CHAPTER III

DESCRIPTION OF INTERVENTIONS IN SIHANOUKVILLE

I. CHARACTERISTICS OF SIHANOUKVILLE

Sihanoukville is a coastal area, rank number three in terms of economic development after Phnom Penh and Siem Reap province. It is also the only international seaport town located in the southwestern part of Cambodia. It covers 1283 square kilometers and has 93 kilometers of beach (see figure1). Administratively it is divided into three khans (districts), 21 communes, and 82 villages. The population totals 147 543 (71 785 males, and 75 758 females), mainly Cambodian with few monitory groups of Muslims, Chinese, and Vietnamese. Since it is a major economic development zone, there is an internal mobile population of around 15000 to 20 000 every year. The economically productive age group (15-64) represents 54.6 % of the total population, of whom 42.5% is female [54]. Migration constitutes an important aspect of the demography of the city. The number of migrants, defined as those who have previous residence outside their place of enumeration, represents 52% of the total population. Of these, 49.7% are male. About 69% of the migrants moved from other provinces. The main reasons for migration are 'family move' (46.2%), followed by 'in search of employment' (31.3%), 'transfer of work place' (8.8%) and 'marriage' (4.1%). The percentage of people moving in search of employment is higher among males (40.9 %) than among females (21.9%). As for education, 56% of the populations (49.4% of males and 64.3% of females) have not completed primary level, and 27% and 12% have completed primary and lower secondary, respectively. Only 3.6% have secondary qualification.

Located along the coast and linked to the capital city by a national highway, Sihanoukville is famous for its beach with important tourist activity, its fishing industry and its international seaport. In 1998, it was estimated that there were about 4 000 fishermen working in the traditional fishing industry, and about 650 international ships embarked at the international port. Every month, about 28, 000 tourists visit the city, of which 700 to 800 are foreigners. As a tourist site, the tertiary sector is flourishing, especially the hotel and entertainment services and the sex business.

In 1998, there were 34 hotels, 14 guesthouses, 3 massage parlors and 9 karaoke lounges, 85 brothels employing 528 direct sex workers [55] (Table 1).

Table 1: Brothel and sex workers in Sihanoukville in 1998

	Brothels	Sex workers
Mitta Pheab district	77	484
Prey Nup district	2	16
Stoeng Hav district	6	28
Total:	**85**	**528**

According to a BSS conducted by NCHADS in 1999, three target populations have been identified as patronizes of sex work. The survey results showed that 57% of the policemen, 56% of military men, and 44% of motor taxi drivers reported paying for sex in the previous month [11]. However, the limitation of the surveys was that it covers a limited number of target populations, making it difficult to identify additional clients of sex workers since patronizing sex work by Cambodian men is a social norm in the Cambodian context. Behavioral surveys in other places in the country have identified other clients of sex workers, particularly high school and university students [56, 57]. A recent study conducted among Cambodian fishermen working in a Thai province bordering Cambodia has found a high HIV prevalence associated to sexual contact with sex workers. This confirms that fishermen are important users of commercial sex [58].

The health system in Sihanoukville is currently in a transition period. According to the new health sector reform, the establishment of one operational district, that includes one referral hospital and 11 health centers that provides integrated preventive and curative services to the population, is planned [54]. In 1998, the public sector in Sihanoukville employs 320 medical staff [55]. However, because of the delay in and the lack of necessary resources for the implementation of the new health reform plan, only three health centers and the referral hospital are actually functioning according to the standards set by the Ministry of Health. To date, the provincial level continues to provide vertical services. STD services are provided by the specialized STD clinics

targeting female sex workers and their clients. The clinic is located within the referral hospital compound. The Provincial HIV/AIDS and STD Control Program manage the STD clinic under the umbrella of the Sihanoukville Health Department. Sihanoukville is one of the provinces seriously affected by the HIV/AIDS epidemic. By 1995, HIV sero prevalence had reached high levels among both high-risk populations, including sex workers and their identified clients, and pregnant women (Table 2). Data on STD prevalence are limited. A study conducted by Family Health International/AIDSCAP in 1996 [12] found high STD prevalence among sex workers in Sihanoukville. Gonorrhea is the most prevalent infection 31.4%, followed by Chlamydia infection 26.2%, syphilis 19.2% and Trichomoniasis 7.2% (Table 3).

