

PSI/Cambodia

**FY 2010 Annual Progress Report
to USAID/Cambodia
Covering the period October 1, 2009 –September 30, 2010**

**Cooperative Agreement Number 442-A-00-08-00001-00
Total Estimated Agreement Budget: \$15,939,995 plus DFID Contribution of 7.25 million
Agreement Duration: January 1, 2008 – February 4, 2013**

Submitted November 1st, 2010



I. EXECUTIVE SUMMARY

PSI/C implemented programs that support the Government of Cambodia's national policies & strategies to increase sustainable access to health products, services and healthy behaviors related to HIV/AIDS, reproductive health (RH), child survival (CS) and, through complimentary funding, malaria. HIV prevention interventions reach populations most at-risk of HIV and drivers of the epidemic. At risk populations reached by PSI in Cambodia include: sex workers, (brothel based and non brothel based, now referred to as "entertainment workers" (EW); clients and "sweethearts"¹ of entertainment sex workers; MSM, PLWHA and their sexual partners; and DU/IDUs. RH programs target poor WRA living in rural and urban areas. During FY10, PSI/C revitalized child survival efforts with the re-launch of a diarrhea treatment kit and the introduction of an innovative, point of use water disinfectant tablet which empowers caregivers to protect their children and families from the consequences of unsafe water.

The project's goal is to improve the health of poor and vulnerable Cambodians. The project purpose is to increase consistent and correct use of high-quality essential health products and services among priority at-risk populations, especially the poor and vulnerable. PSI/C's outputs include:

- 1.) increased access to condoms, birth spacing products, ORS/Zinc, and safe water products;
- 2.) improved knowledge, awareness and supportive attitudes to change behaviours among priority populations;
- 3.) increased Cambodian national capacity to manage and sustain results over the long term with reduced dependence on donors; and
- 4.) an increased knowledge and evidence-base for effective and efficient social marketing and behavior change interventions.

PSI/C aims to **improve health outcomes by harnessing the private sector to better serve the poor and vulnerable**. We do so through a portfolio of interventions that include medical detailing, training programs, and targeted outlet support to improve the behaviors of private sector providers – from pharmacies to clinics, entertainment establishments to small shops. We make attractive, quality, and affordable products and services accessible and available. And using innovative evidence as a foundation of all our programs, we encourage healthier behaviors by ensuring poor and vulnerable populations are equipped with the opportunity, ability, and motivation they require to make healthier choices.

The overarching strategy to achieve this goal and outputs is through the application of a Total Market Approach (TMA). The principles of a TMA guide evidence-based programmatic decisions to create *long-term sustainable markets* —from targeted behavior change communication (BCC) to drive overall demand for products and services across all populations to better consumer segmentation for health commodities to ensure a healthy mix of free, subsidized and private sector commercial choice. The outcome of such an approach is a sustainable and healthy market through improved targeting of scarce donor subsidies provided through the public and social marketing sectors to those who cannot afford to pay commercial prices. At the same time, the approach will create opportunities for the commercial sector to enter the market with affordable products for wealthier populations that can afford to access for-profit health products.

PSI/C has fine-tuned behaviour change interventions based on the latest cutting edge operational research, targeted social marketing efforts, and put total market approach theories into practice in Cambodia to ensure a sustainable supply of health commodities. Working as a valued partner to the government is an underlying theme of the work we accomplished.

¹ Sweetheart is a term used in Cambodia to describe any relationship defined by affection or love. In the context of sex workers "sweethearts" are partners who generally do not pay with every act of sex, but with whom money/ gifts may be exchanged over time.

In FY2010, PSI/C programs applied the latest insight and findings from research to address the consistently changing and challenging operating environment, especially in regards to HIV programming. Key highlights achieved in HIV prevention interventions included:

- **Dramatic increases in self-reported condom use among high risk urban men.** PSI/C TRaC Surveys demonstrated significant increases in **consistent condom use among men and their commercial partners, increasing from 84.7% in 2008 to 95.6% in 2009.** **Consistent condom** use among men and their sweethearts also **significantly improved from 57.7% in 2008 to 69.4% in 2009.**
- Strengthened generic behavior change interventions targeting men at high risk of HIV. During this reporting period, a specialized team of 55 interpersonal communicators targeted clients and potential clients of entertainment workers in **806 venues** in Battambang, Siem Reap, Sihanoukville and Phnom Penh, **reaching over 160,517 high risk urban men with messages encouraging consistent condom use** in all transactional and semi-transactional, sweetheart relationships. Cumulative contacts since program inception in June 2008 is over 470,000. According to the 2009 TRaC Survey, **nearly half of men surveyed reported contact with the PSI IPC team and 88.5% of those men could recall at least one message** delivered by the team. Furthermore, multiple exposures to the IPC intervention resulted in increased condoms use. **Men who had contact with IPC team 2 times report 77.5% consistent condom use**, compared to 68.1% consistent condom use of those who had reported contact with IPC team only once.
- A complimentary mid media campaign was implemented to reinforce interpersonal message delivery and address inconsistent condom use in high risk relationships. The campaign addresses subjective norms and includes complimentary media such as posters, IEC materials and print media (magazines, outdoor advertising).
- The umbrella “*ManUp!*” campaign and supporting IEC materials and IPC game tools were developed. The umbrella campaign aims to create a unifying movement among men that prompts them to take responsibility for their actions and family while preserving their loyalty to friends, ie “real Khmer man.” **Campaigns feature a common unifying message to promote condom use and addresses risk perception, and reliance in beliefs in a partner’s background to use condoms. Phased campaigns addressed risk perception from a different angle or theme to maximize behaviour change impact.**
- **Total market approaches** to condom availability included **the launch of the newly designed and repositioned Number One condom brand** in April 2010 targeting *higher* income men aiming to ‘impress their partner’ and continued support in building the ‘value for money’ **OK Condom Brand** targeting *low* income men engaging in high risk relationships. With complimentary funding from Global Fund, PSI/C continued support of a bundled condom/water based lubricant branded as OK Plus targeting MSM and high frequency sex workers.
- **A restructured United Health Network of NGOs** aims to ensure that local partner NGOs have the resources, skills, techniques, and products to conduct social marketing and targeted behavior change interventions with most at-risk populations such as MSM, direct and indirect SW, IDU/DU, and PLWHAs. In this period the UHN program provided HIV/AIDS sub-grants to 16 NGOs to conduct social marketing activities aiming to increase access of condoms and lubricant at high risk venues, and conduct **targeted behavior change interventions reaching over 41,000 MARPs.**
- **Over 18 million social marketed condoms** ensured HIV prevention products are available when and where higher risk populations congregate.
- Significant increases in condom availability in and around entertainment venues were ensured through targeted distribution efforts, including beer gardens, karaoke and massage parlors in Phnom Penh. The 2010 MAP survey documented **condoms on site or within 50 meters in 71% of beer gardens, 63% of massage parlors, 71% of karaoke bars and 83% of high risk outlets in other urban areas. Condom availability in a variety of high**

risk venues is critically important given the degradation of the HIV programming environment in Cambodia.

- PSI/C strengthened its arsenal of strategic information to provide greater insights on condom use behaviors and attitudes among most at-risk populations to guide HIV interventions by completing and disseminating **qualitative and quantitative research findings among high risk urban men, entertainment workers and men who have sex with men.**

In the areas of birth spacing, reproductive health, and child survival, the following outcomes are noteworthy:

- **517,632 couple years of protection (CYP)** were driven through the social marketing of birth spacing products and services. These include service provision of long-term methods (IUDs and implants) with complimentary funding from KfW and foundation support, as well as social marketing efforts supporting increased use of short-term contraceptives (*OK Pill* and *OK Injection*).
- Coverage of short term family planning products – most notably OCPs – increased to 65% - meaning 65% of geographic zones had at least one outlet per village.
- PSI/C **launched its partnership with a private medical distribution company** in February 2010 for the distribution of OK Injection. The partnership will serve as a pilot for PSI/C's transition to private distribution of its products. Cost-efficiency and equity of national product coverage will be monitored and evaluated over a one-year period.
- PSI/C continued application of an **innovative service delivery and health systems strengthening intervention, 'Mobile Training Service Event Days.'** This intervention leverages trained providers and the existing infrastructure of private clinics and public sector health clinics, while **"Practical Training Days"** at PSI supported private sector sites bolster provider skills in the provision of long and short term methods, including the IUD and Implant. During the reporting period, **7,938 IUDs were provided.** This support comes with complementary funding from KfW and foundation funding.
- Medical detailing activities aim to improve private providers' prescription and counseling behaviors around health products and services. In the reporting period, medical detailing teams **reached 1,473 private sector providers such as pharmacies, clinics, and drug sellers with products, information, and training** to improve counseling skills and support to women and their partners. The medical detailing program was redesigned to improve outcomes such as improved provider perceptions, and intentions and behaviors regarding provision of products and services. The activity is cost shared with foundation support and KfW.
- With complimentary funding from KfW and foundation support, PSI/C expanded a re-designed **Franchised Network of health clinics (including Sun Quality Health and OK Family), focusing on increased utilization of long term birth spacing methods.** 162 providers working in slightly lower number of franchised clinics now operate in 12 provinces². A quality assurance manual including standard operating procedures and minimum standards for clinical care at the franchise was developed.
- **Two comprehensive multi-media campaigns were aired** which address (1) myths and misconceptions surrounding contraceptive methods and (2) aims to increase the involvement and support of husbands in a women's decision to use modern methods. For the husbands' campaign, 1,444 spots and 24,123 radio spots were aired. For the myths and misconceptions campaign, 2,349 TV spots and 39,450 radio spots were aired. The campaign is cost shared with other funding. PSI/C led **the official launch of a reproductive health media campaigns** to stakeholders, government officials, donors and partners in December

² Kampong Thom, Kampot, Phnom Penh, Kandal, Battambang, Banteay Meanchey, Kampong Cham, Kampong Chhnang, Prey Veng, Pursat, Siem Reap and Takeo.

2009. In addition, PSI/C developed six radio spots focusing on IUDS (with complementary funding) and supported the MOH generic birth spacing campaign.

- PSI/C led technical assistance and support to design and implement a generic campaign funded by KfW and lead by the MoH. PSI's role ensured messaging was evidence based and in line with national priorities, and in line with other communications programs.
- To reinforce national media campaign messages, PSI/C is ensuring that interpersonal communications are implemented in communities where products and services are provided.
 - Based on PSI/C's formative research on women of reproductive age, **six interactive interpersonal communications tools were developed** focusing on benefit of using the modern birth spacing methods and addressing side effect and rumors (cost sharing with anonymous donor). Tools are widely shared and available with partners.
 - PSI continued to support **six UHN reproductive health sub-grantees and added an additional three sub-grantees in FY 2010** to ensure effective communications to women of reproductive age and their husbands. In the reporting period, **112,192 women and 28,301 husbands were reached through UHN activities**. These activities are cost shared with foundation support.
 - **267 Community Health Mobilizers were trained**. Community mobilizers provide community awareness and mobilization for birth spacing services in the catchment areas of the PSI franchise clinics. The activity is cost shared with foundation support.
- PSI/C continued to provide interactive mobile video events in 21 provinces. The events address behavioral barriers as well as myths and misconceptions around birth spacing. In the reporting period, **497 RH MVU shows reached 232,890 individuals**.
- **PSI/C's reproductive health hotline received 8,999 calls**. Nearly 33% of all callers are men. The hotline is operated in partnership with Inthanou with complementary funding.
- **Strategic Information** to support and evaluate program activities included a reproductive health TRaC survey to identify behavioral determinants surrounding contraceptive methods, a 'MAP' survey which assessed the coverage as well as the quality of coverage for short-term methods; and various formative research studies among providers and women of reproductive age. Research is cost shared with anonymous donor and KfW.

During the reporting period PSI/C revitalized its Child Survival program, expanding Orasel Diarrhea Treatment Kit distribution and point of use safe water tablets (Toeuk Sovatepheap), with supporting communications, to a total of seven provinces and launching point of use household water treatment tablets which effectively and affordably ensure families have access to safe drinking water. The product was attractively packaged and branded, and a supporting communications campaign developed. Achievements of PSI/C's revitalized Child Survival Program include:

- **1,408,900 Toeuk Sovatepheap** safe water disinfectant tablets were distributed through **749 outlets** in 7 targeted provinces – enough to provide over 11,000 families with safe water for over one year.
- **86,350 Orasel Diarrhea Treatment Kits** distributed at **808 outlets** in 7 targeted provinces.
- Safe Water Roving teams conducted **220 outreach sessions** in the targeted community reaching an estimated **129,065 people with IEC messaging** on correct and consistent use of **Toeuk Sovatepheap**, diarrhea prevention and safe hygiene.
- MVU teams conducted **60 OraselDTK diarrhea treatment shows** in Pursat, Siem Reap, Banteay Meanchey, Prey Veng and Koh Kong with approximately **31,550 audiences reached**.
- MVU teams conducted **51 Safe Water diarrhea prevention shows** in Pursat, Siem Reap, Banteay Meanchey, Prey Veng and Koh Kong with approximately **24,390 audiences reached**.

- **440 Orasel Kit TVC spots** have been aired in TVK in Pursat province and **18,090 Radio spots** have been aired in the 13 selected radio stations in Pursat, Siem Reap, Banteay Meanchey, Koh Kong, and Prey Veng.
- **21,375 Safe Water radio spots** have been aired in 13 selected radio stations in Pursat, Siem Reap, Banteay Meanchey, Koh Kong, and Prey Veng.
- **1,354 village shop keepers trained** on diarrhea treatment, Orasel DTK product, diarrhea prevention and *Toeuk Sovatepheap* through RACHA.
- In response to the **outbreak of acute watery diarrhea** across the country, PSI/C assisted the emergency response through the contribution of **3,000 Orasel Diarrhea Treatment Kits and 50,000 tablets of Toeuk Sovatepheap** to WHO and government programs for direct distribution at the household level by rapid response teams.

II. OVERALL PROGRESS

2.1. Sub-Awards & Performance

Partner	Duration	Funding	Main Activity	Geographic Coverage
HIV/AIDS				
Association For Development (AFD)	1/Oct/09-30/Sep/10	\$ 9,029.80	- IPC activities implementation with male client, EWs, PLHA - Open 50 outlets for Condom Social Marketing - 4 echo training - 2 stake holder meeting - 1 special events	Kirivong, Takeo province
Buddhist Development Association and Supporting Environment (BDASE)	1/Oct/09-30/Sep/10	\$ 7,699.30	- IPC activities implementation with male client, EWs, PLHA - Open outlets for Condom Social Marketing - 4 rounds echo training - 2 stake holder meeting - 1 special event	Sampov Meas, Krakor and KandeangPursat
Cambodian Social Services Development (CSSD)	15/July/09-30/Sep/10	\$ 14,259.90 (USAID) \$9,786.25 (GFATM R7)	- IPC activities implementation with EWs, IDU - Open 55 outlets for Condom Social Marketing - 8 echo training - 4 stake holder meeting - 5 special events	Daun Penh, and Boeng Tum Pun, Phnom Penh
Cambodian Women for Peace and Development (CWPD)	1/Oct/09-30/Sep/10	\$ 13,065.50	- IPC activities implementation with EWs, PLHA, male clients - Open 55 outlets for Condom Social Marketing - 4 echo training - 1 stake holder meeting	Kampong Thom
Cambodian Children Against Starvation and Violence Association (CCASVA)	1/Oct/09-30/Sep/10	\$ 10,640.50	- IPC activities implementation with EWs, PLHA, MSM, IDU - Open 35 outlets for Condom Social Marketing - 4 echo training - 2 stake holder meeting - 1 special events	Mebon, Kampong Leav, Prey Veng
Khmer	1/Oct/09-	\$ 12,683.40	- IPC activities implementation	Mean Chey,

