



National AIDS Authority

National Technical Working Group on MSM and TG

Report On

**“Strengthening Transgender Community
Network Quarterly Meeting”**



20th December 2013

Siem Reap, Cambodia

Supported by:



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I. Background

Although little is known about the TG population in Cambodia, including its size, members of this population appear to be at particular risk. In the 2005 STI prevalence assessment, HIV prevalence was higher among TG than MSM (9.8% vs. 2.6%). In the Bros Khmer study (2010), the proportion of HIV positive TG was also higher than that of MSM (2.6% vs. 1.9%). Additionally, STI prevalence (including rectal or urethral chlamydia and gonorrhea, or syphilis) was 21% for TG while only 7% for MSM. 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%) while 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. Despite these findings, in the past TG have been conjoined with MSM in prevention programs, which mean their unique needs have often been neglected.

Cambodia's National Strategic Plan III for a Comprehensive and Multi-Sectorial response to HIV and AIDS 2011-2015 includes a clear HIV prevention strategy targeted to men who have sex with men (MSM) and transgender people.

The 2012 continuum of prevention to care and treatment (Boosted CoPCT) for MSM, transgender people, and other key affected populations is being implemented across priority areas, strengthening HIV prevention and linkages to other health and social services.

II. Objectives

The objectives of the meeting were:

- To strengthen the quality of services for TG in Siem Ream with addressing the issues and needs related accessing to VCCT, STI and other services
- To present of the achievements of Prevention Intervention and Support among MSM and TG in Siem Reap for flagship project
- To strengthen the enabling environment in term of coordination and collaboration with the local police and local authority

III. Methodology

This is a very important to use the various approaches in the meeting by ensuring the actively participation of the each members and their understanding on the concepts and main discussions in during and after the meeting. Anyway, the National MSM Technical Working Group Meeting some necessary approaches were used including facilitation, presentation, discussion, ask and answer the questions.

IV. Welcome and Opening Remarks:

Mr. Ung Sovannak, NAA,

Would like to thank to FHI360 and MHC for the invitation and organizing this important meeting, the meeting is really important initiative in term of transgender support. In the meaningful, NAA has supported the FHI360 and BC for TG Concept Paper Development. In fact, Siem Reap has many problems for TG related Stigma and Discrimination, HIV/AIDS and Other Issues.

Finally, on behalf of National MSM/TG Technical Working Group as we as National AIDS Authority, I would like to encourage all of TG in Siem Reap Province to get HIV testing and regularly condom use and requesting to relevant stakeholders or partners to be more strong involvement and support for the MSM and TG Programs and Interventions in Siem Reap as well as whole country.

Dr. Ny Socheat, KHANA

Flagship is a project which has been funded by USAID for 5 years program, starting from 2012 to 2017, leading by KHANA and other main two partners such as FHI360 and PSI with implementing though many implementing partners at community level. This project was launched in March, 2013. The objective of the project is focused on the new innovative and new strategy. There are 3 zeros targeted strategies of UN including Zero to infection, Zero to discrimination and Zero to death related HIV. In order to achieve these strategies, Flagship has been addressed one among these three strategies, Zero to new infection.



In the flagship package, there is a 10 Center of Excellence (CoE) in community and 6 CoE in matching government hospitals where is to enhance the capability of TG and MSM. Moreover, in the first of three years Flagship has been proving the technical assistant to MSM and TG Organizations and Network to ensure the strong interventions in HIV/AIDS response.

Dr. Ngoun Putminea, PHD of Siem Reap.

Would like to thank and welcome all participants as home owner and really do agree with the previous speakers, this is a really important meeting to take a lead on TG and MSM. Siem Reap Province is a high risk of HIV/AIDS transmission after Phnom Penh. Flagship is implementing in the right time to support TG, MSM and Entertainment Workers.

Dr. Lan Van Seng, NCHADS

He would like to express sincerely thanks to all speakers and participants to be here. As you all know about the HIV/AIDS situation in Cambodia. Between the years 1998 to 2005 with mostly focused on 100% of condom use. It was estimated 100 people transmitted per day, the number of death by HIV/AIDS was also high within the age as actively in sex and job, so HIV/AIDS could transmit into all kind of people.

Cambodia is a successful country in Asia and the Pacific Region in HIV/AIDS response with recognized by UN. There are 3 main factors to achieve the HIV/AIDS response in Cambodia including ownership, partnership and new innovative/strategic.

