



Kingdom of Cambodia
Nation Religion King

Ministry of Labour and Vocational Training

Guidelines on HIV/AIDS in the Workplace



International Labour Organization



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1st Version, June 2010

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Preface

HIV/AIDS is an issue for the workplace that we must pay attention because it has the potential to reduce productivity and economic growth. The virus can place heavy financial and social burden on families as they are faced with reduced income and often need to pay for a range of medical treatments. Workers and families also face considerable stigma and discrimination from the virus which can lead to loss of jobs and other acts of discrimination in the community.

Despite these challenges, the workplace has proven to be a highly effective place to develop policies and programs to reduce discrimination, extend prevention to vulnerable groups and guarantee quality care and treatment for those in need.

In Cambodia, HIV affects mostly the adult population in their productive years. These workers represent a central pillar of the country's socioeconomic development, and continued steps must be taken to protect their health and well being.

The ILO has made a great contribution to address HIV/AIDS in the workplace through the development of a code of practice on HIV/AIDS and the world of work, which provides a set of principles for a rights-based workplace response. In 2003, the ILO launched the HIV/AIDS workplace education program financed by the United States Department of Labor (ILO/AIDS/USDOL). Before the end of the project in 2007, the project reached 12,700 people working in garment, hotel, construction and petroleum industries in Phnom Penh and Siem Reap provinces. The ILO/AIDS/USDOL supported the Ministry of Labour and Vocational Training in the development of a management mechanism through the Prakas on The Creation of the HIV/AIDS Committee in Enterprises and Establishments and Managing HIV/AIDS in the Workplace in 2006. The ILO, through the Sub-Regional Office for East Asia (SRO-Bangkok), has been providing support to its tripartite partners in Cambodia – the Ministry of Labour and Vocational Training, as well as workers' and employers' organizations – to implement the code of practice.

Specifically, Ministry of Labour and Vocational Training (MoLVT) and ILO have been providing technical support to help its partners to implement Prakas#086 on The Creation of the HIV/AIDS Committee in Enterprises and Establishments, and Managing HIV/AIDS in the Workplace. Prakas #086 mandates the establishment of HIV/AIDS Working Groups in enterprises with 8 to 50 workers and requires the establishment of HIV/AIDS committees in enterprises with 51 workers or more. As such, every enterprise throughout Cambodia with more than 8 workers must establish a body to manage HIV and promote the rights of workers living with HIV, in accordance with the principles of the ILO's *Code of Practice on HIV/AIDS and the World of Work*.

In addition to its support for the Tripartite Partners in Cambodia, the ILO managed a UNAIDS Project Acceleration Fund (PAF) project in 2009-2010 entitled, "Integrating HIV/AIDS into Garment Factory Occupational Safety and Health Program: Workplace Sensitization, Mobilization and Management." This PAF project is a complement to an ongoing ILO project,

called “Better Factories Cambodia” (BFC). The BFC is a premier programme of the ILO in Cambodia that is implemented in hundreds of garment factories to improve working conditions and productivity.

To support scale up of the workplace response in Cambodia, The MoLVT in cooperation with ILO developed the “Guidelines on HIV/AIDS in the Workplace.” The guidelines are a user-friendly, how-to tool that provides practical guidance on how to establish and implement a program and policy on HIV/AIDS in the workplace.

Thanks all concerned partners for their contribution and hope everyone will implement these guidelines effectively with a responsible manner.

Phnom Penh, 02 June, 2010

Minister
Ministry of Labour and Vocational Training

Signature & Stamp

VONG SAUTH

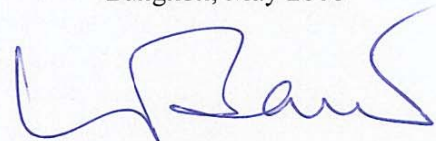
Acknowledgments

We sincerely thank **H.E Vong Sauth, Minister** of Labour and Vocational Training for his leadership and support for HIV/AIDS programmes in the workplace. We thank all ILO partners: the Department of Occupational Safety and Health (DOSHS) of the Ministry of Labour and Vocational Training (MoLVT), the Tripartite Coordinating Committee (TCC) on HIV/AIDS in the Workplace especially the Chair **H.E Dr. Huy Han Song, Secretary of State**, MOLVT and all its members, and employer and worker representatives for their inputs.

We would like to acknowledge the ILO Better Factories Cambodia for its logistics support and cooperation. We would like to acknowledge the great technical contribution made by the following experts: Chun Bora, Consultant; Eric Stener Carlson, former Technical Specialist on HIV/AIDS and the World of Work for East Asia, South-East Asia and the Pacific Sub-Region; Richard Howard, ILO Senior Specialist on HIV/AIDS in the Asia Pacific, Tuomo Poutiainen, Chief Technical Advisor; and Catherine Vaillancourt-Laflamme, Training Specialist of ILO Better Factories Cambodia; and Ms. Por Chuong, National Focal Point on HIV/AIDS in the Workplace and UNAIDS team in Cambodia.

Last, but not least, we greatly appreciate UNAIDS for its on going guidance and financial support for the Project Acceleration Fund-PAF project, which supported the development of these guidelines.

Bangkok, May 2010



Bill Salter

Director

ILO Subregional Office for East Asia

Contents

Acronyms	1
About the Guidelines.....	2
What are these Guidelines?	2
How to use these Guidelines	2
To what sectors do these guidelines apply?	3
HIV/AIDS in the Workplace	4
Why is HIV/AIDS a workplace issue?.....	4
Impact of HIV/AIDS in the workplace and workplace response:.....	4
Impact of HIV and AIDS in the workplace:	4
Employers and workers act on HIV/AIDS because they:	5
How can an enterprise, in cooperation with trade unions, respond to HIV/AIDS in the workplace with limited or no additional costs?.....	5
HIV/AIDS Committee.....	7
What is an HIV/AIDS Committee?.....	7
Why create an HIV/AIDS Committee in the workplace?	7
Process of creating an HIV/AIDS Committee in an enterprise.....	7
Roles and responsibilities of an HIV/AIDS Committee	8
International and national legal and policy frameworks	9
What is an OSH Committee?	9
Taking joint action on HIV/AIDS and OSH at the enterprise level.....	9
Benefits of joint action on HIV/AIDS and OSH.....	9
Challenges of joint action on HIV/AIDS and OSH	10
Joint action on HIV/AIDS and OSH	11
Legal/policy frameworks.....	11
ASEAN OSH Guidelines	12
Examples of joint action on HIV/AIDS and OSH in Cambodia.....	12
Process of integrating HIV issues into OSH action at the workplace.....	12
Workplace Policy on HIV/AIDS	14
What is the workplace policy on HIV/AIDS?.....	14
Why should an enterprise establish a workplace policy on HIV/AIDS?	14
Who is responsible for establishing a workplace policy on HIV/AIDS?.....	14
Step-by-step development of the workplace policy on HIV/AIDS.....	15
The success of policy development and implementation.....	15
HIV/AIDS Education and Services.....	16
What HIV/AIDS information should be provided to employees?	16

What can the HIV/AIDS Focal Point or Committee do to raise awareness or disseminate information on HIV/AIDS to workers?.....	16
Other possible HIV/AIDS activities to empower employees to behave responsibly.....	17
Example of topics for HIV/AIDS/STIs awareness-raising sessions	17
What is HIV?.....	17
What is AIDS?	17
What is the difference between people living with HIV and people living with AIDS?	17
How is HIV transmitted?.....	17
How is HIV not transmitted?	18
How to prevent HIV?	18
Sexually Transmitted Infections (STIs)	19
How to Prevent STI?	19
Anyone who is sexually active should:	19
Anyone diagnosed as having an STI should:	20
Signs and Symptoms of STIs	20
Condoms.....	21
Voluntary Confidential Counseling and Testing.....	21
Treatment and Care	22
Reporting, Monitoring, and Evaluation.....	24
Reporting	24
Monitoring and Evaluation.....	24
Example of Workplace Monitoring Form.....	24
References	26
Appendices	27
Appendix 1:Key Principles of the ILO code of practice on HIV/AIDS in the world of work ..	28
Appendix 2: Prakas (#86) on the Creation of the HIV/AIDS Committee in Enterprises and Establishments and the Prevention of HIV/AIDS in the Workplace.	29
Appendix 3: Some relevant provisions of the Law on the Prevention and Control of HIV/AIDS	37
Appendix 4: Generic Policy on HIV/AIDS in the Workplace.....	40
Appendix 5: List of local service providers for VCCT, STIs and information.....	43

Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ARV	Antiretro Viral
BFC	Better Factories Cambodia
CAMFEBA	Cambodian Federation of Employers and Business Association
CBCA	Cambodia Business Coalition on AIDS
CCTU	Cambodian Confederation of Trade Unions
CLC	Cambodian Labor Confederation
CTA	Chief Technical Advisor
DOSH	Department of Occupational Safety and Health
FIB	Factory Improvement Program
GM	General Manager
GMAC	Garment Manufacturers Association of Cambodia
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
ILO	International Labour Organization
MOH	Ministry of Health
MOLVT	Ministry of Labour and Vocational Training
MTCT	Mother To Child Transmission
NAA	National AIDS Authority
NACC	National Union Alliance Chamber of Cambodia
NCHADS	National Center for HIV/AIDS Dermatology and STDs
NGO	Non-Governmental Organization
OD	Operational District
OSH	Occupational Safety and Health
PAO	Provincial AIDS Office
PAF	Project Acceleration Fund
PE	Peer Educator
PLWHA	People Living With HIV/AIDS
RHAC	Reproductive Health Association of Cambodia
STI	Sexually Transmitted Infection
TCC	Tripartite Coordination Committee on HIV/AIDS in the Workplace
TOR	Terms of Reference
TOT	Training of Trainers
UNAIDS	Joint United Nations Programme on HIV/AIDS
USDOL	United States Department of Labor
VCCT	Voluntary Confidential Counselling and Testing

About the Guidelines

What are these Guidelines?

