

SERVICE PACKAGE GUIDELINE

SREY SROS

(TRANSGENDER INDIVIDUALS)

2024



DISCLAIMER

This document was produced with support from the President's Emergency Plan for AIDS Relief (PEPFAR) through the United States Agency for International Development (USAID) in Cambodia. The content does not necessarily reflect the views of PEPFAR, USAID or the United States Government.

ACKNOWLEDGEMENTS

From July to August 2013, the HIV Flagship project conducted an assessment to collect information for the development of a branded HIV/sexual health program (Srey Sros) for the transgender population in Cambodia. That program is summarized in this service package guideline. The HIV Flagship consortium partners FHI 360, KHANA and PSI/PSK express our deepest thanks to the assessment team, our local NGO partners who helped to organize group discussion participation (CSSD, MHC, Khemara, MHSS, KWCD) and the participants from Battambang, Banteay Meanchey, Pursat, Siem Reap, Kampong Thom, Kampong Cham, Kampong Chhnang, Kampong Speu, Kampong Som, Prey Veng, Kandal, Koh Kong and Phnom Penh City. We also express our deep gratitude to USAID for providing financial support for the development of the Srey Sros program and this accompanying guideline.

Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
BC	Bandanh Chaktomuk
Boosted CoPCT	Boosted Continuum of Prevention to Care and Treatment
BSS	Behavioral Sentinels Surveillance
CoPCT	Continuum of Prevention to Care and Treatment
EW	Entertainment Worker
FHI 360	Formerly known as Family Health International
GBV	Gender Based Violence
HIV	Human Immunodeficiency Virus
HTC	HIV Testing and Counseling
MARP	Most at Risk Population
MSM	Men who have Sex with Men
NAA	National AIDS Authority
NCHADS	National Centre for HIV/AIDS, Dermatology and STDs
NGO	Non-Governmental Organization
PCPI	Police Community Partnership Initiative
SBC	Strategic Behavioral Communications
SOP	Standard Operating Procedure
STI	Sexually Transmitted Infection
TWG	Technical Working Group
TG	Transgender
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Education Scientific and Cultural Organization
VCCT	Voluntary Confidential Counseling and Testing

SERVICE PACKAGE GUIDELINE

SREY SROS: TRANSGENDER INDIVIDUALS

Rationale for HIV Programming among Transgender

Although relatively little is known about the transgender (TG) population in Cambodia, including its size, members of this population appear to be at particular risk. This matches the findings of a recent systematic review and meta-analysis of multiple countries, which found that transgender women carry a very high burden of HIV (Baral, S., et al., 2013).

In the past TG were included in prevention programs targeted at MSM and as a result their unique needs have often been neglected. In the 2005 STI prevalence assessment, HIV prevalence was higher among transgender than MSM (9.8% vs. 2.6%). In the Bros Khmer study (2010) among high-risk men, including transgender, the proportion of HIV positive TG was also higher than that of MSM (2.6% vs. 1.9%). The 2007 BSS revealed that more TG reported having 'ever sold sex' than MSM (60% vs. 36%). Among all who sold sex, TG reported 'first selling sex' at an earlier age than MSM. The first sexual partner for TG was more commonly a man (93%) and for MSM it was more commonly a woman (56%). The survey also reported that TG tended to use condoms less consistently with all sexual partners, and reported more condom breakages and using lubricant less frequently than MSM. For both TG and MSM, condom use was the lowest among non-paying partners.

In June 2011, at the UN General Assembly, Cambodia committed to reaching Zero New Infections. Toward this, the National Center for HIV/AIDS, Dermatology and STI (NCHADS), Ministry of Health (MOH) developed a strategic framework "Cambodia 3.0" and within this, a series of standard operating procedures (SOPs) including the Boosted CoPCT for MARPs and the Boosted Linked Response for Prevention, Care, and Treatment of HIV and SRH Issues ('LR'), linked to Treatment as Prevention (TasP). Programming for transgender fit within this framework and are aligned with these SOPs.

TG: An umbrella term for individuals whose gender identity and expression does not conform to norms and expectations traditionally associated with their sex assigned at birth. Transgender people may self-identify as transgender, female, male, trans-woman or transman, transsexual, or other culturally specific transgender identities, and may express their gender(s) in a variety of masculine, feminine and/or androgynous ways. This SOP targets TGs who were biologically male at birth because they are the TG population in Cambodia at high risk of contracting HIV (NCHADS, 2012).

