



# HIV/AIDS AND THE PRIVATE SECTOR IN CAMBODIA

Assessment Report 2014



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# Contents

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<b>06   Background</b>	
<b>06   Purpose of the Assessment</b>	
<b>07   Objectives of the Assessment</b>	
<b>07   Methodology and Limitations</b>	
1. Methodology of the Assessment.....	07
2. Limitation of the Assessment.....	08
<b>08   Finding and Discussion</b>	
1. The Private Sector – Definitions and Concepts.....	08
2. Other “Private Sector” – the Case of Individual Contributions and Contributions from Trade Unions.....	09
3. The Beginning of Business Sector Involvement in HIV/AIDS in Cambodia.....	10
4. Main Business Associations in Cambodia (Made Up of Business Enterprises and For-Profit Organization).....	11
5. Enabling Environment for the Private (Business) Sector Response to HIV/AIDS.....	15
6. Support of the Private (Business) Sector HIV/AIDS Initiatives – the Cambodia Experience.....	17
7. Survey of Private Business Companies: Finding and Discussion.....	24
<b>32   Conclusion</b>	
<b>34   Recommendations</b>	
1. Recommendations for NGOs.....	18
2. Recommendations for HACC.....	18
3. Recommendations for MoLVT.....	18
<b>41   Document Reviewed</b>	
<b>48   Annexes</b>	
1. Some Samples of Private Sector (International Business) Supporting NGOs and Health/Development Initiatives in Cambodia.....	37
2. List of Key Informants.....	39
3. Recommendations from Consultation Workshop Meeting...	39
4. Some Concepts of “Social Enterprise”.....	40
5. Terms of Reference for a Consultant-Private Sector and HIV Assessment.....	40

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# Acronym

APBCA	Asia-Pacific Business Coalition on AIDS
ACTU	Australian Council of Trade Unions
APHEDA	Australian People for Health, Education and Development Abroad
BFC	Better Factories Cambodia
BSIC	Beer Selling Industry of Cambodia
BSS	Behavioural Sentinel Surveillance
CAMFEBA	Cambodian Federation of Employers and Business Associations
CARE	Cooperative Action for Relief Everywhere
CBCA	Cambodia Business Coalition on AIDS
CCC	Chamber of Commerce of Cambodia
CDHS	Cambodia Demographic and Health Survey
CLC	Cambodia Labour Confederation
CPN+	Cambodian People Living with HIV Network
CRS	Catholic Relief Services
CSR	Corporate Social Responsibility
CWDA	Cambodian Women Development Association
CWPD	Cambodian Women for Peace and Development
DoSH	Department of Occupational Safety and Health
EW	Entertainment Worker (Female)
GMAC	Garment Manufacturers Association of Cambodia
HACC	HIV/AIDS Coordinating Committee
H & M	Hennes & Mauritz, Inc.
FHI 360	FHI 360 (formerly Family Health International)
GFATM	Global Fund for AIDS, TB and Malaria
ILO	International Labour Organization
KHANA	KHANA (No full name, formerly Khmer HIV/AIDS NGO Alliance)
M & S	Marks & Spencer
MARPs	Most At Risk Populations
MARYP	Most at Risk Young Populations
MoLVT	Ministry of Labour and Vocational Training
NAA	National AIDS Authority
NASA	National AIDS Spending Assessments
NCHADS	National Centre for HIV/AIDS, Dermatology and STIs
NGO	Non-Governmental Organization
NHCC	Hew Hope for Children Cambodia
NSP	National Strategic Plan for HIV/AIDS
PACT	Private Agencies Collaborating Together
PATH	Program for Appropriate Technology in Health
RHAC	Reproductive Health Association Cambodia
SAFE	Strengthening Activities for Factory Education Project
SoPCoPCT	Standard Operating Procedure for Continuum of Prevention, Care and Treatment
TCC	Tripartite Coordinating Committee
UNAIDS	Joint United Nations Program on HIV/AIDS
UNICEF	United Nations Children Emergency Fund
WDA	Women's Development Association
WVI	World Vision International

## Background

Following a period which saw one of the fastest growing HIV epidemics in Asia in the 1990s, Cambodia has become one of the few countries to have reversed its HIV epidemic, from an estimated prevalence of 2% (among adults aged 15-49) in 1998 to 0.6% in 2011<sup>1</sup>. This steady decline in the general population is due to 1) increasing coverage of ART (over 84% of those eligible are on treatment), leading to decreasing infectiousness of HIV infected individuals, 2) successful implementation of targeted HIV prevention activities (including 100% Condom Use Program, VCCT, PMTCT/linked response, STI care, outreach program) and 3) decreasing number of new HIV infections (HIV incidence fell by 88% between 2001 and 2011). In 2010, Cambodia was recognized by the Millennium Development Goals (MDG) Awards for its outstanding national leadership, commitment and progress towards achievement of Goal 6 and particularly in working towards halting and reversing the spread of HIV.

HIV/AIDS Coordinating Committee (HACC) in collaboration with the Cambodian Business Coalition on AIDS (CBCA) and with financial support from CAFOD conducted an **“Assessment with private sector in response to HIV and AIDS in Cambodia.”** HACC was established in 1993 and is a national network of NGOs working on HIV/AIDS in Cambodia, with over 120 members. The CBCA, the leading organization on response to HIV & AIDS in private sector, was launched in 2007 by a group of business persons committed to protecting the health and well-being of Cambodian workers in response to HIV and AIDS.

