RECOMMENDATIONS

Based on this Report Card, a number of programmatic, policy and funding actions are recommended to enhance HIV prevention for girls and young women in Cambodia. Key stakeholders – including government, relevant intergovernmental and non-governmental organisations, and donors – should consider the following:

Policy and Legal Issues

1. Review and strengthen Cambodia's action in the light of the **Political Declaration on HIV/AIDS** from the 2 June 2006 High-Level Meeting (to follow up on UNGASS) particularly those areas that relate to HIV prevention for girls and young women. These include sections: 7, 8, 11, 15, 21, 22, 26, 27, 29, 30, 31 and 34.
2. Complement the **Law on the Prevention and Control of HIV/AIDS** by developing and implementing a comprehensive package of policies and guidelines to ensure that its 'good practice' is put into action.
3. Utilize existing legislation, such as the Laws on the **Prevention of Domestic Violence** and the Protection of Victims, to raise awareness within all levels of society about the negative impact of gender-based violence and to support girls and young women to take appropriate legal action. Ensure that the relevant structures and systems are also **conducive to women reporting** domestic violence cases.

Availability of Services

4. Scale up universal **access to antiretroviral therapy**. Ensure that, to complement the provision of free drugs, people living with HIV are supported to meet any 'hidden' costs, for example for transport to health centres. Also ensure that girls and women living with HIV can receive treatment in an environment that not only addresses their HIV status, but recognises their needs relating to their gender and age.
5. Develop clear guidelines and information materials in relation to **positive prevention** (prevention for, and with, people living with HIV) and ensure that they are disseminated widely, including through health professionals and support groups for people living with HIV. Ensure that this information addresses concerns around side effects, second line treatment, and resistance to the drugs.
6. Integrate life skills, sexual and reproductive health and HIV and AIDS education into the **curricula of all schools** in **all provinces**. Ensure that this is backed-up with appropriate training to ensure that those facilitating sessions have the appropriate knowledge, attitudes and confidence to convey the information.
7. Increase **awareness and availability of female condoms**. Also, implement measures to ensure that both male and female condoms are accessible to girls and young women in a discrete manner, for example in the toilets of health outlets rather than just public areas.

Access to Services

8. Introduce more targeted, and integrated, projects and services that **address the specific sexual and reproductive health and HIV and AIDS needs** of girls and young women, rather than the general population. This should include initiatives to address the specific and often neglected needs of those that are **marginalised**, such as migrant women workers, injecting drug users and sex workers.
9. Proactively address stigmatising and gender-insensitive **attitudes among health care workers**, particularly those that are male. Systematically incorporate HIV and AIDS information and youth-friendly approaches into their training and take strong action against those that act unethically, for example by breaching confidentiality.
10. Raise awareness, including among parents and traditional leaders, about the validity and importance of girls and young women being **empowered to protect themselves** from HIV infection. Support this by emphasising methodologies such as **peer education** that enable girls and young women to overcome their shyness about issues relating to sex and to build mutual support and access services.
11. Ensure that all sexual and reproductive health and HIV and AIDS programmes, whatever their audience or context, place particular emphasis on:
    - Building awareness and action on **equitable gender relations**, for example by addressing harmful gender 'norms', such as the acceptance of men having multiple sexual partners and being the sole decisionmakers.
    - Promoting the **involvement of boys/young men** and enabling dialogue about sex and HIV and AIDS between them and girls/young women.
    - Going beyond awareness raising and **building practical skills**, for example in relation to negotiation, active listening and conflict resolution.
    - Addressing the underlying contributors to **girls' and young women's vulnerability**, by promoting income generating activities and opportunities to continue in education or vocational skills training.

Participation and rights

12. Facilitate the **participation of girls and young women**, particularly those living with HIV, in local and national planning and programming relating to HIV and AIDS at all levels. Do this by working from the grassroots up, starting with bodies such as Commune Councils and women's groups and reaching national decision-making bodies. Support this process by ensuring capacity building to improve co-ordination among these groups, and enhance girls' and young women's skills and confidence in areas such as advocacy and leadership.
13. **Work with boys and men** to improve their health seeking behavior, challenge attitudes and reduce the transmission of HIV and STIs to their regular partners.

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REPORT CARD
HIV PREVENTION FOR GIRLS AND YOUNG WOMEN

CAMBODIA

COUNTRY CONTEXT:

Size of population:	**13,881,427**[1]
Life expectancy at birth:	**59.29 years**[2]
Percentage of population under 15 years:	**35.6%**[3]
Population below income poverty line of $1 per day:	**40%**[4]
Female youth literacy rate (ages 15-24):	**78.9%**[5]
Youth literacy rate (female rate as % of male rate, ages 15-24)[i] between 1995-1999:	**90%**[6]
Median age at first marriage for women (ages 25-49) in 2000:	**20**[7]
Median age at first sex among females (ages 15-24)[ii] in 2000:	**19.9**[8]
Median age at first sex among males (ages 15-24) in 2005:	**19**[9]
Health expenditure per capita per year:	**$14.9**[10]
Contraceptive prevalence rate[iii]:	**27%**[11]
Fertility rate in 2005:	**3.44**[12]
Maternal mortality rate per 100,000 live births:	**437**[13]
Main ethnic groups: Khmer 90% | Vietnamese 5% | Chinese 1% | other 4%[14]	
Main religions: Roman Theravada Buddhist 95% | other 5%[15]	
Main languages: Khmer (official) 95% | French | English[16]	