Development of Freedom Organization (KDFO)	30/Sep/10		<ul style="list-style-type: none"> with PLHA, MSM, IDU - Open 10 outlets for Condom Social Marketing - 4 echo training - 2 stake holder meeting - 4 special events 	Phnom Penh
KHEMARA	1/Oct/09-30/Sep/10	\$ 12,739.40	<ul style="list-style-type: none"> - IPC activities implementation with EWs, MSM, PLHA, IUD - Open 40 outlets for Condom Social Marketing - 4 echo training - 4 stake holder meeting - 5 special events 	Russey Keo and Phnom Penh Thmey, Phnom Penh
Khmer Women's Cooperation and Development (KWCD)	1/Oct/09-30/Sep/10	\$ 23,392.25	<ul style="list-style-type: none"> - IPC activities implementation with EWs - Open 60 outlets for Condom Social Marketing - 4 echo training - 2 stake holder meeting - 1 special events 	- Toul Kork and Chamkar Mon, Phnom Penh, Kampong Bay, Kampot
Men's Health Center (MHC)	15/Jul/09-30/Sep/10	\$ 8,575.02 (USAID) \$9,553.00 (GFATM R7)	<ul style="list-style-type: none"> - IPC activities implementation with MSM, PLHA, IUD - Open 35 outlets for Condom Social Marketing - 8 echo training - 6 stake holder meeting - 56special events 	Daun Penh, Phnom Penh
Men's Health Social Service (MHSS)	15/Jul/09-30/Sep/10	\$ 17,789.20 (USAID) \$9.763.00 (GAFTM R7)	<ul style="list-style-type: none"> - IPC activities implementation with MSM - Open 140 outlets for Condom Social Marketing - 4 Echo training - 8 stake holder meeting - 2 special events 	PP (Daun Penh, Chamkar Mon, Mean Chey) /BTB (Banon, Ek Phnom, Sangke) /BMC (Monkul Borey, Serey Sophorn) /PL (Sala Kroav, Pailin)/PV (Mebon)/PS (Sampov Meas)
National Prosperity Association (NAPA)	1/Oct/09-30/Sep/10	\$ 9,335.60	<ul style="list-style-type: none"> - IPC activities implementation with EWs, mail clients, PLHA - Open 20 outlets for Condom Social Marketing - 4 echo training - 4 stake holder meeting - 1 special events 	Samrong Tong, Kampong Speu
Partners in Compassion (PC)	1/Oct/09-30/Sep/10		<ul style="list-style-type: none"> - IPC activities implementation with EWs, PLHA - Open 30 outlets for Condom Social Marketing - 4 echo training - 3 stake holder meeting 	Daun Keo and Bati, Takeo
Phnom Srey Association for Development (PSAD)	1/Oct/09-30/Sep/10	\$ 11,476.50	<ul style="list-style-type: none"> - IPC activities implementation with EWs - Open 45 outlets for Condom Social Marketing - 4 echo training - 4 stake holder meeting - 2 special events 	Kampong Siem, Memot, Krek, Kampong Cham

Rural Economic Development Association (REDA)	1/Oct/09-30/Sep/10	\$ 11,044.00	<ul style="list-style-type: none"> - IPC activities implementation with EWs, male clients, PLHA, IUD - Open 40 outlets for Condom Social Marketing - 4 echo training - 2 special events 	Svay Chrum, Borvet, Svay Reing
Save Incapacity Teenager (SIT)	15/Jul/09-30/Sep/10	\$ 11,915.80 (USAID) \$ 9,985.75	<ul style="list-style-type: none"> - IPC activities implementation with EWs, male clients, MSM - Open 45 outlets for Condom Social Marketing - 7 echo training - 4 stake holder meeting - 1 special event 	Muk Kampol, Kanadal, Russey Keo, Phnom Penh
WOMEN	1/Oct/09-30/Sep/10	\$ 11,620.00	<ul style="list-style-type: none"> - IPC activities implementation with EWs, PLHA - Open 30 outlets for Condom Social Marketing - 4 echo training - 4 stake holder meeting - 4 special events 	Mean Chey and Tuol Kork, Phnom Penh
KANHA	15/Jul./09-15/Jun/10	\$ 9,648.00 (GFATM R7)	<ul style="list-style-type: none"> - IPC activities implementation with MSM - Open 20 outlets for Condom and lubricant Social Marketing - 4 echo training - 2 stake holder meeting - 1 special events 	Kandal Province
Community United for Development (CUD)	15/Jul./09-15/Jun/10	\$ 9,746.00 (GFATM R7)	<ul style="list-style-type: none"> - IPC activities implementation with MSM - Open 15 outlets for Condom and lubricant Social Marketing - 4 echo training - 2 stake holder meeting - 1 special events 	Preah Sihanouk Province
Reproductive Health				
Community Poverty reduction (CPR)	1 Sep-31 Aug 2010	\$ 13,070.00	<ul style="list-style-type: none"> - IPC: Monthly meeting, couple group discussion, face to face education, women group discussion. - 2 special events on husband campaigns for BS. - Referral: 1,000 WRAs referral to BS service. - Echo training : provided 4 sessions to PE&VHV 	Kampong Chhnang province (2 districts (Rlear Pha-ear& Toek Pos), 8 communes, 40 villages)
Khmer Women's Cooperation for Development (KWCD)	1 Sep-31 Aug 2010	\$ 22,410.15	<ul style="list-style-type: none"> - IPC: Monthly meeting, couple group discussion, face to face education, women group discussion. - 2 special events on husband campaigns for BS. - Referral: 1,200 WRAs referral to BS service. - Echo training : provided 4 sessions to PE&VHV 	Kampot provicne (1 district, 5 commune and 15 villages) Phnom Penh & Kandal (7 factories)

Cambodian Organization for Women Support (COWS)	1 Sep-31 Aug 2010	\$ 18,196.20	<ul style="list-style-type: none"> - IPC: Monthly meeting, couple group discussion, face to face education, women group discussion. - 2 special events on husband campaigns for BS. - Referral: 480 WRAs referral to BS service. - Echo training : provided 4 sessions to PE&VHV 	Kampong Thom province (2 District, 4 commune, and 30 villages)
Cambodia Health Education Media Service (CHEMS)	1 Sep-31 Aug 2010	\$ 21,121.20	<ul style="list-style-type: none"> - IPC: Monthly meeting, couple group discussion, face to face education, women group discussion. - 2 special events on husband campaigns for BS. - Referral: 1,000 WRAs referral to BS service. - Echo training: provided 4 sessions to PE&VHV. 	Kampong Chhnang: Rlear Pha-ear district, 2 communes (Svay Chrom & Pong Ro), 34 villages Takeo: Tram Kak district, 2 communes (Ta Phem & Ang Tasom), 45 villages
Women development Association (WDA)	1 Sep-31 Aug 2010	\$ 22,800.44	<ul style="list-style-type: none"> - IPC: Monthly meeting, couple group discussion, face to face education, women group discussion. - 5 special events on husband campaigns for BS. - Referral: 816 WRAs referral to BS service. - Echo training: provided 4 sessions to PE&VHV in the community and 28 sessions. with PE at Garment Factory. - Peer Contact : 105 peer working with 7 garment worker, and one peer at least reach 20-30 person per month 	- Kandal province: Sa Ang district, 2 communes (Svay pro teal & Prek Koy), 15 villages. - PhnomPenh & Kampong Spue (19 Factories)
Phnom Srey Association for Development (PSAD)	1 Sep-31 Aug 2010	\$ 23,661.30	<ul style="list-style-type: none"> - IPC: Monthly meeting, couple group discussion, face to face education, women group discussion. - 2 special events on husband campaigns for BS. - Referral: 648 WRAs referral to BS service. - Echo training: provided 4 sessions to PE&VHV. 	Kampong Cham province: 3 districts, 8 communes and 27 villages.
Partners in Compassion (PC)	01 Aug 10-31 Jul 11	18,428.00	<ul style="list-style-type: none"> - IPC: Monthly meeting, couple group discussion, face to face education, women group discussion. - 2 special events on husband campaigns for BS. - Referral: 1,500 WRAs referral to BS service. - Echo training: provided 4 sessions to PE&VHV. 	Pursat province: 2 districts, 11 communes, and 57 villages.

Cambodian Women for Peace and Development (CWPD)	01 Aug 10-31 Jul 11	19,132.00	- IPC: Monthly meeting, couple group discussion, face to face education, women group discussion. - 2 special events on husband campaigns for BS. - Referral: 1,050 WRAs referral to BS service. - Echo training: provided 4 sessions to PE&VHV. - Stakeholder meeting 2 sessions - Quarterly health talk in drop in center 4 sessions	Phnom Penh, 2 districts, 4 communes and 6 villages.
Rural Development Association (RDA)	01 Aug 10-31 Jul 11	17,465.00	- IPC: Monthly meeting, couple group discussion, face to face education, women group discussion. - 2 special events on husband campaigns for BS. - Referral: 1,000 WRAs referral to BS service. - Echo training: provided 4 sessions to PE&VHV.	Battambang & Banteay Meanchey provinces, 2 districts, 7 communes, and 25 villages.
Child Survival				
Rural Economic Development Association (REDA)	August 01, 2010- Present	\$ 14,275.00 USAID	CS BCC and Diarrhea Prevention and Treatment products social marketing targeting mothers or caregivers of children under five years of age	Svay Rieng
Community Poverty Reduction (CPR)	August 01, 2010- Present	\$ 12,120.00 USAID	CS BCC and Diarrhea Prevention and Treatment products social marketing targeting mothers or caregivers of children under five years of age	Kampong Chhnang

2.2. Human Resources Development and Staff Changes

2.2.1 Human Resources Development

- Recruitment for a deputy Country Representative continues. An international and national job search targeted exceptional Cambodians capable of leading PSI/C into the future. A recruiting process was established, a recruiting advisory committee established, and initial interviews held.
- Management Information System Manager was promoted to join PSI's regional support team on Lawson systems. He spends 20% of time for PSI/C and 80% for PSI regional support. An MIS Coordinator was recruited to take over 80% of current MIS works from MIS manager.
- The Communication and Marketing Senior Coordinator was promoted to Child Survival Communications and Marketing Manager on September 1st, 2010.

- HIV Communications and Marketing Manager position filled on July 1st, 2010, following resignation of former Manager on April 30th, 2010. Director of Communication and Marketing covered the role in the interim period.
- Due to difficulties in recruiting IPC Manager with desired skills and qualifications, current IPC Manager remains in his position and recruitment continues for External Relations Manager.
- Director of Human Resources resigned in September 2010. Recruitment for replacement is underway.
- Director of Communications and Marketing was on extended maternity leave from October 28 until May 1st, with department coverage provided by Senior Technical Advisor.
- United Health Network (UHN) manager was shifted to Communication and Marketing, RH manager.

In this reporting period, PSI/C undertook the following human resources development activities:

- A strategic planning exercise was completed with senior Leadership team to map out priorities over the next 5 years. PSI/C's 2010-2014 strategic plan began as a mid-term review of its 2007-2011 strategic plan. This plan is based on a careful assessment of internal and external factors that influence PSI/C's ability to address current and future health needs in Cambodia and increase its programmatic health impact. The process was led by 11 members of the PSI/C management team representing each department within the organization, and included development of an organizational vision and key strategies to achieve shared goals by 2015. The core team analyzed current health programs alongside organizational, program and financial strengths and weaknesses; assessed key challenges based on an analysis of the external environment; and identified priority activities to expand and strengthen health programs and build institutional and financial foundations. Select managers participated throughout the planning sessions, presenting and contributing on specific topics. A larger group of PSI/C staff members contributed to the planning exercise by participating in an internal stakeholder survey prior to the meeting.
- A cross-cutting group of key PSI staff from Communications and Marketing, Health Services, Strategic Information, Finance, Procurement and Sales attended a three part series of training of trainers workshops conducted by global training expert to improve training development and facilitation skills. PSI staff learned how to create skill hierarchies for training, set clear learner-focused objectives, and implement participatory facilitation techniques. These new skills will be used to develop training materials for conducting trainings to partner NGOs and target populations.
- PSI/C completed the migration of its finance and business management systems to an integrated finance and accounting system (Lawson) which streamlines workflows and will enable PSI Cambodia to more effectively and efficiently manage its operational and budget systems. With support from PSI's Global Business Systems management and training team, 47 PSI/C staff, including members of finance, procurement, logistic staffs and programmatic departments, attended a series of trainings and hands-on support necessary to convert existing systems and learn new Lawson systems and workflows for implementation. This has been a tremendous investment in staff capacity. Official go-live took place on 11 January 2010.
- On August 02 -13, 2010, PSI/W Lawson Support Team came to conduct refresher training to all Lawson users including the PLAIT Director, Procurement Manager, Procurement Coordinator, Procurement Assistant, Logistics Manager and Department Heads.
- Eleven PSI/C staff of Communication and Marketing department attended a Creative Development Training at Bates Asia Office, October 1-20, 2009. The training was designed to improve the overall quality of communication materials by creating a common understanding of the best practices in creative brief development, creative concept design,

layout and improve working relationships and management of agencies. The training was facilitated by Sputnik, Communication Director from Bates Asia Agency.

- Three Graphic Designers and one Production Coordinator attended the Drawing Skill Training at PSI office from January 16 to April 2010. The training objective was to improve PSI/C's in-house design team's skills in developing IEC materials to support all programmatic areas. The training was facilitated by Mr. Kong Vollaik graduated from Royal University of Fine Arts with full experiences.
- Two members of PSI/C's Strategic Information Department attended a Study Design training in Bangkok from March 22 to March 26, 2010. The training aimed to increase researchers' capacity in effective study design and sampling methodology. Topics covered during the training included understanding study design template, Time Location Sampling, Respondent Driven Sampling, Random sampling and sample size calculation. Attendees applied skills learned in MSM TRaC survey design. The training was provided by PSI Regional Research Staff.
- The Finance Director, Procurement Manager, Finance Manager and Financial Analyst attended a 4-day workshop in Bangkok from March 29- April 1, 2010, on budget development and financial management using Lawson. The workshop was facilitated by PSI/W Financial Analysts dedicated to the Asia Region.
- One member of PSI/C's Strategic Information Department attended the ToT training from 19 – 23 October 2009. The training was facilitated by SILAKA. Training was designed to equip participant's adult learning skills in order to become a professional trainer. Training focused on 1) Characteristics of a good training; 2) Stages in a training cycle; 3) Training methods and degree of participation of each method for selection; 4) Training tool (case study/role play); 5) Facilitation skills with adult learners; 6) Class management, leading skills and creative techniques; 7) Design for course evaluation. Skills have been applied during M&E training to UHN NGO partners.
- The entire PSI/Cambodia staff attended the PSI/C All-Staff Workshop in Sihanoukville from March 3-5, 2010. The Workshop was facilitated entirely by PSI/C Directors and Managers with assistance from Jenny Pearson, formally of VBANK. The Workshop focused on developing a shared understanding of and ownership in PSI/Cambodia's Strategic Plan 2010-2014, Mission, Vision and Values. Nationalization progress to date and future plans were shared with all PSI staff.
- Advanced Communications Skills training was conducted for 55 PSI/C staff including IPC Manager, IPC Coordinators and Team Leaders, IPCs and UHN Coordinator from March 17-19, 2010. The objective of the training was to strengthen IPCs' capacity to conduct interactive and participatory IPC sessions with target group by utilizing effective probing and listening skills, communications techniques to keep the session on message, better use of IPC tools, and tailoring the key message to address "hot buttons" revealed by the target group.
- IPC Supervisory Skills training was conducted on March 20-21 for 23 PSI/C staff of Communication and Marketing department including the IPC Manger, IPC team leaders and coordinators, Communications and Marketing coordinators and managers. The training was designed to build the capacity of managers and coordinators to deliver effective and actionable feedback leading to higher quality communications and message delivery. In addition, the training sought to improve overall staff management skills.
- With complementary funding, eleven mobile team members of the Health Service Department attended a 5-day training on IUD insertion and removal (two day theory and 3 day practical) Trainings were conducted by the National Reproductive Health program from 13-15 January 2010 and 29 March – 2 April, 2010. On average, each participant provided 4-5 IUDs to real clients and all of participants obtained the training certificates.
- With complimentary funding, three new PSI trainers received practical training on the following: basic reproductive health information, basic knowledge on Condom, Pills, and Injectable, side and complication management, Infection prevention, Social marketing and social franchising, and Recording and reporting.

- With complimentary funding, a PSI trainer attended a two-day in-house training on Implant (Jadelle) insertion and removal from 2-4 Feb 2010. The trainer attended as a trainer of trainers exercise to better provide support and Jadelle training to PSI/C staff and partners.
- Director of Health Services, Senior Technical Advisor RH, and three Health Services Department staff attended a PSI Regional Health Services Program Workshop. Workshop included sessions on lessons learned, post partum IUD insertion, and strategies to improve sustainability. (complementary funding)

The following trainings for PSI/C staff are planned over the next six months:

- The Finance Director and manager will attend workshop on USAID Rules and Regulations to be conducted in on November 16-18, 2010 in Phnom Penh.
- Communications and Counseling Skills training will be conducted for approximately 15 PSI/C staff who are nominated as master trainers. Topics covered include speaking and listening skills, group dynamic management, and the SALT model designed to address more complicated message delivery among target populations concerning topics such as RH-HIV integration, for example. Master Trainers will then provide eco-training to all UHN partners' project staff including Program Managers, Program Officers, and IPCs.
- Behavioral Messaging and Tool Development training will be conducted for approximately 20 staff of Communication and Marketing Department including Communication and Marketing Managers and Coordinators, IPC Managers and Coordinators, and UHN Manager and Coordinators. The objective of the training is to build capacity of the team to develop message and tools more effectively. The topics covered include message Development, Games versus Tools, Tool Development Process, and techniques to build rapport with and draw in target audiences. The training will be facilitated by Global Capacity Building expert Neil Boisen.
- The Master Trainers will attend a series of trainings on the thematic messages and tools used for the comprehensive and integrated HIV-Reproductive Health Intervention targeting EWs. The first training focusing on Reproductive Health knowledge and tools used to promote double protection will be conducted in January 2011 by Ms. Diane Cross, an independent consultant formerly of PSI/India.

