

**Kingdom of Cambodia**  
**Nation Religion King**

# **Letter of Agreement**

between

**National Center for HIV/AIDS, Dermatology and STIs  
(NCHADS)**

And

**Family Health International  
FHI/Cambodia**

*For the implementation of STI/RTI  
prevention and care in Cambodia*

*September 2008 to September 2009*



# **1. INTRODUCTION**

The National Center for HIV/AIDS, Dermatology and STI Control (NCHADS) of the Ministry of Health, the Royal Government of Cambodia, and FHI/ Cambodia agree that close collaboration and coordination between government and NGOs will strengthen health promotion and health service delivery, in particular for HIV/STI prevention and care.

In 2009, FHI/Cambodia will collaborate and work in partnership with NCHADS to strengthen STI/RTI services for entertainment service workers (ESW) and for men having sex with men (MSM); outreach/peer education and coordination to support the Royal Government of Cambodia's 100% Condom Use Policy Plus (100% CUP+) in 9 provinces and cities.

At the provincial level, the Provincial Condom Use Working Group (CUWG), Outreach Teams and peer educators, STI clinic staff, and NGOs supported by FHI/Cambodia, and other stakeholders will collaborate and coordinate with each other in providing the STIs treatment services and carrying out HIV/STI education among high risk target groups.

FHI will provide technical inputs and support the STI/RTI case management services for ESW and MSM. Furthermore, integrated approach will be adopted and linked between the Family Health Clinics (FHCs) and Continuum of Care (CoC) activities in Battambang and Kampong Cham province as well as Pailin Province.

## **2. GENERAL OBJECTIVE**

To improve the quality of STI/RTI services for ESW and MSM through the Provincial FHCs (STI clinic).

## **3. SPECIFIC OBJECTIVES**

- 3.1 To increase the accessibility of ESW (brothel-based and non-brothel-based) and other most-at-risk population (MARP) such as MSM to receive STI/RTI care and treatment at FHCs.
- 3.2 To promote and strengthen STI laboratory for STI diagnosis in all FHCs, especially for high risk groups.
- 3.3 To promote close linkage between the FHCs and 100% Condom Use Program Plus and outreach/peer education within the coverage area.
- 3.4 To build and strengthen the capacity of health care providers working in the FHCs (physicians and lab assistants) to provide high quality services, including adapted counseling to MARP, through initial and on the job training.
- 3.5 To coordinate and collaborate with other partners (public health facilities, NGO clinics, and stakeholders) in referral system across health service points, especially in HIV testing among STI patients, STI screening among PLHAs and reproductive health.

- 3.6 To identify programmatic gaps on providers and demand sites to increase the uptake of STI services for MARPS.
- 3.7 To Strengthen the STI clients data records and database management and reporting system and ensure the use of the data for improving the quality of the services and planning.

## **4. LOCATIONS AND AREAS OF SUPPORT**

In collaboration with NCHADS, FHI will work closely with Provincial Health Department and the Provincial AIDS Office in provision of STIs treatment services at 13 FHCs in 9 provinces: the supported FHCs are based and names as following:

1. Kampong Cham: three clinics based in *Kampong Cham, Thbong Khmom and Memot town*.
2. Pursat: One clinic based in *Pursat town*
3. Battambang: Two clinics based in *Battambang town and Sampov Luon district town*
4. Pailin: One clinic based in *Pailin town*
5. Siem Reap: One clinic based in *Siem Reap town*
6. Banteay Meanchey: Two clinics based in *Sisophon town and Poi Pet district town*.
7. Sihanoukville: One clinic based in *Sihanoukville city*
8. Koh Kong: One clinic based in *Smach Mean Chey town*
9. Kampong Chhnaing: One clinic based in *Kampong Chhnaing town*.

As part of the link response approach, FHI, NCHADS and PHD will strengthen a strong referral mechanism between the FHCs and CoC's activities in Battambang, Kampong Cham and Pailin provinces. This pilot activity will be well documented on the process of implementation, constraint and its achievement then adapt for replication to other selected clinics in the future.

## **5. ROLES AND RESPONSIBILITIES**

The roles and responsibilities of each party are stated as following:

### **5.1. Roles and Responsibilities of NCHADS**

- 5.1.1 Coordinate and facilitate to review the quality of FHCs, develop short report by indication definite problems/gaps and specific and practical recommendation for improving the services.
- 5.1.2 Review and update STI/RTI strategy to improve access of ESW and MSM to FHCs base on the findings of Quality Review of FHCs.
- 5.1.3 Provide initial training on STI/RTI case management including adapted counseling for ESW and MSM as well as lab management for health care providers working at the provincial FHCs.
- 5.1.4 Supply drugs and reagents requested by the FHCs (STI clinics), through Central Medical Store (CMS), PHD and OD.
- 5.1.5 Take action on follow up issues that are raised at different coordination meetings and by relevant parties (100% CUP+, outreach, peer education issues...)

