



THE SCIENCE OF IMPROVING LIVES

HIV/AIDS Asia Regional Program (HAARP), Cambodia

FHI 360 Annual Narrative Report 2009-2014

Project Title:

***Improving Uptake of Harm Reduction Services and  
Creating an Enabling Environment in Cambodia***

Date of Submission:

***31<sup>st</sup> December 2014***



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## **ABBREVIATIONS AND ACRONYMS**

AusAID	Australian Agency for International Development
ATS	Amphetamine Type Stimulants
CCJAP	Cambodia Criminal Justice Associate Program
DIC	Drug Information Center
DFAT	Department of Foreign Affairs and Trade
DHA	Drug and HIV/AIDS
EW	Entertainment Worker
HAARP	HIV/AIDS Asia Regional Program
HEF	Health Equity Fund
KAP	Knowledge, Attitudes and Practice
KP	Key Population
MARP	Most At Risk Population
MOI	Ministry of Interior
MMT	Methadone Maintenance Treatment
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 STD
NECHR	National Ethics Committee for Health Research
NGO	Non-governmental Organization
NSP	Needle and Syringe Program
N&S	Needles and syringes

## BACKGROUND

Although Cambodia has made tremendous strides in minimizing and controlling the HIV epidemic, high prevalence rates continue—particularly among most at risk populations (MARPs): entertainment workers (EWs), men who have sex with men (MSM), transgender individuals, and drug users, particularly those who inject (IDUs)—and threaten gains achieved.

Cambodia has made significant progress in the development of policies that support needle and syringe programming (NSP) and methadone maintenance treatment (MMT) program implementation. However, a lack of awareness of the policies on the part of government agencies, including law enforcement, and the community, hinders these programs' success.

To address these issues, FHI 360 and the Aid Section of the Department of Foreign Affairs and Trade (DFAT), former Australian International Development Agency (AusAID) developed a five year project under HIV/AIDS Asia Regional Program (HAARP) initiative. The project, undertaken from 2009-2014, began as a service delivery improvement and shifted to developing an enabling environment to support direct harm reduction activities. The enabling environment was strengthened in collaboration with the Royal Government of Cambodia at both micro and macro levels through research, policy implementation, service delivery support and education programs. Efforts undertaken focused on systemic changes to ensure sustainability.

FHI 360 worked closely with the Cambodian Government's National Authority for Combating Drugs (NACD) building capacity in the drug information centre in monitoring and evaluation. The Ministry of Health (MOH) was another successful partnership with FHI 360 supporting the quality of the methadone maintenance therapy for drug users.

## OBJECTIVES

The *General Objective* of FHI 360 was to *Support HAARP's goal of reducing the spread of HIV associated with injecting drug use among men and women in Cambodia*. Toward this, FHI 360 had three Specific Objectives<sup>1</sup>:

**Objective 1:** To expand access to HIV prevention information, services and commodities for people who use illicit drugs and their sexual partners

**Objective2:** Contribute to the creation of an enabling environment for HIV prevention and treatment among illicit drug users.

**Objective 3:** To develop capacity of relevant working groups and implementation partners (including M&E capacity)

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<sup>1</sup>FHI 360's objectives were developed to match HAARP's revised project framework.

## Program Achievements

*The curriculum for law enforcement on effectiveness on harm reduction for drug use is very excellence, this curriculum will lead police to learn how important of the harm reduction program, police will know what the benefit to the community if they are involve and support drug user to assess the health service.*

—H.E Svay Chanda, deputy director of PAC

A major achievement of the 5 year project was the establishment of the Harm Reduction curriculum and integration into police academy schools which owned by the Police Academy of Cambodia (PAC) of the Ministry of Interior (Mol). This ongoing education supports drug users to engage with treatment, rather than enforce punitive measures. This initiate is the first of its kind in the Asia-pacific region and can be replicated in neighboring countries to reduce HIV infections through drug use.

Secondly, the Police Community Partner Initiative (PCPI) was developed in which an enabling environment where Police attitudes and behaviours to assist the most at risk populations learned through training was maintained through ongoing communication between different groups, and ongoing sensitisation workshops. This embedded the harm reduction curriculum learnt into every day practice, and ensured sustainability.

The engagement of police as partners through education, training and the development of rapid response teams to assist drug users to resolve issues with law enforcement is an innovative response to a complex issue. This achievement is particularly remarkable due to the criminalised nature of the Cambodian context around drug use.

The successful collaborative partnerships with Government agencies facilitated the redevelopment of Cambodia's methadone maintenance therapy treatment centre. FHI 360 worked closely with the Ministry of Health to attract drug users to this diversion program by redesigning spaces to include group activities, increase privacy and support staff capacity development.

FHI 360 worked to strengthen national monitoring and evaluation at the national level in partnership with NACD's Drug Information center (DIC). By revising indicators, providing technical support and equipment the FHI 360 supported the internal development of the centre to sustain future development.

**Objective 1:** *To expand access to HIV prevention information, services and commodities for people who use illicit drugs and their sexual partners*

*When I see others using drugs, I tell them to go to the MMT clinic, to get HIV tested, to have a TB test, and to protect themselves.*

—Mr Sokha, MMT patient

The improvement of the Methadone Maintenance Therapy program to international best practice standards provided a more holistic service with an integrated needle and Syringe Program, group support and greater peer involvement. This saw an additional from July 2010 – 2014, 432 patients

enrolled in methadone maintenance therapy, and the active patients in average 130 received daily dose.