The Guidelines are a how-to tool that provides practical guidance on how to establish and implement a program and policy on HIV/AIDS in the workplace. The guidelines cover the following main subjects:

- Why HIV/AIDS is a workplace issue and how an enterprise can respond to it with limited or no additional cost;
- Development of a functioning HIV/AIDS Committee or integration of HIV/AIDS issues into the enterprise's existing Occupational Safety and Health (OSH) Program ;
- Roles and responsibilities of the HIV/AIDS Committee How to develop an HIV/AIDS workplace policy; and
- How to organize HIV/AIDS training and education activities for workers.

How to use these Guidelines

This is a basic tool that all workplaces can use in managing HIV/AIDS issues in their respective enterprises and in building upon existing workplace actions, such as occupational safety and health (OSH). Each workplace can adapt these guidelines according to the context of its workplace. Some enterprises may need to adapt nearly everything in the guidelines. Others may need to adapt just a few aspects to integrate with the work they are already doing.

For example, Enterprise A may never have even considered having HIV/AIDS awareness-related activities in its workplace. Therefore, this guideline could help this enterprise to:

- establish an HIV/AIDS committee;
- develop an HIV/AIDS work plan;
- conduct awareness-raising sessions on HIV/AIDS for its workers;
- disseminate information on HIV/AIDS referral services to workers; and
- develop a workplace policy on HIV/AIDS.

On the other hand, Enterprise B may have already established an HIV/AIDS Committee with a workplan, raised awareness on HIV/AIDS, and included HIV/AIDS topics into special events at the factory. Therefore, Enterprise B may just use the guideline to develop a policy on HIV/AIDS.

Needs vary from one enterprise to another; therefore, this tool can be adapted in a number of different ways to fit individual workplace needs.

To what sectors do these guidelines apply?

This guideline focuses on the garment sector; however it represents general guidelines that can be used in any sector such as hospitality and entertainment, mining, construction, and more.

The basis of any workplace HIV intervention is the application of the 10 principles of the ILO's *Code of Practice on HIV/AIDS and the World of Work* (mentioned later in this guideline → *See Appendix I*). As long as a workplace starts from the basis of these 10 principles, it can adapt this tool according to the nature of the enterprise and its particular needs.

HIV/AIDS in the Workplace

HIV (Human Immunodeficiency Virus) attacks the body's immune system gradually reducing its ability to fight off diseases. The immune system protects the body from infections and disease but has no clear way to protect it from HIV.

AIDS (Acquired Immune Deficiency Syndrome) occurs when the immune system is severely weakened resulting in a range of illnesses which can lead to death.

Why is HIV/AIDS a workplace issue?

HIV/AIDS is a workplace issue because it affects labour and productivity. Workers and employers can play a vital role in limiting the spread of the epidemic and in eliminating HIV- related stigma and discrimination.

- Over 33 million people are living with HIV/AIDS worldwide. Nine out of every 10 HIV-positive people are adults in their productive and reproductive prime.¹
- HIV/AIDS threatens the livelihood of many workers and those who depend on them – families, communities and enterprises. In doing so, high HIV prevalence can weaken national economies.
- Discrimination and stigmatization against HIV-positive people threaten fundamental principles and rights at work and undermine efforts for prevention and care.
- There is still no cure for HIV/AIDS, but prevention does work and HIV-positive workers can live dignified, productive lives when they have support from their workplaces.

In Cambodia, HIV affects mostly the adult population active in the labour market. These workers represent a key part of the country's socioeconomic development. The workplace has great potential for HIV prevention through education and information dissemination. Awareness-raising sessions can be organized effectively if employers and employees work together.

Impact of HIV/AIDS in the workplace and workplace response:

Impact of HIV and AIDS in the workplace:

- Reduced productivity and a negative impact on economic growth.
- Reduced supply of labour.
- Loss of skilled and experienced workers.
- Increased labour costs for employers (health insurance).
- Increased absenteeism and early retirement.

¹ ILO/AIDS (<http://www.ilo.org/public/english/protection/trav/aids/indexmore.htm>)

- Stigmatization and discrimination against workers with HIV.
- Threats to food security, as rural workers are increasingly affected.
- Increased pressure on public services and essential supplies.
- Impact on the earning level of workers' households/families
- Exacerbated poverty due to loss of family income and household productivity.

Employers and workers act on HIV/AIDS because they:

- Care about the health and well-being of their workforce.
- Value the skills and experience of their workforce.
- Want to minimize the costs and disruption associated with the epidemic if action isn't taken.
- Understand that HIV/AIDS requires a multi-sectoral response including the private sector
- Understand that early investment in education, prevention campaigns and health care provisions may be costly initially but will have long-term cost benefits. Inaction, on the other hand, will result in increased production costs related to rising HIV rates, rampant HIV-related stigma and discrimination, and poor worker and management relations.

How can an enterprise, in cooperation with trade unions, respond to HIV/AIDS in the workplace with limited or no additional costs?

With cooperation between employer and worker representatives, each workplace can carry out the following activities to respond to HIV/AIDS with very little or no additional cost:

- Review existing resources: find out what sort of HIV/AIDS educational materials on HIV/AIDS are already available. These may include leaflets or booklets from the Ministry of Health (MoH), National AIDS Authority (NAA), UNAIDS and/or NGOs.
- Set up an HIV/AIDS Committee that includes management and worker representatives. This is in line with implementing legislation, Prakas on the Creation of the HIV/AIDS Committee in Enterprises and Establishments and the Prevention of HIV/AIDS in the Workplace (Prakas #086) → *See Appendix 2*. A workplace can also integrate HIV issues into an existing program, such as OSH.
- Assign an HIV/AIDS Focal Point who is responsible for HIV/AIDS issues and plays the role of secretary to the HIV/AIDS Committee.
- Develop partnerships with government and/or non-governmental organizations to assist with training managers and workers.
- Train trainers and peer educators, (with support from Department of Occupational Safety and health (DOSH), Ministry of Labour and Vocational Training (MoLVT)) who will further educate other workers

- Conduct HIV prevention awareness and education (Employers should require and encourage employees at all levels to participate in periodic HIV/AIDS prevention education.)
- Maintain a steady flow of information to employees on how they can protect themselves from HIV and where they can access treatment for sexually transmitted infections and voluntary confidential counseling and HIV testing (VCCT).
- Develop a workplace policy on HIV/AIDS.
- Make sure that all employees have a copy of the company HIV/AIDS policy.
- Engage worker representatives to gather information on workers' concerns and questions related to HIV/AIDS.
- Inform workers that the company will assist employee support groups for HIV-positive employees, or refer employees to HIV/AIDS services.
- Expand prevention to other companies in the supply chain and/or into the community.

HIV/AIDS Committee

What is an HIV/AIDS Committee?

An HIV/AIDS Committee is a group of employer and worker representatives that works on HIV/AIDS-related issues in the workplace. The main role of the group is to make sure everyone in the workplace has enough information to reduce their HIV risk and to ensure a zero tolerance for HIV-related stigma and discrimination.

Why create an HIV/AIDS Committee in the workplace?

The Prakas #086 was developed with support from employer organizations (e.g., the Cambodia Federation of Employers and Business Association (CAMFEBA), the Garment Manufacturers' Association in Cambodia (GMAC), and trade unions.² It has been endorsed by the Ministry of Labour and Vocational Training (MoLVT).

All workplaces in Cambodia with eight to 50 workers are required by Prakas #086 to set up an HIV/AIDS Working Group.

Business enterprises that employ 51 workers or more are required to set up an HIV/AIDS Committee. Workplaces that create an HIV/AIDS Committee are not only complying with national legislation, but they are sending a strong message that they care about the welfare and health of their workers. Showing their belief in a healthy workplace, a safe workplace, and a workplace free from stigma and discrimination makes good business sense.

What an HIV/AIDS Committee will not do is create additional costs, other than the commitment of staff time and the participation of management.

Process of creating an HIV/AIDS Committee in an enterprise

- The General Manager (GM), or an official assigned by the GM, organizes a meeting to form the HIV/AIDS Committee, with the participation of trade unions or worker representatives.
- Select members who come from both employer and worker representatives (Prakas #086).
- Write the proposed composition of the HIV/AIDS Committee and consult widely with management and trade unions.

² Cambodian Labor Confederation (CLC), National Union Alliance Chamber of Cambodia (NACC), and Cambodian Confederation of Trade Unions (CCTU).

- If agreed to by both parties, the composition should be signed by the GM, disseminated to all members and posted on the workers' notice board.
- Send a copy of the list of HIV/AIDS Committee members to the Department of Occupational Safety and Health (DOSHS) of the Ministry of Labour and Vocational Training (MoLVT) as set out in the Prakas #086.
- Call a meeting of the Committee.
- Organize an orientation or training workshop on HIV/AIDS policy development for all Committee members (with support from DOSHS, MoLVT; ILO, Cambodian Business Coalition on AIDS (CBCA), or NGOs).

Roles and responsibilities of an HIV/AIDS Committee

According to Prakas # 086, the HIV/AIDS Committee shall have the following responsibilities:

- Widely disseminate to all workers the information on the creation of the HIV/AIDS Committee, its membership and its purpose.
- Hold meetings as soon as possible to discuss and develop a workplan to educate workers about the spread of HIV/AIDS infection and how to prevent its transmission.
- Submit proposals to the Department of Occupational Safety and Health (OSH) of Ministry of Labour and Vocational Training (MoLVT), National Center for HIV/AIDS Dermatology and STD (NCHADS) or NGOs³ for technical assistance, documents or other relevant methods to help educate workers, enabling them to fully understand what is required to prevent and combat the spread of HIV infection in the workplace.
- Focus on educating the leaders of local unions, shop stewards, supervisors, section/department heads, and foremen, giving them the opportunity to educate workers at convenient times. Ensure there is a mutual understanding between employers and employee representatives that trainings will occur.
- Educate workers on risk-reduction strategies by providing clear, persuasive and consistent information. Provide men and women with easy access to condoms.
- Encourage early testing. Help workers who are infected with HIV or affected by HIV to access health services and treatment, along with information about preventive measures to help reduce the spread of HIV. Encourage them to be hopeful about the future and to continue their normal work.
- Provide referral information to workers on available care and support services for people infected with HIV.

