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(Annex 1)

## CARE AND PREVENTION OF SEXUALLY TRANSMITTED DISEASES IN THE KINGDOM OF CAMBODIA

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### *Management of STDs in Female Sex Workers*

#### **Background**

Syndromic management of STIs in sex workers is not different from syndromic management of STDs in symptomatic female patients, except for Vaginal Discharge. The risk assessment originally introduced in WHO's Vaginal Discharge flow-chart to improve its specificity, therefore reducing unnecessary treatment, is not applicable to sex workers. The Vaginal Discharge flowchart developed by the STD/HIV Research & Intervention Unit at ITM shows three innovations.

1) Systematic treatment of cervicitis is recommended when the sex worker attends the health service for the first time, regardless of symptoms and signs. There are two reasons for doing so.

A) Data from the 1996 National STD prevalence survey showed that 35% of sex workers were infected with gonorrhoea and 22% with Chlamydia.

B) Ample evidence from the literature indicates that cervical infection is frequently asymptomatic, including in sex workers.

2) A specific risk score has been developed for sex workers, based on data from studies in Abidjan, Côte d'Ivoire, and Dakar, Senegal. This risk score has been adapted to the Cambodian context and should eventually be validated.

3) Systematic treatment of syphilis is also recommended at the sex worker's first visit to the health service. The 1996 survey had shown that 19% were seroreactive for syphilis (both VDRL and TPHA positive) without record of any genital ulceration.

## FLOWCHARTS

1. Flowcharts # 1 and # 2 show the management of vaginal discharge without laboratory support. Flowcharts # 3 and # 4 include simple laboratory techniques, such as RPR testing and direct microscopy.

2. Sex workers are invited to present routinely at the health service on a monthly basis. Should they experience a new episode of infection between two monthly controls, however, they are invited to seek care immediately. Two different situations can thus occur:

a/ the sex worker presents for the first time to the consultation (flow-charts 1 &3)

b/ the patient makes a follow-up visit, either for her monthly control, or for a new episode of infection (flow-charts 2 and 4).

## INSTRUCTIONS FOR THE USE OF VAGINAL DISCHARGE MANAGEMENT FLOWCHARTS

### **Flowchart # 1 (First visit ever, no laboratory support)**

1. In this case, regardless of the patient's complaints, the healthcare provider opens a new medical history and collects socio-demographic data as well as information on her past and present work situation (see annex, copy of the questionnaire, MedHist-SW.doc).

2. Systematic treatment is administered for cervical infection and syphilis following the national treatment guidelines.

3. A pelvic examination with speculum will then be performed. The healthcare provider should carefully examine the external genitalia (with clean latex gloves) for the presence of genital ulcer(s). A speculum will then be inserted for the examination of the vagina and cervix. Any ulceration or abnormal vaginal secretion should be looked for. The patient will be treated according to the clinical signs encountered. In the case of vaginitis (*Trichomonas vaginalis*/bacterial vaginosis or *Candida albicans*), the patient is treated according the national treatment guidelines. In the case of genital ulceration, the patient should receive the treatment for chancroid in addition to medication she already received for syphilis. Single dose drugs should ideally be administered at the clinic.

4. The patient should always receive IEC. The main messages refer to 1) the need to take the full course of medication and 2) the need to use condoms on a consistent basis. 3) The patient will also be invited to come back to the consultation as soon as she complains of a new episode of vaginal discharge, and in any case she will be recommended to come back for a routine check-up after 1 month. The healthcare provider should also ensure that the patient knows how to use condoms properly, and that she has access to a regular condom supply.

5. All relevant information (complaints, clinical observations, diagnosis and treatment) is entered in the standard medical history



### **Flowchart # 2 (Follow-up visit, no laboratory)**

In this case the patients return to the clinic for a routine control or for a new episode of vaginal discharge between two routine visits.

After completing the medical history in case of new episode, the healthcare provider will assess the risk for cervical infection based on four simple questions about her complaints and risk behaviour.

#### ***Risk assessment***

- 1) **Has the patient been complaining of a thick yellow discharge since her last visit?**
- 2) **Does she experience pain when having sexual intercourse?**
- 3) **Does she have more than five clients per day (on average)?**
- 4) **Does she have unprotected sex with new clients?**

***The risk assessment is positive if the answer is 'yes' to two or more questions.***

In such a case, the patient must be treated for cervicitis, regardless of signs and symptoms. If the answer is 'Yes' only to one question or zero, the treatment will depend on the clinical signs detected at the speculum examination. A pelvic examination with speculum will then be performed. The healthcare provider should carefully examine the external genitalia (with clean latex gloves) for the presence of genital ulcer(s). A speculum will then be inserted for the examination of the vagina and cervix. Any ulceration or abnormal vaginal secretion should be looked for. The cervix will then be cleaned and inspected for the presence of mucopurulent cervical discharge or cervical erosion. If no sign is observed, a sterile cotton swab will be inserted into the cervical os and examined for the presence of yellow pus and/or cervical friability (defined as frank bleeding from the cervical os or a bloodstained swab after taking the endocervical specimen.). Finally the healthcare provider will perform a bimanual palpation. The patient will be treated for any clinical problem encountered, according to the national treatment guidelines. Single dose drugs should ideally be administered at the clinic. In addition, the patient should always receive IEC. The main messages refer to:

- 1) The need to complete the course of medication.
- 2) The need to use condoms systematically.

3) The patient will also be invited to come back to the consultation as soon as she complains of a new episode of vaginal discharge, and in any case after one month. The healthcare provider should also ensure that the patient knows how to use condoms properly, and that she has access to a regular condom supply.

All relevant information will be entered in the medical history

### **Flowchart # 3 (First visit ever; existence of simple laboratory support)**

When the patient comes to the consultation for the 1<sup>st</sup> time, a complete medical history must be obtained, including personal data and information on past and present work. A blood sample will be drawn for immediate RPR testing. The sex worker will be systematically treated for cervicitis, following the national treatment recommendations. She will then be examined with speculum for other possible pathologies, and treated according to the clinical and microscopic findings. If the RPR test turns out positive, the patient will be treated for syphilis. If the RPR is negative, but the healthcare provider detects a genital ulceration, the patient will be treated for both chancroid and syphilis, since a syphilitic ulceration can be associated with a negative serology. The IEC messages should be conveyed to the patient as described in the previous section. All relevant information (including laboratory findings) will be entered in the standard medical history.

