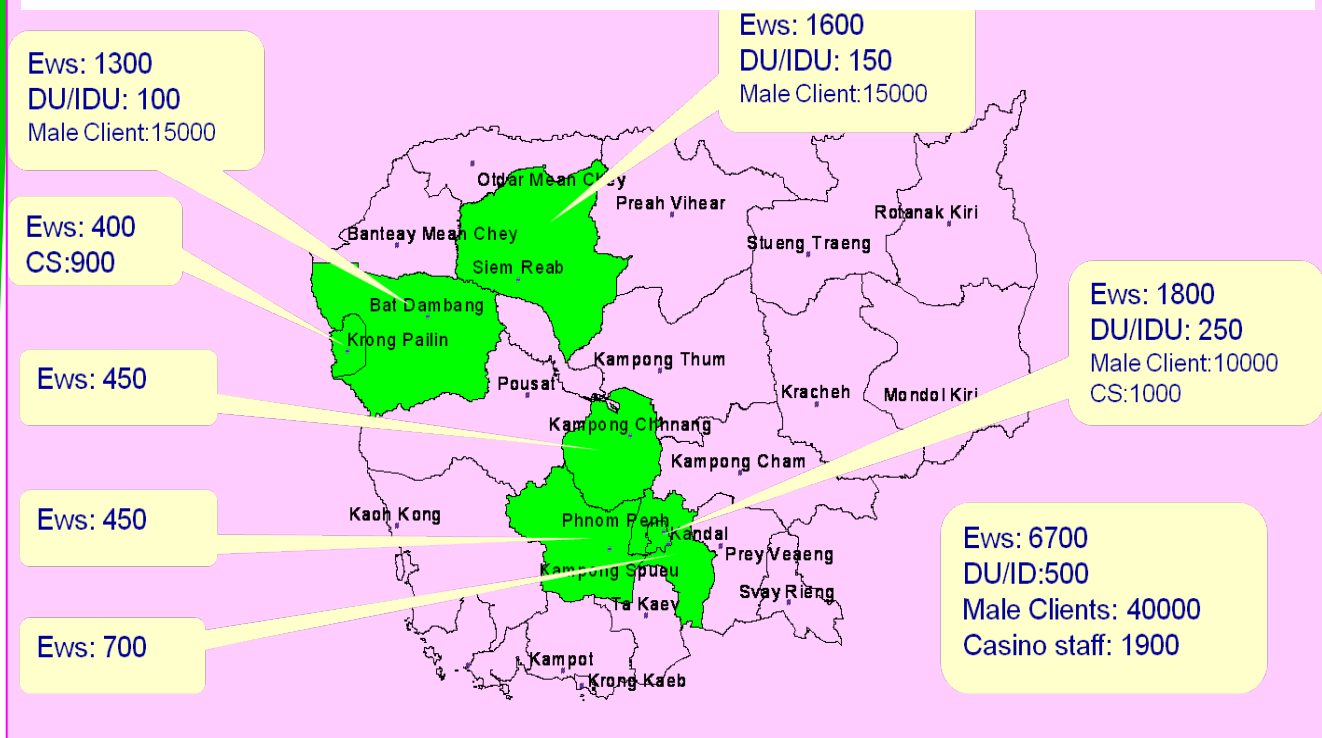


2011 ANNUAL REPORT OF CWPD

PROJECT:

**HIV PREVENTION, CARE AND SUPPORT PROGRAM FOR ENTERTAINMENT WORKERS:
SMARTGIRL AND CASINO WORKER PROGRAM**



- Strategy 4:** Capacity Building
- Strategy 3:** Mobilizing stakeholders
- Strategy 2:** Access to health information, products and services
- Strategy 1:** Emphasize risk reduction and promote safer sexual practices



FUNDING SOURCE:

- USAID

HUMAN RESOURCES:

- 44 staff
- 86 SMARTgirl Leaders/Volunteers



Casino Worker



DU/IDU

CONTENTS	PAGE
FOREWORD	III
ACKNOWLEDGMENTS	IV
ACRONYMS	V
I. Executive Summary	1
II. Description of Sub-project/Sub-grant	2
A. Backgrounds of Target Populations and Areas	2
1-Provinces/Districts Covered by CWPDP:	2
2-EWs/Casino Workers in Target Areas:	
3-Vulnerable Populations (Those at Higher Risk) among Target Groups:	2
a. EWs and Their Clients	2
b. CWs	3
c. DUs	3
4- Partner Organizations Operating in the Same Geographic Areas as CWPDP:	4
B. Scope of Work in Sub-project/Sub-grant for the Year 4	4
Project Strategies:	4
III. Sub-project/Sub-grant Implementation	5
A. Achievement Results in Fiscal Year 2011:	5
<i>Strategy 1: Implement targeted and branded behavior change approaches for subgroups of EWs that emphasize risk reduction and promote safer sexual practices.</i>	5
a. Mapping Method	5
b. Reached to EWs:	5
c. Reached to CWs:	6
d. Reached to Male Clients and YTM:	7
f. Reached to DUs:	7
g. SMARTgirl Club Activities:	8
h. SMARTgirl Membership Card:	9
I- SMS:	10
<i>Strategy 2: Provide and promote access to health information, products, and services among Most at Risk Populations (MARP).</i>	10
a. Condoms: Social Marketing and Free Distribution Achieved in 2011	10
b. EWs Core Packages:	10
c. Results of Referrals to Health Services:	11
d. Health Services Accessed by EWs and CWs:	12
f. Health Services Uptake by Provincial Project Sites in FY 2011	12
g. Loyalty Card:	14
h. DU/IDU Activities:	15
I. Harm Reduction Support Groups:	16
j. Personal Profiles/Risk Assessments and BMI:	16
k. DU/IDU Health Services Uptake (STI and VCCT) in FY 2011	16
<i>Strategy 3: Build a supportive environment concerning MARPs' sexual health by mobilizing stakeholders such as casino management, EE owners, police, healthcare providers and others</i>	17

a. List of EEs Supporters Identified by CWPD by Province:	17
b. SMARTgirl Network and Committee:	18
c. P-CoPCT-ST and the MARPs Community Partnership Forum:	19
d. Community Partnership in Phnom Penh:	19
e. Promotional Events:	19
<i>Strategy 4: Build the capacity of implementing agency staff, volunteers, and stakeholders to plan, coordinate, implement, manage, and monitor the program.</i>	20
a. Capacity Building:	20
b. Meetings:	20
c. Monitoring:	21
B. Program Highlights and Constraints	21
a. We Are Proud of the Most of SMARTgirl Program:	21
b. Constraints:	21
C. Program Management	22
<i>Support and Program Staff and SGLs Involved in the Program:</i>	22
IV. Next Steps:	
V. Annex	24
Annual Budget Expenditure	25

FOREWORD

Cambodian Women for Peace and Development (CWPD) is recognized as a non-government organization which works to promote women's status. Dating back a few decades, from December 1978 to 1993 under Population Republic of Cambodia and State of Cambodia, the Cambodian Women Association was one of the three population organizations that existed under the governmental structure and the projects were recognized and supported by UNICEF. In 1999, the Cambodian Women Association re-structured itself to become CWPD, which since then has operated as non-profit organization.

CWPD implement their projects by responding to women's needs. As reproductive health and HIV/AIDS prevention are the CWPD's main focuses, CWPD greatly contribute to the fight against HIV/AIDS in Cambodia by identifying female sex workers and female entertainment workers (EWs) as the most at risk people.

For the FY 2011, CWPD's budget amounted to \$872,684.00 which was funded by the following donors: DCA, EU, Oxfam Novib, HBF, LEVI STRAUSS FOUNDATION, SODI (Germany), GFATM-R7, USAID (PRASIT), and USAID (PSI). Through its projects, CWPD dedicated the following percentages of fund to the following types of work: 65.31% on HIV/AIDS intervention, 6.28% on saving remittance scheme, 14.75% on community development, in particular, on water and sanitation, 4.28% on FP/RH, 2.6% on child health, and 6.78% on women's empowerment to participate in politics.

Since October 2007, through PRASIT, funded by USAID through FHI360, CWPD has conducted HIV prevention and sexual health education for EWs and their male clients with a budget total of \$911,336 in the following area and provinces: Phnom Penh, Kampong Speu, Kampong Chhnang, Battambang, Siem Reap, Pai Lin and Kandal. Further, CWPD expanded its target population to include a private sector, in particular, a casino entertainment center in Phnom Penh and Pailin.

Cambodia was recently recognized as one of the few countries in the world that have successfully controlled the HIV epidemic among the general population. The HIV prevalence decreased to 0.9 % in 2006 from the peak of 2.0 % in 1998. This success was achieved by effective prevention programs and continuous multi-sectoral efforts under the leadership of NAA and political support from state leaders.

However, despite the great success achieved thus far, there is still a concern for a possible rise of second wave HIV epidemic should the prevention interventions not continuously performed. In recent years, HIV prevalence seems be concentrated among the so-called high risk population i.e. EWs, men who have sex with men (MSM), intra-venous/drug users (IDU/DU), and other mobile migrant population. Therefore, much more work remains to be done in order to prevent our nation from any second wave HIV epidemic.

Annual Report of SMARTgirl, You're The Man, and Casino program of CWPD was created to present CWPD's achievements in FY 2011. It is the dedication of CWPD staff to improve the quality of lives of women and children in Cambodia that made the project, Project for Strategic HIV and AIDS Technical Assistance (PRASIT) in HIV Prevention and Care Program for Entertainment Service Workers: the SMARTgirl and Casino Worker Program, a great success.

Phnom Penh, November 2011

Meach Sotheary
Executive Director of CWPD

ACKNOWLEDGMENTS

CWPD would like to express deep gratitude to USAID and FHI360 for their financial and technical support in implementing project: HIV Prevention and Care Program for Entertainment Service Workers: the SMARTgirl and Casino Worker Program. Without the kind support, the success of the program would not have been possible.

We would like to sincerely thank Mr. Chhorn Ann, CWPD's Project Manager of HIV Prevention and Care Program for Entertainment Service Workers SMARTgirl and Casino Worker Program, Mr. Soum Sen, CWPD's Administration Unit Manager, Ms. Ueng Vanly, CWPD's Financial Unit Manager, Mr. Heng Tola, M&E Project Officer, and Ms. Yurie Nagashima, CWPD's volunteer, for their effort in drafting and editing this annual report as well as their technical support toward the project.

We are grateful to all the provincial coordinators, outreach staff, and volunteers who invested much time and effort to successfully carry out the project.

Special thank-you need to be extended to H.E Ms. Meach Sotheary, Executive Director of CWPD, for her leadership and strong commitment to make the project a success.

Lastly but not least, we are very grateful of the involvement and input of our stakeholders, which include Ministry of Health, NCHADS, NAA, NGOs, IOs and other organizations at sub-national levels.

