOs) through the series of coordination meetings to overview the entertainment situation, gaps during the implementation so far.

I would highly appreciate to the BCC and STI/SRH units of NCHADS and the intellectual contribution and valuable time of National AIDS Authority (NAA), UNAIDS, World Health Organization (WHO), UNFPA and the other Non Governmental Organization partners (NGOs) such as KHANA, FHI, RHAC, PSF, PSI, CWPD for their fully committed efforts in developing this SOP.

Phnom Penh, 29 **September 2009**

Dr. Mean Chhi Vun
Director of NCHADS

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ACRONYMS

CoC	Continuum of Care
CoCCC	Continuum of Care Coordinating Committee
CUCC	100% Condom Use Coordination Committee
CUP	Condom Use Programme
CUWG	100% Condom Use Working Group
D-CoPCT-CC	District Continuum of Prevention to Care and Treatment Coordination Committee
DPCT	District Prevention to Care Team
DTOP	District Team on Outreach and Peer Education
EW	Entertainment worker
FHI	Family Health International
FP	Family planning
HIV	Human Immunodeficiency Virus
IDU	Injecting drug user
KHANA	Khmer HIV/AIDS NGO Alliance
M&E	Monitoring and Evaluation
MARP	Most at risk person/population
MCH	Maternal and Child Health
MK	Me Kar (Manager)
MoH	Ministry of Health
MoI	Ministry of Interior
MSM	Men who have sex with men
NAA	National AIDS Authority
NACD	National Centre for Combating Drugs
NCHADS	National Center for HIV/AIDS, Dermatology and STDs
NGO	Non-Governmental Organization
NSP-II	National Strategic Plan for a Comprehensive and Multisectoral Response to HIV/AIDS, 2006-2010
OD	Operational district
PAO	Provincial AIDS Office
P-CoPCT-CC	Provincial Continuum of Prevention to Care and Treatment Coordination Committee
P-CoPCT-ST	Provincial Continuum of Prevention to Care and Treatment Support Team
PE	Peer educator
PF	Peer facilitator
PLHIV	Person/People Living with HIV/AIDS
PMTCT	Prevention of Mother-to-Child HIV Transmission
PSI	Population Services International
PST-OP	Provincial Support Team on Outreach & Peer education
PWG-OPC	Provincial Working Group on Outreach & Peer education and 100% Condom use
RGC	Royal Government of Cambodia
RH	Referral Hospital
RHAC	Reproductive Health Association of Cambodia
RH/FP	Reproductive Health and Family Planning
SOP	Standard Operating Procedure
SRH	Sexual and reproductive health
STI	Sexually Transmitted Infection
TWG-OPC	Technical Working Group on Outreach & Peer education and 100% Condom use
VCCT	Voluntary Confidential Counselling and Testing

CHAPTER 1

BACKGROUND AND RATIONALE

This document outlines the standard operating procedures (SOP) for a "continuum of prevention to care and treatment" approach for women working in the entertainment industry (EWs). The revised approach strives to respond to Cambodia's changing epidemic, which has seen a tremendous increase in the number of women working in non-brothel based entertainment establishments and changes in the nature of transactional sex over the past five years. The approach also responds to changes in Cambodia's policy environment, particularly the promulgation of the 2008 Law on the Suppression of Human Trafficking, which has made it more difficult to implement the existing 100% condom use programme (CUP). Finally, the approach identifies programmatic solutions to reach Cambodia's universal access targets and strengthen the implementation of a revised response at the operational district to national levels.

The new SOP documents the management and coordination structure for implementers carrying out the new approach. It outlines:

- Changes in management, coordination and implementation structures and why these changes were made
- Membership of each management, coordination and implementation body
- The roles and responsibilities of each body
- Resources needed for each body to carry out its work
- Reporting requirements and processes for each body

The new SOP also lists and/or provides the revised:

- Indicators and targets
- Specific monitoring tools
- Means of evaluation of the programme

Finally, the SOP documents the:

- The standard reporting formats
- Reporting flow and frequency

The SOP for a Continuum of Prevention to Care and Treatment Approach for Female Entertainment Workers in Cambodia replaces the previous SOP for the Outreach and Peer Education and 100% Condom Use Programme to Sex Workers in Cambodia (NCHADS TWC/OPC July 2006).

CHAPTER 2

STRATEGIES AND OUTPUTS

The revised approach will consist of five main programme strategies: (1) Strengthened policy framework, coordination, outreach and service linkages from operational district to national level; (2) Improved services and service provision for women in the entertainment industry; (3) Implementation of a reproductive and sexual health approach in transactional sex service environments; (4) Strengthened human, network and institutional capacity; and (5) Coordinated data collection, analysis and utilization for programme monitoring and quality assurance/ improvement. The Table below outlines the strategies and key outputs.

Programme Goal
Reduce HIV prevalence and impact among entertainment workers

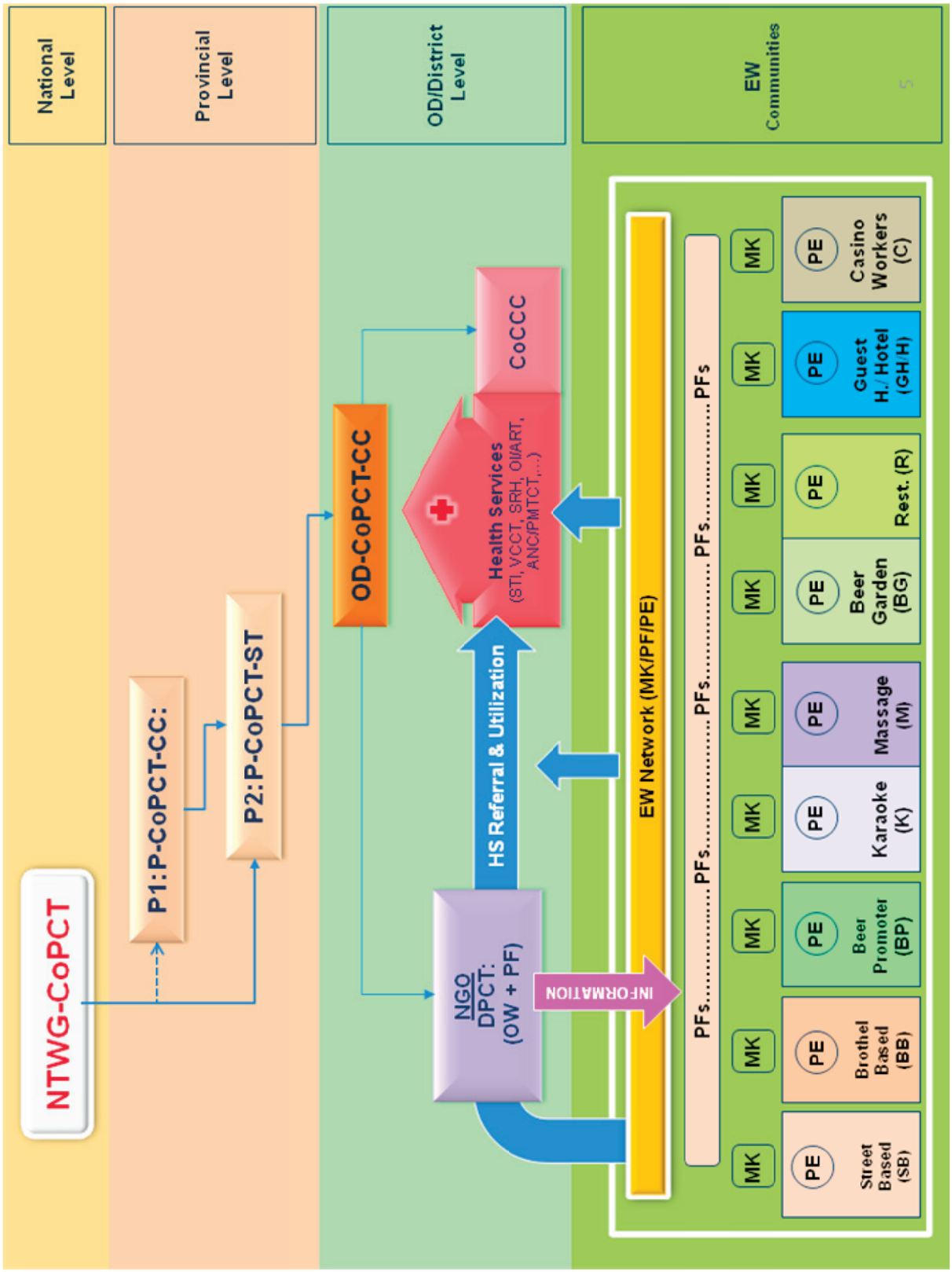
Programme Outcome
Develop and implement a new HIV and sexual health approach for entertainment workers

