KINGDOM OF CAMBODIA

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Ministry of Health

Standard Operating Procedure for Key Populations Friendly Services Model in Cambodia

October 2022

National Center for HIV/AIDS, Dermatology and STD

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Preface

Cambodia is one of the successful countries in the Western Pacific Region in the responses to HIV epidemic, reducing the HIV prevalence among people aged 15 - 49 years old from 1.3% in 2002 to 0.6% in 2021. The estimation of People Living with HIV (PLHIV) in Cambodia in 2021 is 74,0001. After achieving the 90-90-90 targets in 2017, Cambodia announced its intent to further control the HIV epidemic to achieve the UNAIDS 95-95-95 targets (95% of PLHIV know their HIV status; 95% of those who know their HIV status receive ART; 95% of those on ART are virally suppressed) and moving towards the elimination of new HIV infection by 2025. However, by the end of 2021, only 84% of all PLHIV knew their HIV status and there were still 1100 new HIV infection in 2021. This result suggests that more efforts and more innovative interventions are needed to achieve its commitment to the 95-95-95. Interventions or services which are friendly to users may be a key to get better support, better engagement and better use by the users.

Moreover, the latest results of HIV Estimation and Integrated Biological and Behavioral Surveys (IBBS), conducted by NCHADS and partners, indicates that HIV infection in Cambodia concentrated among key populations (KP) including men who have sex with men (MSM), transgender women (TGW), people who inject drugs (PWID), and female entertainment workers (FEW) with the HIV prevalence rate of 4.0%, 9.6%, 15.2%, and 3.2% respectively. Therefore, HIV interventions or services which are friendly to these KPs may be very crucial to better engage them in controlling the concentrated HIV epidemic in Cambodia. This Operating Procedure (SOP) for Key Populations Friendly Services Model is an important document to guide HIV related service providers to better understand the essential elements of KP friendly services which will enable them to better prepare and deliver their services to KP, leading to more engagement from KP in HIV prevention and treatment to attain the 95-95-95 targets and HIV elimination goal.

The Ministry of Health appreciates the National Center for HIV/AIDS, Dermatology and STD (NCHADS) and all development partners for developing this essential SOP and officially approves this SOP to be used in Cambodia and encourages all health facilities and healthcare providers to reference this SOP while preparing and providing all health services to key populations especially young people in Cambodia.

Phnom Penh, 11 / Oct. / 2022

Ministry of Health

Prof. MAM BUNHENG
MINISTER OF HEALTH

[1] UNAIDS. The Global AIDS Report 2022, Cambodia. a

Acknowledgement

On behalf of the National Center for HIV/AIDS, Dermatology and STD (NCHADS), I would like to express the appreciation and acknowledge the dedication of all members of Technical Working Group (TWG) in the development of **the SOP for Key Populations Friendly Services Model in Cambodia**. Throughout the process, they contributed high quality suggestions, enthusiasm, and hard work.

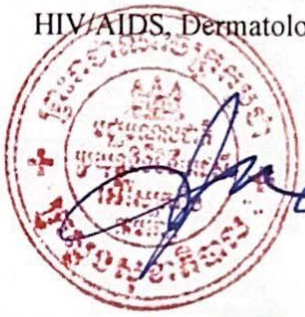
The development of this SOP represents the new initiative which aims to ensure that the four core interventions including HIV testing services (HTS), STI, HIV pre-exposure prophylaxis (PrEP), and ART services will become more friendlier and more attractive to the KPs, especially for the young people. The initiative would motivate more collaboration and support of KP for the Prevention, Care and Treatment of HIV/STIs implementation in Cambodia.

I would like to take this special occasion to thank the management and officers of NCHADS (HE. Dr. Lan Van Seng, Dr. Samreth Sovannarith, Dr. Ngauv Bora, Dr. Tep Samnang, and Dr. Ky Sovathana), WHO (Dr. Deng Serongkea), UNAIDS (Mr. Ung Polin), Dr. Tia Phally, Technical Consultant, EpiC Project of the FHI360 and all TWG members who actively contribute to the successful development of this SOP.

Lastly, I would like to extend our sincere gratitude and appreciation for all of the hard work and dedication of all stakeholders, civil societies and partners in providing prevention, care, treatment and support services to KPs and PLHIV in Cambodia.