ACRONYMS

ARV	Antiretroviral
ATS	Amphetamine-type Stimulants
BMI	Brief Motivational Intervention
BTB	Battambang Province
CF	Casino Facilitator
CUP	Condom Use Program
CW	Casino Worker
CWPD	Cambodian Women for Peace and Development
D-CoPCT	District Continuum of Prevention to Care and Treatment Community
DCA	DanChurchAid
EC	European Commission
EE	Entertainment Establishment
EW	Entertainment Worker
FHI	Family Health International
GFATM-R7	Global Fund for AIDS, Tuberculosis, and Malaria- Round 7
HBF	Heinrich Böll Foundation
HIV/STI	HIV and Sexually Transmitted Infection
IDU/DU	Intravenous Drug User/Drug User
KDL	Kandal Province
MARPs	Most at Risk Populations
MEC	Medicine in hop (Médecine de l'Espoir)
MHS	Men's Health Cambodia
MHSS	Men's Health Social Service
MoH	Ministry of Health
MoU	Memorandum of Understanding
MSM	Men who have Sex with Men
NAA	National AIDS Authority

NACD	National Authority for Combating Drugs
NCHADS	National Center for HIV/AIDS, Dermatology and STI
NGO	Non-Governmental Organization
NSP	Needle and Syringe Program
NTWG-CoPCT	National Technical Working Group for the Continuum of Prevention to Care and Treatment
OD	Operational District
OI	Opportunistic Infection
OW	Outreach Worker
PAO	Provincial AIDS Office
PC	Provincial Coordinator
PF	Peer Facilitator
PHP	Phnom Penh
PLHA	People Living with HIV/AIDS
PRASIT	Project for Strategic HIV and AIDS Technical Assistance
PSI	Population Service International
RHAC	Reproductive Health Association of Cambodia
RH/FP	Reproductive Health/ Family Planning
SGL	SMARTgirl Leader
SODI	SOLIDARITY-SERVICE-INTERNATIONAL (Germany)
SOP	Standard Operating Procedure
SRP	Siem Reap Province
SSS	Sentinel Surveillance Survey
USAID	United States Agency for International Development
VCCT	Voluntary Confidential Counselling Testing
YTM	You're The Man

Sub-project Final Narrative Report

Project for Strategic HIV and AIDS Technical Assistance (PRASIT)

Agreement#:

Award Number GHI-I-00-07-00007-00, Order No. 1

Name of Implementing Agency: Cambodian Women for Peace and Development (CWPD)

Final Report for the period of From November 1st, 2010 to September 30th, 2011

SUB-PROJECT FCO NUMBER: 503054 **PROJECT TITLE: HIV PREVENTION AND CARE PROGRAM FOR ENTERTAINMENT SERVICE WORKERS: THE SMARTGIRL AND CASINO WORKER PROGRAM**

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I. Executive Summary

The Cambodian Women for Peace and Development (CWPD) is a non-profit organization which works to promote women's status in Cambodia. CWPD was founded as the Women's Association of Cambodia in December, 1978 a nationally operated organization, and renamed in 1999, when it became a registered nonprofit organization in Cambodia.

Vision: We wish all Cambodian people to live with happiness, good health, justice, peace, development, and equal rights between men and women.

Mission: To promote the status of women in Cambodia, building confidence in own capacity to become independent leaders who have access to equitable resources and interests from active involvement in social, cultural, economic, and political activities at national, sub-national, and international levels.

In Fiscal Year (FY) 2011, CWPD and its members conducted branded programs in 24 provinces and one municipality; CWPD itself implemented 8 projects, which covered 17 provinces and one municipality: Phnom Penh, Kandal, Takeo, Kompot, Kampong Speu, Koh Kong, Battambang, Siem Reap, Preh Vihear, Kratie, Stung Treng, Kampong Chhnang, Kampong Thom, Kampong Cham, Mundul Kiri, and Pai Lin.

For the FY 2011, CWPD's budget amounted to \$872,684.00 which was funded by the following donors: DCA, EU, Oxfam Norvib, HBF, LEVI STRAUSS FOUNDATION, SODI (Germany), GFATM-R7, USAID (PRASIT), and USAID (PSI). Through its projects, CWPD dedicated the following percentages of fund to the following types of work: 65.31% on HIV/AIDS intervention, 6.28% on saving remittance scheme, 14.75% on community development, in particular, on water and sanitation, 4.28% on FP/RH, 2.6% on child health, and 6.78% on women's empowerment to participate in politics.

Since October, 2007, through PRASIT, funded by USAID through FHI360, CWPD conducted HIV prevention and sexual health education for entertainment workers (EWs) and their male clients with a budget total of \$911,336 in the following area and provinces: Phnom Penh, Kampong Speu, Kampong Chhnang, Battambang, Siem Reap, Pai Lin and Kandal. Further, CWPD expanded its target population to include a private sector, in particular, a casino entertainment center in Phnom Penh and Pailin. In FY 2011, the following target population in total benefited from PRASIT project: 7,537 EWs, 57,541 male clients, 2,173 casino staff, and 409 drug users (DUs).

II. Description of Sub-project/Sub-grant

A. Backgrounds of Target Populations and Areas

1-Provinces/Districts Covered by CWPD:

Since the beginning of PRASIT, CWPD has conducted HIV prevention and sexual health education for EWs and their male clients in Phnom Penh (Daun Penh, Chamkarmorn and Russey Keo, Mean Chey districts), Kampong Speu (Chbar Mon, Phnom Sroch and Oudong districts), Kampong Chhnang (Kompong Chhnang town, Boribo, Rolia Pier and Kompong Trolach districts), Battambang (Battambang, Sangke and Mong Russey districts), Siem Reap (Siem Reap district), and Pailin (Sala Krouv and Pailin districts and Kandal province (Takmao and Kien Svay districts) and lastly private sector program in NAGA World Phnom Penh, Makot Pich, Victoria, Sea Sa, Pailin casinos in Thai-Cambodian border.

2-EWs/Casino Workers in Target Areas:

Through PRASIT project, NGOs supporting PRASIT program and CWPD mapped and reached the following populations: In Phnom Penh, NGOs supporting PRASIT as a whole mapped 18,301 EWs while, CWPD mapped 1,800 EWs and successfully reached 2,129 of them. At Naga World Casino, CWPD mapped 4,000 CWs and reached 1,229 of them. Similarly, in Kampong Speu Province, CWPD mapped 732 EWs and reached 478. In Kampong Chhnang Province, CWPD mapped 472 EWs and reached 499; In Battambang Province, NGOs supporting PRASIT as a whole mapped a total of 1,669 EWs while CWPD mapped 1,300 EWs and reached 1,121 EWs. In Siem Reap Province, NGOs supporting PRASIT as a whole mapped 3,690 EWs while CWPD mapped 1,600 EWs and reached 1,900 EWs. In Pailin Province, CWPD mapped 424 EWs and reached 431EWs and mapped 950 CWs and reached 946 CWs. In Kandal Province, NGOs supporting PRASIT as a whole mapped 1491 EWs while CWPD mapped 700 EWs and reached 929 EWs.

3-Vulnerable Populations (Those at Higher Risk) among Target Groups:

a. EWs and Their Clients

Despite the success of the 100% Condom Use Program (CUP) in reducing HIV prevalence among EWs, the changing Cambodian socioeconomic context demands new approaches for improving the sexual health of vulnerable women. While it is estimated that more than 20,000 EWs currently work in Cambodia, just 2000-4000 engage in brothel-based sex work (This figure continues to decline as a result of the recent Law on the Suppression of Human Trafficking). The remainder work in non-brothel based entertainment establishments (EEs) and may not sell sex. The 100% CUP and the current Standard Operating Procedures for Outreach are predominantly focused on women working in brothels, and show less success reaching the far more numerous non-brothel-based EWs. In its 2007 annual report, National Center for HIV/AIDS, Dermatology and STDs (NCHADS) reported 50% coverage among brothel-based EWs, but only 8% coverage among non-brothel based EWs. Approximately 59% of these brothel-based EWs accessed government STI services or family health clinics; only 17% of non-brothel-based EWs availed these services in the same period. It has been difficult to ensure the availability and accessibility of condoms and sexual health information in EEs that are not brothels and implementing agency partners often report being denied access to the women who work there.

Whether they work in brothels or other EEs, EWs have sexual health needs and can be vulnerable to STIs and HIV. The 2005 STI Sentinel Surveillance Survey (SSS) reported that female EWs were the most common sexual partner among transgendered MSM. Between 17-26% of EWs had an abortion in 2006 (BSS 2007). Drug use is also an issue among EWs: 10% of brothel-based EWs reported using yama (BSS 2007) and up to 6% of karaoke workers reported ever injecting drugs (PSI 2006). For beer promoters and karaoke workers who reported an average of 4 to 15 sexual partners in a year, almost one quarter admit not using condoms consistently (BSS 2007).

HIV prevention efforts among EWs have focused on their role in reducing personal risks for HIV, as well as contributing to risk reduction of their clients and partners. Emphasis has been placed on HIV

awareness and educating women in things like condom negotiation techniques instead of challenging gender norms that make women vulnerable in the first place. In Cambodia, it is men (husbands, sweethearts, regular partners and clients) who typically determine when, where and how sex will occur. Similarly, gatekeepers like EE owners and police have not been substantively used as educators and advocates for STI and HIV prevention efforts and could play a more important role in interventions.

How we talk to these women and what we say to them also requires a rethinking. Despite the very real successes in HIV prevention programming among EWs, an unintended consequence has been to characterize all women in the entertainment industry as sex workers, bad women, stupid women, etc. This has contributed to harassment of these women on the part of male customers, and fostered a lack of confidence of some women with respect to their rights and self worth. Educational materials and support tools have not been invigorated regularly, contributing to boredom on the part of outreach workers (OWs), SMART Girl leaders and the EWs themselves.

b. CWs

From the late 1990's onwards, casinos have been erected across Cambodian towns along the Thai-Cambodian and Cambodian-Vietnamese borders. Officially illegal, gambling premises are prohibited to Cambodian clients; instead these establishments cater to gamblers of other nationalities, particularly persons directly across the borders. Hundreds of Thai and Vietnamese gamblers cross the borders daily to play the slot machines, or place their bets at the baccarat, poker and blackjack tables. The casinos also attract thousands of Khmer, Vietnamese and other migrant staff who travel to these remote border locations in search of employment opportunities and perhaps a better life.

Many of these CWs are young, single persons in their twenties and early thirties. They may be separated from other family members and have resources that can be used for leisure activities, including commercial sex. They tend not to be the focus of health education efforts and may have misconceptions about STIs, HIV and sexual health issues. In addition, they may be placed in vulnerable situations that can increase their risks for health problems, including HIV.

c. DUs

There is much evidence that when drugs are used they heighten sex drive, lower inhibitions, and increase HIV and STI related risky behaviors with EWs. Ten percent of brothel-based EWs reported using yama (BSS 2007) and up to 6% of karaoke workers reported ever injecting drugs (PSI 2006). A recent FHI 360 drug intake survey conducted among 847 EWs, accessed through SMARTgirl clubs (drop-in centers) in Phnom Penh, Kampong Cham, Siem Reap, Battambang and Poipet, found 23% (196 persons) had used illicit drugs. Among these, 1.5% were found to have used heroin with a low 0.5% overall injection rate. More importantly, a worryingly high incidence of methamphetamine use was revealed— approximately 74.5% of women indicated crystal form of methamphetamine, Ice, as their preferred drug substance with 60% also indicating pill form of methamphetamine (yama) use.

Implementation of the Law on Suppression of Human Trafficking and Sexual Exploitation has changed the forms of non-brothel based sex services; workers nowadays can usually be negotiated for sex services at various entertainment facilities including massage parlors, clubs, casino, hotels, beer gardens, snooker bars, and guest houses, etc.

