



ESTABLISHING A DROP-IN CENTER FOR FEMALE SEX WORKERS IN LAOS PDR

Standard Operating Procedures



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DISCLAIMER

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- * Outreach Volunteers;
- * Owners of drink shops;
- * Village authorities;
- * District Committees for the Control of AIDS (DCCAs);
- * Provincial Committees for the Control of AIDS (PCCAs); and
- * CHAS

A very special note of appreciation goes to all the Service Women (SW) who agreed to be photographed for the pictures in this manual.

¹ In 2011, Family Health International (FHI) acquired the resources and skills of AED and was rebranded as FHI 360.



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PURPOSE

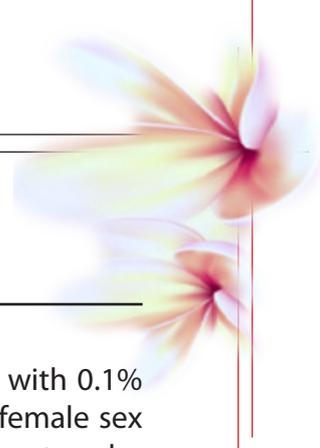
This standard operating procedures (SOP) is based on experiences from the implementation of the STI and HIV intervention program among Service Women (SW) in four provinces of Lao PDR: (1) Luang Prabang; (2) Vientiane; (3) Savannakhet; and (4) Champasak.

Intended for use by the DiC personnel², this manual describes detailed steps and standards for setting up a drop-in center (DiC) for the provision of quality services to SW. This SOP helps to ensure common understanding of standard practices for providing and maintaining quality services using this model of STI and HIV prevention. This document aims to give guidance to those starting up and operating a DiC and not serve as a technical or clinical guide on STI and HIV prevention, care and treatment.

The SOP is to be used in conjunction with and in support of the Laos National Guideline on STI Management for SW and men who have sex with men (MSM), developed by CHAS with technical assistance from FHI 360 and UN partners. The behavioral change component of the intervention is guided by the USAID /FHI 360 Behavioral Change Communication (BCC) Activity Manual for Outreach Volunteers.

² *DiC Field Coordinators, DiC Managers, STI doctors and outreach volunteers*

BACKGROUND



The Lao People's Democratic Republic (PDR) is a low HIV prevalence country with 0.1% of the population infected with HIV. HIV prevalence in women, in particular female sex workers (i.e. service women [SW]), has been increasing. Through USAID support under the five-year Technical Support for HIV/AIDS Prevention, Care and Treatment project³, FHI 360 aims to maintain low HIV prevalence among SWs, considered to be a most-at-risk population (MARP) in Laos, in an effort to maintain negligible HIV rates among the general population. National integrated biological and behavioral survey (IBBS) demonstrated a high prevalence of STIs among SWs, including increased prevalence of gonorrhea or Chlamydia, prompting the Lao Government, USAID/RDMA and FHI 360 to expand the implementation of a drop-in center STI and HIV prevention model for SWs.

In June 2005, drop-in centers (DiC) for SW were established in four 'hotspot' provinces where STI prevalence was high: 1) Vientiane; 2) Luang Prabang; 3) Champasak; and 4) Savannakhet. In 2008, a repeat IBBS revealed that STI prevalence rates had declined in all four provinces where DiCs were operating. In Vientiane, the IBBS data showed a 17 percent reduction of STI prevalence (from 46 percent to 29 percent). While this decrease is significant, the prevalence still remained high at 29 percent and indicated the need for ongoing service provision to SW.

³ Length of project is 20 August 2007 to 30 September 2012.



Drop-in Center Objectives

The primary objective of the DiCs is to reduce the STI prevalence rate among SW through a comprehensive package of services that included activities such as:

1. Behavioral change communication (BCC);
2. Condom distribution;
3. STI screening and treatment;
4. HIV voluntary counseling and testing (VCT); and
5. HIV referral services.

Establishing a DiC

Proposal development and approval

The PCCA and FHI 360 developed a proposal describing the rationale and anticipated functions of DiC using the data and information from IBBS and focus group discussions. The proposal was then submitted to CHAS for review and approval. After approving the proposal, CHAS sent the document to the Ministry of Foreign Affairs (MOFA) for their approval.

Provincial Level Support

In order to garner support for the DiCs at all levels, PCCA/CHAS/FHI 360 organized several advocacy meetings from the village level to the provincial level to ensure full ownership of the intervention. For example, one advocacy meeting was held with the provincial Governor and other government department staff, and a second advocacy meeting was held with district and village authorities. After obtaining provincial approval, FHI 360 provided technical and operation support to the PCCAs to implement DiC services in the four provinces.

Selecting Sites:

Within each province, FHI 360 worked with each PCCA to conduct a mapping exercise to identify the location and number of drink shops/entertainment venues. FGDs were conducted among SW and owners of drink shops to learn what location would be convenient and safe for a DiC, what type of space would be appropriate to rent, and what kinds of services the SW were interested in seeing at the DiCs. The results of the FGDs revealed the following:

- * DiCs should be located just off a main road in order to balance the need for privacy with ease of access (short walk from a main road) and should be accessible by public transportation at a low cost;
- * The space should feel like a home (e.g. not too formal and decorated in a manner that looks more like a home than a hospital or public space);
- * The house should include a room for rest, a private room for consultations, and a room for socializing and relaxing (watching TV, listening to music, doing hair and nails, etc).



Once sites were identified, SWs and owners of drink shops were invited to visit the potential locations and asked for their opinion before the final decision was made.

What is a DiC?

The DiC is a place where we can learn new and safe behaviors. In particular, we have learned all the skills related to condom use. It is a place where SW can come for counseling and discussing their problem such as STI, which they may be too embarrassed about to go to the hospital or to a clinic for treatment. The DiC is a place to get reinforcement about the need to use condoms for every sex episode. The DiC is a place to relax and be oneself. I am proud to be able to work in the DiC. I have gained life skills and I know that I am helping society. I have met many new girlfriends. This helps give us all the energy to carry on and endure. In that way, the DiC is a guiding light to help shine the way for us on this difficult road.

- Ms. Sousavanh

Services provided by DiCs

The DiCs are open from 10:00 to 15:00, Monday through Friday. In addition to providing the services listed below free of charge, the DiCs offer a “safe space” for SW to come and learn about HIV, STI, AIDS, reproductive health, condom negotiation skills and other life skills, as well as a space to relax away from the drink shops. Services include:

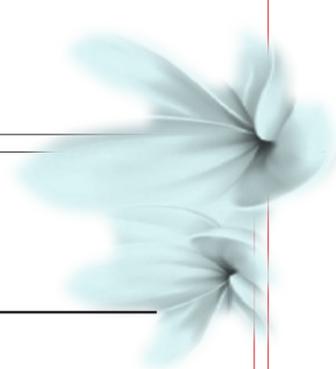
- * Outreach to drink shops/entertainment venues (sometimes includes rental houses where SW live) to educate SW on HIV and STI and to conduct BCC activities;
- * STI screening and treatment services (STI services by STI doctor one day per week);
- * VCT services;
- * Other counseling services;
- * Referral services (referral to STI, reproductive health, peer support groups for people living with HIV/AIDS and vocational training centers); and
- * Distribution and supply of free and socially marketed male condoms, female condoms, and lubricants.

Location of DiCs

There is one DiC located per province in three of the four provinces (Luang Prabang, Champasak, and Savannakhet). In Vientiane Province, there are four DiCs located in Xaythany, Saysetha, Chanthabouly, and Sikottabong districts that provide mobile outreach services to an additional five districts in the province. SW of these five districts are seen at district hospitals on every Saturday of the week for STI services.

The DiC in Luang Prabang was the first to be transitioned to CHAS management in 2009 as part of the national STI and HIV intervention program funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria. The remainder of the DiCs were transitioned in a phased manner in 2011.

