



**STANDARD PACKAGE
OF ACTIVITIES**

DRUG USERS

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USAID
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Khana is a linking organisation of the global partnership
International HIV/AIDS Alliance
Supporting community action on AIDS in developing countries

Address:

33, Street 71, Sangkat Tonle Bassac, Khan Chamkar Mon,
Phnom Penh, Cambodia

Telephone: 023 211 505 - **Fax:** 023 214 049

Website: www.khana.org.kh

Acronyms

AIDS	ACQUIRED IMMUNODEFICIENCY SYNDROME
ARV	ANTIRETROVIRAL
ART	ANTIRETROVIRAL THERAPY
BCC	BEHAVIOR CHANGE COMMUNICATION
CBO	COMMUNITY-BASED ORGANISATION
COC	CONTINUUM OF CARE
GBV	GENDER-BASED VIOLENCE
HCT	HOME CARE TEAMS
HIV	HUMAN IMMUNODEFICIENCY VIRUS
I/DU	INJECTING/DRUG USER
DU	DRUG USER
IDU	INJECTING DRUG USER
IEC	INFORMATION, EDUCATION AND COMMUNICATION
IGA	INCOME GENERATION ACTIVITIES
KHANA	KHMER HIV/AIDS NGO ALLIANCE
MARP	MOST AT RISK POPULATIONS
MOSVY	MINISTRY OF SOCIAL AFFAIRS, VETERANS AND YOUTH REHABILITATION
MSM	MEN WHO HAVE SEX WITH MEN
NACD	NATIONAL AUTHORITY FOR COMBATING DRUGS
NCHADS	NATIONAL CENTER FOR HIV, AIDS, DERMATOLOGY AND STDS
NGO	NON-GOVERNMENTAL ORGANISATION
OI	OPPORTUNISTIC INFECTIONS
OVC	ORPHANS AND VULNERABLE CHILDREN
PF/PE	PEER FACILITATOR/PEER EDUCATOR
PLHIV	PEOPLE LIVING WITH HIV
PMTCT	PREVENTION OF MOTHER-TO-CHILD TRANSMISSION
S&D	STIGMA AND DISCRIMINATION
SHG	SELF-HELP GROUP
SPA	STANDARD PACKAGE OF ACTIVITIES
SRH	SEXUAL AND REPRODUCTIVE HEALTH
STI	SEXUALLY TRANSMITTED INFECTION
SW	SEX WORKER
TB	TUBERCULOSIS
VCCT	VOLUNTARY AND CONFIDENTIAL COUNSELLING AND TESTING

THE STANDARD PACKAGE OF ACTIVITIES

The Khmer HIV/AIDS NGO Alliance (KHANA) is a leading national NGO contributing to the response to HIV AND AIDS in Cambodia. KHANA does not implement prevention, care and treatment activities itself. Instead, it supports more than 60 local NGOs and community-based organisation (CBO) partners to implement focused prevention and integrated care and prevention packages to people living with HIV (PLHIV), orphans and vulnerable children (OVC) and key populations such as in-school and out-of-school youth, men who have sex with men (MSM), sex workers (SW), and drug users (DU). These populations require specific services that best serve their needs in terms of information, care and support, and access to services.

It is clear that the HIV/AIDS epidemic in Cambodia is changing. While prevention campaigns amongst selected high-risk populations have proven highly effective, the current pattern of infection points to a generalised epidemic, with women representing a greater proportion of those currently infected with HIV (NCHADS, 2007). However, most at risk populations (MARP) such as MSM, SW and DU require sustained prevention efforts to continue the reduction in HIV infections. Furthermore, risk factors associated with these MARPs are not limited to separate target groups. Recent surveys suggest that there is significant overlap among these populations. Recent studies of sex workers in Cambodia found high levels of both injecting and non-injecting drug use among both direct and indirect sex workers, as well as drug use by their clients, regular and casual partners (USAID/POLICY Project, 2006; PSI, 2002). The latest round of sexually transmitted infection (STI) sentinel surveillance found that the majority of MSM surveyed had between two and five female sex partners in the last year. This evidence clearly indicates that it is vital that KHANA is aware of, and responds to, the cross-over potential between the groups of HIV transmission and infection.