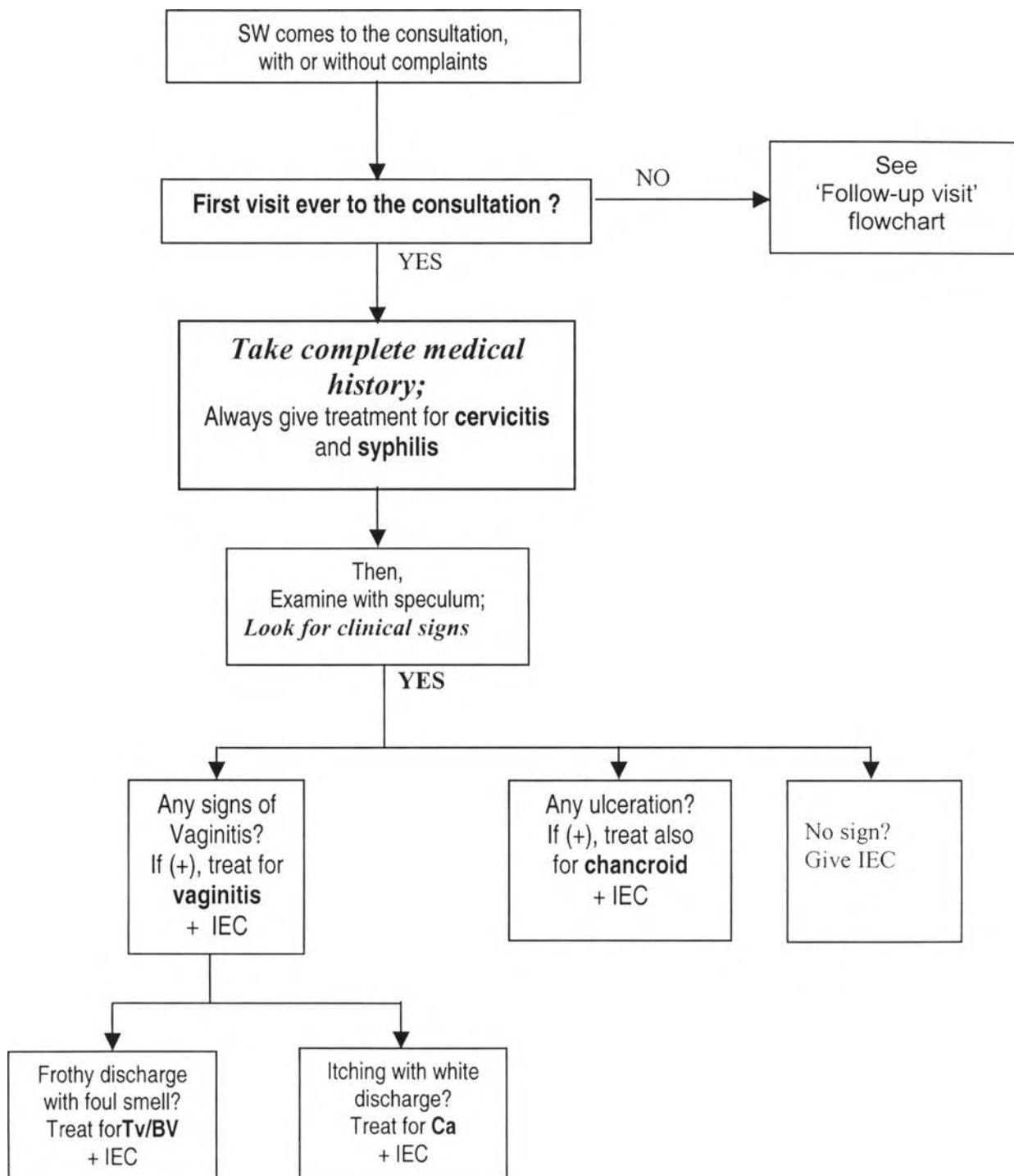
### **Flowchart # 4 (Follow-up visit; simple laboratory available)**

The only difference with flowchart # 2 consists of the use of direct microscopy to detect white blood cells (WBC) on a fresh smear of cervical swabbing. The detection of 10 or more white blood cells per high power field (WBC/HPF) is an additional criterion for the detection of cervicitis. Likewise, direct microscopy may help differentiate between trichomoniasis and candidiasis.