Strengthened policy, coordination, outreach and service linkages	Improved services and service provision for entertainment workers	Implementation of a SRH approach in transactional sex environments	Strengthened human, network and institutional capacity	Coordinated data collection, analysis and utilization
Output 1: Expanded administrative order issued	**Output 1:** Barriers to service uptake identified	**Output 1:** SRH communications objectives and tools developed	**Output 1:** Informal networks of EWs organised and active at OD levels	**Output 1:** Two-tier referral card system revised and operationalised
Output 2: SOP structure revised	**Output 2:** Service sensitization trainings for implementers, stakeholders and health care providers conducted	**Output 2:** Dual protection promoted for HIV prevention and RH/FP	**Output 2:** Entertainment establishment managers' engaged	**Output 2:** Data collection and M&E tools revised and applied for programme monitoring and CQI
Output 3: Health referral network revised and strengthened	**Output 3:** Service provision and protocols adjusted to serve hard-to-reach populations	**Output 3:** Demand created for health and non-health information, products and services	**Output 3:** DPCT teams providing high quality education and services	**Output 3:** Data flow and reporting systems improved
Output 4: Non-health referral mechanisms and linkages established and strengthened	**Output 4:** One stop SRH services piloted and/or promoted in selected sites	**Output 4:** Outreach and peer education approaches adapted and improved in changing environments	**Output 4:** SOP structures functioning well	**Output 4:** Data fed back to OD structures quarterly

Cross cutting themes: strategic behaviour communication, monitoring and quality assurance, gender equity and partnerships

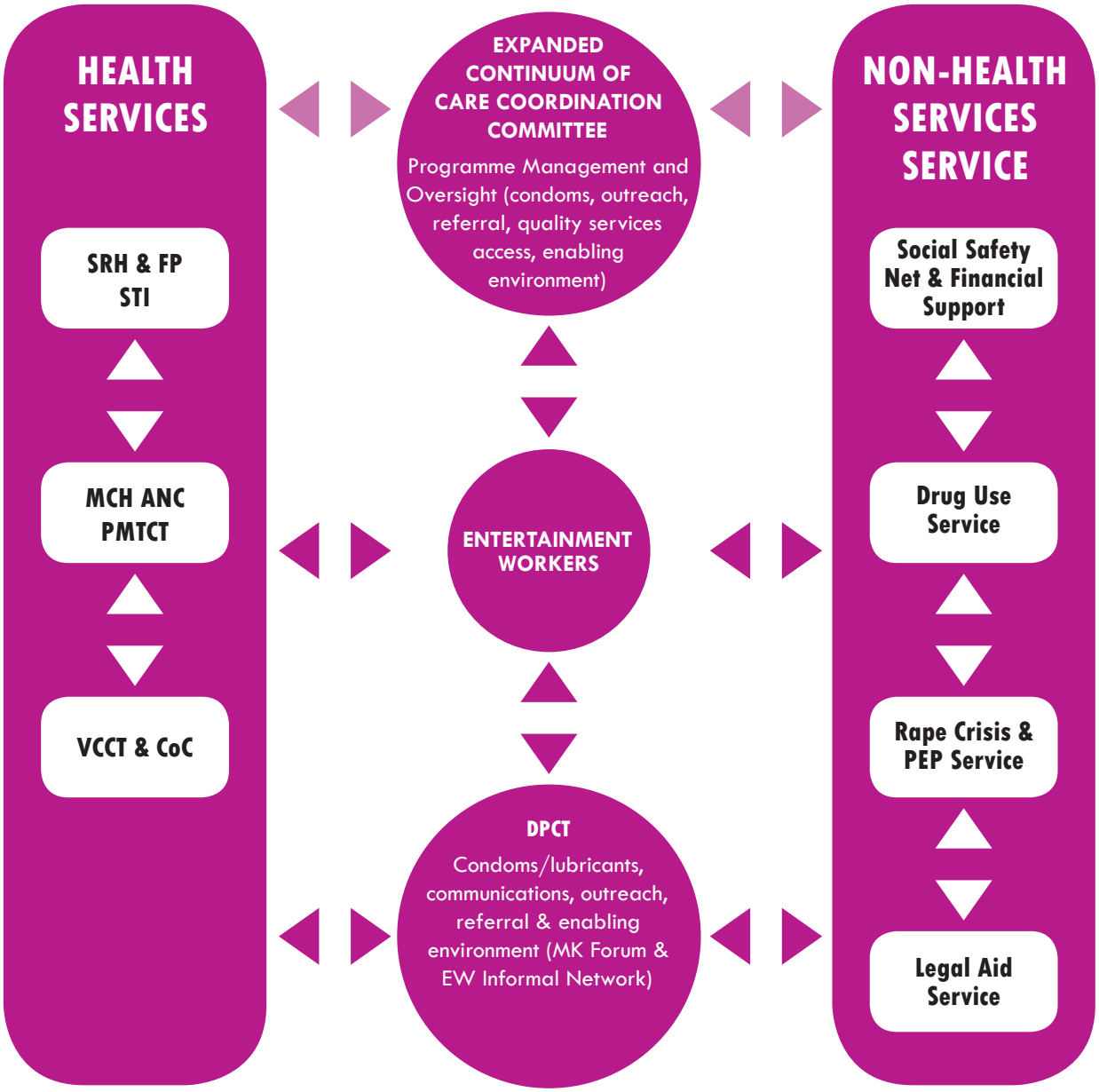
CHAPTER 3

SERVICE DELIVERY, MANAGEMENT AND COORDINATION STRUCTURE



FRAMEWORK FLOW CHART

D-CoPCT-CC, P-CoPCT-ST, P-CoPCT-CC & NTWG-CoPCT Oversight & Coordination



CHAPTER 4

IMPLEMENTATION OF THE SERVICE DELIVERY, MANAGEMENT AND COORDINATION STRUCTURE

1 EW Networks

The EW network will be established in each Entertainment Establishment which includes Me-Kar, PFs and PEs.

- **PE (peer educator)** is a person who is similar to and provides education to another person/people. The PE receives training from the NGO Outreach Staff (DPCT) and provides assistance to both the NGO Outreach Staff and Peer Facilitator(s) in collecting and gathering other EWs to come and join the educational sessions.
- **PF (peer facilitator)** is an active, motivated and committed EW who is recruited amongst Peer Educators (PEs). The PF works very closely with the PE(s) to organize and facilitate educational sessions among EWs on a regular basis based on the agreed schedule and prepared contents.
- **Me-Kar** is a person who is close to the owner of the entertainment establishment and may function as the manager. The Me-Kar plays a supporting role in coordinating the implementation of educational sessions among EWs in each entertainment establishment. The Me-Kar also supports the PF, PE and NGO Outreach Staff to meet with the EWs in the Me-Kar's entertainment establishment.

1.1 Peer Educators and Peer Facilitators

a. Rationale and Membership

Peer Educators and Peer Facilitators will represent the diversity within the entertainment industry. Peer educators and facilitators will be identified in targeted entertainment establishments or within settings where commercial or transactional sex takes place. This includes beer gardens, casinos, karaoke parlors, massage parlors, brothels, public parks/streets, private homes, etc. In selected health facilities, peer facilitators/supporters will also be stationed to support EWs to use services.

If suitable Me-Kar exists, they may be recruited as peer facilitators, as long as they fulfill the criteria for becoming a peer. Criteria for identifying peer facilitators and peer educators will be established by district prevention to care delivery teams (DPCT) based on common parameters established at the national level.

Each PF is responsible for reaching **50-100 EWs (5-10 PEs).**

Peer Educators (PEs) will be identified in each establishment or risk area (typically 1 PE for up to **10-20 EWs**).

b. Roles and Responsibilities

PF:

- Develop and implement individual weekly and monthly plans
- Conduct outreach activities and peer education to EWs in the identified areas at agreed-upon times
- Refer EWs to health services and promote health services and commodities at every educational contact
- Assist in identifying PEs
- Join monthly meeting with OWs to share updated information, knowledge, skills and experiences
- Prepare weekly/monthly individual report

The main roles and responsibilities of PFs and PEs will be outlined under the DPCT roles and responsibilities.

c. Resources

PFs will receive a monthly stipend which will fall within the parameters established at the national level. While PEs typically do not receive a stipend, they may receive travel/per diem benefits or referral incentives as per the DPCT recommendations.

Training and support of PFs and PEs is outlined under the DPCT resources.

d. Reporting

PF and PE reporting is outlined under the DPCT reporting.