KHANA has worked with most of these populations for several years and has a growing number of non-governmental organisation (NGO) partners dedicated to providing the services required. In 2008, KHANA will begin its new strategic and operational plans 2008-2010. These plans respond to the changing face of the epidemic and, therefore, the shifting priorities of the response. KHANA is already a leader in national NGO efforts in preventing new infections and offering health-orientated care and support to those already infected. It must now adjust its programs to prioritise other, but no less important, issues affected by the epidemic, such as access to education and vocational training, income-generation opportunities and creating an enabling environment.

Therefore, in light of an evolving epidemic, changing funding trends, the growth and cross-over potential of key populations and their constantly evolving needs and priorities, it is necessary to design a standard package of activities (SPA) that can help guide KHANA's NGO partners in developing the most effective, efficient and cost-effective programs and activities.

These SPAs outline comprehensive packages of what we at KHANA see as the priorities for the populations at risk of, affected by, or already infected by HIV. The contents of the SPAs have been directly informed by KHANA partners, the beneficiaries of our programs, government initiatives and the programs of other stakeholders. As such, they reflect the current needs of PLHIV and other at-risk groups.

The primary goal of the SPA is to assist our partners in appropriately and effectively developing, adapting, costing and implementing their activities targeting MARP. KHANA has developed a separate SPA for each MARP, which represent a total package of services that should be offered to those populations. Each SPA is divided into four sections: prevention, impact mitigation and health, capacity building, and supporting environment. Each section is further divided into key areas of focus and, for each area there is a list of activities and objectives. Key messages delivered as part of the activity are also included where applicable. Through this package-based approach, our partners will implement activities under each section in order to provide the most comprehensive and complete response possible.

While the aim is to conduct all of the activities listed in each section, we recognize that many of our partners currently lack the capacity to implement every intervention. In the beginning, partners will update current activities to reflect the updated information contained in the SPA, and develop new activities as feasible. Over time, through technical support from KHANA, our partners will be able to expand their interventions and fulfil all objectives of the SPA.

In the SPA, it is common for similar activities to feature in more than one section and even in more than one SPA. This is plausible for many activities such as training, prevention messages and capacity building exercises. Moreover, the majority of KHANA's partners will be implementing multiple SPAs at a time. For example, if a partner works with MSM adults, MSM youth and MSM PLHIV, they would refer to the SPAs for MSM, Youth and PLHIV to inform their interventions. The overlap of activities throughout the SPAs will make it easier for partners to implement multiple SPAs.

Finally, in separate tables, details are given on the estimated costs of these activities. These costs should be treated as guidelines only but will help partners plan their budgets and work plans.

Following are brief descriptions of each section of the SPA:

Prevention

Although transmission in commercial brothel-based sex settings has decreased over the years, sexual networking is shifting towards casual sex with sweethearts and with indirect sex workers in entertainment venues, with whom condom use is much lower. MSM and drug users have high levels of risk behavior and rapidly increasing HIV prevalence. Mobile and migrant populations are also at increased risk of HIV infection. An increasing proportion of new infections take place between couples and from mothers to children, (NAA, 2005).

This section focuses on the specific prevention interventions and approaches appropriate for each target group. While not all partners working with each group may be able to implement all these activities, partners should be able to implement at least some of them.

Impact mitigation and health

It is estimated that 67,200 adults are infected by HIV (NCHADS 2007) and many more are affected through the loss of family members and livelihoods. The need for care, treatment, support and impact mitigation remains enormous (NCHADS, 2007).

This section focuses on the recommended activities to help alleviate the impact of HIV and AIDS on health, economic and social wellbeing. This highlights the activities undertaken with members of the key populations who are HIV positive. It also focuses on their caregivers, the families of PLHIV (people living with HIV) and also those who may not be HIV positive but who are still profoundly affected by the virus, particularly orphans and vulnerable children (OVC).

We know that HIV and AIDS have devastating effects, not only on the health of individuals and families, but also on their economic and social wellbeing. We also know that improvement in access to antiretroviral therapy (ART) and treatment adherence are helping PLHIV to remain healthier and therefore economically active for longer so that income generation activities (IGA) are becoming an increasingly important part of the care and prevention package for PLHIV and their families. Access to IGA is therefore a dominant feature of this section¹

¹ In addition to the SPAs for key populations, there is also a separate SPA for income-generation activities (IGA).

