This Research Dossier supports the Report Card on HIV Prevention for Girls and Young Women in Cambodia produced by the United Nations Global Coalition on Women and AIDS (GCWA). It documents the detailed research coordinated for the GCWA by the International Planned Parenthood Federation (IPPF), with the support of the United Nations Population Fund (UNFPA), United Nations Programme on AIDS (UNAIDS) and Young Positives.

The Report Card provides an ‘at a glance’ summary of the current status of HIV prevention strategies and services for girls and young women aged 15-24 years in Cambodia. It focuses on five cross-cutting prevention components:

1. Legal provision
2. Policy context
3. Availability of services
4. Accessibility of services
5. Participation and rights

The Report Card also includes background information about the HIV epidemic and key policy, programmatic and funding recommendations to improve and increase action on this issue in Cambodia.

This Research Report is divided into two sections:

**PART 1: DESK RESEARCH:** This documents the extensive desk research carried out for the Report Card by IPPF staff and consultants based in the United Kingdom.

**PART 2: IN-COUNTRY RESEARCH:** This documents the participatory in-country research carried out for the Report Card by a local consultant in Cambodia. This involved:

- Two focus group discussions with a total of 20 girls and young women aged 15-24 years. The participants included girls and young women who are: in school; out-of school, People Living with HIV, involved in sex work; living in urban and suburban areas; and working as peer activists.
- Six one-to-one interviews with representatives of organisations providing services and advocacy for HIV prevention for girls and young women. The stakeholders were: a Director of an NGO founded and led by people living with HIV; Head of Operations at IPPF Member Association; an Executive Director of an NGO working on HIV/AIDS advocacy and services; Trainer/Organizer of an NGO working on HIV/AIDS focusing on migrant workers and HIV positive women, and women and girls in sex work; and Trainer/Organizer at an NGO working on HIV/AIDS with migrant workers and HIV positive women.
- Additional fact-finding to address gaps in the desk research.
Contents:
PART 1
Country profile
Prevention component 1: Legal Provision
Prevention component 2: Policy provision
Prevention component 3: Availability of Services
Prevention component 4: Accessibility of Services
Prevention component 5: Rights and Participation
PART 2
Focus group discussion: 15-19 year olds in rural area
Focus group discussion: 20-24 year olds in urban area
One-to-one interview: Country Coordinator of PLHIV network
One-to-one interview: Programme Officer International NGO, Cambodia
One-to-one interview: Executive Director, Local Family Planning Association
One-to-one interview: HIV/AIDS Social Mobilisation Programme Adviser, Intergovernmental Agency
One-to-one interview: Programme Associate Adolescent Reproductive Health & HIV/AIDS
One-to-one interview: Programme Officer, Intergovernmental Agency

Abbreviations
AHF AIDS Healthcare Foundation
AIDS Acquired Immune Deficiency Syndrome
ANC Ante-Natal Care
ART Anti-Retroviral Therapy
ARV Anti-Retroviral
CCM Convention on Consent on Marriage
CEDAW Convention on the Elimination of All Forms of Discrimination against Women
CIA Central Intelligence Agency
CPN+ Cambodia People Living with HIV/AIDS Network
CRC Convention on the Rights of the Child
GFATM Global Fund to Fight AIDS, Tuberculosis and Malaria
HACC HIV/AIDS Coordination Committee
HIV Human Immunodeficiency Virus
IDU Injecting Drug Users
IEC Information, education and communication
MOH Ministry of Health
MOI Ministry of the Interior
NAA National AIDS Authority
NACD National Authority for Combating Drugs
NGO Non-governmental organisation
OI Opportunistic Infection
PAC Post Abortion Care
PLWHA/PLWA People living with HIV and AIDS
PMTCT Prevention of mother to child transmission
RH Reproductive Health
RHAC Reproductive Health Association of Cambodia
SRH Sexual & Reproductive Health
STD Sexually transmitted disease
STI Sexually transmitted infection
TB Tuberculosis
UN United Nations
UNAIDS Joint United Nations Programme on HIV/AIDS
UNICEF United Nations Children’s Fund
UNTAC United Nations Transitional Authority in Cambodia
USAID United States Agency for International Development
VCT Voluntary Confidential Counselling and testing
WHO World Health Organisation
WNU Women Network for Unity
For further information about this Research Dossier, or to receive a copy of the Report Card, please contact:

HIV/AIDS Department, International Planned Parenthood Federation (IPPF)
4 Newhams Row, London, SE1 3UZ, United Kingdom
Tel: +44 (0) 207 939 8200. Fax: +44 (0) 207 939 8300. Website: www.ippf.org
PART 1:
DESK RESEARCH
**Size of population:** 13,881,427, note: estimates for this country take into account the effects of excess mortality due to AIDS; this can result in lower life expectancy, higher infant mortality and death rates, lower population growth rates, and changes in the distribution of population by age and sex than would otherwise be expected (July 2006 est.) (The World Factbook, 1 June, 2006) – Cambodia, http://www.cia.gov/cia/publications/factbook/geos/cb.html (Date accessed 02/06/06)

**Life expectancy at birth:** total population: 59.29 years, male: 57.35 years, female: 61.32 years (2006 est.) (CIA, The World Factbook, 1 June 2006) – Cambodia, http://www.cia.gov/cia/publications/factbook/geos/cb.html (Date accessed 02/06/06)

**% of population under 15 (0–14 years):** 0-14 years: 35.6% (male 2,497,595/female 2,447,754) (CIA World Factbook, 1 June 2006) – Cambodia, http://www.cia.gov/cia/publications/factbook/geos/cb.html (Date accessed 02/06/06)

**Population below income poverty line of $1 per day:** 40% (2004 est.) (CIA, The World Factbook – 1 June 2006, Cambodia, http://www.cia.gov/cia/publications/factbook/geos/cb.html (Date accessed 02/06/06)


**Ethnic groups:** Khmer 90%, Vietnamese 5%, Chinese 1%, other 4% (CIA The World Factbook 1 June 2006) – Cambodia, http://www.cia.gov/cia/publications/factbook/geos/cb.html (Date accessed 02/06/06)

**Religions:** Roman Theravada Buddhist 95%, other 5% CIA (1 June 2006) The World Factbook – Cambodia, http://www.cia.gov/cia/publications/factbook/geos/cb.html (Date accessed 02/06/06)

**Languages:** Khmer (official) 95%, French, English (CIA, The World Factbook (1 June 2006) – Cambodia, http://www.cia.gov/cia/publications/factbook/geos/cb.html (Date accessed 02/06/06)


**Number of children (0-15) living with HIV (ages 0-14 years, 2005):** No data available

**Estimated number of orphans by AIDS (0-17 years, 2005):** No data available
PREVENTION COMPONENT 1: LEGAL PROVISION
(national laws, regulations, etc)

Key questions:

1. What is the minimum legal age for marriage?

‘The fixed legal age for marriage was 20 years for men and 18 years for women. The Marriage and Family law.’
(United Nations- CCPR/C/SR.1760 25 October 1999 (Summary record),
(Date accessed 02/06/06))

‘Age at marriage:
There is no legal age for marriage in Cambodia and the normative “desirable” age for marriage varies between urban and rural areas and among ethnic groups.
2.28) Currently the median age at first marriage among Cambodian women is 22.5 and among men it is slightly older, at 24
2.29) Median ages for marriage are slightly higher for both women and men in urban areas compared with rural areas, with that for females being 23.6 and that for males 26.6.30 Social pressure: There is substantial social pressure to marry. Khmer tradition expects women to marry between the ages of 16 and their early twenties, and some women marry as young as age 15.31.(Pg7’

(Graham Fordham, PhD Consulting Anthropologist (January 2003) POLICY Project, Adolescent Reproductive Health in Cambodia Status, Policies, Programs, and Issues, http://www.policyproject.com/pubs/countryreports/ARH_Cambodia.pdf (Date accessed 07/06/06))

‘Violence against women, particularly sexual violence, is a problem in Cambodia. Forced sexual activity is seen as a way of getting sexual access to an unwilling woman and as a way of forcing a marriage. It is common for young men to make statements such as “if we love her, and the parents do not agree, we rape her.”43 The logic of this is that, having been raped and having lost her virginity, the women in question will be considered a serey khoic (a fallen woman) and will no longer have any value for other men and so will be forced to marry the rapist. Indeed, there is well-documented evidence to show that, particularly in rural areas, it is common for village-level resolutions of rape cases to be marriage.44(Pg9’

(Graham Fordham, PhD Consulting Anthropologist (January 2003) POLICY Project, Adolescent Reproductive Health in Cambodia Status, Policies, Programs, and Issues, http://www.policyproject.com/pubs/countryreports/ARH_Cambodia.pdf (Date accessed 07/06/06))

2. What is the minimum legal age for having an HIV test without parental and partner consent?

‘CHAPTER IV: TESTING AND COUNSELING- Cambodia Law on the Prevention and Control of HIV/AIDS

Article 19:

All HIV tests shall be done with voluntary and informed consent from the individual. For those who are minor, a written informed consent shall be obtained from his/her legal guardian.

In case that such written consent could not be obtained from the legal guardian of
the minor, and the test is considered to provide most interest to the individual, the test still can be performed only with an informed consent from the individual. The State shall be in charge of the mentally incapacitated individual.

Cambodia Law on the Prevention and Control of HIV/AIDS (June 2002)  
http://www.hawaii.edu/hivandaids/Cambodia_Law_on_the_Prevention_and_Control_of_HIVAIDS.pdf  
(Date Accessed 07/06/06)

‘B. Inadequacy of the Current Legislation

Vagueness of terms and absence of definition provisions are the main problems with the current laws on rape and indecent assault. In particular, the definitions of “minor”, “rape”, and “consent” are either too unclear or insufficient to provide adequate protection of Cambodia’s most vulnerable citizens, women and children.

1. Minors and the Law

Cambodian law provides no definition of the term “minor”. Under the Convention on the Rights of the Child, anyone under the age of 18 is considered a minor. The matter is confused by inconsistent reference to the term “minor” in some areas of the law, and absence of the term in others.

LICADHO – Cambodian League for the Promotion and Defence of Human Rights - Rape and Indecent Assault in Cambodia (2001)  
(Date Accessed 07/06/06)

‘On February 4, 2004, the prime minister of Cambodia launched the National Population Policy, the first in the country’s history. At the core of the policy is the right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children, and to have access to the information and means to do so. The policy further describes the underlying principles that guided its formulation, including the values of Khmer culture and tradition, the human rights guarantees in the Cambodian Constitution, and the government’s commitments under international human rights treaties and agreements. The policy’s overall goal is to achieve sustainable development, reduce poverty, and improve the quality of life of all Cambodians through changes in the size, composition and distribution of the population. Its specific objectives are to support couples and individuals in their ability to decide freely and responsibly on the number and spacing of their children, and to provide them with the information, education and services to do so; reduce infant, child and maternal morbidity and mortality rates; reduce the potential negative impact of rural-urban migration; promote gender equality; enhance human resource development; alleviate the burden of population on the environment and natural resources; strengthen efforts to stop the spread of HIV/AIDS. (Pg25-26)’

(Date accessed 07/06/06)

3. What is the minimum legal age for accessing SRH services without parental and partner consent?

‘The Reproductive Health Association of Cambodia (RHAC) also contributes significantly to Cambodia’s RH and HIV/AIDS services. Since its creation in 1994, RHAC is now the largest RH health provider in Cambodia, outside the government, offering high quality and affordable clinical reproductive healthcare, education, and training in seven provinces.
More recently, RHAC has been focusing on the delivery of IEC and cost-effective services to people aged 12–25 and aims to promote the use of RH services by young people through peer education. Networks of volunteers have been trained to share information about sexual and reproductive health with their peers through libraries, karaoke, games, and discussion sessions, and special clinics are held for young people wanting to access RH services.'

http://nchads.org/docs/Publication/Others/Report%20Q1-2004-Eng-web.pdf (Date Accessed 12/10/06)

4. What is the minimum legal age for accessing abortions without parental and partner consent?

'Article 8:

Abortion may only be carried out for those fetuses that are under 12 weeks old. If the fetuses are over 12 weeks old, they may be authorized to be aborted only if after a diagnosis it is found out that:

- there is a probable cause that such fetus does not develop itself as usual or which may cause danger to the mother’s life
- the baby who is going to be born may have a serious and incurable disease.
- in case, if after victimized of a rape and got pregnant, the abortion may be carried out disrespect of the above stated conditions, however in all cases, there must be a request from the concerned person, if such person is 18 years old or above old or above, or an insistent request from parents or guardian and from the concerned person, if such concerned woman is under 18 years old.

Decision on this above matter, requires an approval from a group of 2 to 3 doctors and also a consent from the concerned person. Technical conditions for application of this article shall be determined by a Proclamation (Prakas) of the Ministry of Health.’

http://annualreview.law.harvard.edu/population/abortion/CAMBODIA.abo.htm (Date Accessed 07/06/06)

‘Abortion: Prior to 1997 abortion was legal only for saving the life of the woman, however, in August 1997, the Cambodian Parliament approved a new abortion law that is among the most liberal in Asia. Abortion is offered without the woman providing a reason and without restriction in the first trimester. In the second and third trimester, abortion is only allowed if diagnosis shows that the pregnancy is abnormal (growing abnormally or creating a risk to a woman’s life), if after birth the child will have a serious incurable disease, or if a woman has been raped.79 Although the new abortion law states that providers who do not have authorization from the MOH should be punished, this has not yet been enforced. It is difficult to collect data on abortion, and the most recent survey in the area found that no woman aged 15–19 reported an abortion, and that few women without children reported having an abortion.83 As this survey notes, this is clearly a massive under-reporting of such statistics throughout all age groups and, in particular, among young women. The pregnancy rate among vulnerable youth (noted above) as well as anecdotal evidence, suggests that at least some young women undergo abortions. Certainly abortion is a fairly normative practice for women in the older
age groups, although the statistics are highly inconsistent. The 2002 Cambodia Demographic and Health Survey data indicate that 4 percent of women ages 25–29 had had an abortion, while 7 percent of women ages 30 to 34 have done so. Yet other data derived from married women attending urban reproductive health clinics indicate that nearly one-half the sample (48.6 percent) had had an abortion, with 22 percent of respondents reporting more than one abortion.84

(Graham Fordham, PhD Consulting Anthropologist (January 2003) POLICY Project, Adolescent Reproductive Health in Cambodia Status, Policies, Programs, and Issues, http://www.policyproject.com/pubs/countryreports/ARH_Cambodia.pdf (Date accessed 07/06/06))

5. Is HIV testing mandatory for any specific groups (e.g. pregnant women, military, migrant workers, and sex workers)?

‘ISSUES: Providing voluntary testing and counseling services is a component of the Ministry of Health Strategic Plan for HIV/AIDS and STI Prevention and Care 2001-2005.

DESCRIPTION: Mandatory testing is prohibited in Cambodia; but HIV/AIDS prevention and care can be provided through voluntary testing and counseling (VTC) services.’

(Prom P, Chea CK, Sok P, Kaeoun C, Voluntary counseling and testing services in the Kingdom of Cambodia- Int Conf AIDS (2002 Jul 7-12); 14:(abstract no. WePeG7007), http://www.aegis.com/conferences/iac/2002/WePeG7007.html (Date accessed 09/06/06))

6. Is there any legislation that specifically addresses gender-based violence?

‘Legislation

Until recently, a major obstacle to eradicating domestic violence was the absence of laws advocating specifically for the protection of victims of domestic violence in Cambodia. On 16 September 2005 and 29 September 2005, the National Assembly and the Senate, respectively, passed the Law on the Prevention of Domestic Violence and the Protection of Victims, with King Sihamoni signing the Law on 24 October 2005.

However, at the date of this report, this law has yet to be implemented within Cambodia. The passing of this law is a a symbol of the RGC’s commitment to protect domestic violence victims. However, the fact remains, that since ratification of the CEDAW in 1992, the government has taken 13 years to pass a basic human rights law crucial to protect the rights of women.

Definition of domestic violence

Article 2 of the newly passed Law on the Prevention of Domestic Violence and the Protection of Victims defines domestic violence as ‘violence that happens and could happen towards:

1. Husband or wife
2. Dependant children
3. Persons living under the roof of the house and who are dependants on the household.’

This definition broadens the scope of domestic violence to include all persons living in the same house. The law brings domestic violence into a public arena and out of the privacy of the home and family, thus enabling Cambodian women to specifically protect themselves from domestic violence.
Other relevant laws

The Constitution also provides some protection for victims of domestic violence, with provisions such as the ‘right to life, personal freedom and security’8 and the ‘right to life, honor and dignity.’9 The United Nations Transitional Authority in Cambodia – Provisions Relating to the Judiciary and Criminal Law and Procedure Applicable in Cambodia During the Transitional Period (UNTAC Criminal Code) sets out rape10, indecent assault11 and battery as crimes.