**Objective Two:** *Contribute to the creation of an enabling environment for HIV prevention and treatment among illicit drug users.*

*PCPI help target group to be brave in talking with police. For instance, when they were arrested, they asked why they were arrested. Police changes their behaviour toward entertainment workers. Police raised that they feel pity for sex workers who are poor and have to work for money to support their families. Police increase their knowledge toward harm reduction and situation of MARP group. Moreover, police reduced the discrimination toward MARP approximately 80%. For example, the word they used to call TG group “Ktey” was changed to “third sex.”*

—Ms.KoeTha, WNU in PHN

**Harm Reduction Curriculum:** National Harm Reduction Curriculum (NHRC) for law enforcement was approved by the Cambodian Deputy Prime Minister in November 2012 and approved for integration into all Police Academy Schools across the country by H.E Ma Chhoen director of PAC. The curriculum has been integrated into eight of the 11 police schools in country, and 4,859 police students were trained in 2013-2014.

**Harm Reduction Guidelines/Standard Operating Procedures:** The development of a Standard Operating Procedures (SOP) at the local level to support Harm Reduction. This SOP is to redefine the rapid response team composed of police, local authority to support harm reduction that helps police operationalise harm reduction at the community level .Police authorities, NGOs, and key partners to work together address/prevent arrests, threats, and violence, all of which can interfere with HIV service provision.

This initiative was possible due to the strong collaboration with the National Authority for Combating Drugs and other Harm Reduction NGOs. It was approved by H.E Ke Kim Yan, Deputy Prime Minister and launched for formal use with law enforcement and local police in April 2014.

**Police Community Partnership Initiative (PCPI):** PCPI, which was developed in collaboration with the Ministry of Interior (MOI), in 5 Khans of Phnom Penh, building on our successful collaboration in Banteay Meanchay to reduce discriminatory practices, and address problems at the local level with transparency. This program was integrated into Cambodia’s National Strategic Plan for a Comprehensive and Multisectoral Response to HIV/AIDS of 2008-2013. This initiative improved the collaboration among Law enforcement, members of key affected populations, and implementing organizations, facilitating referrals instead of arrests. Since the program started police have referred 80 drug users to treatment and support services rather than imposing restrictive punitive measures.

**Creating an evidence base:** The report on the Cambodian Needle and Syringe Program Assessment was published in 2012. This report highlights regional best practice, activities of existing services in Cambodia, findings from interviews with a diverse group of government, UN, civil society stakeholders, and reflections from NSP beneficiaries. It also provided recommendations on strategies for the continuation of existing and implementation of new NSPs for the Cambodian context.

**Objective three:** *Develop capacity of partners to plan, implement, and monitor and manage the Program*

*Nearly 5,000 police students in 24 provinces get knowledge from Harm Reduction Program from November 2012-June 2014, and 4,859 within 11 provinces was train since we start Harm reduction Program in Cambodia, I think they will know well that support drug user to assess the service better than send them to the crime.*

— H.E Phorn Boramy, Director of Law Enforcement Department, NACD

FHI 360 implemented the PCPI through creating partnerships, capacity building and facilitating dialogue and problem solving during its regular coordination meetings at the community level. This process had a series of sensitization workshops and trainings, which were co-facilitated by FHI360 and the Ministry of Interior (MoI) with 169 people attending to sensitization workshops, and 241 people, attending training.

### **Conclusion**

This multi layered, innovative five year project tackled one of the largest challenges in Harm Reduction- building a strong, positive partnership with the Police to reduce HIV transmission through an enabling environment. This project not only achieved this, but ensured sustainability by integrating harm reduction education into Police Academy Cambodia (PAC), PCPI topic integration in to the existing Khan/Sangkat monthly meeting and forum, MMT clinic engaged in to the health financial system of MoH; standard operational procedures on working within a national harm reduction framework have been established. Additionally community based coordination meetings which were established can quickly respond to issues that may arise between vulnerable groups and law enforcement.

The project also strengthened existing harm reduction services, so drug users can access a greater quality of health care. This project and its pioneering harm reduction within law enforcement staff has been transferred to the Royal Government of Cambodia to ensure local ownership and sustainability.

The five year project allowed for effective implementation, reflection and adaptation of strategies to meet the needs of those most vulnerable for HIV transmission. The focus on an enabling environment required an adequate time frame in which lessons could be learnt, appropriate analysis of issues undertaken and relationships to be firmly established. This was done in partnership with the Royal Government of Cambodia who are able to strengthen the project in future years through the capacity building, guidelines, protocols and assistance gained from FHI 360 and HAARP.

### **KEY LESSONS LEARNED AND RECOMMENDATIONS**

*Importance of the enabling environment:* Recognizing the importance of creating an enabling environment, the PCPI was incorporated into the Ministry of Health's standard operating procedure (SOP) for HIV service delivery for MARPs. This SOP redefined a rapid response team composed of police, local authority, NGOs, and MARPs to address/prevent arrests, threats, and violence, all of which can interfere with HIV service provision. Through national implementation, PCPI will help Cambodia achieve its HIV elimination goal.



*Law enforcement officers are critical for effective harm reduction:* Law enforcement officers are critical for effective Harm Reduction and play a significant role in the reduction of HIV transmission. Having a Harm Reduction curriculum integrated into the existing police academy curriculum lends authority and validity to government Harm Reduction policies. It is also a sustainable approach to ensuring all future law enforcement officers are instilled with the value of harm reduction over punitive approaches during their induction into the force.

*Intensive lobbying works to get vital lifesaving services started before formal approval is provided:* Although NSP within the MMT Clinic was established with only tacit approval by NACD and MoH, now the MMT program is accepted as a "demonstration site" for NSP. It is the first government health facility to provide such services.

