

CAMBODIA



THE CHALLENGE

SINCE THE MID-1990S, WHEN CAMBODIA'S HIV AND AIDS EPIDEMIC REACHED ITS PEAK, THE COUNTRY HAS MADE IMPORTANT STRIDES IN HALTING THE SPREAD OF THE DISEASE. HIV PREVALENCE AMONG THE ADULT GENERAL POPULATION IS CURRENTLY ESTIMATED TO BE 0.7 PERCENT, AS COMPARED TO 1.7 PERCENT IN 1998.¹ IN ADDITION, NEW INFECTIONS HAVE DRAMATICALLY DECREASED FROM A PEAK OF 110 PER DAY TO AN ESTIMATED THREE TO FOUR NEW INFECTIONS PER DAY IN 2012.²

HOWEVER, THESE ACHIEVEMENTS HAVE COINCIDED WITH A TROUBLING NEW DEVELOPMENT. DURING THE SAME PERIOD, THE PROPORTION OF WOMEN LIVING WITH HIV (WLHIV) ROSE FROM 35 PERCENT IN 1997³ TO APPROXIMATELY 56 PERCENT IN 2013.⁴

In 2011, an estimated 44 percent of new infections were among women.⁵ Many women have been infected by their spouses or long-term partners. While high-risk sexual behaviour is a major contributing cause of infection among men, lower social status and limited ability to negotiate safer sex in intimate relationships contribute to increasing infection among women.

Gender-based violence, including marital rape, is another key factor in the rise of infection among women. A 2009 baseline survey on violence against women found

that almost a quarter of married women had experienced violence within their homes, although they rarely reported such incidents.⁶ The additional risk factors of sex trafficking and exploitation also continue at high levels.

Further, it is increasingly difficult to identify and protect women engaged in sex work as a result of the closure of brothels under a 2008 law.⁷

THE POLICY ENVIRONMENT

Gender equality is enshrined in Cambodia's constitution. It is also embedded in key government national policies, including the National Strategic Plan for Comprehensive and Multi-sectoral Response to HIV and AIDS III (2011–2015) (NSP III). Cambodia ratified the Convention

¹ UNAIDS, 2012, *Case Study: The Royal Government of Cambodia at the fore-front in applying new investment approach*. UNAIDS/PCB(31)/12.CRP.1, p.2.

² Roberts, J., *Preventing Spousal Transmission of HIV in Cambodia: A Rapid Assessment and Recommendations for Action*. Phnom Penh, Ministry of Women's Affairs and National AIDS Authority with UNAIDS and UNIFEM, 2009; UNAIDS/PCB(31)/12.CRP.1, p. 2.

³ Chaya, N. "Cambodia and HIV: Winning Round Two in a Preventative Fight", *Population Action International*, Vol. 1 (7) 2006, p. 4.

⁴ Calculation based on estimates provided in UNAIDS, 2014, *Gap Report*, pp. A24, A30.

⁵ Chhorvann, C. and Vonthanak, S., *Estimations and Projections of HIV/AIDS in Cambodia 2010-2015*. National Centre for HIV/AIDS, Dermatology and STDs, Ministry of Health, Phnom Penh, 2011.

⁶ *Violence Against Women, 2009 Follow Up Survey*, Final Study Report. Ministry of Women's Affairs, Phnom Penh, 2009.

⁷ *Monitoring Progress towards the Targets of the 2011 UN Political Declaration on HIV and AIDS*, Cambodia National AIDS Authority, 2014, p. 23.

on the Elimination of All Forms of Discrimination against Women (CEDAW) in 1992.

Despite these commitments, however, government agencies often lack understanding of the principles of gender equality and gender mainstreaming. This lack of clarity has kept gender issues from being translated into action and resource allocations. In addition, capacity shortfalls, as well as social norms about sexual behaviour, prevent stakeholders from offering women the full benefits of HIV prevention, treatment and care. Women who live with HIV endure widespread stigma and discrimination, and social and emotional barriers present obstacles for women to voicing their concerns and influencing the country's HIV and AIDS policy responses.

THE PROGRAMME RESPONSE

Supporting Gender Equality in the Context of HIV/AIDS (2009–2012) addressed these challenges with the goal of integrating gender equality and human rights into HIV policies. The programme had two main elements: (i) promoting the participation of women living with HIV in networks that influence HIV policies, and (ii) strengthening national commitment to gender equality in the HIV response.