In order toward achieving the 3 Zeros Strategy especially Zero to New Infections, the strategies have been scaled up as below:

- Strengthening the MARPs Networks
- Enabling Environment
- Using new innovative/strategic
- Increasing the coverage areas
- Fully participation from all factors

A. Presentation on Achievement of MSM and TG in Siem Reap, MHC

Moderator, Mr. Kem Vichet, Program Manager, MHC

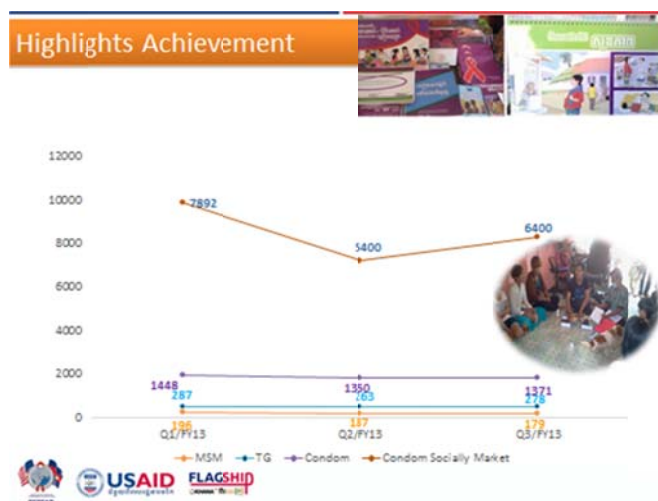


Men's Health in Cambodia (MHC) was registered in Ministry of Interior in 2002 in order to fulfill the issues and needs of MSM in Phnom Penh. In 2003, MHC remained the coverage area to Siem Reap under funded by KHANA then continued remaining to Kampong Cham, Koh Kong and Poi Pet.

Under Flagship support, MHC is implementing a project on TG in Siem Reap within 280 target group. The key components of comprehensive package are: prevention, commodities, capacity building and

enabling environment. The package of prevention has been captured with the 4 keys elements in term of drop-in center, referral, and condom/lub socially market and outreach/community session.

The report from 1st to 3rd quarter



In implementing the activities, there are some challenges which are hindrances in moving forward. Those challenges are:

- MARPs especially MSM and TG always migrant
- MARPs don't want to use health services if they have no symptom
- Lack of budget to support investing small their owner business
- Recently MARP is facing discrimination/stigma and violence

In order to resolve the problems, MHC made the suggestions to donors, development partners and relevant stakeholders to consider with the supports below:

- MARPs should have budget support to invest their small owner business
- MHC should have integrate Human right of awareness information to MARPs with prevention intervention
- If MHC have data collection tool specific for TG is better

B. Presentation on Package Services for TG (Boosted CoPCT), FHI360

Moderator, Mr. Phal Sophat, MSM and TG Advisor, FHI360

The moderator started pointing out with the question, why we need to work with transgender people? The main reasons which we have to work with transgender are referred to:

- A study in 2005 about STI prevalence assessment, HIV prevalence was higher among TG than MSM (9.8% vs. 2.6%).
- In the Bros Khmer study (2010), the proportion of HIV positive TG was also higher than that of MSM (2.6% vs. 1.9%).
- Additionally, STI prevalence (including rectal or urethral chlamydia and gonorrhea, or syphilis) was 21% for TG while only 7% for MSM.



Who are the transgender people? Transgender (TG) refers to male self-identification as female gender. It entails dressing up as female, and expressing characteristics, attitudes and behaviors of a woman.

Services Features: OW will be received a monthly stipend 60 USD per month (Based on SoP) with responding aggregated target group between 50 to 100 people. The packages services have been covered by Flagship are:

- Prevention
- Commodities
- Enabling environment
- Capacity building

The deliverable materials for OW to be used in field including Flagship uniform, Flagship t-shirt, scarf, condoms, leaflets, posters and other materials.

The core-activities in outreach/education sessions:

- Face to face education and group education
- Referral to access STI and VCCT
- TG club including vocational training skills
- Condom delivery and social marketing
- Psychological support
- Strategic information
- New innovative