The growing disparity between the rich and the poor and gender imbalance coupled with increasing population mobility are fostering a rapid spread of the HIV epidemic. The review of the situation and response analysis in 2007 conducted by National AIDS Authority (NAA) assert that the primary driver of the HIV epidemic in Cambodia has been heterosexual transmission between sex workers and their client and other sexual partners.

In order to orchestrate an effective prevention of HIV and STIs on sex workers and their clients, it is worth knowing the current status of HIV epidemic among them, comprehending the scenario of new HIV

infection, and having a strong understanding of key recommendations and response analysis regarding prevention.

4- Partner Organizations Operating in the Same Geographic Areas as CWPD:

Daun Penh Mean Chey, Chamka Mon and Ressey Keo Districts in Phnom Penh: Partner organizations conducting an outreach work to EWs are CWDA, SIT, KWCD, and CWPD/GFATM-R7. NGO partners providing health services to EWs are KOSHER, ATEC-PSF-GFATM-R5 and RHAC. Governmental public health partners are Daun Penh and Toul Kok Health Centers in Operational District (OD) Khang Cheung; and Prek Eng Health, Center Kbal Koh Health Center. Naga World staff received health services from Chamkamon Referral Hospital in Chamkamon District. NGO partners providing general health services are MEC, Chhouksor and ATEC-PSF GFATM-R5, and WNU.

Kampong Speu Province: Partners conducting an outreach work to EWs are NAPA and CWPD-GFATM-R7. Public health partners are Vang Prah Sre Health Center in OD Oudong, Roka Tep Health Center in OD Kampong Speu. An NGO partner is RHAC which provides HIV treatment at World Vision clinic.

Kampong Chhnang Province: Governmental public health partners are Referral Hospital Kampong Chhnang.

Battambang Provinces: A partner organization conducting an outreach work to EWs is MHSS. NGO partners providing health care services to EWs are RHAC and Marie Stopes International. Governmental public health partners are Health Family Clinic, Provincial Referral Hospital, Health Center Toul Ta Ek, Health Center Svay Por, Referral Hospital Battambang in OD Battambang, and Health Center and Referral Moung Ressey in OD Moung Ressey.

Siem Reap Provinces: Partners conducting an outreach work to EWs are MHC, RHAC, and APHESIP. NGO Partners providing health services to EWs are RHAC and Marie Stopes International. Governmental public health service partners are Health Family Clinic Zone One and Referral Hospital Siem Reap in OD Siem Reap.

Pailin Province: Partners providing public health services are Health Family Clinic, Pailin Referral Hospital, Phsa Prom Health Center, and O Char Health Center in OD Pailin.

Kandal Province: Our governmental public health services partners are Chey Chom Nash Referral Hospital in OD Ta Kmao and Referral Kian Svay in OD Kian Svay. NGO partner is Maries Stopes International for Reproductive Health (RH)/Family Planning (FP) and ACTED-PSF mobile STI services.

B. Scope of Work in Sub-project/Sub-grant for the Year 4 (From November 1st 2010 to September 30th, 2011)

To improve the sexual health and general wellbeing of EWs through an innovative, holistic, human rights based and branded sexual health program.

Project Strategies:

- 1) Implement targeted and branded behavior change approaches for subgroups of EWs that emphasize risk reduction and promote safer sexual practices.
- 2) Promote and increase access to health information, products and services among EWs.
- 3) Build a supportive environment for EWs' sexual health by mobilizing stakeholders, EE owners, police, healthcare providers and others.
- 4) Build the capacity of implementing agency staff, partners and stakeholders to plan, implement, manage and monitor the program.

III. Sub-project/Sub-grant Implementation

A. Achievement Results in Fiscal Year 2011:

Strategy 1: Implement targeted and branded behavior change approaches for subgroups of EWs that emphasize risk reduction and promote safer sexual practices.

a. Mapping Method

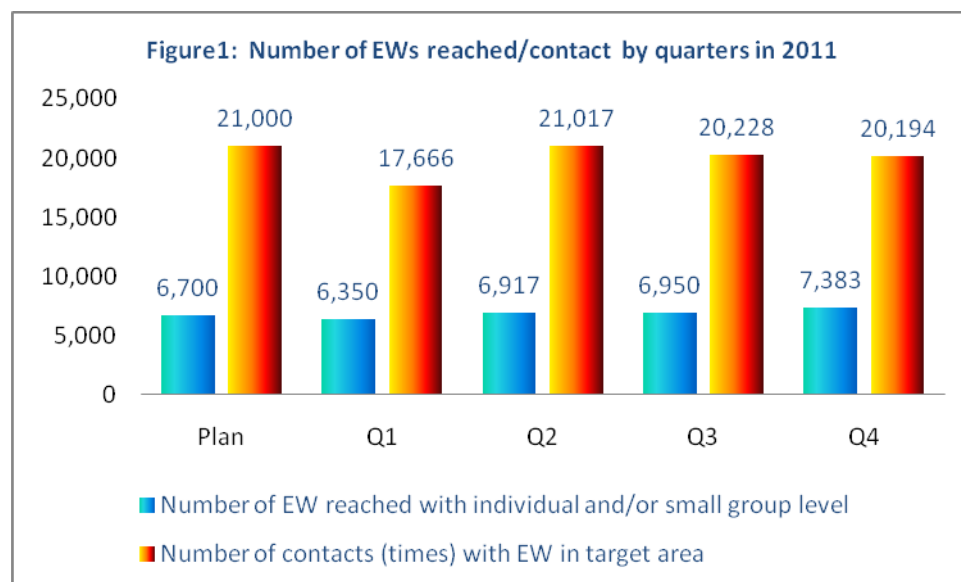
CWPD employed mapping method in order to keep track of the target groups' precise geographic locations, which allows parties such as NCHADS, PAO, and DPCT to verify that no EE was covered by more than one NGO. Further, in corporation with NCHADS, PAO, and DPCT, CWPD project staff updated and submitted data on the EEs to Provincial AIDS Office (PAO) for the quarterly mapping. Both NCHADS and NAA utilized the mapping method for their national HIV/AIDS prevention program.

Table1: Mapping by DCPT(SOP) in Cambodia: EEs and EWs covered by CWPD in 2011:

Provinces	Total EEs	CWPD Covered	%	Total EWs	CWPD Covered	%
Phnom Penh	1,035	73	07	13,300	1,800	13.53
Siem Reap	130	55	42	3,400	1,600	47.05
Battambang	150	63	42	1,600	1,300	81.25
Kandal	92	55	60	1,400	700	50
Kampong Speu	67	42	62	700	450	64.28
Kampong Chang	43	43	100	470	450	95.74
Pailin	30	30	100	400	400	100
Total:	1,547	361	23	21,270	6,700	31.49

a. Reached to EWs:

For the fiscal year 2011, the number of EWs reached through individual and/or small-group HIV interventions was 7,537 in total, an increase of 5.46% from FY 2010, while 6,700 was our original target. The number of EWs reached increased every quarter as a result of the strong commitment made by the staff and SMARTgirl leaders (SGLs). While CWPD originally mapped 361 EEs for SMARTgirl program and 109 EEs for You're the Man! (YTM), we covered 394 EEs and 182 EEs for respective program.



In Q1, 2011, CWPD reached 6,350 EEs (94.77% of the original target) and contacted 17,179 EEs (85.46% of the original target). In Q4, 2011, CWPD reached 7,383 EEs (110.19% of the original target) and contacted 20,194 (100.46% of the original target).

The introduction of Core Package monitoring system proved successful as it helped CWPD meet

quarterly targets. With the new monitoring system in place, every OW and SGL was assigned specific number of targets for the following three actions: 1) EWs to reach, 2) condoms to distribute and sell, and 3) referral slips for health clinics to distribute and to collect from clinics. By utilizing the system, CWPD ensured that OWs and SGL clearly understood their targets, therefore helping them meet their quarterly targets.

Quotes from a SMARTgirl

SGL in Krong Angkor Restaurant (Siem Reap, 19 September, 2011)



I'm a SGL in Siem Reap province, working on HIV/AIDS care and prevention among EWs. After me receiving training from FHI 360 and CWPD, I became in charge of 9 EEs and contacted 12 to 18 EWs during every outreach education session. I use color chip and write my phone number on them and give to attendees, note the attendees' information on a record book. At the end of every session I distribute referral slips and discuss the dates they could be referred to the health services providers. I socially market condoms because it prevents transmission of HIV/STI and adds sustainability to the program.

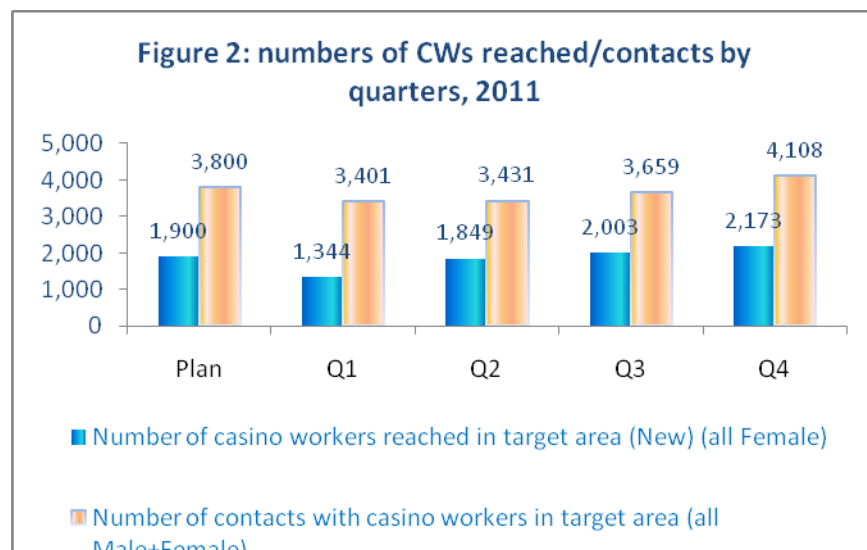
I'm very happy that I am a SMARTgirl. I have a good job, working as a SGL. I am proud of myself that I increased my knowledge on reproductive health, am capable of setting personal goals, and learned how to use various tools at quarterly training to use them during outreach education.

Photo 1: Ms. Chhourn Srey La (SGL). (Courtesy of CWPD)

I wish SMARTgirl program would continue so that we could continue to refer EWs to health service providers and help them have better livelihoods.

c. Reached to CWs:

CWPD program staff and casino facilitators provided sexual health and risk reduction education to 1,900 casino staff in four casinos in Pailin and Phnom Penh.



CWPD conducted formal outreach and peer education sessions two to four times every month at various establishments such as karaoke parlors and massage salons at each casino. CWPD contacted approximately 20 to 30 employees each time and the session lasted for about 30 minutes in average.

CWPD planned to reach 1,900 CWs each quarter in 2011. 1,344 CWs were reached (70.73% of the original target) and 3,401 CWs were contacted (89.50% of the original target)

in Q1; and 2,173 CWs reached (114.36% of the original target) and 4,108 contacted (108.10% of the original target) in Q4.



Casino Facilitators (CFs):

Key casino volunteers and OWs provided individual and group sexual health and risk reduction education to high risk CWs.

Key casino volunteers functioned as a program support body in providing coordination and facilitation, developing educational outreach plans, and delivering reproductive health information, products and referral slips at casinos.