Phnom Penh, 07 / Oct. / 2022

Director of the National Center for
HIV/AIDS, Dermatology and STD



Dr.OUK VICHEA

List of Abbreviation

ART	Antiretroviral Treatment
B-IACM	Boosted-Integrated Active Case Management
CBO	Community-based Organization
B-CoPCT	Boosted Continuum of Prevention, Care and Treatment
CRS	Catholic Relief Services
DOB	Date of Birth
FEW	Female Entertainment Worker
HCW	Health Care Worker
HTS	HIV Testing and Counselling Services
IBBS	Integrated Biological and Behavioural Surveys
KPs	Key Populations
LGBTI	Lesbian, Gay, Bi-Sexual, Trans-gender and Intersex
MSM	Men Who Have Sex with Men
NCHADS	National Center for HIV/AIDS, Dermatology and STD
NSP	Needles and Syringes Programme
OST	Opioid Substitution Therapy
OW	Outreach Worker
PLHIV	People living with HIV
PrEP	Pre-exposure Prophylaxis
SDG	Sustainable Development Goal
SOP	Standard Operational Procedures
STI	Sexually Transmitted Infection
TGW	Transgender Women
UIC	Unique Identifier Code
UNAIDS	The Joint United Nations Programme on HIV/AIDS
WHO	World Health Organization

I. Background

Cambodia's AIDS response over the past two decades has been highly successful and has led the country to be one of the seven countries globally to achieve the 90-90-90 targets in 2017. However, HIV prevalence remains high amongst key populations, including female entertainment workers, men who have sex with men, transgender women and people who inject drugs. The UNAIDS Fact Sheet for Cambodia indicated that in 2021, there were 74,000 PLHIV amongst these 72,000 were adults and 2,300 were children (<15 years). 84% of all PLHIV knew their HIV status. About 12,000 people did not know that they were living with HIV. As of December, 2021, 62,561 people were accessing antiretroviral therapy, increased from 40 515 in 2010. New HIV infections have been reduced by 93% since the peak in 1996. In 2021, new HIV infections have declined by 50%, and AIDS-related mortality has also reduced by 37% since 2010.

With regards to the country effort to achieve the 95-95-95 targets, in 2021, 84% of PLHIV knew their status. Among people who knew their status, 99% were accessing treatment. And among people accessing treatment, 97% were virally suppressed (viral load in blood is less than 1,000 copies/ml).

In respect of the key populations, their HIV infections status combined with their sexual partners accounted for 77% of total new HIV infections in 2021. The data from the Integrated Biological and Behavioral Surveys (latest IBBS) indicated high HIV prevalence among Female Entertainment Workers (FEW), Transgender Women (TGW), and Men who have Sex with Men (MSM) with the rates of 3.2%, 9.6% and 4% respectively. The rate was up to 15.2% for people who inject drugs (PWID). The UNAIDS fact sheet also stressed that the proportion of young people (15-24 years-old) accounted up to 42% of the total new infection in 2021 while such rate was only 26% and 27% respectively for Asia and the Pacific and globally.

In 2005, WHO published a systematic review of the effectiveness of interventions to improve the use of health services by adolescents in developing countries. This review demonstrated that actions **to make health services user friendly and appealing had led to increases** – sometimes substantial – in the use of health services by adolescents[2]. Similarly, a randomized control trial report of the JIAC also concluded in its report that **youth-friendly PrEP services enabled good adherence among half of adolescent PrEP users**[3].

The Royal Government of Cambodia is committed to ending AIDS as a public health threat, which is aligned with SDG 3: Ensure healthy lives and promote wellbeing for all at all ages (including universal access to HIV prevention services, sexual and reproductive health services and drug dependence treatment and harm reduction services). Under SDG 3, there are two targets relevant to HIV/AIDS: Target 3.3: end AIDS as a public health threat by 2030, and Target 3.8**:** achieve universal health coverage, access to quality health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all.

In the context of the development of this Standard Operating Procedure (SOP) for Key Populations Friendly Services Model, and with reference to the Cambodian Youth Policy, **youth is defined as** those aged

[2] Making Health Services Adolescent Friendly, WHO 2005.