The Law on Aggravating Circumstances of the Felonies also classifies rape as a crime.12 These laws combined are more than sufficient in providing protection to domestic violence victims and in preventing domestic violence from occurring. The reality is that the strength of these laws is undermined by the lack of implementation within the domestic context. It will take time to assess the benefits of the passing of the new domestic violence law.”


7. Is there an AIDS Law – or equivalent – that legislates on issues such as confidentiality for testing, diagnosis, treatment, care and support?

Yes - See details below

LAW ON THE PREVENTION AND CONTROL OF HIV/AIDS
CHAPTER I

‘General Provisions
Article 1: This Law has the objective to determine measures for the prevention and control of the spread of HIV/AIDS in the Kingdom of Cambodia.

Article 2: AIDS is a communicable disease caused by the HIV virus, which is recognized as having spread no territorial, social, political, and economic boundaries, and there is no known cure. The epidemic has serious impact on social security, stability, and socio-economic development; which requires a multi-sectoral response to be undertaken by the State in order to:
1. Promote nationwide public awareness, through extensive IEC activities and mass campaigns, about the fact of HIV/AIDS such as modes of transmission, consequences, means of prevention and control of the spread of the disease.
2. Prohibit all kinds of discrimination against those persons suspected or known to be infected with or affected by HIV/AIDS;
3. Promote the universal precaution on those methodologies and practices, which carry the risk of HIV transmission.
4. Appropriately address all determinants which drive the HIV/AIDS epidemic
5. Promote potential role of PLWA for their greater involvement by disclosing information and sharing their own experiences to the public.
6. Mainstream HIV/AIDS prevention and control programs, and make it priority in the national development plan.’

8. Is there any legislation that protects people living with HIV/AIDS, particularly girls and young women, from stigma and discrimination at home and in the workplace?

Yes – See details below

LAW ON THE PREVENTION AND CONTROL OF HIV/AIDS

‘DISCRIMINATION ACTS AND POLICIES

Article 36:
Discrimination in any form at pre and post employment, including hiring, promotion and assignment, living in society based on the actual, perceived or suspected HIV/AIDS status of an individual or his/her family members is strictly prohibited. Any termination from working based on the actual, perceived or suspected HIV/AIDS status of individual or his/her family members is deemed unlawful.

Article 37:
No educational institution shall refuse admission or expel, discipline, isolate or exclude from gaining benefits or receiving services to a student on the basis of the actual, perceived or suspected HIV/AIDS status of that student or his/her family members.

Article 38:
A person with HIV/AIDS shall have full right to the freedom of abode and travel. No person shall be quarantined, place in isolation or refused abode, accompany or expulsion due to the actual, perceived or suspected HIV/AIDS status of that person or his/her family members.

Article 39:
Discrimination against any person with HIV/AIDS in seeking public position is prohibited. The right to seek elective and appointive public position shall not be refused to a person based on the actual, perceived or suspected HIV/AIDS status of that person or his/her family members.

Article 40:
Discrimination against person with HIV/AIDS in accessing to all credits or loans service including health, accident and life insurance, upon such concerned person who meets all technical criteria as other uninfected citizens, is strictly prohibited.

Article 41:
Discrimination against person with HIV/AIDS in the hospitals and health institutions is strictly prohibited. No person shall be denied to receive public and private health care services or be charged with higher fee on the basis of the actual, perceived or suspected HIV/AIDS status of the person or his/her family members.

Article 42:
The person with HIV/AIDS shall have the same rights as of the normal citizens as stated in the Chapter 3 of the Constitution of the Kingdom Cambodia.’

http://www.hawaii.edu/hivandaids/Cambodia_Law_on_the_Prevention_and_Control_of_HIVAIDS.pdf
(Date Accessed 07/06/06)

9. Are sex workers legally permitted to organise themselves, for example in unions or support groups?

“The Womens Network For Unity is grassroots representative collective of Phnom Penh based Sex Workers. The network seeks to promote the rights of Sex Workers to
earn a living in a safe environment, free from exploitation and social stigma.

The Network hopes to expand to include all provinces in Cambodia in the future, but at this early stage, we work through peer education, advocacy and public education of our lives and rights primarily in the Cambodian capital, Phnom Penh. The network has approximately 5000 active members in 13 provinces and cities in Cambodia and we hope to be able to provide the same level of services and support to these members as those in Phnom Penh.”

(Womens Agenda for Change Website – Women’s Network for Unity Overview http://www.womynsagenda.org/programs/sexworker/SW/swnu.html (Date Accessed 09/06/06)

10. Are harm reduction methods for injecting drug users (such as needle exchange) legal?

“A local NGO, Mith Samlanh/Friends, has commenced a needle and syringe exchange programme for IDU’s amongst street children in Phnom Penh. The programme was started as an emergency response to the increasing incidence of IDU by people living on the street and is part of a range of harm reduction initiatives undertaken by the NGO.”


Discussion questions:

- Which areas of SRH and HIV/AIDS responses are legislated for?
- What are the biggest strengths, weaknesses and gaps in legislation in relation to HIV prevention for girls and young women?
- Is action taken if laws are broken (e.g. if a girl is married below the legal age)?
- Is there any specific legislation for marginalised and vulnerable groups? If yes, is the legislation supportive or punitive? And what difference does it make to people’s behaviours and risk of HIV infection?
- To what extent are ‘qualitative’ issues – such as confidentiality around HIV testing – covered by legislation?
- How much do girls and young women know about relevant legislation and how it relates to them? Are there any initiatives to raise awareness about certain laws?
- Overall, how is relevant legislation applied in practice? What are the ‘real life’ experiences of girls and young women? What difference does it make to their vulnerability to HIV infection?
- How do the effects of legislation vary among different types of girls and young women, such as those in/out of school, married/unmarried, in rural/urban areas, living with HIV/not aware of their HIV status?

Examples include: people living with HIV/AIDS, sex workers, injecting drug users, migrant workers, refugees and displaced people, street children, school drop-outs, lesbians and ethnic minorities.
PREVENTION COMPONENT 2: POLICY PROVISION
(national policies, protocols, guidelines, etc)

Key questions:

11. Does the current National AIDS Plan address the full continuum of HIV/AIDS strategies, including prevention, care, support and treatment?

Yes. Chapter II and IV addresses education and information, testing and counselling including prevention issues. Chapter V addresses health systems (provision of treatment) and support including care.

(KRAM. We, Preah Bat Norodom Sihanouk, King of the Kingdom of Cambodia website, http://www.hawaii.edu/hivandaids/Cambodia_Law_on_the_Prevention_and_Control_of_HIVAIDS.pdf (Date accessed 14/06/06)

12. Does the National AIDS Plan specifically address the HIV prevention and SRH needs of girls and young women?

In the AIDS Law it is stated that The State shall organize special educational programs on HIV/AIDS targeting teenage girls and women-headed-household to address role of women in the society and gender issues.

(KRAM. We, Preah Bat Norodom Sihanouk, King of the Kingdom of Cambodia website, http://www.hawaii.edu/hivandaids/Cambodia_Law_on_the_Prevention_and_Control_of_HIVAIDS.pdf (Date accessed 14/06/06)

The National Policy also states ‘Increase modern contraceptive prevalence rate from 19% to 35% among women aged 15-49 years’


13. Does the National AIDS Plan specifically address the HIV prevention and SRH needs of marginalised and vulnerable groups, including people who are living with HIV/AIDS?

Specific groups targeted include young women and girls – see below

‘The Global Fund for HIV/AIDS, TB and Malaria (GFATM): The GFATM has approved funding for Cambodia in two rounds, totaling $47.41 million, of which $30.77 million has been awarded for HIV/AIDS. The focus of the Global Fund’s HIV/AIDS program in the first round will be to reduce the burden of HIV/AIDS by mitigating the impact of AIDS on specific population groups such as sex workers; the military, police and other commercial sex clients; youth; garment factory workers; PLWHA; and pregnant and vulnerable women and their children. The second round will emphasize care and support, including possibly ART and pharmaceutical management related to ARV. The program will be implemented by 11 sub-recipients, of which two, KHANA and Population Services International (PSI), are also USAID partners.’
14. Does the National AIDS Plan emphasise confidentiality within HIV/AIDS services?

Yes – see below

`CHAPTER VII
CONFIDENTIALITY

Article 33:

The confidentiality of all persons who have HIV/AIDS shall be maintained. All health professionals, workers, employers, recruitment agencies, insurance companies, data encoders, custodians of medical records related to HIV/AIDS, and those who have the relevant duties shall be instructed to pay attention to the maintenance of confidentiality in handling medical information, especially the identity and personal status of persons with HIV/AIDS.

Article 34:

The medical confidentiality shall be breached in the following cases:
- a- When complying with the requirement of HIV/AIDS monitoring program, as provided in Article 30 of this law,
- b- When informing health workers directly or indirectly involved in the treatment or care to the persons with HIV/AIDS,
- c- When responding to an order issued by the court related to the main problems concerning the HIV/AIDS status of individuals. The confidential medical records shall be properly sealed by the custodian, after being thoroughly checked by the responsible person, hand delivered, and opened officially and confidentially by the judge in front of the legal proceeding.

Article 35:

All HIV/AIDS testing results shall be released to the following persons:
- a- The person who voluntarily requests HIV/AIDS testing;
- b- A legal guardian of a minor, who has been tested for HIV/AIDS;
- c- A person authorized to receive such testing results in conjunction with HIV/AIDS monitoring program as provided in the article 30 of this law; and
- d- The requirement of the court, as provided as point (C) in article 34 of this law.’


15. Does the national policy on VCT address the needs of girls and young women?

No – written consent and if not possible informed consent with ‘approval’ is required of a legal guardian of any minor. However confidentiality and anonymity is required in all cases of testing.

`Article 6:
The State shall organize special educational programs on HIV/AIDS targeting teenage-girls and women-headed-household to address role of women in the society and gender issues.”
TESTING AND COUNSELING

Article 19:
All HIV tests shall be done with voluntary and informed consent from the individual. For those who are minor, a written informed consent shall be obtained from his/her legal guardian. In case that such written consent could not be obtained from the legal guardian of the minor, and the test is considered to provide most interest to the individual, the test still can be performed only with an informed consent from the individual. The State shall be in charge of the mentally incapacitated individual.

Article 22:
All HIV testing shall be performed anonymously. The Ministry of Health shall provide a mechanism for anonymous HIV/AIDS testing, and shall guarantee the anonymity and medical confidentiality during the process of this test.

Article 23:
All testing centers offering the HIV/AIDS testing services are mandated to seek accreditation from the Ministry of Health. The Ministry of health in collaboration with the National AIDS Authority shall set and maintain appropriate accreditation standards.

Article 24:
All testing centers shall provide pre-test and post-test counseling services for those who request HIV/AIDS testing. The counselors shall be sufficiently competent in conformity with a determined standards set by the Ministry of Health.

http://www.hawaii.edu/hivandaids/Cambodia_Law_on_the_Prevention_and_Control_of_HIVAIDS.pdf
(Date Accessed 07/06/06)

16. Does the national protocol for antenatal care include an optional HIV test?

Yes – see below

‘Pregnant Women

Transmission of HIV from mother to child is increasingly becoming an important factor in the HIV epidemic in Cambodia (see Section I/1 HIV/AIDS Epidemiology in Cambodia). According to projections by the AEM, approximately 30 percent of all new HIV infections in Cambodia will result from mother-to-child transmission. In order to reduce vertical transmission, the strategy focuses on preventing HIV infection among women of reproductive age. Additionally, technical support is given to 31 health providers and counselors to help HIV-infected women make informed reproductive decisions; to provide the most appropriate care possible for HIV-infected pregnant women; and to provide information and counseling for HIV-infected breastfeeding women. VCT and proper referrals are also being promoted among pregnant women attending ANC with an attempt to reach HIV-infected pregnant women and to reduce transmission from mothers to their children.’

(Mark Anthony White Chief, Office of Public Health; Published: 30-Mar 2004), Cambodia HIV/AIDS Strategic Plan 2002-2005,
17. Does the national protocol for antenatal care include a commitment that any girl or young woman testing HIV positive should be automatically offered PMTCT services?

Yes - See below

‘VCT and proper referrals are also being promoted among pregnant women attending ANC with an attempt to reach HIV-infected pregnant women and to reduce transmission from mothers to their children.’

‘Voluntary Counseling and Testing (VCT) and the Prevention of Mother-to-Child Transmission (PMTCT) VCT and PMTCT of HIV are essential components of the continuum of services from prevention to care and support for HIV/AIDS and integrated HIV/AIDS and family health interventions. It is through VCT that people transition from not knowing their HIV status to knowing their status. Knowing one’s HIV status empowers individuals and couples to take action towards remaining uninfected or from infecting others.’


18. Is there a national policy that the protects the rights and needs - including HIV prevention, SRH services, employment opportunities and education - of young women or girls at risk or affected by early marriage?

Although provision of protection is written within the HIV AIDS Law in terms of discrimination and employment laws, education and addressing women-headed households, there is no specific policy targeting young women and girls in terms of their HIV prevention needs and rights. See below -

“Article 6:
The State shall organize special educational programs on HIV/AIDS targeting teenage girls and women-headed-household to address role of women in the society and gender issues.

Article 37:
No educational institution shall refuse admission or expel, discipline, isolate or exclude from gaining benefits or receiving services to a student on the basis of the actual, perceived or suspected HIV/AIDS status of that student or his/her family members.”

Article 36:
Discrimination is prohibited in any form in connection with employment, including discrimination in hiring, promotion, assignment of work, or level of pay, based on the actual, perceived, or suspected HIV/AIDS status of a person or a member of his/her family. Any termination from work based on the actual, perceived, or suspected HIV/AIDS status of a person or a member of his/her family is unlawful.


and

(Phnom Penh, (May 2004),
19. Is HIV prevention within the official national curriculum for both girls and boys?

CHAPTER II of AIDS Law

‘EDUCATION AND INFORMATION DISSEMINATION

Article 3:

The State shall stimulate some practices as hereunder:
1. Integrate the knowledge on HIV/AIDS in subjects taught in schools. This subject shall include the causes, modes of transmission, means of prevention, consequences of the HIV/AIDS and fact about STDs, especially focusing on the life skills in accordance with promoting social value through introduction into the curriculum of all educational establishments including non-formal education systems.’

http://www.hawaii.edu/hivandaids/Cambodia_Law_on_the_Prevention_and_Control_of_HIV/AIDS.pdf
(Date Accessed 07/06/06)

20. Is key national data about HIV/AIDS, such as HIV prevalence, routinely disaggregated by age and gender?

Yes, the main data sources are


HIV prevalence among pregnant women – Country sentinel surveillance reports (1997-2003), and US Census Bureau, HIV/AIDS Surveillance Database, 2003.”

UNICEF – Country Statistics at a Glance – Definitions and Data Sources
http://www.unicef.org/infobycountry/stats_popup4.html (Date accessed 08/06/06)

Discussion questions:

- To what extent are relevant bodies – such as the Ministry of Education, NGO networks, religious organisations, etc – engaged in policy-making around HIV prevention for girls and young women?

- To what extent do those bodies work in partnership or in isolation? What areas of HIV prevention responses (e.g. behaviour change, counselling, treatment, home-based care) have national protocols or guidelines?

- To what extent do those protocols address the needs of girls and young women, including those that are marginalised and vulnerable?

- What does school-based sex education cover? Does it help to build young people’s confidence and skills, as well as knowledge?

- To what extent do policies help to reduce stigma and discrimination? For example, do they encourage people to stop using derogatory language or ‘blaming’ specific groups for HIV/AIDS?
• To what extent are different areas of policy provision – such as for HIV/AIDS and antenatal care – integrated or isolated?

• What policy measures exist in relation to consent, approval and confidentiality? For example, can girls and young women access services such as VCT without having to notify their parents and/or partner? And are they informed of their right to confidentiality?

• Overall, how are relevant policies applied in practice? What are the ‘real life’ experiences of girls and young women? How much do they know about them and how they relate to them? What difference do these policies make to their vulnerability to HIV infection?

• How do the effects of policies vary among different types of girls and young women, such as those in/out of school, married/unmarried, in rural/urban areas, living with HIV/not aware of their HIV status?

---

**PREVENTION COMPONENT 3: AVAILABILITY OF SERVICES**

(Refers to the full range of SRH and HIV/AIDS services relevant to girls and young women. These include antenatal care, STI information and treatment, HIV prevention, condoms, VCT and other counselling, positive prevention, treatment of opportunistic infections, care and support, treatment (including ARVs), skills building, economic development, etc.)
21. Is there a national database or directory of SRH and HIV/AIDS services for young people?

The Cambodia yellow pages provides a good list of family planning and sexual and reproductive health services and information points.