## Purpose of the Assessment

### **The findings of the survey will be used to:**

- Provide inputs to the strategic plans revision of HACC and CBCA;
- Identify possible strategies and partnerships for mobilizing resources in partnership with the private sector and business associations;
- Gain more understanding and knowledge about private sector responses, and share the findings with other key stakeholders who are working with, or part of the private sector (such as CBCA, CARE, RHAC, GMAC and CAMFEBA, UNAIDS, ILO, MoLVT, Marie Stopes, and Others)
- Used by HACC and members to advocate communities and authorities to allocate fund to response to HIV and AIDS

The findings of the survey will be disseminated through a validation workshop and published on the website of HACC and CBCA.

<sup>1</sup> UNGASS report 2011-2012, quoting NCHADS HIV prevalence estimates from 2007 (p. 14)

# Objectives of the Assessment

1. To assess the potential roles of private sector to response to HIV/AIDS
2. To assess services and resources from private sectors in response to HIV and AIDS
3. To identify factors hindering participation of private sector in providing and supporting on HIV/AIDS services
4. To review fund raising mechanism and barriers among private sectors in response to HIV/AIDS
5. To propose funding mechanism from private sectors in response to HIV/AIDS
6. To compile best practices of the involvement of private sectors in response to HIV/AIDS and to identify some activities and strategies that private sector representatives feel may be effective in HIV/AIDS education and information.

## Methodology and Limitations

### 1. Methodology of the Assessment

This is primarily a qualitative assessment, starting with a review of the literature (Desk review), preparatory meetings and consultation with key stakeholders (HACC, CBCA, CAMFEBA, GMAC and the MoLVT, and interviews with Key informants, such as PACT, CARE, RHAC and other NGOs who have experience in mobilizing resources from private (business) sector . The list of key informants is in Annex 2.

A survey of private companies was done with the collaboration of GMAC and CBCA. A sample of randomly selected organizations from the garment sector, utilizing the 2013 GMAC Directory was selected, while all the different private sector partners of CBCA (with the exception of the CBCA garment factory partners) were done. The category of companies selected for this study included telecommunications, hotels, pharmaceuticals, banking, entertainment establishments, oil and petroleum, and garments. Two additional business companies were included in the survey though they were not CBCA members.

Questionnaires were sent out to participants via e-mail, with instructions to send back the responses to HACC. HACC staff received an orientation on the questionnaire and on how to conduct the interview. HACC staff also followed up by phone, and for seven respondents, (mostly from the entertainment establishments, who had no access to email), the survey questions were asked by a phone interview and manually recorded. Survey data was analysed using SPSS 21.

A consultation-workshop on the initial findings of the Assessment was held on June 27 2014. This was attended by 25 representatives, from the NGO sector and HACC, from the private sector (private companies), MARPs representatives, the DoSH –MoLVT, and the ILO.

Furthermore, the assessment results (Power Point slides) were presented at the quarterly Tripartite Coordinating Committee (TCC) meeting on July 3, 2014. This provided further feedback and comments that have been incorporated into the present report. Additional interviews were suggested.

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<sup>2</sup> Some reasons given for non-participation included: factory has closed, changed location and contact details, different focal point, not willing to share private company information, no time to complete the survey, and the language barrier (i.e. Chinese speakers, not Khmer or English speaking)

## 2. Limitations of the Assessment

This study has been constrained by the relatively short time frame. The study was also limited to gathering secondary information and reviews of literature rather than primary research or field visits, to private companies. Information provided by key informants was not subjected to validation. Several key informants were also not available for interviews.

Response to the survey questionnaire from the private companies was limited, Most of the companies were not contactable for a variety of reasons ; of those who received the questionnaire, 50 % responded.

Findings from the survey cannot be generalized to represent the private sector response to HIV/AIDS in the country; rather they may represent the GMAC members (as the participants were randomly selected) and the CBCA partners from other sectors. It may be argued that the CBCA partners are more experienced, and advanced in their responses to HIV, by virtue of their membership in the coalition so therefore they will tend to have policies and activities in place.

# Findings and Discussion

## 1. The Private Sector-Definitions and Concepts

The **private sector** is the part of the economy, sometimes referred to as the citizen sector, which is run by private individuals or groups, usually as a means of enterprise for profit, and is not controlled by the state (areas of the economy controlled by the state being referred to as the public sector). (Wikipedia)

According to *Investopedia*, **private sector** can be defined as the part of the economy that is not state-controlled, and is run by individuals and companies for profit. The private sector encompasses all for-profit businesses that are not owned or operated by the government. Companies and corporations that are government run are part of what is known as the public sector, while charities and other nonprofit organizations are part of the voluntary sector.

### **There is no clear definition of the term “Private sector” in Cambodia.**

The 1997 Labor Code describes several types of enterprises (industry, mining, commerce, crafts, agriculture, services and transportation). It also lists the sectors (public, semi-public or private, religious or non-religious, professional, education or charitable) but does not specifically define any of these.

This law applies to every enterprise or establishment of industry, mining, commerce, crafts, agriculture, services, land or water transportation, whether public, semi-public or private, non-religious or religious; whether they are of professional education or charitable characteristic as well as the liberal profession of associations or groups of any nature whatsoever.

### **“Private Sector” terminology in Cambodia is generally understood to mean, “Business” or “Profit” Sector**

A review of documents from Cambodian Government websites and the 2011 Economic census, both covering the “Private sector,” states the following information, pertaining to registered Business establishments.

<sup>3</sup> Council for Development of Cambodia (CDC):<http://www.cambodiainvestment.gov.kh/content/uploads/2011/09/Chapter7.pdf>



- There are over 503,000 businesses (2011). These are classified according to the number of employees (Large – over 100 employees, Medium (51-100) Small (11-50) and Micro (1-10). 98% (or 483,000) of all businesses are micro businesses and only 0.13% (or 636) are considered “Large”
- The 2011 Economic Census classifies businesses according to the following sectors:
  - Wholesale and retail, including motorcycle and vehicle repair shops (56% of all businesses)
  - Manufacturing (19%)
  - Accommodation and Food Services (9.2%)
  - Other Services (6/9%)
- Another classification relates to the amount of investment capital (excluding the value of land).
  - Micro (\$ 3000 - \$50,000)
  - Small Scale (\$50,000-\$250,000)
  - Medium (\$250,000-500,000)
  - Large Scale (over \$500,000)

Other Business Associations, such as CAMFEBA, CCC and CBCA may have different ways of classifying their members, according to the different business subsectors (e.g. Garments & Footwear, Hotels, Banking, Telecommunications, Oil and Petroleum, etc.).

