THE OUTREACH PROGRAMME:
STRATEGY and GUIDELINES for IMPLEMENTATION
(Semi-final draft)

1. BACKGROUND

NCHADS and PAOs have been operating the Outreach Programme in urban centres in all Provinces since 1995. Under the programme some 10,000 sex workers in some 800 establishments have so far been reached with HIV/AIDS awareness and prevention education and condom promotion. In December, 1998 an External Evaluation of the Component was re-designed outreach programme to cover the whole country.

The results and recommendations of this evaluation of this evaluation led to the redesign of outreach efforts. In this new phase, outreach strategies will focus on three conceptual changes:

- The need to target all forms of sex workers, not only brothel-based,
- The need to include all players in the industry, not only sex workers,
- The need to design interventions that are aimed at the health and safety of sex workers and their clients, not only provision of HIV/AIDS and STI information.

An important element of the new programme is its integration with the 100% Condom use programme being introduced in a phased manner throughout the country. In the future, this programme will be expanded to cover other populations in high-risk situations, such as the military, clients of sex workers and hard-to-reach populations.

Commercial sex entertainment services (CSES) in Cambodia come in various types, and are not only in "urban" areas. Driven by economic hardship, many girls and young women enter sex work in search of income. Many of these women are not in brothels, and they often avoid contact with outreach workers. Among brothel-based workers, a common complaint is that although they appreciate the good intentions of the "AIDS outreach workers", they are depressed to be given the same message and advice, which are not always practical for their life-styles. "We know that we are at risk of AIDS; if we get it we will die, and we should quit this job. But we don't need to hear that so often – that's why sometimes I run away when I see the health workers who come to teach us"

A more friendly, sensitive to sex worker life-styles, as well as non-stigmatised way of conducting outreach educating outreach education is needed. This way not only emphasises risk reduction from STIs, including HIV, but also promotes a holistic view of "well-being" for women in the sex entertainment business. Furthermore, with such a high number of sex workers already infected with HIV, many sex workers are aware that they could have already been infected, but have no way to discuss their anxiety. They choose to deny the reality. Other sex workers are still unaware of the real risk of HIV, and continue to receive and spread the virus, without consistent use of condoms. Outreach workers need to possess interpersonal skills, which can help these women in such high-risk situations to assess their personal risk, as well as supportive counselling skills, which are increasingly important in outreach work. In order to accomplish successful implementation of each
provincial plan, an outreach cadre with appropriate knowledge and technical skills will be required.

The overall strategy of the outreach programme is to help make commercial sex entertainment services (CSES) SAFE and HEALTHY.

2. THE AIM OF THE PROGRAMME FOR SAFE AND HEALTHY COMMERCIAL SEX ENTERTAINMENT SERVICES

The Outreach Programme has a number of aims:

- Commercial sex entertainment services are accepted as legitimate
- Business owners take responsibility for ensuring their workers are safe and healthy
- Quality STI and other health services are available and user-friendly for sex workers.
- Sex workers know how to protect themselves from HIV/AIDS and STI and use condoms with every sex encounter
- There is no violence and coercion against sex workers, and no child exploitation
- Clients of sex workers agree to use condoms
- Sex workers have choices and chances for changing career
- All commercial sex entertainment services must provide and insist on condom

All interested partners should follow these aims and guidelines in the design and implementation of outreach programmes, and join NCHADS for regular review of the guidelines.

3. SPECIFIC OBJECTIVES OF THE OUTREACH PROGRAMME

3.1 To secure acceptance and commitment among relevant authorities of the need to regulate sex services for health and safety purposes.
3.2 To gain the understanding and co-operation of business owners and managers to prevent HIV/AIDS and STI by both enforcing condom use in every sex encounter and ensuring regular STI check-ups for sex workers.
3.3 To increase understanding of HIV/AIDS and STI and their consequences, and Reproductive health among sex workers; and to increase and maintain condom use in every sex encounter.
3.4 To increase condom use in every sex encounter by clients.
3.5 To ensure condom availability and quality in all sex services.
3.6 To increase the self-esteem of sex workers and ensure they have exposure to other life and career opportunities.
3.7 To join force with others in discouraging families sending young girls into commercial sex, and to link with other rescue organisations to refer sex worker who need help.
4. STRATEGIES AND ACTIVITIES TO REACH THE SPECIFIC OBJECTIVES FOR OUTREACH TO PROMOTE HIV/AIDS/ AND STI PREVENTION AND CARE IN COMMERCIAL SEX ENTERTAINMENT SERVICES

In this section a series of guidelines, for both provinces and NCHADS, are given for the kinds of activities needed to reach the specific objectives of the programme.