*Achieving local ownership:* Involving Government staff from the beginning of the program ensures that they are able to assume their responsibilities in the short-term as well as once donor support and external technical assistance are no longer available.

*Ensuring Universal Access:* Drug users often cannot afford to pay for services, which means their access to care is reduced. As such, health and HR services (e.g., MMT) should be covered by the health equity fund system. Doing so also ensures availability of services by having a payment mechanism for health care providers.

#### **PLANS TO SUSTAIN THE PROGRAM**

FHI 360 successfully completed its scope of work, successfully transitioning handing-over all activities—the HR curriculum, PCPI, MMT, and NACD's Drug Information Center (DIC) to the Royal Government of Cambodia, ensuring sustainability.

The Harm Reduction Curriculum was formally approved to in to the National training schedule for Police academy Cambodia.

Ministry of Interior will continue to implement PCPI by using existing meetings or forum at the community level to identify and resolve issues facing key populations.

MMT services have been approved as part of the Health Equity Funds (HEF) service package, making MMT services freely and sustainably available to poor PWID.

The DIC is now functioning, and houses a national database for HR, ensuring all data are publicly available for use in policy making and programming.

#### **THE PROGRAM ACHIEVEMENTS — DISCUSSION**

***Objective 1:*** *To expand access to HIV prevention information, services and commodities for people who use illicit drugs and their sexual partners*

*Service Delivery (Needle and Syringe and Methadone Maintenance Treatment)*

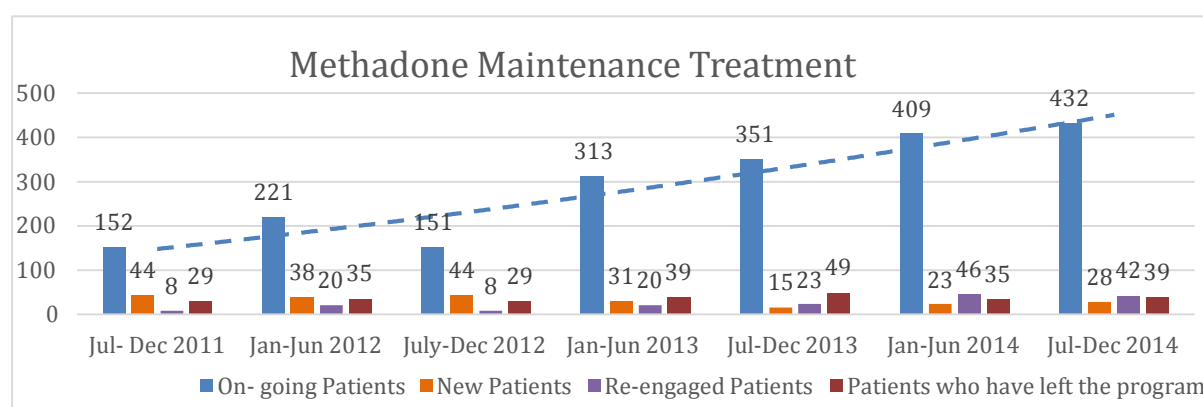
**Needle and Syringe Service (NSP).** Though NSPs have been officially operational in Cambodia since 2004, continued implementation and scale-up is challenged by an ever-changing political environment and complex systems for developing and enforcing drug-related legislation. There is a general lack of public awareness around substance use, and what are evidence-based interventions. Also there is a historic discord among implementing organizations.

With cost share support from USAID, FHI 360 carried out a drug use behavioural assessment in five provinces to understand injection behaviours of drug users and to determine potential sites for establishment of NSP program activities. FHI 360 then worked to identify, orient and prepare implementing agency partners, to provide NSP and harm reduction services to drug using MSM and EW injectors and non-injectors.

To better understand the situation that exists with needle and syringe programming in Cambodia, DFAT HAARP commissioned an assessment of the country NSP response from start-up through the year 2010. Using a pre-prepared questionnaire, relevant government and civil society stakeholders and harm reduction service beneficiaries, including 43 UN and civil society stakeholder representatives, 11 commune leaders/police chiefs, six community members and 67 injecting drug users were asked to participate in semi-structured interviews to understand the knowledge, attitudes and practices with NSP programs.

The report on the *Cambodian Needle and Syringe Program Assessment* was published in 2012. NSP service provision in the MMT clinic began 25 June 2012. This activity was cost-shared by Global Fund (GF) and HAARP—trainings and NSP service staff were supported by GF and the commodities by WHO-HAARP.

**Methadone Maintenance Treatment (MMT).** FHI 360 renovated the country's only MMT clinic located in Phnom Penh, Cambodia to expand and improve the quality of services to attract a wider range of clients. Although the clinic has faced retention challenges, as of 2014 there were 339 patients accessing MMT, with a rate of 60, increasing from 50-92 clients per year, and every month 20-56 new patients enrolled from and at least 8-20 patients re-enrolled.



The clinic renovation was completed in mid-December 2009 and the construction of the annex was completed on the 5<sup>th</sup> of March 2010 with final report on the completion signed by all stakeholders on the project committee.

With support from HAARP, FHI 360 renovated an existing structure to house the reception, screening, and dosing areas and a new annex (building) to house patient and staff activity rooms and patient medical and case management consultation rooms. Since the renovation, the clinic has space for medical management, methadone dispensing, clinical case management and a waiting area for clients.

From 2011-2013, FHI 360 conducted MMT Case management training, which was cost shared by HAARP and Global Fund Round 7 (GFR7). FHI 360 also provided salary supplements to MMT staff excluding the four supported through GFR7.