## 2. Other “Private Sector” – the Case of Individual Contributions, and Contributions from Trade Unions

During the course of this assessment it has also become clear, that **private sector** can also include private individuals (not businesses) and in the case of at least one International NGO, APHEDA (Australian People for Health, Education and Development Assistance), there is a question of whether contributions coming from members of unions are to be considered as part of the “private sector”.<sup>4</sup> APHEDA is mainly supported by the Australian Council of Trade Unions (ACTU). ACTU funds come from union members contributions.

APHEDA has been a pioneer in working in Cambodia—it has had a presence in Cambodia since 1985, and was responsible for supporting many NGO initiatives, including the Phnom Penh Women’s Association in 1992, which eventually became the first women’s NGO to be recognized in the country, the Cambodian Women Development Association (CWDA). CWDA was one of the first NGOs to work in HIV/AIDS. APHEDA has been a constant supporter of Cambodian unions since the late 1990s, in representing workers, strengthening union organizing and capacity building of union leaders. It is also a member of the TCC and the HACC.

APHEDA representatives note that receiving money from a business may also limit intervention design and advocacy messages, *“they (NGOs funded by the business) tend to be mindful about what they can say...it has to be limited to health or HIV alone and there are limitations to discussing legitimate worker concerns such as wages and other conditions...this is a different approach, compared to groups which receive money from independent sources...”*

<sup>4</sup> Interview with Mr. Lim Sok San, Program Coordinator, APHEDA

One local worker's union, the **Cambodia Labour Confederation (CLC)** was also interviewed during this assessment, as recommended by the TCC (tripartite coordinating committee). CLC has over 80 unions as members, from different industries (factory and footwear industries, tourism and service workers, informal economy workers, food service, farmers, building and wood) with more than 90,000 workers. CLC has worked with the MoLVT to help create the HIV/AIDS Committees, prepare HIV/AIDS policy and organize training in the workplace. In the past, CLC's work has included going to workers' houses on Sundays to talk and share knowledge about HIV/AIDS with them; however, now that funds are scarce, CLC integrates the HIV/AIDS agenda in its gender training<sup>5</sup>.

**For the purposes of this report, the term, "private sector" term as used henceforth, will generally refer to the Business-profit-making sector.**

### 3. The Beginnings of Business Sector Involvement in HIV/AIDS in Cambodia

According to the publication, "Business and AIDS in Cambodia 2008-2009" (published by CBCA & NAA, supported by UNAIDS) the initial involvement of the business sector in Cambodia started with assessments of the sexual health and sexual behaviours of young garment factory workers in 1999, led by CARE International. This was in the context of high prevalence rates of HIV in Cambodia at that time, (2 % among adults) that was then the highest in the South East Asian region.

**Table1:** Timeline and Milestones of Business Sector Involvement on HIV/AIDS in Cambodia

Year	Milestone
1998-2001	CARE surveys sexual health and behaviour of garment factory workers, reviews Cambodian Labor Laws and establishes a SRH education project in five factories, with the cooperation of CHED, RHAC & WDA
2001	CARE launches a two year HIV program around Phnom Penh in partnership with PATH and Health Unlimited, targeting 35,000 workers in 15 companies
2002	The National Assembly passes the Law on Prevention and Control of AIDS; the MoLVT develops its first Strategic Plan for A Comprehensive Response to AIDS, (2002-2006)
2003-2004	APHEDA developed and implemented a project on HIV/AIDS as a Union Issue in co-operation with the ILO Workers Education Project, and seven Cambodian union federations covering over 800 workers in the garment, tobacco, construction, rubber, salt, restaurant and cleaning sectors
2004	The ILO launches a \$430,000 project funded by the US Department of Labor, targeting 8,400 people working in the garments, hotel and construction and petroleum industries in Siem Reap and Phnom Penh, in collaboration with FHI for BCC
2005	UNICEF launches a five year project with garment factories contracted by H & M (Hennes & Mauritz AB) of Sweden
2006	The MoLVT adopts guidelines on Managing HIV and AIDS in the Workplace and Trade Unions adopt a related policy. Ministry of Public Works and Transport adopts several policies on HIV prevention.  MoLVT issues Prakas 086, on the creation of the HIV/AIDS Committee in Enterprises and the Prevention of HIV/AIDS in the workplace. This drew on the ILO Code of Conduct for HIV/AIDS and the World of Work. Beer Selling Industry Association of Cambodia (BSIC) is organized. BSIC develops a Voluntary Code of Conduct for its Members, which is concerned with health and safety of beer promotion workers.

