



UN Cares in Action

The Case of Cambodia 2014

Addressing Stigma and Discrimination

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MINIMUM STANDARD

NOTES

1 Information about UN Policies and Benefits	All personnel and their dependents in all locations have access to information about UN system policy, programmes, personnel rights, entitlements and benefits, and their own responsibilities regarding HIV and AIDS in the UN workplace and their associations are consulted about these measures.
2 Information about Preventing Transmission of HIV and about Accessing Treatment and Care Service	All personnel and their dependents in all locations have sufficient and appropriate knowledge to make informed decisions to protect themselves from HIV and, those infected or affected by HIV, know where in their duty stations ³ to access good quality care, medical treatment, ⁴ and support services.
3 Learning and training activities on stigma and discrimination	Measures are in place to combat stigma and discrimination, and to increase gender awareness, including learning activities for personnel and their families in all locations.
4 Access to male and female condoms	All personnel and their families have access to male and female condoms. When high-quality condoms are not reliably and consistently available from the private sector, access should be simple and discreet at the UN workplace, either free or at low cost.
5 Voluntary counseling and testing	All personnel and their families should have access to Voluntary Counseling and Testing (VCT).
6 Insurance covering HIV-related expenses	All staff and recognized dependents, regardless of contract status or agency, have access to insurance coverage, allowing them to access the necessary services required for HIV prevention, treatment and care.
7 Confidential handling of personal information	All UN system personnel with access to personal information about personnel maintain confidentiality in the management of personal information (such as HIV status or any other medical condition), including processing of a) all health insurance claims, b) agreements on accommodation in working arrangements, and any other circumstances in which personnel choose to disclose their status.
8 First aid using standard precautions	All personnel have access to first aid assistance using standard precautions in UN system workplaces.
9 Rapid access to PEP starter kits	All personnel and their family members have access within 72 hours to HIV emergency Post-Exposure Prophylaxis (PEP) starter kits and related medical care, counseling, and follow-up treatment in case of potential exposure to HIV because of sexual assault, or occupational accident.
10 Managerial commitment	All managers assume leadership on the implementation of UN Cares, in consultation with staff representatives or Associations.

Acronyms

ADB:	African Development Bank
AIDS:	Acquired Immunodeficiency Syndrome
DPKO:	Department of Peace-keeping Operations
ECLAC:	Economic Commission for Latin America and the Caribbean
FAO:	Food and Agriculture Organization
HIV:	Human Immunodeficiency Virus
ICAO:	International Civil Aviation Organization
IEC:	Information, Education and Communication
IFAD:	International Fund for Agricultural Development
ILO:	International Labour Organization
IMF:	International Monetary Fund
INSTRAW:	United Nations International Research & Training Institute for the Advancement of Women
IOM:	International Organization for Migration
OCHA:	Office for the Coordination of Humanitarian Affairs
NGO:	Non-governmental Organization
PAHO:	Pan-American Health Organization
PEP:	Post-Exposure Prophylaxis
UNAIDS:	United Nations Joint Programme on HIV/AIDS
UNCC:	United Nations Compensation Committee
UNDP:	United Nations Development Programme
UNDSS:	United Nations Department of Safety and Security
UNFPA:	United Nations Population Fund
UNGASS:	United Nations General Assembly Special Session on AIDS
UNHCR:	United Nations High Commission for Refugees
UNIDO:	United Nations Industrial Development Organization
UNESCAP:	United Nations Social and Economic Commission for Asia and the Pacific
UNESCO:	United Nations Educational, Scientific and Cultural Organization
UNIFEM:	United Nations Development Fund for Women
UNICEF:	United Nations Children's Fund
UNIC:	United Nations Information Centre
UNIDO:	United Nations Industrial Development Organization
UNJMS:	United Nations Joint Medical Services
UNODC:	United Nations Office on Drugs and Crime
UNON:	United Nations Office at Nairobi
UNOPS:	United Nations Office for Project Services
UN Plus:	United Nations System HIV Positive Staff Group
VCT:	Voluntary Counseling and Testing
WB:	World Bank
WFP:	World Food Programme
WHO:	World Health Organization

Introduction

This document is part of a compendium of thematic case studies documenting the experience of several countries in implementing UN Cares, the UN system-wide HIV workplace programme. The case studies highlight the successes and challenges of the UN Cares teams and their partners, and cover countries that have succeeded to varying degrees in implementing the UN Cares' 10 Minimum Standards.