4.1 Specific Objective 1: To secure acceptance and commitment among relevant authorities to regulate sex services for health and safety purposes

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Activities</th>
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<tbody>
<tr>
<td>• Establish the outreach programme in the province</td>
<td>• Meeting of PHD to convince and secure commitment to implement the outreach programme</td>
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<tr>
<td>• Advocacy for multi-sectoral support for the outreach programme</td>
<td>• PHD to establish/utilise PAC/PAS to implement the programme</td>
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<td></td>
<td>• Study tours for POT to learn how to implement the programme</td>
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4.2 Objective: To increase understanding and co-operation of business owners and managers to prevent HIV/AIDS and STIs by enforcing condom use in every sex encounter and regular STD check-up by CSWs.

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Activities</th>
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<tbody>
<tr>
<td>• Brothel owners given recognition from authorities</td>
<td>• Brothel owners meet authorities to discuss how to make business safe and be given measures how the agreement will be regulated.</td>
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<tr>
<td>• Create the feeling among business owners that the outreach team is interested in supporting safe business</td>
<td>• Brothel owners meet regularly with outreach team to improve cooperation and reinforcement of safety and healthy practices.</td>
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<tr>
<td>• Outreach and STI services must have a system to monitor STI services attendance</td>
<td>• Commercial sex entertainment establishment/services survey and mapping</td>
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<td>• Registration system set up</td>
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4.3 Objective: To increase understanding of Reproductive health, and HIV/AIDS and STI and their consequences, among sex workers, and increase and maintain condom use in every sex encounter.

<table>
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<th>Strategies</th>
<th>Activities</th>
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<tbody>
<tr>
<td>• Form outreach teams with multi-sectoral members</td>
<td>• Central Outreach Task Force (COTF) to manage and support at central level.</td>
</tr>
<tr>
<td>• Equip the outreach teams with:</td>
<td>• COTF to visit different provinces to discuss outreach re-orientation and develop plan and structure to manage the outreach work.</td>
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<tr>
<td>• Audience research skill</td>
<td>• Identify individuals from various unit/dept/organizations to form the outreach team at provincial level</td>
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<tr>
<td>• Behavioural change strategies</td>
<td>• Outreach team to be trained and conduct sex services mapping of their province</td>
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<tr>
<td>• Interpersonal skills/teamwork/management</td>
<td>• Outreach team to be trained and conduct audience research with sex worker/gatekeepers in each province</td>
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<tr>
<td>• Different effective model/interventions with sex workers</td>
<td>• Outreach team to be trained on</td>
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<tr>
<td>• Identify the needs for and develop attractive/appropriate IEC materials for sex worker lifestyles/setting</td>
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<tr>
<td>• Utilising &quot;peer leaders&quot; and peers</td>
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who truly represent the social network of CSWs
- Facilitating skills of ORW to assist sex workers learn from each others in negotiation with clients

communication skills for behavioral change and interpersonal skills
- Outreach team to be trained and supervised on management of outreach work/ team building/ networking with other relevant partners
- Outreach team to provide regular outreach services through regular visits to CSES
- Central outreach supervision team to develop monitoring tools, conduct supervision visits, and evaluate outreach efforts
- Outreach team to identify peer leaders and train peer leaders to communicate with their peers

4.4 **Objective:** To increase self-esteem of sex workers and exposure to other life and career opportunities to motivate them to reduce HIV/AIDS risk

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Activities</th>
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</table>
| • Study of life cycle of sex work profession and needs at different stages  
• Network with various organisations to interact with other services needed by sex workers  
• Develop package that Peer Educator can use to interact with their peer | • Outreach team to collect data and analyse life cycle of sex workers - case studies  
• Outreach team to identify other organisations, departments, etc working with other services, and start to build networks  
• POT to identify potential peer educators; train them and establish peer education activities |

4.5 To increase condom use in every sex encounter by clients

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<thead>
<tr>
<th>Strategies</th>
<th>Activities</th>
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</thead>
<tbody>
<tr>
<td>• Persuasive reminders inform of IEC materials at sex establishments.</td>
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4.6 To ensure condom availability and quality in all sex services

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Activities</th>
</tr>
</thead>
</table>
| • Brothel owners/managers and suppliers (eg PSI) ensure condom availability | • Conduct condom audits  
• Monitoring condom availability and quality  
• Work with Brothel owners/managers and suppliers (eg PSI) ensure condom availability and quality  
• Encourage use of lubricants |

4.7 To join force with others in discouraging families sending young girls into commercial sex

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<thead>
<tr>
<th>Strategies</th>
<th>Activities</th>
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</thead>
<tbody>
<tr>
<td>• Build networks of support for discouraging young girls entering</td>
<td>• Networking and collaboration with other organisations</td>
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Outreach Strategy & Guidelines, NCHADS
5. GUIDELINES FOR IMPLEMENTATION FOR OUTREACH ACTIVITIES TO COMMERCIAL SEX ENTERTAINMENT SERVICES

In this section a series of guidelines are given for activities to be conducted by the POT with each of the main target groups.