1.2. Me-Kar

a. Rationale and Membership

Significant changes in male sexual and social networking have significantly increased the frequency and amount of transactional sex being negotiated in entertainment establishments. The active understanding and involvement of entertainment establishment owners/managers in the programme is critical to sustaining a supportive environment for EW networking, communications, outreach and referral to service networks.

The MK Forum will consist of MK and/or other key entertainment establishment representatives. Membership on this forum will be extended to all MK and entertainment establishment owners or their representatives within the DPCT catchment area. Attendance at these forum meetings is voluntary, although attendance will be encouraged by limiting the length of the meetings and providing refreshments in a pleasant environment.

b. Roles and Responsibilities

The roles and responsibilities of the members of the MK Forum are as follows:

- To meet together once a quarter for 2-4 hours with facilitation support provided by P-CoPCT-ST with involvement of LOCAL AUTHORITIES/ POLICE
- To facilitate DPCT access into entertainment establishments to conduct outreach, provide or promote condoms/lubricant, and to make service referrals (or provide services)
- To support placement of educational materials and products (e.g. condoms/lubricant) within entertainment establishments
- To encourage EWs to participate in educational sessions, become involved as PFs or PEs, and to use services in service referral networks
- To give regular feedback to DPCT on the effectiveness of educational efforts and referral networks

c. Resources

Representatives on the MK Forum will not receive a regular stipend but will be supported to attend Forum meetings and provided with refreshments, as per guidelines established at the DPCT or national levels.

d. Reporting

Minutes of the MK Forum will be recorded and copies provided to DPCT team members and the CoCCC and D-CoPCT-CC within two weeks after each meeting.

1.3. EW Informal Forum

a. Rationale and Membership

The DPCT will build skills and capacity of EW networks for the expansion and maintenance of a minimum package of communication, outreach and referral services.

The EW Informal Forum will consist of EWs from different types of establishments and jobs. Membership on this forum will be extended to all EWs within the DPCT catchment area – although because of the large numbers in some areas, PFs and PEs may be targeted. Attendance at these forum meetings is voluntary, although will be encouraged by limiting the length of the meetings and providing refreshments in a pleasant environment.

b. Roles and Responsibilities

The roles and responsibilities of the members of the EW Informal Forum are as follows:

- To meet together once a quarter for 2-4 hours with facilitation support provided by DPCT and LOCAL AUTHORITIES

- To give regular feedback to DPCT on the effectiveness of educational efforts, interventions, referral networks and health and non-health services within the referral networks
- To report public health impacts of governmental policies, such as the anti-trafficking or drug control legislation

c. Resources

Representatives on the EW Informal Forum will not receive a regular stipend but will be supported to attend Forum meetings and provided with refreshments, as per guidelines established at the DPCT or national levels.

d. Reporting

Minutes of the EW Informal Forum will be recorded and copies provided to DPCT team members and the CoCCC and D-CoPCT-CC within two weeks after each meeting.

OD/District Level

2.1. District Prevention to Care Delivery Team (DPCT)

a. Rationale and Membership

The DPCT will replace the District Team on Outreach and Peer Education (DTOP). The DPCT will continue to consist of outreach workers, peer facilitators and peer educators managed by implementing NGOs (or in some cases by NCHADS). The size of each DPCT varies based on the number of EWs it reaches, the locations of EWs and entertainment establishments, and the number of DPCTs operating in each province or municipality.

b. Roles and Responsibilities

The roles and responsibilities of the DPCT are numerous and have been divided by strategy as follows:

Strategy 1: *Strengthened policy framework, coordination, outreach and service linkages from ODs to national level*

- Map all places where transactional sex is negotiated or takes place (e.g. entertainment establishments, parks, private homes, etc) and enumerate the number of EWs each quarter
- Map all SRH and non-health services for EWs in designated areas each quarter, focusing on services that EWs need and/or want
- Make referral agreements with selected SRH and non-health service providers
- Establish referral uptake targets, as based on local realities and national guidance
- Make referrals to SRH and non-health services at all formal and informal educational contacts, using revised first tier referral slips (Annex 4)

Strategy 2: *Improved services and service provision for EWs*

- Identify barriers that different EWs face accessing services and report to P-CoPCT-ST
- Orient MK Forum and EW Informal Forum members on services available in the referral network at each quarterly meeting
- Identify and enumerate (where possible) hard-to-reach EWs and advocate for mobile services as required
- Identify public and private comprehensive SRH/FP service providers and agree on common minimum delivery package for EWs.

Strategy 3: *Implementation of a reproductive and sexual health approach in transactional sex service environments.*

- Develop targeted SRH communications messages and tools for EWs that promote communications objectives developed at the national level
- Ensure the availability of condoms/lubricant and RH/FP information in and around targeted entertainment establishments and risk areas
- Conduct outreach to all targeted EWs within designated areas. Strive to reach ALL targeted EWs within designated areas at least once per quarter (ideally once per month, as per accessibility)
- Promote condoms and lubricant at every formal and informal educational contact
- Provide information on other FP methods and actively promote RH/FP services
- Orient EWs on the health service consumer charter
- Establish and/or promote branded services
- Establish PFs or peer supporters in selected service delivery sites to support EWs and encourage uptake
- Establish incentive-based referral and uptake system based on national guidelines
- Participate in SRH training and refresher sessions provided at the provincial or national levels

Strategy 4: *Strengthened human, network and institutional capacity*

- Identify, train and manage/mentor peer facilitators and peer educators
- Ensure that PFs and PEs represent the diversity within the entertainment industry and include freelance sex workers, brothel-based sex workers and different kinds of EWs
- Hold monthly meetings with outreach workers, PFs, PEs and HIV/AIDS OD Coordinator to develop/share workplans, discuss issues, conduct informal capacity building, collect programmatic information and coordinate outreach
- Establish MK Forum and EW Informal Forum; encourage MK and EWs to participate in forums; facilitate quarterly MK Forum and EW Informal Forum meetings
- Monitor the uptake and effectiveness of referrals and provide feedback to service providers for programme quality assurance/improvement

Strategy 5: *Coordinated data collection, analysis and utilization for programme monitoring and QA/QI*

- Collect referral slips from targeted service providers once per month
- Collect data using established reporting forms and provide to the OD HIV/AIDS Coordinator and P-CoPCT-ST each quarter

c. Resources

DPCT members will receive monthly salaries or stipends based on NGO practices and national guidance. In an effort to ensure that the DPCT is providing quality outreach and referral support, SRH capacity building will be done on a quarterly basis, often through technical assistance NGOs like CARE, FHI, KHANA, PSI and RHAC.

d. Reporting

Reporting within the DPCT will be done through PFs who will report on the number of people reached, the number of contacts, the number of referral slips provided and the number of condoms/lubricant distributed or sold.

PF data will be aggregated by outreach workers and DPCT managers who will complete a standard report format, which also includes the number of successful referrals (by type of service); the number of attendees at MK and EW Informal Forum meetings; and MK and EW Informal Forum meeting minutes. This information will be provided to the OD HIV/AIDS Coordinator who will then ensure that the information is shared with the CoCCC, the D-CoPCT-CC, P-CoPCT-CC and the P-CoPCT-ST.

2.2. Continuum of Care Coordinating Committee (CoCCC)

a. Rationale and Membership

The CoCCC will revise its terms of reference, its roles and responsibilities and its membership to incorporate HIV prevention and SRH for MARPs.

Membership of the CoCCC will now include:

1	Director or Deputy Director of Referal hospital	Chair
2	OD HIV/AIDs Coordinator	Vice chair
3	Family Health Clinic representative	Member
4	SRH health center	Member
5	NGO representative(s)	Member
6	DPCT representative(s)	Member
7	EW representative(s)	Member
8	Existing CoCCC members	Member

b. Roles and Responsibilities

The roles and responsibilities of the CoCC have been divided by strategy as follows:

Strategy 1: *Strengthened policy framework, coordination, outreach and service linkages from ODs to national level"*

- Monitor the implementation of policy frameworks amongst the EW service providers
- Coordinate and support service providers in delivery services in response to the needs of EW
- Report and feedback the achievement, challenges in the implementation of health services and other HIV and AIDS related services to EW

Strategy 2: *Improved services and service provision for EWs*

- Set up a reporting and M&E system which can track the progress in service provision for EW
- Conduct supervision and monitoring visits to each relevant health setting to understand the issues and provide responses as needed

Strategy 3: *Implementation of a reproductive and sexual health approach in transactional sex service environments.*

- Identify additional service providers (NGO, Private) for delivering EW related health services where there is a need
- Support and coordinate the supplies of commodities, drugs and other equipment to ensure the provision of services are meeting the needs of EW

Strategy 4: *Strengthened human, network and institutional capacity*

- Conduct training needs analysis (TNA) amongst services providers to identify their strengths and weakness in technical skills and other knowledge
- In collaboration with the national level, other development partners and NGOs, implement capacity building plans for service providers

Strategy 5: *Coordinated data collection, analysis and utilization for programme monitoring and QA/QI*

- Conduct quarterly meetings to coordinate and collect the progress reports related to service provision for EW
- Develop the user friendly reporting and M&E system which can support service provider to track the progress for the implementation of health and HIV and AIDS related services for EW

c. Resources

Logistic support to cover the costs for quarterly meetings of the committee i.e. venue, stationary, snacks and travel cost for members of the committee

d. Reporting

CoCCC will report to the D-CoPCT-CC

2.3. District Continuum of Prevention to Care and Treatment Coordinating Committee (D-CoPCT-CC)

a. Rationale and Membership

The D-CoPCT-CC has membership and roles and responsibilities under this new SOP.