STAFFING THE DiC



Selection Criteria for Outreach Volunteers

The PCCA sent out letters to drink shop/entertainment venues inviting SWs to apply for positions as outreach volunteers. The outreach volunteers needed to meet the following criteria:

- * Reside and work in local drink shop/entertainment venue (i.e. not mobile/moving to other towns)
- * 18 to 25 years old
- * Mamasan is preferable
- * Can read and write at a basic level or have a high school diploma
- * Have access to own transportation (e.g. motorbike)
- * Possess the “right” personality to serve as a role model (e.g. outgoing, confident, with good communication skills)
- * Demonstrate willingness to help others and to be available
- * Demonstrate willingness to learn
- * Family is supportive
- * SWs who are HIV positive or affected by AIDS will receive special consideration

Selection Criteria for DiC Manager

The DiC Manager should be selected and approved by the District Committee for the Control of AIDS (DCCA) and PCCA and have the following qualifications:

- * A female nurse or assistant doctor living in the district where the DiC is located
- * Possess the “right” attitude, personality, and communication skills
- * Ability to work full-time

Selection Criteria for STI Doctors

The STI doctor should be a GoLPDR staff meeting the following qualifications:

- * A female staff working in a gynecological unit or possessing relevant experience
- * A member of the district hospital where the DiC is located
- * Able to attend DiC one day per week
- * Willing to work with SW
- * Trained by FHI 360/PCCA on the National Guidelines on STI management for SW and MSM



Selection Criteria for Field Coordinator

The Field Coordinator should be a GoLPDR staff and meet the following qualifications:

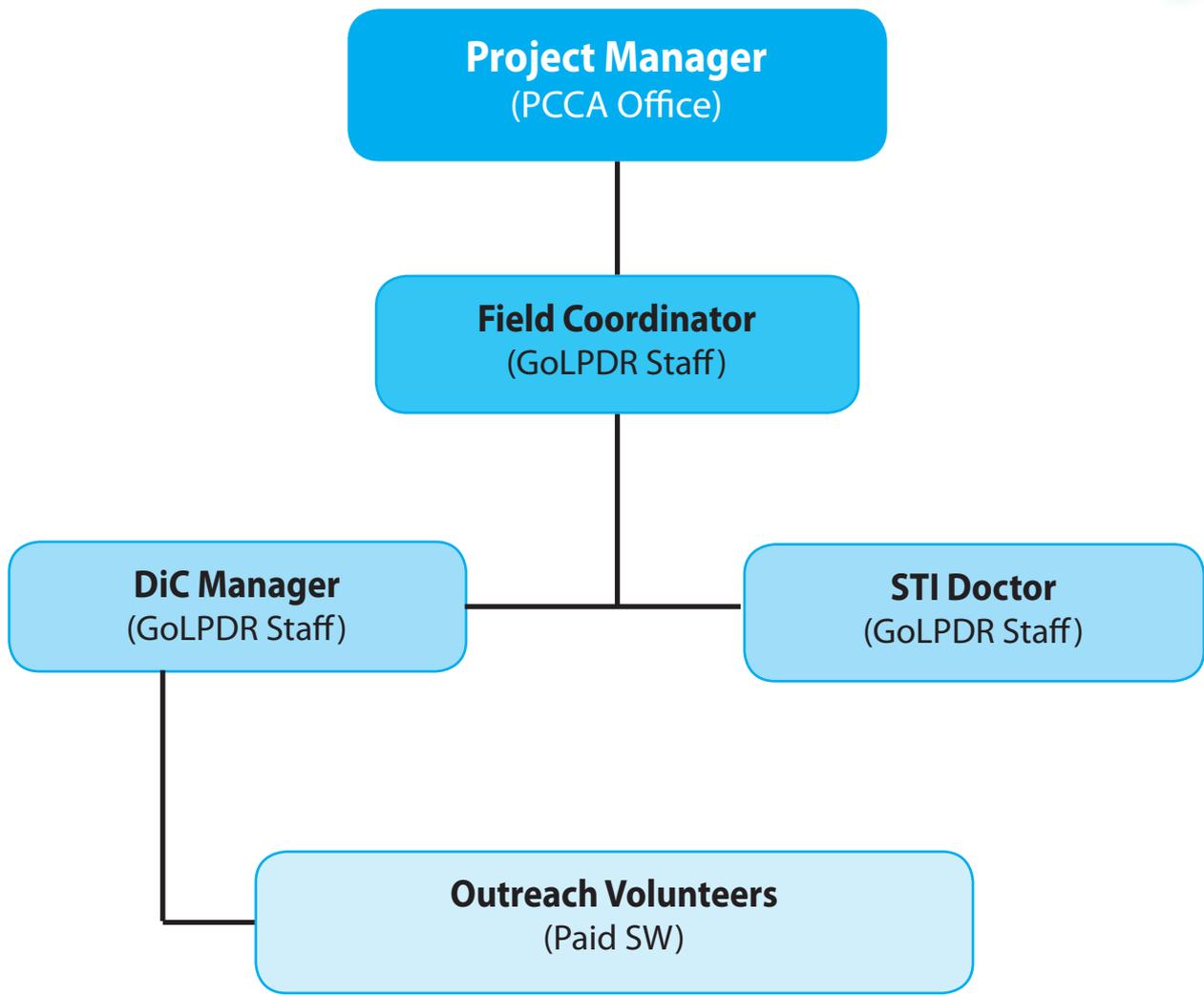
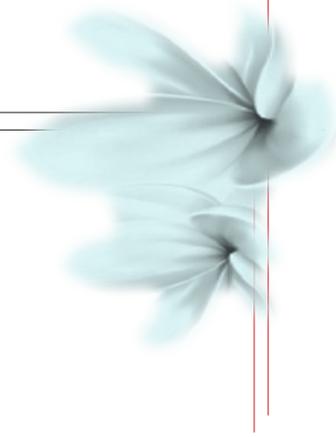
- * Is female
- * Have a minimum of three years working experience in HIV/STI/AIDS programs
- * Able to provide field supervision support to outreach volunteers when conducting outreach sessions in drink shop/entertainment venues
- * Able to train outreach volunteers and to provide monitoring support to ensure high quality implementation after the training
- * Able to support outreach volunteers through problem solving during outreach or during service hours at the DiC
- * Possesses the “right” attitude and communication skills
- * Able to assist outreach volunteers and the DiC manager to coordinate with owners of drink shops.

Selection Criteria for Guard/Cleaner

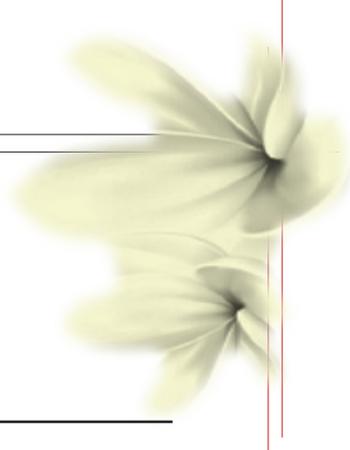
Selected from a pool of applicants who:

- * Demonstrate willingness to work as a cleaner as well as a guard
- * Able to attend the DiC from 17:00 to 08:00 hours
- * Persons living with HIV/AIDS are encouraged to apply
- * Receives monthly salary as a PCCA employee

Organization Chart



DIC STAFF ROLES AND RESPONSIBILITIES



Outreach Volunteers

- * Attend the DiC/outreach from 09:00 to 16:00 hours and dress appropriately (no short dress and hairstyle should be culturally appropriate, e.g., no shaved heads)
- * Attend monthly training at DiC, meetings, and other activities as assigned by the DiC Manager
- * Provide outreach education to all SW in assigned sites (i.e. deliver educational theme/topic as described in detail in the FHI 360 BCC Activity Manual for Outreach Volunteer developed by FHI 360/PCCA)
- * Encourage SW to attend DiC for STI, VCT and other services
- * Assist with the cleaning, tidiness and maintenance of the DiC to ensure a friendly, clean, and safe environment for SW
- * Use required reporting forms to keep accurate records of outreach activities
- * Conduct other duties as assigned and agreed upon with the DiC Manager, Field Coordinator and the PCCA

DiC Manager

- * Take responsibility for the physical operation of the DiC including care of the equipment, furniture, STI drugs, medical supply, and first aid kit
- * Create and maintain a welcoming and friendly atmosphere for all visitors to the DiC
- * Ensure the organizational chart is displayed and updated
- * Assist the STI Doctor with preparing all documents, including history taking, medical equipment and supplies for the provision of STI and VCT services
- * Organize special events
- * Work with the outreach volunteers to educate and counsel SW visiting the DiC
- * Work with the outreach volunteers to establish a schedule of their work at the DiC and their outreach to local drink shops
- * Keep record of the number of SW visiting the DiC each day, note important issues and problems, and provide monthly updates to the Field Coordinator
- * Communicate regularly with the Field Coordinator and the Project Manager about problems or issues as they arise at the DiC
- * Conduct other tasks as assigned by PCCA and Field Coordinator