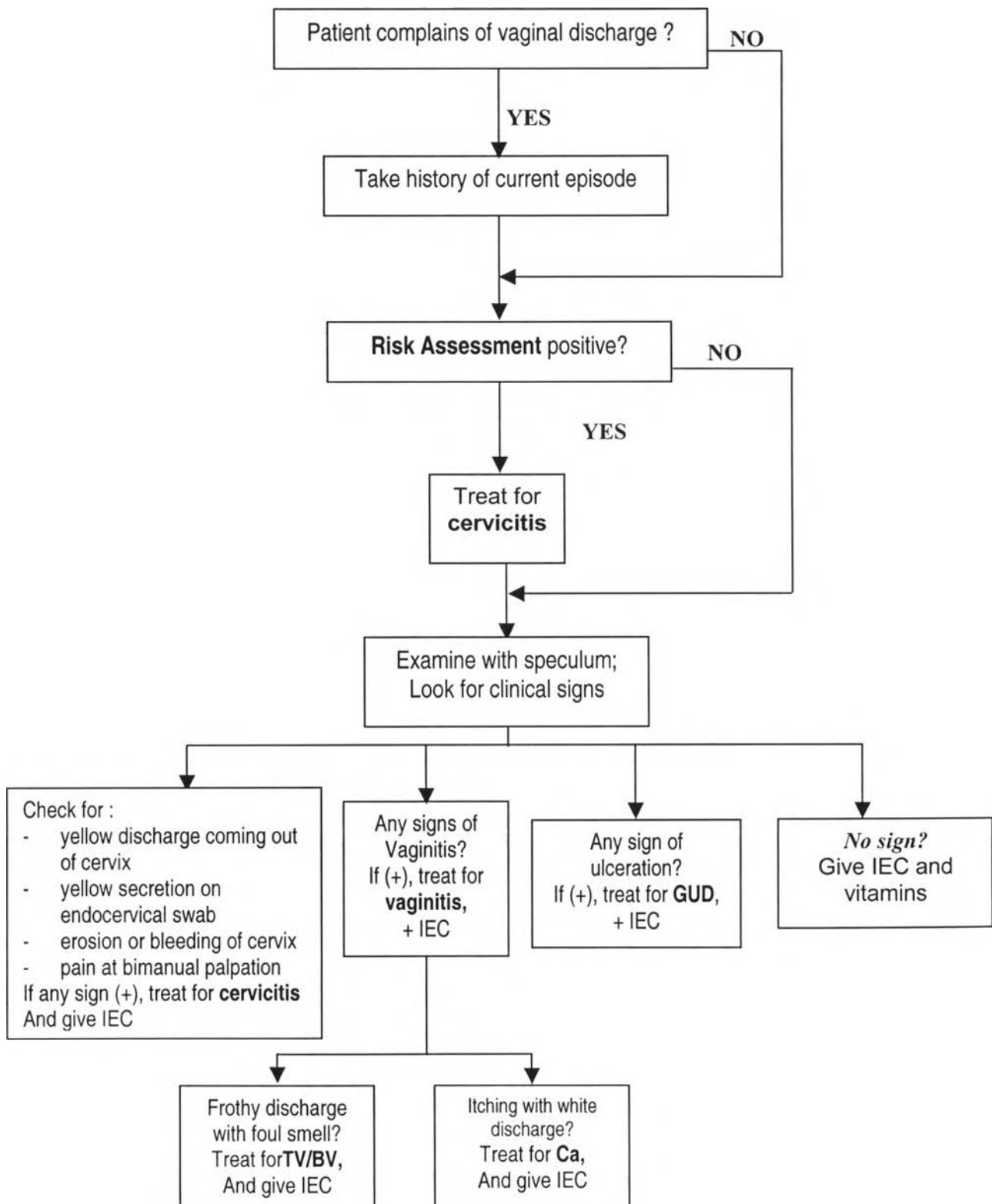
*Flowcharts for the management of Vaginal Discharge  
in Female Sex Workers*

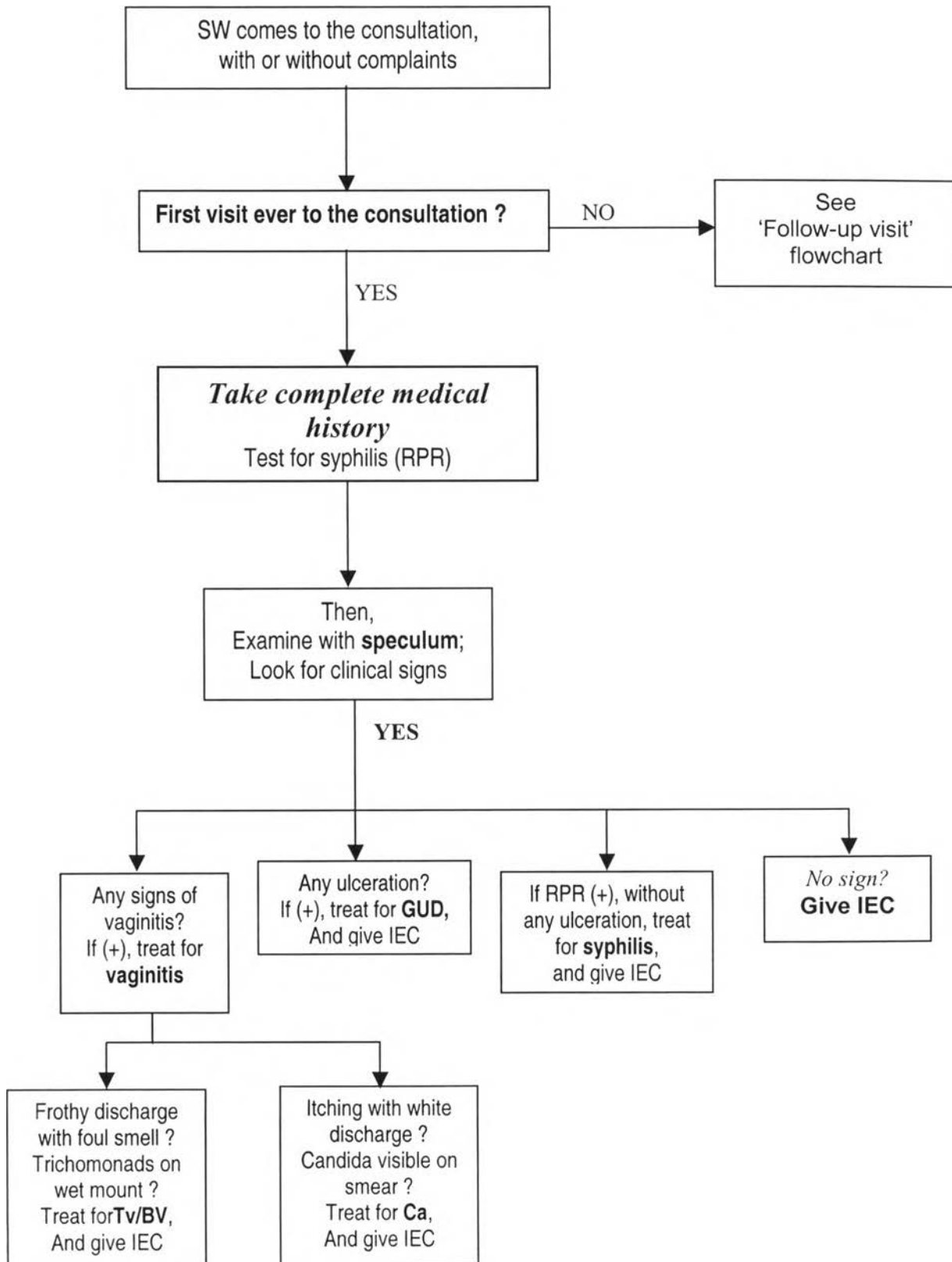
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**Flowchart # 1 (first visit ever; NO laboratory)**