Photo2: Group education at a casino in Pailin Province. (Courtesy of CWPDP)

d. Reached to Male Clients and YTM:

CWPDP staff and volunteers directly communicated with male customers at EEs. CWPDP ensured that contacts with male customers were brief and entertaining and ideally take place after 5:00 pm or during lunch hours. CWPDP used communication tools developed by FHI 360.

Table2: Cumulative number of men reached by individual and/or small group level interventions through male client program, YTM:

Province	Target FY 2011	Q1-FY 2011	Q2- FY 2011	Q3- FY 2011	Q3- FY 2011	Total FY 2011	%
Phnom Penh	10,000	4,478	4,848	4,234	3,637	17,197	171.97%
Siem Reap	15,000	4,546	4,978	4,596	4,932	19,052	127.01%
Battambang	15,000	4,925	5,768	5,573	5,026	21,292	141.94%
Total:	40,000	13,949	15,594	14,403	13,595	57,541	143.85%

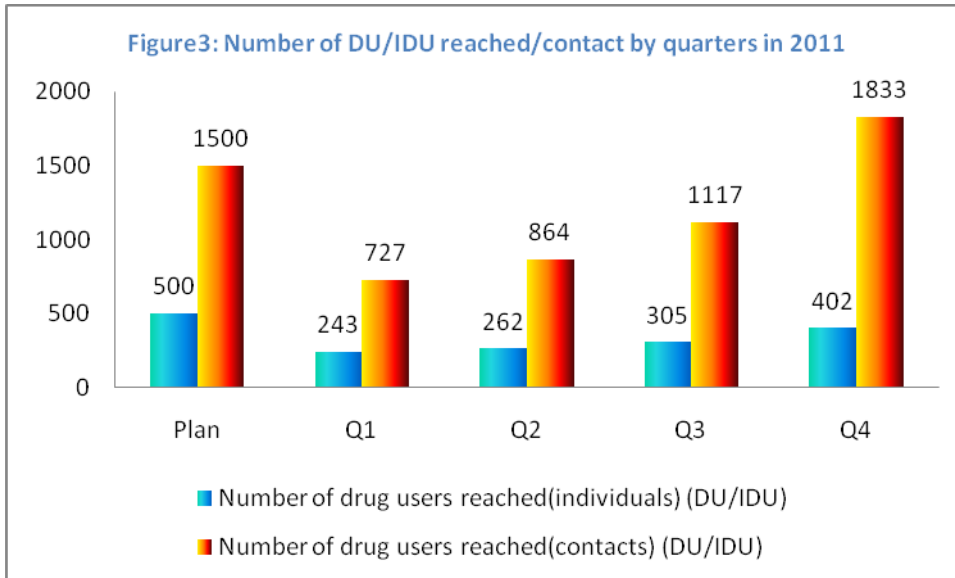
In FY 2011, the initiatives YTM of FHI360 were held at CWPDP project sites in Phnom Penh, Battambang, and Siem Reap. For YTM competition, CWPDP distributed 5,000 application forms and 1,769 persons applied to become contestants.

f. Reached to DUs:

DU Educators conducted an outreach education, with or separate from SMARTgirl teams, by providing service packages to 500 DU/IDU in the areas in three provinces designated as DU/IDU hotspots by FHI360. Packages included carrying out DU behavioral assessments, conducting brief motivational interventions (BMI) as appropriate, and distributing referral slips for health care service uptakes.

While FHI360 had originally targeted 500 DUs country-wide for FY 2011, they later determined that the target for harm reduction and Needle/Syringe Program (NSP) in Phnom Penh project site to be 250 and funded by Global Fund. CWPDP reached 402 DUs, which was 80.40% of 500 targets, and contacted 1,833 DUs, who were EWs in Phnom Penh, Siem Reap (SRP) and Battambang (BTB) province.

Concerns were raised by CWPD staff in SRP and BTB provinces. CWPD staff in SRP reported that it was



difficult to reach the target population due to the interventions performed by the police following Village-Commune Safety Policy. They reported that the 24 DU/IDUs who participate in support group sessions did not come regularly because they were afraid of being arrested as DU/IDUs by going to the session and identifying themselves as DU/IDUs.

Further, the report released to FHI 360 mentioned a police crack-down that resulted in arrests of 14 EW/DU/IDU in SRP in May 11, 2011, which substantiates DU/IDUs' worries. While facing similar issues, CWPD in BTB province proposed that they would work more closely with Sangkat Svay Po commune and BTB city and implement the outreach education in accordance with guidelines issued by National Authority for Combating Drugs (NACD).

g. SMARTgirl Club Activities:

SMARTgirl Club is a drop-in center for EWs where counseling on HIV/AIDS, STI, and VCCT services were provided. The club members could visit SMARTgirl clubs and they were able to use make-up products kept at clubs during their visits. CWPD targeted to have 62.68% of EWs become a member of SMARTgirl club in FY 2011 and 83.48% of SMARTgirl members to visit SMARTgirl clubs.



CWPD had SMARTgirl clubs in Phnom Penh, Battambang, and Siem Reap and promoted health service uptake among target groups. Weekly group education sessions and quarterly special events were also held at the clubs.

By becoming SMARTgirl club members, EWs were able to socialize with other members who visit the club and get to know them, thereby creating an informal peer support network. For instance, club members become friends and they share concerns about visiting a health clinic for STI testing for the first time.

By the end of FY 2011, CWPD had planned to have 50% of the EWs reached to become a SMARTgirl club member and 50% of the club members to visit a club every quarter.

Photo 3: SMARTgirl Club in Battambang. (Courtesy of CWPD)

Table3: Cumulative number of SMARTgirl Club members and total number of EW who visited the SMARTgirl Club.

Club Site	Targeted FY 2011	Club Members			Active Club Members Who Visited the Club in the Q4, 2011		
		# of EWs	# of EWs Increased	% of EWs Increased	Targeted	# of Members Visited	% of Members Visited
CWPD-PHP	900	1,100	200	22.22%	450	460	102.22%
CWPD-SRP	800	1,586	786	98.25%	400	249	62.25%
CWPD-BTB	650	1,514	864	132.92%	325	277	85.23%

Comments from CWPD Staff:

CWPD-BTB reported that SMARTgirls who worked at restaurants during the day could not visit the SMARTgirl club because EE owners did not allow them to leave work. Some SMARTgirls who worked at night could not visit the club either because they wanted to sleep during the day.

h. SMARTgirl Membership Card:

It is important for OWs and SGLs to continue to promote among EWs the benefit of using various schemes such as ID numbers, referral slips, and loyalty cards because they not only help the EWs access health care services and information and earn points to participate in lucky draws but also help the OWs and SGLs maintain accurate information about their outreach activities in an effective manner.

One SMARTgirl said that it was confusing to have two ID numbers: one for herself and the other for the EE where she worked.

Comments from CWPD Staff

CWPD-KDL: CWPD distributed SMARTgirl membership cards to 1,054 EWs while CWPD originally mapped and thus targeted 963 EWs in Q4, 2011. 20% of 100 EWs in DARA Trachek Chet KTV knew their club ID numbers. However, EWs at massage parlors, where less than 10 of them worked, 100% of them knew their ID numbers. SGLs used SMARTgirl registration Master List to record each club member's ID; they also put down their ID numbers on health clinic referral slips. Because ID numbers played an important role in securing SMARTgirls' confidentiality and in maintaining an accurate record of outreach activities and clinic visits, OWs and SGLs emphasized during their outreach sessions the importance and benefit of keeping safe the member cards and remembering the ID numbers.

CWPD-SRP: It is important to have SMARTgirl clubs in the area where EEs are clustered, such as Special Economic Zones, in order to provide easy access to EWs. Some SMARTgirls could not come to SMARTgirl clubs because the clubs were not located in close proximity to their EEs. While there were many EEs in Special Economic Zones (SEZ), because of the relatively high rent and other expenses and limited budget of CWPD related to maintaining SMARTgirl clubs, CWPD has yet to establish clubs in SEZ.

CWPD-PHP: We want all the project sites to share ideas on promoting the value and care of SMARTgirl/club membership, such as an initiative by CWPD-SRP to punch a hole in the SMARTgirl club membership cards and insert a key hole so as to deter members from losing the cards and consequently losing their SMARTgirl ID numbers.

CWPD-BTB reported that using SMARTgirl club membership card was vital in keeping track of the EWs reached and contacted on their Master List, which was shared internally.

I- SMS:

All the SMARTgirl club members received targeted messages via SMS on a bi-weekly basis. These messages were developed by SMARTgirl partner, FHI360, and sent to club members via club managers, and SGLs.

Table4: # of SMARTgirl Club Members to whom CWPD Sent SMS Messages:

Province	Tartget Population	# of Target to whom SMS was sent	% Achieved
Phnom Penh	900	494	54.88
Siem Reap	800	669	83.62
Battambang	650	831	127.84
Total:	2,350	1,994	84.85

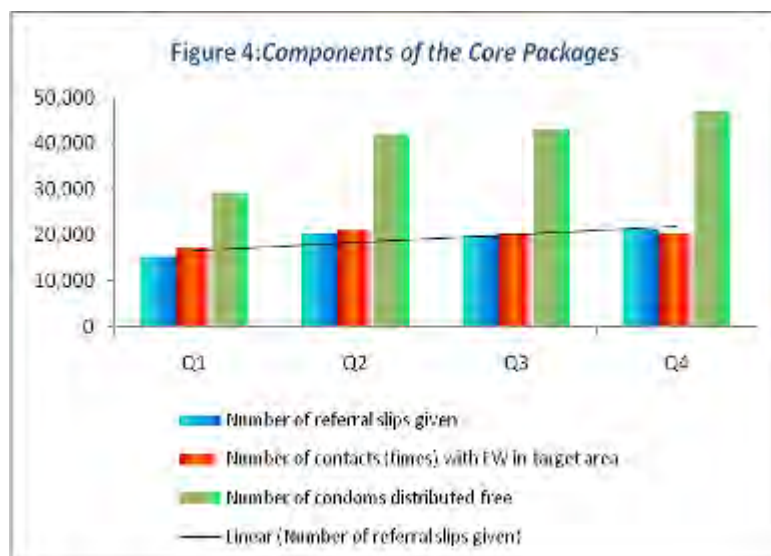
Strategy 2: Provide and promote access to health information, products, and services among Most at Risk Populations (MARP).

a. Condoms: Social Marketing and Free Distribution Achieved in 2011

CWPD socially marketed 356,858 condoms to EWs, which was 349.86% of the targeted amount of 102,000. CWPD also socially marketed 16,324 condoms in private sectors, which was 204.05% of the targeted amount of 8,000. Social marketing within private sectors did not meet the initial target because CWPD commenced this particular initiative two months after the original start date for Phnom Penh project site.