See Prakas #086 in the appendix 2 for detail information on the process of creating an HIV/AIDS Committee in an enterprise and its roles and responsibilities.

³ They are not stated in the Prakas #086, but it would be worth contacting NCHADS and NGOs, as they may be able to provide assistance on HIV/AIDS education and training to workers.

International and national legal and policy frameworks

The ILO's *Code of Practice on HIV/AIDS and the World of Work* is set of guiding principles adopted by the tripartite partners – employer, worker and government representatives. It provides a solid framework to develop and implement HIV/AIDS programs and policies in the workplace.

At the time of publication of this document, the ILO was developing an international labour standard on HIV/AIDS, which is expected to be approved in 2010. This would further support the recommendations to develop workplace policies and committees set forth by the *Code of Practice*.

In Cambodia, “The Law on the Prevention and Control of HIV/AIDS” was endorsed by the National Assembly in 2002 → *See Appendix 3 about the relevant provisions of the AIDS law*. This law requires that all enterprises develop and implement HIV/AIDS programs in their establishments in cooperation with concerned government institutions, the National AIDS Authority (NAA) and Ministry of Labour and Vocational Training (MoLVT). In addition, in 2006 the Ministry of Labour and Vocational Training enacted a Prakas #086 on “The Creation of the HIV/AIDS Committee in Enterprises and Establishments and the Prevention of HIV/AIDS in the Workplace.” The Prakas provides directives to enterprises on their responsibilities to establish HIV committees and carry out prevention.

What is an OSH Committee?

Occupational Safety and Health (OSH) Committees and representatives are the primary mechanisms for employers and workers to collaborate to identify and resolve health and safety concerns.

In the near future we will consider about the possibility of creating the OSH committee, where we will describe the process of creating the OSH committee and its roles and responsibilities.

Taking joint action on HIV/AIDS and OSH at the enterprise level

Instead of creating a new committee at the workplace, another possibility is to integrate HIV/AIDS issues into an existing workplace programme, such as OSH. Through this integration, the enterprise can gain a number of benefits. However the quality and coverage of HIV/AIDS related services must be insured.

Benefits of joint action on HIV/AIDS and OSH

- **Prevent lost time:** “Time is money.” By integrating HIV issues into an existing programme , such as an OSH , management spends less time

managing or directing the efforts of multiple programmes . Since the members serving on both committees may be the same people, one meeting can include both OSH and HIV/AIDS issues on the agenda. This maximizes staff time, ultimately saving the company money.

- ***Lower training costs:*** Management can save time and money by not having to train two different groups of people for two different committees. This way, the enterprise makes effective use of its resources by not doubling its expenses to provide refreshments, snacks, and utilities for two meetings.
- ***Simplification of structures:*** The structure of one committee in the enterprise is simpler, and leads to more efficient use of resources. Because resources are scarce, one committee may foster a better use of resources (when organizing events and producing materials). Simplification also helps the workers. If they have a problem relating to issues of ergonomics, or lighting or HIV/AIDS, they can bring up issues to one committee.
- ***Increased and better coordination of information pertaining to OSH and HIV/AIDS.*** Making sure there is consistent messaging on HIV/AIDS at the workplace.
- ***Sustainability:*** Combining these two issues (OSH and HIV) helps not only to minimize the expense and maximize the output but also creates a sustainable response to the concerns of OSH and HIV/AIDS. The more committees, the greater the chance that some will fail and that management and staff will pay less attention to serious issues, e.g., HIV/AIDS.
- ***Mainstreaming:*** In the end, the goal is to mainstream HIV issues into the “business as usual” of the office, and integrating HIV issues into OSH can do this. However, because of HIV-related stigma and discrimination, it may be important to initially treat HIV as a stand-alone issue, and many workplaces take this approach. Indeed, because Prakas #086 mandates the creation of workplace HIV/AIDS Committees, enterprises may opt to create new committees. This is fine and in line with the national goals. It is good, though, to have the option of creating a new committee or combining two into one.

As stigma and discrimination are effectively dealt within the workplace and as treatment for HIV becomes more accessible, HIV should eventually be treated as any other chronic disease, such as hypertension or diabetes. Nevertheless, ridding the workplace of HIV-related stigma and discrimination will take continued, long-term efforts to achieve.

Challenges of joint action on HIV/AIDS and OSH

- ***Inexperience with advocacy and behavior change:*** OSH approaches in factories can differ from HIV approaches. Making a checklist of whether

fire extinguishers and helmets are available in a workplace is very different from discussing issues of sexuality and encouraging workers to use condoms and reduce their number of sexual partners. However, any sound OSH approach involves advocacy and attention to the behavior of workers similar to an HIV approach in a company. Given that approaches are similar, it is important to link the two overall efforts to ensure consistent and sustainable program implementation.

- ***Misunderstanding HIV-positive workers as “threats”:*** The traditional OSH focus on protecting workers from threats can be misinterpreted as a mandate to protect workers *from* HIV-positive workers. As a result of this misinterpretation, workers and employers may, initially, think that mandatory HIV testing is a solution to keeping out HIV-positive applicants and, thereby, keep the workplace “safe.” For an OSH/HIV approach to work, everyone in the workplace must understand that HIV-positive workers are not a threat and that any form of discrimination – including mandatory HIV testing – is unacceptable. Any constructive solution to HIV/OSH is the solution that promotes the health of *all* workers and protects the rights of *all* workers.

All of the challenges identified above can be overcome by taking a human rights approach. A workplace should consider how it can best protect the health and safety of its workers as prescribed in the Labour Law and a Joint Prakas #139 dated 28 June 2001 on Conditions and Mission of Enterprise's Physicians. The enterprise's physicians play very important role in the HIV/AIDS Committee.

Whatever forum is used, however, Committee representatives will have to value and not exclude HIV-positive applicants and workers. For this to happen, representatives must carry out advocacy and maintain a constant dialogue between workers and employers.

Joint action on HIV/AIDS and OSH

Legal/policy frameworks

The ILO Code of Practice on HIV/AIDS and the World of Work: One of the 10 key principles of the Code suggests the inclusion of HIV/AIDS into OSH activities and programs. Key Principle 4 of the Code calls for a “*Healthy work environment* : The work environment should be healthy and safe, so far as is practicable, for all concerned parties, in order to prevent transmission of HIV, in accordance with the provisions of the Occupational Safety and Health Convention, 1981 (No. 155). A healthy work environment facilitates optimal physical and mental health in relation to work and adaptation of work to the capabilities of workers in light of their state of physical and mental health”.

In addition to the above key principle, Point 6, prevention through information and education of the Code states "As far as is practical, information programmes, courses and campaigns should be integrated into existing education and human resource policies and programmes, including occupational safety and health."

The ILO Code also mentions the importance of including HIV issues into trainings for OSH and labour inspectors. Inspectors should be prepared to enforce national policies on employment rights for people with HIV as well as other policies related to workplace prevention and care. To achieve this, they should receive specialized training on HIV/AIDS prevention and protection strategies at the workplace.

ASEAN OSH Guidelines

ASEAN also suggests taking joint action on HIV/AIDS and OSH issues. "The report on HIV and AIDS and the World of Work in ASEAN states that ministries of Labour should require employers to implement HIV and AIDS prevention and care activities in their workplaces, either as part of their occupational safety and health programme or separately." (The report on HIV and AIDS and the World of Work in ASEAN. p. 56).

Examples of joint action on HIV/AIDS and OSH in Cambodia

The Ministry of Labour and Vocational Training (MoLVT) has incorporated HIV/AIDS as one of the six priority action areas in its "First Occupational Safety and Health Master Plan, 2009-2013." It states "*Action 6: Promote collaborative actions with... and HIV/AIDS projects for stronger compliance.*" It emphasizes in the two actions that "6-2. *Enforce Prakas No. 086 on the creation of the HIV/AIDS Committee in Enterprises and Establishments and Managing HIV/AIDS in the Workplace;* and 6-3. *Promote cooperation between OSH and HIV/AIDS activities.*" The master plan suggests in one of its strategies "to review existing OSH and HIV/AIDS activities in Cambodia and build joint action plans." In response to these strategic actions, the MoLVT, in cooperation with ILO HIV/AIDS Workplace Education Project, trained all of its OSH and some labour inspectors on HIV/AIDS in the workplace. This plan and associated activities help promote the inclusion of HIV/AIDS in the OSH program and vice versa.

The above description provides strong legal and technical backup for an enterprise that takes joint action on HIV/AIDS and OSH issues within its program and policy.

Process of integrating HIV issues into OSH action at the workplace

The steps to integrate HIV/AIDS issues into an existing OSH Committee are similar to those to set up an HIV/AIDS Committee mentioned above:

- Discuss the possibility of including HIV/AIDS issues in OSH programme .

- Share with Committee members the ideal composition of the HIV/AIDS Committee – most are the same people as the OSH programme .
- Present to the OSH programme team the roles and responsibilities associated with incorporating an HIV/AIDS into the OSH programme (internal activity).
- Discuss the benefit of integrating HIV/AIDS issues into the OSH programme (as mentioned in the section above).
- Make explicit reference to HIV/AIDS work in the roles and responsibilities of the OSH programme members...etc.
- It is important that those already working on HIV issues begin to integrate HIV into their everyday work. This can be done easily and at no extra expense.

Workplace Policy on HIV/AIDS

What is the workplace policy on HIV/AIDS?

A workplace policy is a statement of intent and a framework for action. It should establish principles, set out procedures, and protect rights. The policy provides clear statements about certain behaviors that all staff and workers should follow in addressing or dealing with HIV/AIDS issues. The policy should:

- Be written in a simple and understandable language;
- Be based on consultation between workers and management;
- Include the commitment to establish measurable objectives to ensure a non-discriminatory workplace;
- Include a commitment to comply with relevant HIV/AIDS law and ministry guidelines;
- Be documented, implemented, and communicated to all employees;
- Be made available to interested parties; and
- Be reviewed periodically to ensure it remains relevant and appropriate to the organization.