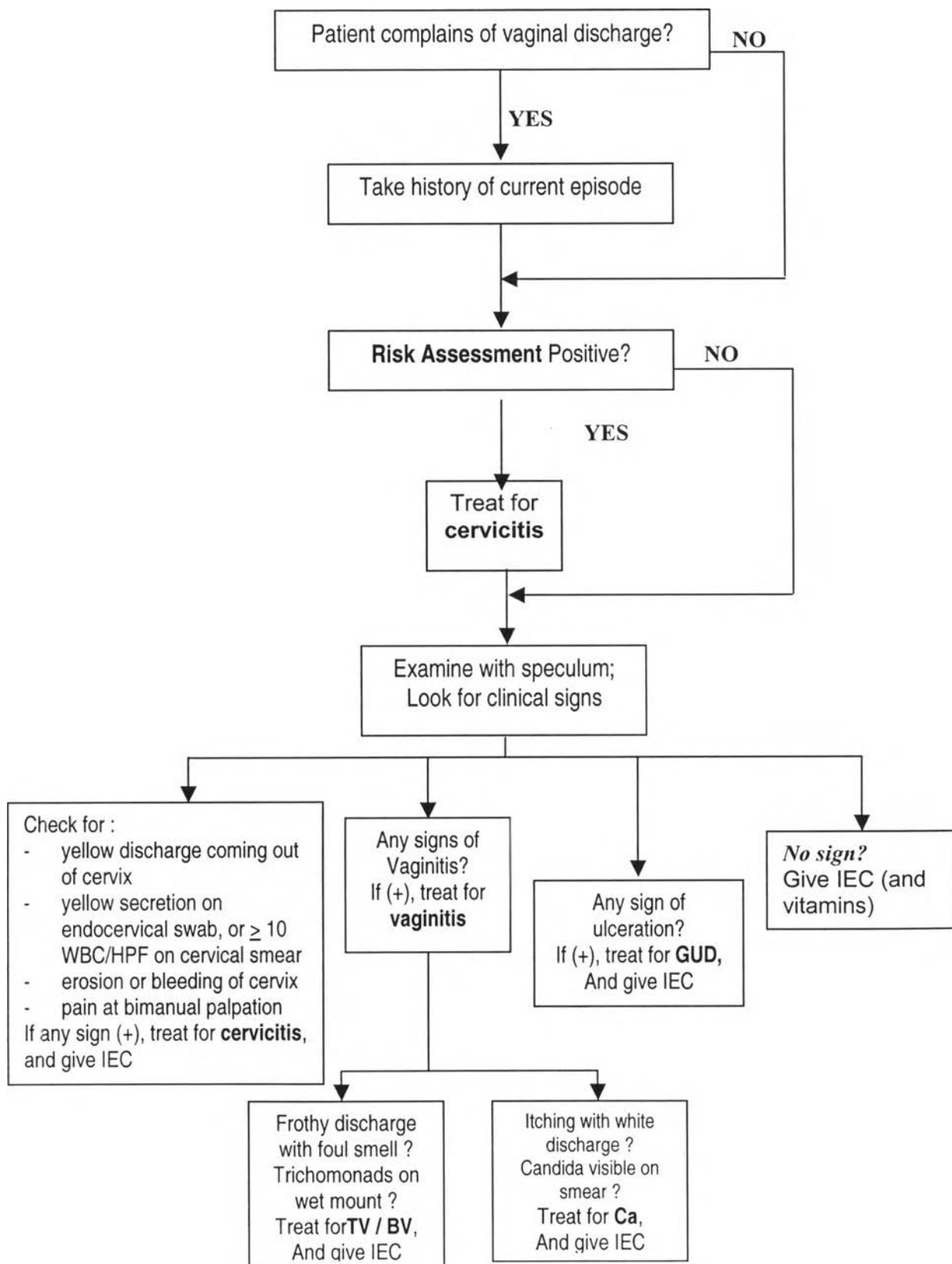


**Flowchart #2** (follow-up visit; NO laboratory)



**Flowchart # 3** (first visit ever; simple laboratory available)

**Flowchart # 4 (Follow-up visit; simple laboratory available)**





1.12- How many abortions have you ever had? .....( 0 if none )

1.13- If > 0 how many months ago was the last abortion?

- 1 to 6 months ago [ ]

- More than 6 months ago [ ]

Where?

- MCH clinic [ ]

- Private clinic [ ]

- Other [ ]

1.14- Mother tongue -Khmer [ ]

-Vietnam [ ]

-Other [ ]

1.15- How many years in the school? .....(0 if none)

1.16- Can you read and write? Yes [ ]

No [ ]

1.17- HIV test ever? Yes [ ]

No [ ]

## 2. REASONS FOR CONSULTING AND HEALTH SEEKING BEHAVIOUR

- Vaginal discharge [ ]

- "Itching" [ ]

- "Dysuria" [ ]

- Genital warts [ ]

- Genital ulcer [ ]

- Inguinal bubo [ ]

- Lower abdominal pain [ ]

- Pain during sexual intercourse [ ]

- No symptoms [ ]

- Other (specify) .....