CWPD distributed 161,114 condoms free of charge to EWs, which was 79.97% of the targeted amount of 204,000 and distributed 14,971 at casinos which was 93.56% of the targeted amount of 16,000. The latter did not meet the target because CWPD did not receive sufficient supply of condoms from FHI360; during the period in which CWPD could not distribute free condoms, CWPD advised EWs to purchase the condoms on their own rather than waiting for the free distribution.

b. EWs Core Packages:



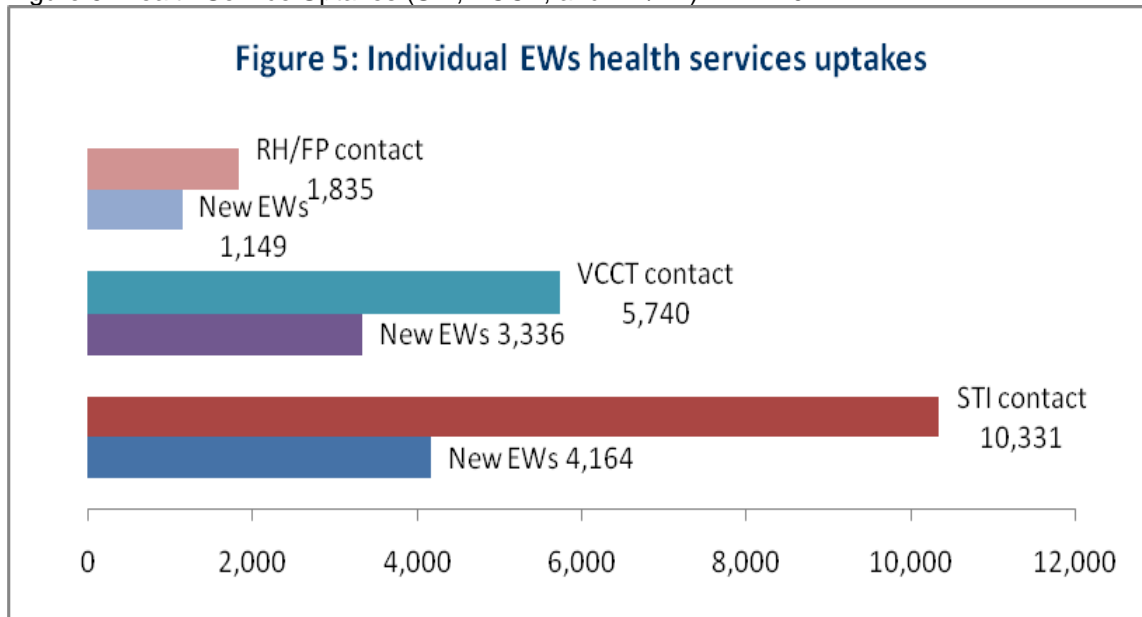
Education program is a new strategic initiative which was implemented to ensure that all the activities meet the targets in FY 2011. Components of the Core Packages were as follows: provision of education, referral to health services, and distribution and sales of condoms. When we implemented Core Packages strategies from the second quarter onward in FY 2011, an increase in the achievement was visible as shown in the below chart detailing each component of Core Packages activities.

c. Results of Referrals to Health Services:

When the outreach team, SGLs, and Peer Facilitators (PFs) contacted the EWs through educational

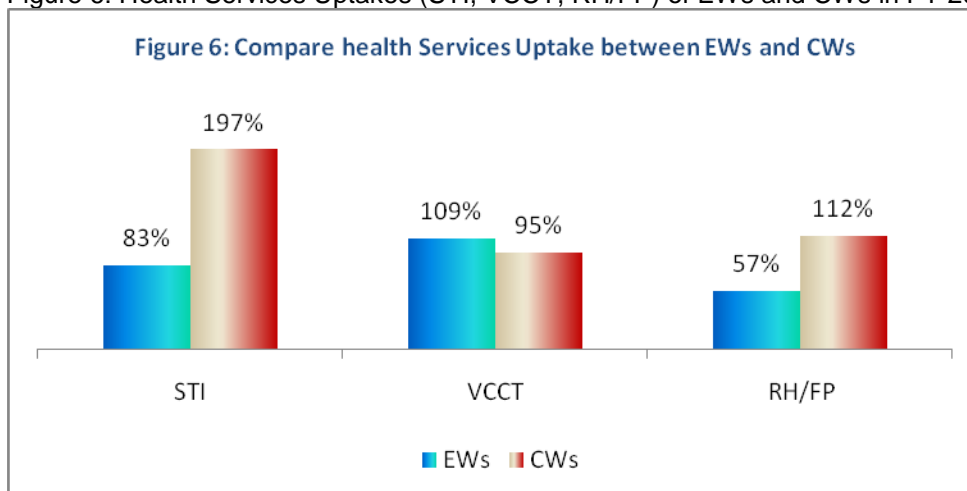
activities, they ensured to encourage them to have health check-ups, provide referral slips, and informed them how they could access health service providers. Through this referral system, CWPD referred them to family clinics, RHAC, Marie Stopes, Chhouk Sor, MEC and others service providers and utilized referral slips. CWPD staff collected the second copy of referral slips from service providers every month, classified them by the type of services provided, and assembled the data each quarter; EWs brought back the third copy of the referral slip to put in a box at SMARTgirl clubs, which CWPD subsequently used for a quarterly lucky draw.

Figure 5: Health Service Uptakes (STI, VCCT, and RH/FP) in FY 2011



- Health service uptake data for Q2 in FY 2011 was collected based on Referral Master Lists of.
- For VCCT uptake data, CWPD only tracked the number of contacts in Q1, while from Q2 onward CWPD utilized Referral Master List and tracked individuals' service uptakes.

Figure 6: Health Services Uptakes (STI, VCCT, RH/FP) of EWs and CWs in FY 2011



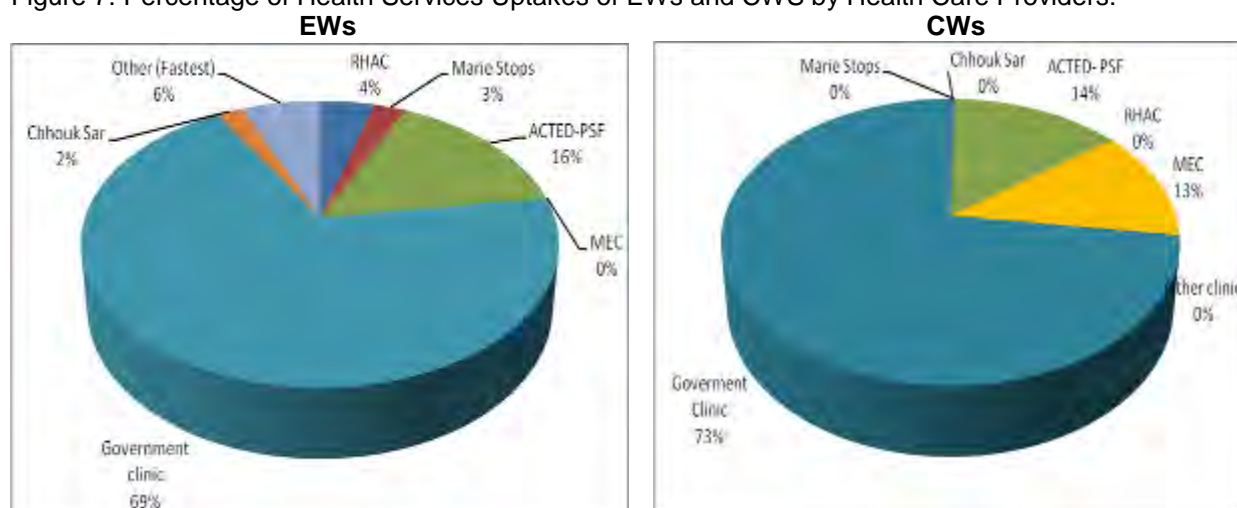
- FASTest uptakes contributed to the success of a large number of VCCT uptakes.

CWPD only tracked the number of contacts in Q1, 2011; however, from Q2 onward, CWPD utilized Referral Master List and kept records of individual EWs who received the health services.

d. Health Services Accessed by EWs and CWs:

Through referral system, CWPD referred EWs and CWs to governmental clinics and NGO Clinics such as RHAC, Marie Stopes, Chhouk Sor, MEC and others service providers. The number of EWs and CWs who accessed health care providers depended on the following: 1) interests of clients, EWs and CWs, to receive health services, 2) geographical proximity of health services providers to the clients 3) quality of services provided (including whether clinics have sufficient quantity of medicines and whether the health professionals provide proficient services). Owing to these factors, it is always a challenge for CWPD to meet the target despite its best effort.

Figure 7: Percentage of Health Services Uptakes of EWs and CWs by Health Care Providers:



f. Health Services Uptake by Provincial Project Sites in FY 2011

Table5: STI Services Uptake in FY 2011

Provincial Project Site	# of Targeted Population (EWs)	# of Individuals who Received Services	# of Visits Made (Contacts)	% of Target Population who Received Services	Average # of Visits Per Individuals who Received Services
Phnom Penh	1,350	810	1,810	60	2.23
Siem Reap	1,200	895	1,586	74.58	1.77
Battambang	975	736	1,879	75.48	2.55
Kandal	525	559	1,943	106.47	3.47
Kampong Speu	338	352	948	104.14	2.69
Kampong Chang	338	400	1,138	118.34	2.84
Pailin	300	412	981	137.33	2.38
Phnom Penh Casino	350	631	792	180.28	1.25
Pailin Casino	315	678	848	215.23	1.25
Total:	5,691	5,473	11,925	96.16	2.17

- CWDPD saw a decline in service uptakes in Q4, 2011. CWPD believes that this is a result of the reforms implemented by Ministry of Health (MoH), which resulted in a shut-down of family clinics, providers of STI and VCCT services. After the reforms, EWs had no choice but to visit referral hospitals for STI and VCCT services. However, unlike family clinics, where most of the visitors were EWs, and no fee was charged for the services provided in referral hospitals catered to the general population and charged fees for their services. Thus, EWs were more hesitant to visit referral hospitals for treatment and examinations because of the expected expenses and for fear of being judged upon by other hospital visitors.

Table 6: VCCT Services Uptake in FY 2011

Provincial Project Site	# of Targeted Population (EWs)	# of Individuals who Received Services	# of Visits Made (Contacts)	% of Target Population who Received Services	Average # of Visits Per Individuals who Received Services
Phnom Penh	900	793	1,583	88.11	1.99
Siem Reap	800	1,164	1,512	145.50	1.29
Battambang	650	426	812	65.53	1.90
Kandal	350	302	663	86.28	2.19
Kampong Speu	225	209	356	92.88	1.70
Kampong Chang	225	208	416	92.44	2.00
Pailin	200	234	395	117.00	1.68
Phnom Penh Casino	200	164	189	82.00	1.15
Pailin Casino	180	191	198	106.00	1.03
Total:	3,730	3,691	6,124	98.95	1.65

- CWPD experienced a higher number of VCCT uptakes than STI. This indicates a successful collaboration between CWPD and VCCT governmental FASTest service providers.
- CWPD concluded that the advantage of FASTest was: it provided EWs an easy access to the health services as health care providers visited EEs and the tests were provided free of charge. The disadvantages were: 1) privacy was not always secured and thus difficult to provide appropriate counseling and 2) EWs who were conscious about their appearance did not like to have bruises on their arms after receiving a shot by a relatively large needle.