AIDS CONTEXT:

Adult HIV prevalence rate in 2003:	**1.9%**[17]
HIV prevalence rate in females (ages 15-24) in 2005:	**0.36%**[18]
Number of deaths due to AIDS in 2005:	**16,000**[19]
HIV prevalence among female sex workers (Phnom Penh) in 2000:	**26.3**[19a]
Estimated number of orphans (ages 0-17) in 2002:	**55,000**[19b]

HIV PREVENTION FOR GIRLS AND YOUNG WOMEN CONTEXT:

Data indicates that HIV prevalence is decreasing among adults in general[20] and some specific groups of females, such as younger sex workers.[21] However, the epidemic is disproportionately affecting girls and young women. Females are now almost four times more likely than males to become newly infected with HIV, with approximately 42% of such cases among monogamous women.[22] Also, one third of new infections are occurring from mother to child, with prevalence highest among younger mothers.[23]

The many factors that increase girls' and young womens' vulnerability include traditional gender roles, gender inequities in education, gender-based violence and strong cultural taboos about discussing sex.[24] They also include a lack of economic opportunities (that contribute to girls and young women migrating for work and/or becoming involved in sex work) and multiple partnerships (with 26.3% of males aged 15-24 having had sex with a casual partner in the past 12 months).[25]

INTRODUCTION

THIS REPORT CARD AIMS TO PROVIDE A SUMMARY OF HIV PREVENTION FOR GIRLS AND YOUNG WOMEN IN CAMBODIA.

This Report Card is one in a series produced by the International Planned Parenthood Federation (IPPF), under the umbrella of the Global Coalition on Women and AIDS, and with the support of the United Nations Population Fund (UNFPA) and Young Positives.

The Report Card is an **advocacy tool**. It aims to increase and improve the programmatic, policy and funding actions taken on HIV prevention for girls and young women in Cambodia. Its key audiences are **national, regional and international policy and decision-makers, and service providers**. It builds on global policy commitments, particularly those outlined in the Political Declaration on HIV/AIDS from the 2 June 2006 High-Level Meeting, to follow up on the United Nations General Assembly Special Session on AIDS (UNGASS).

The Report Card summarizes the **current situation of HIV prevention strategies and services for girls and young women ages 15-24 years in Cambodia**. It contains an analysis of five key components that influence HIV prevention, namely:

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

It also provides **recommendations** for key stakeholders to enhance action on HIV prevention strategies and services for girls and young women in Cambodia.

The Report Card is the basis of extensive research carried out during 2006 by IPPF, involving both desk research on published data and reports, and in-country research in Cambodia to provide more qualitative information. This research is detailed in full within a 'Research Dossier on HIV Prevention for Girls and Young Women in Cambodia' (available on request from IPPF).

1» PREVENTION COMPONENT 1 LEGAL PROVISION (NATIONAL LAWS, REGULATIONS, ETC)

KEY POINTS:

- According to the Marriage and Family Law, the minimum **legal age for marriage** is 18 years for females. However, there is strong social pressure to marry at a young age, with some girls marrying at 15 years. Nevertheless, the average age of marriage in Cambodia is 20 years.[26]
- **Informed consent** from a guardian is required for a minor to have an **HIV test**, although there is some uncertainty as to the exact definition of a 'minor.' Meanwhile, the Law on the Prevention and Control of HIVAIDS (2002) commits to confidentiality in HIV services, including testing.[27]
- Prior to 1997 **abortion** was legal only for saving the life of the woman. Today, abortion is legal and offered without restriction in the first trimester (up to 12 weeks). In the second and third trimester, abortion is only granted if diagnosis shows that the pregnancy is abnormal (i.e. if the baby is growing abnormally and is a risk to the woman's life), if after birth the child will have a serious **incurable disease (including HIV/AIDS)**, or if a woman has been raped. If someone is under 18 years old, abortion is dependent on a request from the person and their parents or guardian.[28]
- **Mandatory** HIV testing is prohibited.[29]
- The Laws on the Prevention of Domestic Violence and the Protection of Victims were passed in 2005. They provide a broad definition of domestic violence that covers all people living in the same house. Degrees of protection against **gender-based violence** are also provided under other legislation, including the Constitution (which commits to the Rights of the Child and outlines the right to life, personal freedom and security). But there are concerns about the speed and efficiency with which relevant legislation is enacted, particularly at the community level. Moreover, the upholders of the law (judiciary, courts and police) are often not sensitised on this law, and are sometimes the perpetrators of the crimes committed.[30]
- The **Law on the Prevention and Control of HIV/AIDS:**
  - promotes multisectoral action to raise nationwide awareness, prohibit discrimination, promote universal precautions, address the determinants of the epidemic, promote the role and involvement of people living with HIV and mainstream HIV and AIDS programmes into national development.[31]
  - commits to organising special educational programmes on HIV and AIDS to **target teenage girls** and womenheaded households.[32]
  - promotes the full range of **rights of people living with, or suspected of living with, HIV.** It prohibits discrimination against them and their families in the workplace, health institutions, community, educational settings.[33]
  - endorses the principles of harm reduction for injecting drug use – a practice that appears to be increasing.[35]
- **Sex work** is illegal (but) sex workers are permitted to organise themselves. A recent mapping of sex workers in Cambodia by the National Centre for HIV/AIDS, Dermatology and STDs (NCHADS) estimates that there are around a total of 30,000 sex workers in the country, 35% of whom are under 18 years. In addition, the number of brothel-based sex workers has decreased notably from 6,000 in 1997 to about 3,000 in 2006. It is estimated, however, that the number of women who are **working in the entertainment business** (none brothel-based sex workers) was up to nearly 10,000 at the end of 2006.[34]