Cambodia Yellow Pages - Family Planning Information & Service Centers
http://www.yellowpages-cambodia.com/community/family-planning-information-and-service-centers/ (Date accessed 12/10/06)
(Reproductive Health Association of Cambodia (RHAC) website http://www.rhac.org.kh/other-RHAC-activities.php. (Date accessed 14/06/06)

22. How many SRH clinics or outlets are there in the country?

From the SRH service provider RHAC -
‘RHAC clinics provide high-quality, integrated RH, RTI, STI, and HIV/AIDS services through seven clinics and seven Health Post’
(Reproductive Health Association of Cambodia (RHAC) website http://www.rhac.org.kh/other-RHAC-activities.php. (Date accessed 15/06/06)

23. At how many service points is VCT available, including for young women and girls?

"Voluntary testing and counselling are now available to many more Cambodians than ever, with 110 voluntary counselling and testing sites covering all provinces by the end of 2005;”
(KINGDOM OF CAMBODIA PERMANENT MISSION TO THE UNITED NATIONS, Statement by H.E. Dr. HONG Sun Huot, MP Senior Minister, Chairman of the National AIDS Authority of Cambodia- (June 2, 2006) http://www.un.int/cambodia/pdf/statement_of_H.E._Hong_Sun_Huot.pdf (Date accessed 14/06/06)

(The government target is to have one VCT center per province by the end of 2003 and one VCT center linked to each of Cambodia’s 67 referral hospitals by 2005. (P4)
(Gillian Fletcher- Voluntary Confidential Counseling and Testing in Cambodia(September 2003): An Overview)
http://www.youandaids.org/unfiles/pnacu843.pdf (Date accessed 07/06/06)

24. Are male and female condoms available in the country?

- “The 100% Condom Use Programme covers 22 provinces with 20 million condoms are sold each year” (male)

(KINGDOM OF CAMBODIA PERMANENT MISSION TO THE UNITED NATIONS, Statement by H.E. Dr. HONG Sun Huot, MP Senior Minister, Chairman of the National AIDS Authority of Cambodia- (June 2 2006) http://www.un.int/cambodia/pdf/statement_of_H.E._Hong_Sun_Huot.pdf (Date accessed 14/06/06)

25. Is a free HIV test available to all pregnant girls and young women who wish to have one?

‘All public VCT services are officially available free’

(Gillian Fletcher- Voluntary Confidential Counseling and Testing in Cambodia(September 2003): An Overview)http://www.youandaids.org/unfiles/pnacu843.pdf(Date accessed 07/06/06)
26. At how many service points are PMTCT services (such as nevirapine) available for pregnant girls or young women who are HIV positive?

‘By December 2005, 28 health facilities were providing services for preventing mother-to-child transmission, some of which were integrated in the continuum of care framework for the referral of mothers living with HIV/AIDS to sites providing antiretroviral therapy and treatment for opportunistic infections. In 2005, of the 32 760 first-visit antenatal clinic attendees seen at antenatal care clinics offering services for preventing mother-to-child transmission.’

(WHO (2005), Summary Country Profile For HIV/AIDS Treatment, Cambodia, http://www.who.int/hiv/HIVCP_KHM.pdf (Date accessed 14/06/06)

27. At how many service points are harm reduction services for injecting drug users available?

‘Cambodia has few injecting drug users and little data is available on this issue beyond recent suggestions that injecting drug use is increasing in Cambodia. (Pg10)’

(Graham Fordham, PhD Consulting Anthropologist (January 2003) POLICY Project, Adolescent Reproductive Health in Cambodia Status, Policies, Programs, and Issues, http://www.policyproject.com/pubs/countryreports/ARH_Cambodia.pdf (Date accessed 07/06/06))

28. Are there any specific national projects (such as camps, conferences, and training courses) for boys/girls and young people living with HIV/AIDS?

There is a Reproductive Health Initiative for Youth in Asia (RHIYA) Annual Youth Camp. The 4th one was held from 9th - 13th of February, 2004 in Siem Reap, Cambodia

The 4th Annual Youth Camp, sponsored by EU/UNFPA and USAID was held in Siem Reap Province at a site within the historic Angkor Complex, on 9-13 February 2004. It was attended by 200 young people selected from 13 provinces and municipalities of Cambodia. The Theme of the Camp was “Young people together eliminate shyness for better understanding of sexual reproductive health and HIV/AIDS”

UNESCO Bangkok March 2004 News

29. At how many service points are ARVs available to people living with HIV/AIDS?

“Antiretroviral therapy was started in 2001 at few major hospitals in Phnom Penh (the capital) and in Siem Reap. When the Operational Framework for the Continuum of Care for People Living with HIV/AIDS was launched in August 2003, four sites were providing 2,230 people with antiretroviral therapy. Over the past two years, the availability of services for opportunistic infections and antiretroviral therapy has increased dramatically, and by December 2005, 32 sites providing antiretroviral therapy and treatment for opportunistic infections have been established across 16 provinces. In 2005, an average of 1,152 new people were enrolled for opportunistic infection prophylaxis and management each month and, since July 2005, an average of 765 people being treated for opportunistic infections were enrolled on antiretroviral therapy each month. In December 2005, a total of 12,396 people, including 1,071 children, were receiving antiretroviral therapy, achieving the national treatment target of 10 000 people by the end of 2005. Gender equity in antiretroviral therapy was achieved in 2005, as women accounted for 48% of all recipients.”
30. Are there specific positive prevention services, including support groups, for young women and girls living with HIV/AIDS?

Data not available

Discussion questions:

- What scale and range of HIV prevention services is available for girls and young women? For example, do Programmes go beyond ‘ABC’ strategies? Do Programmes cover social issues (e.g. early marriage)?

- To what extent are SRH, HIV/AIDS and broader community services integrated and able/willing to provide referrals to each other? For example, could most SRH clinics refer a girl testing HIV positive to a support group for people living with HIV/AIDS?

- To what extent are HIV prevention services available through ‘non-traditional’ outlets (e.g. religious organisations, youth clubs)?

- Are there community Programmes on gender awareness/dialogue for girls/boys and young women/men? Do they explore power differences and social ‘norms’ for sexual behaviour? Is there mentoring, peer support and economic development that targets females?

- How available is prevention information and support for girls and young women living with HIV/AIDS?

- How available are HIV prevention ‘commodities’ (e.g. condoms)? How are they distributed?

- How much do girls and young women know about the availability of services, such as where to get condoms or ARVs?

- Overall, what does the availability of HIV prevention services mean in practice? What are the ‘real life’ experiences of girls and young women? What difference do these services make to their vulnerability to HIV infection?

- How do the effects of availability vary among different types of girls and young women, such as those in/out of school, married/unmarried, in rural/urban areas, living with HIV/not aware of their HIV status?
services are open to everyone including married and unmarried girls and young women. (Anecdotal evidence provided by in-country consultants.)

32. Are all government HIV prevention and SRH services equally open to girls and young women who are HIV positive, negative or untested?

National Strategic Plan for A Comprehensive & Multisectoral Response to HIV/AIDS 2006 - 2010
3. Guiding Principles for the National Response to HIV/AIDS
3.3. Empowerment: Many people have little or no control over their behavioural choices, including (safe) sexual and health or treatment seeking behaviours. Empowering people, especially women and young people, to increase and strengthen control over their behaviour options is a crucial aspect of fighting HIV/AIDS.
3.4. Gender equality: Gender, development, and the HIV/AIDS epidemic are inextricably connected and this connection is particularly apparent in Cambodia. Women and girls are more vulnerable to infection because of their lower status in the family and the society. Gender inequalities need to be addressed and corrected for the national response to be truly effective. [http://www.naa.org.kh/](http://www.naa.org.kh) [http://www.naa.org.kh/resource/NSP%202006-2010-Final%20-%20PDF%20File.pdf](http://www.naa.org.kh/resource/NSP%202006-2010-Final%20-%20PDF%20File.pdf)

33. Are VCT services free for girls and young women?

Anecdotal evidence (in-country consultants) from discussions with those working in VCT centres shows that VCT centres provided by the government are free of charge but that some NGOs charge a fee. In the case of poor people, there may be a waiver.

People can find the services in daily activities. Test results are delivered the same day as the test. Pre and post-test counselling and supportive counselling are provided before and after the HIV test. [http://www.nchads.org/vcct.php](http://www.nchads.org/vcct.php)

34. Are approximately equal numbers of females and males accessing VCT services?

“While the available data do not provide conclusive evidence, there are strong indications that young people and pregnant women are not using existing public sector VCT services. It is recommended that qualitative research be conducted to explore the perspectives of these two key groups. The research should focus on what their views are on testing and what ideas they have for designing and marketing counseling and testing services that might be attractive to their peers.(pgvi)

(Gillian Fletcher- Voluntary Confidential Counseling and Testing in Cambodia(September 2003): An Overview http://www.youandaids.org/unfiles/pnacu843.pdf (Date accessed 07/06/06))


35. Are STI treatment and counseling services free for all girls and young women?

The Ministry of Health seeks to assure that timely, effective, efficient, affordable, culturally relevant and ethnically sound STI prevention and control is accessible to all citizens. The government services for STI and counselling is free of charge but some NGOs charge for these services. RHAC (SRH Organisation) does not charge services for
youth and has created a hidden service for youth who seek services. - Provided by in-country consultant

36. Are condoms free for girls and young women within government SRH services?

“The Use of Condoms as a Contraceptive Method According to Group E, there is increasing effort on the part of service providers to encourage clients to use condoms as an FP method. However, despite there being an up-turn in condom sales, they think that most of the condoms distributed are used for extramarital sex. Large quantities of condoms are sold during events (e.g., the Water Festival), and male clients will often admit that they are buying condoms for sex outside their marriage. Group E acknowledged that the brand of condoms supplied to their health centers are not of good quality and not popular with clients. Participants from both groups also have their private practices in which they will sell the popular Number One or OK condoms.”


37. Are ARVs free for all girls and young women living with HIV/AIDS?

- “AIDS HEALTHCARE Foundation (AHF), under its AHF Global program, has previously joined forces in Asia in India (starting in July 2004) with Swami Vivekananda Youth Movement (SVYM), to provide ART to patients at two clinic facilities in Mysore and Koppal in Karnataka State in Southern India. As of January 2006, close to 400 clients were receiving life-saving anti-retroviral treatment and care through the partnership’s clinic in Mysore in the Government District Hospital as well as at the Koppal facility. AHF, which has more than 18 years experience providing HIV/AIDS medical care at its clinics and hospice in the US (and for over four years at its global clinics in Africa, Central America and Asia) oversees the HIV/AIDS clinical care; SVYM, handles the social service, organizational and operational needs on the local level.

(Phnom Penh, Cambodia and Los Angeles, California, (31 MARCH 2006)- AIDS Healthcare Foundation and the Royal Government of Cambodia Partner to Bring Free Anti-retroviral Treatment to People with HIV/AIDS in Cambodia, http://www.aidshealth.org/index.php?option=com_content&task=view&id=159&Itemid=193 (Date accessed 15/06/06))

- “The free OI and ART sites supported by AHF will be located at Kampong Thom Referral Hospital in Kampong Thom Province, at Rattanakiri Referral Hospital in Ratanakiri Province and at Stung Treng Referral Hospital in Stung Treng Province AHF will assist the local partners to provide OI and ART with high quality of HIV/AIDS care to patients at these three Referral Hospitals”

(Phnom Penh, Cambodia and Los Angeles, California, (31 MARCH 2006)- AIDS Healthcare Foundation and the Royal Government of Cambodia Partner to Bring Free Anti-retroviral Treatment to People with HIV/AIDS in Cambodia, http://www.prnewswire.co.uk/cgi/news/release?id=167392 (Date accessed 15/06/06))

38. Are issues relating to HIV/AIDS stigma and discrimination included in the training curriculum of key health care workers at SRH clinics?

Policy 4 of STD prevention and care services principle strategy says; “All care STD in the Kingdom of Cambodia will be non-coercive and non-stigmatizing and it will be taken in a manner that protect the privacy and confidentiality of all person.”
“Are being-judgmental: When counselors make a judgment about the action or behaviors of clients based on his or her belief, ideas or attitudes, the client may feel that the client may not understand his or her problem and may not be sure if the counselor is willing to listen, or to help. The client may feel as if they are being blamed and not trust the counselor or disclose information about themselves. The counselor needs to be aware of his or her feelings and attitudes, and at the same time be open to hearing and understanding the actions and behaviors of other people and their decisions.”
http://www.nchads.org/docs/VCCT/VCCT%20training%20manual%20EN.pdf

39. Are issues relating to young people included in the training curriculum of key health care workers at SRH clinics?

SRH service provider noted the following:

‘RHAC clinic staff has been trained in communication skills to deal with young people. Confidentiality and privacy are assured, by providing young people with separate entrance and waiting rooms.’

There is also technical working group in developing a Protocol for Adolescent Friendly Reproductive Sexual Health Services of National Reproductive Health Program of which RHAC is an active member.

Services available for youth at RHAC clinics/health posts are as follows:

- Family planning
- Diagnosis and treatment for reproductive tract infection
- Voluntary counseling and testing for HIV
- Provision of emergency contraceptive
- Antenatal and postnatal care including HIV counseling
- Rape victim care and support
- Premarital screening and counseling
- Post Abortion Care (PAC)

(Reproductive Health Association of Cambodia (RHAC) website, http://www.rhac.org.kh/other-RHAC-activities.php (Date accessed 14/06/06)

- "Under school health initiatives, the school curriculum has recently been revised to incorporate reproductive health and HIV/AIDS information in the science and social studies curricula, for example. These materials meet a high standard. However, their effectiveness depends upon their implementation by school teachers who are generally not adequately qualified to present the information and who may choose to pay little attention to this portion of the curriculum due to a lack of reproductive health teaching experience or beliefs about the appropriateness of sexuality as a part of the school curriculum.(Pg17)"

(Graham Fordham, PhD Consulting Anthropologist (January 2003) POLICY Project, Adolescent Reproductive Health in Cambodia Status, Policies, Programs, and Issues, http://www.policyproject.com/pubs/countryreports/ARH_Cambodia.pdf (Date accessed 07/06/06))

40. Are there any government media campaigns (e.g. television commercials and newspaper advertisements) about HIV/AIDS that specifically address prevention among girls and young women?

- “Peer Education and Counseling:
While mass media is effective for influencing changes at a societal level, peer education and counseling are effective at increasing awareness and skills that affect behavior change among individuals, families and groups. People who are
from a given group usually understand the motives, pressures, obstacles and barriers of the members of that group and can therefore serve as effective educators and counselors. Peer education and counseling is being used in this strategy among the military and the police, garment factory workers, youth center attendees, moto-taxi drivers and sex workers.

**Theatre Education:**

One of the more innovative and entertaining interventions used in HIV education and communication is theatre. Target groups involved in theatre education write their own stories and scenarios based on what they have learned in peer education and their own life experience. Participants are often motivated to think creatively as many contests are held to select the best plays. The plays are educational to the writers, performers and the audience. (Pg32)


- **“IEC and Marketing Department**

This department provides support to RHAC programs by producing IEC/BCC materials, such as booklets, leaflets, flyers, newsletters, bags, T-shirts, caps, referral slips, radio/TV spots; and conducts various market research/promotional activities in order to promote RHAC’s RH services.”

(Reproductive Health Association of Cambodia (RHAC) website, http://www.rhac.org.kh/other-RHAC-activities.php (Date accessed 14/06/06)

- **The media, particularly radio and television, commonly disseminate RH information in Cambodia. The BBC World Service Trust developed and broadcasts a weekly hour-long national radio show entitled Real Man presented by men to a target audience of men. The program advocates increased understanding and involvement of men in household concerns, including domestic labor, child care, and SRH. Radio is accessible to almost all of Cambodia’s population, and television is becoming more accessible and is extremely popular, particularly among youth. (Pg9)”

(Naomi Walston, POLICY Project/Cambodia (June 2005)- Challenges and Opportunities for Male Involvement in Reproductive Health in Cambodia- This publication was produced for review by the United States Agency for International Development (USAID). It was prepared by Naomi Walston, consultant for the POLICY Project, http://pdf.usaid.gov/pdf_docs/PNADD199.pdf (Date accessed 14/06/06)

**Discussion questions:**

- Are HIV prevention services truly accessible to girls and young women, including those that are marginalised and vulnerable? For example, are they: safe? affordable? reachable by public transport? in appropriate languages? non-stigmatising? open at convenient times?

- What are the cultural norms around prioritizing females and males for health care?

- To what extent are informed and supportive SRH services accessible for girls or young women living with HIV/AIDS?

- What are the client/service provider ratios in different types of HIV prevention services? What is the gender ratio for staff in those services?

- Do services make proactive efforts to attract girls and young women? For example, do
SRH clinics have separate rooms for young women so that they do not risk seeing family members or familiar adults?