2.3. External Technical Assistance

- Ms. Diane Cross, and independent consultant, provided technical assistance to the HIV Communications and Marketing Team in August 2010 on the initial design of an integrated RH-HIV intervention targeting EWs including field visits to partner NGOs, Health Centers and VCCT Centers to determine skills needs, current operating context and gather partner input. (Funded in part by complementary funding.)
- Mr. Neil Boisen, Global Capacity Building/Training Expert, provided a three part series of training of trainers workshops from June to August 2010 to a cross-cutting group of key PSI staff from Communications and Marketing, Health Services, Strategic Information, Finance, Procurement and Sales to improve training development and facilitation skills.
- The financial assessment and post implementation review of Lawson was conducted by Jun Rivera and Jericho Mercado, OFOG Advisors from July 12 – July 30, 2010.
- Lawson support Technician, Mr. Rizalito Tiquia conducted Finance Refresher Training in Lawson from Aug 30 - Sept 10, 2010.
- With complementary funding, Niamh Buckley, Managing Director of MEDrep International in April 2010 conducted situation analysis of PSI Cambodia medical detailing program and then conducted a five-day workshop on medical detailing technique and selling skills for 17 PSI staffs from 24-29 June 2010 in Phnom Penh. Practical sessions with private health on detailing technique and selling skills were conducted from 05-09, July in Kandal province. A Standard Operation Procedure manual for medical detailing was also developed.

- Dragos Gravilsecu, PSI/Romania Deputy Director and marketing specialist, provided technical assistance to both Sales & Distribution and Communications and Marketing Departments on developing Trade Marketing Plans for OK and Number One Condoms in January 2010. Trade Marketing Plans are an essential element leading to effective market segmentation and the total market approach. Technical Assistance included focus group discussion among trade and trade marketing plans themselves including category management, planograms, etc. which will be utilized to launch new Number One brand condoms. (Provided with complementary funding.)
- Gary Mundy, PSI Regional Researcher, provided technical assistance to research and HIV programmatic teams in leading MSM qualitative research interpretation. The purposes of interpretation session were to get programmers and researchers analyze data and understand data, and work together to produce target group profile and summarize key research findings.
- Gary Mundy also provided assistance to research team to develop research plan to respond Reproductive Health program (Provided with complementary funding). Gary, based in Hanoi, also provides long distance support to teams, providing targeted assistance on research design, questionnaire development, analysis and interpretation of results, report writing, and ad hoc problem solving.
- Ms. Diane Cross, formerly of PSI/India with a long experience with Interpersonal Communications work, provided technical assistance and facilitated the IPC skill building session and Supervisory training mentioned above. (Provided with complementary funding.)
- “Advance Research” provided technical assistance in the development of three MSM game tools, 3 IEC materials and training curricula for UHN sub-grantees, in January-March 2010. This activity is funded by Global Fund Round 7.
- Dr Kem Ley provided technical assistance in the development of *Operational Guidance for the Creation of an Enabling Environment for MARPs (OGCEEM)*, which aims to increase condom availability in entertainment establishments through a pilot project of the re-interpretation of Prakas 066 (100% Condom Use Program). The pilot project is being led by a joint endeavor of UNAIDS, National AIDS Authority, FHI and PSI.
- Ms. Ellen Tipper, Strategic Planning Expert, conducted a 4-day consultative workshop for PSI/C Directors and Advisors for the development of PSI/C’s 5 year strategic plan.
- Ms. Chastain Fitzgerald, PSI Vice President, visited PSI/Cambodia to provide support for the business systems migration to Lawson and provide cross-cutting technical assistance to total market approaches, communications and reproductive health programming. Her trip was paid from core PSI funds.
- Ms. Lisa Thomas, PSI Program Manager, and Ms. Natalya Burlakova, PSI Financial Analyst, provided technical assistance in developing functioning department budgets with PSI/Cambodia managers and utilization of Lawson system reports and monitoring tools.
- Colin Alfred, an independent consultant with the strong background and expertise in IPC intervention and tool development, was contracted to PSI/C’s reproductive health Communications and Marketing Department to develop IPC tools and an IPC TOT for UHN reproductive health partners. A total of 6 interactive tools including storyboards, learning puzzles, games and flipcharts were developed. Materials were field tested and focus grouped with the assistance of UHN member organizations. All six reproductive health LINGO partners received training on use of the tools which are now in use. Supported in part with complimentary funding.
- David Valentine, Asia Regional Technical Advisor in Reproductive Health, led the redesign process for the medical detailing program. Mr. Valentine was former advisor to the Cambodia platform. He has extensive experience in the pharmaceutical industry and used his private sector experiences to inform the improvements to the program. Mr. Valentine conducted a series of visits to PSI/C beginning with an initial assessment visit which was conducted in February 2009. Working closely with the Manager of the Medical Detailing

program, the team redesigned the program logframe, redefined job descriptions, conducted multiple field visits, and conducted a literature review of best practices in medical detailing and behavior change theories. The work culminated in a medical detailing tool kit which informs the program implementation and outlines the theoretical basis for the medical detailing program. (complementary funding)

The following technical assistance visits are planned over the next six months:

- Ms. Diane Cross will assist in the development of Reproductive and HIV (RH and HIV) integration messages and tools and related training curricula targeting EW. She will also assist in reviewing Interpersonal Communication (IPC) project targeting high risk urban men in order to improve the quality and reach of interactions with target group.
- Mr. Neil Boisen will assist PSI/C in developing a training manual and train PSI/C and UHN sub-grantees staff on advanced IPC skills, incorporating techniques from several disciplines.
- Mr. Sanjay Rao Chaganti, PSI Senior Technical Advisor for Asia/Eastern Europe Region will conduct an in-depth review of the United Health Network (UHN) of local NGOs and priority setting workshop with team members in order to improve the quality of PSI support to UHN project activities.

2.4. International Travel

October 1, 2009 – September 30, 2010			
Name/position	Location	Dates	Purpose
Chris Jones, Country Representative	USA	August 2-25 2010	Annual Home Leave and Global Training Event
Chuon Setha, Finance Director Cheng Rithy, Finance Manager	Bangkok	March 29 - April 1, 2010	Budget Development and Financial Management Training
Long Dianna (Director Strategic Information) and Chhim Rotsothea (Research Coordinator)	Bangkok	March 22 - 26 2010	<ul style="list-style-type: none"> • Understand the role and value, principals of qualitative studies • Understand the principles behind the coding and analysis of qualitative data • Calculate estimated sample size requirements for studies using random probability sampling • Understand the different sampling methods for accessing hard to reach populations • Decide what method of sampling is most appropriate for the target population in a study • Complete a study design document, outlining the key features of a study
Dragos Gavrilescu, DCR, PSI/Romania	Phnom Penh	16-23 January, 2010	STTA as stated in workplan/budget: "Develop Trade Marketing Package to be subsequently implemented by the Marketing and Sales team at PSI/C. These will all be related primarily to Number 1 and its launch, supporting market segmentation and TMA.
Ellen Tipper, consultant	Phnom Penh	Oct 21-28 2010	Strategic planning process (5 year plan, integrating evolution to local entity) as budgeted
Long Dianna, Strategic Information Director	Vienna, Austria	19-23 July 2010	<ul style="list-style-type: none"> • Present research result from the qualitative survey among MSM and the success and lesson learnt from program intervention targeting high risk men at the 18th International Aids Conference conducted in Vienna,

Ly Cheaty (HIV Research Manager)	Hanoi	July 21-22 2010	Austria. <ul style="list-style-type: none"> • How to transfer data from SPSS into Respondent Driven Sampling Analysis Tool (RDSAT) • How to analysis monitoring and segmentation • How to weighted and data, and export to SPSS
UPCOMING October 1 2010 – March 31 2011			
Gary Mundy, Regional Research Advisor	Phnom Penh	October 2010	Conduct stakeholder analysis and identify strategies to improve PSI's contribution of relevant and insightful research data to better integrate, coordinate and inform both national and partner programs.
Ms Diane Cross, Independent Consultant	Phnom Penh	December 2010	Conduct Master Trainers IPC workshop
Mr Sanjay Chaganti, PSI Regional Senior Technical Advisor	Phnom Penh	October 2010	UHN Program evaluation and review
Hong Sreyukem, Child Survival Marketing and Communications Manager	Hanoi	Nov 2010	Present Diarrhea Treatment Kit Project in a Mekong Regional Workshop on Diarrhea Disease Control; exchange visit at PSI/V and PATH/V
Long Dianna, Ly Cheaty, Khim Sotheary, Phok Sochea	Bangkok (or Hanoi)	Jan 2011	Research Technical Skills on Respondent Driven Sampling analysis

2.5. Income Generated & Use of Income

October 1, 2009 – September 30, 2010	
Program Income Generated	Source
\$390,300.27	Sales Revenues (Condoms, Safe Water, Orasel Kits) for this reporting period. "ITD PI Amount: \$772,573.40"
Program Income Used	Purpose
\$12,832.66	Condoms Packaging
\$550.00	Promotion & Advertising
\$1,942.45	Other Direct Costs

2.6. Procurement³

Item	Quantity	Cost	Date Order Placed	Arrival Date or Estimated Arrival Date
Safe Water Tablet	3,008,000 Tab	\$ 22,016.75	August 2009	October 2009
OK Condom (Male Condom)	6,249,888 units	\$ 167,122		November 2009
ORS for Orasel Kit (DTK)	100,000 sachets	\$ 12,990	May 2009	November 2009
ORS for Orasel Kit (DTK)	100,000 sachets	\$ 12,990	February 2010	May 2010
OK Condom (Male Condom)	4,320,000 units	\$ 115,516.80		February 2010
OK Condom (Male Condom)	6,048,000 units	\$ 161,723.52		April 2010
OK Condom (Male Condom)	15,000,000 units	GBP 221,565	March 2010	June & Jan 11, April 11 & July 11
Zinc for Orasel Kit (DTK)	504,000 tab	\$ 12,869.40	April 2010	May 2010

³ All Condom procurement managed by Crown Agents with separate DFID contract.

UPCOMING October 1st 2010 – March 31st 2011				
Number One Condom	2,000,000 units	GBP 45,863.66	April 2010	Jan 2011
Zinc and ORS	100,000 ORS 50,000 Zinc	\$25,000	Dec 2010	March 2011

2.7. Summary of Program Financial Information

Total 3-Year Budget:	\$11,204,339.00
Total Obligated Budget:	\$11,204,339.00
Expenditures this Reporting Period:	\$4,728,188.00
Expenditures To Date:	\$9,416,306.17

II. PROGRAM COMPONENT ACCOMPLISHMENTS (NARRATIVE):

3.1. HIV/AIDS – PROGRAM AREA: OTHER SEXUAL PREVENTION

Cambodia has made significant gains in reducing HIV incidence and prevalence over the past decade. The Royal Government of Cambodia's strong commitment to fighting HIV/AIDS, specifically through the implementation of a 100% Condom Use Program in brothels across the country has stabilized Cambodia's epidemic. As a result of targeted interventions in brothels, reported condom use among brothel based sex workers increased from 42% to 94% between 1997 and 2007⁴. Recently, the landscape of commercial sex has changed. Changes in male sexual behaviours, fuelled by the introduction of anti-trafficking and sexual solicitation legislation, have shifted what was a brothel- and street-based commercial sex industry to an entertainment establishment based sex industry. Fewer men report having sex with brothel-based commercial sex workers in 2009 compared to 2008 (45.2% vs 62.6% in 2008) and fewer still report having sex with street based sex workers (9.7% vs 29.4%).⁵ High proportions of men continue to report paid sex with entertainment workers (65.2% in 2009 and 70.3% in 2008) and more men report seeking their sex partners in beer gardens with 30.6% reporting finding their partners at these establishments in 2009 versus 21.1% in 2008.⁶ Both Entertainment Workers (EWs) and their male clients often have multiple, concurrent partners, including 'sweethearts'. While consistent condom use is high with commercial partners it is much lower in sweetheart relationships (95.6% versus 69.4% reported by men and 93.2% versus 50.5% as reported by entertainment workers)⁷. Paying clients may become 'sweethearts' over time and, as trust and affection develop between partners, condom use becomes less likely, putting both EWs and their clients at serious risk for HIV. HIV prevalence among Men who have Sex with Men is also a factor of concern. HIV prevalence was found to be highest among MSM in Phnom Penh (8.7% against 0.8% in the two provincial towns) and among transgender groups (7.9% compared to 2% for non-transgender MSM). HIV prevalence was highest among transgender groups in Phnom Penh (17%)⁸.

Recent intense crackdowns and closures of entertainment establishments, with the presence of condoms on site being used as evidence of illegal activities, present serious challenges for HIV prevention programming and underscore the need for comprehensive interventions designed to improve behaviors as well as ensure access to prevention commodities and services.

⁴ BSS 2007, NCHADS.

⁵ PSI TRaC Surveys among High Risk Urban Men 2008 and 2009.

⁶ Ibid.

⁷ PSI TRaC Survey among High Risk Urban Men 2009 and PSI TRaC Survey among EWs 2009)

⁸ UNGASS 2010 Report

PSI/C brings a systematic approach to HIV prevention interventions based on an essential package of prevention and services for most at-risk populations (MARPs) delivered through targeted programs. This essential package of prevention messages and services includes one or more of the following elements, tailored to each individual as appropriate and designed to address the specific needs of priority populations engaging in high risk behaviors: 1) evidence based peer/outreach education, 2) access to prevention commodities through condom/water based lubricant sampling/direct distribution and social marketing efforts, 3) other supporting communications messages such as risk reduction and the promotion of responsible behaviors, and, as needed, 4) strengthened linkages to referral services such as VCT and partner testing, assessment for STIs, family planning/reproductive health services, and other relevant services. This model builds on the “Continuum of Prevention to Care and Treatment” approach being launched through NCHADS. The essential package of prevention and services supports a structural approach to HIV prevention messaging in an increasingly complex programming environment, while better leveraging HIV resources to improve access to services and broader health outcomes among target populations.

3.1.1 Total Market Approaches to HIV Prevention Programs

During the reporting period, PSI/C channeled its efforts in moving forward and facilitating a healthier, sustainable condom market that aims to make more efficient use of donor subsidy by segmenting the market to ensure subsidized condoms are available for the poor and, for those that have the means, ensure access to affordable commercial brands. Total distribution of social marketed condoms for the period reached **18,269,874 through 5,399 outlets** nationwide.

Activities during the period were aimed towards supporting the successful positioning of PSI/C's two condom brands to create a clear distinction between the OK brand and Number One in both the minds of consumers and retailers and creating opportunity for private sector brands. Building on extensive market research completed in FY 2009, heavy emphasis was placed on the continued repositioning of Number One condom as the ‘condom to impress’, a preferred condom of choice to a higher socio-economic status (SES) which was launched in April 2010. Modest promotional efforts for OK condom during the period focused on building OK brand loyalty and communicating its position as a high quality, affordable ‘value for money’ condom for poor and vulnerable populations.

Key activities included:

- Launch of new, repositioned Number One Condom in late April 2010 as “the preferred, premium condom to impress your sweetheart”. Activities included distribution of new Number One condoms and point of sale materials at targeted retail outlets, pharmacies, guesthouses and hotels as part of the channel management strategy to reinforce the more premium brand positioning. The launch also included an effective price increase as the new Number One Condom packaging, designed to convey premium quality, now contains three condoms (old Number One packaging contained 4 condoms) and is sold to consumers at the same price of 1000 riels. ***Number One Condom is now at 160% full commodity plus packaging cost recovery.***
- The development and implementation of a **Strategic Trade Marketing Plan** was conducted during the period through the coordinated efforts of PSI sales teams, UHN members and IPC teams. The goal to the Trade Marketing Plan is to effectively position both Number One condom and OK condom in the eyes of the retail trade – an important part of the consumers purchase decision. Building on lessons learned from the launch of new OK brand and previous pricing adjustments to Number One, the Trade Marketing Plan aims to minimize confusion among the trade (wholesalers and retail outlets) between the two brands and clearly convey their positioning to the trade. Focus group discussions among the retail trade proved a key component in the development of the Trade Marketing Plan. Results of the FGD were used to create an audience profile of the trade and positioning statements for Number One and OK Condom that were relevant to

the opinions and views of the trade. These positioning statements will help guide the introduction of new Number One to the trade through job-aids specifically designed to address the concerns and needs of retail outlets. The Trade Marketing Plan also includes channel management strategies to reflect the positioning of Number One to higher socioeconomic quintiles and OK brand to poor and vulnerable populations and retail outlet 'planograms' based on channel type to solidify this positioning and improve brand visibility.