STI Doctor

- * Attend DiC from 09:00 to 16:00 hours on the assigned day each week
- * One day per week provide STI/HIV/AIDS-related service at the DiC. This includes history taking, diagnosis, prescription/treatment, education and counseling (as per the STI National Guidelines on STI Management for SW and MSM)
- * Attend training or meetings organized by PCCA to update understanding and skills for providing services to SW
- * Work with the DiC Manager to maintain the center as a friendly and clean place for SW
- * Ensure that the medical equipment is clean, disinfected, and sterile (and ready to be used for provision of STI services)
- * Work with PCCA and the DiC Manger to ensure the smooth running of STI treatment services at the DiC
- * Maintain confidentiality of SW and their record at the DiC
- * Use assigned reporting forms to keep accurate records of STI treatment services of the DiC
- * Refer SW to appropriate treatment services as agreed by provincial health department and FHI
- * Conduct other duties as assigned and agreed upon with the Field Coordinator and PCCA

Field Coordinator

- * Mentor outreach volunteers in conducting outreach and other services to SW
- * Plan, schedule, and supervise the implementation of outreach activities to drink shops on a monthly basis
- * Provide a monthly training on the new theme to outreach volunteers (as listed in the BCC manual)
- * Work with STI doctors to ensure the provision of STI services at the DiC are appropriate and meet the national standard
- * Assist the Project Manager in identifying, developing, and convening meetings of establishment owners/mamasans
- * Ensure that data on monthly coverage, STI services, other program activities, financial expenditures, and needs are reported to the Project Manager
- * Assist the Project Manager in informing local stakeholders and authorities of program activities to ensure collaboration at the district level
- * Perform other assigned tasks as given by the PCCA or Project Manager

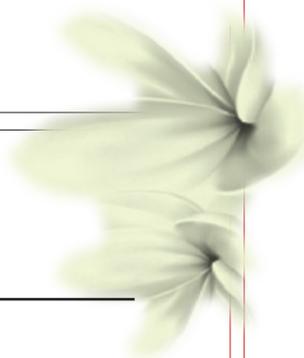
Project Manager

- * Manage the overall implementation of the DiC
- * Report activities and services provided by the DiC (to the Ministry of Health, CHAS, and other stakeholders and donors)
- * Coordinate with all stakeholders and local authorities regarding DiC services
- * Organize and provide training to local authorities and owners of drink shops
- * Supervise all staffing at the DiC (including Outreach Volunteers, the DiC Manager, STI Doctors, and the Guard/Cleaner)

Guard/Cleaner

- * Clean and ensure tidiness of the inside and outside environment of the DiC
- * Ensure safety of the DiC from 17:00 to 08:00 hours and as per appointment by the DiC Manager
- * Assist with any other tasks given by the DiC Manager

SET-UP OF THE DiC



External Set-Up

- * Display donor logo (e.g. USAID) and PCCA in place as per requirements
- * Display written sign indicating operating hours
- * Provide a parking space
- * Provide table and chairs
- * Furnish a front gate with lock (to be locked on weekends and at night)
- * Trees and flowers are desirable

Internal Set-Up

The internal set-up is important to ensure that the space is safe, private, clean and tidy.

Living Room/Common Area

This room can also be used as a training venue to conduct monthly trainings and meetings for outreach volunteers. It should include:

- * Sign indicating DiC operating hours
- * Large enough space for one set of table and chairs and a filing cabinet for storage of the first aid kit
- * Telephone
- * Lao-style table (popular and culturally appropriate table low to the ground) to display BCC and other print materials
- * Lao-style mat for SW to sit, wait, play and engage in other social activities (a mat is preferable to a table and chairs as it makes SW feel more at home)
- * Comment box for SW to provide feedback regarding services at the DiC
- * Picture of the DiC organization structure with staff pictures and roles and responsibilities of each person working at the DiC
- * Set of beauty care products, manicure, make-up and other beauty items for SW to use
- * TV and DVD player for SW to use
- * Books for SW to read
- * Rubbish bin, mirror, and other basic household items

Clinical Examination Room

At all times, this room should be kept clean and tidy, clean water should be available, and there should be enough sterile equipment on hand for all visits throughout the day. In addition, the room should have:

- * Male and/or female condoms, banana model (dildo) and other materials for condom demonstration

- * Attend DiC from 09:00 to 16:00 hours on the assigned day each week
- * Autoclave
- * Two disposable rubbish bins (one for dry and one for wet waste)
- * Disposable sharps container
- * Disposable gloves
- * Lubricant
- * Sink and soap for hand washing
- * Obstetric examination table
- * Adequate lighting and an examination light for performing vaginal examination
- * Mirror for SW to observe their internal body while the STI Doctor performs the vaginal examination
- * Posters of superstars recommended by SW (many SW have said that they feel less tense while being examined by STI doctor if there is a poster to look at)
- * A door with a functional lock
- * Toilet in the room for privacy
- * Curtains for each window to ensure privacy
- * Table and chairs for STI Doctor and SW to have private conversation
- * Forms and other recording books
- * Lao skirt for SW to wear when getting ready for the pelvic examination

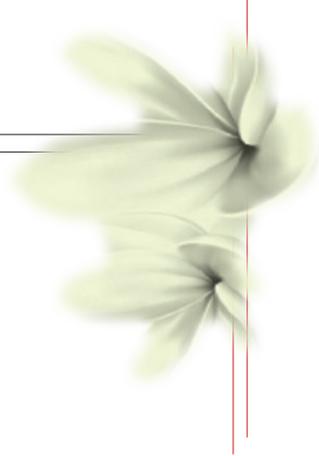
Counseling Room/DiC Manager's Office

- * A working table and chairs
- * Basic equipment for the HIV test (i.e test kits, capillaries, etc)
- * Refrigerator to store HIV test kit
- * Basic equipment for male and/or female condom demonstration (condoms, banana model and lubricants)
- * First aid kit
- * Basic STI drugs kept in stock at the minimum of 100 doses (Clotrimazole 200mg, Metronidazole 500mg, Cefixime 200mg, Azithromycin 500mg, Doxycyclin 100mg, Nystatin 100,000 unit)
- * Filing cabinet with a lock located in a cool room (that can be locked and will not to exceed maximum temperature at which STI drugs can be stored) for keeping STI drugs and confidential documents or records
- * Recording forms and record books
- * List of telephone numbers of persons working for the DiC (outreach volunteers, FHI 360 staff, PCCA Secretariat, Field Coordinator, Guard/Cleaner, network hospital, manager, and STI doctor)
- * Locking door to ensure privacy

A Room to Rest

Some of the DiCs have an extra room set up as a place SW can go to rest. It can include:

- * A Lao-style mat, mattresses and pillows
- * Pictures to decorate the walls (e.g. posters or artwork by SW)
- * Stationary and art materials (colored pencils and paper) for SW to draw or paint



Kitchen

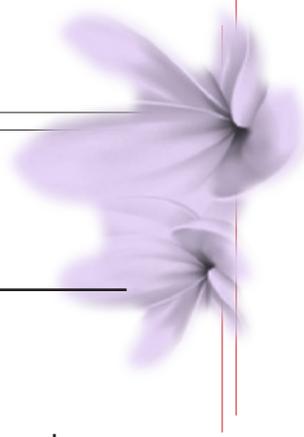
The kitchen provides a space for preparation of food and includes:

- * Basic cooking ingredients such as sugar, salt and fish sauce
- * Cooking equipment (pot, plates, spoons and knives)
- * Access to running water and a basin for cleaning and washing up
- * Rubbish bin and some basic cleaning supplies and materials
- * Storage space and kitchenware
- * Mat for sitting while cooking or preparing foods
- * Power outlet

Lavatory Facilities

- * Power outlet
- * Toilet
- * A wash basin with running water
- * Cleaning supplies (liquids, detergents, disinfectant, and other cleaning materials)
- * Toilet paper/tissue
- * Rubbish bin
- * Clean hand towel
- * Soap for washing hands
- * Mirror
- * A locking door
- * Signage as necessary to indicate proper use (e.g. "Please don't flush sanitary pads into the toilet")

THE TRAININGS



STI Doctors

STI Doctors must be trained on clinical diagnosis and management of STIs in female sex workers per national and international guidelines. A two-week training can be prepared as follows:

Week One:

STI doctors are trained in the clinical diagnosis and management of STIs as per National Guidelines for STI Management among SW and MSM. The training facilitator during week one included a Regional Technical Advisor on Sexual and Reproductive Health from FHI 360 Asia Pacific Regional Office in Bangkok and senior STI doctors working at Mahosot Hospital and Skin Disease.