Officially launched in 2008, UN Cares is designed to reduce the impact of HIV on the UN workplace by supporting universal access to a comprehensive range of benefits for all UN personnel and their families. These benefits – known as the *UN Cares 10 Minimum Standards* – include information and education, voluntary counseling and testing, access to male and female condoms, and emergency prevention measures in case of accidental exposure, among others. The *Standards* also call for increased measures to stop stigma and discrimination. UN Teams in all countries are required to meet the 10 Minimum Standards.

The compendium of case studies, of which this document forms part, outlines the work of UN Cares teams that have been recognized for excelling in relation to a particular UN Cares priority. The case studies begin by explaining the national HIV context, and providing information on UN presence in the country. All case studies outline the challenges and successes they experienced in implementing UN Cares by addressing issues of funding, senior leadership, key implementers of UN Cares at country-level, efforts to include employees' families and dependents, and how the issue of stigma and discrimination is addressed.

The case studies cover countries from all regions of the world with diverse HIV epidemics and different levels of UN presence.

Background and Context:

Cambodia is one of the few countries to achieve Millennium Development Goal 6 (MDG6): To halt and reverse the spread of HIV by 2015 as result of joint effort of Royal Government of Cambodia (RGC), development partners, civil society and community. National prevalence has fallen to 0.6% in 2014, down from a high of 1.7% in 1998. One among highly effective interventions which resulted in bringing down the HIV epidemic in Cambodia was the 100% Condom Use Programme, which was a collaborative programme between local authorities (health services, police, law enforcement official, local authorities) and sex entertainment establishments (owners, managers and sex workers) that aimed to reduce the sexual transmission of HIV and STIs

**ZERO
TOLERANCE
FOR
HIV
STIGMA**

Stigma and discrimination surrounding HIV/AIDS pose critical barriers to prevention, treatment, care and support programs.

by assuring high condom use sexual relations putting people at high-risk. The main characteristic of the programme is the empowerment of sex workers to be able to practise “No condom – No sex” in sex work everywhere.¹

Moreover, a stronger health system and improved service delivery and linkages have made it possible for Cambodia to successfully reach the target of universal access to treatment, with approximately 75% of people living with HIV on ART by end 2014.

Despite these successes, pockets of high prevalence continue to exist, particularly among key populations – entertainment workers (EWs), men who have sex with men (MSM), transgender people (TG), and people who inject drugs (PWID). HIV prevalence is estimated to 13.9% among EWs (with >7 clients per week, 2011), 2.3% among MSM (2014), 9.8% among TG (2013), and 24.8% among PWID (2012). In addition, although Cambodia has made significant progress both in reducing the number of new infections and providing HIV treatment, loss to follow-up remains a challenge along the HIV cascade. In a context of fewer new infections, and high coverage of care and treatment, further reducing this loss to follow up is critical. The Integrated Active Case Management approach was introduced late 2013 as a specific, client-oriented approach to better respond to individual needs through appropriate support for regular access to HIV services along the HIV cascade. In addition, the ‘Identify, Reach, Intensify, and Retain’ approach has been introduced to better reach and retain populations at higher risk in HIV prevention and treatment services. Cambodia remains highly committed to achieving the 90-90-90 target by 2020 and 95-95-95 target by 2025 through fast tracking progress.

However, despite good progress, stigma and discrimination against people living with HIV (PLHIV) and their families remains at various levels. HIV-related stigma and discrimination pose critical barriers to HIV prevention, care and support for PLHIV. Stigma and discrimination violate human rights and prevent access to job opportunities and other health and social support for PLHIV and their families.