¹ NCHADS (2011), Estimates and Projections of HIV/AIDS in Cambodia 2010-2015

SREY SROS BACKGROUND

Srey Sros endorsed by the National Center for HIV/AIDS, Dermatology and STD Control (NCHADS) as the national approach to working with TG in Cambodia, provides TG a core HIV prevention package. Through individual and group-level outreach, Srey Sros peers provide HIV prevention education, condoms and lubricants, on-site HIV testing, and referrals to STI diagnosis and treatment, and social services. In some settings, Srey Sros also provides vocational training in the Srey Sros club (drop-in-center). Srey Sros offers multiple channels through which Srey Sros can be reached and reach the information and services they require. In addition to employing a peer-driven approach, Srey Sros will use technology -- the forthcoming Srey Sros website and Facebook page, interactive voice response system and smartphone application, through which users can access information, service referrals, and build a network/community.

The Srey Sros program was launched in 2013. At the end of the first year of implementation, Srey Sros reached approximately 300 individuals with face to face interventions, in 46 hotspots in OD Siem Reap (in Siem Reap Province). This effort resulted in over 268 successful referrals to health facilities, of which 95 were for STI treatment as well as 173 for VCCT services as well as 16,112 condoms/lubricants through social marketing and free distribution.

SREY SROS GUIDE PURPOSE AND BENEFICIARIES

The purpose of this Srey Sros Service Package is to support the prevention of HIV transmission and the provision of care and treatment to HIV positive TG (“Srey Sros”) in Cambodia. It should be used to guide the implementation of the Boosted CoPCT as well as new innovations as outlined in the hard to reach and unreached TG concept note.

Through Srey Sros, it is anticipated that TG and their sexual partner(s) will have improved health status and reduced HIV and STI transmission; that TG and their sexual partner(s) will receive an HIV test, and that those who are HIV positive, will receive early treatment.

SREY SROS PACKAGE OF SERVICES

The service package guideline comprises the following:

- ✓ **Strategic Behavioral Communications (SBC)**/education (messages change quarterly based on an annually developed communications plan, which is based on latest quantitative and qualitative data)
- ✓ **Condom/lubricant** distribution, promotion and sales
- ✓ **Point of care (PoC) STI and HIV screening** (POC STI screening occurs only in select sites; more generally, STI screening is provided in clinics via OW referrals of clients)
- ✓ **Referrals** to health (STI diagnosis and treatment, HIV, sexual health) and social service (e.g., legal aid)
- ✓ **Enabling Environment**

This service package guideline is delivered via different channels:

- ✓ Trained peers in individual and group-level outreach
- ✓ In Srey Sros clubs
- ✓ The Srey Sros (forthcoming) website and Facebook pages, and the (forthcoming) interactive voice response system (IVR) and smart phone application (see innovations section)

For delivery of the core package through outreach workers (OWs), Srey Sros implementers' Master Trainers train OWs on a quarterly basis to refresh their interpersonal communication skills, and to learn to effectively use each quarter's SBC tool. Each quarter a new tool is produced with a new message as outlined in the annual communications plan, which is developed based on the latest evidence/data.

OWs, wearing Srey Sros branded t-shirts, and using Srey Sros branded bags, are to reach approximately 50 TG (in urban areas) and 30 TG (in rural areas) at least once per month with SBC, service referrals, and a sample condom/lubricant. OWs are to work 4 hours/day, 5 days/week with working days and hours determined based on the best time to reach targeted TG in each location. The quarterly SBC tool is used during outreach, and additional materials, such as the service directory are to be given to clients to allow them to learn more on their own and to find the location of services they need.

To identify outreach sites, OWs conduct mapping at least once every quarter. Mapping identifies any changes in target areas, helps OWs to better understand TG sexual behavior, intends to reduce overlap with other programs, helps OWs track TG movements from area to area to ensure they are reached, and ensures they know the location of service referral points.

The package is organized around the three core goals of the HIV Flagship project, which is aligned with Cambodia 3.0:

1. Improving Case Detection

Strategic Behavioral Communications (SBC)

For delivery of the core package through outreach workers (OWs), Srey Sros implementers' Master Trainers train OWs on a quarterly basis to refresh their interpersonal communication skills, and to learn to effectively use each quarter's SBC tool. Each quarter a new tool is produced with a new message as outlined in the annual communications plan, which is developed based on the latest evidence/data.

OWs, wearing Srey Sros branded t-shirts, and using Srey Sros branded bags, are to reach approximately 50 TG (in urban areas) and 30 TG (in rural areas) at least once per month with SBC, service referrals, and a sample condom/lubricant. OWs are to work 4 hours/day, 5 days/week with working days and hours determined based on the best time to reach targeted TG in each location. The quarterly SBC tool is used during outreach, and additional materials, such as the service directory are to be given to clients to allow them to learn more on their own and to find the location of services they need.