- What are the attitudes of service providers to girls and young women, including those who are marginalised and vulnerable? Are they kind, non-judgemental and realistic (for example about young people’s sexual pressures and desires)? Can they encourage girls/boys to assess their risks of HIV infection and change their behaviour? Are attitudes generally getting better or worse?

- Do HIV prevention information campaigns, etc, target girls and young women? For example, are they culturally and linguistically appropriate? Are materials distributed through appropriate media and outlets?

- Is there a national monitoring and evaluation framework? Does it encourage data to be disaggregated (according to gender and age) – to help assess the extent to which girls and young women are accessing Programmes and services?

- Are referrals and follow-up provided during HIV/AIDS, SRH and antenatal care services for young women and girls?

- Overall, what difference does accessibility to services mean in practice? What are the ‘real life’ experiences of girls and young women? What difference is made to their vulnerability to HIV infection?

- How do the effects of accessibility vary among different types of girls and young women, such as those in/out of school, married/unmarried, in rural/urban areas, living with HIV/not aware of their HIV status?
PREVENTION COMPONENT 5: PARTICIPATION AND RIGHTS
(human rights, representation, advocacy, participation in decision-making, etc)

Key questions:

41. Has the country signed the Convention on the Rights of the Child (CRC)?


42. Has the country signed the Convention on the Elimination of all Forms of Discrimination against Women (DECAW) and the Convention on Consent Marriage, Minimum Age of Marriage and Registration of Marriages (CCM)?


43. In the National AIDS Council (or equivalent), is there an individual or organisation that represents the interests of girls and young women?

- “USAID partners are playing important roles in preventing vertical transmission in all other components of the MoH framework. These efforts include:
  - Primary prevention of HIV among WRA;
  - Promoting birth spacing, which will have an effect on reducing the number of pregnancies among HIV-infected WRA;
  - Improving ANC services and coverage to reach women for VCT;
  - Involving male partners (husbands) in ANC so that they can also receive counseling and be tested;
  - Strengthening VCT services,
  - Counseling women on appropriate infant feeding practices; and
  - Prevention efforts aimed at preventing male partners of pregnant and lactating women from becoming infected with HIV (Pg35)”


44. In the National AIDS Council, is there an individual or organisation that represents the interests of people living with HIV/AIDS?
In the National AIDS Authority, the Cambodian people living with HIV/AIDS network (CPN+) represents the interests of people living with HIV/AIDS. They involved in several technical working groups including prevention, care and support, impact mitigation, legal and policy, monitoring and evaluation, multi-sectoral response and resource mobilization. CPN+ also a member of CCM, Global Fund.

45. Was the current National AIDS Plan developed through a participatory process, including input from girls and young women?

The current National AIDS Plan developed through a participatory process of contribution from the members of Core Group who oversaw and guide this process, representing the National AIDS Authority, NCHADS, Ministry of Planning, DFID, UNAIDS, KHANA, the Policy Project, FHI, USAIDS, UNDP, HIV/AIDS Coordinating Committee and Cambodian People Living with HIV/AIDS (CPN+) but there is no point emphasised the NSP included the participation and inputs from girls and young women. However, the guiding principle for the national response to HIV/AIDS has highlighted the empowerment people especially women and young people.

Empowerment: Many people have little or no control over their behaviour choices, including (safe) sexual and health or treatment seeking behaviours. Empowering people especially women and young people to increase and strengthen control over their behaviour options is a crucial aspect of fighting HIV/AIDS.

The National Strategic Plan for Comprehensive and Multi-sectoral Response to HIV/AIDS 2006-2010 (NSP 2006-2010) is a strategic initiative developed with broad representative from government, civil including organizations representing people living with HIV/AIDS, and development partners. The NSP 2006-2010 puts emphasis on leadership development and project cycle management capacity at both central and local levels to facilitate the integration of HIV/AIDS into the development programs of government and civil society institutions and private sector. (Children and HIV/AIDS in Cambodia, Background Report, Regional Consultation on Children and HIV/AIDS , Hanoi, Vietnam, March 22-24, 2006)

46. Is there any type of group/coalition actively promoting the HIV prevention and SRH needs and rights of girls and young women?

“The Reproductive Health Association of Cambodia (RHAC) also contributes significantly to Cambodia’s RH and HIV/AIDS services. Since its creation in 1994, RHAC is now the largest RH health provider in Cambodia, outside the government, offering high quality and affordable clinical reproductive healthcare, education, and training in seven provinces. More recently, RHAC has been focusing on the delivery of IEC and cost-effective services to people aged 12-25 and aims to promote the use of RH services by young people through peer education. Networks of volunteers have been trained to share information about sexual and reproductive health with their peers through libraries, karaoke, games, and discussion sessions, and special clinics are held for young people wanting to access RH services. (Pg10).”

(Naomi Walston, Consultant POLICY Project-Country Analysis of Family Planning and HIV/AIDS Programs: Cambodia (February 2005), http://www.policyproject.com/pubs/countryreports/CamFP-HIV_analysis.pdf (Date Accessed 07/06/06))

47. Is there any type of national group/coalition advocating for HIV prevention (including positive prevention) for girls and young women?
“Since 1992, LICADHO has been at the forefront of efforts to protect human rights in Cambodia and to promote respect for civil and political rights by the Cambodian government and institutions.”


The Women’s Rights Office educates the public about women’s rights, investigates women’s rights violations, and advocates for social and legal changes.”


“OUR VISION:
Aspiring to a Cambodia where all people, particularly those who are vulnerable, have equal access to effective, non-discriminatory HIV prevention and care and support services to improve their quality of life.”

Khana : Khmer HIV/AIDS NGO Alliance : About Us : [http://www.khana.org.kh/AboutUs.html](http://www.khana.org.kh/AboutUs.html) (Date Accessed 09/06/06)

48. Is the membership of the main network(s) for people living with HIV/AIDS open to young people, including girls and young women?

The Cambodian People Living with HIV/AIDS Network (CPN+) is a national network of group and organizations of people living with and affected by HIV/AIDS (PLWHAs). From a small base in Phnom Penh, the network has grown to include over 15,417 members, with 21 support groups in Phnom Penh and 13 provincial networks. CPN+ is open to all population who are interested to participate including girls and young women who are living with HIV/ADIS. (Draft CPN+ Annual Report 2005)

“Optimizing Communication Strategies and Materials for Persons Living with HIV/AIDS and their Caregivers“ because of their wide network and outreach through which more than 10,000 PLWHAs or individuals working with population affected by HIV/AIDS can be reached easily. In order to accomplish the proposed project activities, Pact provides subgrants and technical assistance to these partners.”

[www.pactcambodia.org](http://www.pactcambodia.org)


“The number of support groups of people living with HIV/AIDS has increased from 24 in 2002 to 466 in December 2005. The support network is primarily (90%) established in provinces and counts 15 533 registered members in December 2005. A key element of the Operational Framework for the Continuum of Care for People Living with HIV/AIDS is the MMM (Mondul Mith Chuoy Mith, or “Friends help friends”) model, through which hundreds of people living with HIV/AIDS take part in monthly community meetings in collaboration with health-care workers at referral hospitals. The MMM programme strengthens synergy between health facilities, homes and communities. Participants receive health education, information, support and counselling and share information and experiences on a range of issues including physical and spiritual support, income generation, stigma, treatment adherence
49. Are there any programmes to build the capacity of people living with HIV/AIDS (e.g. in networking, advocacy, etc)?

- “National Focus:

USAID continues to work with the RGC through the NAA, NCHADS, MoH, MoND, Ministry of the Interior (MoI) and other government entities to develop and implement policies, legislation, guidelines and frameworks. USAID and Cooperating Agencies (CAs) will continue to collaborate through technical working groups, such as those on Continuum of Care, VCT, TB/HIV, PMTCT and Monitoring and Evaluation to develop guidelines and frameworks, while at the same time support PLWHA networks to advocate for anti-discrimination legislation and policies as well as implementation guidelines for enacting and enforcing such legislation. For example, the Cambodian Parliament recently enacted the 2002 Law on the Prevention and Control of HIV/AIDS. USAID was instrumental in advocating for this law. Now, a USAID partner is working to help develop a complementary code of conduct to operationalize the law.”


- CPN+ mobilizes PLWHAs to join support groups that provide mutual support and address advocacy issues related to PLWHAs. CPN+ staff builds the capacity of Support Group Facilitators to lead the groups and empower PLWHAs. Currently CPN+ has a membership of 4,000. To date, CPN+ has provided this outreach and support in the absence of any educational materials, or a strategic approach to networking and further scaling up. It is an understatement to suggest that the CPN+ network has an important role to provide health literacy related materials to PLWHAs and their caregivers. Additionally, with the technical support from Pact and the other collaborating partners, this is a sound and strategic investment for the Pfizer Foundation HIV/AIDS Health Literacy Program.(pg21)

(Ms. Keang Keo, Ms. Renana Keynes and Mr. Kurt MacLeod in collaboration with Cambodia People Living with HIV/AIDS Network (CPN+) HIV/AIDS Coordination Committee (HACC)- (April 2003), HIV/AIDS Communication Mapping of IEC Materials for PLWHAs in Cambodia, http://www.pactcambodia.org/Publications/HIV_AIDS/Communication_Mapping_of_IEC_Materials_for_PLWHAs.pdf (Date accessed 15/06/06))

50. Are there any girls or young women living with HIV/AIDS who speak openly about their HIV status (e.g. on television or at conferences)?

“Twenty-four year old Srey Mao, speaking on behalf of them network, says that conditions are still very difficult: sex workers are raped and mistreated by authorities, and those who work in parks are beaten and raped by youths. "We are not different," she says. "We are the same as other women who have the intention to build a bright future but this intention is still a dream that we cannot make come true."

PHONM PENH POST
"Reaction
"I welcome the prime minister’s comments," Sou Sotheavy of WNU said, adding, "What he has said should make our demands successful" (Agence France-Presse, 7/3)."

04/Aug/2004 : Global Challenges - Cambodian Prime Minister Says He Opposes Testing HIV/AIDS Drugs on Residents
(Date accessed 10/06/06)

Discussion questions:

- How are international commitments (e.g. CRC, CEDAW, and CCM) applied within the country?
- Is the national response to HIV/AIDS rights-based? For example, does it recognise the SRH rights of women living with HIV/AIDS?
- Do key decision-making bodies (e.g. the Country Coordinating Mechanism of the Global Fund to Fight AIDS, TB and Malaria) have a set number of seats for civil society? Are any of them specifically for representatives of girls and young women or people living with HIV/AIDS?
- Are HIV prevention programmes generally developed ‘for’ or ‘with’ girls and young women, including those who are marginalised and vulnerable? Are girls and young women seen as ‘implementers’ as well as ‘receivers’ of services?
- To what extent are girls and young women aware of decision-making processes? Are they encouraged to have a voice? Are they seen as an important constituency within committees, management groups, etc?
- How high are issues relating to HIV prevention for girls and young women (e.g. early marriage and stigma) on the agendas of local leaders and decision-making groups (e.g. district AIDS committees)? To what extent do girls and young women participate in those type of bodies?
- To what extent are people living with HIV/AIDS organised, for example in networks? Are girls and young women involved in those bodies?
- How are issues of participation affected by stigma? For example, is it safe for people living with HIV to speak openly about their HIV status?
- Overall, how are participation and rights applied in practice? What are the ‘real life’ experiences of girls and young women? What difference is made to their vulnerability to HIV infection?
- How do the effects of participation and rights vary among different types of girls and young women, such as those in/out of school, married/unmarried, in rural/urban areas, living with HIV/not aware of their HIV status?
PART 2:
IN-COUNTRY RESEARCH
Focus Group Discussions

Focus group discussion: 15-19 year olds

**Age group:** 15-19 year-old  
**Number of participants:** 10  
**Profile of participants:** Included some girls and young women who are: in-school; out-of school; people living with HIV; married and unmarried from Phnom Penh city  
**Place:** Kandal CPN+ Office

**Prevention component: Availability of services:**

1. What sort of HIV prevention services are there for girls and young women in your community? For example, where would you go to get: information? condoms? treatment for a sexually transmitted infection (STIs)? and HIV test?

Sort of HIV prevention services that available in the community includes: Voluntary Counseling and Confidentiality Testing (VCT) which located in health center, referral hospitals and NGO facilities and private clinics. VCT is the government program which provide free of charge to those visit the clinic with VCT and red ribbon logo. Services for tuberculosis and home care services for those who are living with HIV/AIDS and these services provided by NGOs. In the community, there are also some organizations providing HIV prevention program to general youth and contribute condom to the motor-taxi driver. And HIV/AIDS treatment service which available in provincial health hospital and Koh Thom district, Kandal province.

Most participants expressed that, actually, the services on HIV information is apply for everyone; general population. In the community, no service which appropriate to girls and young women. Moreover, the participants mentioned that they are so shy to step in the clinic to find out information on HIV, reproductive and sexual health as they are in young age and they scare of the wrong judgmental from others, on the other hands their parents will not allowing them to visit there.

One girl who age is 18 year-old said that “most both young and old women always shy and afraid of hearing HIV/AIDS issues. She recommended that, girls and women should not be shy, they should be brave and try to learn any relevant information on how to protect themselves, as if we missed the information we would step into the wrong way which impact
on our future. HIV/AIDS is extremely devastating in our community. We should be careful on that.

2. How much do boys and young men know about HIV prevention services in your community what is their role in supporting HIV prevention for girls and young women?

The participants explained that boys and young men do know about HIV prevention services more than the girls does, because most girls do not have chance to participate or go to higher school as they have an obligation to make money to support the family. On the other hand, the social culture is very strict on girls and women, the young age women were prohibited sometime by their family to join the workshop talk about sex or HIV/AIDS, because they shouldn’t learn it more than men.

One participant raised that “nowadays due to family financial problems, there are a lot of girls and young women left home to work in the factories in Phnom Penh. While working there they didn’t have time to explore information on HIV/AIDS preventive education even though there are few NGOs providing the service at their workplace”.

The boys and young men have a very important role in supporting HIV prevention for girls and young women through:

- Boys and young men should find out more information on HIV/AIDS and share to girls and young women, especially to their younger and older sisters in the family.
- Boys and young men shouldn’t judge and discriminate on girls or young women when they both joining training together.
- They should open mind and accept if the girls ask him to use a condom for protection.
- Boys and young men should be faithful to their partners.
- If possible they should avoid watching the sex or pornography video.
- Men should do HIV test before married.

3. What short of HIV prevention services would you like more of in your community? How would that make a difference of your life?

The short of HIV prevention services that participants would like more in their community are: the provision of house-based counseling on HIV and how family and community can provide support to people living with HIV/AIDS, community group discussion/gathering (both young and old age of the two sex) and expanding VCT service. Those services are important and would help to make their life difference. The sexual rape in Cambodia is reporting everyday on the news. If the case happen to them they will be able to learn where they can access for HIV test because they are blind to know the offender if have HIV or don’t. The VCT service can tell them the result whether they infected or uninfected by HIV. Their life would be brighter if they use those services.

Prevention component: Accessibility of services:

4. What are your experiences of using HIV prevention services in your community? In what way have those experiences been good or bad?

For a good experience of using HIV prevention service:

Some participants said that they never use the services but for those who experienced in using the HIV prevention services commented that they really like the VCT service because the staff there were friendly to them, cheap and they do not waste much time to wait.

For a bad experience of using HIV prevention service:

One participants who disclosed her status as HIV positive young women said “one-day I went to visit the clinic that I used to use to find out information on sexual and reproductive health. At that time, I didn’t happy at all to what the doctor behaved to me, they shown me
their discrimination on me. Before they used very friendly word to me but later they didn’t welcomed me after they found out I have HIV”.

Another positive participant shared her bad experience that “occasionally, the doctor has take advantage from the AIDS patient before they provide them ART treatment. They fraud/corrupted by asking under-table from the patients if the patients ask for earlier ART treatment”. This very bad because people living with HIV/AIDS able to get free of charge of ART treatment due to the announcement from the government. But now the situation was changed a bit.

5. What are the main barriers that you have faced when trying to use HIV prevention services in your community? For example, what difference does it make if a service is: expensive? too far away? Unfriendly?

There are a lot of main barriers, that raise by participants when they trying to use HIV prevention services in their community. Some said, they cannot try to use the service because their parents, especially, their grandmother not allowing them to visit the clinic because it’s not for girls who yet married. Even reading books talk about health or HIV/AIDS their grandmother also not permitted. But some says, the matters of service are expensive and the location is the main obstacles for them if they trying to use the service. Some service is placed in far away from their village, they have to go their by moto-taxi which cost money and sometime waste time because the service providing isn’t appropriate, unfriendly and crowded. But for people living with HIV/AIDS said that stigma and discrimination is the main points that stop them from visiting and using the services.