Week Two:

In week 2, the training can cover the following topics:

- * Communication skills: how to effectively communicate with SW
- * Behavioral change communication (BCC) techniques
- * Reporting and forms (provided by FHI and PCCA)
- * A field visit to an entertainment venue or drink shop: This activity is aimed to help STI doctors learn more about and better understand the lives and challenges of SW, and to help STI doctors feel more comfortable providing quality care and services to SW

Six-monthly refresher training

In this refresher training, the Regional Technical Advisor on Sexual and Reproductive Health from FHI 360 facilitated the review of current STI screening and treatment practices at the DiC and evaluated how they aligned with the National Guidelines on STI Management for SW and MSM. This training served as a forum for learning new techniques and skills, discussing issues, and sharing good practices and lessons learned.

DiC Manager

DiC Managers need to understand the services that the STI doctors provide to the SW as well as the support needed for overall operations of the DiC. An initial two-week training can be held for DiC Managers that addresses the same topics as the training for STI doctors (see above). An additional four-day training on BCC can be added onto the initial two-week training. Each month, the DiC Manager should also participate in the two-day BCC training for outreach volunteers that introduces the new theme/topic of the month (see Training for Outreach Volunteers section for more detail).



Outreach Volunteers

All outreach volunteers should receive training from FHI 360 and PCCA on the following:

Initial two-week training:

- * Basic knowledge on STI, HIV and AIDS
- * Myths and facts about STI, HIV and AIDS
- * Roles and responsibilities of outreach volunteers
- * Types of services provided by the DiC
- * Conducting outreach to SW at drink shops
- * Supporting positive health, dignity and prevention for those diagnosed as HIV positive

After the two weeks of initial training, each outreach volunteer receives an identification card (ID) provided by the PCCA. Soon after receiving an ID, the outreach volunteer is introduced to the owner of the drink shop and the SW at an assigned site by the PCCA. This introduction is important to help obtain support from owners of drink shops and their SW peers.

Follow-up training and debrief session:

A two-day follow-up training is done after outreach volunteers have gained one month of experience conducting outreach activities in drink shops. This training allows volunteers to debrief and share their first experiences (working and conducting outreach sessions at drink shops) with the DiC Manager, Field Coordinator, PCCA Secretariat, and other team members.

Training on BCC theme/topic of the month

(Details of theme, methods and materials for BCC topic delivery are described in greater detail in the BCC Activity Manual for Outreach Volunteer)

During Day 1, outreach volunteers discuss with the training facilitator (FHI 360 and PCCA staff) the different health issues or topics that SW indicated wanting to learn more about. Then the outreach volunteers select only one topic on which to develop the BCC message. During Day 2, the materials to be used for facilitating communication of the selected BCC message are developed and pretested at a drink shop.

Each outreach volunteer receives support from Field Coordinator or FHI 360 BCC staff during her first time conducting an outreach session on a new theme/topic of the month. Once she has obtained adequate skill in delivering the new theme, the supervision support ends. During the supervision support, the Field Coordinator or FHI 360 staff use an observation checklist to debrief and provide comments on her performance.

Field Coordinator and PCCA

The Field Coordinator and PCCA Secretariat should participate in all trainings given to STI doctors, DiC managers and outreach volunteers listed above. They should also receive weekly mentoring/training on the management of the DiC and motivation of DiC staff.

Guard/Cleaner

The kitchen provides a space for preparation of food and includes:

Guard/Cleaner should receive basic training on the roles and regulations regarding operating hours, cleaning, gardening and tidiness and maintenance of household items at the DiC. He should receive training on what to do in case of an emergency, such as a phone tree and when to call for help (see below for sample phone tree). The training also should cover what to do in case of lost keys, illness, theft and other issues. In addition, he should be briefed on proper procedures for the hand over between shifts (including the need to report overall situation of safety and cleaning status). In the case of late arrival of the next person to attend DiC (a next Guard or DiC Manager or outreach volunteer), the active Guard should not leave the DiC unattended.

Additional briefing topics:

- * He should dress comfortably in long sleeves and trousers (no shorts are allowed);
- * He may take a nap during duty at night as long as all precautions for safety are taken (e.g. all electrical appliances are unplugged, all tap water outlets are closed, all doors and windows are locked and the front gate is locked); and
- * He has full responsibility for any lost or damaged equipment, furniture and other DiC household items during his shift.

Sample Phone Tree (in order of whom to contact first):

- * DiC Manager
- * Field Coordinator
- * PCCA secretariat
- * FHI staff
- * Designated outreach volunteer

Village Authorities and Drink Shop Owners

In addition to the above team members working for the DiC, the village authorities and owners of drink shops also receive training on:

- * Basic knowledge on HIV/STI/AIDS
- * Their role in helping DiC improve prevention activities for SW.

Risk cards (as detailed in the BCC Activity manual for outreach volunteer) were used during the training for village authority and owner of drink shops.

SERVICES PROVIDED BY DiC



Outreach Services

Three to four outreach volunteers working in each DiC conduct interactive outreach education sessions at drink shops from 10:00 to 15:00 hours every day except:

- * When they attend training or meeting;
- * When there are visitors to the DiC;
- * On the day when STI doctors attend the DiC (Outreach volunteers take turns assisting the STI doctor and the DiC manager in providing support service at DiC); and
- * When assigned other duties by the PCCA Secretariat.

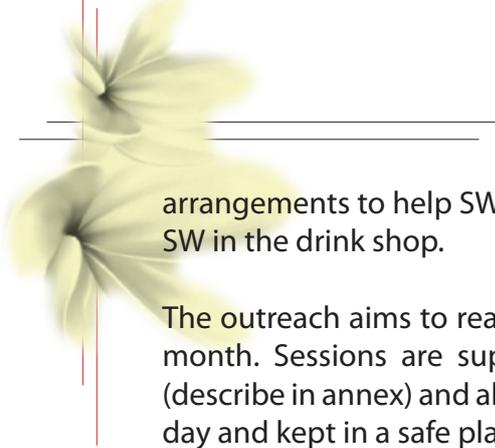
Based on the mapping (which includes travel distance, total number of drink shops in operation, and total number of SW who live in each of the drink shop), a cluster is identified and allocated to each outreach volunteer, taking into consideration where the volunteer lives and minimizing travel distance for the volunteer. The mapping information is update on the monthly basic in order to set targets.

To meet targets, each outreach volunteer develops her own work plan to ensure that she visits a minimum of three drink shops or entertainment venues per day to conduct outreach sessions (note: work plan for outreach volunteer is listed in an annex).

During the outreach sessions, an interactive monthly BCC theme / topic is delivered for 30 to 40 minutes. There must be more than two SW for a session to be held, so it is important that the outreach volunteers check to see if there are more than two SW present at the particular drink shop and that the SW are not occupied with another task (e.g. having male customer). If a male customer walks into the drink shop while an outreach session is being conducted, the outreach volunteer stops and finds way to return to the interactive theme at a better time. This is done to minimize interference or negative impacts on SW work. Outreach sessions are only recorded at those visits during which the interactive theme of the month is delivered. Each outreach session ends with condom demonstration and distribution.

Owners of drink shops are always invited to participate in the outreach session. This aims to ensure that owners have a better understanding of the health needs of SW and to encourage them to ensure SW working at their drink shops have access to services. In addition, inviting the owner to participate in outreach sessions is another way to promote a closer relationship between owners and SW.