5.1 Sex Workers

- Direct, or full-time sex workers, mainly in brothels
- Indirect sex workers, or women with other income to supplement sex work eg Beer Girls, Karaoke, Bar girls (dancing girls, serving girls), orange sellers (Croch Chrabach ladies), drinking shop ladies, coconut/corn ladies, massage with private room
- Free-lance sex workers, who work independently.

To reach these clients, outreach workers carry out a number of activities:

5.1.1 Identify Network members
- Geographic mapping of the targeted CSS
- Site survey to identify key informants and network members
- Classifying targeted groups/individual members of CSS
- Daily Life Log to identify places and time and contacts of SW to find best ways to insert activities

5.1.2 Peer Education:
- Brothel visit to identify peer
- Training workshop for peer educators
- Regular meeting/supporting activities with peer educators

5.1.3 Outreach Education
- Small Group Discussion with sex workers (15-20 people at a time)
- Workshop with sex workers/potential sex workers discussing HIV/AIDS/STD, safe sex and other reproductive health
- Referral to HIV/STD and other health services
- Increase of street workers/mobile sex workers, hiring Mae-Kajorn or moto-dop to distribute/sell condoms and referral cards to STD services may be needed.

5.1.4 Referral to other Social Services
- Inform about other services eg literacy class, vocational training,
- Introduce Saving Scheme

5.2 Owners/ Managers, suppliers and agents, and other workers in the CSES

Outreach to these groups has several aims:

- To ensure that they are well informed about HIV/AIDS, STI and other reproductive health matters
- To ensure condom availability and quality at the CSES
- To only allow customers who use condom to the services
• To provide protection and fair treatment to sex workers
• To ensure/facilitate regular STI case management for sex workers
• To try to persuade them not to take girls less than 18 years old as sex workers
• To facilitate contact between sex workers and health and service providers

Main outreach activities for these clients are:

• Identify social network of the owners and Key Communicators
• Organise quarterly meeting to keep the owners and other workers informed and involved in ensuring safety of the service
• Conduct small gatherings to discuss concerns about safety and health, to obtain recommendations for what to do to keep CSES safe

5.3 Clients of sex workers

Although these are a very important target group, they are the most difficult to work with. Suggested activities:

• Billboards and Posters and Signs to encourage condom use at sex places
• Outreach combined with STI/health services targeted at men.

5.4 Authorities and health and social service providers

5.5.1 Authorities

This is a key target group, as it controls the environment within which CSES are tolerated or discouraged. It is essential that the POT engage them to support the overall aim of the outreach programme. Specifically, their help is needed to:

• Detect/regulate/monitor movement of CSES
• Ensure condom use in CSES
• Reinforce law and discourage groups and families from bringing young girls into CSES
• Protect the rights of sex workers in CSES not to be subject to violence
• Discourage/eliminate young sex workers aged less than 18

Suggested activities include:

• Conducting local campaign/meeting with local authorities in rural areas about discouraging sending girls away from home to CSES which could expose them to HIV
• Organising PAC meeting 2 times a year to discuss issue regarding safe and healthy CSES.

5.5.2 Health and social service providers

This is another key target group, as it also includes the POT’s peers themselves. It is essential that the POT engage them to support the overall aim of the outreach programme. Specifically, their help is needed to:

• Provide regular and effective STI services
• Provide health services relevant to the immediate concerns of sex workers
• Provide effective HIV/AIDS and STI and reproductive health education to all people involved in CSES according of individuals/subgroups in CSES

________________________________________________________________________________
• Provide/ Promote/ Facilitate other job opportunities, alternative income or money and savings for sex workers to shorten the period working in the high-risk environment as sex workers.

Suggested activities include:

• Provision of specifically targeted STI services; it may be possible to identify beneficiaries and costs to justify mobile STI services
• Meetings with private service providers to assess the service quality and to gain agreement for referral of sex workers to quality STI service providers
• Organising HIV/AIDS and STI and other reproductive health services at health centres (or Women's Centres) as well as other social service activities eg Literacy, Letter Writing/ Reading services
• Co-ordinating with PSI to ensure condom availability
• Setting up Condom Rotating Funds in remote CSES
• Meeting with PAS or relevant groups to identify relevant service and ways to channel services into CSES eg Literacy class, vocational training, Saving Scheme

6. MANAGEMENT OF OUTREACH ACTIVITIES

The Outreach Programme is managed by the Provincial Outreach Team (POT), supported by the Central Outreach Task Force (COTF) in NCHADS.