[3] Youth-friendly services and a mobile phone application to promote adherence to pre-exposure prophylaxis among adolescent men who have sex with men and transgender women at-risk for HIV in Thailand: a randomized control trial, JIAS

between 15 to 30 years old. For the UN policy document, however, such range was reduced to between 15 and 24 years of age. Despite the fact that this model is aimed to ensure a friendly service for KPs and those at young age, it is hope that the friendly aspect of the services should remain applicable for the adult KPs and non-KPs as well.

II. Rationale

NCHADS and development partners have been intensifying their joint efforts to expand and strengthen HIV interventions. On the prevention side, the national BCC Strategy has been developed and B-CoPCT SOP was updated to guide and bridge connections between OWs or counselors with the intended KPs using various approaches and means (e.g. physical outreach, virtual outreach, social media, dating apps, influencers, etc.) and key messages taking into consideration the updated dynamics of the KPs, and the most recent prevention package. In short, it will guide the way that the outreach workers and counselors should get in touch with the hard-to-reach KPs for introducing and encouraging them to engage in HIV testing and subsequent services.

As part of HIV prevention and care continuum HTS, ART service, and STI service have been strengthened aiming to ensure broader coverage especially amongst KPs. By doing so, a number of initiatives have been applied and expanded such as community testing, self-testing, multi-month dispensing, etc. In the middle of 2019, PrEP has been introduced with the aim to prevent new infection amongst high risk KPs. While originally established as facility-based intervention, the same day PrEP delivery by community-based organizations has also been applied recently in order to further expand the scope and coverage of such service amongst high risk KPs.

Despite all these efforts, and based on feedbacks received from health staff, it was learned that low uptake and retention have observed in particular for STI and PrEP services. Loss to follow up has also been reported especially following the initial interaction between health staff or OW with KPs when having a counselling session or HIV testing, etc. In some facilities, KPs felt that staff's behavior and interaction with them have not been that friendly. Additionally, KPs have also suggested that the working hours and facility's arrangement should also be considered in order to maximize and facilitate their access to services.

For these reasons, this **friendly service delivery model document** was developed. It aims to ensure that the four core interventions (HTS, ART, STI and PrEP services) will become even more friendlier and more attractive to the KPs including the young ones. It is strongly hope that this friendly model will also contribute to heighten the access of the KPs and their partners to these four services, and thereby, improving the intended service outcomes.

III. Objectives

To design a contextual of **key populations friendly services model** including youth friendliness aiming at a) providing a **model of HIV service** delivery which is KPs and youth sensitive and **friendly** and will effectively respond to the needs of KPs, including their young cohort; b) designing **modality** of HIV services implementation which is KPs and youth sensitive and friendly.

IV. Scope of the Friendly Service Model

The Oxford dictionary defines the term "**friendly**" as something kind and pleasant; denoting something that is adapted for or is not harmful to a specified thing. Another source defines "**patient friendly"** as a mindset where health staff care about their patients and view them as the important people for the service. Beyond the warm smiles and friendly greetings, it's about making every patient's interaction as pleasant and smooth as possible by caring about them as humans and not just patients.

It should also be noted that in practice and in general term, there is not much distinction between what is **friendly** and what is **ordinary characteristics** of a particular service; in other words, in most situations, services are designed to **suit the patient's needs** which implies, to some extent, the tendency to align with the patient's health need, characteristics, feelings, preferences, etc. This means that even without thinking of making a service truly friendly, some level of tendency to comply with the patient's needs is there already. Under the context of this Model, there is a need to consider two important points. First, the **service providers** (health staff, counselors, OWs) **should pay full attention with non-judgmental attitude when interacting with KPs** and providing services to them. This Model provides guidance on what they are supposed to possess, behave and interact with KPs. Second, the **assurance of full completeness of the characteristics as described** in each section should also be seen as contributing factor the make services friendly for KPs.

This Friendly Model SOP has been developed by taking into consideration the following types of services which are being delivered[4] by **NCHADS** and **development partners** including:

- Prevention and testing service[5] (HTS services)
  - HIV testing at the health facility
  - HIV testing at the ***community***
  - HIV ***self-testing (both at the health facility-PNTT service and at the community)***
- ART service[6]
  - ART at the health facility (hospital/clinic)
- STI service
  - STI at the health facility (hospital/clinic)
- PrEP
  - PrEP at the health facility (hospital/clinic)
  - PrEP at the community

[4] **No need to specify what types** of service delivery point (like hospital or HC), NGO. Should **start with the "agreed model of friendly service".** That should be based on KII and FGD meetings with KPs. Also note that the ART and STI services do not have the same characters as STI is more directly linked to personal matters (sexual activities).