QUOTES AND ISSUES:

- "Girls and young women are often **forced by their parents to get married** at an early age and there is no law enforcement." (Interview, representative, international agency, Phnom Penh, October 2006)
- "***Marriage under age*** *is normal in the rural areas."* (Focus group discussion with girls and young women, Phnom Penh, September 2006)
- "Penalties should be applied for everyone who commits domestic violence and human trafficking. **Law enforcement** is very important in order for people to comply." (Interview, Coordinator, group supporting people living with HIV, Phnom Penh, September 2006)
- *"If there is **domestic violence** in a family, the wife always keeps quiet and patient for at least 5 to 10 years before she decides to divorce or separate."* (Interview, representative, international agency, Phnom Penh, October 2006)
- "If the **laws do not work well**, girls and young women will be in more danger and be more vulnerable to HIV. So far, the perpetrators always run away from sentencing if they are able to pay. The victims remain stigmatised, resulting in injustice. Moreover, the **structures and systems are not conducive** to women reporting cases, and even where they have reported nothing is done to the perpetrators." (Interview, Programme Officer, international NGO, Phnom Penh, September 2006)
- *"The Ministry of Women's Affairs has promoted laws that enable women to play a significant role in society… but it **needs to develop guidelines** so that girls and young women can more easily understand, reinforce and implement them."* (Interview, Advisor, international agency, Phnom Penh, October 2006)
- "We need to debate with policymakers to **revise the law to benefit and target specific groups** of girls and women." (Interview, Director, sexual and reproductive health organization, Phnom Penh, October 2006)

2» PREVENTION COMPONENT 2 POLICY PROVISION (NATIONAL POLICIES, PROTOCOLS, GUIDELINES, ETC)

KEY POINTS:

- The National Strategic Plan for a Comprehensive and Multisectoral Response to HIV/AIDS (2006-2010):
  - addresses the **full continuum of strategies**, including prevention, care, support and treatment.[36]
  - includes **gender equity** and **empowerment** (especially of women and youth) among its guiding principles. It also commits to expanding **interventions targeting young people**, including peer education and youth friendly centres.[37]
  - emphasises developing an enabling environment for **HIV prevention**. Its commitments include increasing and improving access to **condoms, prevention of mother to child transmission** and **voluntary counselling and testing** (including childcentred services).[38]
  - commits to action among members of **marginalised groups** (including those that are young). In particular, it emphasises support for sex workers and harm reduction strategies for injecting drug users (including peer education and syringes).[39]
  - **includes human rights and the involvement of people living with HIV** in its guiding principles.[41]
- The Ministry of Health has recognized adolescent sexual and reproductive health as a critical emerging health issue in Cambodia. In order to respond to these concerns the National Reproductive Health Program within the Ministry of Health formed a Technical Working Group to develop **National Standard Guidelines for Adolescent/Youth Friendly Sexual Reproductive Health Services** (focusing on clinical areas). These guidelines are expected to be finalized in early 2007.[40]
- The Ministry of Women's Affairs has developed a **policy on Women, the Girl Child and HIV/AIDS and STI's**. However, there is concern about whether it is specific enough or being fully implemented.[42]
- The government has produced **national guidelines on the use of antiretroviral therapy** for adults, adolescents and children.[43]
- Supported by the Law on the Prevention and Control of HIV - commits to increasing the **coverage and quality of preventive education** for in and out-of-school young people, including by implementing a Life Skills curriculum, peer education programmes and teacher training. The Ministry of Health has sub-contracted NGOs to carry out much of this work. In addition, the Ministry of Education, Youth and Sport also has a program to **mainstream HIV/AIDS in the educational process** of in and out-of school children. However, there is concern that not all schools are involved in these programmes, teachers lack capacity and sessions are too general and short. [44]
- **The National Population Policy (2004)** promotes reproductive rights. It aims to contribute to gender equality and strengthen HIV prevention efforts.[45]
- At present, while a limited number of **government strategies and policies make reference to men,** implementing partners do not necessarily operationalize or implement these documents. One way to ensure that policy implementation contributes to the full and effective involvement of men in reproductive health issues is to develop clear male involvement guidelines.[46]
- Some key data (such as HIV prevalence) is **disaggregated by age and gender.** This facilitates analysis of how the HIV and AIDS context, and its impacts on girls and young women, is changing.[47]

QUOTES AND ISSUES:

- "The **National Strategic Plan** is making HIV prevention for girls and young people better because the **number of voluntary counselling and testing centres is increasing**, the provision of condoms is better…. and young people are able to use services in their community." (Interview, Programme Officer, international NGO, Phnom Penh, September 2006)
- *"The government has created a lot of policies and guidelines, but there are **no tools or materials to measure the extent to which they have been achieved**…. There is also no research based on scientific study…. Therefore, the government lacks information to make decisions on some areas."* (Interview, representative, international agency, Phnom Penh, October 2006)
- *"Stakeholders should **develop guidelines for youth-friendly services** and then apply them in all health clinics."* (Interview, Director, sexual and reproductive health organization, Phnom Penh, October 2006)
- "To bring the greatest improvement to HIV prevention for girls and young women, the government should **enforce the HIV and AIDS workplace policy** and promote operational guidelines to encourage the involvement of all sectors." (Interview, Director, sexual and reproductive health organization, Phnom Penh, October 2006)
- *"Clear guidelines on **positive prevention** should be developed and spread out to reach communities."* (Interview, Programme Officer, international NGO, Phnom Penh, September 2006)
- "Basic knowledge on HIV transmission is integrated into the **school curriculum**…. But there is no education on reproductive health taught in schools." (Focus group discussion with girls and young women, Phnom Penh, September 2006)
- "*At school, teachers **don't teach girls how they can use their rights** to access information and use services."* (Interview, Programme Officer, international NGO, Phnom Penh, September 2006)

3» PREVENTION COMPONENT 3 AVAILABILITY OF SERVICES (NUMBER OF PROGRAMMES, SCALE, RANGE, ETC)

KEY POINTS:

- There are a variety of both government and NGO **sexual and reproductive health outlets**. For example, the Reproductive Health Association of Cambodia has seven clinics and seven health posts, focusing on providing youth-friendly information and cost-effective services (such as antenatal care, rape victim support and post abortion care) for 12-25 year olds.[48]
- **Voluntary counselling and testing** is available at government hospitals, referral hospitals, health centres, NGOs and private clinics, with 110 sites as of December 2005. But there is concern that, despite being free, young people are not widely using public sector services.[49]
- **Male condoms** are available at a variety of government, NGO and commercial outlets (such as pharmacies), although there are, however, sometimes concerns over the quality of supplies. A 100% condom use project covers 22 provinces and focuses on sex workers. However, female condoms are not widely available.[50]
- As of December 2005, 28 facilities were providing **prevention of mother-to-child transmission**.[51]
- As of December 2005, there were 32 sites in 6 provinces providing **antiretrovirals**. Some 12,396 people, including 1,071 children, were receiving the drugs – about half of the total number of those eligible for therapy. Females accounted for 48% of all recipients.[52]
- As of 2005, there were 466 support **groups for people living with HIV**, covering almost all the provinces. A 'friends help friends' model promotes regular community meetings with health workers to provide support in areas such as treatment adherence and prevention.[53]
- The government, donors, NGOs, and civil society organizations are currently working to find ways to contribute to integration approaches to HIV Prevention. There is a need, however, to create **more conducive options for young women and girls** and provide information to this group on accessing services.[54]
- There is a range of **HIV prevention services** provided by the government and NGOs in communities, including voluntary counselling and testing and condom distribution. However, programmes tend to focus on the general public, with few specifically designed for young people or girls and young women.[55]
- Services are limited, but gradually increasing for some marginalized groups of girls and young women. For example, a number of NGOs provide needle and syringe exchange services for street children who are **injecting drug users**. Also, and the Women's Network for Unity promotes the rights of **sex workers**, while some government hospitals provide them with check-ups for sexually transmitted infections.[56]

QUOTES AND ISSUES:

- *"I've heard about the **female condom**, but I've never seen or used it."* (Focus group discussion with girls and young women, Phnom Penh, September 2006)
- "They can find [male] **condoms** at the pharmacy and health clinic for a low price. But it is **difficult for girls and young women to access them** because they are not brave enough and are scared of society seeing them in a negative way." (Interview, Director, sexual and reproductive health organization, Phnom Penh, October 2006)
- *"There is still **limited HIV prevention information reaching communities in remote areas**… Girls and young women there still confront a high risk of HIV infection because of poverty, poor conditions, migrating to the city to earn their living and having sex with those who have money."* (Interview, Coordinator, group supporting people living with HIV Phnom Penh, September 2006)
- "The government should **develop more projects for girls and boys to meet together** to discuss openly about HIV. This should be done by taking into consideration the cultural context and the fact that girls may fear to openly talk about sex issues with boys." (Focus group discussion with girls and young women, Phnom Penh, September 2006)
- *"Services are scaled up, but there is no **strategy to encourage girls and young women** to use them. And health providers and community workers lack the capacity to provide better information that is more girl-friendly."* (Interview, Director, sexual and reproductive health organization, Phnom Penh, October 2006)
- "HIV positive girls and young women sometimes don't understand what positive prevention is… The **information that is provided is not clear and makes people confused**." (Focus group discussion with girls and young women, held in Kandal, September 2006)
- *"**Young men** can sleep with non-marital partners, but, if they wish to marry, they expect their wife to be a virgin. To reduce risk and make HIV prevention services easier and better for girls and young women, **men have a role in reducing their sexual partners**."* (Interview, Director, sexual and reproductive health organization, Phnom Penh, October 2006)

4» PREVENTION COMPONENT 4 ACCESSIBILITY OF SERVICES (LOCATION, USER-FRIENDLINESS, AFFORDABILITY, ETC)

KEY POINTS:

- In practice, there are multiple **social, practical and economic barriers** to girls and young women accessing services, including:
  - Judgemental attitudes of families (especially parents and grandparents), community members and health workers.
  - Stigma associated with sex and HIV and AIDS.
  - Inadequate youth-friendly services.
  - Distance to services.
  - Unsuitable opening hours and long waiting times.
  - 'Double costs' for fees and transport.
  - Traditional gender norms and roles.