6. In what way are HIV prevention services easier or harder for particular types of girls and young women to use? For example, what difference does it make if you are: unmarried? out of school? HIV positive?

Generally if girls and young women are unmarried and young, its would be hard for them to use the service as people will think about them in a negative ways even though they don’t do anything wrong but just try to learn about HIV prevention. For out of school girls and young women, they might not know very well where they can access to information and services if they wondering and wish to learn about HIV/AIDS and reproductive health as they do not get a chance to read any books, to hear what their teacher advice and sometime do not have time to participate with group gathering to exchange and learn about self-protection as they would busy with making income or do migration work.

For HIV positive girls and young women, sometime they don’t understand what positive prevention is. Doctor or counselor asked them to use a condom with their sexual partners to avoid double risk to STI or HIV infection, but the information that provided is not so clear, still make people confuse and get a chance to pregnancy.

Prevention component: Participation and rights

7. Have there been any projects in your community to bring together girls and boys or young women and young men to talk about HIV prevention? If yes, what did they involve and what did they achieve?

Most participants comment that, so far, there is not such program which bring together girls, boys or young women and young men to talk about HIV/AIDS prevention, they don’t know the reason why. But some said if there is that project in their community, they would be shied to participate or share idea as they afraid the boys and young men would laugh or criticize what they speak out.

8. What would encourage you to get more involved in HIV prevention in your community?

The participants are strongly recommended and urging for supportive, encouragement and opportunity provision from their society and community even though they are too young but they insist to get involved in HIV prevention. So they appeal for both government and NGOs,
please do support their participation and expend their outreach or education program to every district in both rural and urban area, because sometime the people who live in out of skirt or remote areas don’t have enough chance to get involved. The program designer should make an attractive program, for example, they can teach us about HIV prevention but its should be in the scene of contest, drama and role-play then they can get more involvement from young people because they can ask them to act as the drama player. By follow this methods, then its would have two advantages, one is increasing more understanding of girls and young women in term of HIV/AIDS prevention awareness, the second point is the girls and young women can reduce their shyness and make them more braver and strengths.

Prevention component: Legal provision

9. What do you know about laws in Cambodia that might affect how girls or young women can protect themselves from HIV? For example, do you know about any laws that: allow girls to get married at a young age? Do not allow girls or young women to have abortions? prevent girls from using services unless they have the consent of their parents?

There are several laws in Cambodia exists includes HIV Law, Women and Children Trafficking Law and Marriage and Family Law and Domestic Violence Act. But the participants says they never see and read those laws, however, they knew and heard from one-to-one that the Marriage and Family Law allow them to get married if they are age 18 year-old.

Prevention component: Policy provision:

10. What type of education have you received about issues such as relationships, sex and AIDS? For example, what have you been taught about your sexual and reproductive health in school?

Some participants say, they used to receive education about issues such as AIDS and health from their teachers at school but the lesson that provided by their teacher is not completely enough and sometime the information is not so clear because they do not have any basis or standardize curriculum, just pick up from somewhere. Teachers told us do not having loves when we are in the age of schooling, otherwise, its will destroy our future.

11. What could the government of Cambodia do to fight fear about AIDS in your community?

The participants suggested to the government of Cambodia as the followings:

• The Minister of Education should integrate AIDS and reproductive health in school as standardize program (it should be taught from primary school).
• The government should enforce the HIV/AIDS law and disseminate to nationwide.

Summary of discussion

12. What are the 2-3 most important changes that could be made – for example by the government or community leaders – to help girls and young women in Cambodia to protect themselves from HIV?

In order to help girls and young women in Cambodia to protect themselves from HIV, the government or community leaders would take action to fight against the following points:

• Anti all forms of drug trafficking, because drugs can drive girls and young women to get HIV infection while her boyfriend use and force her to try with him.
• Anti and destroy all illegal and pornography video sex which make young people feel exhausted, and promote rape and sexual harassment to essentially young women are victim.
The government should enforce the education program at school by developing appropriate topics or sessions which talk about relationship, sex, HIV and reproductive health, so we can have knowledge even though we don’t have chance to join group discussion with NGOs.

Focus group discussion: 20-24 year olds

Age group: 20 – 24 year olds
Number of participants: 10
Profile of participants: Included some girls and young women who are: in-school; out-of school; sex worker, people living with HIV; married and unmarried from Phnom Penh city
Place: Positive Women of Hope Office

Prevention component: Availability of services:

1. What sort of HIV prevention services are there for girls and young women in your community? For example, where would you go to get: information? condoms? treatment for a sexually transmitted infection (STIs)? and HIV test?

Services available for girls and young women in the community includes: Voluntary Counseling and Testing (VCT), Condom provision services and HIV/AIDS awareness. VCT is the most services available in government hospital, referral hospital, health center, NGO and private clinics. The service is free if they go to get the VCT service at the government. But some NGO clinics charged their services fee in the amount of about $0.75. Condom is distributed free during the special events such as Water Festival, World AIDS Day, community awareness on HIV/AIDS and reproductive health. The condom is also available in some hospitals that provided ART to PLHIV through placing it in the toilet for positive prevention.

According to the interview, there is no specific HIV awareness project for girls and young women but it for general population in the community. However, the girls and young women get HIV awareness, STIs and reproductive health limited due to the limitation of guidelines of the Ministry of Education, Youth and Sport.

2. How much do boys and young men know about HIV prevention services in your community what is their role in supporting HIV prevention for girls and young women?

Based on the interview indicated that boys and young men do know about HIV prevention services because there are a lot of dissemination and campaign by government agencies and NGOs through TV sport, Radio, banner, poster, billboard, peer education and booklets. However, some boys and young men didn’t use the services because they feel shy of others
people. Boys and young men is unintended to use condom with their partners. “If girls or young women ask their boyfriends to use condom while having sex, the boys will complaint that the girls is not honest or love him”.

The girls and young women feel that boys and young men are play a critical role in HIV prevention because Cambodian culture give value to men than women. They said that “Men is like a gold and Women is like a white cloth”. It means that boys can have many girls but girls and young women can not. Due to poverty and economic conditions girls and young women is the most vulnerable to HIV infection because they lack of education, information and services that they can access including understanding about their reproductive health, sex issues and rights in order to prevent sex exploitation and spread of HIV. The girls and young women would like the boys and young men to provide support in the followings:

- Help to educate to other girls and young women on HIV prevention, especially to the girls and young women who leave home to get jobs or works in Phnom Penh
- Encourage girls and young women to openly talk or discuss about HIV and reproductive health
- Understand more about how to use condom properly and HIV/AIDS knowledge

3. What short of HIV prevention services would you like more of in your community? How would that make a difference of your life?

Most of the participants said that they like VCT services because it helped girls and young women prevented from HIV infection. Moreover, if the result of the HIV test positive or negative so that they can take care themselves better. Condom is also considered by the participants as the most effective way to prevent HIV and prevent having children by chance. At the same time, the participant raised HIV/AIDS awareness services provided both government and NGOs is important for girls and young women to increase their understanding about HIV/AIDS so that they can protect themselves from HIV infection.

Prevention component: Accessibility of services:

7. What are your experiences of using HIV prevention services in your community? In what way have those experiences been good or bad?

Some of participants used HIV prevention services provided by government and some of them used services provided by NGOs. They felt that the services provided by NGOs is easy, have enough medication, the word they used is good. Moreover for PLHIV, the NGOs have provided some money for transportation to access ART on a monthly basis and if they get very sick the NGO pay someone who willing to take care them in the hospital or referral hospital. PLHIV is likely to access services in Phnom Penh rather then from their community due to the limitation of knowledge and skills in terms of ART. Girls and young women are reluctant to go to hospital, referral hospital and clinics for advise or ask information about HIV prevention because they someone or health care providers think negative on them.

The services provided by the government is always ask for additional fee and the participant suggested that both government and NGO services providers should give priority to their client that come from far away rather then first come first serve.

8. What are the main barriers that you have faced when trying to use HIV prevention services in your community? For example, what difference does it make if a service is: expensive? too far away? unfriendly?

The participants fear to use the services provided by government because the government staff received small salary so sometime they don’t care about their clients. Some nurses and doctors limit themselves to giving information and do not care about the way they do it.

9. In what way are HIV prevention services easier or harder for particular types of girls and young women to use? For example, what difference does it make if you are: unmarried? out of school? HIV positive?
According to the interview indicated that there are no specific services for girls and young women. If they want to get the services they have to go to the services for everyone including youth, men and women. If girls or boys are positive and want to access ARV drugs they have to go to the same place that older people go to. But their is a particular types of ART services for only children. Moreover, one of the problems for girls and young women to access services is stigma and discrimination from some care providers, their families and friends. Unmarried and PLHIV girls and women is the most difficult to get the services because of the Khmer culture and positive thinking of the people when they see them working or entering into the hospitals or clinics.

**Prevention component: Participation and rights**

9. Have there been any projects in your community to bring together girls and boys or young women and young men to talk about HIV prevention? If yes, what did they involve and what did they achieve?

The participants said that there is no any projects in the community that bring together girls and boys or young women and young men to talk about HIV prevention. But there were a lot of HIV prevention activities for everyone or for youth.

10. What would encourage you to get more involved in HIV prevention in your community?

Some participants would get involve in the HIV prevention because they receive money, presents and fee condoms from the organizer. However, some participants said that they want to lean more about HIV/AIDS and they also want to join the HIV prevention that have music, dance and contest in the community. One of the participant said that participation of the girls and young women in Phnom Penh is better than the rural areas due to the understanding of their parent related to HIV.

**Prevention component: Legal provision**

10. What do you know about laws in Cambodia that might affect how girls or young women can protect themselves from HIV? For example, do you know about any laws that: allow girls to get married at a young age? do not allow girls or young women to have abortions? prevent girls from using services unless they have the consent of their parents?

There are several laws in Cambodia exists includes the law on the prevention and control of HIV/AIDS, Women and Children Trafficking Law and the Law on Marriage and Family. The Marriage and Family Law (26 July 1989) stated that the age for married for men is from 20 year olds and the age for women to get married is from 18 year olds but the married under the age is allowed in the case that the women have pregnant with the consent from their parents. The married under age is normal in the rural area.

The above mentioned laws, girls and young women never read it because the government didn’t integrate it in the school curriculums and some of the participants said that they lazy to read because it is not interesting.

**Prevention component: Policy provision:**

12. What type of education have you received about issues such as relationships, sex and AIDS? For example, what have you been taught about your sexual and reproductive health in school?

Most of the participants received HIV/AIDS education from their school. The HIV/AIDS basic knowledge on HIV transmission has integrated in the school curriculums. Some NGOs have provided their HIV education in school that bring all class monitors to train and talk about HIV/AIDS but most of the boys class monitors was invited to this kind of activity. There is no education on reproductive school taught in school.
13. What could the government of Cambodia do to fight fear about AIDS in your community?

The participants suggested to the government of Cambodia as the followings:
- The government should develop more projects or programs that enable girls and boys meet together to discuss openly about HIV
- Increase HIV prevention awareness to the people in the remote area
- Specific information regarding HIV/AIDS should be created for girls and young women

Summary of discussion

13. What are the 2-3 most important changes that could be made – for example by the government or community leaders – to help girls and young women in Cambodia to protect themselves from HIV?

- Encourage girls and young women to participate in AIDS prevention activities
- PLHIV would like the government to enforce HIV/AIDS laws regarding stigma and discrimination toward PLHIV
- Educate, train and disseminate information about female condoms for girls and young women. "I heard about female condom but I never see and use it"

Interviews

One-to-one interview: (Male) Country Coordinator of Cambodian People Living with HIV/AIDS Network

General:

What is your impression about the general situation of HIV prevention for girls and young women in Cambodia? Are things getting better or worse ... and why?

In general, the situation of HIV prevention for girls and young women in Cambodia is getting better because there have been a lot of information sharing from the national levels to the grassroots levels in term of HIV prevention. However, there is still limited HIV prevention information to reach the community in the remote area through media and IEC/BCC materials. The girls and young women in the rural area is still confront the high risk of HIV infection because of the poverty, poor condition, migrant to the city to earn for living and have sex with those who have money or with rich people.

Prevention component 1: Legal provision:

In your opinion, what laws in Cambodia are making HIV prevention for girls and young women better or worse? For example, what difference is made by legislation relating to issues such as:
- Whether girls can get married at an early age?
- Whether sex work is legal?
- Whether girls or young women can have abortions?
- Whether girls and young women can use sexual and reproductive health services without their parents’ consent?

The law on the prevention and control of HIV/AIDS was enacted by the National Assembly on June 2004. The law on the prevention and control of HIV/AIDS has stated about HIV prevention and also about penalties of any person who is HIV positive, which have intention to transmit HIV/AIDS to other people. This law has prevented girls and young women from HIV epidemic.
The new adultery law has approved in 2006 is also prevented women from HIV infection but we do not know to what extent this law is implemented. The two laws have changed behavior of people who wanted to transmit the HIV disease to others and prevented from the spread of HIV epidemic.

How does legislation affect different types of girls and young women and their vulnerability to HIV? For example how does its effects vary among those that area:

- In/out of school?
- Married/unmarried?
- In rural/urban areas?
- Living with HIV?
- From marginalised groups (such as sex workers, migrants or orphans)?

The law on the prevention and control of HIV/AIDS stated about the general population about the HIV prevention, VCT, care and support and also penalties who intended to infect the HIV virus to other. This law is very important for girls and young women to prevent themselves from HIV transmission. If somebody wanted to do something bad to girls and young women they can use the law file a complaint.

Overall, what laws could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

The law on the prevention and control of HIV/AIDS and domestic violence law are very important to bring the greatest improvements to HIV prevention for girls and young women. Even though, these laws is important but the laws should be enforced and comprehensive disseminate through out the country especially at the remote areas through media, TV and radio. Take some articles from the laws to develop booklets with clear messages and pictures in order to disseminate these information to the girls and young women who couldn’t access information at the rural areas. Moreover, penalties should be applied for every one who committed domestic violence and human trafficking. Laws enforcement is very import for people to comply with something.

**Prevention component 2: Policy provision:**

What type of government policies or protocols – for example in relation to antenatal care, condoms or voluntary counseling and testing – make HIV prevention for girls and young people in Cambodia better or worse?

VCT has prevented girls and young women from HIV transmission. The VCT has encouraged people who want to get married to test HIV virus so that they can know their status before getting married. This guideline didn’t force couple or people to test HIV virus but it depend on their willingness. Condong has reduced the spread of HIV epidemic. Indirect and direct sex workers, girl friends, boyfriends, husband and wife, PLHIV prevented from HIV infection and re infection of new HIV virus.

Do girls and young women – and also boys and young women – receive any type of official sex education? For example, what are they taught about their sexual and reproductive health and rights while in school?

The Ministry of Education Youth and Sport integrated sexual and reproductive health to students and HIV education about how HIV infect and not infect.

Overall, what policies or protocols could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

Unaware of these issues

**Prevention components 3: Availability of services:**
What type and scale of HIV prevention services are available for girls and young women in Cambodia? For example, to what extent is it possible for them to get:

- Male and female condom?
- Information and treatment for sexually transmitted infections (STIs)?
- Voluntary counseling and testing?
- Antiretroviral drugs (for infants, children and adults)?
- Services and antiretroviral drugs to prevent transmission of HIV from an HIV positive mother to her children

IEC/BCC materials have been distributed to girls and young women about HIV prevention. Girls and young women can get HIV prevention services information from IEC/BCC materials so that they can read or see at their own houses because most of girls and young women didn’t dare enough to meet health care providers due to belief and negative thinking of culture and Khmer traditional if girls and young women go to see doctors or health care provider without coming with their parents. The Khmer culture also did not allow girls and young women to talk openly about sex and reproductive health. People will say badly about girls and young women when they see them to go to see doctors. Due to this concern, girls and young women have to find a secret or appropriate place to meet health providers so that nobody can know about their health status.

- Condoms services is available at NGO clinics, private clinics and pharmacy
- VCT services, girls and young women can receive from government, World Vision, RHAC and other NGOs who work in the community which have quality. VCT services provided by RHAC has to pay about 3000 riel ($US 0.73) but VCT that provided by the government is free of charge.
- ARV services are also available from NGOs but if the girls and young women do not know they can get information from Provincial PLHIV Networks and PLHIV Self-Help Groups in their community. The ARV services are usually provided in the referral hospitals, operational districts with free of charge. ARV now is available in Cambodia. However, operational districts can provide ART to PLHIV unless there is Continuum of Care (CoC) based in that places.
- PMTCT service is available at some hospital such as Calmette hospital, Center of Hope, Japan Children Hospital in Phnom Penh and other hospital in the provinces.

What type and scale of HIV prevention services are available for particular types of girls and young women? For example what services are there for those who are:

- Unmarried?
- Out of school?
- Involved in sex work?
- Orphaned?
- Injecting drug users?
- Migrants?
- Refugees?
- HIV positive?