[5] Could be facility and community based.

[6] This is facility based – community engagement is only *giving support.*

V. Characteristics of the Friendly Service Model

Table below illustrates the descriptions of friendly service which has been framed into two main categories: a) HTS, ART, STI and PrEP services **provided at health facilities**, and b) HIV Testing, self-testing and PrEP services **provided at the community level**.

	At health facility (hospital/clinic)				At community level		
HTS service[7]	√				√		√ (self-testing)
ART service[8]		√					
STI service			√				
PrEP service				√		√	

a) HTS, ART, STI and PrEP services <u>provided at the health facilities</u>

The section below describes specific ***friendly characteristics*** of the HTS, the ART, the STI and the PrEP services which are being **provided at the <u>health facility level</u>** (including relevant NGOs clinics). It is sub-divided into facility characteristics, services, staffs, communication and young KPs.

1. Facility's characteristics

Key characteristics for a health facility to be considered as friendly for KPs include:

- Convenient (located near KP's community)
- For big or medium health facility, there should be:
  - Waiting room – where TV and IEC materials should be available, box for feedback;
  - Consultation room – if possible, private room for KPs should be available;
  - Blood collection room;
  - Lab room;
  - Pharmacy room, etc.;
  - Use different door for KPs (if possible);
  - Need to have supporter or facilitator (OWs or NGO's focal points) to guide KPs to access and navigate through services.
- Supply of **medicine** should be enough (no shortage)
- Necessary **equipment** should also be available – especially for STI amongst MSM/TG
- **Times** of operation:
  - Staff should be present at the opening hours;
  - Lunch break, evening and weekend could be arranged especially for KPs who are also working and not available during the work days;
  - Should reduce the waiting time as much as possible.

[7] Could be facility and community based.

[8] This is facility based – community engagement is only *giving support.*

2. Services

Key characteristics for a service to be considered as friendly for KPs include:

- **Equitable**: all KPs, not just certain groups, are able to obtain health services they need. Heath Care Workers (HCWs) fairly **treat** KPs with **equal care**, and respect regardless of their socio-economic status and sexual preference;
- **Accessible**: KPs are able to obtain the services being provided; ***flexible hours*** (for KPs) should be arranged for them; KPs are well **informed** about the range of services available and **how to access** them; KPs and outreach workers themselves ***engage in the provision of*** some health services and commodities;
- **Acceptable**: health services are provided in ways that meet the expectation of KPs including those young ones; has room for male and for female; has waiting room for KPs; full **privacy** and confidentiality applied by service delivery points**;** HCWs are **non-judgmental[9]; reasonable waiting time;** provides **information** and **education** through KPs preferred channels;
- **Appropriate**: **right** health **services** are provided to KPs; the **required package of health services is provided** to KPs at the point of service delivery or through referral;
- **Effective**: right health services are provided in a right way that makes positive contribution to KPs health; HCWs **have** the required **competencies[10]** (knowledge and skills linked to all technical aspects of the four categories of services as well as counselling and communication) to work with KPs and to **provide** them with the **required** health **services;** HCWs **use evidence-based protocols** and **guidelines** while providing health services; service **delivery point** has the required **equipment**, **supplies**, etc;
- **Linkage and referral** between services should be **practical, clear instructions and updates** (of services), and well informed to KPs and support staff (OWs or NGOs focal points);
- **Privacy and confidentiality:** need **separate rooms**; hospitals and clinics should implement the **code of conducts for staff; patients' documents locked** in cardboard; information in laptop is well protected with password;
- **Comprehensiveness of** services covering core services and related services - one stop services – should include:
  - Differentiated prevention services such as Condom and lubricant, PrEP;
  - Sexual and reproductive health services and FP;
  - Harm reduction services (NSP/OST) for referral;
  - HIV testing and counselling;
  - Early treatment initiation and retention;
  - Prevention, care and treatment of co-morbidities such as viral Hep, TB and STI;
  - Mental health and psychosocial support;

[9] Non-judgmental means that, in the presence of a KP, HCW should not see something as 'good' or 'bad', 'right' or 'wrong'. HCW should not try to make any sense of a situation, or to express any feelings to that situation.