<sup>5</sup> Interview with Ms. Heng Chenda, CLC Gender Committee

Year	Milestone
2006	CBCA is formed by employer representatives, with the support of the APBCA, UNAIDS, FHI360, CARE, Telekom Malaysia, Levi's, and KHANA; NAA forms the Private Sector Working Group on AIDS (inactive). In 2007 CBCA becomes fully operational.
2008	Evaluation of the UNICEF – H & M program (in collaboration with WDA) on “Health for Future Work” in 16 Garment Factories
2009-2010	UNAIDS funds ILO to Integrate HIV/AIDS into Garment Factory Occupational Health and Safety Committees  NAA develops an Operational Plan for Private Sector Response to HIV (2009-2011)
June 2010	MoLVT issues Guidelines on HIV/AIDS in the Workplace (ILO-BFC & UNAIDS)  MoLVT incorporates HIV and AIDS as one of the six priority areas in its First OSH Master Plan 2009-2013
2011	CBCA develops Strategic Framework and Operational Plan 2011-2013, supported by GMAC, CAMFEBA, and APCBA
2012	A situation report on the Beer Promotion Workers in Cambodia, showing that BSIC (the Industry Association) Beer promoters are generally better off than Beer Promotion Workers selling beer from non-BSIC members
2013-2014	MoLVT develops a Prakas on the Entertainment Sector (projected to be signed and made effective in July 2014)
References	<ol style="list-style-type: none"> <li>1. “Business and AIDS in Cambodia, 2008-2009” (CBCA &amp; NAA)</li> <li>2. Guidelines on HIV/AIDS in the workplace (MoLVT, supported by ILO and UNAIDS) 2010</li> <li>3. Independent Evaluation of the ILO Strategy to address HIV/AIDS in the World of Work—Country Case study for Cambodia, Oct. 2011</li> <li>4. Turning the Tide: Cambodia’s Response to HIV &amp; AIDS 1991-2005 (UNAIDS)</li> <li>5. CBCA Profile, December 2007</li> <li>6. Evaluation Report, UNICEF/H &amp; M “Health for Future Work” Project (Jan. 2009)</li> <li>7. Personal Communications from MoLVT Secretary of State and MoLVT-Director for OSH</li> <li>8. <a href="http://www.apheda.org.au/projects/cambodia/history/1143683640_7472.html">http://www.apheda.org.au/projects/cambodia/history/1143683640_7472.html</a></li> <li>9. Promoting Decency? Report of the Situation of Beer Promotion Workers in Cambodia”. SOMO – Center for Research on Multinational Corporations (Netherlands) August 2012.</li> </ol>

## 4. Main Business Associations in Cambodia (Made up of Business Enterprises and For-Profit Organizations)

### 4.1. Chamber of Commerce Cambodia (CCC) <sup>6</sup>

The Chamber of Commerce is a voluntary, membership-based, not for profit institution representing private sector interests in commercial, industrial, service and craft and agricultural sector and is “dedicated to the economic well-being of their territory and Cambodia as a whole...Small, medium, and large legal business across the country can join; the Chamber of Commerce works to make their voice heard and contributes to the efficiency of government, thus making business environment friendlier...”

<sup>6</sup> Cambodia’s Business Identity 2013. CCC

A law on the Chamber of Commerce was promulgated in 1995, under the initiative of the Ministry of Commerce. It intended to develop an institution representing unified business interests in the provinces and municipalities in the country. The Phnom Penh Chamber started in 2004; now there are 13 municipal/provincial CCs. The functions, structure, and duties of the Chambers of Commerce are defined in the 1995 Law and relevant amendments and sub-decrees issued in 2002. The CC is managed by a Directorate (sometime called the Secretariat), headed by a Director-General, assisted by about 30 staff members. The Current Chair of the CCC is HE Kith Meng of the Royal Group.

#### 4.2. CAMFEBA <sup>7</sup>

The Cambodian Federation of Employers and Business Associations (CAMFEBA), established on 13 June 2000, is an autonomous and independent federation of employers and Business Associations recognized and registered with the Ministry of Labor and Vocational Training of Cambodia. CAMFEBA was established to meet the increasing need for the private sector to stand together with a unified voice. CAMFEBA has become the single federation representing, promoting and safeguarding the rights and interests of employers in Cambodia. CAMFEBA provides a forum for consultation and discussion among members on matters of common interest, and seeks for the adoption of sound principles and practices of human resource and industrial relations through information, legal advice, research, training and other activities.

As of September 2013, CAMFEBA collectively represents over 1500 employers, both unionized and non-unionized, comprising of 6 Business Associations as Association members, 203 individual companies as individual members and 21 non-profit organizations as the Associate members. Some of the Associate members are NGOs working in the fields of Environment, Child rights, Disabled People rights, and HIV/AIDS <sup>8</sup>.

CAMFEBA is recognized nationally, regionally and internationally as the sole employers' representative in Cambodia.

#### 4.3. GMAC <sup>9</sup>

GMAC was established in 1996 and is the apex trade body representing the garment and footwear industry in Cambodia. All garment and footwear factories are required by law to register with GMAC. In June 2013, GMAC had 426 garment factories and 47 footwear companies as members. Garment Factories employ roughly 500,000 workers, mainly females from the provinces (2013 Annual Report); this number has grown from 48 in 1996. Footwear factories range in size from 200 to over 5,000 workers, employing 69,000 workers, 90% of whom are female. Both industries account for 80% of total Cambodian exports with a total export value of over \$4 billion.

The principal objective of GMAC is to establish a conducive and healthy business environment for the industry through activities such as representation and advocacy, capacity building, information sharing and dissemination, networking, market linkages, trade promotion, support for market access, and others.

<sup>7</sup> <http://www.camfeba.com/en/about-us.html> (link from ILO webpage)

<sup>8</sup> listed as associate members are PSK, PSE, KHANA, PACT Cambodia & World Vision

<sup>9</sup> GMAC Annual Report 2013

In 2013, GMAC reports that 70 companies have developed an HIV/AIDS committee and HIV/AIDS policies and education programs for workers in the workplaces with over 90,000 workers receiving HIV/AIDS prevention messages and health services information, and 6,630 directly trained by CBCA on HIV prevention. Other activities include TOT, peer education and large scale Health Promotion activities. GMAC in collaboration with the MoLVT also provides awards and recognition to business companies who show high compliance with the law (Prakas 086).