There is no separation of HIV prevention services for specific types of girls and young women in Cambodia. The HIV prevention services are for general population.

What type and extent of HIV prevention services and information are available for boys and young men? How does this affect the situation for girls and young women?

There is no specific or type of HIV prevention services and information for only boys and young men. The HIV prevention service is for general population. Boys and young men received HIV prevention services and information from media, Ministry of Education, Youth and Sport and IEC/BCC materials that shared information about the services.

Overall, what type of services most urgently need to be increased to improve HIV prevention for girls and young women?
Urgent need that the VCT offer comprehensive services with distribution of condom. VCT should be increased all over the country especially in the remote areas so that girls and young women can test their HIV status before get married or prevent from HIV transmission. Condom should be store in the hospitals and clinics where girls and young women can get it easy without knowing from the people.

**Prevention component 4: Accessibility of services:**

What are the main barriers to girls and young women using HIV prevention services in Cambodia? For example, is it:

- The cost of the services?
- The location of the services?
- The lack of privacy at the services?
- The hours that the services are open?
- The language that the services use?
- The attitudes of the staff that run the services?
- Fear that confidentiality will be breached by the services?
- The attitudes of parents or friends?
- Cultural norms, for example that prioritise the health of boys over the health of girls?

Fear of confidentiality is still a barrier for girls and young women when they enter into the hospitals and clinics. Location of services is far away to get services for girls and young women and they feel uncomfortable with the place because it is to open for public. The shyness of the girls and young women has limited them to get services and information properly. The poor girls and young women didn’t have enough money to pay for travel fee from their home to get the services and they also have to pay for services fee charged by the services providers. One of the other barriers is the low capacity of the doctors or health care providers and the use language difficult to listen and accept.

Are HIV prevention services easier or harder for particular types of girls and young women to access? For example, is it easier or harder if they are:

- Married or unmarried?
- In school or out of school?
- HIV positive?

Unaware of these issues

What role do boys and young men have in making HIV prevention services easier and better for girls and young women?

- Be faithful with each other
- Understand clearly about HIV transmission information and awareness
- Use condom 100% if they have many partners

Overall, what priority actions could be taken to make HIV prevention services more accessible to girls and young women?

- Sharing information about HIV prevention as well as explain the impact of HIV infection to individual, family and society.
- HIV test should be considered and encourage for everyone
- VCT should encourage girls and young women for HIV testing
- Condom survives should be kept at a place where appropriate

**Prevention component 5: Participation and rights:**

How are international commitments (such as the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women) applied in Cambodia?

Unaware of these issues
To what extent is the national response to AIDS "rights-based"? For example, does the National AIDS Policy recognize and address the sexual and reproductive health rights of women living with HIV?

In principle, at the national level, National AIDS Authority (NAA) has created a code of conducts that extracted from the HIV law and articles that related to stigma and discrimination and care and support for promoting women. The code of ethics aims to educate girl not to have baby when they infected by AIDS and also encourage them to visit PMTCT. These not mean that they not allow PLHIV to have baby.

To what extent are girls and young women—including those that are living with HIV—involved in decision-making about AIDS at the national level? For example are they, or the organizations that present them, involved in:
- Developing the National AIDS Plan?
- Participating in the National AIDS Committee or the Country Coordinating Mechanism for the Global Fund to Fight AIDS, Tuberculosis and Malaria?

The national level has encouraged them to involve in the policy development but their capacity is too low. They just seat quietly and didn’t share any ideas. PLHIV has participated in the HIV/AIDS National Strategic Plan (NSPII) 2006-2010. In preparation for NSPII, PLHIV has met many times to include their voice in the national level. Representative of Cambodian People Living with HIV/AIDS involved from the national levels to the grassroots levels because they want PLHIV concerned to be heard. At the provincial level, PLHIV Provincial Networks was also participated in the HIV/AIDS strategy development. CPN+ Country Director is participated in the CCM for the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Overall, what priority actions could be taken to support girls and young women to be more involved in national level decision-making about AIDS?

Girls and young women can involve in the commune council HIV/AIDS plan development. Moreover, strategies should be developed that enable girls and young women to participate in from commune, district and provincial level about decision-making about HIV. Then those inputs can share through Provincial AIDS Office (PAO) and Provincial AIDS Secretariat (PAS) meetings so that these meeting can bring to the national level.

**Summary:**
In summary, what are the 3-4 key actions—for example by the government, donors or community leaders—that would bring the biggest improvements to HIV prevention for girls and young women in Cambodia?

- Continue to program 100% condom use and make it more effective
- If both girls and young women and boys have a lot of partners they have to testing HIV together
- They have to understand about the impact of HIV

**One-to-one interview: (Female) Program Officer of International NGO in Cambodia**

**General:**

What is your impression about the general situation of HIV prevention for girls and young women in Cambodia? Are things getting better or worse ... and why?

I think HIV prevention in Cambodia is getting better in among general population but still as considerable for girls and young women because most of the programs that promote both the government and non-governmental organizations are about general population. Everyone hope to get better education from school, but the promotion of health, reproductive and HIV/AIDS education there is very low especially at the rural areas. That’s
why I think the situation of HIV prevention for girls and young women in Cambodia is still considerable.

**Prevention component 1: Legal provision:**

In your opinion, what laws in Cambodia are making HIV prevention for girls and young women better or worse? For example, what difference is made by legislation relating to issues such as:

- Whether girls can get married at an early age?
- Whether sex work is legal?
- Whether girls or young women can have abortions?
- Whether girls and young women can use sexual and reproductive health services without their parents' consent?

In my opinion, I think there are few laws that making HIV prevention for girls and young women better; Domestic Violence and Trafficking Law, because these law more protect women from sexual violation and exploitation but I do concern about the enforcement is very poor right now. If the law do not work well, the girls and young women will be more dangerous, they more vulnerable to HIV infection. The situation in Cambodia, so far, the perpetrators always run out off sentencing if they able to pay for corruption/pride. The victims remain stigmatization and injustice results. The HIV/AIDS Law doesn’t make HIV prevention for girls and young women better because it was endorsed by looking in general perspective, its care for everyone, no articles talk about girls and young women prevention. Moreover, the law is seems to put more pressure on people living with HIV/AIDS (in chapter II of law).

How does legislation affect different types of girls and young women and their vulnerability to HIV? For example how does its effects vary among those that area:

- In/out of school?
- Married/unmarried?
- In rural/urban areas?
- Living with HIV?
- From marginalized groups (such as sex workers, migrants or orphans)?

The legislation affects and treat every girls the same, there is no different between married/unmarried, in rural/urban areas, living with or without HIV and marginalized group because they are female. Actually, when there is a promotion talking about girls and women issues, they always use the real victims to be on spot show or newspapers, sometimes their face didn’t cover or blurred.

Overall, what laws could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

To bring the greatest improvements to HIV prevention for girls and young women, personally, I would the government to review the law on HIV/AIDS, Domestic Violence and Trafficking. The government should promote women and girls status rather than put more burdens and punish them. The government should reinforce the law and do follow-up action to evaluate how much the law is talking to prevention girls from being of vulnerable people, sexual harassment, violation and exploitation. They should have a better policy and guideline to implement those laws.

**Prevention component 2: Policy provision:**

What type of government policies or protocols – for example in relation to antenatal care, condoms or voluntary counseling and testing – make HIV prevention for girls and young people in Cambodia better or worse?

I think the development of National Strategic Plan is making HIV prevention for girls and young people in Cambodia better because the number of voluntary counseling and testing center is increase, the provision of condom is better if compare to before, young people
able to use services in their community. Even though there are a lot of service where they can access in their villages, but I still notice that young girls still not completely changing their behaviors, they still shy and not confident to use those services. My suggestion to the government, the government should develop more peer education program for youth target group to build their trust and confident, the government should expand more health center and number of health workers should be increased and I would appeal a specific program for girls and young people.

Do girls and young women – and also boys and young men - receive any type of official sex education? For example, what are they taught about their sexual and reproductive health and rights while in school?

In school either girls and young women-and also boys and young men did not receive any type of official sex education because if the teacher talks about reproductive health, they likely to show which part can girls produce a baby, what is the function of uterus and what make girl has a child when she sleep with boy. If they talk about sexual infection disease they only talk about its symptom and how to clean when she has a period and for HIV/AIDS awareness they talk about mood of infection and disinfection only.

For those who are out of school, they wouldn’t receive that kind of knowledge/information even though there are a lot of NGO working with them because NGO they have set their own number of target audience per year, they cannot cover all.

At school, teachers don’t teach the girls how they can use their rights to access information and to use the services. There is lack of women rights education at school.

Overall, what policies or protocols could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

The government should develop policy and guideline for the implementation of voluntary counseling and testing, condom provision service, and these services should be more reached to people at rural areas.

Prevention component 3: Availability of services:

What type and scale of HIV prevention services are available for girls and young women in Cambodia? To what extent is it possible for them to get:

- Male and female condom?
- Information and treatment for sexually transmitted infections (STIs)?
- Voluntary counseling and testing?
- Antiretroviral drugs (for infants, children and adults)?
- Services and antiretroviral drugs to prevent transmission of HIV from an HIV positive mother to her children

Female condom is not easy to find in Cambodia because women do not like to use it due to size and they cannot afford to price “too expensive” but male condom is okay, people can found it at pharmacy, health center, brother and STI clinic. However, we notice that condom is more available in city and crowded area-sometime they get free of charge but sometime they have to buy one box with four condoms and lubricant is 500 Riel. In term of voluntary counseling and testing, they can visit clinic/center that has VCT sign which easy to recognize, free of charge and confidentiality. Right now the government has expanded VCT and ART treatment service to over the provinces in countries. Even though HIV prevention service is more possible for them “girls and young women” to get but we still see that, most girls and young women still shy to use those services because they do concern about stigma and discrimination from their community and from health workers if they yet married. Married women are more willing to learn and use HIV prevention service than girls who unmarried/yet married.

What type and scale of HIV prevention services are available for particular types of girls and young women? For example what services are there for those who are?
With this question the respondent, she doesn’t have any specific ideas to illustrate what type and scale of HIV prevention service are available for particular types of girls and young women. She just expressed that, all services that existing in society right now is yet develop in a specific ways which appropriate for types of abovementioned target group.

What type and extent of HIV prevention services and information are available for boys and young women? How does this affect the situation for girls and young women?

The answer is similar to question number 9, the programs and services that run and provide by either NGOs and government is yet set to apply to what young people needs, this would affect to girls and young women, for instance, it would make girls and young women risk to HIV infection.

Overall, what type of services most urgently need to be increased to improve HIV prevention for girls and young women?

Types of service most urgently need o be increased to improve HIV prevention for girls and young women are:

- Build women health center in community for general women they can go there to discuss about sex, reproductive health, HIV prevention and information access on types of service that available in their villages.
- Provide training and skill building workshop to women and girls on HIV prevention, reproductive health, women rights and negotiation skill.
- Government should strengthen existing services that is already having in community.
- Promote more participation of girls and young women to talk about HIV/AIDS, reproductive health and relationship, project design, especially encourage them to use HIV prevention services and health check-up.
- Form young peer educator group, so young people they able to educate their friends who are in young age and yet get involve in sex relation, moreover, they feel very confident to talk to housewife and married women about sex and HIV preventive education.
- The clear guideline on positive prevention should be developed and spread out to reach community as their information.

Prevention component 4: Accessibility of services:

What are the main barriers to girls and young women using HIV prevention services in Cambodia? For example, is it:

- The cost of the services?
- The location of the services?
- The lack of privacy at the services?
- The hours that the services are open?
- The language that the services use?
- The attitudes of the staff that run the services?
- Fear that confidentially will be breached by the services?
- The attitudes of parents or friends?
- Cultural norms, for example that prioritise the health of boys over the health of girls?

The main barriers to girls and young women using HIV prevention services in Cambodia are:

- Capacity of health provider/workers: some of them lack of skill and knowledge to provide accurate or right information to their clients.
- Attitude of staff that run the services and stigma and discrimination that they expect to receive from their family, community and friends.
• Double payment: this refers to cost of services is too expensive and transportation fee is unaffordable.
• Hours that service is open and length of time to wait for their number to be called for served.

These main barriers can stop girls and young women to use HIV prevention services. In general, Cambodian people likely to use private clinic because they do not waste their time to wait and service is friendlier than clinics that run by NGO and government.

Are HIV prevention services easier or harder for particular types of girls and young women to access? For example, it is easier or harder if they are:
• Married and unmarried?
• In school or out of school?
• HIV positive?

HIV prevention services is harder for unmarried and out of school girls and young women to access because out of school girls would not aware or understand what service are and where to get it. Unmarried women wouldn’t able to use the services while the program is set but yet answer to their needs, and while the rules is set to prohibit girls to learn about sex, health, relationship and loves.

What role do boys and young men have in making HIV prevention services easier and better for girls and young women?

In this situation, boys and young men should provide opportunity to girls and young women to speak openly about HIV and health issues. Moreover, young men can educate to their peers of what they’ve been aware of and learned from NGOs, reading newspaper and magazine or advertisement “such as they learned about condom use, HIV prevention” through forming men network.

Overall, what priority actions could be taken to make HIV prevention services more accessible to girls and young women?

According to the figure of Ministry of Health, majority of Cambodian people spend their income for health than others services, so HIV is part of health issue. The priority actions that I would recommend to be taken to make HIV prevention services more accessible to girls and young women are:
• Form girls and young women network in community
• Widely educate on women health, health care and advantages of information access
• Strengthen and extend education program in among women, girls and young women’s parents

Prevention component 5: Participation and rights:

How are international commitments (such as the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women) applied in Cambodia?

Actually the Convention on the Rights of Child and the Convention on the Elimination of all forms of discrimination against women have been applied in Cambodia but the enforcement is low, the government yet has strategy to follow-up and evaluate the enforcement of those convention and others laws, moreover, lack of communication building with civil society.

To what extent is the national response to AIDS “right-based”? For example, does the National AIDS Policy recognize and address the sexual and reproductive health rights of women living with HIV?

Number of people living with HIV who need ART treatment is increase and government has recognized that. About 50% of PLHAs who urges for medication is treated. Because of political issue, sometime make people at national level lack of understanding about needs
of grassroots. At National AIDS Policy not yet address the sexual and reproductive health rights of women living with HIV?

To what extent are girls and young women—including those that are living with HIV—involved in decision-making about AIDS at the national level? For example are they, or the organizations that represent them, involved in:

- Developing the National AIDS Plan?
- Participating in the National AIDS Committee or the Country Coordinating Mechanism for the Global Fund to Fight AIDS, Tuberculosis and Malaria?

The involvement of girls and young women—including people living with HIV—in decision-making about AIDS at the national level is very low. For instance, last year the National AIDS Authority has developed the National Strategic Plan (NSP) II for HIV response. They invited PLHAs to participate and provide input to the NSP, but when PLHAs shared their concern to the organizers team, their comment seems rejected and unwelcome by different types of good excuses like what you proposed is already done by the government...ect...People do not provide chance to people living with HIV, don’t build their capacity—they think PLHAs are inability but I don’t think so. I would suggest to government should not use term of technical language if they do requires real and meaningful of people living with HIV and girls and young women to participate at national level for AIDS response. They should provide more information and build the girls and PLHA’s knowledge to what topic they wish them to involve.

Overall, what priority actions could be taken to support girls and young women to be more involved in national level decision-making about AIDS?

- Increase more participation of PLHA (gender balance) in the National AIDS Committee or the Country Coordinating Mechanism for the Global Fund to Fight AIDS, Tuberculosis and Malaria
- Build up capacity of PLHAs, girls and young women on AIDS response and why their participation is valuable.

In summary, what are the 3-4 key actions—for example by the government, donors or community leaders—that would bring the biggest improvements to HIV prevention for girls and young women in Cambodia?

- Donors should allocate their funding/budget which reach to community for their response approach
- Donors should put more pressure on their grantee by ask them to promote more participation of girls and young women
- NGOs should address and promote the leadership of girls and young women as community leaders in their villages.
- Build capacity of girls and young women base on their needs

One-to-one interview: Associate Executive Director, Family Planning Association

General:

What is your impression about the general situation of HIV prevention for girls and young women in Cambodia? Are things getting better or worse ... and why?

In general, the HIV/AIDS situation is better in Cambodia because there is a clear evidence of this indication. For girls and young women in term of knowledge about HIV is better and there are some groups such as sex workers and entertainment groups is also getting better. However, there is no clear data to improve that girls and young women is getting better in term of HIV transmission. There is a slow prevalence rate for women.
Prevention component 1: Legal provision:

In your opinion, what laws in Cambodia are making HIV prevention for girls and young women better or worse? For example, what difference is made by legislation relating to issues such as:

- Whether girls can get married at an early age?
- Whether sex work is legal?
- Whether girls or young women can have abortions?
- Whether girls and young women can use sexual and reproductive health services without their parents’ consent?