Table 7: RH/FP Services Uptake in 2011

Provincial Project Site	# of Targeted Population (EWs)	# of Individuals who Received Services	# of Visits Made (Contacts)	% of Target Population who Received Services	Average # of Visits Per Individuals who Received Services
Phnom Penh	540	620	985	114.81	1.59
Siem Reap	480	69	108	14.37	1.57
Battambang	390	182	269	46.66	1.48
Kandal	210	60	122	28.57	2.03
Kampong Speu	135	76	124	56.29	1.63
Kampong Chang	135	70	140	51.85	2.00
Pailin	120	72	87	60.00	1.21
Phnom Penh Casino	200	209	240	104.59	1.51
Pailin Casino	180	215	282	119.44	1.31
Total:	2,390	1,573	2,357	65.81	1.49

- Young EWs raised concerns about using long term contraceptives such as implants and IUDs because they were afraid they would not be able to become pregnant if and when they decide to do so when on long term contraceptives. However, CWPD recommend long term methods because those using short term contraceptives such as pills often forget to take their required daily dose and have unwanted pregnancy as a result.
- CWPD did not meet the annual target for RH/FP services. CWPD concluded that this was because EWs bought contraceptive pills and pregnancy test kits from pharmacies and not from the health care service providers with which CWPD had partnership.

EWs were able to choose whether to go to a governmental clinic or non-government clinic.



Photo 4 (Left): SMARTgirls accessing health services providers in Chhouk Sor, an NGO clinic.
 Photo 5 (Right): SMARTgirl receiving FASTest in Beung Meas Restaurant, a governmental clinic.

g. Loyalty Card:

Loyalty cards and its award system were implemented in an attempt to 1) track and identify individuals who received the health care services and 2) promote uptake of more than one type of services. Loyalty cards were collected every six months from target groups and special awarding events were held during Q2 and Q4 at SMARTgirl clubs.

Table 8: Loyalty Card Distributed and Collected at CWPDP Project Sites

Project Site	# of Loyalty Card Distributed	# of Loyalty Card Collected	# of Service Provided			Remark
			STI	VCCT	RH/FP	
CWPDP-PHP	1950	118	110	82	84	Gold Points Earned: 18s, 18p Silver Points Earned: 77s, 75p Bronze Points Earned: 14s, 14p
CWPDP-SRP	1000	246	349	308	47	Gold Points Earned: 38s, 38p Silver Points Earned: 218s, 218p Bronze Points Earned: 43s, 43p
CWPDP-BTB	609	499	441	270	115	Gold Points Earned: 70s, 70p Silver Points Earned: 162s, 167p Bronze Points Earned: 262s, 267p
CWPDP-KDL	950	39	38	24	17	Gold Points Earned: 06s, 06p Silver Points Earned: 28s, 28p Bronze Points Earned: 06s, 06p
CWPDP-KPS	930	84	92	54	23	Gold Points Earned: 14s, 14p Silver Points Earned: 45s, 45p Bronze Points Earned: 30s, 30p
CWPDP-KPC	816	172	229	160	15	Gold Points Earned: 13s, 13p Silver Points Earned: 147s, 147p Bronze Points Earned: 15s, 15p
CWPDP-PL	1050	170	136	79	45	Gold Points Earned: 15s, 15p Silver Points Earned: 60s, 60p Bronze Points Earned: 95s, 95p
Total	7305	1328	1395	977	346	

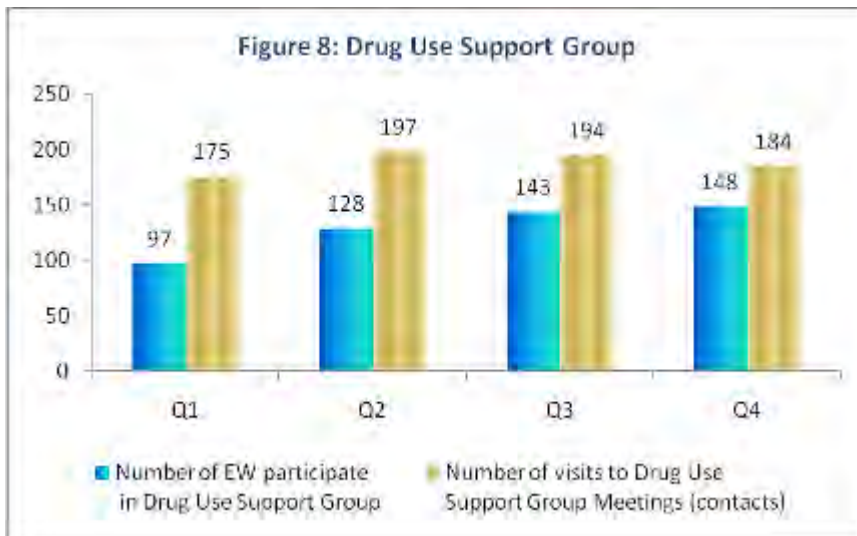


Photo 6: SMARTgirl at an awarding event organized by CWPB-BTB

FY2011, CWPB organized Loyalty Cards special events at seven of the project sites. CWPB could not host the event at Naga Casino in Phnom Penh because the CWs had to work overtime and did not have time to attend the event

FHI360 started to employ Loyalty Cards system as a pilot project in the second quarter in FY 2010 to further provide incentives for EWs to access health care services... Under Loyalty Cards System, EWs were given Gold, Silver, and Bronze cards based on the numbers of services they received each quarter. CWPB organized a lucky draw specifically for the Card holders twice a year, using the loyalty cards EWs collected as tokens.

h. DU/IDU Activities:



CWPB implemented drug use harm reduction program with Drug Use Educators in Siem Reap and Battambang provinces; CWPB also implemented the program with both Drug Use Educators and Counselors in November and December, 2010. SMARTgirl clubs in Battambang and Siem Reap organized the harm reduction program twice a month and provided refreshments after the program ended each time. The clubs organized meetings in a private, safe

space within the drop-in center or SMARTgirl clubs. 10 to 12 active DUs attended the program each time.

EWs were encouraged to bring their partners to support group meetings as indicated in the SMARTgirl club policies.

Drug use harm reduction program at CWPB-PHP was transferred to GFATM-R7 in Q2 in FY 2011. Both budget and project data remained under the management of CWPB management team.

i. Harm Reduction Support Groups:



Photo 7 and 8: Activities with DU/IDU in CWPDP-PHP (Courtesy of CWPDP)

Drug Use Educators carried out drug use behavioral assessments to recruit members of support groups. Drug Use Counselors provided BMI with ATS/Heroin/Alcohol harm reduction messages as part of DU outreach services, which included education, product, and referral packages.

j. Personal Profiles/Risk Assessments and BMI:

New participants at DU/IDU support groups completed personal profiles on a voluntary basis. Participants also received periodic follow up risk assessments and one-on-one harm reduction (BMI) and relapse prevention counseling at drop-in centers.

Table9: Personal Profiles/Risk Assessments and BMI in FY 2011:

Sites	#of Personal Profile Completed	# of Risk Assessment Conducted	# of BMI Conducted
CWPDP-PHP	94	79	923
CWPDP-SRP	58	160	58
CWPDP-BTB	81	104	05
Total	233	343	986

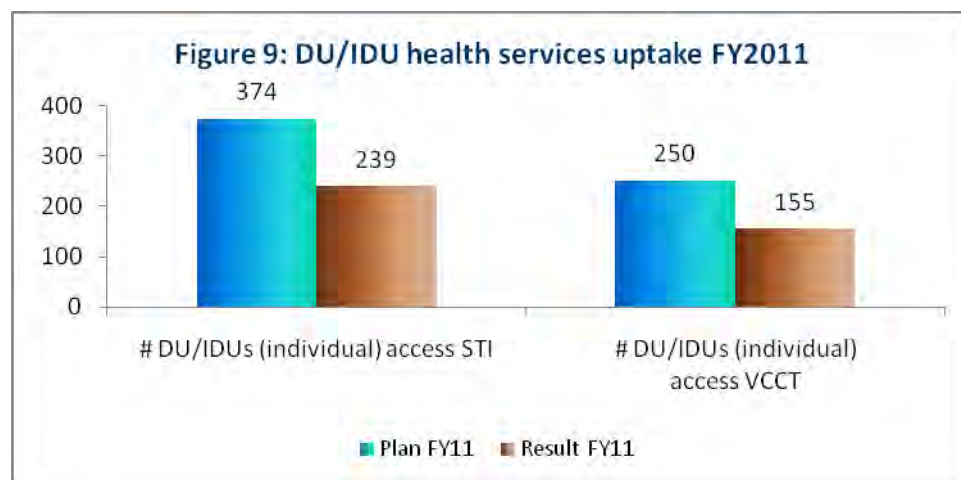
k. DU/IDU Health Services Uptake (STI and VCCT) in FY 2011

Table10: DU/IDU STI Services Uptake in FY 2011

Provincial Project Site	# of Targeted Population (EWs)	# of Individuals who Received Services	# of Visits Made (Contacts)	% of Target Population who Received Services	Average # of Visits Per Individuals who Received Services
Phnom Penh	187	144	182	77	1.26
Siem Reap	112	28	37	25	1.32
Battambang	75	67	90	98	1.34
Total:	374	239	309	82.62	1.29

Table11: DU/IDU VCCT Services Uptake in FY 2011

Provincial Project Site	# of Targeted Population (EWs)	# of Individuals who Received Services	# of Visits Made (Contacts)	% of Target Population who Received Services	Average # of Visits Per Individuals who Received Services
Phnom Penh	125	100	131	80	1.31
Siem Reap	75	16	17	21.33	1.06
Battambang	50	39	47	78	2
Total:	250	155	195	62	1.25



Strategy 3: Build a supportive environment concerning MARPs’ sexual health by mobilizing stakeholders such as casino management, EE owners, police, healthcare providers and others

In an effort to foster a supportive environment for MARPs, SGL representative attended CoPCT’s and MARP Community Partnership’s meetings at a district and national level, organized by NCHADS, NAA, UNAIDS Medicam, and RHAC.

SMARTgirl program were endorsed by National Technical Working Group for the Continuum of Prevention to Care and Treatment (NTWG-CoPCT) and NAA assigned CWPDP to be part of MARP Community Partnership, which works to reduce discrimination against EWs in communities. CWPDP signed MOU with NAA in order to further the collaboration between an NGO and the government.

Moreover, CWPDP identified EE owners, who agreed to support the SMARTgirl program by providing electricity, room, water, transportation, etc for CWPDP to conduct outreach education and for EEs to attend it.

a. List of EEs Supporters Identified by CWPDP by Province:

CWPDP-KPS:

Restaurants: Mlub Dong, Mlub Tekdos, Mlub Chan, Mlub Kroch, Punlok Thmey, Eng Nay, Chan Kiry 2, Om An, Oky De.

Karaoke Parlors: Phnom Kheuv, Rey Reay, Holiwood, LyLy.

(Of 42 EEs in the target area, CWPDP gained support from 13 EEs.)

CWPD-BTB:

Angkor Beer promotion establishment.

Karaoke Parlors: KTV Kemara, 555, koh Taiwan, Hang Lay, Cobarate, Happy, Monorum, Kroch Sech, Prachea Brey, Sopheak Meangkol, Rasmey Kong Kea, Trachak Chet Thmey.
(Of 63 EEs in the target area, CWPD gained support from 13 EEs.)

CWPD-SRP:

Restaurants: Ba phourn, Moha Nokor, Mebon, X-skay, Sen sabay 1,2,3 Same Brother, Tikrong Ankor, Mekmek 2, Molop Sbov Siem Reap, Sach Ang Vimean Tep.

Massage Parlors: Siem Reap massage, Angkor health massage.

Karaoke Parlors: New Star, Punleu Prachan, Top Town, Bantey Srey.

Clubs: Zone one, Bakheng.