To identify outreach sites, OWs conduct mapping at least once every quarter. Mapping identifies any changes in target areas, helps OWs to better understand TG sexual behavior, intends to reduce overlap with other programs, helps OWs track TG movements from area to area to ensure they are reached, and ensures they know the location of service referral points.

Srey Sros Club/drop-in-center (DIC)

A Srey Sros club (a drop-in-center, DIC) is established in a suitable location - one that is easy to access for TG (e.g. near hotspots, living quarters) - and operating at suitable hours (open during the evenings). TG are recruited and trained to be DIC - based outreach workers and lay counsellors (those who conduct HIV testing and counselling). Education and interactive sessions - the same as those conducted during outreach - are provided to TG who visit the club. Additional services can be made available to meet TG's additional needs and/or to draw them to the club (see the Srey Sros club standards in the Annex 1).

HIV Testing and Counseling (HTC) and STI

Lay Counselors, trained NGO field supervisors and OWs conduct HIV finger prick testing. They are trained during a four day course facilitated by NCHADS and NGO partners. Lay counselors follow the community-based HTC testing algorithm, which entails assessing the client's risk prior to testing (see Annex 2). Clients with an HIV reactive results are referred to VCCT co-located with pre ART/ART for a confirmatory test. As part of the national case management guidance, lay counselors are to report reactive clients to the OD Case Management Coordinator for follow-up.

Lay counselors are also to encourage Srey Sros to bring their partners for HIV testing, and provide referral cards to TG to give to their partners (refer to guidance note on Integrated Active Case Management and Partner Tracing for more detail). The Boosted CoPCT suggests key populations receive HTC every six months; however, those screened as at-risk should be encouraged to return in three months in case they are in the window period.

2. Avoiding New Case Infections and Reducing HIV Risks

Condom Social Marketing

Access to high quality condoms and lubricants can be assured through a combination of free distribution at outreach and in the Srey Sros club (one package per contact), and through social marketing via venue-based peer sales representatives. During outreach, clients should be informed about the availability of condoms and lubricants via sales representatives and other sales locations.

3. Strengthening Active Referral and Linkages

Improving Linkages and Referral

Ensuring TG are linked to all needed services (health—public, private, and NGO facilities for STI diagnosis and treatment, HIV, and sexual health services, hormone therapy; social services—GBV, legal aid) requires a strong referral network and system. Toward this, Srey Sros programs should:

- Develop Letters of Agreement with services providers
- Build good collaboration via regular meetings, exchange visits, technical working group meeting
- Build capacity of health care providers to provide integrated, high-quality, rights-based services to TG provide supporting documents for proof of referral uptake (e.g referral slip)

Enabling Environment

Key populations, including Srey Sros may avoid or minimize their use of health and social services for fear that they will be arrested or harassed by law enforcement. This highlights the importance of addressing structural barriers and building an enabling environment. An enabling environment ensures the existence, functioning and provision of all forms of health and non-health services for most at risk populations (and their partners) across the country, especially in locations where such services are needed by these target populations.

The current mechanism, the Police-Community Partnership Initiative (PCPI), should be supported by Srey Sros programs. Srey Sros implementing partners should conduct meeting with authority, police, entertainment establishment owners, and service providers at least once per quarter to share updates, identify and resolve issues/problems.

Table 1. Service Package Activities/Channels and M&E

Core Package	Key Activities	Sample Outputs	Sample Indicators	Data Sources
Improving Case Detection				
SBC/Education	<p>Trained peers (OWs) provide individual and small-group HIV/STI education to TG (and their partners), provide service referrals and distribute condoms/lubricant.</p> <p>Outreach is conducted in hotspots, entertainment establishments and Srey Sros clubs</p> <p>Outreach should be conducted when OWs are most likely to encounter their target population.</p> <p>OWs should identify clients where TG socialize and find sexual partners, such as in private homes, Entertainment Establishments (EEs), public parks, and the Srey Sros club</p>	<p>Individual/small groups of TG reached through a trained outreach worker</p> <p>TG referred to services</p> <p>Condoms/lubricants distributed</p>	<p>#/% of individual TG reached</p> <p># of TG reached through group session education</p> <p>#/% of TG referred to services</p> <p># of condoms/lubricants distributed</p>	<p>Outreach worker daily record (log books) Field supervisor monthly record (log books) Master list/ list MARP</p>
Srey Sros club	<p>OWs provide SBC sessions and materials, make referrals to services, organize edutainment events, offer HIV screening (finger prick lay counselor), provide vocational training, as feasible, promote condoms/ lubricants, and sell on site</p>	<p>Same as SBC/education plus:</p> <p>Visits to club</p> <p>Registered club members</p> <p>Referrals and service uptake among TG</p> <p>TG received HIV screen</p> <p>TG received counselling condoms/lubricants distributed/sold</p>	<p>Same as SBC/education plus:</p> <p>#/% of TG registered as club member</p> <p># of club visits</p> <p>#/% of TG received HIV screen</p> <p>#/% of TG received counselling</p> <p># of TG attended group discussion session</p>	<p>Club registration log book</p> <p>Member registration log book</p> <p>Group discussion record</p> <p>Referral record</p>