For each outreach session, the total number of SW that participated and the theme that was delivered are recorded (the record form is listed in an annex). SW are encouraged to attend the DiC for STI screening and treatment. In many cases, outreach volunteers coordinate with the DiC manager and the owner of drink shop to make transportation



arrangements to help SW get to the DiC. Print materials are also distributed to the owner and SW in the drink shop.

The outreach aims to reach at least 80 percent of the total number of SW in drink shops per month. Sessions are supervised by the Field Coordinator using an observation checklist (describe in annex) and all outreach records or logbooks are checked at the end of the working day and kept in a safe place at DiC.

When conducting outreach to drink shops, each outreach volunteer carries with her an ID card. She also uses her own motorbike and received petrol allowance from PCCA. In addition to the petrol allowance, she receives a daily allowance (except on days that she is absent from work) and a telephone allowance.

Some tips for conducting good outreach session

1. Get all materials ready ahead of time
2. Greet individuals participating in the session to build group rapport (e.g. get to know each SW name, her home town and other information about her work)
3. Introduce the BCC interactive topic or session theme
4. Explain the purpose of topic
5. Encourage all SW to participate as more questions means more interaction and indicates that the topic is interesting
6. Encourage SW to talk and the outreach volunteer is to listen
7. Allow reasonable time for discussion/ sharing information among SW
8. Encourage relaxing environment with open discussion, laugh or joke along
9. Ask SW what they have learned from the activity/session/game/topic
10. Summarize and repeat purpose of the session
11. Ask SW what else they would like to learn about in the next visit
12. Remember to always check if there is customer; stop the session if the male customer walks in so that SW could accompany her customer without losing her income.
13. Dress in the way that is culturally appropriate when conducting outreach
14. Always exchange contact telephone number
15. Avoid organizing session when there is only one or two SW present at time of visit.

Services provided in the DiC

Drop-in Clients Only

Some SW access DiC to drop-in only and not access the STI or other services. They come to the DiC to relax, to get away from drink shop for a short while, to watch their favorite TV show, to learn how to cook, to do their hair and nails, etc. Drop-in clients normally do not seek clinical services at the DiC.



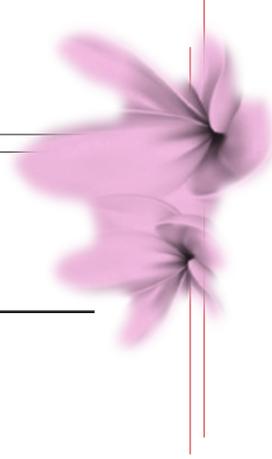
At the DiC, beauty items for make up and manicures are made available for SW. Each room is kept clean all the time to ensure a comfortable environment. Each SW is welcomed by all members working for the DiC to make them feel comfortable, like the DiC is the SWs' second home. There are basic cooking appliances, ingredients (fish sauce, sugar, salt, chili), and other cooking materials in the kitchen for SW to cook, warm up and prepare their food. There is a room for SW to rest (including a pillow, mattress and blanket), and a bathroom where SW can take a shower (there is soap, shower cream and tap water available).

For STI and VCT Services

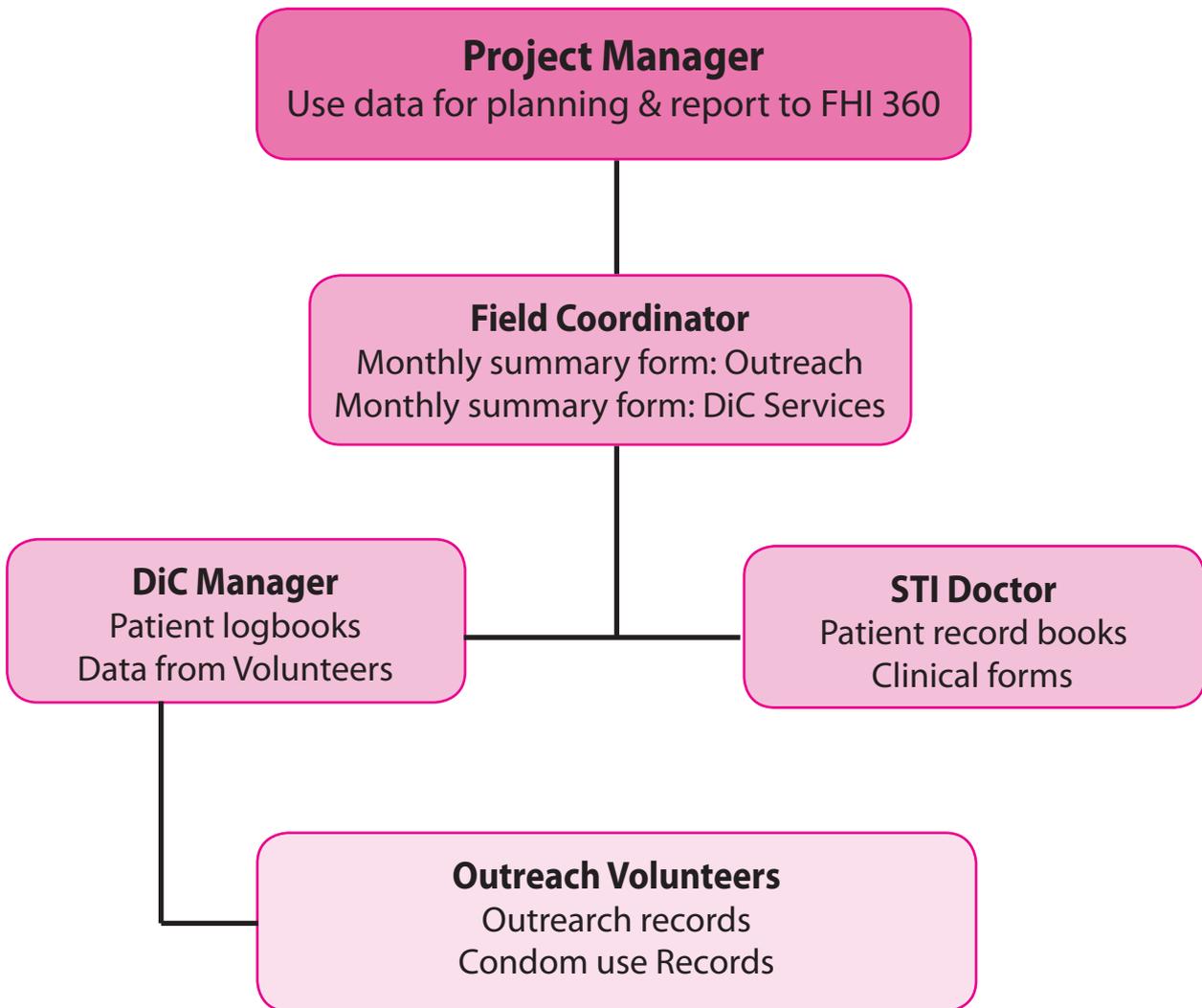
1. On arrival, the SW is greeted by the DiC manager and/or outreach volunteers
2. The SW is invited to the waiting area where the DiC manager will ask her for the reason for her visit to help make sure the SW receives the care she needs
3. If it is her first visit and the visit is drop-in only, the SW is introduced to staff members and is given a tour of the DiC
4. If the SW has been to the DiC before and she is drop-in only, she can enjoy some of the activities such as beauty salon through assistance from DiC staffs in making sure that all necessary equipment and materials are available for her to use
5. If her visit to DiC is for STI service, she is invited to the counseling or examination room for history taking
6. History taking is done as per National Guideline on STI Management for SW and MSM
7. After the history taking, the DiC manager explains each step of the physical examination and obtains her consent (e.g that the doctor would perform a pelvic examination, which requires the SW to disrobe from the waist down and to lie on an examination table)
8. After consent, she is invited into the examination room where the trained STI doctor is waiting (in some cases, when the STI doctor is unavailable, the DiC manager, a trained nurse, performs the physical examination)
9. Physical examination is done by the STI doctor (as per National Guideline on STI Management for SW and MSM)
10. After the physical examination, the SW returns to the DiC manager's room where she receives BCC, condom demonstration, lubricant and her medication. For the medication, the SW is asked to take them in front of the DiC manager so that the manager can directly observe)
11. Two STI drugs (Azythromycin and Cefixime) are given free of charge. However, SW has to pay for other types of STI drugs made available at a lower cost through the DiC revolving fund mechanism
12. The SW also receives education on the benefits of having an HIV test and is given the opportunity to have a free HIV screening test onsite
13. If she agrees to have an HIV screening test, the DiC manager proceeds as per National Guideline or HIV testing procedures and protocols (CHAS has provided these guidelines and training on the guidelines)
14. The SW receives HIV screening test results on site within 30 minutes (except in the case where two types of testing reagents give inconsistent results; in this case, she is asked to return for a confirmatory result in three days)