(Of 56 EEs in the target area, CWPD gained support from 21 EEs.)

CWPD-PHP:

Restaurants: Mlun Svay Thom, Methapheap, Phe Thor, Samaky, Washington, Mlub dong Tekkok, Punleu Chan, Mlub Sbov Trachak Chet, Bueng Meas, Sub Dem Tekdos, Soub 999, Soub 111, Kafe Apov, Ta Prohn, Tara Soup Tea Kapa.

Massage Parlors: 35, Pi ChabKnea.

Beer Gardens: Phteas Yeung, Thary Rasmey 68, Rea They Sambo, Sach Ang Chrouy Chang Va.

Karaoke Parlors: Washington Hotel and Naga World Entertainment Center.

(Of 73 EEs in the target area, CWPD gained support from 23 EEs.)

CWPD-KDL:

Restaurants: Sourn Mlun Sla, Vel Venh, Mlub Trakob, Samoth Themacheat, Vimean.

Karaoke Parlors: Trachak Chet Thmey, Dara Trackak Chet, Phoub Betong.

(Of 55 EEs in the target area, CWPD gained support from 8 EEs.)

CWPD-KCH:

Restaurants: Phnom Tum Neub, Toul Chan.

Karaoke Parlors: 98, 333, 168, Hang Meas, Heng Heng, Penh Vong, Trapang Resey

(Of 43 EEs in the target area, CWPD gained support from 9 EEs.)

CWPD-PL:

Restaurants: 999, Srey Nich Soun Ampoav, Soun Mono Rom, Penh Chet.

Karaoke Parlors: Raksa Sok, Pahi 06.

Casinos: Diamond crown casino, Caesar Casino, Pailin Flamingo Casino, K-R casino.

(Of 35 EEs in the target area, CWPD gained support from 11 EEs.)

b. SMARTgirl Network and Committee

CWPD organized an annual meeting with 13 SMARTgirl Network members during the SMARTgirl quarterly training in order to discuss its Network structure.

Further, in Q4, the committee of SMARTgirl Network organized three elections and 13 SMARTgirls, who were supported by the following organizations, were elected: ACTED-PSF: Phnom Penh, SFODA: Phnom Penh, KHEMARA: Phnom Penh, CWPD: Phnom Penh, Battambang, Kampong Chnang, Kampong Speu, Kandal, Siem Reap, Pailin, PFD: Pou Sat, Bantheay Mean Chey, and PSOD: Kampong Cham.

Five committee members were subsequently elected from 13 representatives and management team enacted a mandate for the next two fiscal years, FY 2012 and 2013. The SMARTgirl Network committee members were Ms. Tou Lina, CWPD-BTB Chair, and Ms. Thoeun Kakada, PFD Cice Chair, Ms. Toun Srey Phea CWPD-PP member, Ms. Leng Mala ACTED-PSF member, and Vieng Theu Tieng SFODA member.

c. P-CoPCT-ST and the MARPs Community Partnership Forum:

The Provincial Continuum of Prevention to Care and Treatment Support Team (P-CoPCT-ST) is a provincial working group on outreach and peer education. “100% Condom Use Working Group” followed Standard Operating Procedures (SOP) for Continuum of Prevention to Care and Treatment for women entertainment workers in Cambodia.

In FY 2011, NCHADS organized a regional training and meeting in Q1. CWPD-KCH, CWPD-KPS, CWPD-SRP, and CWPD-BTB attended the meeting in Takeo province on December 7th, 2010. CWPD-PL, CWPD-PHP, CWPD KDL attended the meeting in Kampong Speu from 20th to 22nd of December, 2010. CWPD-SRP attended the meeting in Seam Reap province from 28th to 30th of December, 2010.

In Q2, CWPD-KPS attended the meeting in Kampong Som province from 10th to 12th of August, 2011. CWPD-PHP, CWPD-BTB, CWPD-PL, and CWPD KDL attended the meeting in Kampong Chnang province from 17th to 19th of August, 2011. CWPD-SRP and SMARTgirl Network attended the meeting in Kampong Cham province from 24th to 26th, August, 2011.

NCHADS requested FHI360 to invite PRASIT partners and IAs to all the regional meetings and trainings. CWPD participants received Per Diem only for the actual days of the training.

d. Community Partnership in Phnom Penh:



In FY 2011, Phnom Penh Municipality AIDS Committee implemented MARPs Community Partnership program in collaboration with CWPD. CWPD joined the D-CoPCT-CC meeting in Khan Toul Kok on August 16th, 2011, where 64 persons participated, and in Khan Resey Keo on September 15th, 2011, where 54 persons participated, in an attempt to strengthen the collaboration among all the stakeholders such as Mekaa, EEs owners, the police, and the government for HIV/AIDS prevention among EWs.

Photo 9: Meeting between the police and CWPD for DU/IDU HR in Phnom Penh (Courtesy of CWPD)

e. Promotional Events:

CWPD organized national events such as World AIDS Day, Valentine’s Day, and International Women’s Day and other special events to promote health services uptakes. At an event held in Q1 and Q4, 289 and 863 EWs received health services respectively. Of those, 289 and 568 persons were SMARTgirl members.

Special events were organized in an attempt to increase the service uptakes and to meet the quarterly target. Some EE owners supported such events by providing the venue, financial resource, ideas, material, etc. By having EE owners involved in the event planning and implementation, CWPD were able

to educate EE owners and encouraged them to continue to support EEs in maintaining their sexual and reproductive health.

CWPD organized meetings for a casino Program Advisory Committee (PAC) and Internal Consultation Group (ICG) three times in FY 2011, with approximately 20 PAC and 10 ICG attendees, to discuss achievements, challenges, and future directions of the casino programs. CWPD casino program officers and casino facilitators participated in a phase-out program in Svay Reing (Bavet) on 9th and 10th of August, 2011.

Strategy 4: Build the capacity of implementing agency staff, volunteers, and stakeholders to plan, coordinate, implement, manage, and monitor the program.

a. Capacity Building:

CWPD invited 28 OWs, 24 volunteers, and 38 SGLs to participate in a three-day quarterly curriculum training sponsored by FHI360. The aim of the training was to build capacity of SGLs so that they could 1) share the voices of the MARPs at meetings organized by NCHADS, 2) gather relevant information about EWs to better support the SMARTgirl program, and 3) become sufficiently qualified to work as a staff at NGOs.



Photo 10: Q4 SMARTgirl training at Naga World held on September 13th-15th, 2011 (Courtesy of CWPD)

FHI360 conducted Training of Trainers, where 6 CWPD staff participated to become Master Trainers and to be able to develop quarterly training curriculum.

FHI360 also conducted Training on Monitoring and Evaluation (M&E), where 8 CWPD staff participated, in order to learn how to perform monthly and quarterly data management using FHICMIS.

b. Meetings:

CWPD organized regular staff/volunteer meetings to discuss work plans and challenges, conduct informal capacity building, and coordinate outreach activities. Weekly meetings assisted PCs to gather information on the program progresses and thus helped them adjust program schedules and budget or organize refresher echo training for staff and SGLs in order to meet the target.

CWPD hosted quarterly PRASIT partner meetings on May 30th and 31st, 2011 with FHI360. CWPD and ACTED-PSF discussed program updates, challenges, successes, and future opportunities.

Management Team (MT) held meetings every week to review activity results and to plan future activities. At the meetings, management team requested FHI360 to support activities such as FASTest, hosted

visitors from FHI360, and arranged monitoring done by UASID HIV/AIDS monitoring team and external audit by Ernst & Young (Cambodia).

c. Monitoring:

CWPD head office conducted monitoring at provincial site offices every quarter; PCs visited EEs when OWs and SGLs were conducting outreach activities and monitored their work every week, analysed the data, and adjusted program schedule as appropriate in order to meet the target .

Monitoring of the project was made easier with the Core Package monitoring system because it allowed for more structural monitoring system.

FHI360 also conducted comprehensive monitoring, at least once a year, to support CWPD to ensure data quality and consistency. CWPD M&E program officer applied recommendations from FHI360's monitoring and data audits when working on SMARTgirl, Casino, and YTM program.

B. Program Highlights and Constraints

a. What We Are Proud of the Most of SMARTgirl Program:

-In FY 2011, 69% of the EWs, whom CWPD identified, accessed governmental health clinics as opposed to NGO health clinics; the percentage was down by 4% from to FY 2010. However, SMARTgirl program still maintains itself to be the leading referral system among NGO projects targeting EWs in Cambodia. The data demonstrates that CWPD respected EWs' rights to choose whether to receive health care services or not and if so which health clinics to go to.

-Data Quality Audit and Referral Mater List systems as well as Cash Transfer System, which facilitate tracking of individual service uptakes, contributed greatly to the succes of the program implementation.. Further, the identification system of EEs, which CWPD utilized, was a simple one, yet ensured confidentiality of EEs and allowed for easy tracking and management of EEs.

-SMARTgirl Program was appreciated by NCHADS and NAA for its involvement in MARP Community Partnership, the program managed by local authorities (Khan) in leading the district Continuum of Prevention to Care and Treatment Community (D-CoPCT-CC), which was in charge of roles, responsibilities, and implementation of a reproductive and sexual health approach in transactional service environment.

b. Constraints:

-It was difficult to reach all the EWs in large EEs because CWPD could only reach about 20 EEs per visit and each EE received one or two visits per month by CWPD.

-PC, who visited a KTV, commented that EWs seemed to be more interested in attending clients than outreach sessions. EWs sometimes left the outreach sessions when they were called by or saw clients.

-EWs used to receive hourly wages based on the number of hours they worked. However, as a result of the managerial decision, they started to only receive tips from customers. With this new compensation scheme in place, EEs and Meekas no longer were sure of how many EWs worked at their EEs. Consequently, CWPD could no longer perform accurate mapping of EWs and faced difficulties in contacting the EEs during their outreach activities. CWPD-KPS and CWPD-KDL provinces reported that fewer number EWs accessed government health services after EE owners changed the compensation scheme.

-CWPD-SRP and CWPD-BTB reported that both governmental clinics and RHAC clinics not enough medical supplies for VCCT and STI treatments.

-Staff requires training on how to write good narrative reports. They were good at implementing projects but not so at writing reports. The staff sometimes did not report all the activities they implemented and quality of annual and quarterly reports need to be improved.