Why should an enterprise establish a workplace policy on HIV/AIDS?

- To ensure that its company complies with international and national legal policy framework on HIV/AIDS in the workplace;
- To inform management and workers that there is a policy, and a prevention and care program, on HIV/AIDS in the workplace. Employers should make workers aware of their rights and responsibilities;
- To provide a clear statement that there is no discrimination against workers with HIV;
- To give direction on how to respond to HIV/AIDS in the workplace and make an explicit commitment to action;
- To help employees living with HIV/AIDS understand what support and care they will receive from the health system;
- To help reduce the spread of the virus through educational programs;
- To manage the impact of HIV/AIDS, ultimately saving money;
- To enhance the sustainability of the commitment made to address HIV/AIDS issues in the workplace.

Who is responsible for establishing a workplace policy on HIV/AIDS?

Policies should be developed by managers and workers, including people living with HIV (if any). Policies should respond to local needs and conditions. Usually the policy is developed by an HIV/AIDS Committee comprising employer and worker representatives. The most important part of the process is that managers

and workers create a policy based on dialogue and mutual understanding and respect.

Step-by-step development of the workplace policy on HIV/AIDS

- Set up an HIV/AIDS Committee and assign an HIV/AIDS Focal Point who is specifically responsible for HIV/AIDS issues in the enterprise. The Focal Point should play the role of secretariat to the Committee.
- Decide on Committee roles and responsibilities (Terms of reference-TOR), and decision-making powers.
- Review national laws, regulations and their implications for workplaces, including an ILO code of practice on HIV/AIDS and Prakas #086.
- Widely consult with management and workers for “ownership and support.”
- Draft the policy based on the consultations.
- Adopt a policy with clear and accessible language.
- Disseminate the policy to all management and workers.
- Put programs in place and establish a plan of action with timetable and line of responsibility, to implement the policy
- Develop a monitoring tool to monitor the implementation and impact of the policy.
- Regularly review and compare the policy to external HIV/AIDS information and assess its workplace implications – is the policy dynamic and responsive to outside situations and new initiatives?

The success of policy development and implementation

The success of policy development and implementation relies greatly on:

- Commitment, involvement and support of employers/management at the workplace;
- Involvement and support of trade unions;
- Frequent dissemination of the HIV/AIDS policy;
- Effective implementation of the policy by setting up a work plan with a timeline;
- Monitoring and evaluation of the implementation of the policy.

→ *See appendix 4: Generic policy on HIV/AIDS in the workplace.*

What HIV/AIDS information should be provided to employees?

Workers should be aware of basic information on HIV transmission and prevention. The workers should be informed of the policy on HIV/AIDS in the workplace. Information on treatment of sexually transmitted infections, voluntary HIV counseling and testing and HIV care and treatment should be provided.

The workplace does not have to provide all the services – counseling, testing, check-ups...etc. – but it should serve as a nexus to services in the community.

What can the HIV/AIDS Focal Point or Committee do to raise awareness or disseminate information on HIV/AIDS to workers?

An HIV/AIDS Focal Point or Committee can organize awareness-raising for workers in many ways:

- Conduct a series of training workshops: train company staff to train workers (through training of trainers workshops) and/or train workers to educate their co workers (peer educators). Technical assistance can be sought from any volunteer organization in the community that is willing to help.
- Encourage peer educators to talk to their co-workers about HIV prevention during lunch time or other convenient times and organize group conversations within the factories.
- Prepare peer educators to provide confidential referrals to quality services for treatment of sexually transmitted infections and voluntary confidential counseling and HIV testing (VCCT).
- Post general information on HIV/AIDS and information on HIV/AIDS services on factory notice boards or other places within the factory that can be easily accessed by workers and distribute leaflets and flyers to workers.
- If possible, print HIV/AIDS prevention messages and/or key information on pay slips.
- Distribute free HIV/AIDS hotline telephone numbers for workers, e.g. INTHANOU Hotline, 012 999 008, 012 999 009, 092 914 111
- Provide to workers a list of HIV/AIDS service providers for treatment of sexually transmitted infections and VCCT

→ *See appendix5: List of local service providers for VCCT, STIs services and information*

Other possible HIV/AIDS activities to empower employees to behave responsibly

The company can integrate HIV/AIDS talk shows or quiz shows in an enterprise's events. Examples are:

- New Year's Day party;
- International Women's Day celebration;
- International Labour Day celebration;
- Staff birthdays or other internal company event

Example of topics for HIV/AIDS/STIs awareness-raising sessions

What is HIV?

HIV (Human Immunodeficiency Virus) attacks the body's immune system. The immune system protects the body from infections and disease but has no clear way to protect it from HIV. Over a period of time (usually between 5 and 10 years), most people infected with HIV become less able to fight the illnesses.

What is AIDS?

AIDS (Acquired Immune Deficiency Syndrome) is a more advanced stage of the progression of the HIV virus. A person with HIV infection has AIDS when the immune system becomes so weak that it is unable to protect the body from a wide range of infections and diseases.

What is the difference between people living with HIV and people living with AIDS?

- HIV causes AIDS. People who are HIV-positive can still be healthy and work. Working alongside someone who is HIV-positive does not cause infection. In fact, the virus can only be transmitted through unprotected vaginal, anal and oral sexual contact; sharing of needles during drug use; accidents that may result in blood from another person entering the blood stream of another or from mother to child during pregnancy, delivery and through breastfeeding.
- AIDS is the Acquired Immune Deficiency Syndrome, indicating an advanced stage of HIV infection when the immune system can no longer function properly. Patients with AIDS may show multiple signs and symptoms of infection, and if the virus is left untreated, death can occur.

How is HIV transmitted?

HIV is transmitted:

- Through unprotected sexual intercourse (vaginal, anal or oral) with an infected partner. Infection can occur between men and women, men and men, or women and women sexual relations;
- Through infected blood or blood products, such as blood transfusions or the sharing of contaminated needles used to inject drugs;
- From a mother to her child. This is called Mother to Child Transmission (MTCT) and it can occur:
 - before birth,
 - during delivery, or
 - through breast-feeding.

How is HIV not transmitted?

HIV cannot be transmitted through:

- Casual contact such as shaking hands, hugging or kissing;
- Mosquito or insect bites;
- Coughing or sneezing;
- Sharing kitchen utensils, such as cups, plates, spoons, forks or knives;
- Eating food prepared by someone with HIV;
- Tears, saliva;
- Sharing toilets;
- Working together.

How to prevent HIV?

- Abstain from sex;⁴
- Be mutually faithful to one sexual partner who is HIV negative;
- Ensure that there is a barrier to the virus:
 - Use a condom,
 - Use protective equipment (especially gloves).
 - Ensure that skin-piercing equipment such as needles, syringes and surgical appliances are not contaminated.
- In the event of an accident, it is important to follow the universal blood and body fluid precautions (known as Universal Precautions or Standard Precautions, originally developed in 1985): put on gloves before touching any kind of body fluid. Although these precautions were developed for the medical sector, it makes good sense to make sure your employees know how to protect themselves from blood-borne infections. Universal Precautions are as follows:
 - Careful handling and disposal of sharps (needles or other sharp objects);
 - Hand-washing before and after any risky procedure;

⁴ Abstinence can be an effective way of preventing HIV, but, oftentimes, it is not accepted by sexually-active adults.

- Use of protective barriers such as gloves, gowns and masks for direct contact with blood and other body fluids;
- Safe disposal of waste contaminated with body fluids and blood;
- Proper disinfection of instruments and other contaminated equipment (the virus is killed by bleach, alcohol, strong detergents and very hot water)
- Proper handling of soiled linen.

Sexually Transmitted Infections (STIs)

Sexually transmitted infections (STIs) such as syphilis, gonorrhea, chlamydia and chancroid diagnosed in Cambodia among most at risk population such as entertainment workers and their clients. People infected with STIs increase much more risk to HIV infection than others.

When diagnosed and treated early, many STIs can be treated effectively. Experts believe that having STIs increases one's risk for becoming infected with the HIV/AIDS virus. This is one link between HIV infection and STIs as some STIs allow the HIV virus to enter the body more easily. For example, some STIs cause sores or open wounds to develop therefore, creating an opening for the HIV virus to enter the body if the person practices unsafe sex, or oral sex without a condom.

How to Prevent STI?

Several things can be done to reduce the risk of developing an STI.

- Have a mutually monogamous sexual relationship with an uninfected partner;
- Correctly and consistently use a male or female condom;
- Don't use drug, especially injecting intravenous drugs with unclean needles
- Prevent and control other STIs to decrease the risk to an HIV infection and to reduce your risk if you are already HIV positive; and
- Limit the number of sexual partners you have as this reduces the chances of you being infected with an STI.

Anyone who is sexually active should:

- Have regular checkups for STIs even in the absence of symptoms;
- Learn the common symptoms of STIs. Seek medical help immediately if any suspicious symptoms develop, even if they are mild;

Anyone diagnosed as having an STI should:

- Be treated to reduce the risk of transmitting an STI to others or an infant;
- Notify all recent sex partners and urge them to get a checkup;
- Follow the doctor's orders and complete the full course of medication prescribed. A follow up test to ensure that the infection has been treated is recommended; and
- Avoid all sexual activity while having an STI and while taking the medication for an STI.

Sometimes people are too embarrassed or frightened to ask for help or information. Most STIs can be treated and the earlier a person seeks treatment and warns sex partners about the infection, the less likely the infection will do permanent physical damage

Signs and Symptoms of STIs

General (Males and females)

- Discharge from the urethra or vagina
- Blister/sores (ulcers) on the genitals; may or may not experience pain.
- Swollen/painful glands in the groin
- Non-itchy rash on the body
- Warts in the genital area
- Lower abdominal pain
- Sores in the mouth *
- Flu like symptoms – fever, body ache, headache *

* Other viruses may cause some of these symptoms so it is important to have proper diagnosis and treatment from a doctor.