  Many of these barriers particularly affect girls and young women who are poor and/or live in rural areas.[57]
- Government **voluntary counselling and testing** services are free. But, despite this, there is concern that young people are not widely accessing them.[58]
- **Condoms** are accessible for free at some NGOs and government clinics or for a charge at pharmacies.[59]
- **Antiretroviral** therapy is available for free at some service sites. Some NGOs also cover people's costs for transportation.[60]
- There is concern regarding the **quality of the health services,** in terms of information provided to people living with HIV on side effects, second line treatment (which is very important for women), and resistance to the drugs. Many PLHIV are afraid of initiating ARV treatment given the **monopoly of information by the health service providers.** This situation is compounded in the case of women who have less access to education than men.[61]
- Some health providers receive **training in youth-friendly communication skills,** and how to use non-judgemental and confidential approaches when providing voluntary counselling and testing. This approach has been shown to improve service access and retention among young women and girls

QUOTES AND ISSUES:

- *"There is a need to **address stigma and discrimination** to enable women and girls to access services, otherwise the services may exist but will not be used due to stigma"* (International Agency, Phnom Penh, December 2006).
- "Program designers should **make an attractive program**, teaching about HIV prevention, but through contests, drama and role-play. By following these methods, there would be two advantages - **increasing the understanding of girls and young women** and reducing their shyness." (Focus group discussion with girls and young women, Kandal, September 2006)
- *"Poor girls and young women **don't have enough money to pay for travel** from their home to the services… and they also have to pay for the fees charged by the service providers."* (Interview, Coordinator, group supporting people living with HIV, Phnom Penh, September 2006)
- "**Before, the doctor used to be very friendly** towards me. But later they didn't welcome me - after they found out that I have HIV." (Focus group discussion with girls and young women, Kandal, September 2006)
- *"If girls and young women are **unmarried** and **young**, it is hard for them to use services - as people will think about them in a negative way, even though they didn't do anything wrong."* (Focus group discussion with girls and young women, Kandal, September 2006)
- "Health centres **place condoms in public places** where girls and young women cannot get them, as they are afraid of someone seeing them." (Interview, representative, international agency, Phnom Penh, October 2006)
- *"If girls or young women **ask their boyfriends to use a condom**, the boy will complain that the girl is not honest or does not love him."* (Focus group discussion with girls and young women, Phnom Penh, September 2006)
- "**Lack of confidentiality** is one of the main barriers for girls and young women. Some health care providers keep their file on the desk, so that someone passing by could see it." (Interview, Advisor, international agency, Phnom Penh, October 2006)
- *"If girls or boys are positive and want to **access antiretroviral drugs**, they have to go to the same place that older people go to."* (Focus group discussion with girls and young women, Phnom Penh, September 2006)
- "People living with HIV are likely to access services in Phnom Penh rather than their community due to the **limitations of knowledge and skills** in terms of antiretroviral therapy." (Focus group discussion with girls and young women, Phnom Penh, September 2006)

5» PREVENTION COMPONENT 5 PARTICIPATION AND RIGHTS (HUMAN RIGHTS, REPRESENTATION, ADVOCACY, PARTICIPATION IN DECISION-MAKING, ETC)

KEY POINTS:

- Cambodia signed both the **Convention on the Rights of the Child** and the **Convention on the Elimination of all Forms of Discrimination against Women** in 1992. It has not signed the **Convention on Consent Marriage, Minimum Age of Marriage and Registration of Marriages**.[63]
- The **National Strategic Plan on HIV/AIDS (2006 – 2010)** was developed through a consultative process, including with civil society. Its guiding principles include human rights, empowerment and community involvement.[64]
- At the national level, several NGOs and Ministries advocate for the **sexual and reproductive health needs of girls and young women** and/or the rights of young people. However, there can sometimes be a lack of opportunities and/or capacity for girls and young women to represent their own concerns.[65]
- Women are **still inadequately represented** in the national coordination structures, where policy and programmatic decisions are made. There is also a need to encourage and empower women to enable them to fully participate in these forums.[66]
- The **Cambodian People Living with HIV/AIDS Network (CPN+)** is reported to have 29,064, members in 2006, of which more than 19,762 are female. As such, women now represent more than two-thirds of all registered members in CPN+. The Network is open to all who wish to participate, although as members are affiliated as individuals, rather then PLHIV groups or associations, this may compromise their representational strength at the national and provincial levels. The initiatives of CNP+ include capacity building, for example to increase members' skills in advocacy and leadership.[67]
- The National Strategic Plan on HIV/AIDS (2006 – 2010) was informed by **consultations with people living with HIV.** Representatives of CPN+ also sit on the National AIDS Authority technical working groups and Country Coordinating Mechanism (of the Global Fund to Fight AIDS, Tuberculosis and Malaria). However, there are concerns about the extent to which the input of people living with HIV is valued and utilised.[68]

QUOTES AND ISSUES:

- "**International commitments** have been implemented in Cambodia, but there is still a **lack of laws to enforce that implementation**. So far, there are no tools and research to provide evidence of any changes." (Interview, Representative, international agency, Phnom Penh, October 2006)
- *"On paper, it looks very good. But the implementation of a **rights-based approach should be enforced**. The National AIDS Authority has recognized gender-based and women's rights, but, if you look in more detail, the plan is not clear."* (Interview, Programme Officer, international agency, Phnom Penh, October 2006)
- "The national level has encouraged [girls and young women] to be involved in policy development. But their **capacity is too low**. They just sit quietly and don't share any ideas." (Interview, Coordinator, group supporting people living with HIV, Phnom Penh, September 2006)
- *"Strategies should be developed to **enable girls and young women to participate** in commune, district and provincial level decision-making. Then, those inputs could be shared through Provincial AIDS Offices and Provincial AIDS Secretariat meetings and brought to the national level."* (Interview, Coordinator, group supporting people living with HIV, Phnom Penh, September 2006)
- "If you want advocacy on girls and young women, they should first **form a group, network or union** - so that they can represent their own voice more effectively than somebody else doing it. There is a strong need to **improve the coordination within women groups**, to form strong representative networks through which their interests and voices could be heard." (Interview, Director, sexual and reproductive health organization, Phnom Penh, October 2006)
- *The Ministry of Women and National AIDS Authority should develop **guidelines for girls' and young women's participation** in national SRH and HIV decision-making structures."* (Interview, Director, sexual and reproductive health organization)
- "The government has recognized the **rights of people living with HIV**. However, implementation of those rights is still limited." (Interview, Representative, international agency, Phnom Penh, October 2006)
- *"People do not provide chances for people living with HIV [to get involved] and don't build their capacity. They think that people living with HIV lack ability, but I don't think so. There is is need, therefore, to **give more PLHIV the chance to speak and participate** at the national and provincial levels , in addition to the few individuals at the moment."* (Interview, Programme Officer, international NGO, Phnom Penh, September 2006)
- *"There is a need **to have role models from the region** to motivate women and girls in Cambodia as well as exposure to other brave women in the region who have gone through similar experiences."* (International Agency, Phnom Penh, December 2006).