PROGRAMME PARTNERS

- National AIDS Authority (NAA)
- Ministry of Women's Affairs (MoWA)
- Cambodian Community of Women Living with HIV (CCW)

To put the programme's strategy into action, programme staff focused on both technical and organizational work. First, they collected and analysed data on gender in HIV policies to plan their approach. The programme's 2010 gender audit demonstrated that the National Aids Authority (NAA) and Ministry of Women's Affairs (MoWA) lacked expertise in gender analysis methods. It also revealed limitations in applying such analysis to HIV plans and budgets. Based on these findings, the programme then designed a capacity development plan to strengthen the ability of the NAA and MoWA to include gender issues in the HIV response.

The programme also put in place a senior Gender Advisor at the NAA. The advisor shared technical expertise and strategic guidance with staff, and served as a voice on gender issues within the institution. She created training materials on gender and HIV, helped launch a capacity development action plan on gender mainstreaming for staff and provided them with ongoing mentorship.

The Gender Advisor played a key role in strengthening the relationship between Government and civil society. For example, she organized consultations in order that WLHIV could give inputs to the NSP III and to the new National Action Plan for Eliminating Violence Against Women. The Cambodian Community of Women Living with HIV (CCW) now takes part in consultations at the policy and planning level, in public discussions and as speakers on radio and TV shows organized by the NAA and MoWA. For example, CCW participated as a member of Cambodia's government delegation at the 2012 Asia-Pacific High Level Intergovernmental Meeting on the Assessment of Progress Against Commitments in the Political Declaration on HIV/AIDS and the Millennium Development Goals. It also attended the 2013 Asia-Pacific Regional Preparatory Meeting for the 57th session of the Commission on the Status of Women. At the former of these two meetings, CCW's participation marked the first time a woman living with HIV served as part of an official government delegation.

The programme also created an advisory group to coordinate gender and HIV programming among key stakeholders. This group has since evolved into the National Committee for Gender and HIV/AIDS (NCGHA). As a result of the programme, the NCGHA expanded its membership to include the focal points of NAA's seven national HIV working groups on prevention; care, treatment and support; impact mitigation; effective leadership and management; legal and policies; monitoring and evaluation; and resource mobilization, as well as members of five local non-governmental organizations (NGOs) and four community-based networks. As a result, the NAA and MoWA meet regularly with these organizations, including CCW, in the quarterly meetings of the NCGHA.

ACHIEVEMENTS

The programme contributed to the NSP III (2011–2015) by helping to review the best policy practices for addressing the needs of women and men in the context of HIV and AIDS. As a result, **the NSP III includes more gender-responsive provisions** and acknowledges the gender norms that increase women's risk of HIV. The document pledges that an "understanding of the links between gender, HIV and uptake of services will be built into trainings, programmes and policies."⁸

Addressing gender concerns is now a routine part of internal work planning at the NAA. Gender has also

⁸ *National Strategic Plan for Comprehensive and Multi-sectoral Response to HIV and AIDS III (2011–2015) in Cambodia*. National AIDS Authority, Phnom Penh, 2010.

been integrated into national annual budget allocations, including budgets for monitoring and capacity-building interventions, for convening meetings among partners and for organizing special events to sensitize staff on gender and HIV issues.

“WE NOW HAVE A CLEARER IDEA OF HOW OUR RESPONSE CAN BE TAILORED TO BETTER SUPPORT OUR GOALS, AND THIS HAS SHAPED OUR STRATEGY AND POLICIES.”

—Dr. Hor Bunleng, Deputy Secretary General, National AIDS Authority.⁹

MoWA staff and focal points have been trained to integrate HIV issues into all areas of work at national and community levels. This knowledge has led to increased capacity in addressing the linkages between violence against women and HIV. In its second National Action Plan on Violence Against Women, MoWA recognized violence as a major impediment to halting the spread of

“IT IS EASY FOR WOMEN TO FEEL THAT THEY HAVE NO VALUE IN SOCIETY WHEN THEY SPEND THE MAJORITY OF THEIR TIME IN THEIR HOMES. BUT IN RISING TO THE CHALLENGE OF MAKING THEMSELVES KNOWN AND SPEAKING OUT IN THEIR COMMUNITIES, THEY ARE EMPOWERED AND FEEL THEIR VALUE AS MEMBERS — AND LEADERS — IN SOCIETY.”