Membership of the D-CoPCT-CC will include:

1	District or Vice-District Governor	Chair
2	OD Director	Vice chair
3	RH Director	Member
4	District Police Chief or Vice-Chief	Member
5	Chief of district DoWA office	Member

6	OD Deputy Director in charge of Health Centers	Member
7	Chief of STD Clinic	Member
8	NGO RH clinic	Member
9	P-CoPCT-ST representative	Member
10	DPCT representative (NGO)	Member
11	Representative of non-health services	Member
12	EW Representative	Member
13	Representative of Establishment owners	Member
14	OD HIV/AIDS Coordinator	Member

b. Roles and Responsibilities

The roles and responsibilities of the D-CoPCT-CC have been divided by strategy as follows:

Strategy 1: *Strengthened policy framework, coordination, outreach and service linkages from ODs to national level*

- Orient entertainment establishment managers/representatives and local district authorities to apply expanded administrative order through revised SOP structure
- Monitor compliance with expanded administrative order (e.g. condom availability in and/or in close proximity to all entertainment establishments or risk areas)
- Represent public health interests and ensure that district law enforcement is not negatively affecting implementation of the SOP and model approach

Strategy 2: *Improved services and service provision for EWs*

- Orient local authorities and entertainment establishment representatives on district health and non-health service referral network
- Solve and/or report problems regarding access of EWs to condoms/lubricant, sexual health information and SRH services

Strategy 3: *Implementation of a reproductive and sexual health approach in transactional sex service environments.*

- Ensure the availability of condoms/lubricant and RH/FP information in and around targeted entertainment establishments and risk areas

Strategy 4: *Strengthened human, network and institutional capacity*

- Meet every quarter and appoint a member to record minutes of every meeting

Strategy 5: *Coordinated data collection, analysis and utilization for programme monitoring and QA/QI*

- Conduct quarterly meetings to coordinate and collect the progress reports related to service provision for EWs.

c. Resources

Logistic support to cover the costs of the quarterly meetings of the committee i.e. venue, stationary, snacks and travel costs for members of the committee

d. Reporting

D-CoPCT-CC will report to:

- P1: P-CoPCT-CC for issues which require a policy and order support in relation to the implementation of HIV and AIDS Prevention and Care among EWs;
- P2: P-CoPCT-ST for issues concerned with the health related services and collaboration amongst service providers

Provincial Level

3.1. Provincial Continuum of Prevention to Care and Treatment Support Team (P-CoPCT-ST)

a. Rationale and Membership

The P-CoPCT-ST assumes many of the responsibilities of the 2006 SOP Provincial Working Group/Outreach and Peer Education and 100% Condom Use (PWG/OPC) and the Provincial Support Team on Outreach and Peer Education (PST/OP).

Membership of the P-CoPCT-ST will now include:

1	PAO Manager	Chair
2	Department of Women's Affairs (representative)	Vice chair
3	PAO (BCC officer)	Secretary
4	PAO (STI officer)	Member
5	PAO (CoC Officer)	Member
6	OD HIV/AIDS Coordinator	Member
7	DPCT representative(s)	Member
8	NGO representative(s) (health services)	Member
9	NGO representative(s) (non-health services)	Member
10	EW representative	Member

b. Roles and Responsibilities

The roles and responsibilities of the P-CoPCT-ST and have been divided by strategy as follows:

Strategy 1: *Strengthened policy framework, coordination, outreach and service linkages from ODs to national level*

- Strengthen CoCCC to formalize service linkages, referral and follow up processes, and client flow for MARPs

- Orient relevant district authorities on SOP structure and model approach

Strategy 2: *Improved services and service provision for EWs*

- Develop and implement recommendations for SRH service accessibility and/or quality improvement
- Establish and oversee coordination of mobile services for hard to reach EWs as required

Strategy 3: *Implementation of a reproductive and sexual health approach in transactional sex service environments.*

- Oversee incentive-based referral and uptake system
- Develop LoAs with DPCT(s) in targeted areas

Strategy 4: *Strengthened human, network and institutional capacity*

- Ensure that DPCT are well-trained and working as per SOP roles and responsibilities
- Ensure that MK Forum and EW Informal Forum are established and operational; collect and discuss Forum meeting minutes and ensure that recommendations are carried out when possible
- Monitor the uptake and effectiveness of referrals and provide feedback to CoCCC for programme quality assurance/improvement
- Ensure quality standards for DPCT are achieved and carry out formal monitoring of DPCT on a quarterly or semi-annual basis
- Coordinate, oversee and monitor the work of DPCT(s) and D-CoPCT-CC

Strategy 5: *Coordinated data collection, analysis and utilization for programme monitoring and QA/QI*

- Coordinate with DPCT in collecting and combining EW data for the PHD Director approval and submission to NCHADS every quarter
- Feedback national coverage and service uptake data to DPCT and CoCCC every six months
- Monitor DPCT(s) to ensure that reach and targets are reached

NB: In the catchment area where the DPCT is not operational, the P-CoPCT-ST will be responsible for implementing the SOP and collecting EW data.

c. Resources

Incentive based scheme for PAO to be provided by NCHADS. It is based on the result of its performance evaluated by defined indicators of incentive scheme.

d. Reporting

P-CoPCT-ST will collect all activities report and EW data from all OD(s) through the OD HIV/AIDS Coordinator. The final provincial report will be submitted to PHD Director and sent to NCHADS' Data Management Unit on a quarterly basis, not later than 1st week of coming quarter.

3.2. Provincial Continuum of Prevention to Care and Treatment Coordinating Committee (P-CoPCT-CC)

a. Rationale and Membership

As the main provincial advocacy body, the P-CoPCT-CC assumes many of the responsibilities of the 2006 SOP 100% Condom Use Coordination Committee (CUCC).

Membership of the P-CoPCT-CC will now include:

1	Governor or Vice-Governor	Chair
2	PHD Director	Vice chair
3	CoPCT-ST representative	Member
4	Department of Women's Affairs (representative)	Member
5	Provincial Police Chief	Member
6	OD HIV/AIDS Coordinator	Member
7	District Governor(s)	Member
8	NGO representative(s) (health services)	Member
9	NGO representative(s) (non-health services)	Member
10	EW representative	Member
11	PAO manager	Secretary

b. Roles and Responsibilities

The roles and responsibilities of the P-CoPCT-CC have been divided by strategy as follows:

Strategy 1: *Strengthened policy framework, coordination, outreach and service linkages from ODs to national level*

- Orient entertainment establishment managers/representatives and provincial authorities to apply expanded administrative order through revised SOP structure
- Monitor and oversee compliance with expanded administrative order (e.g. condom availability in and/or in close proximity to all entertainment establishments or risk areas)
- Represent public health interests and ensure that provincial law enforcement is not negatively affecting implementation of the SOP and model approach

Strategy 2: *Improved services and service provision for EWs*

- Orient provincial authorities and entertainment establishment representatives on district health and non-health service referral network
- Solve and/or report problems regarding access of EWs to condoms/lubricant, sexual health information and SRH services.
- Conduct resource mobilization for continued implementation of the SOP, as required

Strategy 3: *Implementation of a reproductive and sexual health approach in transactional sex service environments.*

- Ensure the availability of condoms/lubricant and RH/FP information in and around targeted entertainment establishments and risk areas

Strategy 4: *Strengthened human, network and institutional capacity*

- Meet every quarter in year 1 and appoint member to record minutes of every meeting; meet every six months in year 2 onwards

Strategy 5: *Coordinated data collection, analysis and utilization for programme monitoring and QA/QI*

- Collect reports from the D-CoPCT-CC and the P-CoPCT-ST and review

c. Resources

Logistic support to cover the costs for quarterly meetings of the committee i.e. venue, stationary, snacks and travel cost for members of the committee

d. Reporting

P1: P-CoPCT-CC will report to NCHADS or the Ministry of Health and/or National AIDS Authority if there are any particular issues that require national assistance; otherwise all issues will be solved at this level.