Table 2: HIV prevalence among sentinel groups in Sihanoukville

Year	Direct sex worker (n=150)*	Indirect sex worker (n=150)*	Police (n=155)*	Antenatal care (n=257)*
1995	46.6%	30%	10.7%	4.4%
1996	51.1%		13.7%	2.1%
1997				2.9%
1998	57.3%	24%	11.7%	3.8%

* For each sentinel group, the sample size was constant from year to year

Table 3: STD prevalence in female direct sex workers among three provinces in 1996

	Sihanoukville (n=100)	Phnom Penh (n=50)	Batambang (n=108)
Gonorrhoea	31.4%	26%	12%
Chlamydia	26.2%	16.7%	25%
Syphilis	19.2%	4%	14%
Trichomonas	7.2%	8.3%	4%

II. The STD Care and Prevention in Sihanoukville

Since 1997 the European Union (EU) supports the HIV and STD prevention and care in Cambodia through a project implemented by the ITM (Institute Tropical Medicine), in collaboration with the National Center for HIV/AIDS, STD and Dermatology (NCHADS). The project lasts from January 1997 to January 2001 and involves the locations of Sihanoukville. The Project aims at providing STD services in sex workers and to the reduce the incidence of HIV and STD among sex workers and their clients;

The rationale for targeting STD in female sex workers and their clients is based on the role of STD as a co-factor for HIV transmission and the concentrated pattern of the HIV epidemic in these high-risk populations that makes this intervention a cost-effective strategy for controlling the HIV epidemic in Cambodia.

A. Management of STD in female sex workers and their clients

The Sihanoukville Health Department, with assistance from NCHADS and the EU Project, directly implements this component of the project. The Sihanoukville STD clinic staff provides STD care for sex workers. The activities include STD care, health education and condom promotion.

Before the project started, STD care services for female sex workers and their clients were provided in a specialized STD clinic based in the Sihanoukville Referral Hospital. The clinic used 10 full time staff from the Sihanoukville AIDS and STD Team. However, the clinic was not fully functional until April 1998 when the full support of the European Commission Project implemented by the ITM.

In this Project, the clinic setting was improved to make it more accessible and acceptable for sex workers and their clients. Additional equipment and a supply of necessary drugs and lab reagents were provided by the Project. Before the start of the clinic activities, staff was trained in the syndromic management of STD. Part of the project budget was used for salary supplements to support and motivate clinic staff, whose wage is very low, and to ensure regularity of the services. The clinic opens Monday through Friday from 7 to 11 a.m. and from 2 to 5 p.m.

B. The STD Case Management Protocol for sex workers

A specific STD clinic was designated for sex workers. It was staffed with trained and qualified health staff specializing in syndromic management of STD, as well as clinical and laboratory management. It has sufficient supplies of drug and equipment. Simple laboratory techniques are used to support the clinic, such as rapid plasma reagin (RPR) testing for syphilis and direct microscopic for trichomonas.

It is recognized that the syndromic approach is useless for the management of asymptomatic infections, which are common in women. Even when they are, there is growing evidence that the performance of syndromic management of vaginal discharge is unsatisfactory, especially when rates of cervicial infection are low. In female sex workers, STDs are both common and frequently asymptomatic. The 1996 national STD prevalence survey showed over 30% of sex workers taking part in the survey had either gonococcal or chlamydial infection, or both. Another 19.2% had reactive syphilis serology. To address this issue, in August 1998, the Project developed and pilot tested specific guidelines for the management of STD in female sex workers. These guidelines were based on the experiences from similar projects in Côte d'Ivoire and Senegal. They consist of four flowcharts for the management of STD in sex workers: two without laboratory support and two with laboratory support. The flowcharts used in Sihanoukville are the ones with laboratory support. Sex workers are invited to come to the STD clinic every month and get checked for the presence of STD. At the first visit, a file is opened, a complete medical history is taken and socio-demographic data and information about her past and present work are collected. A blood sample is drawn for syphilis testing using rapid plasma reagine (RPR) test. All sex workers are offered a systematic treatment for cervicitis regardless of symptoms or signs. Those who are also RPR positive treated for syphilis. There is no information with TPHA. Then, a speculum examination is performed to identify other possible pathologies, such as genital ulcers and vaginitis. Additional treatment is provided according to the clinical and microscopic findings. All relevant information will be registered in a file called "standard medical history". At the monthly control visit, a risk assessment based on clinical and behavioral factors is used as a tool for detecting the presence of cervicitis in sex workers. They include two clinical signs (report of thick yellow vaginal discharge or deep abdominal pain during intercourse since last visit) and two risk behaviors (more