- 5.1.6 Provide appropriate incentive scheme to the staff working at the supported FHCs.
- 5.1.7 Review and manage the clinic's recording and reporting systems to ensure the sufficient information and validate data collected and reported.
- 5.1.8 Collaborate with relevant organizations on strengthening the service through capacity building – quality improvement, quality assurance for STI lab testing, dissemination of the service and linkages to other health services such as VCCT, family planning, reproductive health, care and support.
- 5.1.9 Share an annual STI work plan with specific targets and budget supported sources. Share routine quarterly STI and monitoring report of FHI's supported sites.

## **5.2. Roles and Responsibilities of PHD/PAO**

- 5.2.1 Provide technical support to the clinic staff at their supported sites.
- 5.2.2 Monitor and supervise the clinic activities on a quarterly or semi-annually as needed, to ensure clinics deliver the quality services.
- 5.2.3 Responsible for logistics and supply management (ordering and distribution).
- 5.2.4 Take action on follow up issues that are raised at different coordination meetings and by relevant parties.
- 5.2.5 Collaborate with relevant organizations on strengthening the service through capacity building – quality improvement, quality assurance for STI lab testing, dissemination of the service and linkages to other services (VCCT, family planning, reproductive health...)
- 5.2.6 Develop project annual work plan, budget and targets for submitting to NCHADS and sharing with FHI.
- 5.2.7 Compile STI activity report in selected sites for submitting to NCHADS and share with FHI.
- 5.2.8 Prepare the budget request in the quarterly basic for budget disbursement from FHI.

## **5.3. Roles and Responsibilities of FHI/Cambodia**

- 5.3.1 Support NCHADS to conduct a quality review of FHCs.
- 5.3.2 Work in partnership with NCHADS/PHD/PAO and other partners to improve the accessibility of ESWs and MSM.
- 5.3.3 Support training/mentoring/technical assistance related to strengthening STI/RTI specific activities for high risk population including ESWs (brothel and non-brothel based) and MSM.
- 5.3.4 Provide consumables, office supplies and equipments as needed to ensure delivery of quality services.
- 5.3.5 Collaborate with NCHADS, PHD/PAO, and OD/RH in strengthening STI/RTI services and laboratory management through capacity building - quality improvement, quality control for STI lab, and linkages to other HIV/AIDS and reproductive health services.
- 5.3.6 Join planning with NCHADS, PAO/OD and integrate their work plan into the Annual Operational Comprehensive work plan of NCHADS.

- 5.3.7 Work in consultation and/or coordination with NCHADS, PHD/PAO on program planning, management, quality improvement and problem solving.
- 5.3.8 Provide ongoing technical assistance to staff, build capacity for STI/RTI Case Management unit and the National Clinic for Dermatology and STI in the area of STI/RTI prevention and care.
- 5.3.9 Support transportation for ESWs to access STI services (however, STI mobile service to remote areas is considered in case that the sex establishments are too far from the STI clinic and the transportation of sex workers is not feasible).

## 6. SOURCES OF FUNDING

With the PRASIT project, FHI will provide technical and financial support to NCHADS and PHD on strengthening the quality of STI/RTI service for high risk groups. The activities will be implemented at 13 family health clinics in 9 provinces and cities with the amount up to **US\$22,300.00 allocated to NCHADS** and up to **US\$18,000.00 for Family Health Clinics** (provincial STI clinics) for the fiscal year from Sept 2008 to September 2009.

## 7. GENERAL PROVISIONS

NCHADS and FHI/Cambodia agree to share an STI comprehensive budget plan. The changes or modification will be made in consultation with both parties.

The financial disbursement will be done in accordance with quarterly financial plan and the actual expense of each quarterly financial report.

General procedures, coordination, planning and management of the above activities will be carried out between NCHADS, PHD/PAO and FHI/Cambodia within the framework of NCHADS/MoH "Strategic Plan for HIV/AIDS Prevention and Care 2008-2010" and followed NCHADS' procedures for implementation in January 09, 2007.

**For NCHADS**



**Dr. Mean Chhi Vun**  
Director of NCHADS

Date... *05 January* ...2009

**For FHI/Cambodia**



**Dr. Peter Cowley**  
Country Director, FHI/Cambodia

Date ... *05 January* ...2009