2.1- How long has the problem been lasting? .....days

(0 if no problem)

2.2- Has the patient taken some treatment elsewhere before consulting? Yes  No

If yes, obtained from - Brothel owner

- Pharmacy

- Private clinic

- Traditional healer

- Other (specify)

### 3a. RISK BEHAVIOUR

3.1- Does the patient know how to use a condom? Yes  No

3.2- How many clients in the past 24h? .....clients

3.3- How many used a condom? .....clients

3.4- Does the patient have a boyfriend now? Yes  No

If yes, do they always use the condom? Yes  No

### 3b. RISK ASSESSMENT FOR CERVICITIS

	Yes	No
1. Complaint of thick yellow discharge	<input type="checkbox"/>	<input type="checkbox"/>
2. Lower abdominal pain during intercourse	<input type="checkbox"/>	<input type="checkbox"/>
3. More than 5 clients per day	<input type="checkbox"/>	<input type="checkbox"/>
4. Unprotected sex with new clients	<input type="checkbox"/>	<input type="checkbox"/>
<b>If answer is 'yes' to 2 or more questions, treat for cervicitis</b>		

#### 4. CLINICAL EXAMINATION

<b>a. External Genitals</b>	<b>b. Speculum examination</b>	Yes [ ]	No [ ]
	Yes	First consultation ever? Yes [ ]	No [ ]
Ulceration?	[ ]	Discharge?	[ ]
Adenopathies?	[ ]	Type? - Normal	[ ]
Bubo?	[ ]	- Mucus-purulent/yellowish	
Genital warts?	[ ]	- Frothy, greenish	[ ]
Other (specify .....		- "curd-like"	[ ]
Normal	[ ]	- "water rice"	[ ]
		- Other/unspecified	[ ]
		Genital ulcer	[ ]
		Erosion	[ ]
		Bleeding cervix	[ ]
		"Nabothian cyst"	[ ]
		No clinical sign	[ ]
		Other (specify): .....	
<b>c. Deep pain on bimanual palpation?</b>	Yes [ ]	No	[ ]

#### 5. LABORATORY TESTING

5.1- Patient tested for RPR?	Yes	[ ]	No	[ ]
If yes, result	Positive	[ ]	Negative	[ ]
5.2- Microscopic examination of vaginal smear	Yes	[ ]	No	[ ]
If yes, presence of:	- Trichomonas	[ ]	- Candida	[ ]
	- Clue cells	[ ]	- Normal	[ ]
			Other	[ ]
5.3- Microscopic examination of cervical smear	Yes	[ ]	No	[ ]
If yes, presence of:	- <= 10WBC/HPF (normal)			[ ]
	- 11-20WBC/HPF			[ ]
	- > 20 WBC/HPF			[ ]

**6. DIAGNOSIS**

Vaginitis Candida	<input type="checkbox"/>
Vaginitis TV / BV	<input type="checkbox"/>
Cervicitis	<input type="checkbox"/>
PID	<input type="checkbox"/>
Genital ulcer	<input type="checkbox"/>
Genital warts	<input type="checkbox"/>
LGV	<input type="checkbox"/>
Syphilis (RPR +)	<input type="checkbox"/>
No diagnosis (menstrual period)	<input type="checkbox"/>
Normal/no problem	<input type="checkbox"/>
Other (specify): .....	

**7. TREATMENT**

<input type="checkbox"/>	Cefixime
<input type="checkbox"/>	Ceftriaxone
<input type="checkbox"/>	Spectinomycin
<input type="checkbox"/>	Ciprofloxacin
<input type="checkbox"/>	Cotrimoxazole
<input type="checkbox"/>	Benzathine Penicillin
<input type="checkbox"/>	Erythromycin
<input type="checkbox"/>	Doxycycline
<input type="checkbox"/>	Azithromycin
<input type="checkbox"/>	Metronidazole
<input type="checkbox"/>	Nystatin
<input type="checkbox"/>	Clotrimazole
<input type="checkbox"/>	Miconazole
<input type="checkbox"/>	Violet Gentian
<input type="checkbox"/>	Acyclovir
<input type="checkbox"/>	Podophyllin
<input type="checkbox"/>	Electro cauterization
	Other(specify): .....

7.1- Is the patient allergic to some medication?

- Yes
- No
- Unknown
- If yes, product: .....

**8. Information Education and Communication (IEC)**

8.1- Condom demonstration                      Yes    [ ]      No    [ ]

8.2- Condoms provided                      Yes    [ ]      No    [ ]

8.3- IEC material provided                      Yes    [ ]      No    [ ]

8.4- Boyfriend treated?                      Yes    [ ]      No    [ ]

**9. FINAL DECISION**

9.1- Nothing special; to be examined after 1 month                      [ ]

9.2- To be referred                      [ ]

9.3- Other (specify): .....

**STANDARD MEDICAL HISTORY FOR COMMERCIAL SEX WORKERS  
(MONTHLY CONTROL VISITE)**

1a. Medical history number: .....	Consultation :.....	Consultation :.....	Consultation :.....	Consultation :.....
1b. Date of consultation	/ / 200__	/ / 200__	/ / 200__	/ / 200__
1c. Name:				
<b>2. REASONS FOR CONSULTING AND HEALTH SEEKING BEHAVIOUR</b>				
- Vaginal discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- "Itching"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- "Dysuria"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Genital warts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Genital ulcer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Inguinal bubo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Lower abdominal pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Pain during sexual intercourse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- No symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Other (specify)	.....	.....	.....	.....

2.1 How long has the problem been lasting? (0 if no problem)	.....days	.....days	.....days	.....days
2.2 Has the patient taken some treatment elsewhere before consulting?	Yes[ ] No[ ]	Yes[ ] No[ ]	Yes[ ] No[ ]	Yes[ ] No[ ]
* If yes, obtained from:				
-Brothel owner	[ ]	[ ]	[ ]	[ ]
-Pharmacy	[ ]	[ ]	[ ]	[ ]
-Private clinic	[ ]	[ ]	[ ]	[ ]
-Traditional healer	[ ]	[ ]	[ ]	[ ]
-Other (specify)	[ ]	[ ]	[ ]	[ ]
<b>3a. RISK BEHAVIOUR</b>				
3.1- How many clients in the past 24h?	.....clients			
3.2- How many used condom?	.....clients			
3.3- Does the patient have a boyfriend now?	Yes[ ] No[ ]			
* If yes, do they <u>always</u> use condom?	Yes[ ] No[ ]			
3.4- Any abortion since last visit?	Yes[ ] No[ ]			
* If yes, where?				
-MCH clinic	[ ]			
-Private clinic	[ ]			
-Other	[ ]			