As part of the UN Cares Global Initiative on fighting stigma and discrimination in the workplace, the UN Cares team in Cambodia organised a “Zero tolerance for HIV stigma” awareness campaign in October - November 2013. This was the largest campaign and event ever implemented by the UN Cares Team in Cambodia. The initiative was designed in response to the results of the 2013 UN Cares All Personnel Survey and surveys from previous years which showed a need to increase overall staff knowledge on HIV, stigma and discrimination. Many staff reported that stigma and discrimination were common in the UN workplace in Cambodia and that they did not trust colleagues to keep their status confidential. The survey also showed that national staff had a lower understanding of HIV-related, stigma and discrimination than international staff. The UN Cares Team in Cambodia realized that they would need to reach out beyond their usual activities if they were to achieve a marked improvement in attitudes to and awareness about stigma and discrimination in the UN workplace.

¹ Rojanapithayakorn W (2006): 100% condom use programme in Asia. *Reproductive Health Matters* 14(28):41-52

The team's locus of attention is centered on the HIV awareness campaign. The attendance of HIV in the workplace courses is mandatory among staff. Other means of spreading information about HIV prevention, treatment, and support resources are also advanced: they range from hosting town-hall events to transformation of the UN staff workstation to reflect the "Zero Tolerance for HIV Stigma" campaign objectives. In order to ensure The UN Cares works closely in the area of policy implementation, ensuring that the promoted support services and commodities are indeed available to all staff.

Structure of UN Cares Cambodia:

In Cambodia UN Cares is coordinated by the UNAIDS country office and is further assisted with policy implementation by the UNCT. The Cambodian UN Cares team is composed of staff members from different UN organizations representing a diverse combination of personal and professional backgrounds. In addition, the UN Cares team works in close collaboration with the UNDSS team and various UN internal thematic groups set up by the Country Team, of which the most relevant are the UN Learning Team, UN Communication Group (UNCG), Operations Management Team (OMT), UN Theme Group on Human Rights and UN Theme Group on Gender (UNTG-G).

Funding

Despite not having a regular source of funding, the UN Cares in Cambodia is supported by a variety of UN agencies. Heads of Agencies have provided significant support to UN Cares by allocating personnel time to be members of the UN Cares team. UNAIDS provided around \$4,500 funding to hold the UN Cares event addressing stigma and discrimination (i.e, for venue, and information material.). The UN Cares core team was successful at launching comparatively low-cost online initiatives like its interactive quiz and the social media awareness campaign.

Objectives of "Zero Tolerance for HIV Stigma" Campaign

The overall aim of the campaign was to raise awareness on HIV related stigma and discrimination among UN staff across Cambodia. The specific objectives were to:

1. Increase understanding of HIV-related stigma and discrimination, including on the prevalence and nature of these two phenomena in Cambodia;
2. Lay emphasis on the UN's commitment to zero stigma and discrimination, both in the UN workplace and in Cambodia through supporting the national AIDS response;
3. Increase staff understanding of the comprehensive UN Personnel Policy, in particular related to HIV at the workplace and HIV-related services.

The initiative aimed to reach all UN staff, with a particular focus on national staff as they showed a lower awareness of stigma and discrimination in the previously conducted "2013 UN Cares All Personnel Survey". The campaign aimed to reach staff across the country through staff notices, emails, posters, social media, leaflets and agency meetings. Around 300 staff were invited to attend the town-hall event, aiming for a proportionally higher number of national staff. The event was held in Phnom Penh with staff based in the provinces encouraged to attend.

Campaign Strategies based on Needs Assessment

The initiative was designed in response to the results of the 2013 UN Cares All Personnel Survey and surveys from previous years which showed a need to increase overall staff knowledge on HIV, stigma and discrimination. Many staff said they thought stigma and discrimination were common in the UN workplace in Cambodia and they did not trust colleagues to keep their HIV status confidential. 49% believed stigma and discrimination occurred in the UN workplace to some extent and 23% believed it occurred to a great extent or fully. Confidentiality was also an issue, with 60% of staff reporting they would not trust at all or only slightly trust their supervisor to keep their status confidential. While most staff knew the UN Personnel Policy existed, many did not know how it applied to staff living with HIV. For example, 40% reported that they were not aware, or were unsure that staff living with HIV were eligible to have their contract renewed under the Policy. The survey showed that national staff had a lower understanding of HIV-related, stigma and discrimination than international staff. The findings of the 2010 Stigma Index in Cambodia were also considered in the design of the initiative.