- Trade marketing scheme to create high visibility for new Number One Condom in premium entertainment establishments, minimarts, selected pharmacies, petrol station convenience stores and guesthouses/hotels was finalized and will kick off in Q1 2011 to support Trade Marketing Plan.
- Launch of the "Rules of Love" campaign to effectively convey Number One's revamped positioning as the preferred, premium condom to impress in sweetheart relationships. The campaign consists of a series of print materials that provide "tongue-in-cheek" visuals of how to impress your partner in everyday life such as helping out with chores, choosing gifts wisely, and paying attention to the little things in life that matter to her. The purpose of the campaign is to persuade those who already use condoms to identify Number One as their premium brand of choice in sweetheart relationships. The campaign features sharp, quality mid-media tools to convey messaging and premium point of sale materials to reflect its new, premium image. Billboards have been placed in Siem Reap, Sihanoukville, and in Phnom Penh with modest support such as poster placement and point of sales materials at targeted outlets.
- To support the Number One launch and generate awareness and demand for the new brand, two Number One promotion teams were dispatched in rotation to main urban areas including Phnom Penh, Sihanoukville, Battambang, and Siem Reap. Promoter teams targeted high risk urban men at restaurants, BBQ, and beer gardens.
- Package designs for Number One Banana and Strawberry were finalized. Flavored Number One variants will bolster Number One's positioning among private sector brands as premium condom choice and will be launched in Q2 2011.
- Contributing to **sustainable markets** through careful price management and leveraging economies of scale, **OK Condom is at just 10% below commodity and packaging cost recovery**. In addition, the total market approach encourages private sector brands at various price points to enter the market. Additional pricing adjustments for Number One may be considered with the launch of flavored variants to increase sustainability and decrease reliance on donor subsidies.
- The **private sector share of condoms grew an estimated 49% in 2010**, accounting for an estimated 20% of the total market – up from just 13% in 2009. The majority of this group consists of the Okamoto condom brand, a quality mid-priced condom that continues to make inroads in Cambodia.
- Two concerts promoting HIV prevention messages and the newly launched OK condom brand were conducted in Kampong Som on 21 Nov 2009, and in Kampong Cham on 28 Nov 2009, with an estimated 10,000 participants at each event. The concerts included participation from representatives of NAA, NCHADS, and provincial authorities. Performers integrated messages supporting key "Subjective Norms" communication objectives and the OK condom brand into their performances. One provincial radio station at each site broadcast the concert live.
- To sustain brand awareness, OK Moving Teams, promoters wearing eye-catching mini-signs on their backs, were dispatched in rotation on a monthly basis to more urban centers in 5 provinces including Kampong Speu in October, Kampong Thom and Svay Rieng in November, Prey Veng and Banteay Mean in December, spending one week in each province. Teams distributed educational and promotional materials along main roads, crowded markets at day time, and clients and entertainment workers at night

time, and entertainment establishments in Phnom Penh. Targeted sampling and distribution/promotion activities were conducted through UHN partners.

- Production and placement of OK condom IEC and promotional materials throughout the reporting period to support brand awareness, visibility, and loyalty and develop brand trust among the target audience. OK condom billboards in Phnom Penh and 8 provincial towns are in the process of installation for new skins and structures (Siem Rep, Battambang, Bantey Meanchey, Prey Veng, Kampot, and Sihaouk Ville, Svay Rieng & Steung Treng).
- Placement of the mid media included light boxes (100 sets of OK condom light boxes are installed in Phnom Penh, and other 25 sets each in Battambang, Siem Reap and Sihanoukville) street furniture at hot spots in Phnom Penh, branded buses to the provinces, and sponsorship of the TV boxing programs.

In addition to monitoring condom sales and availability at retail outlets during the reporting period, PSI/C developed a set of metrics to measure and monitor effectiveness of activities supporting the total market approach. **TMA Metrics** examine consumer behaviors (ie increasing condom use), total condom market volumes, whether market evolution is benefiting the poor and vulnerable and whether the market is becoming less dependent on subsidies. Together, the basket of measures aims to monitor a) Health Impact; b) sustainability; and 3) Equity of access. PSI/C will continue to refine internal metrics to assist in measuring the broader condom market and assess impact towards creating a sustainable TMA.

OK Plus

Sales of water-based lubricant sachet plus condoms (OK Plus) were 1,829,060 sachets during the reporting period. Water based Lubricant is aimed at increasing consistent condom use among MSM, particularly increasing the safety of anal sex, while increasing the safety of high frequency sex among sex workers. Commodities and advertising for *OK Plus Lubricant* are supported by the Global Fund Round 5 Phase II and Round 7 Phase I and economies of scale are made possible through the USAID program.

Activities supporting OK Plus (funded by GFATM Round 7) included:

- Four “OK Plus party” special events were held in Phnom Penh, Battambang, and Siem Reap. An average of 150 participants attended each party. Activities included Q&A sessions, lucky draw and fashion show tied to condom/lubricant use and messaging.
- Distribution of OK Plus is targeted at MSM hotspots to increase use for high frequency SW. During the reporting period, PSI/C expanded distribution of OK Plus to MSM hotspots and high risk outlets of brothels, massage, karaoke and guesthouse nationwide in order to reach larger numbers of most at-risk populations.
- Free distribution of OK Plus tube to MSM and EWs, including clear instruction that lubricant must be used with condoms to prevent HIV/AIDS/STIs.

Sales teams continued to prioritize condom outlets most accessible to target populations. PSI/C continued to see great gains in FY 2010 in increasing access to condoms in and around high risk targeted outlets. Although condom penetration was down slightly in and around Phnom Penh brothels, penetration remained steady at 100% in other urban areas. More importantly, condom availability in and around entertainment venues, where sex is increasingly procured, notably beer gardens, karaoke and massage parlors in Phnom Penh, significantly increased: **70.5% of beer gardens, 62.8% of massage parlors, 70.8% of karaoke bars and 82.9% of high risk outlets in other urban areas were found in the 2010 PSI MAP study to have condoms on site or within 50 meters.**

High Risk Venues by Areas	PSI and non-PSI condoms in venue and within 50m						Target
	<u>2008</u>		<u>2009</u>		<u>2010</u>		
Phnom Penh	N	%	N	%	N	%	
Phnom Penh Brothels	66	100.0%	25	100.0%	27	96.3%	100.0%
Guest house	257	89.5%	269	91.8%	324	92.3%	95.0%
Beer garden	63	60.3%	59	59.3%	61	70.5%	65.0%
Massage parlor	96	52.0%	139	51.1%	156	62.8%	50.0%
Karaoke	80	41.3%	70	40.0%	48	70.8%	55.0%
Urban Brothels	47	100.0%	33	100.0%	30	100.0%	100.0%
Other High Risk Venues	221	57.0%	223	61.0%	251	82.9%	60.0%

Outlet penetration was achieved through support to UHN NGO partners that have access to high-risk outlets, PSI sales agents and special high-risk night venue reps. Police crackdowns appear to continue to impact availability inside venues, while efforts to increase access to condoms with 50 meters is paying off. While just 3% of Karaoke establishments cited reaction from police/government as reason for not selling condoms in 2008, that figure had increased to nearly 30%.

3.1.2 Targeted Behavior Change Interventions for HIV Prevention

High Risk Urban Men

PSI/Cambodia has identified a critical gap in HIV prevention programming – male clients of entertainment workers. To address the shift of commercial sex work out of brothels and into entertainment establishments, PSI/C launched an innovative venue-based intervention targeting high risk urban men in July 2008. IPC interventions take place directly in beer gardens, restaurants and BBQ where men congregate before seeking sex. Recent programmatic evidence underscore the importance of reaching men at these sites as 30% of high risk urban men report they find commercial partners in beer gardens (HRUM TRaC 2009) compared to only 21% in 2008 (HRUM TRaC 2008).

PSI/C's core communications strategy is aimed at improving condom use behaviors among high risk urban men with their commercial and sweetheart partners by designing and conducting wide scale and broad reaching interpersonal communication (IPC) sessions with the target audience in urban centers. These sessions take place within entertainment establishments (e.g. beer gardens, restaurants, karaoke etc.) where the men are socializing (i.e. at the tables where the men are drinking/talking) and decisions to seek sex, transactional or otherwise, are often made. IPC interventions are supported by:

- Special events (e.g. MC shows in beer gardens)
- Print materials (brochure, leaflet, giveaway items, etc.) to be distributed to the target audience during/following the IPC sessions.
- Targeted print media to be placed in entertainment establishments (e.g. beer mats, motivational posters etc.)
- Targeted mid-media, such as light boxes, installed in entertainment establishments.

The IPC communications program is informed by timely behavioral research that identifies key behavioral determinants surrounding condom use. The program consists of two distinct and complementary phases of messaging focusing on improving risk perceptions

and subjective norms among high risk urban men. Key communication objectives for the campaign aim to:

- Phase 1: improve risk perception in sweetheart relationships, and
- Phase 2: address subjective norms surrounding condom use in sweetheart relationships, reinforcing the issue that if your partner asks you to use a condom it does not imply they think you have HIV, have multiple partners or mistrust you.

During the reporting period, Phase 2 of the campaign addressing subjective norms was implemented. The campaign included the delivery of essential package of prevention by providing behavior change messaging and linkages to prevention commodities (condoms) and referral services. Based on results of the 2009 TRaC survey among High Risk Urban Men, a comprehensive campaign addressing risk perception in sweetheart relationships was developed under the umbrella name “*ManUp*”.

Key activities this period included:

- Improved planning and routing tools were rolled out to better target and increase frequency of reach to key nighttime entertainment establishments such as beer gardens, BBQ and restaurants. Venues were categorized as high, mid and low priority based on client volume and target group presence, with intensified efforts geared toward high priority establishments. **160,517 men were contacted through one-to-one and one-to-group sessions in 806 venues** throughout Phnom Penh, Battambang, Siem Reap and Preah Sihanouk. PSC/C also works in partnership UHN partners to reach male high risk group in other provinces where PSI cannot cover by itself. 11,065 men were contacted by UHN-IPC in 7 provinces during the same period. According to 2009 TRaC Survey, **nearly half of the men surveyed reported contact with the PSI IPC team and 88.5% of those men could recall at least one message** delivered by the team. Furthermore, multiple exposures to the IPC intervention resulted in increased condoms use. **Men who had contacted with IPC team 2 times report 77.5% consistent condom use**, compared to 68.1% consistent condom use of those who had reported contact with IPC team only once.
- Official launch of the High Risk Urban Male IPC Intervention was held in April 2010. The launch event was held in a beer garden in Phnom Penh to immerse participants in the environment of high risk urban men. Officials from the National AIDS Authority, USAID, partner organizations and other stakeholders attended. Entertainment establishment owners were also officially recognized by NAA and PSI for their support for the program.
- Development of the umbrella “*ManUp!*” campaign and supporting IEC materials and IPC game tools to begin rollout in Q1 2011. The umbrella campaign aims to create a unifying movement among men that prompts them to take responsibility for their actions and family while preserving their loyalty to friends, ie “real Khmer man.” ***Campaigns feature a common unifying message to promote condom use and addresses risk perception and address reliance in beliefs in a partner’s background to use condoms. Each phased campaign will address a behavioral determinant from a different angle or theme to maximize behaviour change impact.*** Campaigns will be rolled out over a period of 6 to 9 months. Other behavioural determinants will be added under the umbrella campaign as deemed necessary through findings from the latest operational research.
- Wide scale continued implementation of the campaign focusing on subjective norms was conducted using a variety of IPC tools and supported by mid-media placement of lightboxes, posters and other promotional items. New interactive tools were introduced in Q3 to support message delivery.
- A creative MC event was launched in Phnom Penh in support of the Phase 2 “*Should I or Shouldn’t I?*” subjective norms IPC campaign, funded in part by complementary funding. During the reporting period, **81 MC events were conducted reaching over 6,599 clients.** The events take place at key busy entertainment establishments during peak hours. The event features Cambodia’s most popular rap singer (MC BIG) singing memorable rap songs

with lyrics tailored to convey subjective norms and condom use messaging. Between songs, the singer engages the audience in Q&A regarding subjective norms surrounding condom use in sweetheart relationships encouraging open dialogue among the participants and providing key messaging on consistent condom use. Events are supported by PSI IPC teams who reinforce messaging and distribute promotional and IEC materials.

- In collaboration with NCHADS, PSI/C developed IEC materials which promote HIV blood testing and a referral booklet of VCCT sites **to increase the number of men seeking VCCT services**. Our IPC team and UHN partners will be responsible for posting posters at high risk venues, and distributing leaflets. Campaign will kick off after final approvals are received from NCHADS.
- Two Monthly Meetings (Siem Reap and Battambang), and annual meeting (Preah Sihanouk) were conducted with IPC staff to share feedback and learning from the field to continuously improve the quality of the intervention. During the meeting it includes building the necessary skills such as listening skills, knowing the clients and to learn from the research. IPC were trained on different topic during each training to equip them all skills required for their work.
- Forty-seven IPC staff attended refresher training in Siem Reap province, on December 30, 2009. This training was aimed at improving the knowledge of subjective norm and to improve communication which focused on the topic of listening skills and more importantly was bring IPC to know in dept about the target group so that the IPC staff can approach the right person when conducting session. IPC Manager and IPC Coordinators facilitated this training.
- PSI worked closely with local authorities to gain their support during the period, with **78 commune representatives and Provincial Aids Official visiting IPC activities in Phnom Penh, Battambang, Siem Reap and Preah Sihanouk** and helping to facilitate access to establishments through advocacy with EE owners reluctant to participate in the program.
- PSI/C organized a joint meeting with NAA on November 5, 2009 at Sunway Hotel Phnom Penh – over 155 participants attended, such as PAC, PAS, NAA, NCHADS, UN agencies, NGOs, EE owners and Donors and chaired by Sr. Minister H.E Nuth Sokhom Chairperson of NAA. This meeting aimed to build support at national and provincial levels for programs targeting high risk urban men.
- Four small scale advocacy meetings were conducted at restaurants in Siem Reap, Sihanouk Ville, Battambang and Phnom Penh. EE owners, local authorities, provincial health officials and NGO partners in the respective areas attended the meetings. These meetings play significant role in the success of the HRUM IPC intervention, building ownership among EE owners, local authorities and NGOs and gaining access into venues.

Entertainment Workers, MSM, IDU/DU, PLHA

The United Health Network (UHN) is a partnership of local NGOs committed to improving the health of the Cambodian people. In this period the UHN program provided one year HIV/AIDS sub-grants under USAID funding to 16 NGOs to conduct social marketing and targeted behavior change Intervention with high risk population in Phnom Penh, Tekeo, Pursat, Prey Veng, Kampong Speu, Kampong Cham, Svay Rieng, Kampong Thom, Banteay Meanchey, Svay Rieng, Kandal, Pailin, Pursat and Battambang.

PSI/C leverages UHN partners' extensive reach among most at-risk populations, specifically MSM, entertainment workers, PLHA, and IDU/DU, to provide HIV prevention programming focused on behavior change communications and increasing access to prevention commodities through the social marketing of condoms and condoms/lubricant. PSI/C supports HIV prevention program implementation through the joint development of IPC tools and materials with specific emphasis on improving condom use behaviors among MSM and entertainment workers (EW) based on research driven evidence.

Research conducted among EW indicates significant unmet need for family planning. Inconsistent use of condoms and contraceptive pills and limited knowledge of long term contraceptive methods contribute to high rates of abortion among EW. During the reporting period, PSI/C has studied best practices on family planning and HIV integration and conducted consultative meetings with HIV partners, RH partners, donors and technical working groups to determine the best strategy to address the needs of EW for both HIV prevention and family planning. PSI/C has designed an integrated HIV-RH program designed to reach EWs with double protection messages through a combination of interpersonal communications and group sessions employing principles of counseling techniques. The program aims to improve knowledge and behaviors of EWs in the use modern contraception methods and consistent condom use. A heavy emphasis on referrals to RH services is an integral component of the project and includes innovative ways to encourage calls to PSI/C's Reproductive Health hotline, linkages to PSI/C's network of franchise clinics and public sector providers, and a comprehensive directory of RH service providers. The project will focus on four quarterly themes during the first year of the project. Themes include:

- general reproductive health and modern birth spacing methods
- improving HIV and pregnancy risk perceptions
- addressing trusting relationships and consistent condom use with sweethearts
- self-efficacy and condom negotiation.

Training design, IPC tools and complementary IEC materials are currently under development. The campaign is scheduled to roll out Q2 FY 2011.

IPC tools and IEC materials for targeted communications, informed by findings from qualitative survey, to increase consistent condom use among MSM have been developed. The underlying theme of all materials will encourage MSM to have condoms with them at all times and will be designed to increase risk perception, address beliefs in a partner's appearance or background in condom use decisions, and convince men to use condoms even if their partner offers them more money to have sex without one. Rollout will begin in Q1 FY 2011.

In collaboration with NCHADS, NAA, CPN+, KHANA and FHI, PSI/C supported the development of training manuals targeting team leaders of PLHA self-help groups focusing on various themes such as condom use, prevention for positives and PMTCT. PSI/C developed IEC materials for placement at Friends Help Friends (or MMM) clinics where PLHA receive medicine on a monthly basis. Materials are undergoing final approval process by NCHADS. PSI agreed in the MoU to donate up to 3 million condoms for this pilot.

Key activities during the reporting period include:

- **UHN sub-grantees reached 41,055 MARPs** including 11,065 clients of Direct and Indirect Sex Workers, 503 Direct Sex Workers, 11,840 Indirect Sex Workers, 2,177 IDUs/DUs, 11,937 MSM, and 3,533 PLHA through IPC activities conducted in and around high risk venues and high risk communities.
- **425 Peer Educators (PEs)** and Peer Facilitators (PFs) were trained on Communication and Facilitation Skills, Social Marketing, Condom Use, MSM Game Tools, EW Game Tool, Basic Knowledge and HIV Prevention, Product Knowledge, HIV Risk Perception. A total of 66 echo training were conducted. Through participation in echo-training they were equipped with skills, knowledge, and confidence to engage with their proposed target groups.
- **1,488 high risk outlets** such as BBQ, Beer Garden, Brothel, Guesthouse, Hotel, Karaoke, Massage parlor and MSM outlet were opened by 16 sub-grant partners to make sure condoms and water based lubricant are widely available and accessible to target populations.
- Collaborative development of MSM IPC 3 game tools and IEC materials with KHEMARA, KDFO, and SIT.
- Design and development of HIV-RH integration program targeting EWs as noted above.