Females

- Unusual vaginal discharge (frothy, curd-like, pus-like, foul smelling, blood-tinged)
- Lower abdominal pain
- Irregular bleeding from the genital tract
- Burning/itching around the vagina
- Painful intercourse

Males:

- Discharge from the penis

Note: Some STIs do not produce any symptoms particularly in females. So females may not be aware that they are carriers of a sexually transmitted infection.

Condoms

What are condoms?

There are male and female condoms. A male condom is a soft rubber covering that stretches to fit the penis. It is put on the penis before having sex, and when used properly it prevents sexually transmitted diseases including HIV and pregnancy.

The female condom, like a male condom, is a soft latex rubber that protects women from having direct contact with a man's fluid. The female condom has a ring at each end. The ring that is placed inside the vagina fits over the cervix, while the other ring, which is open, rests outside of the vagina and covers the vulva.

Why is it important?

While you are still enjoying sexual relations, condom use can prevent HIV and other STI infections. Condoms can prevent pregnancy without causing any side effects.

Voluntary Confidential Counseling and Testing

Voluntary Confidential counseling and testing (VCCT) is an essential part of any workplace program. Prevention can never be completely effective unless it is linked to voluntary testing and counseling services:

Voluntary confidential counseling and testing is important because:

- It can save lives – people who know their status can access treatment when they need it from national treatment programs. When people know their status early in an infection process, they are more likely to live longer and live better because they can begin treatment before there is any serious damage to their immune systems. *HIV and AIDS is not a death sentence but it essential to test early to stay healthy.*
- It can protect others – when people know their status, they are much less likely to pass on infections to others.
- It can give peace of mind because there are a range of support services available to ensure that social psychological and medical needs are taken care of.

- It can help those who are not infected to maintain safer behaviors with counseling that encourages avoidance of risk behaviors

Testing must be confidential, voluntary and be linked to counseling services:

- 1- Confidentiality – People with HIV have a right to decide who should know their status. Because confidentiality is not often possible in the workplace, it is often preferable to refer workers to services in the community for testing.
- 2- Volunteerism – people have the fundamental right to decide when and if they want to test. Prevention programs should emphasize the benefits of testing for maintaining health and productivity so people want to access testing on their own.
- 3- Counseling – because of the high degree of fear, misunderstanding and lack of knowledge of available treatment and support services, HIV testing must be accompanied by counseling to ensure that people know how to access the services they need when they need them.

Treatment and Care

Treatment is available and it works. There a national treatment programme in Cambodia that covers anti HIV drugs for all Cambodians. When people adhere to their treatment programs, they are very likely to live long productive lives just anyone else.

If someone undergoes VCCT, they should be immediately referred to both community support and treatment services. At an early stage of infection, people may not require treatment but should monitor their conditions on a routine basis under the care of a physician. For later stage infections, people will need to begin taking medication, known as ARV, or highly active antiretroviral medication. These drugs must be taken everyday and their effect must be monitored under strict supervision of a physician. While there are some side effects, people generally do very well taking ARV and can continue to work and live a normal life.

In addition to medical supervision and treatment, people often require social and psychological support, particularly in the immediate period after diagnosis or in the early period of taking anti HIV drugs. After diagnosis, people are often faced with a multitude of challenges such overcoming internal fears and misperceptions of the virus as a “death sentence” often with perceived immoral connotations; having to inform and educate family and loved ones about the virus; and having to learn about monitoring and treatment of the virus, which may seem very confusing initially. When people begin their medical treatment, they may also

need extra support to learn about strategies for adhering to treatment programs and dealing with possible side effects.

It is often the case that other people with living HIV are best positioned to provide social support. They can often share a range of personal and practical experiences to help those in need and to understand that it is possible to continue to work and maintain overall health and well being with the virus.

The VCCT and STIs treatment services can be accessed at most of the government clinics (that has a red ribbon sign for VCCT) such as:

- National STDs and Dermatology Clinic: #255H, National Road #6A, Kean Kleang, Sangkat Prek Leap, Khan Russey Keo, Phnom Penh
- Maternity and Child Health Hospital: #86 , Str. 47, Phnom Penh
- All Provincial Referral Hospitals and Operational Districts (OD)

→ See appendix 5 for List of local service providers for VCT, STIs services and information

Additional resources on HIV/AIDS can be adapted from “PRIMER ON HIV-AIDS FOR UN STAFF, Cambodia” that made available with these guidelines.

Reporting, Monitoring, and Evaluation

Reporting

Take note of the issues discussed by the HIV/AIDS Committee, document all activities related to HIV/AIDS in the workplace, and share them with all members, relevant partners and stakeholders as necessary. –Provide quarterly summaries to the Department of Occupational Safety and Health Ministry of Labour and Vocational Training, buyers and other stakeholders, if requested.

Monitoring and Evaluation

Decide how to monitor the functions of the HIV/AIDS Committee, HIV/AIDS activities and policy implementation, and what indicators are used to measure the accomplishments and outcomes. A simple monitoring form with a set of specific indicators should be developed.

An example of a workplace monitoring form below can be adapted.

Example of Workplace Monitoring Form

[NAME OF THE ENTERPRISE]
HIV/AIDS Workplace Monitoring Form
Date.....

Report by (Focal Point):.....

This form should be filled in every quarter by an assigned person in the factory.

Indicators	Completed Date	Remarks
1. HIV/AIDS Workplace Education and Services Information		
HIV/AIDS Trainers <i>(number of trainers)</i>		
HIV/AIDS Peer Educators <i>(number of peer educators)</i>		
HIV/AIDS education activities <i>(number of trainings/education sessions held)</i>		
Condom availability <i>(number of condoms distributed to workers in the last quarter)</i>		
Distribute information, education and communication (IEC) materials to workers <i>(number of IEC materials distributed)</i>		
STI information services <i>(number of people asking for information)</i>		

VCCT information services <i>(number of people asking for information)</i>		
Care and support information services <i>(number of people asking for information)</i>		
Is an HIV/AIDS component integrated into existing OSH or HR training?		
2. HIV/AIDS Committee and Focal Point		
Stand-alone HIV/AIDS Committee		
HIV/AIDS component is integrated into OSH Program		
HIV/AIDS issues are integrated into other committee/Program <i>(specify)</i>		
Assign an HIV/AIDS Focal Point <i>(name)</i>		
The enterprise has a specific budget for implementation of HIV/AIDS		
Frequency of HIV/AIDS committee meetings per year <i>(number of meetings held)</i>		
3. HIV/AIDS Workplace Policy		
A written HIV/AIDS policy exists		
The written HIV/AIDS policy includes: - Non-discrimination - No mandatory testing - Access to education		

References

- The ILO's *Know More About HIV and AIDS: Toolkit for the Informal Economy*;
- The ILO Code of Practice on HIV/AIDS and the World of Work;
- The Factory Improvement Program module on HIV/AIDS;
- Training of Trainer (ToT) manual on HIV/AIDS in the ILO/USDOL HIV/AIDS Workplace Program;
- Developing a policy on HIV and AIDS for your workplace. A toolkit for employers and workers in Papua New Guinea (PNG)
- United Nations Cambodia: *PRIMER ON HIV-AIDS FOR UN STAFF Cambodia, 2010*

Appendices

1. Key principles of the ILO code of practice on HIV/AIDS and the world of work;
2. Prakas (#086) on the Creation of the HIV/AIDS Committee in Enterprises and Establishments and the Prevention of HIV/AIDS in the Workplace, Ministry of Labour and Vocational Training.
3. Some relevant provisions of the Law on the Prevention and Control of HIV/AIDS
4. Generic policy on HIV/AIDS in the workplace.
5. List of local service providers for VCCT, STIs and information

Appendix 1: Key Principles of the ILO code of practice on HIV/AIDS in the world of work

- **Recognition of HIV/AIDS as a workplace issue:** HIV/AIDS are a workplace issue, and should be treated like any other serious illness/condition in the workplace.
- **Non-discrimination:** In the spirit of decent work and respect for the human rights and dignity of persons living with HIV/AIDS, there should be no discrimination against workers on the basis of real or perceived HIV status.
- **Gender equality:** The gender dimensions of HIV/AIDS should be recognized. Due to biological, socio-cultural and economic reasons, women are more likely to become infected and affected by the epidemic than men.
- **Healthy work environment:** The work environment should be healthy and safe for all concerned parties, to prevent transmission of HIV.
- **Social dialogue (workplace communications):** The successful implementation of an HIV/AIDS programme requires cooperation and trust between employers, workers and their representatives and government. It should also involve workers infected and affected by HIV/AIDS.
- **No screening for purposes of exclusion from employment or work processes:** HIV/AIDS screening should not be required of job applicants or persons already in employment.
- **Confidentiality:** There is no justification for asking job applicants or workers to disclose HIV related personal information. Nor should co-workers be obliged to reveal such personal information about fellow workers.
- **Continuation of employment relationship:** HIV infection is not a cause for termination of employment. As with many other conditions, persons with HIV related illnesses should be able to work for as long as medically fit in available, appropriate work.
- **Prevention:** HIV infection is preventable. Prevention of all means of transmission can be achieved through a variety of strategies which are appropriately targeted to national conditions and culture sensitivity
- **Care and support:** Solidarity, care and support should guide the response to HIV and AIDS in the world of work. All workers, including workers with HIV, are entitled to affordable health services. There should be no discrimination against them and their dependants in access to and receipt of benefits from statutory social security programmes and occupational schemes.