Capacity building

A vital part of all community-based programs is the opportunity for the key populations to become involved in the planning, implementation, monitoring and evaluation of the programs. This section therefore includes activities that build the capacity of the key populations themselves to be an active part of the response and in so doing, to reduce their vulnerability to HIV.

Many people lack the independence and ability to make behavioral choices, including safe sexual health and treatment seeking behaviors. This section therefore will also include activities that will help to empower people, especially women and young people, to increase and strengthen control over their behavioral choices as a crucial aspect of preventing HIV (NAA, 2005). Connected to this is the importance of addressing gender inequalities.

Finally, this section includes activities that should help KHANA's partners themselves, including their home care teams, their peer educators and their outreach workers to deliver a more effective program. As such, it includes training options, curriculum development and BCC suggestions all aimed at building the capacity of the individuals working in the programs.

Supporting environment

Besides supporting activities at community level, KHANA and its partners advocate for the rights of key populations, and ensure that these rights find their way into policy at provincial and national level. Ensuring that key populations can play a part in influencing policy themselves and advocate for their own needs and rights in broader arenas is a key component of KHANA partners' activities, as is advocating on behalf of key groups in Technical Working Groups and other policy arenas.

KHANA and its partners will also work in other legal arenas, such as promoting child protection laws and inheritance rights, which will help to benefit the legal status of the key populations. Advocating for legal rights can sometimes require the coordinated efforts of agencies and institutions other than KHANA partners. Collaboration with other agencies is therefore a vital part of promoting a supporting environment.

Finally, it is important that key populations are given the opportunity to remain, or become, active members of their communities and to live without fear of exploitation, abuse, or stigma and discrimination. KHANA partners will work closely with communities and community leaders to promote solidarity, compassion and respect for each of these groups.



STANDARD PACKAGE OF ACTIVITIES:

DRUG USERS

Situational Background

Evidence from a range of small-scale surveys undertaken by the government, the United Nations and NGOs, together with law enforcement and media reports, suggests that the incidence of drug use, including injecting drug use, is rising in Cambodia. This has important implications for the development of the HIV epidemic in Cambodia because of the known links between drug use and HIV infection. Specifically, HIV infection can be linked to drug use in terms of unsafe injecting practices and unsafe sexual behavior as a consequence of drug use.

There is no official estimate for the HIV rate in drug users, however, small scale surveys and routine surveillance indicate prevalence rates between 14% and 31% in injecting drug users (IDU) and between 3% and 18% in non-injecting drug users. Also pointing to a change in modes of transmission, many non-injecting DU are shifting to injecting routes of administration¹². This reflects the rapidly increasing availability and use of cheap amphetamine type substances (ATS) and opiates, especially heroin, in Cambodia over recent years. While the highest prevalence of IDU has been recorded in the capital city of Phnom Penh, data from the National Authority for Combating Drugs (NACD), the United Nations Office on Drugs and Crime (UNODC), and local NGOs suggest that illicit drug use, including injecting drug use, prevails in other provinces.

Currently, the most commonly used drug in Cambodia is probably “yama”, an amphetamine type substance. Heroin is also increasing in popularity. Other drugs in use include marijuana, ketamine, glue, ecstasy, opium, crystal and cocaine.

Data suggests that IDU include people from broad socio-economic strata (O’Connell, 2005); however, the majority of programs working with drug users focus on unemployed youth, including street youth, and sex workers.

The practice of use of sharing and reusing needles and syringes is common. This indicates that IDU have a high vulnerability for HIV infection as well as other blood-borne diseases, such as hepatitis. Research suggests

¹² *Mith Samlanh Report, 2004; Mith Samlanh and Korsang routine surveillance*

that IDU use non sterile equipment injecting equipment because they cannot afford to buy new ones, new needles are often unavailable or inaccessible, they believe that by reusing syringes, it is possible to benefit from residual drugs remaining in the syringe, injecting drugs is often a social activity involving the lending and borrowing of syringes and needles between friends, and users may be aware that HIV transmission is possible by use of contaminated needles but may not realize transmission is possible through syringes (O'Connell, 2005).

Research suggests that drug use is closely associated with sex (O'Connell, 2005). Smoking yama, for example, is said to increase sex drive and prolong sex. Yama also increases stamina and energy and is therefore sometimes used by sex workers during their working hours. Drug use is also associated with having multiple sexual partners, irregular or low condom use, and forced sex.