Core Package	Key Activities	Sample Outputs	Sample Indicators	Data Sources
<p>Community-based finger prick HTC</p>	<p>Lay counselors provide HTC during outreach and in Srey Sros club.</p> <p>TG are encouraged to be tested every six months if at risk and to bring partner(s) to test or provide partner(s) with a referral card for HIV testing (HTC)</p>	<p>TG and partner(s) tested</p> <p>Referral slips for partners distributed</p>	<p>#/% of TG received HTC</p> <p>#/% of TG with reactive test</p> <p>#/% of TG refer to confirmatory test at VCCCT with pre-ART site</p> <p>#/% of HIV+ TG refer for CD4 count</p> <p>#/% of HIV+ TG received ART</p> <p>#/% of HIV+ TG loss follow-up</p> <p>#/% of TG partner received HTC</p> <p>#/% of TG partner with reactive test</p> <p>#/% of HIV reactive TG partner refer to confirmatory test at VCCCT with pre-ART site</p> <p>#/% of TG partner refer for CD4 count</p> <p>#/% of HIV+ TG partner received ART</p> <p>#/% of HIV reactive/+ TG partner loss follow-up</p>	<p>Appointment card for HTC</p> <p>Referral card & test result</p> <p>Referral card for confirmatory test</p> <p>Referral list</p>
<p>STI screening</p>	<p>OWs invite health care providers to attend special events, visit clubs and/or other venues to provide STI screening/syndromic management</p>	<p>STI screening conducted</p>	<p>#/% of TG received STI screening</p> <p>#/% of TG with a positive screen</p> <p>#/% of TG with a positive screen who received treatment for himself and his partner(s)</p>	

Core Package	Key Activities	Sample Outputs	Sample Indicators	Data Sources
Avoiding New Infections and Reducing HIV risk				
Condom & lubricant	Outreach workers ensure stocks of condoms and lubricants are available and provide free condoms and lubricants as per national guidelines in hotspots, entertainment establishments, and in the Srey Sros club (a sample condom/lubricant is provided to clients during each contact)	Condoms and lubricants in stock in key locations Condoms and lubricants provided free of charge	Condom-lubricant stock-outs # of condoms demonstrated # of condoms freely distributed # of lubricant demonstrated # of lubricant freely distributed	
Strengthening Referrals and Linkages				
Referrals to services	OWs promote service use and provide referral slips to clients during every contact in hotspots and Srey Sros clubs Referrals are made to: HIV testing, Reproductive Health, STI testing, TB Diagnostic workup, Antiretroviral therapy, Needle and syringe programs (Referral to licensed hospitals), Methadone Maintenance Therapy (Referral to licensed hospitals), Vocational training, Legal support services, Psychosocial services OWs visit health facilities monthly to collect referral cards to track service uptake	TG referred to services	#% of TG referred to and received STI counselling and testing #% of TG received STI treatment, as needed #% of TG referred to community-based finger prick HTC and/or to confirmatory test #% of TG lost follow-up	Referral slip Referral master list