- 
15. Before leaving the counseling room/DiC manager's room, SW receives an appointment card, condoms, and lubricant in any number she requires and advice regarding other health issues
 16. Sometimes the SW is referred to other services such as to the provincial hospital for treatment of genital warts, to the Youth Center for vocational training, to the support group of people living with HIV/AIDS, and to ART centers
 17. SW with STI symptoms receives an additional appointment so that she could bring in her partners for a treatment at the DiC
 18. If requested and appropriate, the SW also receives other counseling services from the DiC Manager (e.g. issues relating to relationships with boyfriends, love, and relationship with owners and friends at the same drink shop)
 19. The SW is invited to stay in the living room for a minimum of 30 minutes for observation for possible side effects or for reactions after taking STI medication. She can rest or do her hair or nails.
 20. The SW is asked to write any comments regarding her feedback on services at the DiC and put them in the comment box, but is not required to provide a comment if she does not want to do so.
 21. The SW is advised to attend STI check up once per month even if she has no STI symptoms
 22. The DiC manager records all services given to SW in a standardized form, files the forms in the cabinet and locks the cabinet.

DATA COLLECTION



Responsible Persons for Data Collection



Data Collection

Logbook, forms and other records of DiC

See annex



From the Outreach Volunteer

- * The work plan
- * Daily record of outreach session
- * Coverage record form
- * Condom use record (self report)

From the DiC Manager

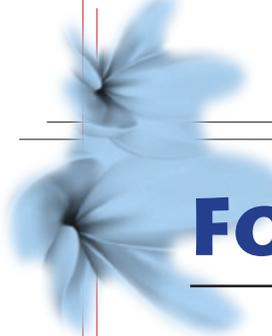
- * Staff attendant logbook (outreach volunteer, STI doctors, guard/cleaner, DiC Manager)
- * Visitor logbook
- * STI drug record
- * DiC asset
- * Patient record logbook
- * Daily expenses logbook
- * HIV referral form

From the STI Doctor

- * Staff attendant logbook
- * Patient record logbook (share with DiC Manager)
- * Clinical forms

From the Field Coordinator

- * Observation checklist
- * Field Coordinator work record
- * Summary of program output indicators



FOCUS GROUP DISCUSSIONS

Focus Group Discussions (FGDs) are conducted every six months among SW and owners of drink shops in order to obtain their feedback regarding services provided by the DiC.

Basic Techniques for FGDs

The FGD team consists of three members:

1. **Facilitator:** The role of the facilitator is to lead the group discussion using the FGD guide. The facilitator will ensure that all the topics are covered.
2. **Facilitator's assistant:** The assistant helps with the logistics of the FGD and with the flow of the discussion.
3. **Recorder:** The recorder takes notes of all the key points made during the FGD and writes the results from each FGD.

FGD participants:

- * Each FGD consists of 8-12 SW participants
- * Each FGD topic is conducted with three groups of participants

Preparing for the FGD:

The team prepares questions for a FGD guide before the FGD and practices before the actual FGD to make sure that the guide is easily understandable and captures the necessary information.

Conducting the FGD:

When conducting the FGD, it is important to protect privacy and ensure that there will be no interruptions from people not participating in the FGD. The facilitator begins by explaining the purpose of the FGD to the group (how this information will be useful for improving program activities), the benefits to participants (e.g. to tailor the program to meet the needs of SW), the anticipated length of the FGD (e.g. 30 to 45 minutes), team expectation from participants (e.g. their honest comments) and plans to ensure confidentiality (e.g. no record of name or photo without permission).

It is important that the facilitator ensures that each participant has a chance to express his/her comments. In general no tape recorder is used or photo taken during the FGD. At the end of the FGD, each participant should be given a small gift as thanks for their participation.

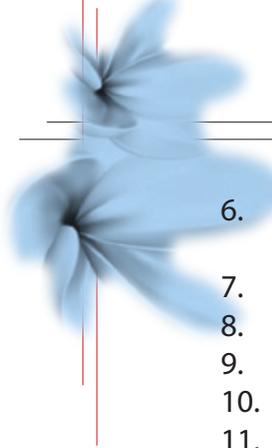
FGD Guides:

FGD to assess how SW feel about DiC services

1. Have you ever heard of or been to the DiC?
2. How many of you have been to a DiC?
3. How do you feel about services at the DiC?
4. How far did you have to travel to get to the DiC?
5. How about the transportation cost?
6. Explain how you feel about the STI doctor, DiC manager and other staff members working at the DiC.
7. How about the payment at the DiC (e.g. what did you pay for?)
8. Explain your impression of the DiC.
9. Explain what you did not like at the DiC.
10. Explain what you think should be done differently at the DiC.
11. Explain what type of services, quality and other considerations should be provided so that you want to visit the DiC again.
12. How often have you been to DiC? And why?
13. Explain the benefit you received from DiC services.
14. Would you recommend the DiC to your friends or boy friend? Why?
15. How about a visit to drink shop by the DiC team, how do you feel about it?
16. How often does the DiC team visit you?
17. What is the name of a person from the DiC who visited you? Explain what she did during her visit to your drink shop.
18. How do you feel about her and the activities that she does with you?
19. How do you feel about the time of her visit? Would you rather have her visit during different hours? If so, why?
20. Explain other activities that you would like her to do at her next visit.

FGD to assess interest of SW around inclusion of Family Planning (FP) services at the DiC

1. Where do you obtain information on contraceptives? From whom?
2. How much does your contraceptive cost?
3. Where do you obtain information on FP?
4. Who are the most trusted service providers of FP?
5. What do you know about abortion?
 - a. Where can it be done? By whom?
 - b. Do you know if it is legal?
 - c. Do you know the type of techniques being used?
 - d. Medical VS surgical termination of pregnancy?
 - e. Where can you obtain medicines for medical terminations?
 - f. How much do they cost?
 - g. Do you know any SW who have experienced an abortion?

- 
6. How comfortable are SW disclosing their experiences with contraception? And abortion?
 7. What are the preferred methods of family planning? Why are they preferred?
 8. How do you feel about unintended pregnancies?
 9. How do you feel about using condoms with regular partners?
 10. What FP services would you like to see provided in DiCs?
 11. Is there a community-based distribution in your community? If not, would that be a good idea?
 12. Could you share any traditional methods of FP or abortion?

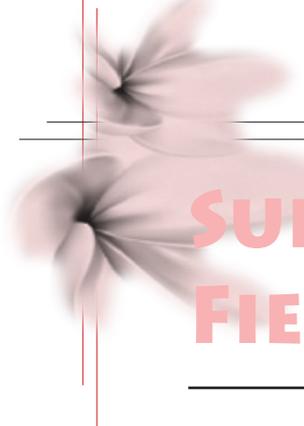
FGD on Female Condoms (FC)

1. How many of you have seen or heard of FC?
2. How did you feel about it?
3. What does it look like? Can you describe it?
4. How is it different from the male condom?
5. Could you explain how you felt about FC when you saw it the first time?
6. Who introduced FC to you?
7. Did you touch it? How did you feel when you first touched it?
8. Did you use it? If so, explain how you felt
9. Do you have it with you to show me?
10. For those who have used it, can you explain how easy or difficult it is to use FC? How about your partner, what did he say about FC when you used it?
11. For those of you who have not used it, can you explain why?
12. If I show you now and help you put it on, would you try with me? Why or why not?
13. Now I have FC with me, how many would like to try it? Or take it to try on your own time?