C. Program Management

Support and Program Staff and SGLs Involved in the Program:

No	Name	Sex	Job Title	Length of Employment Project	% of Time working on Project
A-Support Staff					
1	Meach Sotheary	F	Deputy Director	12 years	55%
2	Uch Ponh	F	Project Manager	11 years	85%
3	Chhorn Ann	M	Project Manager	3 year	85%
4	Ueng Vanly	F	Finance officer	12 years	80%
5	Soum Sen	M	Admin Officer	12 years	80%
6	Dy Ban	M	Driver	12 years	100%
7	Ke Chanarith	M	Guard	6 years	100%
8	Chum Sokunthear	F	Cleaner	3 years	100%
9	Tuy Sereyrat	F	Finance assistant	1 year	100%
10	Heng Tola	M	M&E officer	3 months	100%
B-Project Staff					
1	Ieng Sopheak	F	Assistant -PHP-CS	11 years	100%
2	Suorn Chandara	F	OW-PHP-CS	2 years	100%
3	Sea Saoyoury	M	OW-PHP-CS	2 years	100%
4	Ban Chy	M	Coordinator-PHP	3 years	100%
5	Khuon Phalla	F	OW-PHP	3 years	100%
6	Chhay Phea	M	OW-PHP-YTM	1 year	100%
7	Sos Afiny	F	OW-PHP	2 years	100%
8	Bo Raksa	F	Counselor-PHP	2 years	100%
9	Keo Sarim	F	Coordinator-KPS	10 years	100%
10	Suos Chantha	F	OW-KPS	6 years	100%
11	Eng Puthea	M	OW-KPS	3 years	100%
12	Chhour Kimhong	F	OW-KPCHH	10 years	100%
13	Chhuor Seihakneary	F	Coordinator-KPCHH	4 years	100%
14	Det Sokunleakhena	F	OW-KPCHH	2 months	100%
15	Phan Sunbopha	F	Coordinator-BTB	9 years	100%
16	Khem Mano	F	Ass. Coordinator-BTB	3 years	100%
17	Vorn Kunthea	F	OW-BTB	2 years	100%
18	Morn Sary	F	OW-BTB	1 year	100%
19	Sorn Rachana	F	OW-BTB	2 years	100%
20	In Sotheaorth	M	Coordinator-SRP	4 years	100%
21	Kong Sophak	F	OW-SRP	4 years	100%
22	Yean Theary	F	OW-SRP	2 years	100%
23	Keth Simon	F	OW-SRP	4 years	100%
24	Soun Sopheap	M	Assist.-SRP	3 years	100%
25	Oep Im	M	OW-SRP-YTM	3 years	100%
26	Chea Leap	F	Coordinator-PLN	9 years	100%
27	Meas Somneang	F	OW-PLN	8 years	100%
28	Pat Sopheap	F	OW-PLN	6 years	100%
29	Sao Sophorn	F	OW-PLN	4 years	100%
30	Mom Sokha	F	OW-PLN	3 year	100%
31	Sao Chinda	F	Coordinator-KDL	6 years	100%
32	Nguon Sokhon	F	OW-KDL	12 years	100%
33	Kho Bunchouen	M	OW-KDL	1 year	100%
34	Sou Sanim	M	OW-PHP	4 years	100%

C-SGLs Engaged Part-Time					
1	Lonh Srey Mao	F	SGL-PNP	8 months	Part-time
2	Veang Vyna	F	SGL-PNP	7 years	Part-time
3	Phath Srey Toch	F	SGL-PNP	5 years	Part-time
4	Srol Srey Vourch	F	SGL-PNP	5 years	Part-time
5	Cheam Chan Lyna	F	SGL-PNP	1 year	Part-time
6	Nourn Chanthou	F	SGL-PNP	2 years	Part-time
7	Un Samach	F	SGL-PNP	3 years	Part-time
8	Ven Sonary	F	SGL-PNP	1 year	Part-time
9	Hean Vanna	M	CF-PNP	10 months	Part-time
10	Lay Sina	F	CF-PNP	10 months	Part-time
11	Phorn Noupisey	F	CF-PNP	10 months	Part-time
12	Chhorn Neang Nith	F	CF-PNP	10 months	Part-time
13	Thoeun Bunaka	F	CF-PNP	10 months	Part-time
14	Mao Sokhom Monika	F	CF-PNP	1 year	Part-time
15	Veing Srey Inn	F	PF-YTM-PNP	2 years	Part-time
16	Sin Sokna	F	PF-YTM-PNP	10 months	Part-time
17	Sin Sok Hourth	M	PF-YTM-PNP	4 years	Part-time
18	Veang Srey Inc	F	PF-YTM-PNP	1 year	Part-time
19	Torn Srey Phea	F	PF-YTM-PNP	5 months	Part-time
20	Noun Chanthou	F	PF-DU/IDU-PNP	10 months	Part-time
21	Lun Dany	F	PF-DU/IDU-PNP	10 months	Part-time
22	Tit Sophea	F	PF-DU/IDU-PNP	10 months	Part-time
23	Lang Sreyny	F	PF-DU/IDU-PNP	10 months	Part-time
24	Heang Chan Sopheap	F	PF-DU/IDU-PNP	2 years	Part-time
25	Von Vy	F	SGL-BTB	6 years	Part-time
26	Yem Kemchan Thyda	F	SGL-BTB	6 years	Part-time
27	San Sopheap	F	SGL-BTB	3 years	Part-time
28	Pich Pearum	F	SGL-BTB	2 years	Part-time
29	Ann Sophea Marina	F	SGL-BTB	3 years	Part-time
30	Thou Lina	F	SGL-BTB	2 years	Part-time
31	VathVan Kaliyan	F	SGL-BTB	1 year	Part-time
32	Chhon Ruby	F	SGL-BTB	6 months	Part-time
33	Sin SoksreyPech	F	SGL-BTB	4 Months	Part-time
34	Chhan Channy	F	SGL-BTB	5 Months	Part-time
35	Son Sry Poa	F	SGL-DU-BTB	4 months	Part-time
36	Prom Sidara	F	PF-YTM-BTB	3 years	Part-time
37	Chhet Sophea	F	PF-YTM-BTB	3 years	Part-time
38	Hong Chariya	F	PF-YTM-BTB	1 year	Part-time
39	Meas Rotha	F	PF-YTM-SRP	6 years	Part-time
40	Say Heang	M	PF-YTM-SRP	2 years	Part-time
41	Phort Sopheak	M	PF-YTM-SRP	1 year	Part-time
42	Eang Srey Van	F	SGL-SRP	1 year	Part-time
43	Phan Vanny	F	SGL-SRP	9 months	Part-time
44	Khut Sokhon	F	SGL-SRP	3 years	Part-time
45	Rum Lyma	F	SGL-SRP	1 year	Part-time
46	Som Srey Ny	F	SGL-SRP	4 years	Part-time
47	Chum Anath	F	SGL-SRP	2.5 years	Part-time
48	Hun Sokeun	F	SGL-SRP	1 year	Part-time
49	Heng Sreily	F	SGL-SRP	5 months	Part-time
50	Khav Bona	F	SGL-SRP	5 months	Part-time
51	Lieng Sivlang	F	SGL-SRP	1 year	Part-time
52	Meas Chakriya	F	SGL-SRP	1 year	Part-time
53	Ne Sokthon	F	SGL-SRP	8 months	Part-time

54	Sin Sreyepoch	F	SGL-DU-SRP	1 year	Part-time
55	Lay Kaliyan	F	SGL-KD	1.5 years	Part-time
56	Vann Daliss	F	SGL-KD	8 months	Part-time
57	Ouk Somalay	F	SGL-KD	5 years	Part-time
58	Keo Sopha	F	SGL-KD	2 years	Part-time
59	Sok Sreymy	F	SGL-KPCHH	3 years	Part-time
60	Um Soklen	F	SGL-KPCHH	3 years	Part-time
61	Boung Srey Sor	F	SGL-KPCHH	3 months	Part-time
62	Meas Sok Ry	F	SGL-KPS	2 years	Part-time
63	Korn Sok Chea	F	SGL-KPS	6 years	Part-time
64	Lim Sothary	F	SGL-KPS	1 year	Part-time
65	Phan Srey Ny	F	SGL-PL	3 year	Part-time
66	Pong Sokny	F	SGL-PL	2 years	Part-time
67	Soy Srey Mom	F	SGL-PL	2 years	Part-time
68	Moa Maraty	F	SGL-PL	3 yeas	Part-time
69	Ren Soknvy	F	SGL-PL	1.5 yeas	Part-time
70	Lounh Srey Mao	F	SGL-PL	1.5 yeas	Part-time
71	Heak Chansopheap	F	SGL-PL	3 years	Part-time
72	Torn Sokhoeun	F	SGL-PL	1 year	Part-time
73	Huon Sreymo	F	SGL-PL	1 month	Part-time
74	Hok KimHen	F	SGL-PL	10 month	Part-time
75	Nuon Sopheak	F	SGL-PL	10 month	Part-time
76	Meas Kolap	F	CF-PL	1 year	Part-time
77	Leng Nalat	M	CF-PL	10 months	Part-time
78	Va Sunly	F	CF-PL	10 months	Part-time
79	Sem Sokhon	M	CF-PL	3 months	Part-time
80	Mao Maraty	F	CF-PL	3 years	Part-time
81	Thoeun Sokheng	F	CF-PL	1 years	Part-time
82	Leng Nalath	F	CF-PL	1 years	Part-time
83	Sin Sokhan	F	CF-PL	1 years	Part-time
84	Kanha	F	CF-PL	7 month	Part-time
85	Mey Maravan	F	CF-PL	7 month	Part-time
86	Sourn Thida	F	CF-PL	6 month	Part-time

IV. Next Steps:

Despite the great success of the HIV/AIDS prevention and care projects implemented by CWPDP, there is still concern for the second wave of HIV epidemic in Cambodia. CWPDP believes that SMARTgirl program can continue to play an effective and positive role in the intervention on HIV/AIDS prevention among EWs.

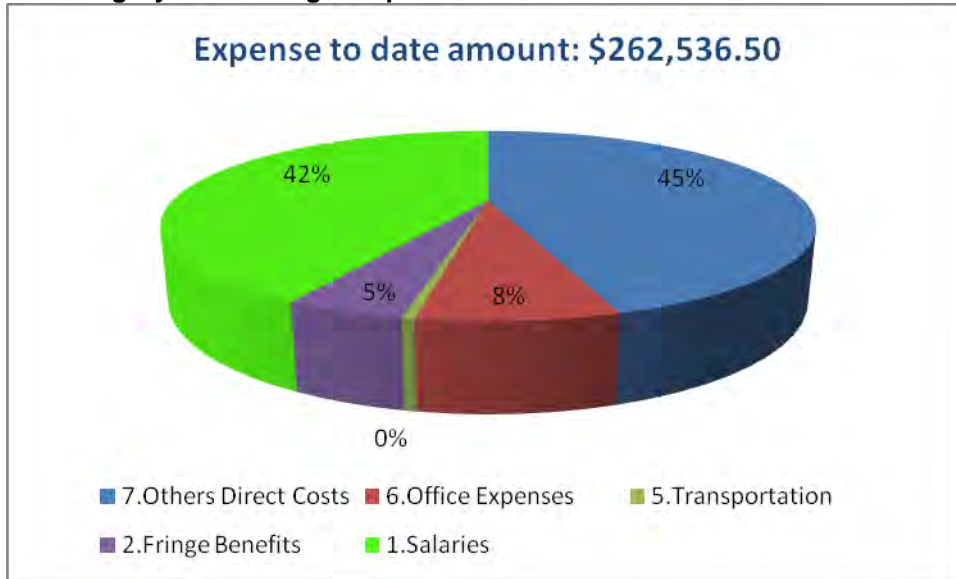
For HIV & STIs: Using a condom during sex is the safest way for EWs to avoid HIV and most STIs. **100% CUP remains to be CWPDP's core message.**

For contraception: Condoms are not 100% effective in preventing pregnancy. Therefore, if EWs want to avoid pregnancy, CWPDP recommends that they **use a second, better more reliable contraceptive method.**

October 20, 2011
CWPDP-Management Team

**Annex: (1)
CWPD Budget Expenditure in FY2011 (USAID/PRASIT)**

A- Category Items Budget Expenditure:



B- Direct Costs expenditure by project sites:

