



**STANDARD PACKAGE  
OF ACTIVITIES**

# **ENTERTAINMENT WORKERS**

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**USAID**  
FROM THE AMERICAN PEOPLE



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

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# Acronyms

<b>AIDS</b>	ACQUIRED IMMUNODEFICIENCY SYNDROME
<b>ARV</b>	ANTIRETROVIRAL
<b>ART</b>	ANTIRETROVIRAL THERAPY
<b>BCC</b>	BEHAVIOR CHANGE COMMUNICATION
<b>CBO</b>	COMMUNITY-BASED ORGANISATION
<b>COC</b>	CONTINUUM OF CARE
<b>GBV</b>	GENDER-BASED VIOLENCE
<b>HCT</b>	HOME CARE TEAMS
<b>HIV</b>	HUMAN IMMUNODEFICIENCY VIRUS
<b>I/DU</b>	INJECTING/DRUG USER
<b>DU</b>	DRUG USER
<b>IDU</b>	INJECTING DRUG USER
<b>IEC</b>	INFORMATION, EDUCATION AND COMMUNICATION
<b>IGA</b>	INCOME GENERATION ACTIVITIES
<b>KHANA</b>	KHMER HIV/AIDS NGO ALLIANCE
<b>MARP</b>	MOST AT RISK POPULATIONS
<b>MOSVY</b>	MINISTRY OF SOCIAL AFFAIRS, VETERANS AND YOUTH REHABILITATION
<b>MSM</b>	MEN WHO HAVE SEX WITH MEN
<b>NACD</b>	NATIONAL AUTHORITY FOR COMBATING DRUGS
<b>NCHADS</b>	NATIONAL CENTER FOR HIV, AIDS, DERMATOLOGY AND STDS
<b>NGO</b>	NON-GOVERNMENTAL ORGANISATION
<b>OI</b>	OPPORTUNISTIC INFECTIONS
<b>OVC</b>	ORPHANS AND VULNERABLE CHILDREN
<b>PF/PE</b>	PEER FACILITATOR/PEER EDUCATOR
<b>PLHIV</b>	PEOPLE LIVING WITH HIV
<b>PMTCT</b>	PREVENTION OF MOTHER-TO-CHILD TRANSMISSION
<b>S&amp;D</b>	STIGMA AND DISCRIMINATION
<b>SHG</b>	SELF-HELP GROUP
<b>SPA</b>	STANDARD PACKAGE OF ACTIVITIES
<b>SRH</b>	SEXUAL AND REPRODUCTIVE HEALTH
<b>STI</b>	SEXUALLY TRANSMITTED INFECTION
<b>SW</b>	SEX WORKER
<b>TB</b>	TUBERCULOSIS
<b>VCCT</b>	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 section<sup>1</sup>

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<sup>1</sup> 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:

# SEX WORKERS/ ENTERTAINMENT WORKERS

## Situational Background

Since the beginning of the HIV epidemic in Cambodia, prevention activities have focused on female sex workers as a key target group. Recently there have been significant changes in the epidemic which warrant shifts in program design. The 100% condom use program, launched by the government in 1999, was crucial in lowering the HIV prevalence rate among brothel-based sex workers. However, attention has now shifted to the growing industry of indirect sex workers, young women ostensibly employed in the entertainment industry but who are often forced, persuaded or encouraged to have sex with their clients. Additionally, a number of interventions also now reach out to the clients of sex workers, so as to prevent further spread of HIV and encourage men to be sexually responsible.

It is difficult to confirm the number of sex workers in Cambodia because sex workers are a highly mobile population, may not remain in the profession for very long, and may not even define themselves as sex workers. However, recent estimates suggest that there are approximately 15,739 sex workers in Cambodia, 81% of whom are non-brothel based sex workers who work in massage parlors, restaurants, guesthouses, karaoke bars, nightclubs, etc. (NCHADS 2006).

While it is not always appropriate, or useful, to regard indirect and direct sex workers as a single group, they often face the same risks and disadvantages: both groups are at risk of HIV and other STIs, both are often threatened by violence and both may face stigma and discrimination when attempting to access testing, care and treatment services. Finally, both may have experienced similar circumstances that forced them into the formal or informal sex trade: poverty, migration or violence.