than five clients per day or non-consistent condom use with clients). The risk assessment is positive if there are two or more positive answers to the four questions. The patients are then treated for cervicitis regardless of signs and symptoms. Women with a negative risk assessment will not be treated for cervicitis unless cervical signs are detected during speculum examination. Vaginitis and genital ulcers are treated according to the detected symptoms and microscopic findings.

At both the first and follow-up visit, IEC session is provided to all sex workers. The content of the session includes the need to take the full course of the medication; the need to use condom consistently with clients and condom demonstration and distribution; an appointment for a follow-up visit is made. A copy of the treatment flowcharts is presented in annex 1. The clinic staff was trained in the STD management guidelines in sex workers. The STD Unit at the central level assured training with the assistance from the Project expert. Follow-up after training is guaranteed through regular monthly supervision.

C. Monitoring and Supervision of STD clinic

The management of STD is a complex and costly process, particularly in women; there is a need to set up a good system of monitoring and supervision. The rationale behind the development of such a system is that the data registered by the usual clinic registers is too limited to be used for planning and management purpose. Therefore, NCHADS and the Project developed a new STD data collection and analysis system. Data are collected during each visit the STD clinic, on a form called "Standard Medical History". Indicators can be easily calculated from the patients' data after entry into computer. The Standard Medical History is presented in (annex 2).

To enhance STD quality and capacity building of the clinic staff, the STD Unit from the central level conducts regular monthly supervision. Managerial and clinical problems encountered by the clinic staff are identified and solved and feedbacks are provided. Selected samples of the standard medical histories are used for continuous training.

III. Outreach and peer education activities

Since the project activities rely mainly on close collaboration with owners of sex establishments and sex workers, the STD management in sex workers is closely linked to outreach and peer education activities. These activities are assured by outreach workers who are responsible for assuring a good collaboration from brothel owners, for mapping of sex establishments, conducting outreach activities to high risk men, and training and assisting peer educators.

IV. Sihanoukville was designated for pilot intervention

The National AIDS Committee has prepared and organized bulletins, articles and programs concerning HIV/AIDS, STD to published and broadcast on radio and TV. On every December 1St, on which the World AIDS Day is observed. Different activities are organized in cities, towns and places where the dissemination of information and education about HIV/AIDS, STD are not sufficiently carried out. The National AIDS Committee has designated Sihanoukville for its implementation of 100% condom use, as it is a place where there are most HIV/AIDS, STD infected people and good cooperation among the provincial authorities. The local authorities have often invited the owners of brothels, prostitutes to meetings where they were educated and instructed on how to prevent HIV/AIDS, STD. Strict measures are also taken to close down any brothels whose owners do not try to force their clients to wear condoms while having sex. The motor-taxi drivers have actively participated in this movement by going to brothels and if sex workers of a brothel do not ask their clients to use condoms, they (the motor-taxi drivers) will report it to the authorities that will later order the brothel to be get punishment or to be closed down.

V. The 100% condom use Policy in Sihanoukville

Although the mass media campaigns increased knowledge about HIV and STD prevention and transmission, the impact on the behavioral change did not reach the level required to contain the epidemic. Condom use in commercial sex establishments remained low. This led the Ministry of Health to think about an adequate strategy with a bigger impact on the epidemic. One strategy effective in Thailand was the 100% condom policy. Therefore, the Ministry of Health in Cambodia drew up a strategy of 100% condom use as a one of the interventions to reduce risk of sexually transmitted

diseases in sex establishments. The purpose of the policy includes six main components (Annex 3).