6.1 Role and Responsibilities

6.1.1 The Central Outreach Task Force

The roles and responsibilities of the COTF are:

• Work with the PAO for the selection of the POT
• Provide orientation and support for the POT with the Provincial Health Director
• Develop guidelines for CSES mapping
• Provide POT training
• Develop and provide IEC materials for the POT to use
• Develop guidelines for Peer Education including selection criteria, training, materials, etc
• Regular supervision of the POTs
• Conduct monitoring and evaluation of the outreach programme
• Overall co-ordination at national level of outreach activities of various organisations

6.1.2 The Provincial Outreach Team

The roles and responsibilities of the POT are:

• To identify commercial sex entertainment services (CSES) in the province. Where are they? Who is running them? Who is providing the services? What services are being provided? What particular times or locations do they function at? Who else is involved?
• To make detailed work plans, with specific individual responsibilities for POT members, for who will visit what, where and when, and who they will work with.
• To identify resources and other groups they can work with.
• To carry out the planned visits and activities thoroughly.
• To undertake awareness, education, counselling or other activities professionally.
• To identify and train peer educators to work with the various target groups of sex workers, owners, pimps, etc.
• To report regularly on their activities.
• The POT plays another role as the CUWG (Condom Use Working Group) who maintain the 100% CU activities at operational level.

One of the most important activities of the POT is to make and maintain, up-dating from time to time, a map of CSES in their provinces. Part of this work will be also assessing social networks, identifying Mae Kajorn, middlemen and owners, and potential peer leaders. Understanding and working with all these groups is essential. Thereafter POT activities are of two main kinds:

• Interventions with sex workers: monthly outreach visits; distributing IEC materials; establishing peer education activities; ensuring that condoms are available and accessible; referrals; linking with STI and health services.
• Interventions with business owners, middle-men and agents: regular visits; meetings and workshops; involving them in campaigns; distributing IEC materials; ensuring that condoms are available and accessible; organising STI and other health check-ups.

6.2 Attitudes towards sex workers as our clients

The key to effective outreach is the attitude of the POT members towards their 'clients'. Four issues need to be addressed by the POT:

• Understanding the dynamics of CSES
• Avoiding "labelling" sex workers, or making value judgements about them and their lifestyle
• Understanding the life context and life development situations of sex workers - their wishes, needs, knowledge, compulsions, etc
• Understanding the social, political and economic context of CSES.

7. LINKAGES WITH OTHER PROGRAMMES

The outreach programme is part of the package of programmes organised by the PAO and the PHD. The most important linkages for the outreach programme are:

• The 100% condom use programme. The POT need to integrate 100% CU activities with their outreach so that they support each other. Just as the 100% CU encourages owners and agents to support condom use, the outreach encourages sex workers to insist on it.
• Targeted STI services. A large part of the 100% CU is getting brothel owners and managers to allow sex workers to have regular STI check-ups and treatment. Outreach activities need to help sex workers understand why STI treatments are important, and how to follow treatments.
• Reproductive and other health and welfare services (eg childcare, immunisations, testing, schooling, counselling, etc). Sex workers have many needs, and the outreach programme needs to be able to refer and help them access these other kinds of services for their needs.
• AIDS care and particularly home-based care. A very high proportion of sex workers is already infected with HIV. Over the next few years they will start becoming ill and
eventually dying from AIDS, TB, pneumonia, etc. They will need special help in access to these services.

8. Operational Budgets

The Annex gives the standard annual operational budget that PAOs should use within the NCHADS World Bank Project.

9. Monitoring, reporting, supervision and training

9.1 Reporting

A reporting system for the programme has been established within the overall NCHADS Technical Reporting Programme:

- At regular **Monthly Meetings** the COTF plan and co-ordinate programme activities at national level.
- At regular **Monthly Meetings** the POT prepares a monthly work plan and schedule of activities.
- POT members keep **Diary Reports** of their visits and activities.
- The PAO, through the PHD submits a **Quarterly Report** on the Outreach Programme as part of its overall **Quarterly Technical Report**.
- NCHADS summarises these reports for inclusion in the Outreach section of its **NCHADS Quarterly Technical Report**.

9.2 Supervision

The COTF from NCHADS develops a quarterly supervision schedule to visit provinces. Provinces receive several visits a year, depending on size of the province, status of the programme, problems identified, etc.

A standardised Supervision Checklist has been developed (see Annex 3).

9.3 Training

Under the COTF training plan, all POT members will receive two refresher trainings each year, as well as one new skills training. It is also expected that selected POT and COTF member will participate in one study tour per year.

9.4 Evaluation

- Annual Pro vincial level evaluations will be carried out by PAOs, supported by NCHADS.
- Every two years a national level internal evaluation will be conducted
- Every three years an external evaluation will be carried out.

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