## KHANA's Work with MSM

Currently, five KHANA partners work with sex workers: MHSS, KWCD, CCASVA, CARAM<sup>11</sup>, and MHC. Khana partners provide sex workers with prevention and general health information, referrals and transport to services and free condoms. Most also run peer education programs. Sex workers often participate in training

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<sup>11</sup> CARAM focuses on mobile populations, including migrant sex workers.

and some sex workers have become volunteer workers for the partners themselves. Partners have also supported groups of sex workers to organize or attend advocacy events and regularly arrange retreats and events where sex workers and other key groups such as MSM can come together to relax and share information in a safe environment. At least one partner operates a drop-in center for MSM and sex workers but the effectiveness of this has been questioned, and for the future it is recommended that separate drop-in centers for key populations be established (Slavin, 2007).

KHANA's partners also place emphasis on working with gatekeepers. Gatekeepers are the key to enabling sex workers to participate in training, find work outside of the sex industry, receive information and avoid abuse. Partners ensure that they keep in contact with gatekeepers, provide them with relevant information, invite them to training and, where appropriate, intervene on behalf of individual sex workers.

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

- Standard Operating Procedure for the Outreach/Peer Education and 100% Condom Use Program to Sex Workers in Cambodia; June 2006. NCHADS.
- PREVENTION: Review, Findings and Recommendations; Internal document June 2007. Hazel Slavin for KHANA.
- National Strategic Plan 2008-2015, Prevention of Mother-to-Child Transmission of HIV. Draft 2007. NAA.
- Assessment and Recommendations for the Development of Drop in Centers in Three Sites in Cambodia (Battambang, Siem Reap and Sihanouk Ville); February 2006. Lindsey Daines for KHANA.
- Sweetheart Relationships in Cambodia: Love, Sex & Condoms in the Time of HIV; 2002. PSI.
- Violence and Exposure to HIV among Sex Workers in Phnom Penh, Cambodia; 2006. USAID/POLICY Project.
- Comprehensive Annual Report, 2006; February 2007. NCHADS.
- 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
<b>Outreach and Peer Education</b>	<ul style="list-style-type: none"> <li>Provide HIV/STI prevention, safer sex education and general sexual and reproductive health education to sex and entertainment workers through outreach and peer education                             <ul style="list-style-type: none"> <li>Reach all sub-groups of SW: direct and indirect</li> </ul> </li> <li>Develop separate and targeted curricula for Direct and Indirect SW PF/PE where relevant</li> <li>Include information and activities on risk assessment and risk reduction skills</li> <li>Incorporate positive prevention messages for positive SW</li> <li>Work with management (brothel owners, bar owners, etc) to enlist their support for awareness-raising, access to service, training and negotiation with clients.</li> <li>Promote quality condom use and ensure availability and accessibility of condoms and commodities such as lube</li> </ul>	<ul style="list-style-type: none"> <li>To ensure sex workers can access regular and accurate information and have the skills necessary to protect themselves</li> <li>To provide appropriate education to all types of sex worker: direct and indirect</li> <li>To improve gatekeepers' understanding of the risks facing SW and exercise an understanding of their rights</li> </ul>	<p><b>HIV prevention</b></p> <ul style="list-style-type: none"> <li>Preventing sexual transmission of HIV</li> <li>Condoms and other methods to promote safer sex (access, negotiating, making condoms erotic, etc.)</li> <li>Prevention and treatment for sexually transmitted infection</li> <li>Protecting your self and your partner from HIV</li> <li>importance of SRH care (especially the importance of regular STI checkups)</li> <li>linkages between drugs and HIV</li> <li>Communication and negotiation skills</li> </ul> <p><b>Services</b></p> <ul style="list-style-type: none"> <li>Encouraging treatment- seeking behavior</li> <li>Harm reduction for drug using SW</li> </ul>
<b>Clients and Sweethearts</b>	<ul style="list-style-type: none"> <li>Use Sex worker to reach clients with messages on safer sex.</li> </ul>	<ul style="list-style-type: none"> <li>To educate clients of SW to reduce risk of HIV transmission to/from all of their partners, including SW</li> </ul>	
<b>Drop-in Centers</b>	<ul style="list-style-type: none"> <li>Establish drop-in centers specifically for SW (not combined with other target populations)</li> <li>Provide prevention education through drop-in center staff, peer educators and support groups</li> <li>Offer services for drug using SW, including prevention education, harm reduction and referrals to rehabilitation treatment</li> <li>Ensure that drop-in centers are regularly supplied with condoms</li> <li>Ensure that drop-in centers have attractive, relevant and up to date IEC materials targeting sex workers and their clients</li> </ul>	<ul style="list-style-type: none"> <li>To establish and maintain drop-in centers to offer a safe place for SW to receive information, support and training.</li> </ul>	

Key Areas	Activities	Objectives	Key Messages
<b>Referrals to services</b>	<ul style="list-style-type: none"> <li>All partners should offer information and support for SW to access SRH services, including STI testing and treatment, VCCT, family planning and general reproductive health, and treatment and counseling for GBV</li> <li>Provide referrals to drug treatment centers and needle exchange programs, where possible</li> <li>Provide “active” referrals to STI and VCCT services (take clients to/from services and provide additional counseling and follow-up after testing and treatment)</li> <li>Provide referrals to SRH services, including VCCT/STI testing and treatment, to clients and sweethearts of SW, when possible</li> <li>Provide referrals and timely and accurate information to antenatal care and PMTCT services for pregnant, positive SW and others in the entertainment industry</li> </ul>	<ul style="list-style-type: none"> <li>To empower all SW and those in entertainment sector with comprehensive knowledge of available services, how to access them and what they can expect from such services</li> <li>To ensure clients and sweethearts of SW also have access to RH services, testing and treatment</li> <li>Improve access to antenatal care, VCCT and PMTCT services by enabling referrals, building relations with service providers, facilitating transportation and distributing appropriate IEC/BCC materials.</li> </ul>	<p><b>Primary Prevention</b></p> <ul style="list-style-type: none"> <li>Avoid unwanted pregnancy</li> <li>Encourage condom use</li> <li>Facts about HIV: transmission during pregnancy, ways of reducing the transmission, impact of HIV and AIDS on pregnant women and family</li> <li>HIV testing</li> </ul> <p><b>Secondary Prevention</b></p> <ul style="list-style-type: none"> <li>ARV</li> <li>Safe birthing at health center with PMTCT services</li> <li>Safe feeding practices: breast feeding or formula feeding, not both at the same time</li> </ul>
<b>Condoms and lubricant</b>	<ul style="list-style-type: none"> <li>Ensure low-cost quality condoms and lubricants are available at brothels and entertainment venues, drop-in centers, clinics and treatment sites, peer group meetings, and markets/local shops.</li> <li>Provide specific education on condom use, to SW and their clients</li> </ul>	<ul style="list-style-type: none"> <li>To ensure that both direct and indirect SW and their clients have consistent and sufficient access to condoms and lubricant and know how to use them</li> </ul>	<p>No condom no sex</p>
<b>SHG/Support groups</b>	<ul style="list-style-type: none"> <li>Establish and help maintain SHG for groups of SW (brothel-based, beer girls, karaoke girls, drug using SW)</li> <li>Provide information on communication and negotiation skills, SRH, including HIV/STI prevention, drug use, and referrals to services</li> <li>Train SHG leaders to provide positive prevention support to positive SW and their partners</li> <li>Facilitate post-test clubs linked to VCCT services</li> </ul>	<ul style="list-style-type: none"> <li>To enable SHG to work effectively to offer support, solidarity and information to SW</li> </ul>	