- Sub-grant agreements were renewed for Q1 FY2011, pending results of UHN evaluation to be conducted in Q1 FY2011 and any subsequent programmatic changes.

3.1.3 Human Resources for Health – The United Health Network

PSI/C provides UHN members with intensive technical support to build member's skills in research utilization, communications campaign development, effective IPC techniques and IPC tool utilization, product knowledge and selling skills, stock management, and monitoring and evaluation of programs. Technical support is provided through trainings and on-site field visits.

Key activities for the period include:

- On June 16-17, 2010, 71 staff of UHN partners participated in a training on Condom Social Marketing and Sales Techniques.
- 37 participants from NAA and 8 UHN sub-grantees including SIT, MHSS, MHC, KHEMARA, KDFO, KHANHNHA, CUD, and CSSD attend two-day MSM tools and IEC materials training at Phnom Penh hotel, on October 27-28, 2009. The training was designed to provide the guidance on how to effectively use 3 games tools and 4 IECs material developed to promote condom use. Furthermore, the training highlights the key findings to enhance understanding of MSM situation and their risk perception in Cambodia. PSI/C also organized a field trip to few sub-grantees in Phnom Penh, to allow the participants to practice in using tools and IEC materials. This training was supported by USAID and Global Fund Round 7.
- 88 participants from 18 sub-grantees (22 sub-grantees, 16 supported by USAID and 6 supported by Global Fund Round, 16 provinces) attended Monitoring and Evaluation Training. First training was conducted at Cambodiana Hotel from January 28-29, 2010 and the second training was conducted at InterContinental Hotel. The training has designed to further enhance the knowledge, skills, and practices focus specifically on monitoring and evaluation in order to apply tools, checklist, and form provided by PSI/C fully. Seven forms were introduced to the participants and practice sessions on accurate completion of the forms were conducted.
- 78 participants (55 males, 23 female) from 18 UHN NGO partners working with EWs, MSM, PLHA, DU/IDU attend TOT on Communication and Facilitation Skills at Imperial Hotel, from March 22-26, 2010. The training was designed to build the capacity of those sub-grantees on communication and facilitation skills, and transfer those knowledge and skills to peers and volunteers to implement better IPC activities with their target group. Topic covered included listening skill, questioning skill, probing skill, negotiation skill, facilitation skill, and lesson plan development. UHN members participated in a field visit with PSI-IPC team to observe communication techniques and best practices with male clients at EE venues in Phnom Penh.
- Quarterly coordination meetings were held in December 2009, April 2010 and July 2010 with an average attendance of 100 participants from 22 UHN sub-grantees (16 supported by USAID and 6 supported by Global Fund Round 7). The meetings aimed to share best practices, feedback, experiences and challenges encountered during project.
- 37 Field monitoring visits were conducted with 16 NGOs including AFD (Takeo). BDASE (Pursat), CWPD (Kampong Thom), Khemara (Phnom Penh) MHSS (Pursat, Battambang, Prey Veng, Pailin, Phnom Penh and Banteay Meanchey), MHC (Phnom Penh), NAPA (Kampong Speu) PC (Takeo), CSSD (PP), SIT (Kandal), CCASVA (Prey Veng), REDA (Svay Rieng), WOMEN (PP), KWCD (Kampot and Phnom Penh), KDFO (Phnom Penh), SIT (P.Penh), and PSAD (Kampong Cham). PSI staff provided technical assistance in IPC communications, M&E reporting, social marketing and financial procedures.

3.1.4 Contributing to Broader HIV intervention efforts in Cambodia

PSI/C is a valued partner to the government and partner NGOs and strives to positively contribute to the advancement of national policy and strategy. PSI/C is also an active participant in public health events targeting a wider audience of beneficiaries amongst the Cambodian population.

Key activities contributing to Broader HIV intervention efforts in Cambodia include:

- In partnership with the National AIDS Authority (NAA), PSI/C organized a series of orientation meetings with entertainment establishment owners, PHD, PAO and commune chiefs in Battambang, Siem Reap and Sihanoukville and Kandal Provinces to strengthen HIV/AIDS intervention programming at the commune level.
- PSI/C was actively involved in the development of the National HIV/AIDS Communication and Advocacy Framework and National Strategic Priorities (NSP) for HIV Prevention-III. PSI/C strongly advocated for and was a key influencer to assure the inclusion of high risk men as a target population in NSP-III.
- PSI/C has actively lead advocacy efforts for an extension of the 100% CUP to EE. In collaboration with FHI, KHANA, NAA, Cambodian Business Council Against AIDS, USAID and UNAIDS, PSI/C is working towards the creation of a MARPS Community Partnership which brings together local health authorities, local police and entertainment establishments in efforts to create an enabling environment for MARPs, especially EWs. The overall objective is to increase condom availability at high risk outlets and access to HIV prevention services in light of the crackdowns and use of condoms as evidence of violation of the Law on Human Trafficking and Sexual Exploitation through the re-interpretation of Prakas 66 (decree signed by Prime Minister that was initially used to support the 100% CUP) to apply to EEs and meet the changing landscape for HIV prevention efforts in Cambodia. Field studies were completed in three priority provinces BMC, SR and SHV; the result was presented to relevant sectors NAA, NCHADS and partners. Training and sensitization curricula are under development and will be rolled out in FY2011 in targeted areas. Condom availability will be measured by PSI MAP Surveys.
- PSI/C supported an NAA led HIV awareness building campaign at entertainment establishments in Phnom Penh, Battambang, Siem Reap and Sihanouk Vile. The Campaign brought together national and local authorities, NGOs and EE owners to support HIV prevention interventions and condom availability at high risk venues.
- PSI/C is an active member of the Private Sector Working Group on HIV/AIDS chaired by National Aids Authority. PSWG is targeting HIV workplace initiatives. PSI advocates this committee to enlarge its coverage in which includes entertainment establishments so that Most At Risk Population (MARP) can be reached through interventions. The committee had agreed to include as proposed and it also look into how to sustain the efforts by offering the recognition award to the owners of establishments.
- PSI/C regularly disseminated the result of its quantitative and qualitative surveys among stakeholders, donor agencies, implementing partners, national technical working groups and government bodies to better understand target group behaviours and align programmatic priorities.
- To inform a broader, more global audience of the HIV situation and programming achievements and challenges in Cambodia, PSI/C presented two research abstracts for poster presentation for the 18th International Aids Conference held on July 18-23 2010, Vienna, Austria. The first abstract titled "Motivations and Barriers for using Condom among Men who have Sex with Men in Cambodia". It presents a qualitative research result among 24 MSM conducted by PSI/Cambodia. The study aimed to 1) understand decision-making process about condom use 2) explore barriers and motivators of condom use, 3) understand the perceived value and barriers of using lubricant. The second abstract named "Making Sweethearts Safe: Increasing Condom Use Among High Risk Urban Men and their Partners in Cambodia", describes PSI's venue-based High Risk Urban Male Intervention and its impact on consistent condom use among High Risk Urban Men and their partners.
- PSI/C is an active member of the MSM Technical Working Group organized by NAA and a contributing partner on MSM national guideline development.
- Presented key findings of 2009 High Risk Urban Male TRaC Survey and served on "most at-risk populations" plenary panel discussion at UNAIDS JUTH Retreat in Sihanoukville, advocating for the need to include interventions targeting high risk urban men in UNAIDS

annual workplan.

- On March 17-18, 2010 and April 21-23, 2010 attended 2-day regional meeting on Implementation of Continuum of Prevention, Care, and Treatment to EWs which was held at Battambang province and Kampong Thom province, respectively. Each meeting was attended by government official and NGOs of 8 provinces and organized by NCHADS.
- Participated in field trip with NAA, FHI, and UNAIDS to Oddor Meanchey and Preah Vihear to assess the HIV environment and programming priorities in these provinces. PSI/C donated 50,000 condoms to Military Division 41 and Military Division 8.
- On 26 March, 2010, PSI joined the 3rd Annual Health Fair at the American Embassy. The objective was to give the opportunity to all invited vendors and NGOs promoting and displaying their products and services relevant to health care to visitors during the event.
- PSI/C collaborated with HACC & NAA in organizing World AIDS Day activities on 1st December 2009 in Phnom Penh and provided support to provincial health departments in Steung Treng, Battambang, and Kandal provinces for their World AIDS Day activities. Support included educational materials, provision of condom samples, booth sponsorship and interpersonal communications.
- PSI/C collaborated with HACC and NAA to organise to celebrate Water Festival which held from Nov. 1-3, 2009. PSI/C sponsored two booths and provided educational materials, condom samples and interpersonal communications.
- Participation in US Military Medical Missions in Koh Kong, Pursat, and K. Som provinces, where PSI teams provided communication support and access to information and counseling on FP and anti malaria products.

3.1.3 Strategic Information Driving HIV Programming

Condom Use Among High Risk Urban Men and Sweethearts, TRaC 2009

A TRaC survey among 1,110 high risk urban men with sweethearts was conducted in late 2009 in Phnom Penh city and the three urban towns of Battambang, Siem Reap and Sihanoukville. The respondents were recruited from beer gardens, evening restaurants and BBQs. The aim of the study was to identify determinants of consistent condom use with sweethearts; to monitor change in behaviors and behavioral determinants over time, and to evaluate the impact of communication campaigns. **The study showed dramatic increases in self-reported consistent condom use with sweethearts, from 57.7% in 2008 to 69.4% in 2009. Consistent condom use with commercial partners also significantly increased from 84.7% in 2008 to 95.6% in 2009.** Men reported large numbers of concurrent partners—men reported currently having an average of 1.8 sweethearts and 5.8 commercial partners in the last 12 months and of those, 41.7% of men reported their current sweetheart's main occupation is high risk⁹. 35.5% of men reported ever paying their sweetheart for sex. These data suggest an overlap of commercial and sweetheart relationships--over time the commercial partner of today may become the sweetheart tomorrow. Low rates of consistent condom use in sweetheart relationships put both partners at serious risk of HIV. Belief in partner's background and trust in partner remains a key predictor of behavior. Men are less likely to use condom consistently and correctly with a sweetheart whom they know her background or perceive she is 'a good girl' and comes from a good family. Men who believe it is necessary to use a condom even after being together for a while are also more likely to use a condom than those that do not.

PSI's venue-based IPC intervention among high risk urban men was shown to be successful in changing condom use behavior with their sweethearts. **Nearly half (44%) of the men surveyed reported contact with the PSI IPC team and 88.5% of those men could recall at least one message** delivered by the team. Furthermore, multiple exposure to the IPC

⁹ High risk occupations include karaoke singer, beer promoter, waitress, hostess, masseuse, and commercial sex worker

intervention resulted in a higher probability of behavior change with **men who had contact with IPC team 2 times reporting 77.5% consistent condom use** compared to those who had contact with IPC team only once reporting to 68.1% condom use.

Condom Use among Men who have Sex with Men – FOQUS for Qualitative Segmentation

A qualitative survey among MSM was conducted in October 2009 in Phnom Penh and two urban provinces – Battambang and Siem Reap. Participants were interviewed by community based researchers (CBRs) – fellow MSM selected from peer groups, This peer led approach is an innovative method ensuring rich data and unique insights. The study design was developed with participation from NCHADS, NAA, MSM secretariat, KHANA and FHI. The aim of the study was to understand the decision making processes surrounding condom use with male sexual partners; perceptions surrounding the use of lubricant, and perception of VCCT and STI services. Although men are generally well aware of the health risks of unprotected sex, condom use is highly inconsistent. Men are less likely to use condoms if their partner is young or handsome, has previously tested negative for HIV or offers them more money to have sex without a condom. Having a condom on their person and readily available is a very important factor for MSM, particularly given that sex can be unplanned. Men report fear of losing their partner or missing the opportunity with a handsome partner if they refuse sex because they do not have a condom - despite knowing the risks of unprotected sex. Men prefer to obtain condoms from their friends or NGOs and are less comfortable buying them in retail shops. Men understand the benefits of using lubricant during sex. Men prefer to receive VCCT/STI services from private clinics or NGOs because they perceive less discrimination at these sites.

Results of this study were included in a quantitative TRaC survey among MSM to see representative result across MSM and to understand statistical correlate key barrier to the behavior.

Sexual Health among Female Entertainment Workers with Sweethearts TRaC 2009

A TRaC survey among 1,000 female EW with sweethearts was conducted in late 2009 in Phnom Penh city. The respondents were recruited from beer gardens, karaoke bars and massage parlors. The aim of the study was to identify current behavior and behavioral determinants of consistent condom use with sweethearts and better understand EWs knowledge and practice of family planning. Results shows about half (51%) of EWs reported consistent condom use with their sweethearts in the last three months, while the majority of EWs (93%) reported consistent condom use with commercial clients. 17% of EWs currently have more than one sweetheart and 52% reported that their sweetheart was a former client, further suggesting the overlapping nature of commercial and sweetheart relationships. Key behavioral determinants influencing EW condom use with their sweetheart include trust in partner, having both tested negative for HIV, and support from sweetheart. In addition, EWs who believe they need to use a condom with their sweetheart even after being together for a while are more likely to use a condom consistently. Programmatic implications include the need for messaging addressing trust, consistent condom use throughout the duration of the relationship and consistent condom use to remain HIV negative. Study findings also showed that 68% of EW drink alcohol every day, suggesting a need to address alcohol risk behavior among EWs.

71% of EWs surveyed report they are currently using a method to prevent pregnancy, with the majority reporting condoms as their primary contraceptive method. 65% of EWs state the main reason for using a condom with their sweetheart is *both protection against HIV/STI and pregnancy*. However, the same study shows that condom use is erratic and inconsistent, mitigating the efficacy of condoms as an effective contraceptive. Use of other modern contraceptive methods is limited. With self reported low rates of correct and consistent condom use, it is not surprising that 31% of EWs surveyed reported having had an abortion in the last 12 months and 49% reported ever having had an abortion. Few EWs (only 25% of those exposed to

HIV interventions) reported exposure to interventions on family planning. Findings suggest that many entertainment workers are facing unwanted pregnancies and have unmet need for family planning. This represents an important opportunity to integrate HIV-prevention and reproductive health programming to comprehensively address the needs of entertainment workers through promoting condom use as well as other modern contraceptive methods.

HIV MAP survey 2010 (Sixth round)-Preliminary Findings

The sixth round of HIV MAP survey was conducted in September 2010 to measure condom availability inside and/or within 50 m around high risk venues – beer gardens, massage parlors, karaoke bars, guesthouses, and brothels in Phnom Penh and urban towns of Sihanouk Vile, Battambang and Siem Reap. The findings show condom coverage remains high and relatively stable compared to findings in 2009 both in and around Phnom Penh guesthouses and other high risk venues (95%). Condom coverage is high in and around guesthouses, beer gardens, karaoke and massage parlors in provincial urban towns (>95%). Availability of condoms inside and around guesthouses, beer gardens, massage parlors, karaoke bars is remarkably increased compared to 2009. This increase is attributed to widespread condom availability in outlets surrounding these venues within 50 meters.. Condom available inside Phnom Penh brothel is slightly decreased compared to 2009. The closures and crack downs of brothel and accusation of being human trafficking due to condom visibility inside the outlet can be a reason contributing to this decrease. Condom penetration inside and around high risk venues in provincial towns is dramatically increased compared to 2009.

Condom penetration in and around high risk venues in Phnom Penh



Similar to findings from MAP 2009, adherence to the quality of coverage standards, correct storage mode and absence of expired product is adequate. Data indicates the market is still somewhat confused given the many changes introduced in the last year, including the re-launch of Number One. Overall, mean prices are above recommended retail selling price and increased overall compared to MAP 2009; teams continue to analyze and map out next steps. On average, prices are highest in guesthouses. Findings suggest a need to focus on trade promotion to support suggested retail pricing, maintain focus on condom availability in brothels, and continue to support access to outlets by maintaining and opening outlets within 50 meters.

Condom Use Among Men who have Sex with Men, TRaC 2010 Preliminary findings

A TRaC survey among 994 men who have sex with men was conducted in May 2010 in Phnom Penh city, Battambang, Siem Reap, Sihanoukville and Banteay Meanchey. Respondent Driven Sampling methodology was applied to recruit respondents through network size and coupons were used. The aim of the study was to identify behavior and behavioral determinants of

consistent condom use with male sexual partners among MSM. **The study shows that consistent condom use with all types of male sexual partners is high (82% with regular male partner; 90% with casual male partner; 88% with client).** MSM reported large numbers of male sexual partners—MSM reported currently having an average of 10 male sexual partners in the last three months and reported having sex 11.7 times with casual male partner in the past three months. Belief in male partner's background and trust in male partner is a key predictor of behavior. MSM who do not rely in their belief in partner's background or trust are more likely to use condom consistently with their regular male partner. MSM who ever talked with male partners about using condom and would be able to persuade their partner to use condom are more likely to use condom consistently than those who do not. MSM believe that they still use condom if they partner has HIV tested negative are more likely to use condom consistently than those that do not.