Appendix 2: Prakas (#86) on the Creation of the HIV/AIDS Committee in Enterprises and Establishments and the Prevention of HIV/AIDS in the Workplace

KINGDOM OF CAMBODIA
Nation Religion King



Ministry of Labour and
Vocational Training

No. 086 **ក.ក.ស.វ/ប.ក**

Phnom Penh, 03 May 2006

PRAKAS
ON
THE CREATION OF THE HIV/AIDS COMMITTEE
IN ENTERPRISES AND ESTABLISHMENTS
AND THE PREVENTION OF HIV/AIDS IN THE WORKPLACE

The Minister of Labour and Vocational Training

- *Having seen the Constitution of the Kingdom of Cambodia;*
- *Having seen the Royal Kram No. NS/RKM/0704/001 dated 13 July 2004 on the Promulgation of the Additional Law of the Constitution Ensuring the Regular Processes of National Institutions;*
- *Having seen the Royal Kret No. NS/RKT/0704/124 dated 15 July 2004 on the Appointment of the Royal Government of Cambodia;*
- *Having seen the Royal Kram No. 02/NS/94 dated 20 July 1994 on the Promulgation of the Law on the Organization and Functioning of the Council of Ministers;*
- *Having seen the Royal Kram No. CS/RKM/0397/01 dated 13 March 1997 on the Promulgation of the Labour Law;*
- *Having seen the Royal Kram No. NS/RKM/0105/003 dated 17 January 2005 on the Promulgation of the Law on the Creation of the Ministry of Labour and Vocational Training;*
- *Having seen the Royal Kram No. NS/RKM/0702/015 dated 29 July 2002 on the Promulgation of the Law on the Prevention and Control of HIV/AIDS;*
- *Having seen Anukret (sub-decree) No. 52 RNKR/BK/ dated 01 April 2005 on the Organization and Functioning of the Ministry of Labour and Vocational Training;*

HEREBY DECIDES

Article 1: This Prakas aims to stimulate discussion, raise awareness and promote worker's education and prevent the spread of HIV/AIDS infection in the workplace.

Article 2 Enterprises and establishments as provided in Article 1 of the Labour Law, which employ eight workers or more, shall set up their own HIV/AIDS Working Group or an HIV/AIDS Committee.

Article 3 In enterprises and establishments that employ from eight to 50 workers, the employer and local unions shall consult together and set up their own HIV/AIDS Working Group. The Group should comprise at least one representative of the employer and at least one representative of the local unions, the employer's representative shall be the Chair of the Group.

In any enterprise and establishment that employs 51 workers or more, the employer and local union shall consult together and set up their own HIV/AIDS Committee. The Committee shall consist of at least two representatives of the employer, two local union representatives, and one person who is in charge of the enterprise's infirmary. For any enterprises and establishments that have multiple local unions, each of the unions shall nominate one representative to be a member of the Committee.

Article 4 The HIV/AIDS Committee, mentioned in Paragraph 2 of Article 3 shall consult together about the appointment of one person to be Chair of the Committee. The employer's representative should be the Chair of the Committee. In the event of disagreement, the Chair shall be decided by the drawing of lots, in which case each member of the Committee can be a voluntary candidate for the Chair. Each candidate shall write down his/her name on one piece of paper and put it in a ballot box. The most senior member of the committee shall draw one piece of paper from the box and declare the name of the candidate drawn to be the Committee Chair from then on. In the case of only one candidate, that candidate shall be recognized as Committee Chair automatically.

The term of the Chair of the Committee shall be for two years. Thirty days before the end of the term, the Committee shall hold a meeting to consult about the appointment of a new Chair according to the procedures provided in this Article. In the event that there is an acceptable reason why a Chair has not been appointed for the new term, the Chair for the old term shall continue to hold office until a Chair is appointed to replace him or her for the new term.

In the case where the Chair is absent and cannot perform his or her role as Chair, the most senior member shall be the Acting Chair.

In the event that any member leaves or resigns as member of the Committee, the Chair shall propose to the appropriate employer or local union that a new member should be found to fill the seat.

Article 5 Fifteen days after the date that the HIV/AIDS Working Group or HIV/AIDS Committee is officially set up, as provided in Articles 3 and 4 above, the Chair of the Working Group or the Chair of the Committee shall notify the Ministry of Labour and Vocational Training in writing. This notification shall have attached a list of the members of the working group or committee, using the model list provided in the appendix of this Prakas.

Article 6: In any enterprise and establishment that does not have a union the term “local union” as stated in Article 3 above shall be replaced by the term “shop steward” or “voluntary worker representative”.

Article 7: An HIV/AIDS Working Group or an HIV/AIDS Committee as prescribed in Article 3 shall have the following tasks:

- a- Widely disseminate to all workers, information about the creation of the Working Group or Committee, its purpose and the membership of the Working Group or Committee.
- b- Hold meetings when possible in order to discuss and develop programmes to educate the workers in the workplace about the spread of HIV/AIDS infection and how to prevent its transmission
- c- Submit proposals to the Department of Occupational Health for support with technical assistance, documents or other relevant methods to help educate workers, enabling them to fully understand what is required to prevent and combat the spread of the HIV/AIDS infection in the workplace.
- d- Focus on educating the leaders of local unions, shop stewards, supervisors, section/department heads, foremen before anyone else, and give them the opportunity to educate workers at convenient times as often as possible, with all possible means and a mutual understanding between employers and employee representatives.
- e- Educate all workers about risk-reduction strategies by providing clear, persuasive and consistent information. If necessary, provide men and women with easy access to condoms when they are needed.
- f- Help workers who are infected or affected by HIV/AIDS to access health services and treatment, together with information about preventive measures to help reduce the spread of HIV. Encourage them to be hopeful about the future and to continue their normal work.
- g- Make proposals to the employer, competent ministries or institutions, or other organizations, for assistance in resolving any problems that the Committee is not able to solve, in order to help workers infected or affected with HIV/AIDS according to their particular situation

Article 8: The Chair of the HIV/AIDS Committee as provided in Article 4 has the following roles and duties:

- a- To chair the first meeting to prepare a work programme or plan for the Committee at the appropriate time and place, which should be agreed with mutual understanding between the employer and the representative of the workers.
- b- To organize actual activities based on the work plan of the Committee, or the guidelines from the Department of Occupational Health or from competent ministries or institutions.
- c- Receive requests or proposals from Committee members or workers and arrange appropriate times to hold meetings to address the requests. If necessary, submit the proposals to the employer, the Department of

Occupational Health, competent ministries or institutions, or other organizations for assistance.

- d- Allocate an appropriate time to hold a Committee meeting once a month, or at least once a quarter, to monitor work progress and, if necessary, take measures to address any weaknesses in order that the Committee can perform its work well.

Article 9: Workers shall follow the guidelines and participate in the educational activities of the HIV/AIDS Working Group or Committee, the Department of Occupational Health, or competent ministries or institutions, in order to prevent and combat the spread of HIV/AIDS infection in the workplace.

Article 10: Workers may submit their requests or proposals where applicable regarding HIV/AIDS in the workplace, through their shop stewards or local unions in their enterprises and establishments, to the HIV/AIDS Working Group or Committee stipulated in Article 3 for assistance. Workers may also submit their requests or proposals directly to the HIV/AIDS Working Group or Committee.

Article 11: The employers in enterprises and establishments provided in Article 3 shall provide opportunities and facilitation to the HIV/AIDS Working Group or Committee of his/her enterprise or establishment, so that it can successfully perform its roles and duties as stated in Article 7.

All forms of discrimination by employers against male or female workers infected or affected by HIV/AIDS shall be strictly prohibited. Such discrimination includes dismissal, not providing sufficient work, failure to provide the same wage received by other workers, not providing opportunities for promotion, and failure to provide workers with bonuses because they are infected or affected by HIV/AIDS.

Article 12: The key principles regarding HIV/AIDS and the world of work are as follows:

a. Recognition of HIV/AIDS as a workplace issue

HIV/AIDS is a workplace issue and should be addressed or treated like any other serious illness/condition in the workplace. This is necessary not only because it affects the workforce, but also because the workplace, being part of the local community, has a wider role to play in the struggle to reduce the spread of HIV/AIDS and to mitigate its impact.

b. Non-discrimination

In the spirit of decent work and respect for the human rights and dignity of persons infected or affected by HIV/AIDS, there should be no discrimination against workers on the basis of real or perceived HIV status. Discrimination and stigmatization of people living with HIV/AIDS hinders efforts aimed at promoting HIV/AIDS prevention.

c. Gender equality

The gender dimensions of HIV/AIDS should be recognized. Women are more likely to become infected and are more often adversely affected by the HIV/AIDS epidemic than men due to biological, socio-cultural and economic reasons. The greater the gender discrimination in societies and the lower the position of women, the more negatively they

are affected by HIV/AIDS. Therefore, more equal gender relations and the empowerment of women are vital to successfully prevent the spread of HIV infection and enable women to cope with the consequence HIV/AIDS.

d. Healthy work environment.

The work environment should be healthy and safe, so far as is practicable, for all concerned parties, in order to prevent transmission of HIV, in accordance with the provisions of the Occupational Safety and Health Convention, 1981, (No155).

A healthy work environment facilitates optimal physical and mental health in relation to work and adaptation of work to the capabilities of workers in light of their state of physical and mental health.

e. Social dialogue

The successful implementation of an HIV/AIDS policy and programme requires cooperation and trust between employers, workers and their representatives and government officials, where appropriate, with the active involvement of workers infected and affected by HIV/AIDS.

f. Screening for purposes of exclusion from employment or work processes

HIV/AIDS screening should not be required for job applicants or persons in employment.

g. Confidentiality

There is no justification for asking job applicants or workers to disclose HIV-related personal information. Nor should co-workers be obliged to reveal such information about fellow workers. Access to personal data relating to a worker's HIV status should be bound by the rules of confidentiality consistent with the ILO's Code of Practice on the protection of workers' personal data.

h. Continuation of employment relationship

HIV infection is not a cause for termination of employment. As with many other conditions, persons with HIV-related illnesses should be able to work for as long as medically fit in available, appropriate work.

i. Prevention

HIV infection is preventable. Prevention of all means of transmission can be achieved through a variety of strategies which are appropriately targeted to national conditions and which are culturally sensitive.

Prevention can be furthered through changes in behaviour, knowledge, treatment and the creation of a non-discriminatory environment.

