

CHAPTER I

INTRODUCTION

1.1 BACKGROUND AND RATIONALE

In Cambodia, HIV infection was first detected in 1991 and by late 1996, WHO estimated that HIV prevalence range from 70,000 to 120,000. Estimated from 1996 also suggest that approximately 17-25,000 new infections per year are occurring in the country. About 40% of all infections are occurring in people 20-29 year old and over 80% of infection in people 13-39 year old. Sexual contact was found the major mode of transmission of HIV in Cambodia, greater than 90% of infections are occurring through **heterosexual transmission** (WHO/WPRO,1996). It has now become clear that the HIV subtype in Cambodia is Type E, which is closely related to the subtype found in Thailand and most countries in Southeast Asia (Ryan and Gorbach, 1997).

In 1995 and 1996 surveillance data, conducted by the National AIDS Program (NAP), has noted significant increases in HIV infection in several key populations. Sentinel group in 1995 included eight different population groups in 9 provinces mainly on the Cambodia/ Thailand border. In 1996, to increase efficiency and better assess national average prevalence rates, sentinel surveillance was limited to four population groups and the coverage was expanded to 18 provinces; these included brothel-based female commercial sex workers (CSWs), police, military and female antenatal clinic attendees.

Comparisons between the 1995 and 1996 data from the same provinces along the border provide data for analysis of trends across the population of this region. In 1996, the mean prevalence of CSWs increased from 37% to almost 50% . Antenatal clinic attendees, sero-prevalence increased from 2.5% to 3.0%. The mean prevalence rate among police and military were similar in 1995 and 1996 with 8.1% to 9.4%.

The surveillance data suggests that the epidemic has begun to affect both people who engage in high risk behavior and the more general population. The provinces which are most affected are along the Thai border to the west and ports to the south and the Vietnamese/Laos border to the east (National review of the HIV/AIDS response in Cambodia, April-june,1997).

According to some literature and previous studies, there are multiple factors that can dramatically influence the spread of the epidemic of HIV/AIDS/STD:

1. The increase in prostitution countrywide over the past five year resulting to the poverty due to the two decades of civil war. Limited financial resource force families to exchange their daughter's sexual services for a lump-sum payment or loan which keep the young girls working to repay the debts to the brothel owners.
2. Movement of population across borders, within the region and urban migration especially for tourism and employment are the critical factors that fueled the regional epidemic, and requires regional solutions.
3. Culture norm discourage women from being knowledgeable about sexual matters. This directly affects male/female relationships and open discussions that would allow women and men to protect themselves and one another from STD and HIV infection
4. High illiteracy rate, women and men over the age of 15 are respectively 48% and 22% are illiterate (ADB, Cambodia Study,1997), which require a very specific and expensive health education program on HIV/AIDS.
5. A preference for injectable rather than oral drugs in the treatment of illness, in an environment where there is a shortage of disposable needles, in adequate sterilization equipment and a lack of barrier protection for health personnel.

Dealing with the epidemic of HIV/AIDS in Cambodia, many interventions have been introduced by National AIDS Program and other organizations such as non-governmental organization, international organizations and local NGOs. Among those interventions 'Outreach program to direct female commercial sex workers' was introduced and treated as one of the top priority intervention.

Outreach program to CSWs has been first sponsored by WHO and has been directed by National AIDS Program since October,1995. This program has been implemented in 20 provinces and 2 major cities.

The objectives of the program are to:

- Provide education on basic information about HIV/AIDS/STD to brothel based female commercial sex workers
- Promote a condom used in all brothel based sexual encounters by providing CSWs condoms and skills for negotiating with their male clients.

The program was directed by National AIDS Program and two staffs at national level are responsible for it. At provincial level, 2 staffs from Provincial AIDS Office

were recruited to work as 'Outreach worker', and another 2 to 6 CSWs were selected from brothels to work along with our staffs as 'Peer educator'. These staffs have been trained at national level in a 5-days training. Basic knowledge and skill were provided and IEC materials (Information, Education and Communication) such as leaflet, flip chart, poster, T-shirt were distribute along to support the program performance. Salary and incentive were monthly paid to those staffs in order to empower their performance.

After some period of implementation, the outreach program to direct female commercial sex workers need to be evaluated in order to measure the extent of outcome achievement and cost incurred .

1.2. RESEARCH QUESTION

Outreach program to direct female CSW has been implemented nationwide which cover 20 provinces and 2 major cities, but little has been done to try to help this program to measure their input and outcome. This study aims at answering the following questions:

1. What were the resources used and what were the total cost incurred by the program?
2. How much output and outcome achieved by the outreach program?
3. How can the sustainability of outreach program be determined and improved?

1.3. RESEARCH OBJECTIVE

General objective

- To evaluate the HIV/AIDS control through outreach program to direct female commercial sex workers

Specific objective

1. To estimate the total costs, under provider perspective, incurred by the outreach program to direct female commercial sex workers
2. To measure the performance of outreach program in term of output and outcome
3. To determine and improve the sustainability of the program by ensuring the political and financial support from stakeholder.

1.4. LIMITATION OF THE STUDY

There are two limitations in this study. First, the study has focused on cost and performance of outreach program alone without comparable measure of effect across other alternative program. So that it does not answer directly whether which program is the most cost effectiveness. Second is the study design. The appropriate study design for assessing the performance of outreach program is experimental study which is not feasible in this study due to time and budget constraints.

1.5. BENEFIT OF THE STUDY

The benefit of this study is come first to program manager and financial contributors which informs them whether the program is on track, what problems faced, and what unexpected result have occurred. The results are also important inputs into strategy planning and program design for the year ahead. For the cost estimation, although it does make some useful initial contributions to the debate on resource allocation in this area, this cost analysis provided ground work for the development of a costing inventory to guide program management and evaluation of HIV/AIDS prevention program at both national and international level. For donor or NGOs interested in implementation or funding other alternative interventions, may use this information to provide some estimation of costs and to how costs might vary according to input. Finally, for those who do other cost effectiveness analysis of alternative HIV/AIDS prevention programs may use this result to make comparison in order to identify which alternative approach is the most cost effectiveness.