FGD to assess the interest of SW in coming to a DiC established for them

1. What does good health mean to you?
2. Describe the health problems that most concern you. Why are they important in your life?
3. In your free time what do you like to do? What kinds of things do you have to do?
4. With whom do you spend your free time? Do you spend free time with other SW? Why or why not?
5. If you have any problem in your life (e.g. health problem, personal problem) with whom do you talk? Who helps you? Who do you listen to?
6. Have you told your friends/family/neighbors about the type of work that you do? Do they know your status? What do you think they would do/say/think if they knew what you do to earn a living? How do you keep your work a secret?

- 
7. If we are to visit you and help you learn about health, how do you feel about this? When would be a good time for us to come?
 8. What are some topics that interest you, about which you would like to learn more?
 9. If there was a place that you could go to hang out with other SW during your free time, would you go? Why or why not?
 10. If a place like this was far from the place you work, how often do you think you would go?
 11. What would you think about this place if you had to pay for some of the services, e.g. like condoms and STI checkups? Would you still like to go to the center? Would you use these services if you had to pay for them? Would you use these services if they were free? Why or why not?
 12. How long do you usually stay in one drink shop? If you move to another one, why do you move? How long do you stay in the new place before returning?
 13. Is there any question you would like to ask us?



SUPERVISION SUPPORT BY FIELD COORDINATOR

The Field Coordinator provides supervision support to each of the outreach volunteers during outreach sessions at drink shops at least once per month. This supervision is especially important when new interactive outreach topics are introduced. The purpose of supervision support is to mentor outreach volunteers in a manner that is supportive of individual strengths. The field coordinator also:

- * Helps answer questions or provide clarification during outreach sessions (only if the outreach volunteer is unable or unsure)
- * Gives informal on-the-job training to each outreach volunteer
- * Completes an observation checklist for each of the outreach sessions attended. In this document, the Field Coordinator discusses and makes suggestions on how to improve the way the outreach session is delivered. In a subsequent outreach session, the Field Coordinator completes an additional observation checklist indicating if there was an improvement in delivery skills.
- * Organizes a meeting once per month at the DiC to discuss ways to improve outreach coverage and DiC services with the DiC Manager, STI doctor and Outreach Volunteers
- * Provides supervision support to the DiC manager to ensure smooth operation of DiC services
- * Provides support to STI doctors to help facilitate the provision of quality STI services at DiC



ANNEXES

Annex 1: STI Drugs

List of STI drugs (as per national Guideline on STI Management for SW and MSM)

Annex 2: Medical Equipment

Annex 3: DiC Furniture

Annex 4: Reporting, recording & logbook



Annex 1

List of STI Drug

(as per National Guideline on STI Management for SW and MSM)

No.	Detail	Qty	Remark
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			



Medical Equipment

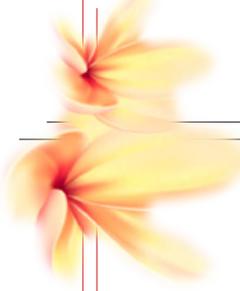
No.	Detail	Qty	Remark
1	Electric Portable Steam Pressure Sterilizer (Model: 25x25qt/24liter)	1	
2	Instrument Trolley	1	
3	Gynecology Couch, ss	1	
4	Revolving Stool (Height = 65 cm)	1	
5	Halogen lamp (220V, 60W)	1	
6	Instrument tray 12x8x2.5"	1	
7	Basin 10"	4	
8	Forceps jar 2x7.5"	1	
9	Ointment jars 3"	1	
10	Medicine cup 2oz	1	
11	Sphygmomanometer and Stethoscope	1	
12	Thermometer	2	
13	Scissors 17 cm	2	
14	Tissue Forceps teeth 1*2 20 cm	1	
15	Cotton Swab Forceps 20 cm	1	
16	Speculum 75*20 mm, S	4	
17	Speculum 95*35 mm, M	4	
18	Round Bucket with lid	1	



Annex 3

Furniture for Drop-in Center

No.	Detail	Qty	Remark
1	Working table	2	
2	Cupboard	1	
3	Cabinet (3 drawers)	1	
4	Chair	6	
5	VCD	1	
6	TV 29"	1	
7	Speaker	1	
8	Water cooler machine	1	
9	Electric hot water	2	
10	Wooden TV table	1	
11	Wooden filling cabinet	1	



The Work

Month:.....

Drop in Center name:.....

Volunteer name:.....

Monday	Tuesday	Wednesday	Thursday	Friday	Sat	Sun

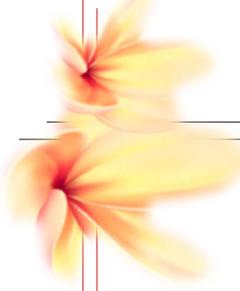


Annex 4

Condom Use Record

Note: ask SW over the past week (1 SW answer once/month)

Name (by code)		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name (by code)	# of sex episodes with all boy friend /regular partner in the past week												
	# of condom use with all boy friend /regular partner in the past week												
	# of sex episodes with all client in the past week												
	# of condom use with all client in the past week												
Name (by code)	# of sex episodes with all boy friend /regular partner in the past week												
	# of condom use with all boy friend /regular partner in the past week												
	# of sex episodes with all client in the past week												
	# of condom use with all client in the past week												
Name (by code)	# of sex episodes with all boy friend /regular partner in the past week												
	# of condom use with all boy friend /regular partner in the past week												
	# of sex episodes with all client in the past week												
	# of condom use with all client in the past week												
Name (by code)	# of sex episodes with all boy friend /regular partner in the past week												
	# of condom use with all boy friend /regular partner in the past week												
	# of sex episodes with all client in the past week												
	# of condom use with all client in the past week												



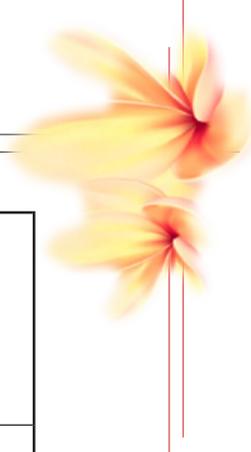
Staff attendant logbook (outreach volunteers, STI doctor, Manager, Guard/cleaner)

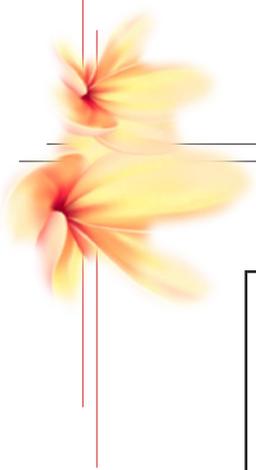
Date. Month. Year	Name of Staff	Arrival time	Departure time	Signature

Annex 4

Visitor Logbook

D/M/Y	No	Name (by code)	Address	SW		of visit to DIC					Attend STI	Attend HIV VCT	Note	
				New	Repeat	1	2	3	4	5				





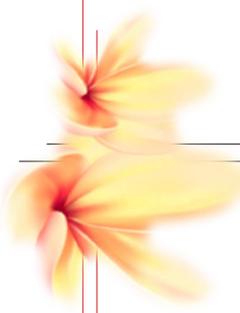
STI drug Record

D/M/Y	No.	Name of drug	Dosage	Type	Note



DiC Asset

No.	List of item	Number/unit	Quantity	Current on hand	Note



Patient Record Logbook

No.	Code	Name (by code)	Current address	SW		Single	Marital Status			Present symptom	Diagnosis	Treat- ment	VCT	Referral	Next appointment	Signat-ure of STI doctor		
				New	Repeat		Marriage	Divorce	Widow									

Clinical Form

ID Number: _____ Name: _____

Date of birth:(MM/DD/YR): _____ Civil Status: () Married () Single

Groups: () 1 () 2 () 3 () 4 Place of work: _____

Transfer date Address

Date: _____

HISTORY OF CURRENT ILLNESS		
1. Do you have any current problem?		
Chief Complaint		
2. Do you currently have an abnormal vaginal discharge?	Yes	No
3. Do you currently have genital itching?	1	0
4. Do you currently have lower abdominal pain associated with fever?	1	0
5. Do you have any genital ulcer?	1	0
6. When was your last menstrual period ?	D/M/Y	
7. Is she pregnant ?	1	2
CONDOM USE		
	Yes	No
1. Did you use condom in the past month when you had sex with your client ?	1	2
2. Did you use condom in the past month when you had sex with your regular partner?	1	2
PHYSICAL EXAMINATION		
Lower Abdominal Examination before Speculum Insertion	yes/ Present	No/ Absent
1. Lower abdominal tenderness on deep palpation	1	0
2. Inguinal lymph node swelling	1	0
ULCERS		
3. Herpes genitalis	1	0
If yes: Location	1. Vulvar area 2. Perineal/Anal area 3. Vaginal area 4. Cervical area	
4. Chancre (Syphilis)	1	0
If yes: Location	1. Vulvar area 2. Perineal/Anal area 3. Vaginal area 4. Cervical area	