While the survey showed that most staff had done HIV-related training online, it was clear that many staff still did not fully understand the UN's policies on HIV in the workplace. Therefore the UN Cares Team deliberately chose to minimise one-way learning and use interactive and participatory learning approaches. These approaches were vital to the success of the campaign. Survey results showed that online courses and distribution of generic information was not enough to effectively raise awareness and change attitudes about stigma and discrimination. Therefore the UN Cares team created online and offline activities which encouraged staff to participate and critically think about the issues. For example, the online quiz was distributed via email and anticipation was increased by encouraging competition between agencies. The results of the quiz were not provided until the day of the town-hall event to allow staff to think about and discuss the answers. The sessions during the town-hall event were designed to maximise staff participation, with Q&A after each session, interviews with people living with HIV, an enthusiastic re-run of the quiz and role play to demonstrate staff responsibilities under the UN Personnel Policy. The results of the exit survey and testimonies from staff showed this was a far more effective way of raising awareness about stigma and discrimination.

External Partnerships for the Campaign

The Forum of Networks of People Living with HIV and Most at Risk Populations (FoNPAMs) supported the town-hall event by arranging for two HIV-positive members to participate in the panel session. They provided key insights to staff on living with HIV, stigma, discrimination and living a full life as an HIV-positive person. The panel discussion with people living with HIV was also an innovative approach because it allowed staff to hear real life experiences and aspirations of people living with HIV. For most staff, this was their first time they had knowingly spoken with People Living with HIV. The people's personal stories humanised the issue of stigma and discrimination and was perhaps the most effective approach of the initiative for increasing staff awareness of and commitment to end stigma and discrimination. The People Living with HIV were also able to give different perspectives of discrimination – that of women living with HIV and that of men who have sex with men – which allowed staff to see the multi-faceted forms of

discrimination. Importantly, the panel discussion showed staff that PLHIV can and should be free to live a normal life with proper treatment, and both PLHIV emphasised the importance of testing and taking treatment properly. The success of the session was evident in the Q&A where many staff asked questions and expressed their gratitude to the PLHIV, causing the session to run well over the allotted time. Feedback from staff and staff testimonials showed that this was the most popular session of the town-hall event.

A final innovation was tailoring the campaign to the needs of different demographic groups within the UN workforce. For example, recognising that younger UN staff were more likely to engage in behaviours that would put them at risk of HIV in Cambodia, as shown in the Ministry of Education's Youth and Sport's Most-at-risk Young People Survey, the UN Cares Team worked with an NGO with expertise in HIV education for youth to develop a specific brochure for youth on HIV, to ensure that the messaging was appropriate for a youth audience and encouraged staff to share it and discuss those issues with adolescents in their families

Implementation of the Campaign

Several approaches were used during the campaign and event to engage staff and stimulate discussion, including participatory education and interaction with people living with HIV. The initiative focused on the key issues of HIV-related stigma and discrimination in Cambodia and the UN's policies on HIV in the workforce.



1. Week-long anti-stigma campaign

- Launched with a digital interactive quiz on the key issues, circulated via email.
- National staff (who showed lower understanding in the survey) were encouraged to attend the learning event and most sessions were in Khmer, including Q&A. Simultaneous translation was provided for sessions in English. Most information materials were produced in Khmer and English.
- Information and promotional materials covering the key issues were distributed to staff and agencies across the country (most published in Khmer and English), including:
 - o Anti-stigma campaign leaflet
 - o HIV flyer
 - o Information brochure for youth (for children and youth networks of UN staff)
 - o Desktop wallpapers for staff computers
 - o Posters of the 10 Minimum Standards and #zerodiscrimination butterfly
 - o Regular all-staff emails.
 - o 850 red ribbon bracelets
 - o Exit mood check questionnaire
- Events were promoted and information covering the three objectives was shared through joint UN working groups such as the Country Teams (UNCT), Communications Group

(UNCG), United Nations Theme Group on Gender (UNTGG) and Joint UN Team on HIV/AIDS (JUTH).