REFERENCES

[i] The percentage of people ages 15-24 who can, with understanding, both read and write a short, simple statement about their everyday life.
[ii] The age by which one half of young women ages 25-29 have had penetrative sex (median age).
[iii] The percentage of married women in union ages 15-49 who are using, or whose partners are using, any form of contraception, whether modern or traditional.
[1] Estimates 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., 2005, The World Factbook (1 June, 2006) – Cambodia,.
[2] 2006 est. CIA, The World Factbook (1 June 2006) – Cambodia,.
[3] CIA World Factbook (1 June 2006) – Cambodia.
[4] 2004 est. CIA, The World Factbook – 1 June 2006, Cambodia.
[5] 1995-2003, UNDP (2005) Human Development Reports 2005: Cambodia.
[6] Estimate produced by UNESCO Institute for Statistics in July 2002. UNDP (2005) Human Development Reports 2005: Cambodia.
[7] Measure Demographic and Health Surveys, Cambodia 2000 Final Report – Chapter 8 - Other Proximate Determinants of Fertility (website).
[8] Measure Demographic and Health Surveys, Cambodia 2000 Final Report – Chapter 8 - Other Proximate Determinants of Fertility (website).
[9] UNAIDS- National AIDS Authority of Cambodia, United Nations General Assembly Special Session on HIV/AIDS Monitoring the Declaration of Commitment January 2004 – December 2005
[10] World Health Organisation, World Health Report 2004.
[11] Kingdom of Cambodia, Cambodia Demograhic and Health Survey 2005, Preliminary Report.
[12] CIA World Factbook (1 June 2006) – Cambodia
[13] Kingdom of Cambodia, National institute of Statistics, and ORC Marco, USA, Cambodia Demograhic and Health Survey 2000, Preliminary Report.
[14] CIA The World Factbook (1 June 2006) – Cambodia,.
[15] CIA, The World Factbook (1 June 2006) – Cambodia.
[16] CIA, The World Factbook (1June 2006) – Cambodia
[17] Ministry of Health, National Centre for HIV/AIDS, Dermatology and STDs, HIV Sentinel Surveillance in Cambodia, 2003.
[18] UNAIDS- National AIDS Authority of Cambodia, United Nations General Assembly Special Session on HIV/AIDS Monitoring the Declaration of Commitment
[19] UNAIDS (2006) 2006 Report on the Global AIDS Epidemic.
[19a] UNAIDS (2006) Report on the Global AIDS Epidemic
[19b] UNAIDS (2002) Report on the Global AIDS Epidemic
[20] National AIDS Authority, Royal Government of Cambodia (November 2005), National Strategic Plan for a Comprehensive and Multisectoral Response to HIV/AIDS 2006-2010.
[21] UNAIDS, Country Situational Analysis, Cambodia (website).
[22] National AIDS Authority, Royal Government of Cambodia (November 2005), National Strategic Plan for a Comprehensive and Multisectoral Response to HIV/AIDS 2006-2010.
[23] UNAIDS- National AIDS Authority of Cambodia, United Nations General Assembly Special Session on HIV/AIDS Monitoring the Declaration of Commitment January 2004 – December 2005.
[24] Graham Fordham, PhD Consulting Anthropologist (January 2003) POLICY Project, Adolescent Reproductive Health in Cambodia Status, Policies, Programs and Issues
[25] UNAIDS, Country Situational Analysis, Cambodia (website).
[26] United Nations- CCPR/C/SR.1760 25 October 1999 (Summary Record). Graham Fordham, PhD Consulting Anthropologist (January 2003) POLICY Project, Adolescent Reproductive Health in Cambodia Status, Policies, Programs and Issues Kingdom of Cambodia, National institute of Statistics, and ORC Marco, USA, Cambodia Demograhic and Health Survey 2000, Preliminary Report.
[27] Cambodia Law on the Prevention and Control of HIVAIDS (2003). LICADHO – Cambodian League for the Promotion and Defence of Human Rights (2001), Rape and Indecent Assault in Cambodia.
[28] Cambodia, Kram on Abortion, 12 November 1997 – Harvard Annual Law Review 2001. Graham Fordham, PhD Consulting Anthropologist (January 2003) POLICY Project, Adolescent Reproductive Health in Cambodia Status, Policies, Programs and Issues. Policy Project/USAID (January 2003), Adolescent and Youth Reproductive Health in Cambodia: Status, Issues, Policies and Programs. Communication from UNFPA Country Office, Cambodia, December 2006
[29] Prom P, Chea CK, Sok P, Kaeoun C, Voluntary Counselling and Testing Services in the Kingdom of Cambodia - Int Conf AIDS (2002 Jul 7-12); 14:(abstract no. WePeG7007).
[30] LICADHO – Cambodian League for the Promotion and Defence of Human Rights (2005), A LICADHO Report: Violence Against Women 2005. LICADHO – Cambodian League for the Promotion and Defence of Human Rights (2004), Briefing on Child Abuse 2004. Communication from UNFPA Country Office, Cambodia, December 2006
[31] Cambodia Law on the Prevention and Control of HIVAIDS (2003).
[32] KRAM. We, Preah Bat Norodom Sihanouk, King of the Kingdom of Cambodia (2002), Cambodia Law on the Prevention and Control of HIV/AIDS (website).
[33] Cambodia Law on the Prevention and Control of HIVAIDS (2003) .
[34] Phonm Penh Post Monday, July 8, 2002 Cambodian Sex Workers Celebrate Solidarity (website). Asia Monitor Resource Centre (AMRC) and Sam Vuthy (2006) Brief Information on the Prostitution Situation in Cambodia by Cambodian Women's Development Agency (website). Australian federation of AIDS Organisations- National AIDS Bulletin (September 2001), Establlishing an effective network of migrant sex workers in South East Asia (website). Ministry of Health of Kingdom of Cambodia, National Centre for HIV/AIDS, Dermatology and STDs (website); Communication from UNFPA Country Office, Cambodia, December 2006
[35] United Nations Office on Drugs and Crime - Review and Assessment of the Current Organizational Structure of the National Authority for Combating Drugs, (NACD) Cambodia and its Capacity To Understand and Respond to the Emergent Issues of Drug Abuse Related HIV : Cambodia (2004). Graham Fordham, PhD Consulting Anthropologist (January 2003) POLICY Project, Adolescent Reproductive Health in Cambodia Status, Policies, Programs and Issues. National AIDS Authority, Royal Government of Cambodia (November 2005), National Strategic Plan for a Comprehensive and Multisectoral Response to HIV/AIDS 2006-2010.
[36] National AIDS Authority, Royal Government of Cambodia (November 2005), National Strategic Plan for a Comprehensive and Multisectoral Response to HIV/AIDS 2006-2010.
[37] National AIDS Authority, Royal Government of Cambodia (November 2005), National Strategic Plan for a Comprehensive and Multisectoral Response to HIV/AIDS 2006-2010.
[38] Kingdom of Cambodia, Ministry of Health, Health Sector Strategic Plan (2003-2007),. National AIDS Authority, Royal Government of Cambodia (November 2005), National Strategic Plan for a Comprehensive and Multisectoral Response to HIV/AIDS 2006-2010.
[39] National AIDS Authority, Royal Government of Cambodia (November 2005), National Strategic Plan for a Comprehensive and Multisectoral Response to HIV/AIDS 2006-2010.
[40] Communication from UNFPA Country Office, Cambodia, December 2006