Nearly seventy percent (69.5%) of MSM reported ever being exposed to HIV prevention intervention through any NGO intervention. Of those, 56% reported exposure to NGO staff.

Trade survey among retail trade, 2010

A quick formative research was conducted among 9 retail traders to better understand audience profile, gain idea to frame positioning statement targeting trader/wholesaler, to understand media channel to communicate positioning statement to this audience, and to understand motivation factors encouraging trade to recommend one brand over another brand to consumer. Three type of outlet type were selected to participate in in-depth interviews – pharmacy, guesthouse, and convenience store. The type outlet was selected based on 1) weight in business – about 70% distribution to PSI condom sale; 2) direct consumer interaction; 3) frequency of acquisition. The findings tell all of interviewed trade's business are family owned managed by married female. The demand from consumer and popularity or best-selling of the product is the influencer on product stocking. Medicine products are the best-selling product and following by cosmetic products. Consumer is the one ask for a specific brand when they come to outlet to buy a product. Some of trade recommended specific brand over another based on consumer's socio economic status or appearance.

Pre-testing communication material: repositioned Number One Condom promotional material

A quick survey was conducted in Phnom Penh among sexual active men to understand perceptions of target audiences to the new Number One Condom promotional materials. The aims of the study were to understand whether the material are culturally appropriate, understandable and appropriate in the use of language. The findings show positive perception toward material and feedback from target audience was used to improve the materials.

Pre-testing communication material: ManUp! posters

A quick pre-testing survey was conducted in Phnom Penh among 18 high risk urban men to assess whether the language used in posters is understandable and culturally appropriate, and to see if messaging is effective to yield the desired behavior – consistent condom use. The findings showed positive perception toward materials and a willingness of the target audience to consistently use condoms after exposure to the materials.

Unique Identifier Codes

PSI/C participated in partner discussions on strategic methods to track and monitor provision of HIV prevention messaging, referral to services and service uptake. PSI/C shared lessons learned and best practices from PSI programs in Vietnam and Central Asia utilizing unique identifier codes (UIC). PSI/C and FHI will utilize UIC developed in tandem with UNAIDS. Rollout is expected in FY 2011.

3.1.6 Cross-cutting area: Gender

Successful and sustainable behavior change and social marketing projects require gender sensitivity be incorporated in program design at every stage. PSI employs several strategies throughout its activities to address gender, including actively supporting women within the organization to empower them leading to greater leadership roles for women and mainstreaming gender issues at all levels of the organization. Research lends insight as to how gender specific sexual, relationship and societal norms relate to men and women's behaviors regarding HIV prevention and birth spacing. Both men and women are involved in the development of communications campaigns and prevention interventions. IPC activities address trust and subjective norms between men and women, more specifically male clients and EWs, with parallel messaging designed to promote correct and consistent condom use in all high risk relationships, to normalize condom use among trusting relationships, and give women more negotiating confidence. All IPC teams are comprised of male/female peer pairs to encourage openness about HIV/AIDS, provide both male and female perspectives, and portray more equal dynamics between men and women. IPC programming reaching male clients is particularly important as it engages men openly in their role in the potential transmission of HIV, including their families.

On a broader level and in coordination with other partners such as FHI, PSI will support NAA efforts in drafting a legislative or regulatory framework supporting the availability of condoms and interventions at EE sites. PSI will engage the government to broaden legislative/regulatory support of 100% CUP into other establishments such as EE. Such legislation would ensure access to HIV prevention services and products among both men and women and create safer workplace environments for EWs.

With support from the Global Fund, PSI social markets OK Plus, condom plus water-based lubricant. Activities target SWs, EWs, and MSM and encourage these groups to use OK Plus to help prevent both condom breakage and anal tearing. The introduction of a new essential package of prevention messages and services will reach MARPs with behavior change messaging and linkages to improve access to needed services, such as VCT, STI, and RH/FP. With regards to FP linkages, through wraparound funding from KfW, PSI implements specific communications campaigns to include men in FP educational activities and provides a full range of birth spacing products to give couples a variety of options.

3.1.7 Cross-cutting area: Human Capacity Development

PSI/C provides regular and varied human resource development opportunities for both its own staff (see Section 2.2.1) and UHN partner organizations (see Section 3.1.3). In addition, PSI/C is currently implementing a carefully phased plan of transitioning to a sustainable Cambodian Social Marketing Organization. Success of this plan lies in the talents and capacities of a strong senior staff of Cambodian directors and managers and a clear plan for the future of the organization. Following on the finalization of PSI/Cambodia's mission, vision and values by senior directors, a four-day consultative workshop was held with directors and advisors to develop PSI/Cambodia's Strategic Plan 2010-2014. With the assistance of Strategic Planning consultant Ellen Tipper, PSI/Cambodia conducted a SWOT analysis and staff survey to inform the strategic planning process. As a result, three strategic initiatives were identified: Engage and Connect with Stakeholders, Deepen and Broaden Health Impact, and Invest in our Organization and our People. For each initiative key objectives, activities and indicators were outlined and a Balanced Scorecard developed to measure overall progress towards achieving these objectives. The Strategic Plan 2010-2014 was the focal agenda for the PSI/C All-Staff Annual Workshop where every member of PSI staff was introduced to the plan and participated in a series of participatory activities to promote understanding, ownership and value of individual contributions to achieving strategic priorities. Following the Annual Workshop, senior staff drafted a workplan to execute the strategic plan.

Draft by-laws for localization of PSI/Cambodia have been drafted. Recruitment for the Deputy Country Representative has begun in earnest with several candidates being interviewed.

3.1 INFECTIOUS DISEASES – MALARIA (funded by GF, w/no direct support from USAID/DFID for Malaria activities)

PSI's malaria program operates in 20 malaria endemic provinces providing prevention commodities, diagnostic kits and treatment through social marketing and complementary provider education and community awareness building activities. All PSI's programmatic work is funded by The Global Fund except for the ACT-watch research work which is funded by the Bill and Melinda Gates Foundation. PSI has been awarded funds as a sub-recipient under GF Rd 9 and AMFM.

Significant achievements for the period include:

- Sales and distribution of **332,990 Malacheck rapid diagnostic tests and 161,060 Malarine malaria treatment blisters.**
- Launch of new **SuperMalatab** Net retreatment Kit replacing Malatab KO123 Kits.
- Bundling of **143,441 private sector imported nets with SuperMalatab kits** across the country. In addition a total of **793,509 SuperMalatab kits** have been distributed to importers and wholesalers.
- Following CNM's change of policy and the changing epidemiology of malaria in Cambodia, PSI has switched its Rapid Diagnostic Test (RDT) to one that can detect *P.falciparum* and other species, namely Vivax in Cambodia.
- **839 private providers were reached by the Medical Detailing Program.**
- **Early Diagnosis and Treatment (EDAT) trainings were provided to 562 private providers and 484 3rd year nursing students in 5 different regional training centers.**
- **203 Mobile Video Unit (MVU) shows** were delivered to an estimated audience of **103,490 people.**
- **11,883 Radio and TVC spots on 'Get tested first' aired** on 4 nationwide TV and Radio stations, and 13 local Radio stations to encourage consumer to seek for malaria blood test before treatment of malaria.
- **25,410 Radio and TVC spots on 'Thanks Mum' campaign aired** on 4 nationwide TV and Radio stations, and 13 local Radio station to support new Net Bundling Strategy. The campaign informs consumers about availability of bundled net with Super Malatab at market, convince consumer to purchase bundled net, and dip it with attached Super Malatab when they get home.

AMFM

Cambodia's application to AMFM has been successful. This means significant changes moving forward. PSI will focus on (a) strengthening private sector training programs, (b) ensuring that the new ACTs are packaged appropriately with clear instructions (c) generating country-wide demand through concerted communication campaigns and (d) by working with the chosen manufacturers and importers. Given the delayed decision with regard to which drugs is the most appropriate for use in Cambodia, it is likely that the new co-paid drugs will not arrive in country until 2011. PSI has therefore been given the go-ahead to procure Malarine to cover the second half of 2010 and therefore avoid a stock out during the malaria season.

The Bundling Strategy

Following a project evaluation in March 2008, PSI negotiated a significantly different approach with regard to malaria prevention. Instead of importing insecticide treated nets, PSI will provide SuperMalatab Long Lasting Insecticide Treatment Kits (LLITKs) to attach, or 'bundle' with 70% of the untreated nets that are imported into Cambodia by the private sector. The

ultimate goal is to leverage the existing, very robust, private market for nets, and bundle each one with a kit *before* the net is released onto the market. Cambodia's bundling strategy is the first of its kind globally.

To date, PSI has signed contracts with 50 importers, wholesalers, and local net producer both in Phnom Penh and along the border areas. The contract stipulates that PSI will supply one free Super Malatab kit for every net in their current stock, provide packaging materials and launch a communications campaign to generate demand. In return each importer/wholesaler will re-pack the nets with the kit and distribute them as per usual. The price of the net should not be increased. PSI will make regular spot checks. Every kit will carry a unique lot number allowing PSI to track the kits. Four 'Blitzing Teams' were hired between December and March to bundle all the nets that were already in village markets.

Strategic Information Guiding Malaria Programming

ACT-Watch Surveys

Cambodia is one of the seven countries carrying out repeated nationwide studies under the global ACT-watch program. PSI is the PI for the household and outlet surveys which have received critical acclaim.

Household Survey among people living in malaria endemic areas

Household Survey was conducted from October to November 2009. The purpose of survey was to identify behavior related to malaria treatment when they have malaria fever. The survey took place in the same place where Outlet Survey conducted. The target group of the survey is population in malaria endemic area reported with malaria fever within the past two weeks. All people within each household that have malaria fever were interviewed. 1465 household are interviewed with the full complete questionnaire. Since the interview was conducted with every member reported with malaria fever in the past two weeks, there are totally 1,617 people included into the analysis.

As the primary show that there are 44.9% out of the people who have malaria fever had diagnosis test to confirm about their symptoms. Among those that have the positive test of malaria, only 35.4% of them got ACT for their malaria treatment while 56.5% of them took a non-antimalarial cocktail and 13.7% took cocktail with anti-malarial. For those that get ACT, 25% of them get from public health facility while 27.2% receive from pharmacy/clinic.

3.3. MATERNAL AND CHILD HEALTH

Child Survival Programming Environment

Cambodia's child mortality ranks among the highest in Southeast Asia with an under five mortality rate at 83 per 1,000 live births. ***The prevalence of diarrhea has increased to nearly 30% in children under five, and dehydration due to diarrhea accounts for approximately 25% of all child deaths.*** Cambodia has also seen an increase in the number of cases of severe acute watery diarrhea has been seen since November 2009 in several provinces across the country including Phnom Penh, Kandal, Takeo, Banteay Meanchey, Kompong Speu, Prey Veng, Kratie Pursat and Siem Reap. Limited access to safe water and poor hygiene contribute to child morbidity and mortality. Only 50% of rural families have access to safe drinking water, and 34% do not treat their water at all putting children at risk of diarrhea. Adverse outcome associated with diarrhea may be high, as only 58 % of children with diarrhea were given increased fluids or oral rehydration therapy.

3.3.1 Child Survival: Increasing Access to Safe Water and Diarrhea Treatment

PSI/C's Child Survival program prioritizes a complementary program of diarrhea prevention and treatment in children under five by increasing access to safe water through the promotion of point of use water treatment tablets and ORS and zinc diarrhea treatment kits (DTK). In FY 2010, PSI/C expanded its child survival programming to Siem Reap, Pursat, Prey Veng, Banteay Meanchey, Koh Kong through partnerships with RACHA and Kampong Chhnang and Svey Rieng in partnership with two new UHN Child Survival sub-grantees, REDA and CPR.

To address the gap in available point of use household water treatment options in Cambodia, PSI/C received approval from Ministry of Health for the implementation of Social Marketing of Safe Water Product on December 21, 2010 and launched Toeuk Sovatepheap (meaning "Safe Water" in Khmer) branded point of use water disinfectant tablets in Q1 FY 2011. Toeuk Sovatepheap is overbranded Aquatabs, a chlorine derivative water disinfectant tablet. PSI/C's Safe Water project relies on intense communications regarding the benefits of treating water in the prevention of diarrhea. Ensuring that improved access to safe water actually influences diarrhea prevalence relies on several related behaviors. Thus, communications materials focus not only on water treatment options but the role unsafe water plays in causing diarrhea, identification of unsafe water sources, proper storage of water, dispelling the myth that clear water means safe water, and safe hygiene practice such as hand washing.

The cornerstone of PSI/C's diarrhea treatment component of its CS Program is increasing access and use of Orasel Diarrhea Treatment Kit (2 sachets of low-osmolarity ORS plus 10 tablets of 20mg dispersible zinc).

In partnership with RACHA, REDA and CPR, PSI/C distributes Toeuk Sovatepheap and OraselDTK to pharmacies, drug stores, retail and village shops in seven provinces coupled with communications through RACHA's network of Village Support Health Groups (VSHG) and outreach workers, UHN IPCs, PSI MVU shows and PSI Roving Teams who conduct educational outreach and product demonstrations during busy market days.

Key activities for the reporting period include:

- **1,408,900 tablets of Toeuk Sovatepheap distributed through 749 outlets** in 7 targeted provinces. Each tablet treats up to 20L of water. Price to retail outlets is 300 riel per strip of 10 tablets and price to consumer is 500 riel per strip of 10 tablets.
- **86,350 Orasel Diarrhea Treatment Kits distributed through 808 outlets** in 7 targeted provinces.
- PSI/C conducted the **official launch of Child Survival Program** in September 2010 with approximately 130 participants including PHD/OD from 11 targeted provinces, Ministry of Health and NGO partners.
- Following a competitive process and evaluation (including pre-award assessment), **two UHN NGO partners were awarded one-year sub-grants** to implement behavior change communications and social marketing of diarrhea treatment and prevention products. UHN sub-grant partners provide effective reach to rural populations most in need of diarrhea treatment and prevention interventions.
- PSI Roving teams conducted **220 safe water outreach sessions** in the targeted communities during busy market days reaching an estimated **129,065 people** with IEC messaging on correct and consistent use of Toeuk Sovatepheap, diarrhea prevention and safe hygiene.
- MVU teams conducted **60 OraselDTK diarrhea treatment shows** in Pursat, Siem Reap, Banteay Menachey, Prey Veng and Koh Kong with approximately **31,550 audiences reached**.

- MVU teams conducted **51 Safe Water diarrhea prevention shows** in Pursat, Siem Reap, Banteay Meanchey, Prey Veng and Koh Kong with approximately **24,390 audiences reached**.
- **1,354 village shop keepers trained** on diarrhea treatment, Orasel DTK, diarrhea prevention and Toeuk Sovatepheap through RACHA.
- **362 Village Health Support Groups trained** in Siem Reap.
- **440 Orasel Kit TVC spots** have been aired in TVK in Pursat province and **18,090 Orasel Kit Radio spots** have been aired in the 13 selected radio stations in five targeted provinces.
- **21,375 Safe Water Radio spots** have been aired in the 13 selected radio stations in five targeted provinces.
- In collaboration with CPN+, PSI/C developed IEC materials targeting PLHA with safe hygiene, safe water and diarrhea prevention messaging. CPN+ staff will receive training on diarrhea prevention and distribute IEC materials to PLHA in FY 2011.
- Three medical detailing pieces were developed to spur appropriate provider behaviors for the treatment and prevention of diarrhea. Providers are trusted sources of information for mothers and caregivers and key influencers on the uptake of diarrhea prevention or safe water practices in particular. Medical detailing will kick off in FY 2011 through PSI/C medical representatives.
- Thirty-four staff from RHAC, PHD and OD from Battambang, Kampong Speu, Siem Reap and Pailin received training on Diarrhea treatment and Orasel Kit product on August 26, 2010.
- Twelve staff from REDA and CPR, six PSI sale representatives and eight roving teams received training on Diarrhea treatment and Orasel Kit product on August 09-11, 2010. Twelve staff from REDA and CPR also received training on diarrhea prevention and Toeuk Sovatepheap product, monitoring and evaluation skills, report writing skills and how to fill up other necessary forms such as sale receipt, IPC forms and monitoring and evaluation forms.
- 107 health center staff in 3 operational districts of Svay Rieng received training on diarrhea treatment and diarrhea prevention. (complementary funding)
- Ten members comprising two Safe Water Roving teams and nine sales representatives were trained on diarrhea prevention and safe water practices. Ten Safe Water Roving team members also received training on outreach session performance and communication skills.
- 151 staff from RACHA, PHD and OD from Pursat, Siem Reap, Banteay Meanchey, Koh Kong and Prey Veng were trained on diarrhea treatment, diarrhea prevention and safe water practices on January 27-29, 2010.
- Collaborative discussions were held with RHAC to scale up behavior change interventions through VHSGs to rural communities in Battambang, Pailin and Kampong Speu. Implementation will kick off in FY 2011. PSI/C sales representatives will conduct social marketing activities in these areas.
- 16 Toeuk Sovatepheap billboards and 6 OraselDKT billboards have been placed at the market towns in targeted provinces.
- PSI Safe Water Roving teams collaborating with PHD in Kampong Chhnang conducted a special educational session on diarrhea prevention and treatment in the cholera outbreak areas in Chrey Bak Commune, Rorlea Paeur District, Kampong Chhnang province on October 21, 2010.
- PSI Safe Water roving team joined Child Protection Concert organized by Orange Brand Elements sponsored by World Education International to promote Safe Water brand in Pursat Province on March 27, 2010
- PSI Safe Water roving team joined the trade faire organized by DAI to promote Safe Water brand in Pursat Province on March 13- 14, 2010.