4 National Level

4.1. National Technical Working Group for the Continuum of Prevention to Care and Treatment (NTWG-CoPCT)

a. Rationale and Membership

The NTWG-CoPCT will be the main national coordination and monitoring body for the revised EW operational framework and SOP.

Membership of the NTWG-CoPCT will include:

1	Director of NCHADS	Chair
2	Deputy Director of NCHADS in charge of BCC	Vice-Chair
3	Ministry of Women Affairs representative	Vice-Chair
4	NAA representative	Member
5	Ministry of Interior representative	Member
6	Chief of STD Unit (NCHADS)	Member
7	Chief of AIDS Care Unit (NCHADS)	Member
8	Chief of VCCT Unit (NCHADS)	Member
9	FHI representative	Member
10	KHANA representative	Member
11	RHAC representative	Member
12	PSF representative	Member

13	CWPD representative	Member
14	CWDA representative	Member
15	Marie-Stopes (MSIC) representative	Member
16	PSI representative	Member
17	CARE representative	Member
18	EW network representative	Member
19	UNFPA representative	Member
20	UNAIDS representative	Member
21	WHO representative	Member
22	Private sector representative (CBCA)	Member
23	Chief of BCC Unit (NCHADS)	Secretary

b. Roles and Responsibilities

The roles and responsibilities of the NTWG-CoPCT and have been divided by strategy as follows:

Strategy 1: *Strengthened policy framework, coordination, outreach and service linkages from ODs to national level*

- Prepare proposal for an expanded administrative order or relevant policy (led by National AIDS Authority)
- Orient provincial and local authorities to apply expanded administrative order or other relevant policy
- Oversee compliance with expanded administrative order or other relevant policy
- Ensure contraceptive security for application of expanded administrative order or policy
- Finalize new SOP structure and orient provincial and local authorities
- Operationalize new SOP and model in selected demonstration provinces

Strategy 2: *Improved services and service provision for EWs*

- Expand mandate of CoCCC as per new SOP structure and model approach
- Orient key national and provincial stakeholders on SRH
- Organize national client sensitization capacity building for service providers at least once yearly
- Organize and/or monitor capacity building to improve the quality of SRH services targeting MARPs
- Adjust CoC framework and VCCT/STI protocols for strengthened SRH integration and the incorporation of MARP risk behavioral assessments and case management
- Explore feasibility of extending Option 2 in Family Health Clinics
- Explore feasibility of integrating key RH/FP services or linkages into Family Health Clinic

Strategy 3: *Implementation of a reproductive and sexual health approach in transactional sex service environments.*

- Develop and monitor EW communications strategy to outline behavioral communications objectives and key messages/channels
- Collect all appropriate SRH materials and resources for MARPs
- Establish and monitor systematic RH/FP referrals within and between CoC and STI services
- Establish and monitor SRH service quality standards
- Ensure interactive SRH training modules are flexible to local contexts

Strategy 4: *Strengthened human, network and institutional capacity*

- Hold orientation and capacity building sessions to implement revised SOP structure and model approach
- Prepare and endorse revised budget for SOP structure functioning
- Ensure that SOP bodies are meeting regularly and performing their roles and responsibilities as per SOP guidelines

Strategy 5: *Coordinated data collection, analysis and utilization for programme monitoring and QA/QI*

- Institute a standard referral slip/voucher system with minimum/common requirements for data collection that allows for local DPCT variation
- Adapt or promote the use of linked response referral slips to track referrals within health service settings
- Revise/simplify registers and referral slips within health services to ensure MARPs are captured, referred and followed up
- Establish and monitor national targets for referral uptake and reach

c. Resources

Allowances or incentives for government members of the NTWG-CoPCT will be paid only for meetings, workshops, trainings and monitoring/supervision trips. The incentive or allowance rates will follow NCHADS SOP on Finance.

d. Reporting

The NTWG-CoPCT (led by NCHADS BCC Unit) will work with the Data Management Unit (NCHADS) to collect, analyze and report on activities related to the implementation of the EW operational framework and SOP. All data collected through the implementation of the SOP will be entered into the NCHADS database, collated and reported to the NCHADS Director on a quarterly basis.

National-level data will also be analyzed, collated and fed back to the provincial structures through the C-CoPCT-CC and C-CoPCT-ST on a semi-annual basis.

Indicators and Targets

The following indicators and targets have been established for different SOP structures. Please note that these indicators will measure or track implementation and outputs/outcomes of the SOP interventions. Other indicators may be developed to track and measure quality of the interventions.

PROVINCIAL AND OPERATIONAL DISTRICT LEVELS

Code	Indicator	Definition	Target	Means of Verification (what and when)	
	A. Informal Networks – Owner/Me-Kar and EW				
A1	Number of Me-Kar forum meetings	Count number of meetings of Me-Kar Forum during reporting period	Me-Kar Forum meets once every quarter	Minute of Meeting of Me-Kar Forum	Quarterly
A2	Number of people attending Me-Kar Forum meetings	Count number of individual attending each Me-Kar Forum meeting	Representatives from at least 50% of establishments in DPCT target area local authorities/ police attend Me-Kar Forum meetings,	Attendance List of each Me-Kar Forum Meeting	Quarterly
A3	Number of EW Informal forum meetings	Count number of meetings of EW Informal Forum during reporting period	EW Informal Forum meets once every quarter	Minute of Meeting of EW Informal Forum	Quarterly
A4	Number of people attending EW Informal Forum meetings	Count number of individual attending each EW Informal Forum meeting	EWs from at least 50% of establishments in DPCT target area attend EW Informal Forum meetings OR 80% of PFs/PEs attend EW Informal Forum meetings	Attendance List of each EW Informal Forum Meeting	Quarterly

	B. DPCT				
B1	Number by type of entertainment establishments (places) in target area	Count total numbers of entertainment establishments by type in target area, irrespective of whether or not they are reached by program. Disaggregate by the different types of entertainment establishments.	Mapping of entertainment establishments done annually by P-CoPCT-ST	Mapping report submitted to NTWG-CoPCT	Annually
B2	Number by type of EWs in target area	Count total numbers of EWs in target area, irrespective of whether or not they are reached by program. Disaggregate by the different types of EWs.	Enumeration of all EWs in target area done annually by P-CoPCT-ST	Mapping report submitted to NTWG-CoPCT	Annually
B3	Number of SRH and key non-health services in target area	Count and disaggregate services in target area that will form part of active referral network (services should include government, NGO and private services)	DPCT has at least 4 service providers in referral network	Mapping report submitted to P-CoPCT-ST	Quarterly
B4	Number by type of entertainment establishments reached in target area	Count number and type of entertainment establishments reached in target area. Reached means those areas covered by program activities, such as outreach or peer education, special events and/or referrals	DPCT strives to reach at least 80% of all entertainment establishments in target area	Progress report submitted to P-CoPCT-ST	Quarterly
B5	Number of EWs reached in target area	Count number of EWs reached in target area. Reached means those areas covered by program activities, such as outreach or peer education, special events and/or referrals. DO NOT disaggregate type of EW	DPCT strives to reach 75% or more of the EWs in target area	Progress report submitted to P-CoPCT-ST	Quarterly
B6	Number of contacts (times) EWs reached in target area	Count the number of times that EWs are contacted. DO NOT disaggregate type of EW	DPCT strives to reach each EW in target area at least once per quarter	Progress report submitted to P-CoPCT-ST	Quarterly
B7	Number of condoms distributed	Count number of condoms distributed for free to EWs by DPCT	DPCT has a condom distribution plan where free condoms are targeted to those who most need them	Progress report submitted to P-CoPCT-ST	Quarterly
B8	Number of condoms socially marketed	Count number of condoms socially marketed to EWs by DPCT	DPCT strives to socially market condoms and lubricant in target area	Progress report submitted to P-CoPCT-ST	Quarterly