Efforts to provide services and education to injecting and non-injecting drug users (IDU and DU) are growing in Cambodia. However, issues concerning donor compliance, coupled with a lack of knowledge of what approaches would work best in Cambodia has meant that some services are not sufficient, or are unavailable, especially in the area of treatment.

It is often the case that drug users are not aware of any programs or services that could provide them with help and information about HIV and AIDS. Moreover, drug users are not easy to reach. Some do not identify themselves as drug users or do not think they have a drug problem. Younger drug users may have limited autonomy because they are controlled by a gang leader and therefore find it difficult to participate in education activities. Data illustrate how socioeconomic factors, such as low levels of education and the need to work away from home can be barriers to HIV education efforts. Also, the level of education of some target populations is quite low. Therefore it can be difficult to provide drug education and more visual and participatory methods should be used.

In addition, the authorities in Cambodia are often seen to present obstacles in the delivery of services and information for drug users. For example, some authorities have delayed granting permission to conduct education, refused permission to implement programs, discriminated against the target group, and obstructed existing programs. Cambodian law also presents a problem in that the criminalization of drug use means that drug users may not identify as such and thus not utilise existing services. Fear of arrest, or being punished, can mean that service organisations have trouble locating drug users and gaining their trust.

KHANA's Work with Drug Users

Most organisations, including KHANA partners who work with drug users, work with youth, including street youth, and sex workers. The services they provide include a rehabilitation center for youth, drop-in centers for street youth, nascent harm reduction programs, symptomatic management of drug detoxification, recreation and vocational training, peer education in communities and schools, education on the radio, workshops on drugs, education on safe injecting and how to reduce use, street-based outreach, needle and syringe exchange program, and HIV education with sex workers. Some organisations also provide food.

Barriers and Challenges to the Provision of Services

Organisations working with drug users are few and lack experience. Many get involved in working with drug users because they increasingly find drug users within another existing target population. The lack of knowledge about drug issues among service providers affects their ability to create strong programs and formulate strategies. The lack of experience means they do not have the skills to provide services.

Currently, KHANA supports seven partners who work either exclusively with drug users or as part of their focused prevention work with key populations: CCASVA, KDFO, KWCD, OEC, SFODA, MHC and Korsang.

The following documents were consulted in development of this SPA to ensure that activities align with and complement current research and policies:

- International Rapid Assessment Response and Evaluation (I-RARE): Drug Use and Sexual HIV Risk Patterns among Non-Injecting and Injecting Drug Users in Phnom Penh and Poipet, Cambodia; 2005. K. O'Connell.
- Compounding Vulnerabilities: Results of the participatory assessment and response on drugs and substance use and HIV/AIDS in Phnom Penh, Battambang, Siem Reap and Sihanouk Ville; 2006. KHANA.
- National Strategic Plan for Illicit Drug Use Related HIV/AIDS; Draft 2006. NACD.
- Policies and Guidelines for Operation of Needle and Syringe Programs (NSP) in Cambodia; Draft 2006. NACD.
- Second National Strategic Plan for a Comprehensive and Multi-Sectoral Response to HIV/AIDS, 2006-2010 (Revised November 2007). NAA.

- A Situation and Response Analysis of HIV and AIDS in Cambodia, 2007 Update; Consultation Draft, October 2007. NAA.
- Report of a Consensus Workshop, HIV Estimates and Projections for Cambodia, 2006-2012; June 2007. NCHADS.
- Cambodia Demographic and Health Survey 2005; 2006. National Institute of Public Health, National Institute of Statistics and ORC Macro.