- In response to the outbreak of acute watery diarrhea across the country, PSI/C assisted the emergency response through the contribution of 3,000 Orasel Diarrhea Treatment Kits and 50,000 tablets of Toeuk Sovatepheap to WHO for direct distribution at the household level by rapid response teams.
- IEC, Point of Sale and Promotional material for both Toeuk Sovatepheap and Orasel including consumer leaflets, posters, instruction poster, sold here sticker, educational flipcharts and other materials have been produced for distribution through PSI and partner organizations.

Strategic Information Guiding Child Survival and Safe Water Programming:

Semi-TRaC Survey among Women at Reproductive Age (Safe Water Section), 2010

A population based survey was conducted April 2010 within the 4 provinces under child survival program with total of 454 respondents. The target population was women at reproductive age who were living in the selected areas. The purpose of this survey was to serve as baseline to monitor trends in use of water treatment options in target provinces. The findings from the 4 provinces showed about 78% of women used a method to make water safe for drinking and the most common method that was used is "boiling water". Among those who ever heard/seen a message about Toeuk Sovatepheap, only 9% have ever used Toeuk Sovatepheap product. The reasons for not using this product are mainly because they did not know where to buy and did not know how to use it. Findings suggest programs should increase product availability and product use knowledge among women in rural villages. It is notable that the survey was conducted only a few months after product launching.

3.4 FAMILY PLANNING AND REPRODUCTIVE SEXUAL HEALTH

Family Planning and Reproductive Sexual Health Programming Environment

PSI/C, with complementary financial support from KfW and foundation support, aims to contribute to an increase in the modern contraceptive prevalence rate in Cambodia. The objective of the program is to increase demand for, and access to, high quality affordable reproductive health and safe motherhood services and products to low-income women of reproductive age (WRA). The secondary beneficiaries of the project are qualified health providers, including medical doctors, medical assistants, nurses and midwives, as well as pharmacists and drug sellers operating in the private sector in target provinces. These health providers are key gatekeepers and influencers for the promotion of modern contraceptive choice, management of side effects and continued use of hormonal contraceptives. In many cases, they are also the frontline providers of safe motherhood services in the private sector.

PSI/C's Reproductive Health program focuses on two main program areas to increase use of modern contraceptive methods among low-income WRAs: strengthening service provision in the private sector and communications & social marketing to drive demand for products and services. Program areas operate in unison to increase access and demand for both short-term and long term contraception. :

PSI/C aims to **improve health outcomes by strengthening services provided in the private sector to better serve the poor and vulnerable**. Key elements of support to the private sector include:

- **Medical detailing support to private health providers.** Medical detailers increase providers' effectiveness as behavior change agents for modern contraceptive choice, ability to manage of side effects and promote continued use of hormonal contraceptives through the following activities: giving health providers accurate product information, overcoming provider behavior change barriers, dispelling misconceptions surrounding particular products, facilitating information exchange between themselves and their clients, expanding their knowledge of potential users, and ensuring product availability.

- A **franchised network** of private sector health service providers (Sun Quality Health Network) are supported by on-going training, supervision and in-kind support to increase availability to both short-term and long-term methods and provide access to trained provider who can provide high quality clinical services and counseling as well as continuity of services and follow-up.
- **Six birth spacing mobile service training teams** operating in 13 provinces¹⁰ to increase access to birth spacing with particular focus on long-term methods. During the first six months of the period, mobile training teams facilitate “Mobile Training Event Days” in both public sector and private sector clinics, offering on-the-job training to franchise and public sector providers while providing need birth spacing services to WRA. During the last six months of FY 2011, mobile training teams worked exclusively with private sector providers.

Communications & Social Marketing through:

- Mass media campaigns with national reach aim to improve consumer perceptions of products and overcome barriers to use.
- Interpersonal communications including interactive activities and discussions aimed at reinforcing and underscoring the reproductive health mass media messages, including support to UHN partners and VHSGs.
- Nationwide social marketing of branded pills, injections and condoms to retail outlets such as pharmacies and village shops to increase availability of short-term methods.

3.4.1 Total Market Approaches to Reproductive Health Programs

- **517,632 couple years of protection (CYP)** were driven through the social marketing of birth spacing products and services¹¹. This included **3,359,652 OK branded oral contraceptives** made available through social marketing efforts in the private sector during the reporting period, and **565,645 vials of 3-month OK injection** distributed through social marketing approaches to qualified private sector providers including medical clinics and qualified pharmacies.
- PSI/C contracted with a **private distributor**, Mega Lifesciences, to distribute OK injection nationwide. PSI/C conducted an in-depth analysis of local distributors in Cambodia during the reporting period and entered into agreement with Mega Lifesciences on February 24, 2010. Mega Lifesciences has distributed **374,450 vials of OK Injection in 18 provinces** to date.
- PSI/C has altered its sales and distribution strategy for oral contraceptives to rely on consumer driven demand (“pull”) versus stock and price incentives to retail outlets (“push”). As such, PSI/C has discontinued trade promotions and will invest in improving sales of OC through demand creation and provision of point of sale and other IEC materials (ie. product display box, OK product parasol).
- PSI/C has begun to develop and collect data on a TMA analysis for all short and long-term birth spacing products. This analysis will help to define areas for potential market growth and weaknesses as PSI begins to move short term methods to cost recovery. For long-term methods, the TMA analysis will help PSI to work with the public sector to influence policy and plans to increase affordable availability of LTMs.

3.4.2 Targeted Behavior Change Interventions For Reproductive Health

Program strategies to increase demand for informed choice of birth spacing methods include mass media, mid media and interpersonal communications.

In the FY 2010, PSI/C produced two mass media campaigns. The objective of the ‘husbands’ campaign is to encourage husbands to support their wives in adopting birth spacing methods and/or seeking the services of trained health provider for birth spacing counseling. The

¹⁰ (Banteaymeanchey, Battambang, Kampong Cham, Kampong Speu, Kampong Thom, Kampot, Kandal, Pailin, Phnom Penh, Prey Veng, Svay Rieng, and Takeo)

¹¹ Includes CYP gained through male condom distribution.

objective of the 'Myths and Misconceptions' campaign is to increase the contraceptive prevalence rate of Cambodian women by ensuring women have accurate knowledge to enable them to make informed decisions regarding their choice of modern birth spacing methods available to them. The campaign focuses on four methods – OCs, Injectable, Hormonal Implant, and IUD.

To support these campaigns a variety of reproductive health IEC and POS materials targeting both providers and consumers were developed and distributed such as consumer leaflets, take home brochures and posters which explain the key benefits of OCs, injections, implants and IUDs in order to ensure that women receive proper information and are able to make informed choices of methods. The take home brochures address issues of discontinuation and real and perceived side effects. Messages were also reinforced by MVU teams conducting RH shows in villages.

During this reporting period, six radio spots focusing on awareness building of IUDs were developed and produced with complementary funding. The spots focus on (1) addressing myths and misconceptions related to IUD among women of reproductive ages, (2) promoting the Reproductive Health Hotline as a source of information regarding IUDs, and (3) creating demand for IUD services in both public and private health sector. The six IUD Radio spots will begin airing in FY 2011.

Key activities for the period included:

- PSI took a lead coordination role for the development of the **MOH generic birth spacing campaign**. The campaign consists of both mass media and printed IEC materials including one video drama and four trailers, 7 TV spots, 6 radio talk shows, 8 radio spots, posters, leaflets, community volunteer flipchart, pill reminder stickers and a community volunteer guide. (complementary funding)
- Airing of **1,444 TV spots and 24,123 Radio Spots of the 'husbands' campaign** on 4 TV stations¹² and 13 radio stations.¹³ The campaign is cost shared with complementary funding.
- Airing of **2,349 TV spots and 39,450 Radio Spots of the 'Myths and Misconceptions' campaign** on 3 TV stations¹⁴ and 14 radio stations.¹⁵
- Placement of eleven 'myths and misconceptions' billboards and four 'husband' billboard adapted from the TV spots in 13 provinces.¹⁶
- **497 Sexual Reproductive Health Mobile Video Unit (MVU) shows** in 21 provinces reaching an estimated target audience of **232,890 people** in remote areas.
- PSI/C spearheaded the development of an issue of Punleu Sokhapheap (Health Messenger) magazine focused on IUDs targeting both public and private sector providers. Through a collaborative process with partners URC, MSI, RHAC, MMRP and approval from the National Reproductive Health Program, 20,000 copies of the magazine focus on IUD is under production and scheduled for distribution in FY 2011.
- On 04-05 January 2010, PSI Cambodia organized an annual workshop for 18 MVU staff. This workshop provided refresher training on birth spacing methods and product knowledge, reviewed the annual results in year 2009, and conducted an assessment with MVU staff on key improvements to make the shows more effective.

¹² (CTN, TV5, Bayon and TVK)

¹³ (FM 95, FM 96, FM 103, FM Banteay Meanchey, FM Kampot, FM Kampong Cham, FM Kampong Som, FM Preah Vihear, FM Siem Reap, FM Svay Rieng, FM Steung Treng, FM Battambang, and FM Pursat)

¹⁴ (CTN, TV5, and Bayon)

¹⁵ (FM 95, FM 102, FM 96, FM 103, FM Banteay Meanchey, FM Kampot, FM Kampong Cham, FM Kampong Som, FM Preah Vihear, FM Siem Reap, FM Svay Rieng, FM Steung Treng, FM Battambang, and FM Pursat).

¹⁶ Battambang, Banteay Meanchey, Siem Reap, Kampong Chhang, Kampong Speu, Prey Veng, Steung Treng, Palin, Prey Vihear, Kampot, Kandal, Svay Rieng and Phnom Penh.

- On December 11, 2009, PSI organized a **Reproductive Health Communication and Media Launch**. The main objective of the launch was to build political support at all levels for RH activities and campaigns in Cambodia, and to generate positive coverage in the media for the campaigns themselves. Over 200 participants from Governments, Donors, LNGOs, INGOs, UN agencies, PHD, and Private partners attended the event.
- In collaboration with UHN partners, PSI implemented IPC activities during the Water Festival Day (1-3 November 2009), reaching 3,290 WRA¹⁷ and 3,290 OK family leaflets were distributed. PSI Cambodia also sponsored 6 boat racing teams and provided OK family branded t-shirt and cap.
- During the report period, there were **8, 999 callers called to the “Women’s Health Network” RH Hotline**. Around 25% are Phnom Penh residents and 75% called from provinces, 33% are male callers. Information regarding birth spacing accounted for 67% of calls, with other calls concerning general reproductive health, pregnancy and abortion options. The hotline is supported through complementary funded in partnership with Inthanou.
- PSI/C initiated discussions with Peace Corps Cambodia to investigate possible collaboration with the agency and community based volunteers. Subsequently, PSI provided presentation to 8 Peace Corps Volunteers on all PSI programmatic health areas and available resources for community outreach activities. PSI continues to collaborate with the Peace Corps to investigate possible linkages.

Interpersonal Communications

In this period PSI/C granted nine sub-awards through a competitive process to UHN NGOs. UHN sub-grantees conduct family planning behavior change interventions designed to improve attitudes, beliefs and knowledge about birth spacing among married WRAs and their husbands. The sub-awards support community mobilization activities and insure proper referral to trained public and private providers for service provision in Phnom Penh, Tekeo, Kandal, Kanpong Spue, Kampong Chhnang, Kampong Thom, Kampot, Battambang, Pursat and Kampong Cham. This activity is cost shared with KfW and complementary funding. In order to ensure that each NGO partner has capacity to implement the program activities effectively, the specific support to 9 UHN sub-grant partners, including training, field visit, technical support, IEC materials and IPC tools were provided.

Key activities during the reporting period included:

- Recruitment and competitive bidding process of additional three UHN NGO sub-grantees to bring total number of sub-grantees to nine.
- Six interactive IPC tools were developed including: a flip chart focusing on the potential benefits of Birth Spacing (BS), a story-board format tool outlining key functional benefits of 5 BS methods, an interactive “body game” which includes a puzzle explaining the female reproductive system, a card game (“Snap”) focusing on the benefit of birth spacing methods, a series of eight story cards which constructively address real and perceived barriers to continuation. A volunteer guide which provides guidance to outreach workers on effective mobilization and communication techniques for birth spacing. The tools were developed in collaboration with the UHN partners and were pre-tested among the target population.
- 5-day training on basic knowledge of birth spacing methods was held for 29 participants from 6 sub-grant NGOs partners and a 3-day training was held for 17 participants of the 3 additional sub-grant partners. The objectives of the trainings were to improve knowledge on basic concepts of birth spacing as well as the principles of interpersonal communications skills.

¹⁷ (One to one IPC: 903 and One to group IPC: 2,587)

- 29 participants from 6 UHN sub-grant partners and 4 PSI staff participated in an initial training of trainers to use some of the tools developed including the volunteer guide, “Body Game” and functional benefits leaflets.
- Two-day quarterly meetings were held on 14-15 January and 18-19 May 2010 for 34 participants from 6 sub-grant partners. The meetings provided training on financial reporting and M&E. At the meeting PSI also shared information related to field visit findings, and family planning qualitative research findings.
- Annual project evaluation meeting was conducted for 34 participants from the six UHN sub-grant partners. Performance for FY 2010 was reviewed and strategic priorities and workplans established for FY 2011.
- Two-day training on project monitoring was held for 21 participants from 9 sub-grant partners. The objectives of the training were to improve overall project monitoring and utilization of monitoring tools.
- PSI M&E, IPC and Finance specialists conducted field monitoring to 4 UHN sub-grant partners in 3 target provinces (Kampong Chhnang, Kampong Thom and Kampong Cham). The purposes of the visits were to monitor program activities and to provide technical assistance.

Key achievements of the 6 sub-grant partners are as the following:

- **665** Peer Educators (PEs), Peer Facilitators (PFs) and Village Health Volunteers (VHVs) were trained on basic knowledge of birth spacing methods and 227 Peer Educators (PEs), Peer Facilitators (PFs) and Village Health Volunteers (VHVs) were trained on IPC tools through echo-training.
- **9 UHN sub-grantees reached 159,152 individuals** with family planning messages including 71,623 Married Women, 28,301 Married Men, 38,692 Single Women, 17,641 Single Men, 1,877 EW and 1,018 other populations through IPC intervention and special events.

While some of franchise clinics are in the same catchment area as the UHN sub-grantees, some of the newly selected franchise private clinics do not have a UHN presence in the surrounding communities. To fill the demand creation gap, PSI began a program to engage, monitor and support community health mobilizers (CMs) to conduct communications and mobilization for birth spacing to both public and private clinics. CMs are selected with the assistance of community leaders and are provided with intensive training by PSI on mobilization techniques, interpersonal communications and knowledge of birth spacing. **267 community mobilizers (CMs) were trained** Kandal, Kampong Chhnang, Pursat, Battambang, Banteay Meanchey, Siem Reap, Kampong Thom, Kampong Cham, Prey Veng, Takeo. and Kampot .

3.5 HEALTH SYSTEMS STRENGTHENING

By leveraging funding from USG, KfW and other donors, PSI works to strengthen health systems for the provision of both public and private sector reproductive health and family planning services. Beginning April 2010, the program shifted its efforts to exclusively support private sector providers. During the reporting period, **7,938 IUDs and 2,626 implants** were provided.

3.5.1 Private Sector Strengthening

With complementary funding, PSI/C manages a franchise network of private clinics providing reproductive health services. Key achievements for SQH this period include:

- Expansion of the Franchise Network to include **162 providers in 127 clinics in 12 provinces**¹⁸. PSI worked with MOH officials, Provincial Health Offices and Operational Districts to identify potential providers. PSI established an internal committee to ensure transparency in the selection process which included review of clinic applications and clinic assessments.