	B. DPCT				
B9	Number of referral slips given	Count number of referral slips provided to EWs during educational contacts. DO NOT disaggregate by type of service.	DPCT provides an equivalent number of referral slips to match the number of contacts per quarter	Progress report submitted to P-CoPCT-ST	Quarterly
B10	Number of referral slips collected (STI/RTI services)	Count number of referral slips collected from Family Health Clinics or other relevant STI service providers in referral network	50% of EWs reached access STI services	Progress report submitted to P-CoPCT-ST	Quarterly
B11	Number of referral slips collected (VCCT services)	Count number of referral slips collected from VCCT service providers in referral network	50% of EWs reached access VCCT services	Progress report submitted to P-CoPCT-ST	Quarterly
B12	Number of referral slips collected (RH/FP)	Count number of referral slips collected from RH/FP service providers in referral network	25% of EWs reached access RH/FP services	Progress report submitted to P-CoPCT-ST	Quarterly
B13	Number of referral slips collected (HIV care and treatment)	Count number of referral slips collected from HIV care and treatment service providers in referral network	1-3% of EWs reached access HIV care and treatment services	Progress report submitted to P-CoPCT-ST	Quarterly
B14	Number of referral slips collected at other services (health and non-health)	Count number of referral slips collected from other service providers in referral network (state type of service provided)	DPCT refers EWs to other services (e.g. legal/human rights services, drug use services, anti-trafficking, etc) based on the women's needs	Progress report submitted to P-CoPCT-ST	Quarterly
	C. CoCCC				
C1	Number of CoCCC meetings	Count number of meetings of CoCCC during reporting period	CoCCC meets once every month	Meeting minutes prepared by OD HIV/AIDS Coordinator and submitted to P-CoPCT-ST and D-CoPCT-CC	Quarterly
C2	Number of people attending CoCCC meetings	Count number of individuals who attend each CoCCC meeting	HIV prevention partners attend each CoCCC meeting	Attendance list prepared by OD HIV/AIDS Coordinator and submitted to P-CoPCT-ST and D-CoPCT-CC	Quarterly
C3	Number and type of capacity building (trainings/workshops etc.) provided to service providers	Count the number and provide details on the type of capacity building provided to health service providers in DPCT referral networks	At least one capacity building session provided to referral network service providers annually	Training report (with learning objectives/methodology, participant list and next steps)	As required

	D. D-CoPCT-CC				
D1	Number of D-CoPCT-CC meetings	Count number of meetings of D-CoPCT-CC during reporting period	D-CoPCT-CC meets once every quarter	Meeting minutes prepared by OD HIV/AIDS Coordinator and submitted to P-CoPCT-ST and P-CoPCT-CC	Quarterly
D2	Number of people attending D-CoPCT-CC meetings	Count number of individuals who attend each D-CoPCT-CC meeting	75% of members attend each D-CoPCT-CC meeting	Attendance list prepared by OD HIV/AIDS Coordinator and submitted to P-CoPCT-ST and P-CoPCT-CC	Quarterly
D3	Number of entertainment establishments that have condoms and RH/FP information in or in close proximity to the establishment	Count numbers of entertainment establishments that have condoms and RH/FP information on site or within 50 meters from establishment.	Number of entertainment establishments with condoms in or in close proximity to the establishment is reflective of the expanded administrative order or relevant policy.	Compliance report submitted to P-CoPCT-CC	Semi-annually
D4	Number of entertainment establishments that allow health education interventions to take place with their employees	Count number of entertainment establishments reached by DPCT teams	90% of entertainment establishments allow health education interventions to take place with their employees.	DPCT progress report and mapping data aggregated and submitted to P-CoPCT-CC	Quarterly
D5	Number of SOP, policy and referral network orientation sessions that take place with entertainment establishment representatives and local authorities	Count number of orientation meetings that take place on SOP, policy and referral network topics with entertainment establishment representatives and local authorities during reporting period	90% of entertainment establishment representatives and local authorities know about revised policy for EW health and what services are available for EWs in target area	Meeting minutes and attendance lists prepared by OD HIV/AIDS Coordinator and submitted to P-CoPCT-ST and P-CoPCT-CC	Quarterly
	E. P-CoPCT-ST				
E1	Number of P-CoPCT-ST meetings	Count number of meetings of P-CoPCT-ST during reporting period	P-CoPCT-ST meets once every month	Meeting minutes prepared by P-CoPCT-ST Coordinator and submitted to P-CoPCT-CC and NCHADS/NTWG	monthly

	E. P-CoPCT-ST				
E2	Number of people attending P-CoPCT-ST meetings	Count number of individuals who attend each P-CoPCT-ST meeting	At least 75% of members attend each P-CoPCT-ST meeting	Attendance list prepared by P-CoPCT-ST and submitted to P-CoPCT-CC and NCHADS/NTWG	monthly
E3	Number of supervision or monitoring visits conducted to DPCT(s)	Count the number of supervision or monitoring visits carried out to DPCT(s) over reporting period	P-CoPCT-ST carries out at least one monitoring visit to DPCT(s) quarterly	Supervision/monitoring report with key recommendations	Quarterly
E4	Number and type of capacity building provided to DPCT(s)	Count the number and provide details on the type of capacity building provided to DPCT(s)	At least one capacity building session provided to DPCT(s) semi-annually	Training report (with learning objectives/methodology, participant list and next steps)	As required
	F. P-CoPCT-CC				
F1	Number of P-CoPCT-CC meetings	Count number of meetings of P-CoPCT-CC during reporting period	P-CoPCT-CC meets once every quarter	Meeting minutes prepared by OD HIV/AIDS Coordinator and submitted to NCHADS/NTWG	Quarterly
F2	Number of people attending P-CoPCT-CC meetings	Count number of individuals who attend each P-CoPCT-CC meeting	75% of members attend each P-CoPCT-CC meeting	Attendance list prepared by OD HIV/AIDS Coordinator and submitted to NCHADS/NTWG	Quarterly
F3	Number of entertainment establishments that have condoms and RH/FP information in or in close proximity to the establishment	Count numbers of entertainment establishments that have condoms/lubricant and RH/FP information on site or within 50 meters from establishment	Number of entertainment establishments with condoms in or in close proximity to the establishment is reflective of the expanded administrative order or relevant policy.	Compliance report submitted to NCHADS/NTWG	Semi-annually
F4	Number of entertainment establishments that allow health education interventions to take place with their employees	Count number of entertainment establishments reached by DPCT teams.	90% of entertainment establishments allow health education interventions to take place with their employees.	DPCT progress report and mapping data aggregated and submitted to P-CoPCT-CC	Quarterly
F5	Number of SOP, policy and referral network orientation sessions that take place with provincial authorities	Count number of orientation meetings that take place on SOP/model and policy with provincial authorities during reporting period	90% of relevant provincial authorities know about revised policy for EW health and SOP/model	Meeting minutes and attendance lists prepared by OD HIV/AIDS Coordinator and submitted to NCHADS/NTWG	Semi-annually

NATIONAL LEVEL

Output indicators that track the number of number of NTWG-CoPCT meetings and the number of individuals attending each meeting will continue to be used. In addition, the following indicators will be collected at the national level and fed back to the provincial and operational district SOP structures.

Indicator Impact Indicators	Baseline	2010 Target	2011 Target	Means of Verification
Reduced HIV incidence among EWs	NA	1%	0.6%	Incidence Study (BED)
Reduced HIV prevalence among EWs	HSS 2006: 14.7%	<14%	<14%	HSS
Reduced STI prevalence among EWs	SSS 2005: GC: 13%, CT:14%	<14%	<14%	SSS
Outcome Indicators				
% of EWs who report consistent condom use with clients	BSS 2007:Brothel Based EW: 94% Beer promoters: 84% Karaoke workers: 56%	Brothel Based EW: 96% Beer promoters: 90% Karaoke workers: 90%	Brothel Based EW: 96% Beer promoters: 90% Karaoke workers: 90%	BSS
% of EWs who report consistent condom use with sweethearts	BSS 2007 Beer promoters: 61%	65%	65%	BSS
% of EWs who receive HIV/AIDS and SRH messages	NA	75%	80%	Consolidated P-CoPCT-ST progress reports
Number and % of EWs reached by national program	NA	80%	90%	Consolidated P-CoPCT-ST progress reports
Number and % of entertainment establishments that have condoms/lubricant and RH/FP information in or in close proximity to the establishment	NA	50%	60%	Consolidated P-CoPCT-CC compliance reports
Number and % of EWs who use STI services	NCHADS report 2007: • Brothel EWs: 70% • Non brothel EWs:17%	• Brothel EWs: 80% • Non brothel EWs : 50%	• Brothel EWs: 85% • Non brothel EWs : 60%	Consolidated P-CoPCT-ST progress reports
Number and % of EWs who use VCCT services	NA	40%	45%	Consolidated P-CoPCT-ST progress reports
Number and % of EWs who use RH/FP services	NA	15%	20%	Consolidated P-CoPCT-ST progress reports
Number and % of HIV infected EWs who use HIV care and treatment services	NA	70%	75%	Consolidated P-CoPCT-ST progress reports

Monitoring Tools

The tools for monitor the implementation of the Continuum of Prevention to care and Treatment for females working in entertainments will include:

1. Registration log book for PE (Annex 1)
2. Registration log book for PF (Annex 2)
3. Quarterly report from PE (Annex 3)
4. Referral card (Annex 4)
5. Quaterly report on CoPCT for MARP (Annex 5)

CHAPTER 6

MOTIVATION AND INCENTIVE

The process and rate for CoPCT activities described in this section is mainly focused on government officers and uses the NCHADS's financial source and SOP for Implementation of NCHADS Programme Activities.