FHI 360 coordinated with other stakeholders to support the MMT clinic to develop the Health Financial Scheme (HFS). This payment scheme was based on an internal cost assessment and set of recommendations made by URC and FHI 360. With input from HAARP, and as required by MoH, the MMT clinic created a committee and submitted the new scheme to MoH for approval to establish the HFS system in the clinic. The HFS was approved by MoH on 12 July 2013. It is anticipated that the HFS will increase enrolment and retention by motivating clinic staff to deliver high quality services. The project saw an increase of 38% of former patients re-engaging with MMT over three years.

***Objective Two:*** *Contribute to the creation of an enabling environment for HIV prevention and treatment among illicit drug users.*

#### *Enabling Environment*

**National Harm Reduction Curriculum.** The National Harm Reduction Curriculum is the first of its kind in the Asia region. It addresses HIV, drug use and the linkages between them, harm reduction principles and practices, and drug control laws. The curriculum was approved by the Cambodian Deputy Prime Minister Kekimyan in February 2012 and subsequently approved by the police training program for integration into the Police Academy Cambodia and for use in on-going training of frontline officers by H.E Ma Chhoen in September 2012. With technical assistance from FHI 360, that the curriculum has been fully and officially integrated into Police Academy Cambodia, ensuring the sustainability of its use.

The development of the National Harm Reduction Curriculum was led by the NACD, with technical assistance throughout from FHI 360. To ensure relevance, buy-in, and local ownership of the curriculum, a core group of stakeholders was established to participate in adapting the curriculum.

The core group was comprised of representatives of government—NACD, Ministry of Interior, Cambodian Police Academy, Ministry of Health, National AIDS Authority, key international organizations—DFAT, UNODC, FHI 360, and local NGO partners.

To raise awareness of the curriculum, a dissemination event was conducted in August 16, 2012. It was chaired by H.E Kang Sakan, under secretariat of state of NACD. There were 107 participants from the General Secretariat of State of NACD, Ministry of Interior, Ministry of Health, Ministry of Social Affairs, Ministry of Education, Youth and Sport, National AIDS Authority, NCHADS and from the Police commiserate of the 24 provinces.

After implementing the Harm Reduction curriculum for more than a year (December 2012- September 2013), the 1<sup>st</sup> curriculum was suggested to revise according the finding from field supervision of NACD and FHI 360 11 schools. The feedback from the Police Academy Schools of Cambodia (PAC) trainers needed to reduce the training time according PAC training schedule and updated some information. The technical assistance team comprised senior trainers of PAC with support from FHI360, HAARP and NACD.

Key stakeholders were identified who were willing to serve as advocates for the police recruit curriculum and they provided essential support in gaining acceptance and participation in the curriculum development. An Australian eight module law enforcement curriculum on harm reduction already prepared, modified, and used in other countries was chosen as a template to be translated and adapted for the approach in Cambodia.

The process of revising the curriculum was divided into four steps, the first step was a three day meeting (11th to 13th February 2014) to collected ideas and views on how to refine the manual contents and to reduce implementation time to three or four days. The group decided to re-sequence some lessons and to combine lessons three and five, which resulted in an eight session curriculum.

The second step was a three day meeting (from the 4th to 6th March 2014) in which the technical assistance team reviewed in full all revised lessons to ensure all participants concurred and were comfortable with the changed made. The third step was another meeting conducted from the 28th to the 30th of April, 2014 to finalize the curriculum. The final curriculum was then disseminated within the PAC on the 22<sup>nd</sup> November 2014.

Integrating the Harm Reduction Curriculum into the Police Academy Schools of Cambodia ensures all future police receive this training during their pre-service education and is an approach that guarantees sustainability.

**National Guidelines on law enforcement and harm reduction.** There is widespread consensus among government, UN agencies, nongovernment organizations and health and social service providers that an enabling environment must be created to support HIV prevention and treatment while also ensuring law enforcement and public safety.

To support law enforcement officials to implement harm reduction programs, during the reporting period, FHI 360 produced national guidelines (or a Standard Operating Procedure/SOP). In collaboration with UNODC, FHI 360 sought examples from other countries. The only samples found were: “Guidelines for Police Draft” and the “The Malaysian Needle and Syringe Exchange Program”. Both were used as a template for the Cambodian document.

Once approval from the Secretary General of the NACD was received FHI 360 drafted “The Supplemental Guide for Law Enforcement Support of Harm Reduction Programs” Local Authority and Law Enforcement officer involve to Harm Reduction Program related to drug user in Cambodia. The guidelines were approved by H.E Kekimyan, Deputy Prime Minister of Cambodia and launched for formal use with law enforcement and local police on the 22nd October, 2014.

**National Harm Reduction Workshop, 2011.** The first National Harm Reduction Workshop was conducted after Harm Reduction started in Cambodia for more than one year. The workshop was conducted in Siem Reap province, from the 27th-29th April 2011, and aimed sensitize high level

government stakeholders on harm reduction principles and efficacy. Participatory approaches with key civil society, UN, and Cambodian government stakeholders were used for the development of strategies on how to create a more enabling environment for harm reduction programs.

There was emphasis on raising the awareness of participants on strategic policies and best practice experiences for effective implementation of the harm reduction programs emphasizing prevention of HIV infection and other blood-borne diseases among drug users and the greater community.

There were 180 participants who attended the workshop, most from diverse government ministries and institutions including but not limited to the General Secretariat of State of NACD, Ministry of Interior, Ministry of Health, Ministry of Social Affairs Veteran and Youth Rehabilitation, Ministry of Education Youth and Sport, and provincial/municipal levels of government from Phnom Penh, Kandal, Kampong Cham, Stung Treng, Siem Reap, Banteay Meanchey, Battambang, Pailin, Kampong Speu, Pheah Sihanouk and Koh Kong.