¹⁸ New provinces include Kampong Cham, Prey Veng, Pursat, Siem Reap, Banteaymeachey, Kampong Chhnang, Battambang, Kandal, Phnom Penh and Takeo

- PSI organized 3-day initial trainings in December 2009 for 37 new franchisees. Topics included basic knowledge of contraceptive methods, basic concept of social marketing and social franchising, quality assurance of service provision, infection control, recording and reporting systems, and use of IEC materials.
- All new providers in the network also received a 5-day IUD insertion and removal training following the national reproductive health protocol. Trainings were conducted in January, February, March, June, July, August and September with smaller groups of providers in order to ensure a smaller trainer/ trainee ratio during practical sessions. A total of 74 providers attended. The 3-day practical trainings were conducted at health centers or at the Franchise Clinics with 413 women receiving IUDs from the trainees. On average, each trainee provided 5 IUD insertions as part of their practical training following national reproductive health program recommendations.
- PSI C also organized a 2-day refresher training on IUD and implant insertion training for 28 Franchise Clinic providers. The training was focused on the provider skill competency in IUD and implant insertion and removal, side effect and complication management, infection control, and recording and reporting.
- With complementary funding, PSI also conducted nine 2-day hormonal implant insertion and removal training for 89 network providers and 19 private health providers. The one day in class training was conducted in Phnom Penh while the practical insertion with real client was conducted at the private clinics. On average each participant had a chance to practice insertion with two clients.
- PSI developed a quality assurance manual which includes standard operating procedures for a variety of clinical procedures and clinic facilities issues. The manual will serve as a structured framework to build on as support for new health areas are added to the franchise supervision. The manual is being finalized and translated and will be disseminated by the end of 2010.
- A one-day group supervision meeting of franchisees was held in March in Phnom Penh with 59 franchise providers in attendance.
- Individual franchise supervision meetings were conducted in January, 2010 in Kampot and Kampong Thom. Results showed that 83% of the clinics met the minimum standard of quality services provision.¹⁹ In the Feb and March 2010, supervisions were conducted in 7 provinces.²⁰ 18% of clinics met the minimum standard. PSI/C is working closely with these new clinics to improve their standard of care. In June, July, August and September 2010, site supervision was conducted in 78 clinics, 91 clinics, 103 clinics and 107 clinics with 87%, 99%, 98% and 99%, respectively, meeting the minimum standards.
- A voucher program initiated in early FY 2010 was discontinued as PSI/C shifts its focus to increasing sustainability of long term method service provision.

3.5.2 Targeted Medical Detailing Program (MDP)

Medical detailing activities aim to reach private sector health providers with information, tools, and training to improve counseling techniques and knowledge of modern FP and other PSI/C products. The MDP seeks to change provider behaviors by addressing providers' intentions, attitudes and self efficacy surrounding products and services. The MDP expands coverage of family planning, malaria and child survival products, and gives providers updated information, increased product knowledge, and reduces misconceptions surrounding PSI birth spacing, diarrhea treatment kits and safe water, malaria diagnosis/treatment products. This intervention is critical; PSI operational research shows that the quality support from the provider is one of the largest determinants of continued use of a modern contraceptive method. With complementary support from KfW, the medical detailing program achieved targets during the reporting period.

¹⁹ Minimum standards have been redefined as a result of development of the new SOPs.

²⁰ (Kampong Cham, Takeo, kandal, Phnom Penh, Kampong Chhnang, Battambang and Banteay Meanchey)

Key activities included:

- **8,338 visits to 1, 473 providers.**
- Recruitment of 4 additional medical representatives with complimentary funding.
- In order to increase visibility among providers and to gather more information about needs and concerns of providers, medical representatives organized **4 round table discussions in 3 provinces with 102 private providers attended.** The round table discussions served as a forum for providers to raise issue, questions, and constraints and share practical experiences with their peers as they relate to birth spacing methods and products, and hone their counseling skills with WRA.
- To be more effective in changing the clinical behaviors of private providers, MDP/PSI has redesigned the medical detailing program using the Stage of Change behavior theory, integrating the best practices from medical detailing in the private sector globally. The redesign includes better defined provider behavioral objectives for all health areas, intensive training of the medical detailing team, development of new materials, job aids and time of use materials for providers. This all translates into better targeted support to medical detailed providers and a greater programmatic focus on providers' attitudes and intentions (not merely on knowledge). Medical representatives recruited **1,153 new private health providers in 13 provinces** to expand reach of the program.
- Detailing job aids and materials were redesigned by Communications and Marketing Teams for birth spacing, malaria diagnosis and treatment and diarrhea prevention and treatment. The new communications materials will be rolled out in FY 2011.

3.5.3 Mobile Training Events

To expand access to and choice of long term methods while improving provider skill in IUD and implant insertion, PSI/C implemented an innovative service delivery interventions, called **'Mobile Training Event Days' which were conducted in both SQHN clinics as well as in public sector clinics from October to March 2010.** In April 2010, PSI/C redesigned the birth spacing mobile team into **11 practical training teams** of 2 doctors/midwives each. The practical training teams conduct supportive supervision visits for Franchise Clinics for ensuring the quality of service provision and provide coaching to the Franchise Provider on Long Term Contraceptive insertion and removal. Practical training teams also conduct **"Practical Training Days" at Franchise Clinics** which provide providers the opportunity to practice insertion and removal skills. Mobile events and Practical Training Teams are funded through complimentary funding.

During the reporting period:

- Over **198 training events were conducted in the public sector.**
- **5139 IUDs were inserted in 192 public health facilities.**
- **7 1-day refresher trainings** were conducted for a total of 137 **government health center staff** to provide skills in IUD insertion, removal, side effect and complication management, and counseling skills.

The synergies of this approach are considerable—**linking trained providers with the opportunity to refine their practical and counseling skills in IUD and implant insertions.** Mobile event days also help to establish a reputation for the provider as offering quality services to women. Finally, by linking event days to a franchise provider and public health centers, PSI/C can assure that complications and method removal, if necessary, are addressed by a trained and qualified provider. Practical Training Days provide franchise providers the opportunity to practice insertion and removal skills. Training days are preceded by PSI community mobilizers to inform WRA of the opportunity to receive services. The events include highly discounted IUD and Implant insertions as well as short term methods. Women pay a set fee and are provided group counseling and individual counseling to select the method of their choice. Results of this innovative approach have been extremely promising, and demonstrate that when cost, access,

and knowledge of long term methods are addressed, significant numbers of women will opt for these methods.

3.5.4 Other Training and Support

- In Oct 2009, PSI/C conducted a 2-day training on basic knowledge of modern contraceptive methods for the midwife association with 60 participants in attendance.
- PSI/C provided 2-day training in reproductive health and malaria for 105 and 62 pre-graduate nursing students from the Nursing School in Kampot and Stung Treng province respectively

3.5.5 Advocacy Efforts

- PSI/C senior staff regularly participates in the Commodity Security Working Group addressing all issue related to reproductive health and Public – Private Partnership (PPP) coordination committee meetings and TWG meetings. PSI/C staff regularly participates in the Pro-technical working groups in Kandal, Phnom Penh, Kampot and Kampong Thom.
- The HSD Director was appointed by the National Reproductive Health Program to serve on the steering committee involved in the development of a generic communications campaign for promotion of the use of modern contraceptive methods. During the reporting period, the committee met regularly and reviewed and gave technical input into the first drafts of materials.
- A new RH Working Group of NGOs has been established and PSI/C continues to play an active role. The first meeting was hosted by the Reproductive Health Association of Cambodia. The second meeting was hosted by PSI/ C with two main agenda items. First, was a discussion on performance based financing including health equity funds. Secondly, PSI led a discussion to finalize terms of reference for the group.
- PSI/C participated in the US Military Medical Team and USS Mercy Mission in June 2010 by providing malaria, RH, and child survival health education outreach sessions and referring 15 patients for medical treatment, 4 of whom received surgical care.

3.6 Strategic Information Driving RH Programming

Reproductive Health Survey among Women of Reproductive Age (TRaC Population Based Survey, third round, 2010)

The RH TRaC study among women at reproductive age aimed at monitoring changes behavior and behavior determinants over time. In June 2010, this unique survey expanded sampling nationwide in order to serve as baseline but still maintaining two donor targeted provinces for monitoring purpose. The findings from 2 provinces (Kampot and Kampong Thom) showed no statistical significant improvement in contraceptive use among women at reproductive age (42.7% in 2007 compared to 39.7% in 2009 and to 46% in 2010). It was further found that 45% of WRA from poor households in the above 2 provinces are using a modern contraception. The findings from nationwide data (13 provinces) found that many women reported ever using modern birth spacing method however, only about half of those women report currently using a modern birth spacing method. 70% of those who ever used a method reported ever discontinued using a birth spacing method. Experiencing side effects is the major reason for the discontinuation. Among those who are currently using a method, traditional methods are still popular. Daily pill and injectables are dominated modern birth spacing method (35%). IUD and female sterilization increased steadily compared to 2005 CDHS (1.8% to 2.8% for IUD).

MAP Study Evaluating the Availability of PSI Birth Spacing Products and Services 2009

Measuring Access and Performance (MAP) survey allows programmers to make an assessment of product availability and accessibility using pre-defined criteria for coverage, quality of coverage and access. The main objective of this survey was to determine the availability of PSI's

birth spacing products and services within three supervision areas (Phnom Penh, other urban areas, and rural areas). The findings demonstrate that the geographic coverage was high for all products in Phnom Penh, and in other urban areas. OK Pill, OK Injection, and Number One condom were also widely available. Rural coverage remained average for OK Pill and both condom brands and was fairly low for OK Injection. Quality of coverage criteria were met in most areas, except for point of sale (POS) display and price standard: most POS materials are not visibly displayed and most vendors sell OK family planning products above the recommended retail prices, indicating that clients are prepared to pay more, and/or that profit margins may not be sufficient for retail outlets. In most areas, the PSI contraceptives were also the best selling brands in the majority of outlets.

Provider Satisfaction Survey among Franchised Providers

The objective of the franchise program is to improve skills of private health providers. Since its implementation, the level of satisfaction among franchise providers and their perception of improved skills are not known. This survey was conducted to understand the general satisfaction of the franchise providers and to learn more about areas for improving the support given to franchise providers. Confidential questionnaires were filled out by 41 franchise providers during quarterly meetings. 95% of providers were satisfied with the training they received. A quarter of providers did not have the chance or were not happy with opportunities to practice IUD during training, 15% did not have the chance to practice BS counseling; and 40% still feel unable to provide IUD to customers. Most providers reported that they had much opportunity to practice at a Training Event Day (TED). The study, funded with complimentary support, suggests programmers increase training to providers but need to be followed with TEDs.

Formative Research on Discontinuation and Side Effects on Long Term Methods

The study was conducted in February 2010 among franchise providers and UHN RH outreach workers to identify reasons target populations prefer one birth spacing method over another, perceptions of IUDs and reasons for discontinuation. Two focus group discussions were conducted with each group. Results indicate that women are frightened from using IUDs because of shyness during pelvic exams, rumors about IUDs, fears of harmful side effects and fears of pain during insertion. Side effects that were commonly reported included bleeding, irregular menstruation, irregular vaginal discharge, having kidney trouble, abdominal or chest pain, and serious headache. Discontinuation was associated with side effects that women experienced plus the rumors that have played around their ears. Also, the reactions from husbands has played very important role in dissuading women from using the method. These results will inform the development of the Phase II IUD campaign.

IUD provision in Cambodia- provider productivity study (2010)

The study was conducted in March 2010 to identify determinants that correlate with a provider doing a high or low number of monthly IUD insertions. The study was conducted among 27 franchise providers in Kampot and Kampong Thom provinces using in depth-interview techniques. Findings showed that those who had high number of IUD insertions were those who had good counseling skills/strategies and had more experiences in providing IUD insertion. On the other hand, those who had few or zero IUD insertions were those who had less experience and less confidence in providing the service. In addition, the main obstacle reported by this provider group is lack of demand. The women themselves did not intend to use the service due to shyness, complications, side effects and peer influences. This study suggested to take action to improve low IUD insertion providers through both demand or provider sides.

Mystery client survey on RH hotline

With complementary funding, PSI has implemented a reproductive health hotline through partnership with local NGO, Inthanou. A mystery client surveys were conducted from March 2010 onward to evaluate whether information, counseling and referral for reproductive health

products and services was provided correctly and in ethical manners. The analysis was conducted quarterly to see the impact of the hotline and to find out the areas of improvement. The findings from quarter to quarter have proved the positive sides of their work toward the clients.

IV. CHALLENGES AND LESSONS LEARNED

- Condom sales are slowly recovering from stock ups by the trade in response to previous price increases introduced in FY 2009. PSI/C is shifting its sales and distribution strategy for all products to a consumer demand driven model (“pull”) as opposed to one driven by purchase incentives to retailers (“push”). This model will more accurately reflect consumer uptake of social marketed products and present a clearer picture of the true market. Incentives will still be offered for the introduction of new products, such as Toeuk Sovatepheap safe water product, in order to encourage retailers to stock products that have yet to prove themselves as saleable.
- Crackdowns on entertainment establishments (EE) and use of condoms as evidence of illegal activities and widespread media coverage of closures continue to affect condom sales inside high risk venues, such as karaoke, massage parlors and beer gardens. PSI/C responded with intense efforts to open condom outlets within 50 meters of high risk venues. MAP 2010 data show declines in condom penetration within venues but significant gains in condom penetration around high risk venues, ensuring MARPs still have access to HIV prevention products where they are needed most. On a broader scale, PSI/C is collaborating with NAA, UNAIDS and partners to pilot the re-interpretation and application of 100% Condom Use to entertainment establishments (EE). This project aims to gain the support and collaboration of local police, health authorities, and EE owners to increase condom availability in EEs through the understanding and proper application of both Prakas 066 and the Law on Human Trafficking and Sexual Exploitation.
- The differentiation between Number One and OK brand condoms is not clear in the eyes of consumers and retailers. To assist in segmenting the market and improving brand differentiation several steps have been taken including repositioning the brands and the implementation of a trade marketing plan. Research is warranted to determine if these steps have been successful and inform future marketing strategies to ensure the success of the Total Market Approach. Follow-up focus group discussions with the trade will be insightful as well as Flash FoQus groups discussions and crowd sourcing to identify the brand image and perception of Number One Condom among consumers. It will help to determine how/if consumers differentiate OK and Number One condom brands and , motivation to purchase the brands. Results will inform action plans to improve brand positioning and image of Number One condom and market segmentation.
- Despite high volume sales of OK Injection during the transition to a private sector distributor, there are concerns about equity of access and rural coverage. PSI/C continues to work closely with our distributor to increase outlet coverage by the distributor and establish product depots, regional suppliers or other solutions to ensure providers and outlets in more rural areas not directly served by Mega have access to the OK Injection.
- Pricing of Ok and Number one condoms, and the OK Family of Birth Spacing products needs to be examined to determine willingness to pay among consumers and appropriate profit margins as MAP surveys indicate that many retailers are selling these products above the recommended price.
- Recent reinforcement of the Medicine Law have forced the closure of many outlets without proper licensure, affecting availability of social marketed products. In addition, display of promotional and point of sale materials for products has been banned in pharmacies. PSI/C is advocating for the exemption of promotional materials for social marketed and other products that are sold in the interest of public health.

- National guidelines recommend safe water treatment by boiling. As only 60% of the population boil water and 39% do not treat water at all, it is important to obtain national guidelines to include other affordable methods such as water purification tablets in order to increase access to safe drinking water. PSI/C will advocate obtaining national recommendations for water purification tablets.
- The mild chlorine taste and smell of Toeuk Sovatepheap water treatment tablets have been identified as barriers to use. To address this barrier, PSI/C has included the message through many communication materials such as leaflet, flip chart and MVU drama as well as through Safe Water roving teams and MVU teams by explaining that *“the chlorine taste and smell means your water is now safe to drink”*.

V. SUCCESS STORIES

A Private Provider Increases Quality of Care and Clients through Membership in PSI/C’s Sun Quality Health Network

Mrs. Nou Vichetra is a secondary midwife lives who works in Achar Leak Health Center in Kampong Thom and manages her own private clinic.

Mrs. Vichetra explained that before she joined the Sun Quality Health Network, she had a very limited of knowledge in Birth Spacing and never had any IUD clients in her clinic. She had attended IUD insertion and removal training from MoH since 2006, After the training, there was no demand creation activities and so, with so few IUD clients, she became less confident in providing IUD insertion.

In Jan 2007, Mrs. Vichetra, joined the PSI Cambodia Franchise network and received intensive training on birth spacing, IUD insertion and removal, and other health services such as ANC & PNC, Malaria. She was then able to provide all choice of the contraceptive methods to her clients. Recently, as a result of demand generation activities, Mrs. Vichetra saw an increase in IUD patients from 3 patients per month to an average of 20 per month.

“The quantity of the IUD clients has increased and I can now offer IUDs at an affordable price. Clients trust me since I have provided warm welcome, good services with highly technical skills, good sterilization and infection control. The clients tell their relatives from one to another to come in my clinic”, she said with a smile. “The Community Mobilizers and one of my friend who is working for women’s affairs in the community help to refer the clients to my clinics.”

Increasing access to High Risk Urban Men through advocacy and NAA support

Mlop Dong is one of the most popular and crowded Barbeque Restaurants in Phnom Penh. Since the beginning of IPC work in mid-2008, the owner refused access to this venue by PSI’s High Risk Urban Male IPC team because he thought the intervention would affect his customers and his business. The owner also refused to join advocacy meetings and showed little interest in the intervention. In June and July 2010, PSI/C collaborated with the NAA in an awareness building campaign targeting entertainment venues, which involved visits to local venues by high ranking NAA officials, police, and partner NGOs. Mlop Dong was chosen as one of the sites for the campaign and has since become an active partner in the High Risk Urban Male IPC intervention, allowing IPCs access to the venue to conduct IPC sessions and distribute leaflets, posters and other IEC materials. Similarly, nine other establishments have also allowed IPC sessions to be conducted on their premises.

VI. PERFORMANCE INDICATORS

(See Indicator Spreadsheet attached)