GMAC also hosts the SAFE (Strengthening Activities for Factory Education) group. This group is made up of health promoters in the garment and footwear industries, working to support all factories to have safe workplace with no HIV/AIDS discrimination. Good Compliance factories have set up their workplace HIV/AIDS programs, policies, care of health, and savings and money transfers. In 2011 Levi Stauss Foundation helped the SAFE group to get training on report writing, communications and leadership. GMAC also collaborates with RHAC, CBCA, the TCC and other health promoters and those in support of the well-being of workers. There are 58 members currently, most of whom are working in Human Resources. SAFE has been supported by CARE International since 1999. The SAFE core group meets quarterly and reports on activities, difficulties, successes, issues, IEC development, and law and industry updates. The SAFE group is currently discussing developing anti-sexual harassment policies.

#### **4.4. Cambodia Business Coalition on AIDS (CBCA) <sup>11</sup>**

The Cambodia Business Coalition on AIDS (CBCA) is the lead organization providing workplace training and management to Cambodia's private sector in response to HIV/AIDS, Tuberculosis, Occupational health and, safety (OHS), and Employee health and wellbeing. CBCA became operational in 2007 and is currently supported by: The Garment Manufacturers Association in Cambodia (GMAC); The Cambodian Federation of Employers, Business Associations (CAMFEBA); Cambodia Chamber of Commerce (CCC); and The Asia Pacific Business Coalition on AIDS (APBCA). CBCA's training focuses on building management and employee knowledge about workplace safety and practices leading to improved health outcomes across several areas leading to boosts in productivity and profitability.

CBCA's vision is "To harness the power of the Cambodian business community to develop, support and implement policies and programs for the prevention, care and treatment of employees living with HIV and AIDS in Cambodia". The CBCA Mission is to safeguard the private sector workforce and their families from HIV and AIDS and ensure workplaces are free from HIV-based stigma and discrimination and sympathetic about HIV/AIDS related issues such as sexually transmitted infections (STIs, tuberculosis (TB) and reproductive health).

##### **CBCA works with businesses to:**

- Ensure awareness of government HIV legislation requiring the creation of HIV workplace committees, policies and programs;
- Help Establish workplace committees with responsibility for overseeing the implementation of HIV policies and programs;
- Deliver programs and policy training which increase knowledge of HIV issues, reduce stigma and discrimination, influence changes in employee behavior and refer employees to treatment, care and support services;
- Assist workplaces that promote the health and well-being of employees living with HIV or TB; and
- Promote employee health and well-being within the Cambodian business community.

<sup>10</sup> GMAC Annual Report 2012, p. 32

<sup>11</sup> Webpage: <http://cbca-cambodia.org>

CBCA has developed a series of orientation and training programs on HIV and Occupational Safety and Health, aimed at business establishments, calling this the “Investment Guide”. CBCA is also a member of the following key bodies: Tripartite Coordinating Committee (TCC); NAA’s three technical working groups (TWGs) on: Legal and policy, Prevention, and Impact mitigation, & the Country Coordinating Committee (CCC) for the Global Fund to fight AIDS, TB and Malaria (GFATM)

#### 4.5. Other Business Associations in Cambodia

There also exist **various Business Associations** that are grouped according to sector. For example, there are Hotel and Restaurant Associations, Associations of Banks, etc.

One association deserving of special mention is the **Beer Seller Industries of Cambodia, or BSIC**. BSIC is an industry association, established in 2006, to improve the health and safety and working conditions of beer promotion workers in Cambodia. It has developed a Voluntary Code of Conduct which is being implemented by its member companies—Asia Pacific Breweries, Cambodia Brewery Limited, Cambrew Ltd, Carlsberg, Guinness and Heineken international. Other beer manufacturers (six others) are not members of BSIC. Through implementation of the BSIC Code of Conduct, improvements have been made in beer promotion work, including awareness of worker’s rights, lower alcohol consumption, less instances of prostitution and less instances of sexual harassment. These improvements have been experienced by beer promotion workers promoting BSIC beer brands, though a significant number of issues remain to be dealt with to provide decent working conditions for beer promotion workers.<sup>12</sup>

The BSIC Code of Conduct has a provision on Training of Beer Promoters, as seen below. Note that it includes a wide range of training topics, including SRH, Family Planning and HIV/AIDS and STIs:

*All members of the BSIC will offer a standard and comprehensive training package as part of the orientation training of BPs. This training shall include; how to deal with difficult customers, alcohol and drug use, workplace harassment, relationships between men and women, gender roles and responsibilities, healthcare options, sexual and reproductive health, contraceptive methods, and HIV/AIDS and STI education and prevention. A refresher training shall be organised at least once a year.*

Finally there are also the **Foreign Business Associations**—these are grouped according to country. The 2008-09 Business and AIDS publication lists the following foreign business Associations: Australia, Britain, China, France, Germany, Indonesia, Japan, Korea, Malaysia, Singapore, Taiwan and Thailand. Finally, there are also social-civic clubs, whose members tend to be business people and civic leaders, such as **Rotary Clubs**<sup>13</sup>. Rotary is a club of business people and professionals who foster fellowship and encourage high ethical standards in all vocations, serving the community and working for international understanding. The Rotary Club of Metro Phnom Penh meets regularly and supports several health projects in the country.

<sup>12</sup> KristofRacz and Samuel Grumiau, “Promoting Decency? Report of the Situation of Beer Promotion Workers in Cambodia”. SOMO – Center for Research on Multinational Corporations (Netherlands) August 2012.

<sup>13</sup> <http://www.rotaryclubpp.org>



## 5. Enabling Environment for the Private (Business) Sector Response to HIV/AIDS

The role of the Private Sector in response to HIV is recognized by the NAA and the NSP III. In 2008, a Working Group on the Private Sector was established by the NAA. However, informants say that this group has not been active in the past few years, and NAA has also undergone a re-structuring and has re-organized many of its working groups.