**Police Community Partnership Initiative (PCPI).** PCPI created partnerships through capacity building and facilitated dialogue and problem solving and entailed a series of sensitization workshops and trainings, which were co-facilitated by FHI 360 and government. The Police Community Partnership Initiative (PCPI), which was developed in collaboration with the Ministry of Interior (MOI), aimed to reduce discriminatory practices, and address problems at the local level with transparency. This program was integrated into MoI's National Strategic Plan (NSP) of 2009 – 2013.

Sessions involved role plays to normalize communication and relationships among police, service providers, NGOs, and MARPs, and discussions on the role of police in facilitating service delivery. Police then conducted coordination meetings every two months at post level, and meetings at sub-district and municipal levels quarterly to address barriers to effective HIV efforts. Implemented in Banteay Meanchay in 2011 with UASID funding, PCPI expanded to five priority sub-districts of Phnom Penh in 2012 with DFAT/HAARP support.

FHI 360 implemented PCPI creates these partnerships through capacity building and facilitated dialogue and problem solving during its regular coordination meeting at community level. This process had a series of sensitization workshops and trainings, which are co-facilitated by FHI360 and the government.

Coordination meetings were held every 2 months from 2012-2013 and quarterly police, NGOs, MARP representative, health providers, local authorities' rapid response team to address encountered problem.

A total of 49 coordination meetings at post meeting with 1,155 participants were held. There have been 10 meetings at khan level with 268 participants, and three meetings at the police commissariat with 313 participants.

These meetings were supplemented by sensitization workshops and training on harm reduction. An additional 169 representatives from government and non-government agencies, peer educators attended sensitization workshops and 242 attended initial and refresher training to ensure effective communication and resolution of emerging issues.

**Round table dialogues.** A series round table dialogue, which was aired on radio, aimed to raise awareness on the barriers drug users face in accessing treatment, particularly injecting drug users accessing MMT. The radio shows were organized in collaboration with the National Authority to Combat Drugs (NACD) and the Women’s Media Centre.

The first show on the implications of the village and commune safety policy was aired on the 6<sup>th</sup> of March 2013. Government leaders from NACD, Ministry of Interior, Cambodia Criminal Justice Assistance Program (CCJAP), and the Ministry of Health as well as an DFAT-HAARP representative were guest speakers. The program was rated highly by speakers and listeners and has been rebroadcasted to ensure a wider audience.

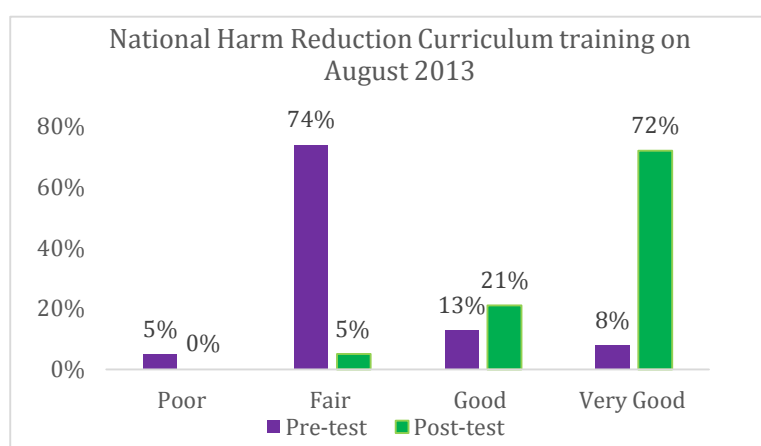
The second on-air roundtable was organized the 29<sup>th</sup> of April 2013 to discuss “The Implementation of Harm Reduction Program in Cambodia under the mechanism of Police-Community Partnership Initiative” with four speakers from MOI, NAA, Municipality Commiserate, and NACD. There were 45 participants in the room and six questions from listeners and attendees.

Audience members were from KHANA, Friends International, Korsang, representatives of PWID, PWUD, SMARTgirl, MStyle, and local authority from five khans of Phnom Penh. The callers and the participants were interested in the role of the police to support MARP groups, as well as the questions from the police concerning where they should refer PWID/ PWUD, especially treatment centres for PWID/PWUD.

## CAPACITY BUILDING

**Harm Reduction training/ workshop.** Before the curriculum was approved in 2011, FHI 360 and NACD organized a three-day awareness trainings for law enforcement officials in Kampong Cham province on the new drug laws, with 450 law Enforcement and local police to rest HIV, drug use, harm reduction and law enforcement support of HR programs.

**National Harm Reduction curriculum training .**To roll-out the HR curriculum to all police academy schools, FHI 360 supported the government to implement a train the trainers/cascade training strategy. Substantial advocacy was required with high level government officials to help them understand the importance of training new police recruits. In 2011, a Training of Trainers was conducted with 23 master trainers from the government—Ministry of Health (MoH), the National Authority to Combat Drugs (NACD), the Ministry of Interior (MOI), the National Center for HIV/AIDS, Dermatology and STIs (NCHADS), and the National AIDS Authority (NAA), and from NGOs: FHI 360, and KHANA.



In 2012, a Training of Trainers workshop was conducted with 73 staff from Cambodia’s 24 provinces. Participants were from the Cambodia Criminal Justice Associate Program (CCJAP).

In 2013, a training of 74 NHRC government trainers was conducted to implement the curriculum in Cambodia's 11 academy schools (5 regional).