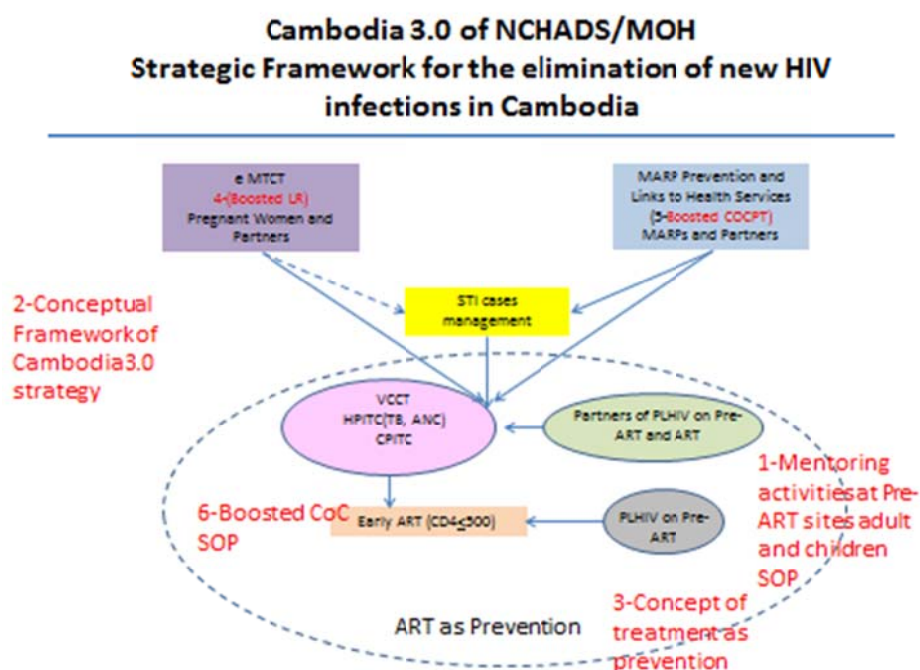


C. Presentation on Cambodia 3.0 to Reduce HIV/AIDS

Moderator, Mr. Phal Sophat, MSM and TG Advisor, FHI360

Mr. Phal Sophat started with the 3 Zero Strategies of UNAIDS including zero HIV new infection, zero discrimination and zero AIDS-related deaths. Toward achieving Cambodia 3.0 specifically HIV new infections in Cambodia, the new innovative and new strategies have been scaled up as following:

- Boosted Linked Response (Boosted LR)
- Boosted Continuum of Prevention to Care and Treatment (Boosted CoPCT)
- Boosted Continuum of Care



The main strategies/activities which are the inside Boosted CoPCT in order to contribute to achieve the zero HIV new infection would be:

- Increasing the MARPs (MSM, TG, EW, PWUD/PWID) access to care and treatment
- Strengthening the capability of Outreach Worker (OW), OW will be selected to become the Lay Counselor
- Increasing the number of MARPs to access VCCT and STI

Main activities included to reduce HIV risk behaviors and transmission:

- Provide training to OWs on HIV test and counseling (figure prick)
- Conduct regularly meeting to up-date on issues and good practices
- Improve works of NGOs, ODs and PHDs in order to enhance the outreach and testing services
- Keep regular referral MARPs access to FHC for VCCT, STI and Condom

- Integrated HIV/AIDS and SHR
- Strengthening HIV/AIDS prevention, reducing sexual partners, alcohols and drugs

D. Questions and Answers Forum

1. Has the lesbian been included into the TG?

The lesbian was not included within the TG Group because it refers to woman loving woman, but TG is referred to male self-identification as female gender. It entails dressing up as female, and expressing characteristics, attitudes and behaviors of a woman.

2. How to keep/contribute the materials for figure prick?

It will keep in the safe place and contribute by KHANA and NCHADS, the Outreach Workers have been trained how to use it with technical.

3. Do you think, can we achieve the Cambodia 3.0 in 2020?

- New strategy on testing, treating and Retaining
- Fully participation from all stakeholder and partners

4. How to prevent the movement of TG?

- Case management (hospital)
- Case management at community (strengthening the communication system)
- Using the GIS to identify the target group

5. How to reduce the self-stigma among MSM and TG themselves?

- Flagship has a strategy to address this issue, Center of Excellence, education, counseling and skills
- The stigma and discrimination is still the problem in the community and society especially happening from families.

- OW suggested to local policeman to coordinate and support for TG work at community and please do not arrest when they are having condoms.
- A representative from local policeman also made the suggestion to TG in Siem Reap especially at Pub Street Market and other place, please do not do any wrong with the foreigners and other people.

V. Recommendations

- MHC should conduct the events to reduce stigma and discrimination against MSM and TG by inviting TG community and relevant stakeholders especially local police and authority
- MHC must keep in touch with both technical and financial donors to prepare the events or campaigns to advocate for the supports.
- MHC Strengthen in collecting MSM and TG in provinces from local NGOs and Networks



- Donors should expand the financial package to more support on vocational training skills
- Strengthening and expanding the condoms
- Providing the legal support to MSM and TG Community
- Developing the M&E tools or mechanism on TG to collecting specific data or information



Approved by:

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Annex (Agenda)

<i>Time</i>	<i>Activities/Topics</i>	<i>Responsibility</i>
8.00 – 8.30	Registration	MHC
8.30 – 8.35	Addressing remark by NAA	Dr. Ung Sovannak
8.35 – 8.40	Addressing remark by KHANA	Dr. Ny Socheat
8.40 – 8.45	Addressing remark by PAS	Dr. Ngoun Puthminea
8.45 – 9.15	Welcome and Opening Remark by NCHADS	Dr. Lan Van Seng
9.15 – 10.00	Presentation on Achievement of MSM and TG in Siem Reap, MHC	Mr. Kem Vichet
10.00 – 10.15	Coffee break	Hotel
10.15 – 10.45	Presentation on Package Services for TG (Boosted CoPCT), FHI360	Mr. Phal Sophat
10.45 – 11.30	Presentation on Cambodia 3.0 to Reduce HIV/AIDS	Mr. Phal Sophat
11.30 – 11.50	Questions and Answers Forum/Discussion	Participants
11.50 – 12-00	Wrap up and Closing	Dr. Ny Socheat
12.00 -	Solidarity Lunch	Hotel