The social partners are in a unique position to promote prevention efforts particularly in relation to changing attitudes and behaviours through the provision of information and education, and in addressing socio-economic factors, that put people at risk to the infection of HIV/AIDS.

j. Care and support

Solidarity, care and support should guide the response to HIV/AIDS in the world of work. All workers, including workers with HIV, are entitled to affordable health services. There should be no discrimination against them and their dependents in access to services and receipt of benefits from statutory social security programmes and occupational schemes.

Article 13: The Department of Occupational Health of the General Directorate of Labour and Vocational Training has the following tasks:

- To provide technical assistance, documents, and other relevant support to the HIV/AIDS Working Groups or Committees of the enterprises and establishments in order to help them to perform their functions successfully.
- To control and monitor regularly the implementation of this Prakas.
- To raising awareness and explain to the employers of enterprises and establishments their responsibilities as provided in Article 2 in order to duly comply with the provisions of this Prakas.
- To take measures against an employer who is not duly complying with the provisions of this Prakas. This could be by giving advice, and in serious cases, taking disciplinary action by setting a deadline or limit to the employer by which time they must comply.
- To review the work done towards the implementation of this Prakas and make proposals for rewarding, by any means, the employers who have distinguished themselves by working hard in the implementation of the provision of this Prakas.

Article 14: The Prakas shall take effect from the date of signature.

cc:

- Ministry of Royal Palace
- Secretariat General of the Senate
- Secretariat General of the National Assembly
- Cabinet of the Prime Minister
- Office of the Council of Ministers
- All ministries concerned
- *National AIDS Authority*
"for information"
- General Directorate of Labour and
General Directorate of Vocational Training
"for dissemination and implementation"
- All Provincial-Municipal Departments of MoLVT
"for dissemination and implementation"
- Employer associations
"for dissemination and implementation"
- Union confederations, federations, and local branches
"for dissemination and implementation"
- All Radio and Television networks for "dissemination"
- Royal Gazette
- Archive and documentation

**Signature and Stamp
Minister**

NHEP BUNCHIN

Annex of the Prakas No. 086 ព.ក.ប.ក/ប.ក . MoLVT
Dated: 03 May 2006

KINGDOM OF CAMBODIA

Nation Religion King

Member List of HIV/AIDS Working Group or Committee

No.	Family Name and Given Name	Sex	Date of Birth	Position in the Enterprise	Position in the Working Group or Committee	Contact Address	Phone Number	Others

The list ends at Number

Phnom Penh,200...

Chair of the Working Group or the Committee
Name and Signature

Appendix 3: Some relevant provisions of the Law on the Prevention and Control of HIV/AIDS

Promulgates

The Law on the Prevention and Control of HIV/AIDS, which was enacted by the National Assembly on 14 of June, 2002 at its 8th plenary session of the 2nd legislature, and entirely approved by the Senate of its form and legal concepts on the 10th July, 2002 at its 7th plenary session of the 1st legislature, has the following provisions:

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 PLWHA 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.

...

CHAPTER II: EDUCATION AND INFORMATION DISSEMINATION

...

Article 9:

All institutions, enterprises, and handiworks, shall cooperate with the National AIDS Authority to organize the education programs on HIV/AIDS at the workplace, and shall include the topics on maintaining of confidentiality and attitude toward the infected employees and workers.

Beside the education on HIV/AIDS, all institutions, enterprises, and handiworks shall develop plans according to their mandate to contribute to the prevention and control of HIV/AIDS.

...

CHAPTER IV: 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 20:

It is strictly prohibited to any compulsory HIV testing undertaken to indicate pre or post conditions for employment, admission to educational institutions, as well as for the exercise of freedom of abode, traveling, and the provision of medical services or other services.

Article 21:

The compulsory HIV testing shall be allowed in case of court order only.

...

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 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.

CHAPTER VIII: 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.

...

CHAPTER X: PENALTIES

Article 51:

Any person who violates the Article ... 33 of this law, shall be punished with a penalty of fine of fifty thousand (50,000) to two hundred thousand (200,000) Riels, and with a penalty of imprisonment for one (1) month to six (6) months. In case of repeated offences, the punishment shall be double. For civil servants, administrative sanctions shall be added.

Article 52:

Any person who violates the Article 36, ... of this law, shall be punished with a penalty of fine of one hundred thousand (100,000) to one million (1,000,000) Riels, and with a penalty of imprisonment for one (1) month to six (6) months. In case of repeated offences, the punishment shall be double. For civil servants, administrative sanctions shall be added.

Appendix 4: Generic Policy on HIV/AIDS in the Workplace

[Enterprise's LOGO]

POLICY ON HIV/AIDS in {NAME OF ENTERPRISE}

GENERAL STATEMENT:

.... **ENTERPRISE** recognizes the seriousness of the HIV/AIDS epidemic and its impact on the workplace. The **ENTERPRISE** supports national efforts to reduce the spread of the infection and minimize the impact of HIV/AIDS.

OBJECTIVE:

The purpose of this policy is to ensure a consistent and equitable approach to the prevention of HIV among employees and their families, and to the management of the consequences of HIV/AIDS, including the care and support of employees living with HIV/AIDS. The policy will help promoting the solidarity between employers and workers as well as increasing the enterprise's productivity. The policy has been developed and will be implemented in consultation with employees at all levels.

POLICY FRAMEWORK AND GENERAL PRINCIPLES:

The **ENTERPRISE** recognizes the ten key principles of the ILO Code of Practice on HIV/AIDS and the World of Work and Cambodian Law on Prevention and Control of HIV/AIDS as a basis for its action on HIV/AIDS.

While the **ENTERPRISE** recognizes that there are circumstances unique to HIV infection, this policy rests on the principle that HIV infection and AIDS should be treated like any other serious condition or illness that may affect employees. It takes into account the fact that employees may live full lives for a number of years after becoming infected. The company's commitment to maintaining a safe and healthy work environment for all employees is based on the recognition that HIV is not transmitted by casual contact.

SCOPE:

This policy applies to management and all employees.

SPECIFIC PROVISIONS:

1. PROTECTION AGAINST DISCRIMINATION, VICTIMIZATION AND HARASSMENT

All employees will be protected against discrimination, victimization or harassment based on their real or perceived HIV-positive status.

2. EMPLOMENT OPPORTUNITIES AND TERMINATION OF EMPLOYMENT:

No employee will suffer adverse consequences, whether dismissal or denial of employment opportunities, merely on the basis of HIV infection.

3. TESTING:

HIV screening will not be required of job applicants or persons in employment. However, the **ENTERPRISE** will promote and facilitate access to Voluntary Confidential Counseling and Testing (VCCT) for all employees. All VCCT will comply with accepted national and international standards on pre and post-test counseling, informed consent, confidentiality and support.

4. CARE AND SUPPORT FOR WORKERS:

The **ENTERPRISE** will treat employees who are infected or affected by HIV/AIDS with empathy and care. The **ENTERPRISE** will provide some reasons assistance, which may include counseling, time off, sick leave and information regarding the virus and its effect.

5. WORK PERFORMANCE:

It is the policy of the **ENTERPRISE** to respond to the changing health status of employees by providing suitable work sites for those infected with HIV. Employees may continue to work as long as they are able to perform duties safely and in accordance with performance standards accepted by the **ENTERPRISE**. If any employee with AIDS is unable to perform his or her tasks adequately, the manager or supervisor must resolve the problem according to the company's normal procedures regarding poor performance/ill health.

6. BENEFITS:

Employees living with HIV/AIDS will be treated no less favorably than staff with other serious illness/condition in terms of statutory and hotel benefits, work place compensation, where appropriate, and other available resources.

7. HEALTH CARE:

The **ENTERPRISE** will help employees living with HIV/AIDS to find appropriate medical service in the community, as well as counseling service, professional support and self-help group, if required. Reasonable time off will be given for voluntary counseling, confidential and testing center (VCCT) and treatment.

8. IMPLEMENTATION AND MONITORING:

The **ENTERPRISE** has established an HIV/AIDS committee to coordinate and implement its HIV/AIDS policy and programme. The committee will consist of representing all **constituents**: at least 2 employer representatives, 2 employee/trade unions representatives and one enterprise physician.

Please see "Prakas (#086) on the Creation of the HIV/AIDS Committee in Enterprises and Establishments and the Prevention of HIV/AIDS in the Workplace."

The implementation of this policy will confirm the ENTERPRISE's normal disciplinary and grievance procedure. Confidentiality will be assured during any and all procedure.

In order to plan and evaluate its HIV/AIDS policy and programme effectively, the ENTERPRISE will undertake a survey to establish baseline data and regular risk and impact assessment studies. The studies will be carried out in consultation with, and with the concern of, employees and their representatives, and in conditions of complete confidentiality.

The policy and related information on HIV/AIDS will be communicated to all the ENTERPRISE's employees using the full range of communication methods available to the ENTERPRISE.

This policy will be reviewed annually and revised as necessary in the light of changing conditions and the findings of surveys/studies conducted.