Prevention

Key Areas	Activities	Objectives	Key Messages
<p>General: drug use and link to HIV</p>	<ul style="list-style-type: none"> • Provide education to the community about the effects of drugs (yama, ATS, glue, alcohol, heroin) and drug use, especially the links between drug use and HIV infection <ul style="list-style-type: none"> ○ Use KHANA's existing outreach Risk Reduction Modules: Let's Talk About... Drug Related HIV/AIDS ○ Disseminate through outreach and peer educators ○ Target potential or identified IDU and DU already receiving other services (Sex workers, MSM, mobile populations, OVC, etc.) ○ Target general community, provide education in schools if possible ○ Train monks to deliver anti-drugs and drugs and HIV messages • Develop a hierarchical curriculum (see Key Messages) 	<ul style="list-style-type: none"> • To ensure access to accurate information on drugs, the effects of drug use and the linkages between drug use and HIV infection for both the general population and identified drug users • To reduce stigma and discrimination against drug users, by educating community stakeholders and the general public 	<ul style="list-style-type: none"> • The effects of drug use on judgement, especially how this relates to the decision to use condoms and practice safer sex • Curriculum should be hierarchical (first stage: don't use drugs, second stage: don't use addictive drugs, third stage: don't use injection drugs, etc)
<p>Harm reduction and risk perception for existing drug users</p>	<ul style="list-style-type: none"> • Provide harm reduction information to DU and IDU through outreach, peer educators and support groups • Refer IDU to needle exchange programs, if available ¹³ • Provide active referrals for all IDU and DU to VCCT (provide transport to pre and post testing and counselling) • For IDU and DU known to be selling blood, provide counselling and immediate referral to VCCT 	<ul style="list-style-type: none"> • To provide harm reduction information to identified IDU and DU to assist them in avoiding HIV infection • To offer referrals to government treatment centers to all identified IDU and DU, and partners will follow-up with all referrals upon completion of treatment • To refer all IDU and DU accessing services to VCCT 	<p>IDU</p> <ul style="list-style-type: none"> • The effects of drug use on judgement, especially how this relates to the decision to use condoms and practice safer sex • The linkages between drug use and HIV infection • Risk perception • Importance of using clean needles and syringes every time and not sharing needles or syringes with other IDU • Shifting to non-injecting routes of administration (difficult because requires more of the drug to satisfy user, but reduces HIV risk) • How to clean needles and syringes <p>DU</p> <ul style="list-style-type: none"> • Messages on not sharing smoking pipes (as this can lead to transmission of TB and other infectious diseases)

¹³ currently only in Phnom Penh

Key Areas	Activities	Objectives	Key Messages
<p>Government treatment programs</p>	<ul style="list-style-type: none"> Collaborate with government treatment centers and NCHADS to deliver HIV prevention messages to patients in centers Collaborate with centers to provide referrals for patients to VCT Encourage treatment centers to conduct assessment upon entry and follow-up after care <ul style="list-style-type: none"> Consider facilitating the follow-up aftercare for IDU and DU attending government treatment centers. This could ensure access to HIV prevention information and referrals to medical services. 	<ul style="list-style-type: none"> To collaborate with government officials and staff of local treatment centers to best serve the prevention needs of IDU and DU 	
<p>Life skills</p>	<ul style="list-style-type: none"> Provide life skills training to community IDU and DU through schools and outreach activities Provide outreach in easily accessible venues and at various times of day (morning and evening sessions, offer in parks, temples and other public spaces) Encourage behavior change throughout the curriculum, rather than only providing information, through interactive and participatory lessons (role plays, games, group discussions etc) Conduct life skills training of trainers with peer educators, teachers, community leaders, PLHIV groups Train monks and religious leaders to provide Life Skills information to DU, especially youth DU 	<ul style="list-style-type: none"> To ensure that life skills are taught to IDU and DU in the community, especially youth DU To provide DU with the skills needed to avoid HIV, stop using drugs and maintain general wellness To train 100% of peer educators on Life Skills curriculum 	<p>Messages in Curriculum:</p> <ul style="list-style-type: none"> Negotiation skills, Ability to cope with peer pressure, self-esteem and assertiveness Relationship skills Personal risk assessment HIV/STI prevention, Drug use including harm reduction Family planning, Condom use, Abstinence and delaying sexual debut, Basic hygiene and nutrition <p>Physiology and Sexuality</p> <ul style="list-style-type: none"> Understanding reproductive health organs and their development Feeling positive about sexuality and sexual orientation <p>Gender and Communication</p> <ul style="list-style-type: none"> Men and Women in the family - their roles and responsibilities Gender roles: how to be good husbands and wives Promoting self esteem Encouraging partner communication Inspiring men to support their wife's use of contraceptives Empowering women to redefine their relationships with partners Minimising risk and harm associated with drug use