To date, from December 2012- June 2014, the curriculum has been integrated the 11 schools across the country, and 4,859 police students were trained

**Objective 3:** *To develop capacity of relevant working groups and implementation partners (including M&E capacity)*

**Drug Information Centre.** In response to DFAT/HAARP's request, FHI 360 supported the strengthening of NACD's Drug Information center (DIC). FHI 360 procured and provided NACD with the needed equipment to re-establish the DIC: three sets of computer desktop, one laptop, one printer with multiple functions, a cabinet for the servers. In addition, a laptop and LCD were provided to the legislation education and rehabilitation department.

To establish the national database, FHI 360, supported DIC staff to revise the website and the Harm reduction reporting format. The NACD team met several times to develop the new website design.

With input from HAARP and FHI 360 TA, the harm reduction reporting format, including indicators, was drafted. Orientation on this new format and the indicators was with conducted stakeholders working on HR: Khana, Friends international, KalayanMith, MithSamlanh, Korsang, MoH, and SFODA.

With support from HAARP, FHI 360 provided materials and supplies to re-establish NACD's Drug Information Center. For future sustainability, FHI360 provided technical support and capacity building to DIC staff on DIC management, web management, data collection, and sever maintenance. Specifically, FHI 360 worked with NACD ensure the structure and function of the NACD's management of DIC, and oriented DIC staff to the semester work plan and identified and implemented priorities.

## Capacity Building

*Table 1. Life of Project Capacity Building Activities*

Type	Date	Participant	Place
<b>Workshop</b>			
National workshop on HR	April 27-27, 2011	180	SRP
Harm Reduction workshop	Jun 15-17, 2011	110	KPC
Harm Reduction workshop	Dec 28-30, 2011	80	PST
Harm Reduction workshop	Feb 31-Mar 2, 2012	80	ODM
<b>Total</b>		<b>450</b>	
<b>Sensitizing and dissemination workshop</b>			
PCPI sensitizing workshop	5-Dec-14	169	PHN
HR curriculum Dissemination	16-Aug-12	107	PHN
Harm Reduction SoP dissemination	22-Oct-14	110	PHN
<b>Total</b>		<b>386</b>	
<b>Training</b>			
PCPI Initial training	Dec 26-28, 2012	131	Mol
Refresher training	Nov 28-29, 2013	110	Mol
<b>Total</b>		<b>241</b>	

Master ToT	Aug 1-5, 2011	19	SHV
TOT	24-27 Apr-2012	49	SHV
TOT	13-16 May-2012	35	SHV
TOT	1-7 May 2012	39	SRP
TOT	16-20 Jan 2013	34	SRP
TOT	10-14 Jun 2013	37	KPC
TOT	12-16 Aug 2013	49	PAC
<b>Total</b>		<b>262</b>	
<b>Integration</b>			
PAC	Jan-Oct, 2013	3,467	11 schools
PAC	Jan-Jun 2014	1,392	11 schools
<b>Total</b>		<b>4,859</b>	
<b>Drug Information Center</b>			
Web-side training	Nov 25-29, 2013	4	PHN
Data collection Training	16-Oct-14	30	PHN
<b>Total</b>		<b>34</b>	

## COORDINATION

Coordination was an integral part of project due to the challenges of bringing different agencies together, FHI360 was well placed to facilitate the discussion that needed to happen at a higher level with many agencies that had differing priorities and policies on working with drug users. The NACD also assisted by organizing two coordination meetings.

Given the complex nature of politics in Cambodia, and the challenges of co-coordinating a large group, FHI360 achieved a high participation rate with key representatives coming together to improve future communication, identify and clarify issues and develop a collaborative working style. This high level coordination meeting assisted the on-ground efforts, and meant that commitment could follow down to support law enforcement and drug users to work together.

Senior officials and NGOs needed to have communication established to begin to work together in a harmonised way to improve national harm reduction responses. This challenge was overcome by establishing a coordination meeting where programs, initiatives and issues could be shared to begin to develop consistent efforts to reduce HIV transmission amongst drug users.

During the first meeting on the 26<sup>th</sup> February, 2014 participants discussed how to improve working relations between policy makers and program operators, endorsed future collaboration. Also discussed was how to engage and generate input from stakeholders to improve program implementation and service provision in response to the particular needs of drug users.

There were 27 participants from NACD, NAA, MoH, MOI, WHO, UNAIDS, Anti-Drug department. During the second meeting on the 27<sup>th</sup> May 2014 participants discussed the challenges of coordination, for example that NGOs and Government do not discuss their work plans. Participants discussed what mechanism should be used for coordination, with some proposing to follow the Drug HIV/AIDS (DHA) mechanism.



## ACTIVITIES RELATED TO RESEARCH/QUALITY DATA

Operations Research on NSP: Within Objective 2 of HAARP Phase II, “To develop, strengthen and improve national understanding and responses to HIV and illicit drug use”, an operations research study on NSP in Cambodia was completed. During the first semester of Phase III, FHI 360 and NACD rewrote the document as the “Report on the Cambodia Needle and Syringe Program Assessment”. The bilingual report was published in March 2012 and disseminated to stakeholders. The report provides a complete analysis of the successes and challenges of NSP and offers recommendations for best practices to implement or scale-up NSP in the Cambodia context.

Knowledge, Attitudes and Practices (KAP) Study: This study sought to understand the harm reduction-related beliefs and behaviours of law enforcement officials, to assess the effectiveness of harm reduction training workshops, and to gather inputs for creating a more enabling environment for harm reduction programming in Cambodia.

Of the 302 law enforcement officials who took part in the study, 104 had attended NACD awareness trainings. The study results showed that the knowledge levels were greater among the NACD training participant group, suggesting that capacity building initiatives may play a role in increasing understanding of harm reduction programs and increasing program acceptance among law enforcement officials.