—Hou Nirmita, Director, Women and Health Department, Ministry of Women's Affairs.¹⁰

HIV. It is currently developing an action plan that treats violence against women and HIV as linked challenges.

⁹ Interview with Deputy Secretary General, National AIDS Authority, Phnom Penh, Cambodia (UN Women- EC Programme 2009-2013).

¹⁰ Interview with Director, Women and Health Department, Cambodia Ministry of Women's Affairs, Phnom Penh, Cambodia (UN Women- EC Programme 2009-2013).

The programme developed a Leadership and Advocacy Training Manual and **trained CCW members in leadership on HIV-related issues.** Twenty female leaders received training at the national level and, through cascade training, they went on to provide training to an additional 40 provincial level leaders in two provinces. The women reported that the training helped boost their self-confidence and encouraged them to challenge unequal social gender norms in their families and communities.

WLHIV are important contributors to the national HIV response. CCW is a member of essential decision-making bodies such as the NCGHA and the national working groups for HIV and Nutrition and Impact Mitigation. Furthermore, CCW was elected to represent the community of people living with HIV on the Global Fund Country Coordinating Mechanism in Cambodia.

LESSONS LEARNED

Transforming the HIV response is inextricably linked to addressing gender norms. Gender inequality, harmful gender norms and reluctance to discuss sensitive issues are barriers to mitigating the effects of HIV and AIDS. A popular Cambodian saying holds that “men are like gold and women are like white cloth,” meaning that men’s value is immutable while women’s value is negligible and easily destroyed. This sentiment underlies harmful attitudes towards sex, such as the myths that men cannot control sexual urges, that sex workers are ‘un-rape-able’ or that it is immoral for women to negotiate the conditions of sex. This programme helped policy makers, community members and authorities at all levels to re-evaluate these norms.

Social transformation is the result of many small changes. Many women trained under the programme said that afterward they felt emboldened to discuss childcare, condom use or violence against women with their husbands. These topics were previously considered inappropriate for a woman to broach. Others who found the leadership training empowering were surprised by their newfound ability to act as role models and educators.

Sustaining momentum of gender mainstreaming initiatives requires long-term investment. Through its capacity-building work, the programme helped give stakeholders the tools to implement a more gender-responsive approach. In light of the fact that resource allocations have been made to gender-related programming in the national budget, progress is poised to continue. Changes in leadership and staff turnover,

however, highlight the need to sustain the momentum of capacity development initiatives. For this reason, there is immense value in providing ongoing technical expertise on gender and more ambitious cascade training to ensure that the Cambodian Government and civil society remain engaged and adequately skilled.

Support to women living with HIV should be longer term and more comprehensive. The programme has effectively equipped women living with HIV to influence national policy. Because expertise grows with experience, their new skills must be reinforced with mentorship. It is also important to recognize the inherent challenges for a woman living with HIV. She must manage the physical

consequences of the virus as well as its social stigma. She also has to pay for treatment and transportation costs, and care for other infected family members. Cultivating strong support systems for women living with HIV must be the foundation for their ongoing involvement and growth as leaders.

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DALISH PRUM, NATIONAL COORDINATOR, CAMBODIAN COMMUNITY OF WOMEN LIVING WITH HIV

“I don’t really remember it very well ... It was like a dream,” she says, waving her hand in front of her downcast eyes. Dalish became HIV-positive when she was just 14 years old. She had been taken against her will to be trafficked. While police managed to rescue her from her captors, it was not before she had been infected with the virus.

She learned of her status before she graduated from high school. “I didn’t want to study anymore,” she said. “I didn’t want to tell people. I cried every day, but I hid my tears so that my mother wouldn’t feel sad, and I went to school until I graduated.”

It was only when Dalish became interested in the work of the Cambodian Community of Women Living with HIV (CCW), that she found the courage

to reveal her status. In fact, she says, disclosing her status helped to restore her confidence and to conquer her fears. “I discovered that I have strong feelings ... to study, to continue my life.”

Now 27 years old, Dalish is CCW’s National Coordinator. In her work with other women living with HIV, she says she strives to be a source of hope. “There was a businesswoman. She was very wealthy and successful. But she was HIV-positive and felt hopeless. She didn’t seek ARV treatment and she had isolated herself from friends and family. This changed when she learned about me—someone so young and so active. It gave her hope. She said that she wanted to work and to develop herself. She said she wanted to be like me.”