Key Areas	Activities	Objectives	Key Messages
Self-help and Support groups	<ul style="list-style-type: none"> • Offer self-help and support groups for current and former IDU and DU • Enable SHG to provide prevention education during support sessions by training group leaders in HIV prevention education • Offer drug use support to IDU and DU already participating in support groups/services for other key populations (SW, MSM, PLHIV, etc) 	<ul style="list-style-type: none"> • To enable SHG to work effectively to offer support, solidarity and prevention information to IDU and DU 	
BCC/IEC	<ul style="list-style-type: none"> • Incorporate information on drug use and HIV as part of general HIV prevention messages • Develop drug use prevention IEC materials, in collaboration with other organisations working with IDU and DU , to emphasize prevention • Create and build on existing HIV BCC efforts to include drugs and HIV messages • Target messages to IDU and DU at common hangouts, pharmacies, treatment centers, blood collection facilities, etc 	<ul style="list-style-type: none"> • To review and update existing IEC materials as necessary to include information on drug use and to make messages clearer and more concise • To develop new BCC/IEC materials targeted specifically at IDU and DU • To improve proper delivery of BCC messages to IDU and DU through training of peer educators, outreach workers and health care providers 	Linkages between drug use and HIV infection

Impact Mitigation and Health

Key Areas	Activities	Objectives	Key Messages
Basic medical care and treatment	<ul style="list-style-type: none"> Provide referrals for IDU and DU to VCCT and other health services, including Hepatitis B vaccine and Hepatitis C testing and treatment Provide education and referrals for IDU to needle and syringe programs, and needle and syringe cleaning training 	<ul style="list-style-type: none"> To offer referrals to government treatment centers to all identified IDU and DU, and follow-up with all referrals upon completion of treatment To refer all IDU and DU accessing services to VCCT (if located in/near Phnom Penh) To refer all IDU to needle exchange programs 	Continuation of drug use can increase risk of illness and may affect ARV effectiveness
HIV+ drug users	<ul style="list-style-type: none"> Link with HCT and PLHIV services (see PLHIV SPA) Link with treatment centers¹⁵ 	<ul style="list-style-type: none"> To ensure all HIV positive IDU and DU are reached by HCT and offered the same services as all other PLHIV To provide additional education on harm reduction, prevention, and cessation to all HIV positive IDU and DU 	<ul style="list-style-type: none"> HIV/STI prevention Risk assessment Harm reduction
Psychosocial support	<ul style="list-style-type: none"> Provide psychosocial counselling to IDU and DU within the community through HCT, trained counsellors, peer educators and/or SHG/support groups Facilitate monks and religious groups to provide counselling services to IDU and DU 	<ul style="list-style-type: none"> To provide access to counseling services that are targeted to their specific needs for all HIV positive DU To enable SHG to work effectively to offer support, solidarity and information to DU 	<ul style="list-style-type: none"> Health, prevention, harm reduction and treatment options
Self-help and Support groups	<ul style="list-style-type: none"> Offer self-help and support groups for drug users 	<ul style="list-style-type: none"> To enable SHG to work effectively to offer support, solidarity and information to IDU and DU 	
Harm reduction and risk perception for existing drug users	<ul style="list-style-type: none"> Provide harm reduction information to IDU and DU through outreach, peer educators and support groups Refer all willing IDU to government treatment centers and methadone clinics¹⁶ 	<ul style="list-style-type: none"> To provide harm reduction information to all identified IDU and DU to assist them to mitigate the risks associated with drug use To offer referrals to government treatment centers to all identified IDU and DU and follow-up with all referrals upon completion of treatment 	<p>IDU</p> <ul style="list-style-type: none"> The effects of drug use on judgement, especially how this relates to the decision to use condoms and practice safer sex Risk perception Overdosing Shifting to non-injecting routes of administration (difficult because requires more of the drug to satisfy user, but reduces HIV risk) <p>DU</p> <ul style="list-style-type: none"> Messages on not sharing smoking pipes (as this can lead to transmission of TB and other infectious diseases)
Government treatment programs	<ul style="list-style-type: none"> Encourage treatment centers to conduct assessment upon entry and follow-up after care <ul style="list-style-type: none"> Consider facilitating aftercare users attending government treatment centers. This could ensure access to HIV prevention information and referrals to medical services. 	<ul style="list-style-type: none"> To collaborate with government officials and staff of local treatment centers to best serve the prevention needs of IDU and DU 	

¹⁵ ARVs are less effective when someone is receiving methadone treatment. If possible encourage methadone treatment prior to beginning ART