<b>3b. RISK ASSESSMENT FOR CERVICITIS</b>				
1. complaint of thick yellow discharge	Yes [ ] No [ ]			
2. lower abdominal pain during intercourse	Yes [ ] No [ ]			
3. more than 5 clients per day	Yes [ ] No [ ]			
4. unprotected sex with new clients	Yes [ ] No [ ]			
<b>* If answer is 'yes' to 2 or more questions, treat for cervicitis</b>				
<b>4. CLINICAL EXAMINATION</b>				
<b>a. External Genitals<sup>3</sup></b>				
- Ulceration?	Yes [ ]			
- Adenopathies?	Yes [ ]			
- Bubo?	Yes [ ]			
- Genital warts?	Yes [ ]			
- Other (specify)	.....			
- Normal	Yes [ ]			

<b>b. Speculum examination</b>	Yes[ ] No[ ]			
Discharge?	[ ]			
Type? - Normal	[ ]			
- Muco-purulent / yellowish	[ ]			
- Frothy, greenish	[ ]			
- "Curd-like"	[ ]			
- Water rice	[ ]			
- Other/unspecified	[ ]			
- Genital warts	[ ]			
- Genital ulcer	[ ]			
- Erosion	[ ]			
- Bleeding cervix	[ ]			
- Cervical pus?	[ ]			
- "Nabothian cyst"	[ ]			
- No clinical sign	[ ]			
- Other (specify)	.....			
<b>c. Deep pain on bimanual palpation?</b>	Yes[ ] No [ ]			



<b>5. LABORATORY TESTING</b>				
5.1- Microscopic examination of vaginal smear				
* If yes,-Trichomonas	Yes[ ] No[ ]	Yes[ ] No[ ]	Yes[ ] No[ ]	Yes[ ] No[ ]
	Yes[ ] No[ ]	Yes[ ] No[ ]	Yes[ ] No[ ]	Yes[ ] No[ ]
-Candida	[ ]	[ ]	[ ]	[ ]
-Clue cells	[ ]	[ ]	[ ]	[ ]
-Normal	[ ]	[ ]	[ ]	[ ]
-Other	[ ]	[ ]	[ ]	[ ]
5.2- Microscopic examination of cervical smear	Yes[ ] No[ ]	Yes[ ] No[ ]	Yes[ ] No[ ]	Yes[ ] No[ ]
* If yes,				
- < -10WBC/HPF (normal)	[ ]	[ ]	[ ]	[ ]
- 11 - 20 WBC/HPF	[ ]	[ ]	[ ]	[ ]
- > 20 WBC/HPF	[ ]	[ ]	[ ]	[ ]

	Consultation :.....	Consultation :.....	Consultation :.....	Consultation :.....
<b>6. DIAGNOSIS</b>				
-Vaginitis Candida	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-Vaginitis TV/ BV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-Cervicitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-PID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-Genital ulcer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-Genital warts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-LGV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-No diagnosis (menstrual period)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-Normal/no problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-Other (specify)	.....	.....	.....	.....

	Consultation .....	Consultation .....	Consultation .....	Consultation .....
<b>7. TREATMENT</b>				
<b>Treat for cervicitis if <math>\geq 2</math> risk factors</b>				
Cefixime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceftriaxone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spectinomycin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ciprofloxacin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cotrimoxazole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Penicilli-Benzathine n	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Erythromycin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doxycycline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Azithromycin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Metronidazole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nystatin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clotrimazole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Miconazole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violet Gentian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acyclovir	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Podophyllin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electro cauterisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	.....	.....	.....	.....

<b>8. IEC</b>	(Yes) (No)	(Yes) (No)	(Yes) (No)	(Yes) (No)
8.1-Condom demonstration	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
8.2-Condoms provided	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
8.3-IEC material provided	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
8.4-Boyfriend treated?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<b>9. FINAL DECISION</b>				
9.1-Nothing special; to be examined after 1 month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.2-To be referred	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.3-Other (specify)	.....	.....	.....	.....

**(ANNEX 3)****CAMBODIAN NATIONAL POLICY ON 100% CONDOM USE**

1. The authority of Municipality of Phnom Penh and provinces must have responsibility for managing and controlling all places providing sex services.

2. All entertainment places providing sex services and other services related to sex are obliged to apply 100% condom use without exception.

3. Local authority, local concerned agencies and local health care workers must have the direct responsibility for managing and controlling all establishments providing sex services.

4. At municipal and provincial levels, the authorities have a duty to coordinate and collaborate in the application of the National Policy on 100% Condom Use, and to monitor and evaluate it in their area for responsibility. Municipal and Provincial authorities should:

- Manage the provision of STD (sexually transmitted diseases) services;
- Raise the awareness of at-risk people and the general population on HIV/AIDS through all means of communication, to ensure a change in behavior leading to HIV/AIDS infection; and
- Ensure that condoms are available, affordable and accessible outside and inside all entertainment establishments.

5. The National AIDS Authority, concern ministries, and Municipal and Provincial AIDS Committee must closely collaborate with all Government institutions, International Organization, NGOs, religious groups and other agencies working on HIV/AIDS in the Kingdom of Cambodia to ensure the effectiveness and sustainability of the application of the National Policy on 100% Condom Use.

6. All activities responding to HIV/AIDS and the situation of this disease should be reported monthly, quarterly and yearly:

- From the Provincial and Municipal AIDS Secretariat of the Municipality of Phnom Penh and the Provinces to their respective Municipal and Provincial AIDS Committee; and from Municipal and Provincial AIDS Committee to the National AIDS Authority to compile the report for the Prime Minister.

(Annex 4)

**KINGDOM OF CAMBODIA  
NATION RELIGION KING**

**MINISTRY OF INTERIOR**

**Sihanouk Ville Municipality City Hall**

**No 104**

**REGULATION ON ONE HUNDRED PER CENT CONDOM USE  
IN SIHANOUK VILLE**

The governor of Sihanouk Ville

- Reference to the letter No 341 of the Ministry of health, dated 2 October 1998;
- Knowing that the HIV epidemic is seriously spreading in Sihanouk Ville;
- Knowing that it is our responsibility to take care of the health of people living in Sihanouk Ville, especially to prevent them from being infected by HIV;
- Understand that the HIV epidemic has an impact on individuals and families and leads to high costs, including direct costs for treatment of the disease and indirect costs to the national economy due to the loss of sexually active population;
- Understand that the mode of HV transmission in Sihanouk Ville is sexual intercourse, and that especially having extramarital sex without using a condom can result in increasing mortality;
- Reference to the meeting of the Governor in Sihanouk Ville on 5<sup>th</sup> October 1998:

**The Authority of Sihanouk Ville would like to issue the following regulation:**

1. The Provincial AIDS Committee and the Provincial Health Department have to educate the general public about the seriousness and impact of the HIV/AIDS epidemic and advise people to protect themselves by avoiding extramarital sex or using a condom whenever they have such sex. This measure is to ensure their safety during sexual intercourse.
2. The 100 per Cent Condom Use Program has to be implemented in the whole Province of Sihanouk Ville in order to ensure the safety of people while having sexual intercourse within commercial entertainment establishments, including brothels, hotels,

guest houses, night clubs and karaoke lounges. It means that condom have always to be used while having extramarital sex.