Annex 4

5. Chancroid (<i>Haemophilus ducreyi</i>)	1	0
If yes: Location	1. Vulvar area 2. Perineal/Anal area 3. Vaginal area 4. Cervical area	
WARTS		
6. Genital	1	0
If yes: Location	1. Vulvar area 2. Perineal/Anal area 3. Vaginal area 4. Cervical area	
OTHER FINDINGS		
Check if all findings are recorded. Introduce a duck-billed speculum into the vaginal opening using only sterile water as lubricant.		
VAGINAL DISCHARGE		
1. Lateral wall area	1	0
2. Posterior fornix area	1	0
If vaginal discharge present	1. Clear 2. Whitish 3. Greenish/Yellowish 4. Brownish 5. Others, (SPECIFY)	
3. Color		
4. Amount	1. Scanty 2. Moderate 3. Profuse	
5. Consistency	1. Frothy 2. Thick or creamy 3. Curdy 4. Thin or watery	
6. Odor	0 No odor 1 Unpleasant Odor 2 Others: (SPECIFY)	
7. Abnormal vaginal discharge present	1	0
If abnormal vaginal discharge present:	1. <i>Trichomonas vaginalis</i> 2. <i>Candida albicans</i> 3. Bacterial vaginosis 4. Other, (Specify)	
Clean the cervix with a cotton swab.		
EXamination on the Cervix	Yes/ Present	No/ Absen
1. Ectopy	1	0
2. Erosion / Inflammation	1	0
3. Bleeding on touch	1	0
4. Endocervical discharge	1	0

Annex 4

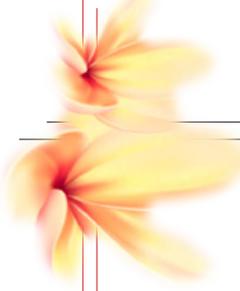
4. Endocervical discharge	1	0
If present:	1. Clear	
5. Color	2. Whitish	
	3. Greenish/ Yellowish	
	4. Brownish	
	5. Others, (SPECIFY)	
6. Amount	1 Scanty	
	2 Moderate	
	3 Profuse	
7. Consistency	1. Thick or Creamy	
	2. Thin or watery	
8. Other findings:		
Bimanual Examination	Yes/ Present	NO/ Absent
9. Tenderness on Cervical Wriggling	1	0
10. Adnexal Mass	1	0
11. Adnexal Tenderness	1	0
12. Uterus enlarge	1	0
CHECK IF ALL FINDINGS ARE RECORDED.		
DIAGNOSIS		
1. Normal findings 2. Vaginal Infection (e.g, trichomoniasis, candidiasis or bacterial vaginosis) 3. Cervical Infection (e. g, gonorrhoea and /or chlamydia) 4. Genital Ulcer: () 1. Syphilis () 2. Herpes genitalis () 3. Chancroid 5. Genital Wart 6. Lower abdominal infection 7. Other specific STI/RTI		
TREATMENT		
1. Normal findings BUT with risk behavior: Azithromycin 1 gram single dose and Cefixime 400mg. single does 2. Vaginal Infection BUT with risk behavior: treat for BOTH Vaginitis AND Cervicitis: () Metronidazole 2 gram single dose and Clotrimazole 500 mg. supp OR () Metronidazole 500mg, 2 per day x 7 day and Clotrimazole 500 mg. Supp COMBINED WITH () Cefixime 400 mg single dose and Doxycycline 100 mg., 2x a day for 7 days OR () Cefixime 400mg single dose and Azithromycin 1 gram single dose 3. Cervical Infection: () Cefixime 400 mg single does and Doxycycline 100 mg., 2 x a day for 7 days OR () Cefixime 400 mg single dose and Azithromycin 1 gram single dose 4. Genital Ulcer: 1. Refer 2. Herpes: Acyclovir 200 mg. 5 x a day for 5 days 3. Chancroid: Aziithromycin 1 gm. single dose OR Erythromycin 500 mg x 4 times/day for 7 days 5. Genital Wart: Apply podophylline OR refer if warts are large 6. Lower abdominal infection: Refer or as per suggestion on page 23 of Natinal Treatment Protocol 7. Others Specify:.....		
Remarks		



Annex 4

Observation Checklist:

<i>CHECK list</i>	<i>Comment</i>
<i>Greeting</i>	
<i>Introduction</i>	
<i>Rapport Building</i>	
<i>Explain Purpose of visit/session</i>	
<i>Introduce the topic</i>	
<i>Checking understanding</i>	
<i>Participatory approach</i>	
<i>Two CEway</i> <ul style="list-style-type: none"><i>• communication:</i><i>• Eye contact</i><i>• Listening</i><i>• Politeness/respect</i><i>• Simple/local language</i>	
<i>USE of materials/ demonstration distribution</i>	
<i>Ensure understanding</i>	
<i>Allow time for questioning</i>	
<i>Conclusion/summary</i>	
<i>Next visit date</i>	
<i>Thanks</i>	
<i>Recording/reporting</i>	



FHI Field Coordinator/work record

1. Date			
2. Outreach Sites Visited & # of SW at session			
3. Outreach worker Observed			
4. Comments about your visits to the small drink shops and night clubs			
5. Follow up that I will do to help the outreach workers			
6. Wellness Center Visited			
7. Comments about the wellness Center.			



Annex 4

Summary of program out put indicator

<i>All province</i>		
<i>No</i>	<i>Indicators</i>	<i>Detail</i>
1	# of training session/meeting conducted for mamsans	
	# of mamasan attended skill building	
	# of training day	
2	# of training session/meeting conducted for districts	
	# of district health staff attended skill building	
	# of training day	
3	# of training session conducted for volunteers	
	# of volunteers trained	
	# of training day	
<i>Drink shop</i>		
4	Total # of drink shop in town	
	Total # of drink shop reached	
	Total # of drink shop by outreach volunteers	
	Total # of outreach session conducted	
<i>Outreach</i>		
5	# of estimate SW in districts	
	# of new	
	Total # of individual reached	
	# of new reached	
	# of SW attend group session	
	# of SW attend one to one session	
	# of contact made in group session	
	# of contact made in one to one session	
<i>DiC</i>		
6	# total of individual visit	
	# of first time visit (new)	
	# of visit/contacts	
7	Total # accessing/utilizing STI/RTI services	
	# of new SW	
	# of new treated	
	# of infected with STI/RTI & treated	
	# of infected with STI/RTI & treated PPT	
	# of SW with reinfection in a month	
	# of SW with treatment in a month	
	# of referred to STI/RTI services at hospital	

No	Indicators	Detail
VCT		
8	# of SW attend counseling services	
	# of new	
	# of SW received blood test	
	# of SW return for result and received result	
	# of positive	
	# of positive referred to other health facility for OI and ARV	
Package		
9	# of SW received BCC, condom	
	# of SW received BCC, and condom and STI	
	# of SW received BCC, condom, STI and VCT	
	# of SW received BCC, condom, STI and VCT	
	# of SW received BCC, condom, STI and VCT	
	# of SW with positive and refer	
Special events		
10	# of special event conduct	
	# of SW attended	
	# of condom distributed	
Male Partners		
11	# of male client visit to WC	
	# of new visit	
	# seeking STI services	
	# of STI and treated	
	# of referral to other hospital	
	# attend HIV counseling	
	# attend HIV test	
	# of positive	
	# refer to peer support and other services of PLWA	
Female Partners		
12	# Of female client visit to WC	
	# Of new visit	
	# seeking STI services	
	# of STI and treated	
	# of referral to other hospital	
	# attend HIV counseling	
	# attend HIV test	
	# of positive	
	# refer to peer support and other services of PLWA	

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