The MoLVT has also given recognition each year to private businesses and companies who are implementing Prakas 086. This first started in 2009, with 73 companies awarded. This rose to 152 in 2010, 102 in 2011, 85 in 2012, and 90 in December 2013. The companies awarded the certificate include garment factories, banks, casinos, hotels, Microfinance institutions, shopping centers, etc. A company can be awarded each year, so the lists contain both new and former awardees.

The NSP 2011-2015 in Strategy 4, includes private sector implicitly; “Ensuring effective leadership and management of Government and other sectors in the National Response to AIDS”. Under this strategy, Objective No. 5 specifically mentions CBCA and the Private sector, outlining several interventions.

### **Objective 5: Improve capacity and involvement of private sector institutions for delivery of targeted and sustainable HIV programmes.**

Policies are in place to promote and support the private sector in implementation of HIV programmes in the workplace. A Prakas on Creating HIV and AIDS Committees in Enterprises and Establishments and Managing HIV and AIDS in the Workplace (Prakas 086) was issued in 2006 by the MoLVT stipulating that all private sector workplaces with 8 or more employees must have an HIV Committee and workplace HIV education programmes. In addition, the 100% Condom Use Policy (Prakas 066) should be revised to apply to all (CBCA), formed in 2007, provides a forum for increasing the contribution of the private sector and coordinating its response.

#### **Interventions:**

- Strengthening of the enforcement and monitoring of implementation of relevant Prakas and guidelines.
- Improvement of capacity, involvement and financial commitment of private sector businesses, especially at high levels of management and owners.
- Improvement of capacity of the Cambodian Business Coalition to develop and implement a strategy to build corporate social responsibility of HIV programmes.
- Prioritization of entertainment industry and infrastructure development (roads, bridges, irrigation, etc) companies, as well as garment factories, for implementation of workplace programmes for all workers.
- Addition of other health programs (i.e. RH, sanitation etc.) to increase interest of business owners in a setting of low HIV prevalence and a declining epidemic.

<sup>14</sup> Copies of MoLVT announcements 2009 to 2013; interview with HE Hoy Han Song, Secretary of State, MoLVT

Under the NSP 2011-2015, the indicator for this objective is to have 250 “large organizations” with workplace policies in place by 2015. However there do not seem to be any provisions for monitoring and reviewing the NSP.

Other parts of the NSP that refer to entertainment workers and entertainment establishments also implicitly note their involvement. The assertion in the NSP of “implementation of the 100% CUP should be revised to apply to all entertainment establishments”, carries implications of labelling all entertainment establishments and workers as directly or indirectly selling sex, and association with the sex trade is certainly not desirable for an entertainment establishment.

The other major policy and program documents pertaining to the HIV response in the country are the “Concept note for Cambodia 3.0 (Zero new infections, zero AIDS related deaths, zero discrimination), and the Standard Operating Procedure (SoP) for the Continuum of Prevention, Care and Treatment (CoPCT), produced by the NCHADS. These two key documents do not specifically mention the Private sector, since their focus is on MARPs. However, the one business sector that is included – the entertainment sector – focuses on EWs who may be staff or commission-based workers such as beer girls, hostesses, waiter/waitress, massage, karaoke, bar staff, and others who may directly or indirectly sell sex. There is as yet no clear definition of EW in the SoP. The SoP outlines the interventions that may be provided, and some of these interventions/commodities are provided by private facilities.

The MoLVT has prepared a Prakas (currently in draft form, and being discussed for signing by employer representatives, before approval by the Council of Ministers). This document is available only in Khmer language. An unofficial translation in English is not available as of this time. The Prakas covers the entertainment industry sector, defines it, and introduces regulations for those working in the sector, including limitation of working hours to 48 hours a week, payment of overtime, prohibiting forced labor, sexual harassment and use of alcohol and drugs. It also provides for worker rights to get education on HIV and condoms, and has provisions for penalties for companies that violate the law.

The MoLVT and ILO have also formed **Tripartite Coordinating Committees (TCC)** that includes Government, Employers/Private Sector and Trade Unions (which represent employees who are members of the various Unions), to respond to general issues affecting workers and employers. Inclusion of HIV in these forums is considered less successful, and some key informants feel that Trade Union representative participation in HIV/AIDS could be further improved, beyond statements such as “*HIV/AIDS is a Union Issue*”.

In Cambodia, the unions may group themselves into a Federation, and several Federations form one Confederation. One confederation of Unions, the Cambodian Labour Confederation (CLC) has 80 unions as members, with over 90,000 workers.

CLC notes that, “...some employers dismiss their workers when knowing that their workers have HIV because they are afraid that the workers cannot work for them in their full capacity and they can make other workers feel stressed and scared when working with PLHIV, which may result in low productivity. We try to lobby the employers not to dismiss them, and to reduce the workload for workers who have HIV and to allow them

<sup>15</sup> Copy of Prakas on Entertainment sector (unsigned, draft approved by MoLVT and signed by the Labor Advisory Council or LAC)

<sup>16</sup> Interview with Ms. Heng Chenda, CLC Gender Committee



*to have leave permission to go health care center regularly...also some workers still don't reveal that they have HIV which make us hard to work and help them <sup>16</sup> ...".*

Some of the most vulnerable workers, such as those in beer promotion and beer selling work, are not considered staff and therefore do not join unions. They do not earn a fixed salary, and depend on commissions, or on sales volume. This may place them at higher risk for sexual exploitation, just by sitting and drinking with customers, in order to meet quotas and sales targets.