3. All involved institutions will use administrative measure to ensure active participation in these measures. The local authority will establish a Monitoring Committee of the 100 Per Cent Condom Use Programme, whose members will comprise the concerned institutions, in order to implement this regulation.

4. The Authority of Sihanoukville will issue administrative measures to ensure that the 100 Per Cent Condom Use Programme will be successfully implemented. These measures may include closure of entertainment establishment, or punishment of individuals who do not follow this regulation.

5. All people involved in this sex trade have to comply with this regulation, and seriously participate in this program.

6. The Authority of Sihanoukville and all concerned institutions have to cooperate with the Monitoring Committee in order to enforce the administrative measure against people who do not comply with this regulation.

7. The 100 Per Cent Condom Use Programme will go into effect from 10 October 1998.

8. The Monitoring Committee has to submit monthly reports to the Governor, and solve any problem, which occur.

9. This regulation will go into effect from the day of my signature.

Sihanoukville, 10 October 1998

for the Governor

Signature and Seal

The First Deputy Governor

cc: Ministry of Interior

Ministry of Health

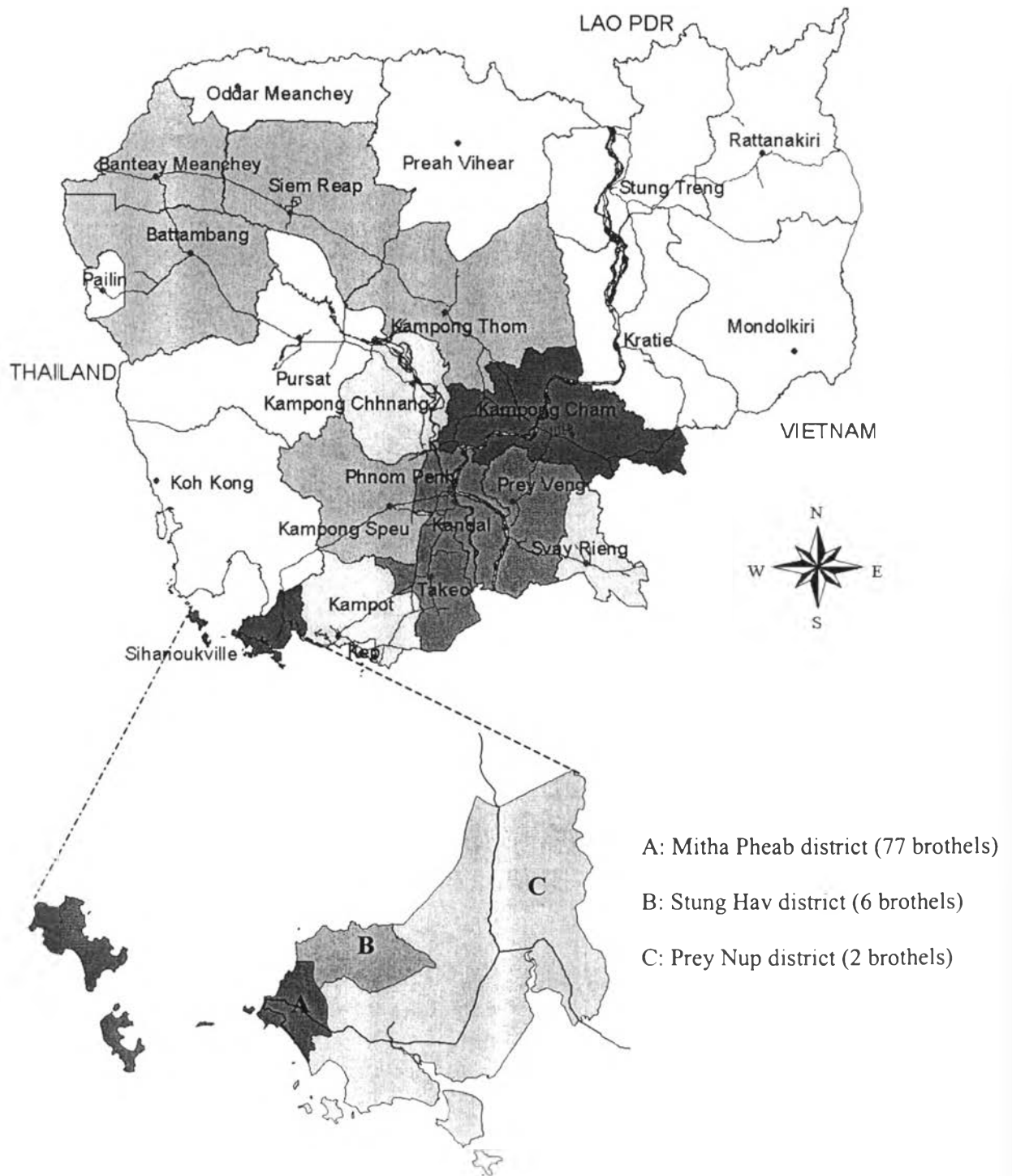
National AIDS Committee





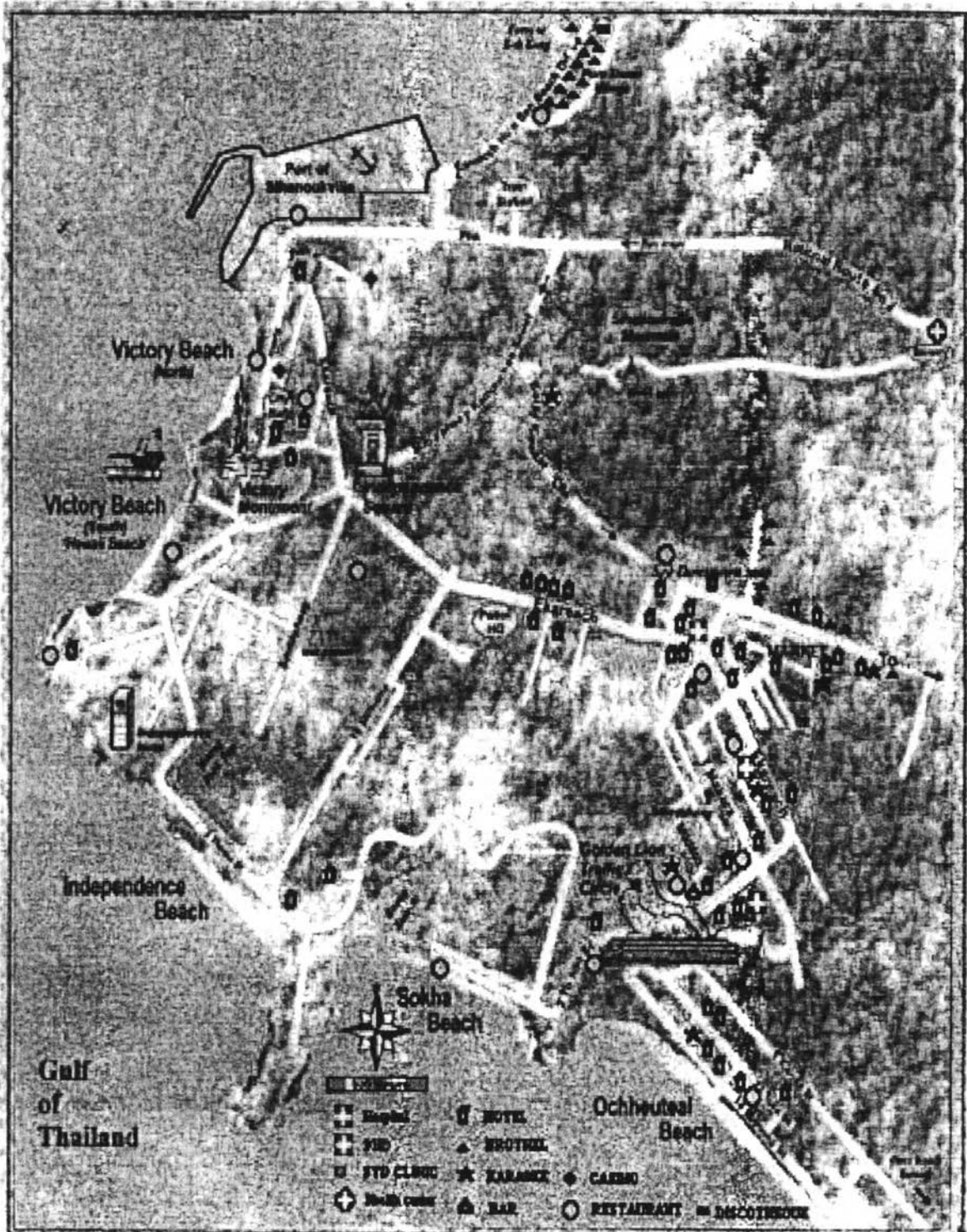
(Figure 1)

### Map of Sihanoukville



(Figure 2)

Map of Sihanoukville





## Proposal for Advance Money

02/12/2003

<p>To: Department of Technical and Economic Cooperation, Thailand Ms. SAYAN KONGKOEY C/O College of Public Health, Chulalongkorn University</p> <p>From: CHEA SOTHY Scholar of DETEC University: Chulalongkorn, College of Public Health Course: MPH (Health System Development) Duration: 2003-2004</p>
--

OBJECTIVE: - Research proposal  
-Data Collection (a requirement for Thesis)