2. Half-day anti-stigma town-hall event:

- UNRC addressed the opening session and UN Cares focal points facilitated the event, which included the following interactive sessions:
 - o Remarks from the UN Resident Coordinator stressing UN high level leadership commitment, including that of the UNCT in Cambodia.
 - o Panel discussion with two people living with HIV (PLHIV) (including an HIV positive woman and one man who has sex with men (MSM)) who shared their experiences of living with HIV, overcoming stigma and discrimination, and living a dignified life. This was followed by questions by participants.
 - o Interactive session on the UN Personnel Policy, followed by Q&A.
 - o Video message from the UN Secretary-General.
 - o Interactive learning session on the quiz where the audience were re-asked the questions and answers were explained.
 - o Video documentary on living with HIV in Cambodia.
- To evaluate the campaign event, an exit-mood check was conducted after the event. The evaluation showed that the majority of staff indicated they enjoyed the event, would not discriminate against PLHIV, and recommended conducting the same event every year.

All the activities in the initiative were designed to increase understanding of the human rights of PLHIV and KPs focusing on non- discrimination, confidentiality and right to access to services. The materials used during the campaign, as well as the sessions during the town-hall meeting drew attention to human rights violations regularly faced by PLHIV and KPs and the impact this has on their access to health care, employment, education and other services in Cambodia. At the town-hall meeting, a session on the UN Personnel Policy was included to inform staff of their duty to uphold the rights of PLHIV, in particular, the right to freedom from discrimination in the workplace and obligation to keep colleagues' HIV status confidential.

The PLHIV panel at the town-hall meeting consisted of a woman leader living with HIV and a positive MSM leader, both of whom shared their gendered perspectives of living with HIV. The woman raised the specific discrimination faced by women living with HIV, especially around accessing health care, family and having children. She stressed the importance of prevention of mother-to-child transmission and showed participants that people living with HIV (PLHIV) can have healthy children and live a normal family life. The MSM representative talked about the double discrimination he faced as an HIV-positive gay man and how that made it difficult to access HIV and other health services. They inspired the UN staff to come forward and be courageous to break HIV-related stigma. They were also portrayed as key actors of change for their lives, their families and community empowerment which was a critical message to convey. The session was extremely interactive, with staff asking many questions and sharing other experiences which led to lots of discussion between staff and the panel participants on issues surrounding human rights, gender including LGBTI issues, stigma and discrimination, as well as HIV testing and treatment. This was also possibly because the event was designed to also be fun,

was well facilitated and was one of the rare occasions for UN staff from all agencies to happily come together so with other indirect social networking benefits.



Campaign Monitoring & Evaluation

The main sources of information used to monitor results were the quiz, exit-mood check and testimonials from staff following the town hall event. The results were as follows:

- Quiz: 57 staff from 12 different UN agencies completed the online quiz. While this is a low percentage of total staff, a large number of agencies had staff who participated, indicating the quiz had a wide reach across agencies and was not isolated to those agencies working on HIV. All attendees at the town-hall event (120 staff) also participated in a live-version of the quiz where the answers were explained, with particular attention to questions that were answered incorrectly.
- Exit-mood test: At the end of the town-hall event, all attendees were asked to complete an Exit Mood Check enquiring feedback on the event. The results were overwhelmingly positive and showed the participants had improved their understanding of HIV-related stigma and discrimination and how to address it in the workplace.
- Anti-stigma town-hall event:
 - 120 staff (over 10% of all staff) attended the anti-stigma town-hall event. 80% of attendees were nationals, which is higher than the total percentage of national staff.
 - Attendees came from 15 of the 24 UN agencies in Cambodia (FAO, IOM, UNKART, UNDP, UNOPS, WFP, UNESCO, UNAIDS, RCO, ILO, UN Women, UNICEF, UNFPA, WHO and UNAIDS)
 - 8 UN agencies were directly involved in the organisation and facilitation of the event (UNAIDS, UNICEF, WFP, ILO, UNFPA, RCO, UN Women and WHO)