[10] **Competencies** here refer to any knowledge and skills linked to all technical aspects of the four categories of services - HTS service, ART service, STI service and PrEP service – that health staff and counselors should possess. NGOs focal points and outreach workers might also require to have (some of) these competencies based upon the tasks assigned.

  - Behavioral interventions[11].
- For those whose test is negative, appropriate prevention messages and enough materials including condom should be made available to them.
- **Supportive environment:** in order to ensure effective application of all the friendly characteristics at all levels, it is crucial also to make sure that the **whole environment** will be conducive to facilitate and to support such effort. This implies that following aspects will be addressed at some point in a harmonized manner by relevant institutions or agencies.
  - Supportive legislation, policy, and funding (ID poor, user fee, etc.);
  - Addressing stigma and discrimination12;
  - Community empowerment and KPs involvement;
  - Satisfaction feedback from client.
- **Notes:**
  - ART Service: Should ensure flexibility for multi-site treatment13 for any PLHIV wherever they go to14;
  - STI service: relevant equipment/tools for anal examination and drugs should be made available;
- **PrEP service:** HIV testing[15], creatinine clearance check, screening of Hepatitis B and C infections, and other tests should be made available at the same facility if possible.

3. Staff

Key characteristics for a staff to be considered as friendly for KPs include:

- **Capacity:** Staff are trained properly on technical updates linked to the four categories of services including counselling skill (and new initiatives[16] including digital health and telemedicine), effective communication with KPs, and LGBTI/gender;
- **Behavior[17]:** Staff should be non-judgmental, non condescending, non-discriminatory, and should maintain respect the value and the rights of KPs regardless of their status or sexual orientation and gender identity**;** hospital and clinic should have code of conducts for staff; staff and counselor should allow opportunity for questioning and should respond to them as soon as possible.

[11] Behavioural interventions are used to prevent, manage and treat a range of health conditions. Behavioural interventions could be used for addressing lifestyle behaviours, such as a healthy eating and physical activity, can prevent obesity, dental problems and osteoporosis. In this context, behavioral interventions are useful for educating KPs to reduce their sexual risk practices.

[12] Key activities include: monitoring and reforming laws, regulations and policies relating to HIV; improve legal Literacy - "know your rights"; sensitization of law-makers and law enforcement agents; training for health care providers on human rights and medical ethics related to HIV; etc.

[13] Using systematic UIC Number.

[14] 600 people were saved (got the medicines) this way. CRS was asked to manage/update the list of mobile PLHIV to NCHADS.

[15] For now, could only do two tests: HIV and Hep function.

[16] New initiatives here are also open to other possible discovery of something new in the future.

[17] Staff should not ask **too straight and sensitive question** to KPs.

- **Availability of support staff:** When possible, each facility should ensure that decent budget would be made available to support **OWs**[18] as they are helpful to increase KPs' willingness to access services through assurance of confidentiality and facilitation in physical access to services and associated procedures (As said above);
- **Counselors:**
  - Should be competent[19] for counseling and advising KPs on HIV and STI related matters.
  - Should act as focal point to receive any feedback from the KPs;
  - Possess appropriate communication skills to interact with KPs (See point 4 below on communication);
  - Patient, confident, non-judgmental, non-condescending, non-discriminatory, good listener, and **respectful**.
- **Counselling lines** should also be made available for evening call (say up to 9 pm) – including Saturday and Sunday (at least for a few hours).
- **Code of Conducts for Health Staff working in the area of HIV/AIDS**[20]

Below are the **Code of Conducts for Health Staff**[21] **working in the area of HIV/AIDS that** aims to promote the professional moral, dignity, honesty, effectiveness and discipline of the health staff including counselors, outreach workers, as well as village health support group, NGOs staff working in the field of HIV/AIDS. (For more details about the Code of Ethics for Nurse, see **Annex 1**).