Core Package	Key Activities	Sample Outputs	Sample Indicators	Data Sources
Enabling Environment	<p>Reducing stigma and discrimination is key to effective HIV prevention among TG. Toward this, Srey Sros implementers should :</p> <ul style="list-style-type: none"> - Quarterly meetings with local authority, service providers and stakeholders to share progress and address any challenges - Special Events in the club - Anti-Stigma Campaigns - Events to celebrate World AIDS Day and Candle Light day 	<p>Quarterly meetings conducted Special events held Anti-stigma campaigns conducted National-international events held</p>	<ul style="list-style-type: none"> # of quarterly meetings conducted # of Special Events conducted # of Anti-Stigma campaigns conducted #/% of TG participated in national/international event 	<p>Meeting minutes Event reports Attendee lists</p>
Legal Support	<ul style="list-style-type: none"> - Meeting with Service provider and police, local authority on legal environment and human right and HIV responses <p>Srey Sros implementers should also:</p> <ul style="list-style-type: none"> - Refer TG to legal support - Train service providers, police and local authority on human rights on a quarterly basis 	<p>Referrals to legal aid Meeting Training workshops</p>	<ul style="list-style-type: none"> #/% of TG referred to access legal support service # of quarterly meeting conducted # of individuals trained in human rights 	<p>Referral slips Meeting minutes Event reports Attendee lists</p>
GBV	<p>Ensure TG who experience violence access relevant health (PEP within 72 hours, trauma counselling, HTC) and legal services</p>	<p>Referrals of TG to GBV services</p>	<ul style="list-style-type: none"> #/% of TG reporting GBV #/% of TG referred to GBV services #/% of referral uptake 	<p>Referral slips</p>
Hormone Therapy	<p>OWs provide education on feminizing effects of hormones for transgender women and masculinizing effects of hormones in transgender men</p> <p>OWs refer TG to health care providers for hormone therapy</p>	<p>Education sessions held Referrals for hormone therapy</p>	<ul style="list-style-type: none"> # /% of TG educated on hormone therapy # /% of TG referred to hormone therapy 	<p>Outreach worker daily record (log books) Referral slips</p>

INNOVATION PACKAGE FOR SREY SROS PROGRAM

In 2014, NCHADS developed the hard to reach and unreached TG concept note recognizing that HIV prevalence and incidence in Cambodia remains high among TG with high-risk and overlapping behaviors. It also recognizes that there are many TG who are hard-to-reach and remain unreached with Boosted CoPCT interventions.

According to NCHADS, to achieve the national goal of zero new HIV infections by 2020, TG who are yet to be reached must be reached with innovative, effective and targeted prevention, treatment and care programs. The NCHADS' concept note describes proposed innovative interventions to enhance the delivery and improve uptake of Boosted CoPCT to hard-to-reach TG, with the goal of increasing uptake of HTC and other HIV-related services among TG, ensuring quality outreach for TG, and strengthening service delivery to meet TG's specific HIV-related needs.

The following innovations are to be included in the Srey Sros package of services:

- ✓ Mae Phum (broker/agent of sex workers) as OW
- ✓ Peer Driven Interventions (PDI)/Risk Tracing Snowball
- ✓ mHealth:
 - Srey Sros website and Facebook page
 - Interactive Voice Response (IVR) System and smartphone application
- ✓ Condom and lubricant social marketing
- ✓ Active Case management
- ✓ Partner Tracing

In addition to the concept note innovations, the HIV Flagship project has also identified the need for additional services and strategies, including condom vending machines, and gender-based violence (GBV). These too are included in Table 2.

Innovation	Key Activities	Sample Outputs	Sample Indicators	Data Sources
Improving Case Detection				
Mae Phum (sex worker broker/agent) as OW targeting TG who sell sex	TG Brokers are recruited as OWs and trained in lay counselling and finger prick testing. Trained TG brokers provide TG who sell sex and clients with community-based HTC and the comprehensive Srey Sros service package as per Table 1		#/% of TG reached by Panpah #/% of TG received HTC	Outreach worker daily record (log books) Field supervisor monthly record (log books) Master list
Peer Driven Interventions (PD)/Risk Tracing Snowball	OW or HTC clients are given coupons to refer their peers/friends/partners to an HTC site. Incentives are provided to the individual who distributes the coupons and to those who visit the clinic with a coupon. Those who come in with a coupon are given the opportunity to become “seeds” and refer their friends and earn incentives		#of coupons distributed #/% TG reached through peer #/% TG with coupon received HTC #/% HIV+ TG received ART	HTC log book Coupon master list
mHealth: Srey Sros website and Facebook page	These social media channels offer a private source of HIV and related information, service referrals (with GIS maps of sites), and community engagement opportunities to users They are intended to help Srey Sros reach beyond current OD implementation sites	Website registered users Facebook posts Facebook likes Service referral slips downloaded Service referrals completed	# Website registered users # Facebook posts # Facebook likes # Service referral slips downloaded % Service referrals completed	
mHealth: IVR and smartphone application	Two new channels of information and services – IVR and smartphone application – are being developed Provide information, service referrals, and easy access to telephone/on-line counselling services	IVR calls received Smartphone application downloads	# IVR messages sent #/% TG reached through IVR smartphone applications downloaded	IVR logs Application download site