This study also demonstrates that law enforcement officials still struggle to balance the use of harm reduction and more punitive approaches. It also demonstrates that government laws and policies, such as the Village and Commune Safety Policy, confuse Law Enforcement personnel and create barriers to successful harm reduction program implementation.

Police Community Partnership Initiative (PCPI) baseline study: FHI 360 undertook a PCPI baseline study

*Table 2. Selected results from KAP study*

	Participated in training n=104	Not trained n=198	Total n=302
Personal risk knowledge			
Sharing needles risks HIV transmission	100 %	96 %	97.4 %
Sharing needles risks HBV, HCV and other blood borne disease transmission	87.5 %	70.7 %	76.5 %
Proportion aware of 'harm reduction'	93.3 %	81.3 %	85.4 %
Level of understanding of harm reduction			
Fully correct (all 4 responses given)	2.1 %	0 %	0.8 %
Partially correct (1, 2 or 3 responses given)	86.6 %	82 %	83.7 %
Incorrect/ no understanding (no responses given)	11.3 %	18 %	15.5 %
Proportion who have ever interacted with drug users in their work	89.4 %	64.1 %	72.9 %
Refer drug users to family or community for education/ counselling	70.2 %	47 %	55 %

to measure the extent to which HAARP (and other donor-funded) efforts to build an enabling environment are effective. Specifically, this study aimed to provide baseline measures for future comparison on improvement of enabling environment for supporting HIV interventions among Most at Risk Populations (MARPs) in Phnom Penh, Cambodia.

The objectives of the study were to measure: 1) the knowledge and attitudes of police post officers toward MARP groups and MARP's services providers; 2) MARP group's and outreach workers' attitudes toward police; and 3) practices of police post officers toward MARP groups and MARP's service providers, including the frequency and occurrence of arrests, detainment, and referrals.

The data was collected using quantitative methods. One-on-one structured interviews were conducted using paper-based questionnaires with PWID/PWUD, MSM, transgender, EWs, NGO outreach workers, and police post officers in five selected Khans of Phnom Penh (Meanchey, Pram

PirMakara, Daun Penh, Sen Sok and Chamkamorn). During the fifteen days of data collection, 799 MARP, 199 PWID/PWUD from 30 hotspots, 200 MSM and 200 TGs from 80 hotspots, and 200 EWs from 36 hotspots—and 200 police post officers from 20 police post offices (10 police per post) were interviewed.

#### **MONITORING AND EVALUATION**

To support and strengthen the PACT trainer, NACD and FHI 360 conducted supervision in 11 schools to support trainers in Academy Schools located in Steung Trueng, Kampong Cham, Kampong Speu, Siem Reap—the school was under construction so the training was conducted in Preah Vihear, Battambang, and Kampong Chhnang.

To foster a more enabling environment for MARPs, FHI 360 is also supporting MOI to implement the PCPI in Phnom Penh. To assess the effectiveness of these efforts over time, FHI 360 conducted a baseline study to provide measures of comparison for key outcome and output indicators in HAARP's M&E framework (e.g. % of community members who accept harm reduction services provision; decreasing trends in the number of IDU arrested by law enforcement around service delivery sites; reduction of harassment of outreach workers by law enforcement forces).

In response to HAARP's 7<sup>th</sup> Steering Committee meeting, HAARP requested FHI 360 to support the strengthening of NACD's Drug Information Centre (DIC), include building staff capacity in information and data management and in monitoring and evaluation (M&E). FHI 360 provides material to DIC.

The NACD's ultimate goal is to ensure that Cambodia becomes an illicit drug free society. FHI360 provided technical support and capacity building to DIC staff on DIC management, web management, data collection, and server maintenance. FHI360/SU team supported DIC to develop data collection included data base system and staff capacity building to implement of data management.

#### **CHANGES IN DRUG USE TRENDS**

FHI 360, with HAARP funds, does not work directly with PWID/PWUD, and so does not have data to share for this section of this report.

#### **INVOLVEMENT OF PWUD/PWID IN PROJECT IMPLEMENTATION**

PWUD/PWID were involved in all activities and this was essential in ensuring that their needs were best being met by the projects strategies. PWUD/PWID were core to the project's success.

Within the first National Harm Reduction Workshop, FHI facilitated the inclusion of two former drug users as speakers, who presented on their personal experiences.

FHI 360 also worked with a Global Fund-HAARP sub-sub recipient (Korsang), recruited, prepared and provided financial support to two active drug users to present at the National Workshop on Harm Reduction as advocates to an audience of 180 Cambodian government, UN and civil society stakeholders. It was the first time active drug users openly spoke on their own and broader drug user issues in such a forum.

## GENDER

FHI 360 understands that gender norms, roles, expectations and relations have a strong impact on health and well-being. Gender is therefore integrated in all FHI 360's prevention, care, support, treatment and advocacy initiatives. In addition to ensuring that many of Cambodia's most vulnerable women, men, and transgender are accessing critical health information, products and services, FHI 360 consistently worked with its partners to challenge, and hopefully, overcome destructive gender norms that influence HIV and substance use vulnerabilities.

FHI 360 supports both male and female service providers and case managers and works to ensure that everyone's needs are recognized and respected. Female patients are assigned to female case managers, while male patients to male case managers and, when referred for HIV and STI testing, FHI 360 ensures that a choice of providers are offered to ensure patient comfort. FHI 360 is working with a number of EW NGOs who train women and transgender community representatives as peer educators and facilitators in their work with HIV and drug use prevention, care and treatment programs.