## 6. Support of the Private (Business) Sector for HIV/AIDS Initiatives – the Cambodia Experience

Several business companies, mainly international or multinational corporations, support HIV/AIDS and other health, socio-economic development projects in Cambodia. The list below shows private (or business) companies and some of the NGOs that they have supported:

- CHEVRON - PACT
- Deutsche bank – Mith Samlanh (Friends)
- Levi Strauss Foundation (LSF)– CARE and allied Garment Factories/suppliers of their “brands”; SAFE Core group meetings and capacity building of SAFE core members, support to CBCA & CWPD
- H & M (Hennes & Mautiz), a clothing company – UNICEF and the WDA
- The GAP, Inc. – CARE
- Pfizer/Pharmaceuticals – PACT, CPN Plus, others
- Marks & Spencer (M & S) – Through Project Hope, a US-based NGO, supports RHAC
- At least 13, or 11.4% of 114 HACC members have private sector funding (inclusive of businesses, individuals and trade unions):
  - International NGOs: CARE, PACT, WVI, ARM, APHEDA
  - Local NGOs: CWPD, CBCA, Mith Samlanh, NHCC, PHD, Inthanou, NHCC WDA, RHAC, Greenland

In almost all cases, the donors (in this case, the commercial buyers) set the priorities for the garments companies, by encouraging their suppliers to adhere to standards and good working conditions for their workers. In the Case of the Japan Trust Fund (JTF), which funds RHAC, it prioritizes support for factories owned by Japanese citizens, or manufacturing for Japanese companies.

### 1. Financing of the HIV/AIDS Response from the Private Sector

The main sources of information on financing and spending on the HIV/AIDS response in Cambodia are the National AIDS Spending Assessments (NASA) which is done every two years. The most recent ones covered the years 2009 & 2010, (NASA III) and 2011-2012 (NASA IV).

In the 2009-2010 NASA there is some information about financial resources coming in from the private sector. It notes two “International for profit funding sources” – Deutsch Bank (Germany) and Johnson & Johnson (J & J), as seen in the table below. However the same data is reported in the NASA 2011-2012 as coming from “International Rest of the World” and a separate category for “Private” has been introduced. In 2009-2010 the contributions of both Deutsch Bank and J&J were about 0.03% of the total financial resources spent for HIV/AIDS in the country. In the NASA 2011-2012, the “Private” sources above are not specifically named, but are noted in the report as “national NGOs”. These could also include the contributions made by private individuals.

<sup>17</sup> as reflected in the 2013 HACC member database (soft copy)

**NASA 2009-2010:** Sources of Funding for HIV/AIDS from “International for Profit Funding Sources” as a % of total funding for HIV in Cambodia

International for Profit Funding Source	USD	%	USD	%
Deutsche Bank		0.0	\$83,367	0.1
Johnson & Johnson	\$127,286	0.2	\$171,808	0.3
<b>International for profit Total</b>	<b>\$127,286</b>	<b>0.2</b>	<b>\$255,175</b>	<b>0.4</b>
<b>Total all source of funding</b>	<b>\$53,734,198</b>		<b>\$58,059,469</b>	

Authors of the NASA state that comparisons between categories are complicated because of changes in definitions as well as in disaggregation. Nevertheless, the major funders of HIV/AIDS work in Cambodia over the past five years are the GFATM, followed by bilateral, who together account for between two thirds to three fourths of all funding for HIV/AIDS in the country. In comparison, the financial contribution of private sector (business) companies accounts for less than 2% of the total, as seen in the table below from the 2011-2012 NASA Report.

**NASA 2011-2012:** Sources of Funding for HIV/AIDS in Cambodia, 2009-2012

	2009		2010		2011		2012	
<b>Royal Government of Cambodia</b>	\$1,703,403	3%	\$2,436,832	4%	\$5,644,947	11%	\$5,671,862	11%
<b>Private</b>	\$36,955	<1%	\$51,540	<1%	\$963,952	<2%	\$956,837	<2%
<b>Bilateral NGOs</b>	\$15,565,137	29%	\$15,662,527	27%	\$15,713,795	29%	\$15,872,474	31%
<b>International NGOs</b>	\$9,119,295	17%	\$7,516,331	13%	\$3,736,224	7%	\$2,855,882	6%
<b>GFATM</b>	\$19,023,377	35%	\$22,711,245	39%	\$18,030,595	34%	\$20,027,132	39%
<b>UN Agencies</b>	\$7,547,437	14%	\$8,382,652	14%	\$7,128,857	13%	\$4,320,352	8%
<b>Other Multilateral NGOs (excluding GFATM and UN)</b>	\$612,307	1%	\$1,043,168	2%	\$1,745,621	3%	\$1,165,243	2%
<b>International Rest of World</b>	\$127,286	<1%	\$255,175	<1%	\$254,654	<1%	\$57,619	<1%