Innovation	Key Activities	Sample Outputs	Sample Indicators	Data Sources
Avoiding New Infections and Reducing HIV risk				
Social Marketing and vending machines	<p>Condoms and lubricants are available for purchase through Peer Sale Representatives, in hotspots, entertainment establishments, and street vendors</p> <p>Vending machines located in hotspots and entertainment establishments expand the availability of condoms/lubricants</p>	Condoms/lubricants sold	<p># Peer Sale Representatives</p> <p># condoms/lubricants sold through Peer Sale Representatives</p> <p># condom vending machines installed</p> <p># condoms/lubricants sold through vender machine</p>	<p>Monthly Peer Sale Representatives report</p> <p>Stock order sheets for vending machines</p>
Strengthening Referrals and Linkages				
Active Case management	<p>Case managers ensure linkages from the community to the health facility for HIV+ TG—refer reactive clients to confirmatory testing co-located with ART sites, refer HIV+ clients to ART services, and link HIV+ TG to PLHIV team</p> <p>Case managers also work closely with the Case Management Coordinators (CMC) at OD, reporting cases and coordinating with data entry clerks at ART sites</p>	<p>HIV+ TG accessed ART services</p> <p>HIV+ TG linked to PLHIV team</p>		<p>Monthly record (log books)</p> <p>Master list/ list MARP</p>
Partner Tracing	<p>OWs identify TG who are HIV positive and encourage them to bring their sexual partner(s) to HTC. OWs also link HIV+ TG clients to the PLHIV team and report the case to the the OD Case Management Coordinator once the case's informed verbal consent is obtained.</p>			

Innovation	Key Activities	Sample Outputs	Sample Indicators	Data Sources
<p>Community mobilization, coordination and leadership</p>	<p>Community mobilization, coordination and leadership are guiding principles for all HIV programming and activities. Community mobilization can foster greater ownership, wider reach and increase effectiveness of services</p> <p>Activities include:</p> <ul style="list-style-type: none"> - Support the establishment and strengthening of TG network or coordination mechanism - Conduct leadership training - Support TG leaders to attend national forums, platforms and dialogues - Support participation of the transgender community in local and national decision making/consultative bodies - Build a cadre of community champions 	<p>TG network and/or coordination mechanism established</p> <p>TG provided with training and coaching on leadership to enable them to become community champions.</p> <p>Transgender community members are engaged and meaningfully participating in local and national decision making bodies</p>	<p># Local and national level decision making bodies and consultative meetings attended by staff (disaggregate by type)</p> <p>#/% of TG trained in leadership and identified as community champions</p> <p>#/% of TG community champions coached and mentored</p> <p># of community consultations and coordination meetings organized</p>	<p>Institutional surveys/assessments</p> <p>Evaluations reports</p> <p>Meeting Minutes</p> <p>Attendance lists</p> <p>Technical Assistance reports</p>

REFERENCES

- Baral, SD, Poteat, T, Strömdahl, S, Wirtz, AL, Guadamuz, TE, Beyrer, C. "Worldwide Burden of HIV in Transgender Women: A Systematic Review and Meta-analysis." *The Lancet Infectious Diseases* 13.3 (2013): 214-22
- FHI 360, 2010. Behavioral Risks On-Site Serosurvey among At-Risk Urban Men in Cambodia (BROS Khmer).
- HIV Flagship. Comprehensive Service Package to reduce HIV among transgender population in Cambodia 2014.
- NCHADS. 2012. Standard Operating Procedures (SOP) for Boosted Continuum of Prevention to care and treatment for Most at risk Population in Cambodia. Phnom Penh: Cambodia.
- NCHADS. 2014. Transgender (TG) concept note. Phnom Penh: Cambodia.

ANNEX 1: THE SREY SROS CLUB MANUAL

With the Srey Sros program and the Srey Sros Clubs, we want to make sure that everything runs smoothly, efficiently and that the program is standardized.

1. What is a Srey Sros Club?

The Srey Sros Clubs were created to provide TG with a safe space, away from a stressful life, where they could go to relax, learn about sexual health, meet friends, play games, learn new skills, have fun, get counseling, join support groups, gain access to health products and services, and share information and experiences with peers. The Srey Sros Clubs are strategically located close to TG hotspots.

All the Srey Sros Clubs have both scheduled and ad-hoc education sessions. The date of the scheduled session is clearly displayed on the Srey Sros calendar/club schedule in the Club. Ad-hoc sessions are held whenever requested by someone and/or when a large group comes together. Health products, such as condoms and lubricants are also be available at the Srey Sros Club. Some Srey Sros Clubs offer Srey Sros counseling services and drug use support groups.