.....
Name:.....
General Manager of the Enterprise

.....
Name:.....
Workers Representative/Trade Union

Appendix 5: List of local service providers for VCCT, STIs and information

<p>National Center for HIV/AIDS Dermatology and STD (NCHADS): Voluntary Confidential Counseling and Testing Unit</p>	<p>Dr. Phrom Phanit Tel: 012967758, Email: vcct@nchads.org</p> <p>Dr. Sok Panha, Tel: 016851595, Email: vcct@nchads.org</p> <p>Dr. Chea Chankosalmony, Tel: 016340557, Email: vcct@nchads.org</p>
<p>Phnom Penh</p>	<p>STDs and Dermatology Clinic: #255H, National Road #6A, Kean Kleang, Sangkat Prek Leap, Khan Russey Keo, Phnom Penh Mobile: Contact 023-213 024</p> <p>Maternity and Child Health Hospital #86 , Str. 47, Phnom Penh</p> <p>INTHANOU Hotline 012 999 008 012 999 009 092 914 111 - Free for 012, 092, 017 - Conversation are kept confidential</p> <p>→ You are advised to call INTHANOU Hotline for information and specific referral services</p>
<p>Takeo Province</p>	<p>Provincial Health Department Phoum Phsar Denkor, Khom Rokaknong, Srok Donkeo Mr. Ouch Sareth Counselor, Mobile: 011633451</p>
<p>Kadal Province</p>	<p>Chey Chomnas Referral Hospital Phoum Krapeucha Khoum Prek Ressey Srok Takhmao Khet Kandar Dr. Kong Chhunly Director RH, Mobile: 012578099</p>
<p>Kampong Speu Province</p>	<p>Kampong Speu Referral Hospital Phoum Sno Khoum Rokathom Srok Chbamon Khet Kampong Speu Mr. Houn Thin Provincial AIDS Office (PAO) Chief, Mobile: 016856493</p>
<p>Sihanoukville</p>	<p>Sihanoukville Referral Hospital Sangkat No 4 Khan Mitapheap Sihanouk Ville Ma. Kim Sitha PAO Chief, Mobile: 016888110</p>
<p>Battambang</p>	<p>PAO Khoum Ratanak, Srok Battambang Dr. Lay Vitia PAO Chief, Mobile: 012823067</p>

Siem Reap	Center 1 Health Center Phoum Mondul 1 Khoum Svay dang kum, Siem Reap District Dr. Kros Sarath PAO Chief, Mobile: 012695676
Kampong Cham	Family Health Clinic Street 7 Khoum Kampong Cham, Kampong Cham District Dr. Chhun Lypic PAO Chief, Mobile: 012823923
Kampong Thom	Kampong Thom Referral Hospital Phoum 7 Khoum Kampong Thom, Steung Sen District Dr. You Pisey PAO Chief, Mobile: 012838885
Banteay Meanchey	Mongkulborey Referral Hospital Phoum Koh Keo Khoum Ressey Krok, Monkulborey District Ma. Sin Eab PAO Chief, Mobile: 012953244
Prey Veng	VCCT Kampong Leav Phoum 1 Khoum Kampong Leav, Kampong Leav District Ma. Deap Veasna PAO Chief, Mobile: 012956010
Svay Rieng	Svay Rieng Referral Hospital Phoum Sras Vong, Khoum Svay Rieng, Svay Rieng District Dr. Ing. Singkong PAO Chief, Mobile: 012213652
Koh Kong	Smach Meanchey Referral Hospital Phoum 1, Khoum Smach Meanchey, Smach Meanchey District Dr. Leng Veng Se PHD Vice Chief, Mobile: 016823021
Kampot	VCCT Kampot Phoum 1 Ousaphea, Khoum Kampong Kandal, Kampong Bay District Ma. You Sakun PAO Chief, Mobile: 012752021
Kampong Chhnang	Phoum Kandal, Khoum Kampong Chhang, Kampong Chhang District Ma. Lim Leang Ngoun PAO Chief, Mobile: 016356016
Pursat	Sampovmeas Referral Hospital Phoum Pealnhek, Khoum Ptasprey, Sampovmeas District Dr. Sor Hong PAO Chief, Mobile: 012931302
Ratanakiri	Ratanakiri Referral Hospital Phoum 4, Khoum Labanseak, Banlung District Dr. Eng Kunvuth PAO Chief, Mobile: 011693131

Mondulkiri	Senmonorom Referral Hospital Phoum, Khoum Senmonorom, Senmonorom District Ma. Kuch Vanna PAO Chief, Mobile: 012998276
Preh Vihear	Makara Referral Hospital Phoum Andong Pour, Khoum Kampong branak, Tbeng Meanchey district Ma. Khon Sophorntara PAO Chief, Mobile: 012950729
Oudormeanchey	Samrong Referral Hospital Phoum Chhouk Khoum Samrong, Samrong District Ma. Sam Samphors PAO Chief, Mobile: 011731788
Kratie	Rokakandal Health Center Phoum Kratie, Khoum Kratie, Kratie District Dr. Samot Lima PAO Chief, Mobile: 012917592
Steung Treng	Stueng Treng Health Center Phoum Prek, Khoum Stueng Treng, Steung Treng District Mr. Eam Lorn Counselor, Mobile: 012206631

Reproductive Health Association of Cambodia (RHAC) Service

(List from RHAC Phnom Penh in March 2010)

Phnom Penh	<ul style="list-style-type: none"> - Head Office: #14, St. 317, Sangkat Boeung Kok I, Khan Toul Kork, Phnom Penh. E-mail: rhac@rhac.org.kh. Fax: 023 885 093, Tel: 023 885 135/883 027/ 880 850 - Clinic Phnom Penh 1: #06, St. 150, Sangkat Veal Vong, Khan 7 Makara, Tel: 023 881 621 - Clinic Phnom Penh 2: #40, St. 432, Sangkat Toul Tum Poug I, Khan Chamkarmon, Phnom Penh. E-mail: pp2clinic@rhac.org.kh, Tel: 023 218 504 - Clinic Phnom Penh 2 Plus: #38, St. 432, Toul Tumpoung1, Chamkarmon, Tel: 023 726 659 - Central Stores (Phnom Penh): #33, St. 156, Sangkat Psa Depo 1, Khan Toul Kork, Tel: 023 885 030 - Health Post: Chak Angre Krom: #1607, Nat'l Road #2, Chak Angre Krom, Khan Meanchey, Tel:024 985 079 - Health Post & Youth Center: Streung Meanchey: # 19, 20, 21 Trapaing Tloeung village, Sangkat Chaumchao, Khan Dankor. Tel: 023 985 773 - Health Post: Toul Sangket: #7AE0 AE1, Nat'l Road #5, Samaki village, Khan Russey Keo, Tel:023 990 773 - Toeuk Thla Clinic: # G35-G37, St. Goody, Sangkat Teuk Thla, Khan Russey Keo, Tel: 023 883 026
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	<ul style="list-style-type: none"> - Health Post: TumnuP Thmey: # 357, St 371 Thnoit Chrom village, Beung Tumpun, Khan Meanchey, Tel:023 995 476
Battambang	<ul style="list-style-type: none"> - Clinic & Youth Center: #154, Group 59, Prek Mohatep village, Svay Por commune, Battambang district, Tel: 053 952 610 - Youth Center Ek Phnom: #178, Group 12, Sna Pi Muk Village, Prek Khpok commune, Ek Phnom district, Tel: 092 469 122 - Youth Center Phnom Sam Pao: Kok Ampil village, Phnom Sam Pao commune, Banan district
Sihanouk	<ul style="list-style-type: none"> - RHAC Clinic & Office: # 555, St. Ekareach, Group 4, Sangkat 4, Khan Meatapheap, Tel: 034 933 942 - Youth Center Prey Nup: #449, Nat'l Road #4, Group 18, Veal Meas village, Sangkat Veal Renh, Khan Prey Nup, Tel: 016 572 480
Kompong Cham	<ul style="list-style-type: none"> - RHAC Clinic & Office: #10, St. Trasak Phaem, Boeung Kok village, Kompong Cham commune, Kompong Cham district, Tel: 042 941 502 - Health Post Suong: Suong Lech village, Suong commune, Tbong Khmom, Tel: 016 305 511 - Health Post Pha Av: Pha Av village, Pha Av commune, Batheay district, Tel : 012 446 881 - Youth Centre Dambe: Svay Popeash Village, Dambe Commune, Dambe District, Kampong Cham. - Youth Center Tbong Khmom: Soung Lech village, Soung Commune, Tbong Khmom district, Kampong Cham - Youth Center Kampong Siem: Tro Koun village, Krola commune, Kampong Siem district, Kampong Cham
Takeo	<ul style="list-style-type: none"> - RHAC Clinic & Office: #5, St. 8, Lory village, Roka Khnong commune, Doun Keo district Tel: 032 931 361 - RHAC Bati OD: Borcham Village, Cham Bok Commune, Bati District, Tel: 012 885 465 (Dr.Seng Rathna Director of Bati OD) - Youth Center Batie: # 292, National road No. 2, Seyha village, Chambok commune, Batie district, Tel: 092 382 502
Siem Reap	<ul style="list-style-type: none"> - RHAC Clinic &Office: Trapeang Seh village, Kork Chork commune, Siem Reap district Tel: 063 964 960 - Health Post Pourk: #1229, Kork Choun Village, Pourk Commune, Pourk District, Tel: 063 767 012 - Youth Centre Pourk: # 1229, Kork Choun Village, Pourk Commune, Pourk District, Siem Reap.Tel: 012 302 736 - Youth Center Banteay Srey: Banteay Srey district, Khnar Sanday commune, Bateay Srey district, Siem Reap, Tel: 012 360 584 - Youth Center Angkor Chom: Daunsvay village, Char Chhouk commune, Angkor Chom district, Siem Reap, Tel: 012 729 479

Komgpong Speu	<ul style="list-style-type: none"> - RHAC Clinic & Office: Snour Te 1 village, Roka Thom commune, Chba morn district, Tel: 025 987 145 - HIV/AIDS Kong Pisey: Kraing Khnorng village, Sraang commune, Korng Pisey district - Outreach : #19c, Mouk Wath Village, Rokar Thom Commune, Chhbar Mon District, Tel : 025 987 261
Prey Veng	<ul style="list-style-type: none"> - Pearaing Office & HIV/AIDS: Snai Pul village, Roka commune, Pearaing district
Svay Rieng	<ul style="list-style-type: none"> - RHAC Clinic & Office: #50, Bavet Kandal village, Bavet commune, Chantrea district, Tel: 044 946 066 - Youth Center, VG&CHD Svay Rieng: Me Phleung Village, Svay Rieng Commune, Svay Rieng District, Tel: 044 954 934 - Youth Center Svay Chrom: Trobek Village, Svay Chrom Commune, Svay Chrom District, Svay Rieng. Tel: 012 637 960
Mundolkiri	<ul style="list-style-type: none"> - Youth Center Modulhiri: Chamkar Te village, Spean Mean Chey commune, Sen Monorom district, Mondulkiri, Tel: 012 828 964
Pailin	<ul style="list-style-type: none"> - c/o Municipal Health Department Pailin Tel: 012 209 670; 092 567 132