1 NTWG-CoPCT

The members of NTWG-CoPCT who come from governmental sectors will be able to get some incentive or allowance or per diem through their routine work such as meetings, supervision (one trip/quarter/province), or organization of the training courses on CoPCT for EWs.

2 P-CoPCT-CC, P-CoPCT-ST, OD-CoPCT-CC

Each member of P-CoPCT-CC, P-CoPCT-ST and OD-CoPCT-CC will receive some allowance and per diem through their work as below:

- **P-CoPCT-CC:** Regular quarterly meetings
- **P-CoPCT-ST:** Supervision trips (once/month at operating district) – meetings (every month) – conducting trainings to DPCT/PFs/PEs.
- **OD-CoPCT-CC:** regular meetings (every quarter)

3 DPCT

- **NGO Staff:** They will get salary or other incentive from their own employer (NGO)
- **Peer Facilitators (PFs):** Each PF needs to make a work contract directly with the NGO which is responsible in that area or district in order to receive a salary.

Each member of PEs team will receive some incentives or gifts from their employer (NGO which is responsible in that area or district or OD) through the attending of regular peer meetings.

ANNEX

បញ្ជីសមាជិកសំរាប់អ្នកអប់រំមិត្ត (Registration Log Book for PE)

ឈ្មោះអង្គការមិនមែនរដ្ឋាភិបាល (NGO):..... ឈ្មោះអ្នកអប់រំមិត្ត .....

ប្រភេទសេវា (Establishment's Type):..... ឈ្មោះគ្រឹះស្ថាន .....

លេខរៀង (No)	ឈ្មោះ (ឬឈ្មោះហៅក្រៅ) (Name or Nickname)	អាយុ (age)	ប្រភេទការងារ (Type of work)	ថ្ងៃ-ខែ-ឆ្នាំ ចូលជាសមាជិកក្រុម (Date Moved in)	ថ្ងៃ-ខែ-ឆ្នាំ ចេញពីសមាជិកក្រុម (Date Moved out)*	ចំនួនដងបានទទួលការអប់រំ (# of Education Received)	លេខទូរស័ព្ទ (បើមាន) (Phone Number: Optional)	កំណត់សំគាល់ (Remarks)
						សរុបប្រចាំខែ...../២០០៩ =..... (Total in ...../2009 =.....)		

ANNEX 2

បញ្ជីសមាជិកមិត្តអប់រំមិត្តសំរាប់អ្នកសំរបសំរួល (Registration Log Book for PF)

ប្រចាំឆមាសទី.....ឆ្នាំ ២០០

(Semester ..... 2009)

ឈ្មោះអង្គការមិនមែនរដ្ឋាភិបាល (NGO):..... តំបន់គ្រប់គ្រង (Coverage Area):.....

ឈ្មោះអ្នកសំរបសំរួល (PF's Name):.....

លេខរៀង (No)	ឈ្មោះ ឬឈ្មោះហៅក្រៅ (Name or Nickname of EW)	ប្រភេទ សេវា (Type of Service)	ឈ្មោះកន្លែង ធ្វើការ (Work Place)	ថ្ងៃ-ខែ-ឆ្នាំ ចូល (Date Moved in)	ថ្ងៃ-ខែ-ឆ្នាំ ចេញ (Date Moved Out)	ឈ្មោះ មេក្រុម (Name of PE)	ចំនួនដង បានទទួល ការអប់រំ (Education/ information Received)		បានបញ្ជូនទៅកាន់សេវា (Referred to)												កំណត់សំគាល់ (Remarks)
									ព្យាបាលជំងឺកាមរោគ (STI/RTI)						ផ្តល់ប្រឹក្សា និងធ្វើតេស្ត (VCCT)		សេវាជំងឺឱកាសនិយម និង ប្រឆាំងមេរោគ (OI/ART)		សេវាសុខភាពបន្តពូជ និង ពន្យារកំណើត (RH/FP)		សេវាផ្សេងទៀត Others		
១																					
២																					
៣																					
៤																					
៥																					
៦																					
៧																					

ANNEX 3

របាយការណ៍របស់អ្នកសំរបសំរួលមិត្តអប់រំមិត្ត (PF)
(Quarterly Report from PF)

ប្រចាំត្រីមាសទី ..... ឆ្នាំ ២០០.....

(Quarter.....2009)

ឈ្មោះអង្គការមិនមែនរដ្ឋាភិបាល (NGO): .....

ឈ្មោះអ្នកសំរបសំរួល (PF's Name): .....

តំបន់គ្រប់គ្រង (Coverage Area): .....

១	ចំនួនមេក្រុមអ្នកអប់រំមិត្ត (# of PEs)	
២	ចំនួនស្ត្រីជាសមាជិក (# of EWs)	
៣	ចំនួនស្ត្រីដែលបានទទួលការអប់រំ (# of EWs received Education/information)	
៤	ចំនួនស្ត្រីដែលបានបញ្ជូនទៅគ្លីនិកកាមរោគ (# of EWs Referred to STI/RTI Clinic)	
៥	ចំនួនស្ត្រីដែលបានបញ្ជូនទៅមណ្ឌលផ្តល់ប្រឹក្សានិងធ្វើតេស្តរកមេរោគអេដស៍ (#of EWs Referred to VCCT)	
៦	ចំនួនស្ត្រីដែលបានបញ្ជូនទៅសេវាថែទាំ-ព្យាបាលជំងឺឱកាសនិយម និងជំងឺអេដស៍ #of EWs Referred to OI/ART Service)	
៧	ចំនួនស្ត្រីដែលបានបញ្ជូនទៅសេវាសុខភាពបន្តពូជនិងពន្យារកំណើត (#of EWs Referred to RH/FP Service)	
៨	ចំនួនស្ត្រីដែលបានបញ្ជូនទៅសេវាផ្សេងទៀត (#of EWs Referred to Other Service)	

ថ្ងៃទី.....ខែ.....ឆ្នាំ ២០០

Date:

ហត្ថលេខា និង ឈ្មោះអ្នកធ្វើរបាយការណ៍

Name or Initial of Reporter (PF)

ANNEX 4

ប័ណ្ណបញ្ជូន (Referral Card)

លេខរៀង (SerialNo):.....

លេខកូដ (Code): ☐ EW ☐ MSM ☐ DU/IDU

ឈ្មោះ (Name): .....

កន្លែងធ្វើការ (Place of Work): .....

បញ្ជូនដោយ (Referred by):

(ឈ្មោះ ឬ សញ្ញា ឬ ត្រារបស់អង្គការមិនមែនរដ្ឋាភិបាល)
(stamp, name or logo of organization)

បញ្ជូនទៅកាន់ (Referred to):

☐ គ្លីនិកកាមរោគ (STD Clinic)
☐ មណ្ឌលផ្តល់ប្រឹក្សានិងធ្វើតេស្តឈាមរកមេរោគអេដស៍ (VCCT)
☐ សេវា ថែទាំ-ព្យាបាលជំងឺឱកាសនិយម (OI/ART)
☐ សេវាសុខភាពបន្តពូជនិងពន្យារកំណើត (RH/FP)
☐ សេវាផ្សេងទៀត (Other)

ថ្ងៃ-ខែ-ឆ្នាំ (Date):

ប័ណ្ណបញ្ជូន (Referral Card)

លេខរៀង (SerialNo):.....

លេខកូដ (Code): ☐ EW ☐ MSM ☐ DU/IDU

ឈ្មោះ (Name): .....

កន្លែងធ្វើការ (Place of Work): .....

បញ្ជូនដោយ (Referred by):

(ឈ្មោះ ឬ សញ្ញា ឬ ត្រារបស់អង្គការមិនមែនរដ្ឋាភិបាល)
(stamp, name or logo of organization)

បញ្ជូនទៅកាន់ (Referred to):

☐ គ្លីនិកកាមរោគ (STD Clinic)
☐ មណ្ឌលផ្តល់ប្រឹក្សានិងធ្វើតេស្តឈាមរកមេរោគអេដស៍ (VCCT)
☐ សេវា ថែទាំ-ព្យាបាលជំងឺឱកាសនិយម (OI/ART)
☐ សេវាសុខភាពបន្តពូជនិងពន្យារកំណើត (RH/FP)
☐ សេវាផ្សេងទៀត (Other)

ថ្ងៃ-ខែ-ឆ្នាំ (Date):

ប័ណ្ណបញ្ជូន (Referral Card)

លេខរៀង (SerialNo):.....

លេខកូដ (Code): ☐ EW ☐ MSM ☐ DU/IDU

ឈ្មោះ (Name): .....