2. Srey Sros Club Minimum Standard

The following are the Minimum Standards for the Srey Sros Clubs that help to ensure the Srey Sros Club is up to scratch.

1. Accessibility

The Srey Sros Club (SSC) is accessible for target population, e.g. location, hours and signage

- a. SSC is easy to access and location is suitable for target population (e.g. near relevant services, work locations, etc)
- b. SSC is identifiable for target population (e.g. clear signage; logos)
- c. SSC opening hours are relevant to target population (e.g. based on their work or leisure schedules)
- d. SSC has list of telephone numbers, addresses of SSC in target area or in other areas/provinces where network operates
- e. SSC(s) is/are regularly promoted at outreach or peer education sessions
- f. IA has materials with SSC contact details

2. Staffing & Data Management

SSC has adequate staffing support and good data management system

- a. SSC has one SSC manager and one Srey Sros Leader located at the SSC
- b. SSC staff or volunteers are friendly and welcoming to Srey Sros
- c. All Srey Sros Club members visiting the SSC are processed in the registration book by the SSC manager/ Srey Sros Leader
- d. All TG who come to the SSC who are not members will be encouraged to sign up for Srey Sros membership

- e. SSC data is collected in a correct and complete manner (e.g. minimizes double counting, etc.) using Srey Sros tools (e.g., registration book)
- f. SSC data is managed and stored efficiently, e.g. dedicated space for administrative work and data storage
- g. SSC attendance is monitored during special events and/or mobile services

3. Facility and Services

SSC is attractive, well-arranged and offers comprehensive services

- a. SSC has clear activity and service schedule (Srey Sros Calendar/club calendar) which is provided to target population
- b. SSC is clean, comfortable, attractive and well-maintained
- c. SSC has equipment/space for supporting creative and leisure activities (e.g. karaoke/TV, beauty salon, special events, etc)
- d. SSC has designated, private area for STI/HTC/RH/FP consultations, drug support groups and psychosocial support counseling sessions (can be 1 space that serves these functions, but must allow for visual and auditory privacy)
- e. Communications (SBC) materials are well-stocked, up to date and prominently displayed
- f. Condoms and lubricant are prominently displayed and provided freely and socially marketed
- g. Special events are organized on a quarterly basis and for special days
- h. SSC has designated area for group education and holds group education sessions as scheduled and ad-hoc
- i. Drug support groups meet regularly (e.g. monthly or every two weeks) at site
- j. Referral slips for VCCT, STI and HIV care and treatment are available at SSC and provided to attendees at each contact
- k. Services (STI, HTC) are provided by mobile service team on site
- l. SSC has materials/map with service contact details (e.g. VCCT sites, STI clinics, and other social services)
- m. SSC has drinking water available for all attendees
- n. SSC offers special services (e.g. savings services/money management, vocational training, income generation activities)

4.Srey Sros Club Promotion

The Srey Sros Clubs and club membership should be promoted at each outreach session/meeting/contact with TG. When a Srey Sros Leader or an Outreach Worker is out in the field, he/she should always:

- Ask the TG if he is a member
- Ask if non-members want to become members, explain the benefits of membership, and what to do to become a member.

The benefits of being a member may include:

- i. Access to the Srey Sros Clubs where important and fun activities take place (group education, support groups, counseling, mobile services, fun games, meeting new and old friends, sharing experiences, relaxation, karaoke, special services, such as savings/money management and vocational training).
- ii. Being eligible for lucky draws every quarter for selected Srey Sros presents
- iii. A sense of belonging, which is important for our target group as many TG come from provinces far away and may find it hard to find friends, support and get used to the change in lifestyle a big city brings.
- iv. The opportunity to host a member's birthday party and other special occasions, if requested at least 1 week in advance by a member (Srey Sros Clubs will not be responsible for cost of food etc)
- v. Getting product discount from contracted/selected shops.