Key Areas	Activities	Objectives	Key Messages
<p><b>IEC materials</b></p>	<ul style="list-style-type: none"> <li>• Work with SW to create or adapt IEC materials for SW, both direct and indirect, and their clients</li> <li>• Collaborate with other partners and agencies to share existing effective materials</li> <li>• Ensure the efficient distribution of IEC materials by developing or improving logistics plans for materials</li> <li>• Reach all SW and their clients, as well as gatekeepers, by creating IEC materials with less text and more pictorial information</li> <li>• Hold discussion sessions with SW, clients and gatekeepers in order to receive feedback on IEC and inform future production (post and pre testing)</li> <li>• Ensure mention of SW and clients' risks/prevention methods are included in materials meant for the general public</li> </ul>	<ul style="list-style-type: none"> <li>• To guarantee all SW have access to IEC materials that are targeted specifically for their needs</li> <li>• To guarantee SW clients have access to IEC materials that are targeted specifically for their needs</li> <li>• To access, and use regularly, materials that are effective in providing information and promoting behavior change among SW, gatekeepers, and clients</li> </ul>	<p><b>HIV prevention</b></p> <ul style="list-style-type: none"> <li>• Preventing sexual transmission of HIV</li> <li>• Condoms and other methods to promote safer sex</li> <li>• Prevention and treatment for sexually transmitted infection</li> <li>• HIV/STI testing and treatment</li> <li>• Protecting your self and your partner from HIV</li> <li>• Positive prevention</li> <li>• SRH information and services</li> <li>• Risk reduction</li> </ul>
<p><b>Behavior Change Communication</b></p>	<ul style="list-style-type: none"> <li>• Ensure IEC materials contain clear, concise, simple and short messages that are linked to behavior change, such as "Use a condom every time you have sex"</li> <li>• Only refer people to services that are actually in place</li> <li>• Ensure health service providers understand BCC materials and are happy to display them at health facilities. Provide training if necessary.</li> <li>• Ensure outreach and peer personnel are trained and comfortable with delivering BCC messages for SW and their clients in interpersonal, outreach and peer education settings.</li> <li>• Enable influential sex workers to serve as "change agents" for their peers.</li> <li>• Highlight positive outcomes of behavior change; i.e. improved health, economic and personal outcomes, when delivering messages</li> <li>• Create/adapt messages to reach sub-groups of SW (i.e. brothel-based, beer girls, karaoke girls, gatekeepers, clients), as well as clients and sweethearts</li> <li>• Develop mass media messages for SW to encourage behavior change</li> <li>• Develop mass media messages for clients to encourage behavior change</li> <li>• Include messages for SW and their clients in HIV prevention messages for the general population</li> </ul>	<ul style="list-style-type: none"> <li>• To access and use materials that are effective in providing information and promoting behavior change among SW, gatekeepers, and clients, especially indirect SW</li> </ul>	<p><b>HIV prevention</b></p> <ul style="list-style-type: none"> <li>• Preventing sexual transmission of HIV</li> <li>• Condoms and other methods to promote safer sex</li> <li>• Prevention and treatment for sexually transmitted infection</li> <li>• HIV/STI testing and treatment</li> <li>• Protecting yourself and your partner from HIV</li> <li>• Positive prevention</li> <li>• SRH information and services</li> <li>• Risk reduction</li> </ul>

# Impact Mitigation and Health

Key Areas	Activities	Objectives	Key Messages
<b>Basic medical care and treatment</b>	<ul style="list-style-type: none"> <li>• Help to ensure that testing and treatment and SRH facilities are SW-friendly.</li> <li>• Collaborate with public and private providers to inform them of changes/updates they could implement to make their services more SW friendly (e.g. SW-targeted IEC materials in clinics, staff comfortable communicating with SW and their clients, etc)</li> <li>• Offer sensitization training modules to providers and community health worker staff to improve sensitivity towards both SW and their clients</li> <li>• Provide “active” referrals to STI, VCCT and SRH services (take clients to/from services and provide additional counseling and follow-up after testing and treatment)</li> </ul>	<ul style="list-style-type: none"> <li>• To ensure all SW are assisted in accessing necessary services and supported to attend follow-up appointments</li> </ul>	
<b>Psycho-social support</b>	<ul style="list-style-type: none"> <li>• Work with HCT to provide services, support (including counseling), and PLHIV services to HIV positive SW and to be aware of the specific challenges faced by most SW</li> <li>• Work with HCT to provide services and support, including counseling, to HIV positive clients and sweethearts on positive prevention</li> <li>• Establish and help maintain positive SW self-help groups</li> <li>• Provide formal counseling to HIV discordant SW and sweethearts</li> </ul>	<ul style="list-style-type: none"> <li>• To provide adequate psychosocial support to all HIV positive SW to enable them to effectively cope with their status and communicate with their partners, families and medical providers</li> <li>• To encourage HIV positive clients and sweethearts to use positive prevention methods with SW and their other partners</li> </ul>	
<b>Gender-based violence</b>	<ul style="list-style-type: none"> <li>• Collaborate with other organizations to develop GBV awareness programs for SW                             <ul style="list-style-type: none"> <li>○ Offer education specific to the risks faced by SW, both direct and indirect</li> <li>○ Offer education on communication and negotiation skills, as well as safer sex practices</li> </ul> </li> <li>• Provide referrals to services and counseling for GBV, where available.</li> <li>• Create and support self-help groups for survivors of GBV</li> <li>• Provide clients, sweethearts and gatekeepers with sensitization training on GBV and the rights of SW</li> </ul>	<ul style="list-style-type: none"> <li>• To ensure all SW have access to treatment, counseling and support for GBV</li> <li>• To reduce GBV against SW by educating clients and gatekeepers</li> </ul>	<ul style="list-style-type: none"> <li>• Avoiding GBV</li> <li>• Negotiation and communication</li> <li>• Seeking help</li> <li>• Counseling and care after GBV</li> <li>• Sex workers are people too and have the same rights as you</li> <li>• Real man does not hurt women</li> <li>• Men and Women are equal and have the same right to safer sex</li> </ul>

Key Areas	Activities	Objectives	Key Messages
<b>HCT visits</b>	<ul style="list-style-type: none"> <li>• Provide regular HCT visits to HIV positive SW and their households</li> </ul>	<ul style="list-style-type: none"> <li>• To provide HIV positive SW with the same range of comprehensive services as other PLHIV</li> </ul>	
<b>Self-help and support groups</b>	<ul style="list-style-type: none"> <li>• Establish and help maintain SHG for groups of SW – (direct, indirect)</li> <li>• Provide information on SRH, including HIV/STI prevention, drug use, and referrals to services</li> <li>• Train SHG leaders to provide positive prevention support to positive SW and their clients and partners</li> <li>• Facilitate post-test clubs linked to VCCT services</li> </ul>	<ul style="list-style-type: none"> <li>• To enable SHG to work effectively to offer support, solidarity and information to SW, and their clients where appropriate</li> </ul>	
<b>Gatekeeper and employer education</b>	<ul style="list-style-type: none"> <li>• Provide gatekeepers and employers with information on the health needs of SW and their clients               <ul style="list-style-type: none"> <li>◦ Include information on where to refer SW and clients for SRH services and VCCT</li> </ul> </li> <li>• Offer sensitivity trainings and/or workshops, along with IEC materials to gatekeepers</li> </ul>	<ul style="list-style-type: none"> <li>• To ensure all gatekeepers are aware of the health needs of SW and clients and can support them in seeking services</li> <li>• To train at least one gatekeeper from every brothel, bar, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Local services and access to services</li> <li>• Treatment adherence</li> <li>• Rights of SW</li> <li>• Risks of HIV transmission</li> <li>• GBV</li> </ul>

# Capacity Building

Key Areas	Activities	Objectives	Key Messages
<b>Strengthen SW social networks</b>	<ul style="list-style-type: none"> <li>Build SW solidarity, among both direct and indirect SW, through peer education sessions, SHG and drop-in centers, and by encouraging SW to meet regularly in comfortable environments</li> </ul>	<ul style="list-style-type: none"> <li>To improve solidarity among SW which will help them to share information, seek services and participate in advocacy efforts</li> </ul>	
<b>Peer Educator and Facilitator Training</b>	<ul style="list-style-type: none"> <li>Offer regular trainings and skills building opportunities for PE/PE to improve outreach efforts, accuracy of information and maintain their interest</li> <li>Provide PE with sufficient and up to date materials for them to do their job</li> </ul>	<ul style="list-style-type: none"> <li>To reach all types of SW with accurate information through effective peer education</li> <li>To reach SW clients and sweethearts with accurate information through effective peer education</li> <li>To increase the number of trained PE who offer accurate and up to date information</li> </ul>	
<b>Negotiation and Communication skills training</b>	<ul style="list-style-type: none"> <li>Provide intensive training on negotiation and communication skills for SW to enable them to better control condom use with their clients, sweethearts and partners</li> <li>Include training about sexual pleasure with condoms, “condom confidence”, decision-making and problem-solving skills</li> </ul>	<ul style="list-style-type: none"> <li>To ensure all SW possess the skills to negotiate condom use and safer sex with all types of partners</li> </ul>	
<b>Advocacy</b>	<ul style="list-style-type: none"> <li>Train SW representatives (selected by SW community) to advocate for the needs and rights of SW within the community and nationally                             <ul style="list-style-type: none"> <li>Include training on public speaking, human rights, legislation etc.</li> </ul> </li> <li>Offer support to SW groups in advocacy efforts through provision of IEC, transport, and safe spaces for meetings</li> </ul>	<ul style="list-style-type: none"> <li>To encourage and enable SW to participate in or organize advocacy activities and to represent their rights</li> </ul>	
<b>Sensitivity training</b>	<ul style="list-style-type: none"> <li>With KHANA's help, implement curriculum on SW sensitivity training for NGO staff, police, public and private service providers, local authorities, religious leaders and other stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>To ensure SW are treated fairly, equally and compassionately by outreach workers, service providers, police and other stakeholders</li> </ul>	
<b>Community support</b>	<ul style="list-style-type: none"> <li>Work with community stakeholders to include SW issues and needs in local development initiatives</li> <li>Encourage and assist SW representatives to meet with stakeholders to discuss their needs</li> <li>Negotiate with gatekeepers for SW who wish to leave the sex industry.</li> </ul>	<ul style="list-style-type: none"> <li>To enable SW to work with partners and other stakeholders to place SW issues on development agendas</li> <li>To inform all SW of available opportunities to leave the sex industry and possible alternative employment</li> </ul>	
<b>Vocational training</b>	<ul style="list-style-type: none"> <li>Offer vocational training courses through partners and drop-in centers</li> <li>Connect SW with IGA opportunities</li> <li>Employ SW in the program as outreach workers, peer educators and/or program assistants, when possible</li> </ul>	<ul style="list-style-type: none"> <li>To offer or refer SW to appropriate and economically viable vocational training or income-generation opportunities on a case by case basis.</li> </ul>	