HIV/AIDS Law and HIV/AIDS workplace policy are making HIV prevention for girls and young women better especially those who are working in the garment factory because the owners might not let them to attend workshop/event about HIV/AIDS. The civil society particular the National AIDS Authority (NAA) should find ways to enforce those laws more effectively.

The marital and abortion act would work well to prevention girls and young women from disease infection but if there are good operational guideline from the national assembly. Maternal and child health policy yet apply in health clinic and if young girl age under 16 years need to have consents from their parents for abortion. RHAC didn’t provide abortion service because most of its funding is from USAID, we cannot promote that but we provide treatment after aborted.

How does legislation affect different types of girls and young women and their vulnerability to HIV? For example how does its effects vary among those that area:

- In/out of school?
- Married/unmarried?
- In rural/urban areas?
- Living with HIV?
- From marginalised groups (such as sex workers, migrants or orphans)?

The law didn’t encourage service providers to provide particular services to different types of girls and young women and their vulnerability to HIV, we need to debate with the policy-maker for law revision to benefit and target specific group of girls and women. The Ministry of Health (MOH), national maternal child health care, RHAC and UNFPA should develop guideline for youth friendly service then apply in all health clinics. In society, we can see men are more influence to promote health assurance for women. Should develop policy to encourage health provide to build good communication especially with young women to access the services and information on HIV/AIDS particularly for rural people because they don’t have opportunity to use better service as more settled in urban.

Prevention component 2: Policy provision:

What type of government policies or protocols – for example in relation to antenatal care, condoms or voluntary counseling and testing – make HIV prevention for girls and young people in Cambodia better or worse?

The type of government policy that make HIV prevention for girls and young people in Cambodia better are youth friendly service and voluntary counseling and testing. Cambodia right now is having 130 VCCT operate by government health center and NGOs clinic. In some government hospital has provide special service STI check-up to sex workers group but general girls doesn’t emphasis by the government.

Do girls and young women – and also boys and young men – receive any type of official sex education? For example, what are they taught about their sexual and reproductive health and rights while in school?

Types of official sex education they receive are reproductive health and life skill on HIV/AIDS, even though the ministry of education together with NGO developed curriculums concern to those topics but yet apply in school. The school children can benefit from those curriculum as they were taught at school but those who are out of school is less attention from government and NGO.
Overall, what policies or protocols could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

To bring the greatest involvement to HIV prevention for girls and young women the government should enforce the HIV/AIDS workplace policy and promote operational guideline to encourage all sector involvement especially the participation of young women in relation to health issue, moreover, the law shouldn’t be applied as general. The ministry of health alone couldn’t do everything, need commitment and participation from others stakeholder including international group, product buyer and donors.

The curriculum should be endorsed as soon as possible and apply in all school and should target out of school too. We should train and encourage commune council to pay attention to health as their agenda so far interest in agriculture and environment concern. The ministry of health and relevant service providers should enforce youth friendly service because it can provide door to young people to use service free-no doubting. And increase safe job creation for girls and young women.

**Prevention components 3: Availability of services:**

What type and scale of HIV prevention services are available for girls and young women in Cambodia? For example, to what extent is it possible for them to get:

- Male and female condom?
- Information and treatment for sexually transmitted infections (STIs)?
- Voluntary counseling and testing?
- Antiretroviral drugs (for infants, children and adults)?
- Services and antiretroviral drugs to prevent transmission of HIV from an HIV positive mother to her children

Services such as VCT, PMTCT, STD, ART and HBC are scale up but there is no specific strategy to encourage girls and young women to use those services and health provider and community workers lack of capacity to provide better information and friendly to girls. They can found condoms at pharmacy and health clinic in low price but there is difficulty for girls and young women to access because they do not brave to visit there because they scare of discrimination and society seeing them in a negative way. We notice that when we have campaign relate to HIV/AIDS we provide condom free of charge to people, but men seems get more advantage then women. In Cambodia society there is no open discussion for sex relation even in among married women. They afraid of talking to their husband about condom use even they learned their husband behavior is abnormal due to traditional norm, administration policy which not encouraging them to do so as well as economic issues.

What type and scale of HIV prevention services are available for particular types of girls and young women? For example what services are there for those who are:

- Unmarried?
- Out of school?
- Involved in sex work?
- Orphaned?
- Injecting drug users?
- Migrants?
- Refugees?
- HIV positive?

There is no particular type and scale of HIV prevention service is available for particular types of girls and young women. Needs of young people normally not sensitive and there lack of their participation and consultation when develop the program, that why the government program is set to target general population. But RHAC has set strategy to provide services to different type of target clients, for instance, service for unmarried, girls and boys.

What type and extent of HIV prevention services and information are available for boys and young men? How does this affect the situation for girls and young women?

Boys and young men use HIV prevention services and information that available more than girls and young women. This would affect to the situation for girls and young women while
there is no specific program for women to use those services, for example, girls still in the situation of taking risk to HIV.

**Overall, what type of services most urgently need to be increased to improve HIV prevention for girls and young women?**

If we want to improve HIV prevention for girls and young women, firstly, we should learn their issues how they get infection from their boyfriend or husband? Secondly, society should pay more attention to work with groups like police, military, and construction workers considered as having many sex partners, we should discourage and them feel ashamed of himself of having plenty girls, thirdly, keep providing life skill education to married women and give them a chance for open discussion. Lastly should order the health system and develop specific program targets girls and young women.

**Prevention component 4: Accessibility of services:**

What are the main barriers to girls and young women using HIV prevention services in Cambodia? For example, is it:

- The cost of the services?
- The location of the services?
- The lack of privacy at the services?
- The hours that the services are open?
- The language that the services use?
- The attitudes of the staff that run the services?
- Fear that confidentiality will be breached by the services?
- The attitudes of parents or friends?
- Cultural norms, for example that prioritise the health of boys over the health of girls?

In term of the main barriers to girls and young women using HIV prevention services in Cambodia, I would like to emphasize on two different sides.

- **Knowledge:** girls and young women lack of knowledge and information where they can access to HIV prevention services, they seem not understand their behavior could be risked; moreover, they do not change their behavior of shyness and there is no encouragement from society and family.
- **At the services:** there lack of confidentiality at the services, attitude of the staff that run the service, staff has low capacity because they didn’t gain Counseling and education from the government especially on treatment issue.

To fight against those barriers, RHAC has provided attractive service to clients, the service where they can trust and with encouragement. We can achieve this because we get more supportive from other stakeholders and their family due to community advocacy campaign we done.

**Are HIV prevention services easier or harder for particular types of girls and young women to access?** For example, is it easier or harder if they are:

- Married or unmarried?
- In school or out of school?
- HIV positive?

HIV prevention service is still harder for particular types of girls and young women or even for married or unmarried women to access but it could be better depend on the political will from the government.

**What role do boys and young men have in making HIV prevention services easier and better for girls and young women?**

Young men were regarded as double standard group; this refer to they can sleep with out of wedding partners and rarely to be honest person but if they wish to marry to a girl, they expect their wife have to be a virgin girl. To reduce risk and making HIV prevention services easier and better for girls and young women, men have role to reduce their sexual partners at the same time and they shouldn’t be encouraged by society to play with many partner.

**Overall, what priority actions could be taken to make HIV prevention services more accessible to girls and young women?**
The priority actions could be taken to make HIV prevention services more accessible to girls and young women should be train medical providers and community the needs of girls and young women. Should form network which runs by and for girls and young women.

Prevention component 5: Participation and rights:

How are international commitments (such as the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women) applied in Cambodia?
The international commitments such as the convention on the rights of the child and the convention on the elimination of all forms of discrimination against women have applied in Cambodia country but the enforcement is limit and the government lack of annual report to the united nation office that why the CEDAW is failed. The civil society should watch the way of government applying and enforcing those conventions and the government should develop the pin-point constructive feedback.

To what extent is the national response to AIDS “rights-based”? For example, does the National AIDS Policy recognize and address the sexual and reproductive health rights of women living with HIV?
Due to the human rights declaration, the government has accepted and recognized the rights and needs of women living with HIV/AIDS, but the response to their need is low. The HIV/AIDS, ART, reproductive health, VCCT and abortion services should be placed in one center which easier for women to use. For example, if woman found she has HIV, she wouldn’t wish to go to another clinic because she doesn’t wants to waste money for transportation and more time to go there.

To what extent are girls and young women-including those that are living with HIV involved in decision-making about AIDS at the national level? For example are they, or the organizations that present them, involved in:
- Developing the National AIDS Plan?
- Participating in the National AIDS Committee or the Country Coordinating Mechanism for the Global Fund to Fight AIDS, Tuberculosis and Malaria?

Girls and young women-including those that are living with HIV involved in decision-making about AIDS at the national level is quite low because the civil society and HIV/AIDS unit never let them to involve, moreover, there lack of girls and young women network to represent their voice.

Overall, what priority actions could be taken to support girls and young women to be more involved in national level decision-making about AIDS?
The Ministry of Women and National AIDS Authority should develop guideline for girls and young women participation and organizations that work with young people and they should select the representative from the group to represent at the national level meeting for their voice promoted. However, the participation of girls and boys should be gender balance in both nationally and internationally. If you want to do advocacy on girls and young women, they should form a group, network or union of girls and young women first so that they can represent the voice of themselves more effective rather than somebody else.

Summary:
In summary, what are the 3-4 key actions – for example by the government, donors or community leaders – that would bring the biggest improvements to HIV prevention for girls and young women in Cambodia?
Some policy, operational guideline, protocol should be reviewed to reflect the interest of girls and young women. The donors should be focused more on girls and young women issues and they should develop clear indicators and criteria to ensure the participation and voice of girls and young women is included in their agenda/policy and NGOs dissemination to nationwide the importation of girls and young women involvement and services where those girls can be accessed. The community leaders should mobilize the community member and establish enabling community to advocate for girls and young women with their representative to national work through commune councils.
One-to-one interview: HIV/AIDS Social Mobilisation Programme Adviser, Intergovernmental Organisation

Note: Programme Advisor had just arrived in Cambodia to work for UNAIDS for the position of Social Mobilization Advisor for about 5 months. The information that she provided for this interview might true on not true. However, she tried her best to answer the questions based on her understanding of her time in Cambodia for about 5 months.

General:

What is your impression about the general situation of HIV prevention for girls and young women in Cambodia? Are things getting better or worse ... and why?

In general, the HIV/AIDS prevalence rate is decreased. The infection rate among targeted groups such as sex workers is declined, but the new HIV/AIDS infection among women is still increasing including girls and young women. So in general, the HIV/AIDS situation is good but the high risk groups such as girls, young women, women, MSM, IDU, married women are still faced the problems that need to be addressed.

Prevention component 1: Legal provision:

In your opinion, what laws in Cambodia are making HIV prevention for girls and young women better or worse? For example, what difference is made by legislation relating to issues such as:

- Whether girls can get married at an early age?
- Whether sex work is legal?
- Whether girls or young women can have abortions?
- Whether girls and young women can use sexual and reproductive health services without their parents' consent?

There are many laws such as HIV/AIDS law and domestic violence law exists in Cambodia and the Ministry of Women Affairs (MoWA) has promoted different laws that enable women to play a significant role in the society but the MoWA has not yet achieved it goals so the MoWA has to make the laws and develop guidelines for girls and young women more easy understand, reinforce and implementation them.

How does legislation affect different types of girls and young women and their vulnerability to HIV? For example how does its effects vary among those that area:

- In/out of school?
- Married/unmarried?
- In rural/urban areas?
- Living with HIV?
- From marginalised groups (such as sex workers, migrants or orphans)?

N/A

Overall, what laws could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

The laws is already exists and the laws is very important for anyone but the laws should widely disseminate to the community and remote areas. Cambodia has good laws that need to be implemented and enforced and the government should train law implementers and commune counselors about how to use and implement those laws effectively.

Prevention component 2: Policy provision:

What type of government policies or protocols – for example in relation to antenatal care, condoms or voluntary counseling and testing – make HIV prevention for girls and young people in Cambodia better or worse?
The policies and protocols that developed by Ministry of Health and NCHADS that related to VCCT, 100% condom use and PMTCT is very good for HIV prevention for girls and young women even those that policies and protocols did not specify for girls and young women however, it helps to prevent girls and young women from HIV infection.

Do girls and young women – and also boys and young men – receive any type of official sex education? For example, what are they taught about their sexual and reproductive health and rights while in school?
N/A

Overall, what policies or protocols could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?
Policies and protocols that have developed by government should be enforced and implemented. The protocols and policies should make it simple to understand by everyone.

Prevention components 3: Availability of services:

What type and scale of HIV prevention services are available for girls and young women in Cambodia? For example, to what extent is it possible for them to get:
- Male and female condom?
- Information and treatment for sexually transmitted infections (STIs)?
- Voluntary counseling and testing?
- Antiretroviral drugs (for infants, children and adults)?
- Services and antiretroviral drugs to prevent transmission of HIV from an HIV positive mother to her children

The HIV/AIDS prevention services are available for girls and young women but the things is that how girls and young women accessing those services and how do they know that those services are available for girls and young women. So the government should disseminate the information to girls and young women especially to the remote areas where they can not access to the information. Health care providers should aware of girls and young women needs such as confidentiality, privacy ...etc.

What type and scale of HIV prevention services are available for particular types of girls and young women? For example what services are there for those who are:
- Unmarried?
- Out of school?
- Involved in sex work?
- Orphaned?
- Injecting drug users?
- Migrants?
- Refugees?
- HIV positive?

The HIV/AIDS prevention services are available for general population. There is no specific services for only girls and young women especially government services.

What type and extent of HIV prevention services and information are available for boys and young men? How does this affect the situation for girls and young women?
N/A

Overall, what type of services most urgently need to be increased to improve HIV prevention for girls and young women?
N/A

Prevention component 4: Accessibility of services:

What are the main barriers to girls and young women using HIV prevention services in Cambodia? For example, is it:
- The cost of the services?
- The location of the services?
- The lack of privacy at the services?
- The hours that the services are open?
The language that the services use?
The attitudes of the staff that run the services?
Fear that confidentiality will be breached by the services?
The attitudes of parents or friends?
Cultural norms, for example that prioritise the health of boys over the health of girls?

Lack of confidentiality is one of the main barriers for girls and young women. Some health care providers keep their file on their desk that could someone pass by can see those file. There are two barriers related to the location, the nearest location make the girls and young women afraid to seek the service because they afraid of someone see them and the far way location the girls and young women do not have money to pay for transportation to go to see health care providers.

Are HIV prevention services easier or harder for particular types of girls and young women to access? For example, is it easier or harder if they are:
- Married or unmarried?
- In school or out of school?
- HIV positive?

What role do boys and young men have in making HIV prevention services easier and better for girls and young women?

Overall, what priority actions could be taken to make HIV prevention services more accessible to girls and young women?

Prevention component 5: Participation and rights:

How are international commitments (such as the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women) applied in Cambodia?
Ministry of Women Affairs and UNIFAM would know better then me so you should ask them.

To what extent is the national response to AIDS “rights-based”? For example, does the National AIDS Policy recognize and address the sexual and reproductive health rights of women living with HIV?

To what extent are girls and young women—including those that are living with HIV involved in decision-making about AIDS at the national level? For example are they, or the organizations that present them, involved in:
- Developing the National AIDS Plan?
- Participating in the National AIDS Committee or the Country Coordinating Mechanism for the Global Fund to Fight AIDS, Tuberculosis and Malaria?
HACC, CPN+ and KHANA have represented on behalf of girls and young women networks but girls and young women should be independent and strong to represent themselves. So a strong girls and young women should be established and it is very important for girls and young women to present themselves at any meetings, conference that discuss about girls and young women concerns.

Overall, what priority actions could be taken to support girls and young women to be more involved in national level decision-making about AIDS?
Capacity building should be provided to girls and young women on negotiation and advocacy skills...etc. Women networks should come and meet together in order to select a strong woman to present at NAA meeting, Global Fund or any meetings, workshops and conferences.

Summary:
In summary, what are the 3-4 key actions – for example by the government, donors or community leaders – that would bring the biggest improvements to HIV prevention for girls and young women in Cambodia?

The government should develop policy and strategies that provide HIV prevention specifically to only girls and young women. The government, NGOs and donors should provide capacity building to girls and young women. Bring women networks together and select a strong women to present at any meetings, workshop, conference so that the women can be a strong voice and their voice will be heard. Donors should provide financial support and resources to support this strong women network.

One-to-one interview: Programme Associate, Adolescent Reproductive Health & HIV/AIDS, Intergovernmental Agency

What is your impression about the general situation of HIV prevention for girls and young women in Cambodia? Are things getting better or worse ... and why?