- Anti-stigma campaign:
 - All staff (825 national and 259 international personnel) were reached during the campaign through a series of all-staff emails containing information materials (anti-stigma leaflet, HIV flyer and youth brochure), the quiz and anti-stigma desktop wallpaper which staff could download to their computers.
 - Young people who were relatives or friends of staff were reached through the youth brochure, which was emailed with instructions to distribute to their children and other young people.
 - 57 staff responded to the quiz from 12 different agencies (FAO, IOM, UNDP, UNOPS, WFP, UNESCO, UNAIDS, ILO, UN Women, UNICEF, UNFPA, WHO)

Challenges faced by UN Cares in Cambodia

- One of the key challenges for the team was in allocating the time of UN cares focal points for the UN Cares related activities, given the competing priorities within their roles and responsibilities within their individual organizations. In those instances support of the senior leadership proved to be crucial for maintaining the work of UN Cares.
- Lack of a determined source of funding for activities relevant to UN Cares.
- During the town-hall event, each Q&A lasted longer than anticipated and some staff were not able to ask their questions or decided not to ask questions because they were conscious of time. In future events more time needs to be allocated for staff participation.

Strengths and Accomplishments



- Active and enthusiastic participation from audience in all sessions. Testimonials and feedback from staff after event showed that the topics triggered their interest and enhanced their personal commitment to ending HIV-related stigma and discrimination in the UN workforce. The session was also an opportunity to share experience and information about UN position on LGBTI, sexual and reproductive health issues, human rights, access to health etcetera.
- To continue the momentum of the initiative, the UN in Cambodia promoted the #zerodiscrimination campaign widely within the UN in the lead up to Zero Discrimination Day

on 1 March 2014. UN agencies supported a social media campaign, posting messages on stigma and discrimination and photos of their staff with the #zerodiscrimination butterfly. The butterfly posters were also distributed and displayed in the buildings of UN agencies. The media was engaged, and the UN in Cambodia organised interviews between PLHIV and key affected populations which led to news articles in Khmer and English about HIV-related discrimination.

Advice to other country teams

- The keys to success of the UN Cares team in Cambodia were the top-level support for the campaign; interactive and fun learning approaches to maximize staff participation; tailoring attractive information to different demographic groups; and humanising the issue of HIV related stigma by allowing staff to hear from PLHIV, their personal stories as well as leadership role on HIV and ask questions.
- Strong support and involvement from the UN leadership can play a vital role in the success of a campaign. In the anti-stigma campaign in Cambodia, the UNRC participated in the town-hall event and shared some opening remarks, and the UNCT and UNRCO strongly encouraged each agency to engage in the campaign and learning event, both of which served to raise the profile of the campaign and drive staff participation across agencies.
- Quizzes are an effective way to engage and educate staff because they are forced to analyse the issue and come up with an answer themselves, rather than just being given the answer. Staff participation can be driven by offering incentives such as prizes, and engaging UN leadership. A key lesson learned from the Cambodia experience was to allot more time for interactive learning sessions and bring community representatives.
- Use the UN Cares and HIV to expand staff knowledge on other issues and related UN position e.g., on LGBTI, Sexual and Reproductive Health, human rights

Future Plans

- To ensure sustainability, the UN Cares Team is integrating learning activities on HIV, stigma and discrimination with existing UN Learning packages and the new staff orientation sessions. This will ensure that all new staff are aware of UN Cares, UN policies on HIV, stigma and discrimination in the workforce and how to access HIV-related services and support.
- To ensure the sustainability of access to condoms, the UN Cares Team has developed new guidance on condom distribution within the UN workplace, which supports individual agencies to purchase and distribute condoms through a common procurement agreement and the use of HIV focal points within each agency. UN Cares has also developed a condom poster and condom use instruction to be hung in the bathrooms and/or buildings of UN agencies with information on promotion of safer sex and consistent and correct condom uses.
- To further the UN Cares team's work on stigma and discrimination in the workplace, in 2015 and beyond, the team has implemented UN for All sessions on Dignity and Inclusion in the UN Workplace. The funding was secured by integrating UN for All sessions into the UN Learning Programme. One session on core module took place in 2015. The team plans to hold five more UN for All sessions in 2016.