1. Practice the job with compassion, sympathy, good behavior, politeness, correctness and concentration toward patients including key populations (thereafter, simply called patients);
2. Respect the life, physical body, honor and dignity of the patients;
3. Service shall be provided fairly to all patients without discrimination regardless of their economic status, or patient's society, nationality, race, sex, language, religion, culture, political tendency or status of diseases;
4. Be accountable when treating and caring the patients;
5. Be accountable when transferring the patients to another facility and make sure that the transfer of duty is safe for patients;
6. Comply with the existing regulations, national guidelines and national protocol that are related to the service being provided;
7. Provide a safe and effective care and treatment. In case of emergency, co-operate with other related health groups and other section aiming to ensure that the danger which may harm the patient is mitigated;
8. Develop themselves by participating in relevant managerial and technical trainings;
9. Professional confidentiality and other regulations relating to patient's health condition, diagnosis and other personal and private information, patients' dignity and honor shall be respected;

[18] In Banteay Meanchey, there was huge reduction of EWs to come to services since 2019 as RHAC no longer accompanied any KPs to come to services.

[19] Including ability of running **motivational Counseling** (**MC**) with KPs.

[20] Sub-decree **No. 59 ANK/BK** dated 2014.

[21] Adapted from the Code of Ethics for Nurse, Sub-decree No. 59 ANK/BK.

10. Patients' rights for choosing any health staff shall be respected and provide intervention to assist the patients at their request;
11. Provide advice and protection of the rights of patients, patients' family and the community who involve in caring the patients;
12. Shall not use her/his influence for obtaining contract, privilege, rights and benefits from patients;
13. Shall not conduct any activity for tip;
14. Shall not charge service fees more than the service fee that has been determined, or provide fraudulent information relating to her/his owned service fee;
15. Shall not provide any service or counseling that are not under her/his responsibility except in emergency situation;
16. Shall provide special care for minor or incapable person whose age is 18 and above – including those from the key population group.

4. Communications

The approach and arrangement for effective communication between the service providers and KPs should be prepared along these lines:

- Take advantage of the **initial interaction** with KPs**,** like when they access the STI services or other services the first time, **to quickly build connection with them, educate** them on basic HIV education, prevention measures, availability of services and how to access them;
- When interacting with KPs **pay full attention on their needs, concerns** and also their views on the quality of services being provided;
- **Communication** should aim to create connection, raise HIV awareness leading to **demand creation** and **linkage to services** while **discretion and confidentiality** should be maintained;
- Communication **materials** including key **message** for HIV prevention, testing, treatment, and adherence, service availability, etc. should be made available online and offline for them;
- **Hotline counseling** should be made available and known and use by KPs;
- Continue to encourage them to use **TohTest website** for booking **appointment;**
- When applicable encourage KPs to access web-based platform for HIV self-testing;
- Provide full **flexibility for referral** of KPs to the appropriate facility that could be done physically or through **Telegram;**
- Allow flexibility for KPs to **chart** with counselor through **Facebook** page for non-technical question[22], and **Telegram** for technical aspects;
- Set-up a built-in function (within any means of communication used by KPs) for alerting and following up with those who delayed or **missed the appointment**, and those who dropped out.

For more details on **basic communication skills**, refer to the **Short Summary of Basic Communication Skills for Effective Counselling** in **Annex II.**

[22] Technical question from Facebook will be referred to Telegram for the doctor to answer.

5. Young KPs

While delivering different forms of services to KPs, and with the intention to increase the friendliness level of such services **for young KPs**, special considerations should be paid on the followings:

- **Staff (including OWs) need to be aware of important characteristics and vulnerabilities of young KPs that could lead to unprotected sex and /or the victims of gender-based violence:**
  - They may not have enough basic knowledge on HIV/STI including the ways to prevent the transmission;
  - **STI** might be very common amongst those below 18 years-old;
  - They could be **too shy** to seek information, advice or services;
  - Could be **very vulnerable** to HIV transmission due to multiple partners and risky behavior, relative lack of empowerment and negotiation skills;
  - A number of them need OWs to accompany them and to **assist the papers work at the facility;**
  - They need **referral slip** from NGOs for easy access to services;
  - They like social media platform (and not much paper-based materials), so be aware of this mean for education and sharing information accordingly about service availability.
- Ensure **availability of OW** assistance for young KPs who need the assistants from them at the facility;
- Required **softer counselling** skill[23] (as compared to counselling for adult);
- When possible, **having young or low age OWs** would be more attractive to young KPs.