Based on the data base and evident from NAA and NCHADS showed that girls and young women are getting more vulnerable and at risk to HIV transmission in Cambodia. Even if, the HIV prevalence rate among the general population aged 15-45 years has declined but the girls and young women infection rate is still stable and are facing HIV infection. I believe that the data base and evident of NAA and NCHADS is right because based on the Cambodian context has allowed girls and young women to get more at risk in term of low education, restriction of Khmer traditional/culture and the relationship between girls and boys. These make girls and young women to put themselves to be faithful to their partners. Moreover, related to gender, the role of Khmer girls and young women in society are already at risk and vulnerable. For example: If there is a domestic violence in a family, the wife is always keeps quiet and patient to her husband for at least 5 to 10 years before she decided to divorce or separated. This means that she has to follow the Khmer traditional by showing the respect to her husband. In Cambodia, there is small number of girls or young women who have higher education and hold big position in the government. "The higher education is the smallest number of girls and young women position women hold".

Prevention component 1: Legal provision:

In your opinion, what laws in Cambodia are making HIV prevention for girls and young women better or worse? For example, what difference is made by legislation relating to issues such as:

- Whether girls can get married at an early age?
- Whether sex work is legal?
- Whether girls or young women can have abortions?
- Whether girls and young women can use sexual and reproductive health services without their parents' consent?

There is no specific law that is only concern with girls and boys but the HIV/AIDS law is issued for general population. However, girls and young women are also can get benefit from this law. The Ministry of Women Affairs has developed a policy on "girls and HIV/AIDS and STIs". But this policy was not clear and too broad for the implementation. However, in principle it shows that women are concerned from the national level. The HIV/AIDS law is not broadly disseminate to all the people and it was not so effective. But this year, NAA has promoted this law through media. The Marriage and Family law stated that the girls can get married at the age of 18 years old. But this law is also not effective because the girls and young women often forced by their parents to get married early age but there is no law enforcement.

For example: In Pailin, Battambang province, a poor family wanted to plant rich and the poor family rent a cow/buffalo from the rich family, the poor family have to keep their daughter with the rich family for at least 4 years. During the 4 years, the rich family can ask the girls to do anything up to 4 years. The poverty has allowed the parents to keep their
daughter at risk situation. The girls and young women are also leaves their houses to get job in Phnom Penh city and at other countries. Moreover, I observed that, a lot of girls and young women went to hospital to get abortion in student uniform.

How does legislation affect different types of girls and young women and their vulnerability to HIV? For example how does its effects vary among those that area:

- In/out of school?
- Married/unmarried?
- In rural/urban areas?
- Living with HIV?
- From marginalised groups (such as sex workers, migrants or orphans)?

There is no law that only cares about girls and young women. The law is provided benefit for general population. Moreover, the law do not specify to any target groups.

Overall, what laws could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

In my opinion, the laws should be general if it is specific it will create stigma and discrimination to other type of people. The laws should be created in a multisectoral response manner. Involvement of girls, young women and women in laws development is very important but we should adapt depend on the real situation, behavior, context and traditional of Cambodia.

The government is not care much about the people’s health but they just care about their political parties work. Human resources is important for the country development.

Prevention component 2: Policy provision:

What type of government policies or protocols – for example in relation to antenatal care, condoms or voluntary counseling and testing – make HIV prevention for girls and young people in Cambodia better or worse?

The Ministry of Health created a VCCT guideline for implementation but it still general and some ministries focuses on gender issues that make HIV prevention for girls and young women is better.

Do girls and young women – and also boys and young men – receive any type of official sex education? For example, what are they taught about their sexual and reproductive health and rights while in school?

Girls and young women and also boys and young men received limited knowledge and education that related to sex education, life skills and reproductive health in school. The education on sex and reproductive health is to general and broad with limited time. However, under the financial support from DFID, the Ministry of Education sub-contracted to NGOs to integrate HIV/AIDS life skills and reproductive health in school. This program is integrated in 11 provinces from grade 5 to 6 and grade 9 – 12. 50% of school in each province will be covered. It means that if Kandal province has 12 school at least 6 school will be integrated the HIV/AIDS life skills. The Ministry of Education felt that girls are too young to get sex education.

It was invited by FM 102 to talk on line about sex and reproductive heath. A man called in said that, “I never allow my daughter to know about sex and reproductive health even if she studies at high school or colleague. If my daughter wants to by VCD I will check first or have consent from me otherwise, she is not allowed to do so”.

Overall, what policies or protocols could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

The government has developed a millennium development goal from 2010 – 2015 that has allowed girls to receive education at least grade 9 in the school. The millennium development goal is also promoted the maternal mortality rate. The ministry has developed their own strategy but the there is no clear guidelines for people to implement. Usually, the government created a lot of policies and guidelines but there are no tools or materials to measure to what extent this policies and guidelines have been achieved and
the way it achieve its wanted goals. So far, there is also no research based on a scientific study. Therefore, the government lack of information to make decision on something.

Prevention components 3: Availability of services:

What type and scale of HIV prevention services are available for girls and young women in Cambodia? For example, to what extent is it possible for them to get:

- Male and female condom?
- Information and treatment for sexually transmitted infections (STIs)?
- Voluntary counseling and testing?
- Antiretroviral drugs (for infants, children and adults)?
- Services and antiretroviral drugs to prevent transmission of HIV from an HIV positive mother to her children?

The HIV prevention services for girls and young women are still limited and not enough. 100% condom use is focused only for sex workers and STIs clinic is not enough for girls and young women to get the services. Health centers placed condom in a public places that girls and young women can not get it because they afraid someone will see her. Women condom is not available for girls and young women. UNFPA is working on it to make the women condom available for women. PSI distributed women condom to sex workers to use with their clients who refused to wear condom but it has negative results it look frighten and when have sex is too noisy. PMTCT is not easy for girls and young women to access.

What type and scale of HIV prevention services are available for particular types of girls and young women? For example what services are there for those who are:

- Unmarried?
- Out of school?
- Involved in sex work?
- Orphaned?
- Injecting drug users?
- Migrants?
- Refugees?
- HIV positive?

There is no particular type of girls and young women HIV prevention services. There shouldn’t have the separate services for only girls and young women because it is sigma and discrimination to other type of people. Moreover, it wastes of time and money.

What type and extent of HIV prevention services and information are available for boys and young men? How does this affect the situation for girls and young women?

There are some services available for general population but girls and young women also can access these services that are includes:

- VCCTe
- 100% condom use
- STIs services provided by NGOs and government
- IEC/BCC is also available for girls and young to receive through NGOs and government

There are a lot of efforts from the donors, government and NGOs to provide HIV/AIDS education and prevention to general population. However, the coverage area is still limited especially in the remote area where most girls and young women can not access due to poverty condition.

Overall, what type of services most urgently need to be increased to improve HIV prevention for girls and young women?

HIV prevention services and information are available at Heath Center but the doctor or health care provider is ignored to girls and young women that they also need treatment and consultation from them. The government should initiate a service for girls and young women through integrating in their exiting services and the doctors should aware that girls and young women’s felling of confidentially and privacy.

Prevention component 4: Accessibility of services:

What are the main barriers to girls and young women using HIV prevention services in Cambodia? For example, is it:
The cost of the services?
The location of the services?
The lack of privacy at the services?
The hours that the services are open?
The language that the services use?
The attitudes of the staff that run the services?
Fear that confidentiality will be breached by the services?
The attitudes of parents or friends?

Cultural norms, for example that prioritise the health of boys over the health of girls?

There are barriers to girls and young women using HIV prevention services in Cambodia related to the location between their houses and the services. Lack of privacy and confidentiality is also the main problems that discourage girls and young women to access the services. When girls and young women enter into the health center or hospital they already afraid of someone could see them. People might say that these girls are young why come to see the doctor or health care providers. Khmer culture assumes that a girl is as a white cloth.

The hours that services are open is also very short time and sometime the health providers close their office early to make other business due to salary is too low.

Are HIV prevention services easier or harder for particular types of girls and young women to access? For example, is it easier or harder if they are:
- Married or unmarried?
- In school or out of school?
- HIV positive?

Girls and young women to access HIV prevention services is harder especially, unmarried girls and young women and HIV positive because they are very shy and do not dare to talk openly about reproductive health, sex and HIV/AIDS.

A lot of information sharing regarding HIV prevention services to the people but we do not know how much they use all these knowledge for safety because it depend on the knowledge, attitude and practice of that person.

For Khmer culture, if the girls and young women are talking about sex they assume that the girls is bad girls. "I invited a girl to attend the HIV education but she refused and said that girls should not listen to sex education and pornography picture or video but in fact, she wants to know and listen". Khmer women have put themselves in the box.

What role do boys and young men have in making HIV prevention services easier and better for girls and young women?

Involvement of boys and men is very important. Moreover, boys and men have to responsible to what they have done or committed. At the same time, we should train girls and young women to account for what they have done or committed also. Critical thinking should be trained to boys and young men. Mostly in Cambodia, men always dominate to women.

Overall, what priority actions could be taken to make HIV prevention services more accessible to girls and young women?

Information sharing regarding HIV prevention services should be disseminated to the rural area and VCCT should be expanded to all over the country so that girls and young women can access easily. IEC/BCC materials should develop and share to the community.

Prevention component 5: Participation and rights:

How are international commitments (such as the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women) applied in Cambodia?

International commitments have been implemented in Cambodia but still lack of laws implementation that should be enforced. So far, there is no tools and research conducted to proof the evidence of any changes.
To what extent is the national response to AIDS "rights-based"? For example, does the National AIDS Policy recognize and address the sexual and reproductive health rights of women living with HIV?

The government has accepted and recognized the rights of the people especially PLHIV however, the implementation of the rights is still limited.

To what extent are girls and young women-including those that are living with HIV involved in decision-making about AIDS at the national level? For example are they, or the organizations that present them, involved in:
- Developing the National AIDS Plan?
- Participating in the National AIDS Committee or the Country Coordinating Mechanism for the Global Fund to Fight AIDS, Tuberculosis and Malaria?

Girls and young women who are living with HIV has involved in the decision making about AIDS at the national level but there is not any decision making for girls and young women at the provincial, district and commune levels.

Overall, what priority actions could be taken to support girls and young women to be more involved in national level decision-making about AIDS?

The priority actions that could be taken to support girls and young women include:
- Enable girls and young women to get job through providing vocational training and also find a market for them when the products is produces or made.
- Set up a PLHIV network from the top to the lower levels that include national assembly members, government officers.

Summary:
In summary, what are the 3-4 key actions – for example by the government, donors or community leaders – that would bring the biggest improvements to HIV prevention for girls and young women in Cambodia?

In February 2002, Cambodia took a major step towards political decentralization by organizing the election of 1,621 commune councils. These councils represent the beginning of the Royal Government's decentralization reform. Under the law on the Administration and management of Communes, a commune council is a body elected to present the citizen in its commune and to serve their general interests. Therefore, we should work with them because they are the representative of the people. We can scale up HIV prevention for girls and young women in Cambodia through commune council so that this program can be succeed with sustainability.

**One-to-one interview: Programme Officer, Intergovernmental Agency**

Please note that the Programme Officer has answered to the questions that she most familiar with and in more detail. The Programme Officer has only just arrived in Cambodia and she is trying to understand all the issues.

**General:**

What is your impression about the general situation of HIV prevention for girls and young women in Cambodia? Are things getting better or worse ... and why?

In general the situation of HIV prevention for girls and young women in Cambodia is better. However, the HIV transmission from husband to wife is still difficult to cope with. In Cambodia, if the wife asks her husband to use condom her husband will complaint to their wife that the wife didn’t honest to them.
Prevention component 1: Legal provision:

In your opinion, what laws in Cambodia are making HIV prevention for girls and young women better or worse? For example, what difference is made by legislation relating to issues such as:

- Whether girls can get married at an early age?
- Whether sex work is legal?
- Whether girls or young women can have abortions?
- Whether girls and young women can use sexual and reproductive health services without their parents' consent?

N/A

How does legislation affect different types of girls and young women and their vulnerability to HIV? For example how does its effects vary among those that are:

- In/out of school?
- Married/unmarried?
- In rural/urban areas?
- Living with HIV?
- From marginalised groups (such as sex workers, migrants or orphans)?

N/A

Overall, what laws could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

N/A

Prevention component 2: Policy provision:

What type of government policies or protocols – for example in relation to antenatal care, condoms or voluntary counseling and testing – make HIV prevention for girls and young people in Cambodia better or worse?

N/A

Do girls and young women – and also boys and young men – receive any type of official sex education? For example, what are they taught about their sexual and reproductive health and rights while in school?

N/A

Overall, what policies or protocols could the government change, abolish or introduce to bring the greatest improvements to HIV prevention for girls and young women?

N/A

Prevention components 3: Availability of services:

What type and scale of HIV prevention services are available for girls and young women in Cambodia? For example, to what extent is it possible for them to get:

- Male and female condom?
- Information and treatment for sexually transmitted infections (STIs)?
- Voluntary counseling and testing?
- Antiretroviral drugs (for infants, children and adults)?
- Services and antiretroviral drugs to prevent transmission of HIV from an HIV positive mother to her children

N/A

What type and scale of HIV prevention services are available for particular types of girls and young women? For example what services are there for those who are:

- Unmarried?
- Out of school?
- Involved in sex work?
- Orphaned?
- Injecting drug users?
- Migrants?
- Refugees?
- HIV positive?

N/A

What type and extent of HIV prevention services and information are available for boys and young men? How does this affect the situation for girls and young women?

N/A

Overall, what type of services most urgently need to be increased to improve HIV prevention for girls and young women?

N/A

**Prevention component 4: Accessibility of services:**
What are the main barriers to girls and young women using HIV prevention services in Cambodia? For example, is it:
- The cost of the services?
- The location of the services?
- The lack of privacy at the services?
- The hours that the services are open?
- The language that the services use?
- The attitudes of the staff that run the services?
- Fear that confidentiality will be breached by the services?
- The attitudes of parents or friends?
- Cultural norms, for example that prioritise the health of boys over the health of girls?

N/A

Are HIV prevention services easier or harder for particular types of girls and young women to access? For example, is it easier or harder if they are:
- Married or unmarried?
- In school or out of school?
- HIV positive?

N/A

What role do boys and young men have in making HIV prevention services easier and better for girls and young women?

N/A

Overall, what priority actions could be taken to make HIV prevention services more accessible to girls and young women?

N/A

**Prevention component 5: Participation and rights:**

How are international commitments (such as the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women) applied in Cambodia?

Katy suggested us to contact Ms. Prok Vanny, CEDAW National Coordinator through email: vanny@unifem-eseasia.org. She would know more in this particular question.

To what extent is the national response to AIDS “rights-based”? For example, does the National AIDS Policy recognize and address the sexual and reproductive health rights of women living with HIV?

On the paper look very good but the implementation of the rights-based should be enforced. The National AIDS Authority is recognized the gender based and women rights but if you look more detail in the plan there is not clear.
To what extent are girls and young women—including those that are living with HIV involved in decision-making about AIDS at the national level? For example are they, or the organizations that present them, involved in:

- Developing the National AIDS Plan?
- Participating in the National AIDS Committee or the Country Coordinating Mechanism for the Global Fund to Fight AIDS, Tuberculosis and Malaria?

Although there has been improvement in the degree of participation, greater efforts need to be taken to ensure that girls and young women living with and directly affected by HIV can engage meaningfully in these decision-making processes. It is not enough just to have women at these meetings but they must be encouraged and empowered to fully participate. At the same time, women’s groups and networks would benefit from a collective advocacy platform/agenda. This would make it easier for organizations like the National AIDS Authority and the CCM to identify representatives to invite and include from the relevant women’s organizations.

Overall, what priority actions could be taken to support girls and young women to be more involved in national level decision-making about AIDS?

Greater efforts should be taken to strengthen the national and provincial leadership of Cambodia’s positive women’s groups and networks. As part of this, it could be useful if some sort of common platform for action was developed that highlighted consensus priority areas - both among women’s groups/organizations working on HIV issues and among stakeholders. As part of this platform for action, key actions areas and activities on areas such as policy advocacy and improved representation in decision-making forums, should be identified.

Summary:
In summary, what are the 3-4 key actions – for example by the government, donors or community leaders – that would bring the biggest improvements to HIV prevention for girls and young women in Cambodia?

From my own limited experience of working on women and HIV issues in Cambodia and given my particular area of focus (i.e., working with groups and networks of HIV positive women), I would see the following as key actions towards improving HIV prevention for girls and young women in Cambodia:

1. Need to work more closely with men to address cultural perceptions and attitudes especially in the context of power relations between couples, in light of spousal transmission in Cambodia;
2. Need to empower and strengthen the collective voice of positive women’s networks so that they can advocate for change at the national level;