Place of data collection: Sihanoukville Clinic, National Center for HIV/AIDS, Cambodia.  
Data collection: Secondary data  
Time: 9<sup>th</sup> to 26<sup>th</sup> January 2004

### Description of expense for data collection

No	Item	unit	Price (Baht)	Price (Baht)	Total Budget
1	Driver (per diem & Accommodation)	day	1,000	5 days	5,000
2	Chea Sothy (Accommodation)	day	800	5 days	4,000
3	Data collection: -Director of Health provincial -Chief of Provincial AIDS office -Chief of STD Clinic -Outreach worker	Person	400	4px5days	8,000
4	Village coordinator	Person	200	3px4days	2,400
5	Stationery				500
<b>Sub total:</b>					<b>19,900</b>

### Description of expenses for thesis preparation

No	Item	Unit	Price (Baht)	Price (Baht)	Total Budget
1	Preparation and completion of the thesis paper	-	10,000	-	<b>10,000</b>
<b>Grand total:</b>					<b>29,900 Baht</b>

Representative of the College of Public Health  
Chulalongkorn University

(Scholar)

## BIOGRAPHY

FAMILY NAME	CHEA
GIVEN NAME	SOTHY
NATIONALITY	Cambodian
CITY OF BIRTH	Phnom Penh
DATE OF BIRTH	05 <sup>th</sup> October 1966
RELIGION	Buddhist

## EDUCATION BACKGROUND

1986-1992	Diploma of Medical Doctor, University of Health Science; Phnom Penh, Cambodia.
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WORK ADDRESS: National Center for HIV/AIDS, Dermatology and STDs

RESPONSIBLE FOR: Implementation of activities STD Unit such as: Development of STD services for high-risk group and integration of STD prevention and care into health coverage plan. Train health care workers at provincial level, referral hospital & health center on STD case management, Supervision of STD prevention and care activities at provincial level. Coordinate and collaborate with health provincial & operational district.

AWARDS/HONORS RECEIVED: DTEC

HOME ADDRESS: #874, Chraing Chamres II, Russey Keo, Phnom Penh, Cambodia.

**Email:** sothychea@yahoo.com

**Phone:** 00185512827830