កន្លែងធ្វើការ (Place of Work): .....

បញ្ជូនដោយ (Referred by):

(ឈ្មោះ ឬ សញ្ញា ឬ ត្រារបស់អង្គការមិនមែនរដ្ឋាភិបាល)
(stamp, name or logo of organization)

បញ្ជូនទៅកាន់ (Referred to):

☐ គ្លីនិកកាមរោគ (STD Clinic)
☐ មណ្ឌលផ្តល់ប្រឹក្សានិងធ្វើតេស្តឈាមរកមេរោគអេដស៍ (VCCT)
☐ សេវា ថែទាំ-ព្យាបាលជំងឺឱកាសនិយម (OI/ART)
☐ សេវាសុខភាពបន្តពូជនិងពន្យារកំណើត (RH/FP)
☐ សេវាផ្សេងទៀត (Other)

ថ្ងៃ-ខែ-ឆ្នាំ (Date):

ANNEX 5

ព្រះរាជាណាចក្រកម្ពុជា
ជាតិ សាសនា ព្រះមហាក្សត្រ

××××××××××

របាយការណ៍សកម្មភាព
ការងារបង្ការ ថែទាំនិងព្យាបាលបន្តសំរាប់ក្រុមប្រឈមមុខខ្ពស់
(Quarterly Report)

ត្រីមាសទី :..... ឆ្នាំ ២០.....

ខេត្ត-ក្រុង:.....

ក. សកម្មភាពថ្នាក់ខេត្ត (Provincial Activities) :

ក.១ ការប្រជុំ (Meeting) :

ចំនួននៃការប្រជុំ/អ្នកចូលរួម (# of meeting/attendance):	ខែ.....	ខែ.....	ខែ.....	សរុប
P-CoPCT-CC				
P-CoPCT-ST				
OD-CoPCT-CC				

ក.២ ការងារពិនិត្យតាមដាន/អភិបាលកិច្ច (Monitoring/Supervision) :

ចំនួននៃការងារចុះពិនិត្យតាមដាន/អភិបាលកិច្ច :	ខែ.....	ខែ.....	ខែ.....	សរុប
P-CoPCT-ST				

ក.៣ ការងារបណ្តុះបណ្តាល (Training) :

ឈ្មោះវគ្គបណ្តុះបណ្តាល	ចំនួនវគ្គ	ចំនួនថ្ងៃ	ថ្ងៃ.ខែ.ឆ្នាំបើកវគ្គ	ប្រភពថវិកា	ចំនួនសិក្ខាកាមចូលរួម
សរុបចំនួនវគ្គបណ្តុះបណ្តាល			សរុបចំនួនសិក្ខាកាម:		នាក់

ក.៤ វេទិកាម្ចាស់សេរ៉ា/មេការ (Owner/Me_kar Forum) :

ស្រុកប្រតិបត្តិ	ថ្ងៃ-ខែ-ឆ្នាំប្រជុំ	ចំនួនប្រជុំ	ចំនួនអ្នកចូលរួម	
			Brothel- based	Non Brothel- based
			នាក់	នាក់

ខ. សកម្មភាព DPCT (NGO) :

ខ.១ បុគ្គលិក (Staff) :

ឈ្មោះអង្គការមិនមែនរដ្ឋាភិបាល	ចំនួនបុគ្គលិក	តំបន់គ្រប់គ្រង	ចំនួនសរុបក្រុមគោលដៅ		ចំនួន PFs		ចំនួន PEs	
			BB	NB	BB	NB	BB	NB
១.								
២.								
៣.								
		សរុប						

ខ.២ ការប្រជុំ (Meeting) :

ការប្រជុំ	ខែ.....	ខែ.....	ខែ.....	សរុប
DPCT				
PF & PE Forum				

ខ.៣ វគ្គបណ្តុះបណ្តាល/វគ្គបំប៉ន សំរាប់ DPCT, PF/PE (Training/Refresher for DPCT, PF/PE) :

ឈ្មោះអង្គការ	ឈ្មោះវគ្គបណ្តុះបណ្តាល	ទីកន្លែង	ចំនួនវគ្គ	ថ្ងៃ.ខែ.ឆ្នាំ	ប្រភពថវិកា	ចំនួនអ្នកចូលរួម
សរុបចំនួនវគ្គបណ្តុះបណ្តាល :			.....វគ្គ	សរុបអ្នកចូលរួម :		.....នាក់

ខ.៤ ការចុះអប់រំផ្ទាល់ (Outreach Visits) :

ឈ្មោះអង្គការក្រៅរដ្ឋាភិបាល	(ពីថ្ងៃ/ខែ/ឆ្នាំ ដល់ ថ្ងៃ/ខែ/ឆ្នាំ)	ទីកន្លែងចុះអប់រំ	ចំនួនលើកនៃការចុះអប់រំ	ចំនួនសរុបក្រុមគោលដៅ		ចំនួន EWs ដែលបានអប់រំ	
				BB	NB	BB	NB
		សរុប:	.....លើក	.....នាក់	.....នាក់	.....នាក់	.....នាក់

គ. ការបញ្ជូន (Referral) :

	ខែ.....		ខែ.....		ខែ.....		សរុបប្រចាំត្រីមាស	
	BB	NB	BB	NB	BB	NB	BB	NB
A. ចំនួនស្ត្រីបំរើសេវាកំសាន្តដែលជាសមាជិកបណ្តាញ (# of EWs Reached by EW Network)							..... នាក់	..... នាក់
B. ចំនួនស្ត្រីបំរើសេវាកំសាន្តដែលបានទទួលប័ណ្ណបញ្ជូន ពីក្រុម **EW Network** (# of EWs Received Referral Slips from EW Network)							..... នាក់	..... នាក់
C. ចំនួនសរុបស្ត្រីបំរើសេវាកំសាន្តដែលបានទៅពិនិត្យ នៅសេវាសុខភាព : (Total # of EWs Visited Health Services)								
C1a. ចំនួនស្ត្រីបំរើសេវាកំសាន្តដែលបានទៅពិនិត្យនៅគ្លីនិកកាមរោគបញ្ជូនដោយក្រុម **EW Network** (# of EWs Visited STI Clinics: Referred by EW Network)							..... នាក់	..... នាក់
C1b. ចំនួនស្ត្រីបំរើសេវាកំសាន្តដែលបានទៅពិនិត្យនៅគ្លីនិកកាមរោគដោយខ្លួនឯង (# of EWs Visited STI Clinics: Self-referred)							..... នាក់	..... នាក់
C2a. ចំនួនស្ត្រីបំរើសេវាកំសាន្តដែលបានទៅ ទទួលសេវានៅ **VCCT** បញ្ជូនដោយក្រុម **EW Network** (# of EWs Visited VCCT: referred by EW Network)							..... នាក់	..... នាក់
C2b. ចំនួនស្ត្រីបំរើសេវាកំសាន្តដែលបានទៅ ទទួលសេវានៅ **VCCT** ដោយខ្លួនឯង (# of EWs Visited VCCT: Sefl-referred)								
C3a. ចំនួនស្ត្រីបំរើសេវាកំសាន្តដែលបានទៅ ទទួលសេវានៅ **OI/ART** បញ្ជូនដោយក្រុម **EW Network** (# of EWs Visited OI/ART: referred by EW Network)							..... នាក់	..... នាក់
C3b. ចំនួនស្ត្រីបំរើសេវាកំសាន្តដែលបានទៅ ទទួលសេវានៅ **OI/ART** ដោយខ្លួនឯង (# of EWs Visited OI/ART: Sefl-referred)								
C4. ចំនួនស្ត្រីបំរើសេវាកំសាន្តដែលបានទៅ ទទួលសេវាផ្សេងទៀត (# of EWs Visited other services: referred by EW Network)							..... នាក់	..... នាក់

ឃ. បញ្ហាផ្សេងៗ និង ដំណោះស្រាយ (Problems and Solution) :

ង. សកម្មភាពផ្សេងៗ (Other Activities) :

កាលបរិច្ឆេទធ្វើរបាយការណ៍	...../...../ ២០....	
ឈ្មោះ និង ហត្ថលេខាអ្នកធ្វើរបាយការណ៍		
ឈ្មោះ និង ហត្ថលេខា ប្រធាន P-CoPCT-ST ឬ PAO Manager		
ឈ្មោះ និង ហត្ថលេខា ប្រធាន PAO		

របាយការណ៍នេះត្រូវផ្ញើមកផ្នែកគ្រប់គ្រងទិន្នន័យ [Data Management Unit (NCHADS)] ក្នុងរយៈពេល ១០ថ្ងៃ នៃដើមត្រីមាសបន្ទាប់

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