Key focus of counselling should be on their **risk behavior and consistent condom use.** Other aspects should also be covered: HIV education, demand creation including PrEP, HTS and STI.

b) HIV Testing, self-testing and PrEP services provided at the Community

The section below describes specific ***friendly characteristics*** of the **HIV Testing (**HTS), the **self-testing** and the **PrEP** services which are being **provided at the <u>community level</u>** noting that community level here refers to **anywhere outside the health facilities** (e.g. in a public space within a community, a space of an NGO's office, a meeting point of OW, an entertainment venue, a space in a restaurant, etc.).

1. HIV Testing at the community

Key characteristics for HIV testing at the community to be considered as friendly for KPs include:

[23] Key traits for counselling skills for young KPs: Quicky establish rapport; use of emphatic statement; do not use judgmental words or body language; do not raise voice or blaming; use words and language that young KPs can understand; culturally sensitive; use open-ended question – as opposed to close question; listen very attentively when they speak; quickly paraphrasing if the point is not understood; provide meaningful answer to their questions; etc.

- **Venue**: **OWs** will look for potential patients at **community** or **entertainment facilities** or **restaurants** (EWs, MSM and TGW), or other places as appropriate;
- **The engagement of the community** or entertainment facilities will facilitate the introduction and process of HIV Testing;
- The **initial interaction** (communication) between OW and KPs should be **carefully made and very supportive**[24]**;**
- **OWs** are able to quickly **assess the eligibility** of potential clients and to do the pre-test counselling[25] including ability to inform about the meaning of the test result (+ or -) and what should be done according to the test result;
- OWs should **follow up the result** of the test, and in case the result is reactive, be ready to **refer** to the appropriate VCCT/ART site for the confirmatory test;
- **Be mindful and prepared of the potential patient's reactions,** if the confirmation (of the second test) is positive and client should be immediately enrolled on ART;
- If the confirmation test result is negative, refer to enroll on PrEP and other preventive measure to maintain the negative result.
- Relevant **educational materials** (leaflets on HIV testing), **condoms**, **lubricant** should be made available for display at the **venues** and for distribution;
- Important to get **contact number**, name and DOB to follow up and eventual treatment. Get connected through **Telegram**;
- Encourage KPs to access the web-based platform for HIV self-testing;
- **Confidentiality** and **privacy** should be well maintained at all times – especially when the test result is given to the patients.

2. Self-testing[26] (at the community)

Key characteristics for self-testing to be considered as friendly for KPs include:

- **Connection with KPs:** Dating apps, social media, etc. should be used to reach them for HIVST;
- **Venue**: Should try to use an appropriate **convenient space that ensure anonymity and privacy** (for giving the test kits) which is unlikely to be noticed by others;
- The **initial interaction** (communication) between OW and KPs should be **carefully made and very supportive**[27]**;**
- OW gives[28] the **test kits** to KPs who will do the test for **her/him-self** or for **partners** – (s**elf-managed** test);
- OWs should give **clear and enough information** on the way to do the test, the Pros and the Cons of self-testing; and the meaning of test result (Reactive or Non-reactive); and what precautions should be maintained while continuing sexual relationship with partners;
- OWs should **follow up the result** of the test, and in case the result is positive, be ready to refer to the appropriate VCCT/ART site for the confirmatory test;

[24] It should follow the key principles for effective communication.

[25] Patients should also be encouraged to bring their partners for testing as well.

[26] Available in 8 sites only. In hospital is not working yet.

[27] It should follow the key principles for effective communication.

[28] The tests could be given through Food Panda or other transport agent.

- Be mindful of the **patient's reaction,** if the confirmation (of the second test) is positive and ready to enroll on ART;
- Important to get **contact number**, name and DOB to follow up and eventual treatment. Get connected through **Telegram;**
- **Communication** with the patients should be gentle and supportive;
- **Confidentiality** and **privacy** should be well maintained at all times – especially when the test result is given to the patients;
- **Condoms**, lubricant and self-testing **leaflets** should be made available for the clients. Referral to PrEP service should be made for those who are negative.