# Supporting Environment

Key Areas	Activities	Objectives	Key Messages
<b>Gatekeeper and employer education</b>	<ul style="list-style-type: none"> <li>Provide gatekeepers and employers with education on the health needs of SW                             <ul style="list-style-type: none"> <li>Include information on where to refer SW and clients for SRH services and VCCT</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>To ensure all gatekeepers are aware of the health needs of SW and clients and can support them in seeking services</li> </ul>	
<b>Gender-based violence</b>	<ul style="list-style-type: none"> <li>Collaborate with other organizations to develop GBV awareness programs for SW                             <ul style="list-style-type: none"> <li>Offer education specific to the risks faced by SW, both direct and indirect                                     <ul style="list-style-type: none"> <li>Offer education on communication and negotiation skills, as well as safer sex practices</li> </ul> </li> <li>Provide referrals to services and counseling for GBV, where available.</li> <li>Create and support self-help groups for survivors of GBV</li> <li>Provide clients, sweethearts and gatekeepers with training on GBV and the rights of SW</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>To ensure all SW have access to treatment, counseling and support for GBV</li> <li>To reduce GBV against SW by educating clients and gatekeepers</li> </ul>	<ul style="list-style-type: none"> <li>Avoiding GBV</li> <li>Negotiation and communication</li> <li>Seeking help</li> <li>Counseling and care after GBV</li> <li>Sex workers are people too and have the same rights as you</li> <li>Real men do not hurt women</li> <li>Men and women are equal and have the same right to safer sex</li> </ul>
<b>Develop partnerships</b>	<ul style="list-style-type: none"> <li>Participate in or inform technical working groups on SW needs and services</li> <li>Collaborate with other NGOs/CBOs and the government on: IEC/BCC materials, research, STI/VCCT testing and treatment and other SRH services, condom and lubricant provision, vocational training for SW, reaching out to clients and sweethearts, and GBV services</li> <li>Work with SW networks, e.g. at public events, arranging satellite events, facilitating provincial-level network groups</li> </ul>	<ul style="list-style-type: none"> <li>To contribute to national efforts to support SW and reduce HIV prevalence among SW communities</li> </ul>	
<b>Inclusion of SW</b>	<ul style="list-style-type: none"> <li>Include SW in the design, implementation and evaluation of interventions</li> <li>Ensure SW are involved in advocacy campaigns and activities</li> <li>Promote inclusion of SW in community response to SW needs</li> </ul>	<ul style="list-style-type: none"> <li>To ensure SW inclusion is integral in the program design and evaluation process</li> <li>To enable SW to contribute to community and national level campaigns on HIV awareness</li> <li>To enable SW to contribute to community efforts to decrease HIV infection and improve community health</li> </ul>	<ul style="list-style-type: none"> <li>To ensure SW are integral in the program design and evaluation process</li> <li>To enable SW to contribute to community and national level campaigns on HIV/AIDS awareness</li> <li>To enable SW to contribute to community efforts to decrease HIV infection and improve community health</li> </ul>
<b>Raise positive public awareness of SW</b>	<ul style="list-style-type: none"> <li>Facilitate SW involvement in mass media campaigns and public advocacy events</li> </ul>	<ul style="list-style-type: none"> <li>To ensure the rights of SW are respected by the general population</li> <li>To participate in BCC/media campaigns and represent SW at planning meetings</li> </ul>	
<b>Documentation</b>	<ul style="list-style-type: none"> <li>Collect case studies, best practices and success stories to inform national and international community of the needs of SW</li> </ul>	<ul style="list-style-type: none"> <li>To share best practices and lessons learned with other KHANA partners and stakeholders working with SW</li> </ul>	

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