

100% CONDOM USE IN CAMBODIA: STRATEGY & GUIDELINES FOR IMPLEMENTATION

1. BACKGROUND

In June 1998, the Cambodian National AIDS Committee endorsed the 100% condom use policy as a central element in the Cambodia National HIV/AIDS Strategy. The policy aims to ensure that condoms are used in every sexual transaction in every brothel in a selected community. This "blanket" use of condoms in very high risk transmission situations has been shown, both from empirical experience (as in Thailand), and from modelling, to play a very significant role in reducing the incidence of STI and HIV.

In October 1998, the Ministry of Health launched the pilot "100% Condom Use" project in the port city of Sihanoukville. It was decided to start the pilot project in the province of Sihanoukville for three reasons: Sihanoukville being the main seaport of Cambodia, the sex business was rife; HIV control and prevention interventions, while few, were obviously needed; and the local authorities were enthusiastic to support the project.

Based on, but extending the Thai experience, the project had a number of elements: using detailed local data, sensitising senior local policy makers (the Provincial Governor, etc) about the HIV situation, the role of the commercial sex industry, and the proposed 100% condom use policy in the city; strengthening STI services, especially for sex workers and their clients; getting to know brothel owners and managers, to elicit their help; and empowering outreach education and services to the sex workers themselves

As an integral part of the 100% CU programme, the STI clinic in Sihanoukville Provincial Hospital was strengthened with a specific STI management strategy for female sex workers. Sex establishment managers were requested to send in their staff on a monthly basis for STI and related health care at the clinic. The clinic staff made significant efforts to turn the clinic into a "sex worker-friendly" setting.

Drawing on the experience from this pilot project, the NCHADS has identified 100% CU as a core strategy in its HIV/AIDS prevention programme, and is expanding it in high risk situations throughout the country.

2. THE ELEMENTS AND PRINCIPLES OF THE 100% CONDOM USE STRATEGY

The most important aspect of the establishment of 100% condom use is the involvement of a wide range of people and institutions in it; it can only work if everyone is committed to it, and all the necessary components that go to make it up are in place. Basically, it is necessary to instruct or require ALL sex workers to use condoms in ALL sexual encounters. If the clients refuse to use condoms, the sex workers are urged to withhold services and refund their clients money. All sex

establishments must be involved in the project, so that clients cannot purchase sex in other places without using condoms.

There are five elements or components of the strategy:

- The first component is to gain the **co-operation of government authorities** (local government, police, etc) **and the owners of all sex establishments** (both direct - brothels - and indirect - bar/beer girls, etc). This will ensure that general brothel “crackdown” and closure does not happen, as this drives commercial sex underground and out of reach. It also ensures that sex workers are able, or assisted to attend the STI clinic regularly. Finally, this ensures that the 100% condom use policy becomes an officially mandated strategy. The CUMEC (Condom Use Monitoring and Evaluation Committee) is the critical mechanism for establishing and maintaining the commitment of senior authorities, and making sure the programme continues working well.
- The second important component in the strategy is to **ensure regular checking and treatment of STI in sex workers**. Effective treatment of all STI in the target populations (sex workers) has been shown to be associated with reductions in the incidence of STI among their clients.
- The third component is ensuring the **availability and accessibility of condoms**.
- The fourth component is **effective IEC through a variety of channels to make condom use the norm**. This means that everyone comes to recognise the risks of unprotected commercial sex, and that condom use protects against these risks.
- Finally, **outreach activities** are the critical link that holds the programme together, by constantly reinforcing the messages of the programme, and helping people involved, at all levels, understand it better, and the roles they can play in it. The CUWG (Condom Use Working Group) is the key element in supporting and monitoring operational activities. The CUWG members also form the POT (Provincial Outreach Team), who manage the outreach programme.

3. IMPLEMENTATION OF THE STRATEGY

The 100% condom use programme brings together many of the elements of the HIV/AIDS and STI Prevention and Care Strategic Plan 2001-2005 (IEC, STI services, outreach, monitoring and evaluation, condom distribution) in a co-ordinated fashion. Within NCHADS, overall co-ordination is with the Technical Bureau; but each unit of the National Centre and the Provincial AIDS Office has its own part to play. In any situation in which the programme is introduced, the same concerted package of activities is required.

Activities to introduce and implement the programme are required at three levels:

- planning, sensitisation, training, resource mobilisation and support and supervision at the **central level** by NCHADS

- preparation, launching, maintenance and monitoring by the CUMEC (Condom Use Monitoring & Evaluation Committee) at **Provincial authority level**
- outreach, ensuring condom availability, targeted STI services, recording and reporting by the CUWG/POT (Condom Use Working Group/Provincial Outreach Team) at **commercial sex venue level**.

3.1 Central level planning, sensitisation, training, resource mobilisation and support and supervision

Each year since 1996, NCHADS has conducted an HIV Sero-surveillance Survey (HSS). In 2000 this covered 21 of the 24 provinces and collected blood from 20,000 subjects. Parallel to this HSS for the last three years has been a Behavioural Surveillance Survey (BSS), conducted in the five major cities and focusing on specific behaviours among specific groups. STI prevalence surveys are also conducted – one in 1996 and another, more comprehensive survey conducted in 2000/01. These epidemiological data has been used for targeting the 100% CU programme: where analysis shows that particular geographical, economic or socio-cultural situations present the greatest need.