3. PrEP Service at the community[29]

Key characteristics for a community PrEP to be considered as friendly for KPs include:

- **Venue**: **OWs** will look for potential clients at **community** or **entertainment facilities** or **restaurants** (mostly MSM and TGW), or other places as appropriate;
- The **initial interaction** (communication) between OW and KPs should be **carefully made and very supportive[30];**
- **Connection with KPs:** Dating apps, social media, etc. should be used to reach them for PrEP Service;
- **OWs** is able to quickly **assess the eligibility** of potential client (risk exposures) and to suggest PrEP services as part of combination prevention options;
- **Required biological tests as part of eligibility and clinical monitoring purposes** [31] should be **clearly explained** to the clients during the first visit including the **facility** where such tests should be done;
- **Based on the test results, PrEP medicines** should be made available as soon as possible for the KPs;
- Relevant **educational materials** (leaflet on PrEP) should be clearly made (in Khmer), easy to understand and available to display at the venues (both online and offline) and for distribution;
- Important to get KP's **contact number**, name and DOB to follow up and eventual treatment. Get connected through **Telegram**;
- **Confidentiality** and **privacy** should be well maintained at all times – especially when the test result is given to the patients;
- **Condoms** and lubricant should be made available for the clients.

VI. Implementation Modality of the Friendly Service Model

The **implementation modality** of this model will be implemented by a) NCHADS currently delivering the four services (as described above) at different levels of the health system, and b) any NGOs who are also

[29] Community here refers to where the OWs are working for instance office of the host agency. Only for **MSM/TG** who could not come and at risk. OWs (CRS and CHAI) searched for potential patients at the community, restaurants, etc. and send them to the facility. PrEP is being delivered by NCHADS, RH and Chhouk Sar and being expanded to Sihanouk Ville and Kg. Speu. SOP will soon be approved.

[30] It should follow the key principles for effective communication.

[31] Like, renal function, etc. and expected costs.

providing the said services. Moreover, for **HTS**, **OWs or counselors** performing such service at the community level or those who are encouraging KPs to perform HIV self-testing should comply with this Model. Similarly, for **PrEP service**, **OWs or counselors** performing this service at the community level should also comply with this Model.

Once approved, this Model should be distributed amongst relevant health staff of NCHADS system and NGOs involving in the provision of the four types of services. **Training** should be organized at the national and sub-national levels to ensure staff's good understanding of the Model and that they will be able to comply with the required characteristics of each type of service. In the meantime, and in order to enable full compliance with the Model, more effort should be paid on systematically addressing current challenges such as staff workload, opening hours of services, medicines or tests security (throughout the year), necessary tools for STI examination (especially for MSM and TGW), etc.

The possibility of organizing a specific **training**[32] **on "communication with KPs** including the young ones" should also be attempted. Based on interviews with the service providers, it was learned that this aspect of communication with KPs is of significant paramount as it will determine the level of trust between the service providers and KPs, hence, their likelihood to access and adhere to services being provided across the country by NCHADS and NGOs partners.

To support effective implementation of this Model it is important to emphasize that key **programmatic enablers** in support of this effort must be rigorously put in place and implemented. First, various forms of ***policies and or procedures*** must be carefully examined, revised and implemented to ensure full coherence and guarantee on privacy and confidentiality aspects; relatedly, the staff's code of conducts should also be applied (at all facilities) to regulate staff's practice and interaction with KPs. Second, like in any forms of services being delivered by the country health system, ***stigma and discrimination*** should also be systematically addressed. Third, the ***community empowerment and KPs involvement*** should be encouraged at relevant stages of the process of delivering services to KPs. Last but not least, a system allowing ***satisfaction feedback*** from KPs (as being implemented in a number of facilities) should be strengthened and expanded.

Based on this Model, eventually, each facility or OW or counselor should be able to determine the **friendly characteristic gaps** and take gradual steps to remedy those identified gaps. In order to monitor progress made on this matter, an **annual meeting** should be organized by NCHADS and development partners to take stock on what has been achieved, and to address the challenges faced.

A checklist (in **Annex III**) has been developed for quick assessment of a facility. The management of each facility is encouraged to use the checklist to make a quick assessment and to conclude on the finding, based upon which, rapid measures should be put in place to improve gaps of any of the four components assessed (facility, service, staff and communication) as deemed appropriate.

[32] Key topics could be empathy, effective listening, clarity, consistency, consider the audience, respect, etc.

VII. References

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