¹⁶ to become operational in Phnom Penh, end of 2008

Capacity Building

Key Areas	Activities	Objectives	Key Messages
Outreach and peer educator training	<ul style="list-style-type: none"> Offer regular trainings and skills building opportunities for DU peer facilitators and peer educators to improve outreach efforts, maintain interest and keep information up to date and accurate Ensure peer educators and outreach workers who are former IDU and DU receive services and support to promote prevention and harm reduction among themselves as well as within the community 	<ul style="list-style-type: none"> To provide training and skills building updates throughout the year, at least quarterly, to all peer educators and outreach workers 	
Access to education	<ul style="list-style-type: none"> For former drug using youth, support their access to education (see Youth SPA) 	<ul style="list-style-type: none"> To provide youth DU with education support once they have undergone rehabilitation 	
Economic improvement	<ul style="list-style-type: none"> Seek to improve the financial situation of former DU by providing them with access to IGA and employment assistance in the community Employ former DU in the program as outreach workers, peer educators or program assistants, when possible 	<ul style="list-style-type: none"> To offer or refer former DU to vocational training or income-generation opportunities on a case by case basis. To encourage all partners to promote the hiring of DU (former or current) as staff and/or volunteers 	
Sensitivity and advocacy training	<ul style="list-style-type: none"> Train community stakeholders, including monks and spiritual leaders, on the needs of IDU and DU and their families on the importance of advocating for their needs and reducing stigma and discrimination 	<ul style="list-style-type: none"> To ensure IDU and DU and their families are treated fairly, equally and compassionately by outreach workers, service providers, police and other stakeholders 	

Supporting Environment

Key Areas	Activities	Objectives	Key Messages
Community support and sensitivity training	<ul style="list-style-type: none"> • Provide sensitivity training on drug users and drug use to law enforcement, community leaders, local authorities, teachers, parents, traffic police and religious leaders • Reduce stigma and discrimination by providing sensitivity training and education in school on drug use and drug users 	<ul style="list-style-type: none"> • To ensure IDU and DU and their families are treated fairly, equally and compassionately by outreach workers, service providers, police and other stakeholders 	
National policies	<ul style="list-style-type: none"> • Support the approval of the National Minimum Standards for Treatment Centers¹⁷ • Support and contribute to the development of a national strategic plan for drug use • Lobby with local representatives to review and provide input on national standards and policies for IDU and DU • Advocate for a comprehensive national plan on HIV prevention, care and treatment, including information on and for IDU and DU and based on the principles of harm reduction 	<ul style="list-style-type: none"> • To attend national meetings, as feasible, to advocate for needs of DU and improved national standards • To provide input on national standards and policies for IDU and DU 	
Advocacy	<ul style="list-style-type: none"> • Advocate for access to healthcare, treatment and education • Lobby local leaders to improve services at government treatment centers • Advocate for expansion of needle and syringe exchange programs 	<ul style="list-style-type: none"> • To advocate for IDU and DU on a local, regional and national level 	

¹⁷ estimated completion end 2007

Key Areas	Activities	Objectives	Key Messages
Collaboration with other organizations	<ul style="list-style-type: none"> Collaborate with other organizations working with I/DU and HIV prevention to develop cohesive messages on drug use and HIV linkages Advocate as a group for national standards and policies for drug users and improved services 	<ul style="list-style-type: none"> To establish a community technical working group involving health providers, treatment center staff, NGO staff, I/DU themselves and local officials, which could meet regularly (monthly) and discuss ways to better reach and treat I/DU To contribute to national efforts to support DU and reduce HIV prevalence among DU communities 	
Inclusion of DU	<ul style="list-style-type: none"> Ensure former IDU and DU involved in advocacy campaigns and activities Promote inclusion of DU in community response to DU needs Hire former IDU and DU as staff, PE and/or volunteers 	<ul style="list-style-type: none"> To ensure that IDU and DU (former and current) will have active and meaningful involvement in design, implementation and evaluation of interventions 	
Support groups	<ul style="list-style-type: none"> Work within the community to establish and support self-help groups which provide psychosocial and other support to IDU and DU 	<ul style="list-style-type: none"> To enable SHG to work effectively to offer support, solidarity and information to IDU and DU 	
Documentation	<ul style="list-style-type: none"> Collect case studies, best practices and success stories to inform national and international community of the needs of IDU and DU 	<ul style="list-style-type: none"> To share best practices and lessons learned with other KHANA partners and stakeholders working with IDU and DU 	

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