[41] Kingdom of Cambodia, National AIDS Authority (website) National AIDS Authority, Royal Government of Cambodia (November 2005), National Strategic Plan for a Comprehensive and Multisectoral Response to HIV/AIDS 2006-2010.
[42] Interview, representative, international agency. USAID, Naomi Walston (June 2005), USAID POLICY Project/Cambodia: Challenges and opportunities for male involvement in reproductive health in Cambodia..
[43] World Health Organisation (2005), Summary Country Profile For HIV/AIDS Treatment, Cambodia (website).
[44] Cambodia Law on the Prevention and Control of HIVAIDS (2003). Interview, representative, international agency. Graham Fordham, PhD Consulting Anthropologist (January 2003) POLICY Project, Adolescent Reproductive Health in Cambodia Status, Policies, Programs, and Issues. National AIDS Authority, Royal Government of Cambodia (November 2005), National Strategic Plan for a Comprehensive and Multisectoral Response to HIV/AIDS 2006-2010. Communication from UNFPA Country Office, Cambodia, December 2006
[45] Centre For Reproductive Rights (February 2005), Government Action-Legal and Policy Developments Affecting Reproductive Rights.
[46] Naomi Walston (June 2005), USAID POLICY Project/Cambodia: Challenges and opportunities for male involvement in reproductive health in Cambodia.
[47] UNICEF – Country Statistics at a Glance – Definitions and Data Sources (website)
[48] Reproductive Health Association of Cambodia (RHAC), Other RHAC Activities (website). Cambodia National Centre for HIV/AIDS, Dermatology and STDs: Quarterly Progress Report – January – February – March 2004: HIV/AIDS & STI Prevention and Care Programme.
[49] World Health Organisation: HIV Country Information: "3 by 5" Country Profile on Treatment Scaleup, December 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). Gillian Fletcher (September 2003), CARE and USAID Policy Project, Voluntary Confidential Counselling and Testing in Cambodia: An Overview. Interview, Coordinator, group supporting people living with HIV. Focus group discussion with girls and young women.
[50] 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). Interview, representative, international agency. Interview, Coordinator, group supporting people living with HIV. USAID POLICY Project (February 2005), Cambodia, Cambodia: Family Planning Programs and HIV/AIDS Services, Results of Focus Group Discussions.
[51] World Health Organisation (2005), Summary Country Profile For HIV/AIDS Treatment, Cambodia (website)
[52] World Health Organisation (2005), Summary Country Profile For HIV/AIDS Treatment Scale-Up website, Cambodia (website). Interview, Programme Officer, international NGO. National AIDS Authority, Royal Government of Cambodia (November 2005), National Strategic Plan for a Comprehensive and Multisectoral Response to HIV/AIDS 2006-2010.
[53] World Health organisation (2005), Summary Country Profile For HIV/AIDS Treatment, Cambodia (website).
[54] Communication from UNFPA Country Office, Cambodia, December 2006
[55] Focus group discussion with girls and young women, Phnom Penh, September 2006
[56] United Nations Office on Drugs and Crime (2004), Review and Assessment of the Current Organizational Structure of the National Authority for Combating Drugs, (NACD) Cambodia and Its Capacity To Understand and Respond to the Emergent Issues of Drug Abuse Related HIV: Cambodia. Women's Agenda for Change, Women's Network for Unity Overview (website). Interview, Director, sexual and reproductive health organization, Phnom Penh, October 2006.
[57] Focus group discussion with girls and young women, Phnom Penh, September 2006. Interview, Coordinator, group supporting people living with HIV, Phnom Penh, September 2006. Interview, Programme Officer, international NGO, Phnom Penh, September 2006. Interview, Representative, international agency, Phnom Penh, October 2006.
[58] World Health Organisation: HIV Country Information: "3 by 5" Country Profile on Treatment Scaleup, December 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). Gillian Fletcher (September 2003), CARE and USAID Policy Project, Voluntary Confidential Counselling and Testing in Cambodia: An Overview. Interview, Coordinator, group supporting people living with HIV. Ministry of Health of Kingdom of Cambodia, National Centre for HIV/AIDS, Dermatology and STDs, Voluntary Confidential Counselling and Testing (website). Information provided by in-country consultant.
[59] Interview, Programme Officer, international NGO, Phnom Penh, September 2006.
[60] PR Newswire Europe Ltd, Phnom Penh, Cambodia and Los Angeles, California, (31 March 2006) - AIDS Healthcare Foundation and the Royal Government of Cambodia Partner to Bring Free Antiretroviral Treatment to People with HIV/AIDS in Cambodia.
[61] Communication from UNFPA Country Office, Cambodia, December 2006
[62] Reproductive Health Association of Cambodia (RHAC) 2006, Other RHAC activities (website).Ministry of Health of Kingdom of Cambodia, National Centre for HIV/AIDS (September 2004), Dermatology and STDs, Voluntary Confidential Counselling and Testing for HIV: VCCT Counselling Training Manual.
[63] United Nations - Office of the High Commissioner for Human Rights – Status of Ratifications. Office of the United Nations High Commissioner for Human Rights – Status of Ratifications of The Principal International Human Rights Treaties As of 09 June 2004. United Nations Treaty Collection [As of 5 February 2002]. Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages New York, 10 December 1962.
[64] National AIDS Authority, Royal Government of Cambodia (November 2005), National Strategic Plan for a Comprehensive and Multisectoral Response to HIV/AIDS 2006-2010.
[65] Naomi Walston, Consultant POLICY Project (February 2005), Country Analysis of Family Planning and HIV/AIDS Programs: Cambodia. LICADHO – Cambodian League for the Promotion and Defence of Human Rights: About Us (website). Interview, Advisor, international agency, Phnom Penh, October 2006.
[66] Interview, Programme Officer, international agency, Phnom Penh, October 2006. Communication from UNFPA Country Office, Cambodia, December 2006
[67] World Health Organisation (2005), Summary Country Profile For HIV/AIDS Treatment, Cambodia (website) 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. National AIDS Authority, Royal Government of Cambodia (November 2005), National Strategic Plan for a Comprehensive and Multisectoral Response to HIV/AIDS 2006-2010. Draft CPN+ Annual Report 2005. Communication from UNFPA Country Office, Cambodia, December 2006
[68] Interview, Coordinator, group supporting people living with HIV, Phnom Penh, September 2006.. Interview, Programme Officer, international NGO, Phnom Penh, September 2006. National AIDS Authority, Royal Government of Cambodia (November 2005), National Strategic Plan for a Comprehensive and Multisectoral Response to HIV/AIDS 2006-2010.