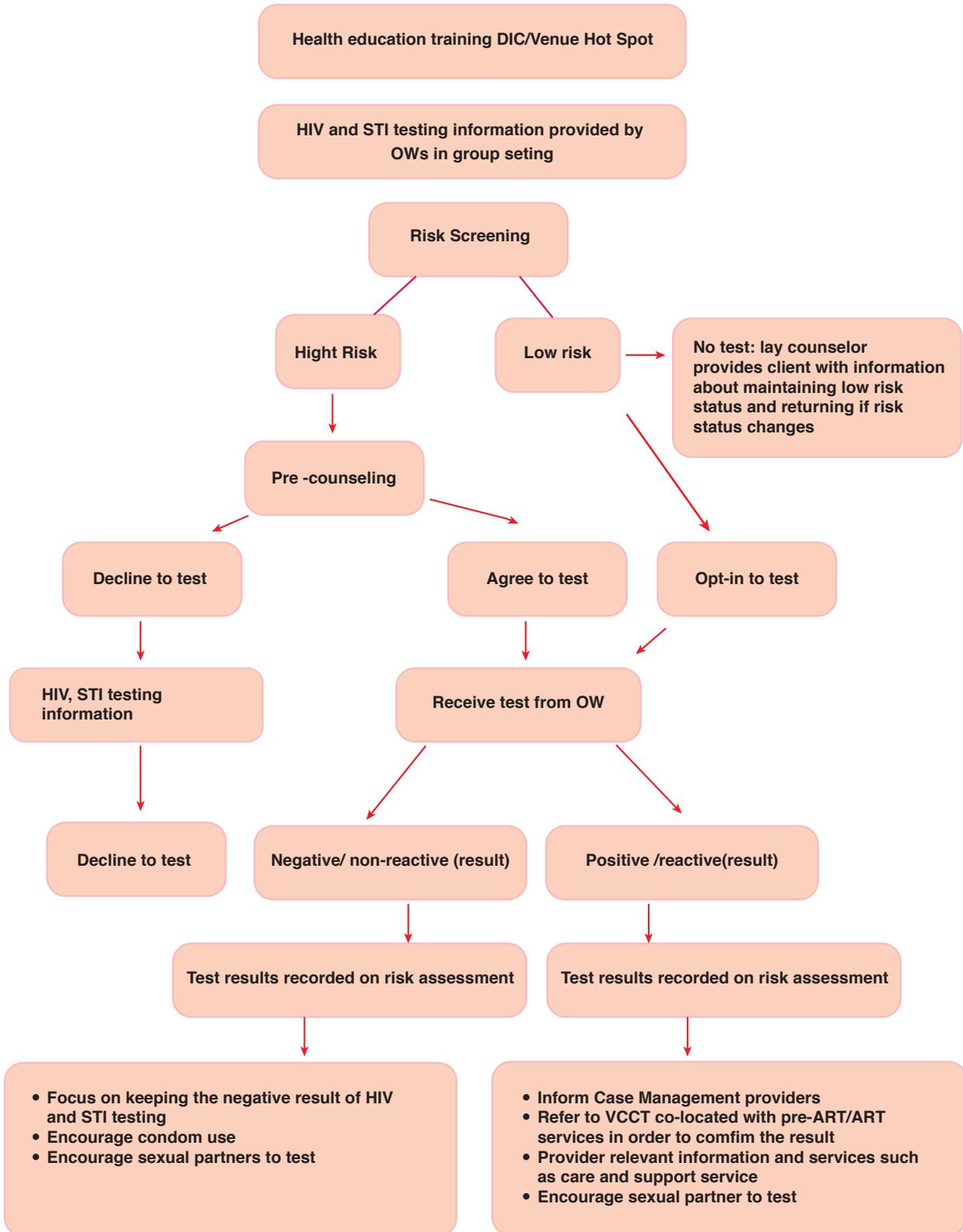
3. Srey Sros Club Decoration

Srey Sros Clubs should be attractive and welcoming to TG. Here are some recommendations and suggestions on how you can make sure your Srey Sros Club is up to scratch:

- First and foremost, keep the Srey Sros Club clutter free
- The Srey Sros Club is not an office and, therefore, it shouldn't look like one either. The new Srey Sros Clubs should be warm, attractive and inviting looking. The Srey Sros Clubs should be painted with an Srey Sros color to create warmth and to standardize the look of the Srey Sros Clubs in the targeted areas.
- Have a nice, comfortable interior design (rattan furniture, cushions, light fixtures, wall decoration, etc.)
- Include a Condom Corner and suggestion box
- Materials are displayed in an orderly fashion and easy to access (e.g. have materials sorted by category—one for STI, another for HIV, etc.)
- Have Srey Sros Calendar/club calendar on display so Srey Sros can know out about activities, such as special events, drug use support group, service provision (HTC, etc.).

ANNEX 2: FINGER PRICK ALGORITHM

ACTIVITY FLOW OF HIV AND STI TESTING





#33, Street 71, Sangkat Tonle Bassac,
Khan Chamkarmorn, Phnom Penh, Cambodia
P. +855 23 211 505 F. +855 23 214 049
khana@khana.org.kh | www.khana.org.kh