The 100% Condom Use Programme is being introduced in major cities where large numbers of brothel-based sex workers can be effectively reached with outreach, STI and health care, condom availability and accessibility, and support from local authorities for the “monopolistic” insistence on condom use in all commercial sex transactions. Prioritisation is based upon the identification of situations, essentially major urban areas and those at borders, where the commercial sex industry flourishes.

As an integral element in the 100% CU programme, the targeting of STI management in these high-risk situations follows the same logic. While efforts are being made to extend STI services within the context of reproductive tract infection services as an integrated health care approach for all women, targeted services for high-risk situations are a priority. Provinces have been identified where existing Government and NGO partners are willing and capable to collaborate in the strengthening of STI services for target populations. In a context of emergency, the Ministry of Health's pragmatic recommendation has been to strengthen existing services, be they Government or NGO.

NCHADS is responsible for arranging sensitisation of provincial authorities through such activities as study tours to the pilot project, and other familiarisation visits. In addition, NCHADS arranges short training programmes for CUWG and POT members.

NCHADS is also responsible for providing IEC materials and support for campaigns and launching occasions at provincial level. The STI Unit at NCHADS provides technical support to the establishment of the targeted STI services, through training, renovation and equipment, timely supplies of drugs, and regular supervision.

3.2 Provincial preparation, launching, maintenance and monitoring by the CUMEC

3.2.1 Preparation and gaining acceptance

The first step is the sensitisation of Provincial Authorities to ensure full approval and preparedness to adopt the 100% condom use policy. Data (from the HSS, etc) can be used to make a formal presentation of the objectives, needs, benefits of the 100% CU policy and programme. This will help ensure strong commitment from Governor and local authorities.

The organisation of the monitoring teams (CU Working Groups) and the monthly co-ordination meetings (CUMEC) are an essential structural step. Terms of Reference (TOR) and lists of members need to be prepared in advance. The 100% Condom Use Monitoring and Evaluation Committee (CUMEC) is the owner and the focal point. It is chaired by the Governor, and meets once a month.

But it is also necessary to sensitise and work with the brothel managers and owners, and those who organise commercial sex services. Everyone must understand and accept that the brothel managers have the obligation to send their sex-workers to the clinic each month. It is necessary to arrange meetings with various local authorities to ensure, for example, that the police accept to stop racketeering brothels. For this it is important to have a good working relationship between authorities and brothel managers. With the provincial authorities, a clear/feasible policy for taking action against offenders, needs to be established beforehand. It is counter-productive to tell everyone that offending brothels will be closed if it is impossible to do it! Other measures may be more feasible.

3.2.2 Launching, maintenance and monitoring

IEC activities must be organised to sensitise the general public, as well as the clients and sex workers. A well-organised Launching Day can give visibility and commitment to the programme, especially if there is strong commitment from Governor and local authorities.

An STI clinic is to become the “sex-workers clinic”; the staff must be(come) sex-worker-friendly; the clinic must be perceived as *theirs*; FOR the sex-workers. The staff need to be trained in specific STI management for sex-workers. A simple laboratory for STI management (for microscopic examination of smears, RPR Test) is useful but not indispensable.

The PAC and PAS have an important role to ensure full coverage, and possible extension of the programme.

3.3 Outreach, ensuring condom availability, targeted STI services, recording and reporting by the CUWG/POT

3.3.1 Initial mapping

While the provincial level sensitisation is taking place, at field level initial mapping must be done: sex establishments must be identified and mapped; an initial census of sex-workers conducted (direct, beer, bar, karaoke, etc) for estimation of coverage by intervention). This census needs to be repeated periodically if there appear to be marked fluctuations in the sex work force.

3.3.2 Outreach

The CUWG/POT maintain peer education and outreach IEC activities for 100% condom use and STI treatment with the target audiences, so all target populations know what is expected. They maintain logistic support to sex establishments (ensuring adequate supplies of IEC materials, co-ordinating condom availability, etc). The outreach staff are the link between target groups, clinic and monitoring of 100% condom use.

The Condom Use Working Group (CUWG) visits brothels on a regular, weekly basis to advise and monitor the performance of sex workers and owners concerning 100% use of condoms in sex establishments. It is recommended that this working group consists of 4 people: 1 representative of police, 1 from the local authority, 1 from health staff, and one representing the other local sectors involved.

3.3.3 Targeted STI services

Co-ordination with other service providers is very important; especially when it comes to establishing STI service provision sites for target populations. As part of establishing these services, key elements will be:

- Ensuring adequate and regular supplies of drugs to all service providers
- Establishing patient recording systems
- Establishing baseline KAP, sero-prevalence and STI prevalence data for the project area, to the extent possible
- Ensuring proper treatment following National Protocols
- Ensuring no discrimination or stigmatisation towards sex workers.

Men do not seek STI care, and will do so even less if the clinic is full of female sex-workers; so it will be necessary to promote the use of STI services by men, such as seafarers, fishermen and the military.

3.3.4 Monitoring and Evaluation

The CUWG must define in advance what monitoring and evaluation will be used:

- condom sales by PSI (by far the main provider);
- “mystery clients”, ie men posing as clients;
- information from sex-workers themselves, through STI clinic and outreach teams.

A good process indicator may be the percent of sex-workers with a medical control card out of the total number of sex-workers in each brothel. Control cards for each sex worker can be introduced – with a reference number or an assumed name. The sex-workers’ real names should NEVER be used. There should be no diagnosis on the card. And NO sex worker should be stopped working if she has an STI. The programme should help sex-workers to protect themselves.

NCHADS
29 May, 2001