VI. Roles and Responsibilities on 100% Condom Use

Many stakeholders related to the roles and responsibilities on 100% condom use in Sihanoukville. These activities as shown below:

The role and responsibility of National Center for HIV/AIDS Dermatology and STD (NCHADS):

- To ensure technical and financial coordination with condom use monitoring and evaluation committee (CUMEC)
- To ensure monthly monitoring and supervision of the STI clinic

The role and responsibility of CUMEC

- To ensure the implementation of the 100% condom use guidelines
- To hold monthly coordination meetings with owner brothels and sex workers
- To solve problems that occur, technical and financial issues
- To ensure condom availability at an affordable cost

The role and responsibility of Condom Use Working Group (CUWG)

- To register all brothels and sex workers
- To hold weekly meetings among group members and monthly meetings with CUMEC
- To report on time to CUMEC
- To support brothels or sex workers when faced with harmful clients
- To ensure regular attendance of sex workers for STI check-up
- To coordinate with STI clinic in case of missed STI check-ups
- To monitor condom use in each brothel

STD Clinic

- To provide quality STI care to all sex workers
- To ensure there are sufficient drugs and equipment for the services
- To report on time for the CUMEC/NCHADS
- To follow up with CUWG on regular STI check ups.

VII. Establishing the decrees and mapping

At the provincial level, two bodies were established: the Condom Use Monitoring and Evaluation Committee (CUMEC) and the Condom Use Working Group (CUWG).

- The four or five members of CUMEC are the decision maker of project:
  - The Third Governor as Chairman
  - The Provincial Health Director as Vice Chairman
  - The Police and Military as members

The CUMEC prepared all the administrative documents for the application of 100% Condom use such as the decree for regulation of 100% condom use program and the guideline for administrative punishment. If the brothel was found not comply with 100% condom use program, it would face administrative punishment according to the following steps:

1. Written warning for the first identification of noncompliance of 100% CUP
2. Brothel closed for seven days for second warning
3. Brothel closed for one month for the third warning
4. Brothel closed permanently for the fourth warning

- The three or five members in each CUWG are really the working members of the local authority. Their composition varies depending upon the local situation of the red light area, and number of brothels and sex workers. The CUWG prepared the mapping of all brothels in their own coverage area and registration of all sex workers in the brothels. It also gave an identification number to each brothel. All parties involved in the sex business are invited to participate in the implementation and monitoring of the policy. These include representatives from provincial and district local authorities, from health, education, social welfare, the police, the military, and women association. A monitoring committee and working groups were established.

VIII. The Pilot Project on 100% Condom Use in Sihanoukville

1. Background

In 1998, the Ministry of Health endorsed the 100% condom use intervention program as a central element in the Cambodia National HIV/AIDS Strategy. This program intervention 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 to play a very significant role to reducing the incidence of STDs and HIV in Thailand [59]. In October 1998, the National Center for HIV/AIDS Dermatology and STD 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 many reasons: Sihanoukville being the main seaport of Cambodia, the sex business was rife; the prevalence of HIV/STD among sentinel group was very high, commitment and motivation of health staff, and the local authorities were enthusiastic about supporting the project. Based on, but extending the Thai experience, the project had a number of elements: using detailed local data, sensitizing 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 program 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% condom use program (CUP), the STD 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.

2. Elements and Principles of the 100% Condom Use Strategy

The most important aspect of the establishment of 100% condom use is its involvement of a wide range of people and institutions; 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 their clients refuse to use condoms, 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 **cooperation 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 "crackdowns" and closures do not happen, as this drives commercial sex underground and out of reach. It also ensures that sex workers are able, or assisted to attend STI clinics 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 program continues to work well.

· the second 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 [56].

· the third component is ensuring the **availability and accessibility of condoms.**

· the fourth component is **effective information education and communication (IEC) through a variety of channels to make condom use the norm.** This means that everyone comes to recognize the risks of unprotected commercial sex, and that condom use protects against these risks.

· Last, **outreach activities** are the critical link that holds the program together by constantly reinforcing the messages of the program and helping people involved, at all levels, to understand it better, as well as 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 manages the outreach program.

3) Specific objectives of Pilot Project

The specific objectives of the pilot were:

-To reduce as much as possible HIV/STD transmission between sex workers and their clients.

-To increase the level of condom use to over 90% in brothel

-To manage and control the sex work business rather than closing down the brothels

-To strictly control STD among sex workers

-To provide access to the outreach program for all sex workers.

4) Activities of the Pilot Project

The pilot project had three phases: planning and preparation, implementation and monitoring.

PHASE I: Planning and Preparation

A. Situational analysis

After the pilot site was selected, a situational analysis conducted by the central level (concerned NCHADS units, the National AIDS Authority and interested institutions) in collaboration with the Provincial AIDS and STD Unit. The HIV and STD situation and its impact were reviewed. An inventory of the existing interventions and infrastructures to support the Pilot Project were assessed. These included the assessment of the STD care services, the mapping of the sex establishments, the level of condom use in sex establishments, and the available logistic supports (condom availability, STD drugs, and IEC materials) for the project.

B. Obtaining commitment from local authorities

A meeting was organized for officials from different local authorities. Experts in the field of STD control and the founder of the original program in Thailand were invited to present their related experience to advocate the policy. The purpose of the meeting was to make all parties aware of the benefits of the Pilot Project and to gain their

cooperation. It also aimed at initiating the project planning, and to devise the role and responsibilities of different key players.

C. Obtaining commitment from sex establishments

Meetings were also organized with sex workers and managers of sex establishments. The purpose was to inform them about the HIV situation and the benefits of the pilot project and to encourage their participation.

D. Issuing the Regulation on 100% condom use in Sihanoukville

As a result of the advocacy, the Governor of Sihanoukville issued a regulation on 100% condom use in Sihanoukville on October 10, 1998 (see annex 3). This document was widely disseminated to all institutions involved in the Pilot Project including the sex establishments. The regulation stressed on:

- The serious HIV epidemic and its impact;
- The importance of the transmission through unprotected sexual intercourse;
- Information on the implementation of the project in the whole province;
- The establishment of a Monitoring Committee of the 100% condom Use Program to ensure the implementation of the policy;
- Administrative measures that result in closure of uncooperative sex establishments and the punishment of individuals that do not comply with the regulation.

PHASE II: Implementation

The Pilot Project was officially launched with a public meeting with the Governor, political, health, and law enforcement officials, owners of sex establishments and commercial sex workers. Other activities accompanied the official launching. These include popular community events, parade and mass media campaigns informing the public about the start of the Pilot Project and encourage condom use in all extramarital sexual encounters, especially with sex workers. For STD Services, all sex establishments were asked to send their workers monthly to the STD clinic. Sex workers receive STD care and education following the guidelines developed by the EU/ITM project as explained before.

Coordinate and Supervise of the Project implementation: Soon after the issuing of the regulation on 100% condom use, a Monitoring Committee and working groups were established to coordinate and supervise the implementation of the Project in Sihanoukville.

PHASE III: Monitoring and Evaluation

During the project implementation, a monitoring system was developed. The evaluation of this program focuses on three indicators such as condom use, incidence of STD among female direct commercial sex workers, and behavioral change. Evaluation of the pilot program is based on the process and outcomes indicators. The Process and outcomes indicators as shown below:

The Process indicators

- % of planned meetings of the monitoring committee and working groups actually organized

- Coverage of commercial sex workers by STD cares services (checked by the attendance cards).

- % of planned supervision visits by the national level the projects and the clinic that are actually made.

Outcome indicators

- Self reported condom use by female sex workers

- Condom buying by brothel

- Condom sales by Population Service International (PSI)

- Behavioral change: trend of consistent condom use among female sex workers and their clients.

- STD prevalence in female sex workers

- HIV prevalence in female sex workers.

Table: Process indicators

Indicators	Measure
Meetings	% of planned monthly meetings organized by CUMEC and CUWG
Reports	% meeting reports produced by CUMEC and CUWG
STD check ups	% sex workers coming for check ups
Administrative	Number of brothels receiving punishment warnings or closed

Table: Outcome indicators

Indicators	Measure	Source of information
Condom use	Condom sale	Condoms sold by PSI
	Condom buying	CUWG & CUMEC report
STD prevalence	STD prevalence	STD Unit, STD clinic
HIV Prevalence	The trend of HIV	HIV Sentinel Surveillance (HSS)
Behavioral Change	Trend of consistent	Behavioral Sexual Survey (BSS)
	Condom use:	
	- Among female sex workers	
	- Among clients of sex workers	