FHI 360 Strategic Behavioural Communications (SBC) Unit strives to always produce materials that provide gender sensitive information. Further, specific materials are developed for females, such as the dangers of drug use in pregnancy.

Further, in 2012, FHI 360 drew attention to transgender as a distinct population with distinct needs from MSM. As such, transgender have been included in the boosted Continuum of Prevention to Care and Treatment (CoPCT) standard operating procedure of the National Centre of HIV/AIDS Dermatology and Sexually Transmitted Infection (NCHADS) as a separate target group. In line with this new direction for Cambodia's HIV response, FHI 360 has sampled transgender individuals within the PCPI baseline and engaged representatives of this group when implementing PCPI activities. FHI 360 also recently developed a branded program package for the transgender community called SreySros.

Authorized delegate:

Signature: .....

Name: **Amy Weismann**

Associate Director, Prevention & Mitigation

### **SUCCESS STORY: WORKING TOGETHER MAKES US STRONGER**

FHI 360 has been working with injecting drug users and Police from 2010-2014, on an Australian Government funded harm reduction project. FHI has been building a bridge between these diverse groups to reduce drug use harm associated with injecting drug use and reduce stigma towards injecting drug users to facilitate greater access to health services.

This four year project has seen an increase in collaborative working relationships, greater referrals to drug treatment and a safer working environment for everyone as have learnt more about people who use drugs, and how working together can help those reduce their drug use and associated lifestyle risks so less arrest are required.

To do this, FHI 360 and the Cambodian Police developed an on-going communication strategy and education program for their internal workforce, this included training at Police academies and at many local Police stations throughout Cambodia on harm reduction and how to work more effectively with those affected by drug use. Police are encouraged to refer drug users to treatment rather than imposing punitive measures which increase drug use and require riskier behaviour to earn money to pay for fines.

Women's Network for Unity (WNU) is a Cambodian Non-Government Organization that provides outreach; programs and community support for those are vulnerable to exploitation-entertainment workers, garment workers, famers and indigenous groups.

Ms. Keo Tha, the WNU Coordinator said "this project has reduced the tension between the most at risk populations (MARPs) and the Police by at least 80%, as Police now discriminate much less, and have greater knowledge on how they play a role in reducing HIV transmission in Cambodia"

"We used to be working in isolation – we would contact the community and disseminate information to NGOs but we never had any success; never heard back from them. We were afraid of each other actually, but since we've started meeting together and sharing information when we meet, we've grown to understand each other and no longer fear each other [laughs]. It's so much better than working separately!" – Deputy Provincial Commissariat

In total 4,859 Police, and Police trainees have attended the harm education sessions where they learnt about blood borne viruses transmission, with an independent survey sample finding that 100% of Police who attended believed the training improved the knowledge and work of the police and 77% talked to other officers or provided training on the topics learnt about in the training.

"We have learnt to collaborate and help MARPs. We never thought to help MARPs before. Now we can!" – Police officer

Ms. Tha added "we are receiving far less complaints about the Police using condoms as evidence of sexual exploitation, and we also understand the Police situation better. We now work together to protect the community" "We helped entertainment know how to politely ask why they were being arrested, find alternative employment and this wouldn't have been possible without the on-going training and education that FHI 360 provided to the Police".

### **SUCCESS STORY: INNOVATIVE COLLABORATION IDENTIFIES TB IN PWID**

Sam Sokha clearly remembers the day he was screened for TB. Having been enrolled at the Methadone Maintenance Treatment (MMT) clinic for two years, he didn't suspect for a moment that he might have TB. "I was always careful and clean with injections, so I didn't think I would have TB", he mused.

"Actually, I'm happy they came to test me, very happy. I'm happy I can get treated for TB. I am well cared for and the doctor has told me what I need to do—to take my medication regularly, not to smoke, and so on."

FHI 360 builds the capacity of MMT clinicians to provide quality services to injecting drug users, many of whom are sex workers or MSM and reached through USAID-PRASIT's other HIV prevention activities. With HIV prevalence in excess of 30% among injecting drug users enrolled at the MMT clinic, FHI 360 suspected that TB rates would be high. Determined to reach those who are silently suffering from TB, and offer them necessary preventive and curative treatment, FHI 360 brought together technical expertise from the USAID-PRASIT program and USAID-TB CARE to collaborate across disciplines.

In April 2012, a group of local TB CARE-funded clinicians were sent to the MMT clinic to pilot screening of patients. Out of the 132 patients screened, six were found to have TB, including five bacteriological confirmed TB cases. With this, FHI 360 confirmed that a continued HIV-TB collaboration would be worthwhile.

The staff at the clinic say Sokha has been the most regular of all 187 patients ever enrolled at the clinic. Though grateful today, being treated for TB wasn't always easy. Initially, the treatment gave him cramps, aching joints, goose bumps, a runny nose, itchy sensations, heart palpitations and insomnia. He said these were like the symptoms of being on drugs, and it made him want to go back to taking drugs. The doctors at the MMT clinic prevented his brief relapse from lasting longer than a month, however, and increased his methadone dosage. After that he was able to manage the symptoms better and today he has no trouble.

Sokha is a role model for fellow injecting drug users. "When I see others using drugs, I tell them to go to the MMT clinic, to get HIV tested, to have a TB test, and to protect themselves." The success of this collaborative endeavor demonstrates the imperative for comprehensive service provision, allowing injecting drug users—those at greatest risk of HIV and TB—to be routinely screened, treated and counseled. The results also place a new emphasis on the need to practice TB infection control at the MMT clinic, a setting where such high-risk individuals are readily exposed.