## 2. Counterpart Resources Provided by Private Sector Companies

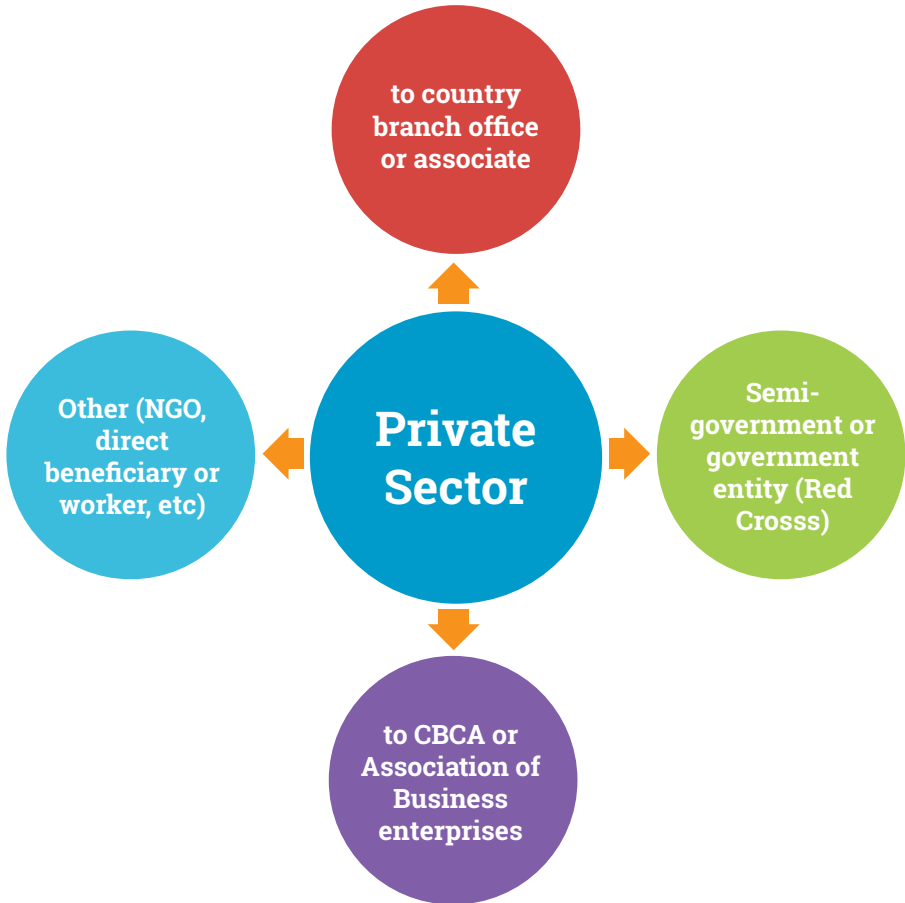
Factory/Company Investments into an HIV Program are not generally quantified; one exception was the UNICEF/H & M Health for Future Work Project (implemented by WDA) from 2005-2009, which underwent an external evaluation. The estimates of the investment made by the companies/garment factories amounted to approximately \$3148 per factory per year. These “line items” included: share of salaries of staff, loss of production time, and time of key personnel. The report also concluded that while the factories were clearly interested in worker health, and female garment workers had high participation and increased comprehensive knowledge, there was little ownership, institutionalization and coordination between different departments within the factory, and recommendations were made to increase potential effectiveness, efficiency and sustainability.

<sup>18</sup> Kupfer, Gesa. *Evaluation Report: Assessment of HIV/Reproductive Health Program, “Health for Future Work”*. (UNICEF/WDA/H & M). January 2009.

### 3. Mechanisms/Resource Flow Diagram from Business Companies to HIV/AIDS Projects and Beneficiaries

The diagram below shows some mechanisms of private sector collaboration with NGOs to reach their workers or other people in the community. Some private sector funders may use more than one mechanism—for example, they may contribute to the Cambodian Red Cross and also provide support to specific NGOs, or directly to an affected community through different channels.

**Figure 1:** Some Mechanisms for Flow of Resources from the Private Sector (Business)



Types of support can include short term, one-off support (for example, special events sponsorship, donations of medicines, and commodities, infrastructure or buildings, or longer term support—as in the case of PACT and CARE).

### 4. Specific Examples of NGO and Private Sector (Business) Collaboration with Selected HACC Member NGOs

Several HACC members have experience working with business and private entities (Care, Pact Cambodia, NHCC, CRS, WVI, WDA, Plan, CHEC, RHAC, CWPD, CBCA and HACC itself.) Some of these may be direct relationships with the company itself, or through implementation through intermediaries such as UNICEF. Four organizations are profiled in this section of the report. Additional information about the work supported by business firms is in Annex 1.

#### 4.1. CARE International in Cambodia

CARE, an INGO, is the pioneer among NGOs in Cambodia in working with the garments sector. In 1998 CARE had an established reputation in Cambodia and the head office also had links with retailers (buyers) in different countries. With the Cambodian garment industry then starting to boom, the young mobile female workforce, and concerns about HIV and sexual health of the factory workers was considered an opportunity to start HIV interventions in a workplace setting.

*In CARE's experience<sup>19</sup>, "...starting up in a specific company depends on the private company itself, its managers and owners, as well as the retailers, such as Levi's and Gap, Inc. With Gap, Inc. CARE Cambodia implemented a five year program in one factory<sup>20</sup> that included Khmer Literacy, Life Skills (Communication skills, problem solving and decision making, time management, Health and Nutrition, Gender, and Financial Literacy) as well as modules on "Life in the City" and Orientations with key influential persons in the workplace. In the end we handed this program over to the companies themselves.... We have worked with Levi's since 2005<sup>21</sup>, developing a curriculum and training modules, including the Law on having AIDS Committees. CARE helped to ensure that the HIV Committees in factories were functioning effectively.*

*Training also includes Sexual and Reproductive Health, Women's Health and the Prevention of Gender-Based Violence. This is done in partnership with other NGOs such as Marie Stopes International Cambodia (MSIC), CWPD, CBCA, Credit Mutuel Kampuchea, MoLVT and the Municipal Health Department of Phnom Penh. Another activity that CARE supports is the SAFE working group that is made up of Human Resource Development Managers in various garment factories, where the members share updates about various issues, including SRH policies and activities.. Also, since CARE has several major programs—such as one on Socially Marginalized Women—we are able to include garment factory workers into the activities, so they are engaged in various ways through different CARE program components."*

#### 4.2. Reproductive Health Association of Cambodia (RHAC)<sup>22</sup>

RHAC is an indigenous Cambodian non-governmental organization (NGO), established in 1996 with a strong determination to bring quality health services to the community, especially for the poor and vulnerable sections of the population. RHAC started work in the garment factories in 1998 with IPPF and USAID support. Currently RHAC's work in factories is supported by the retailer Marks & Spencer through Project HOPE, a US based organization (started in September 2012). The Japan Trust Fund (JTF) through the IPPF, commenced in May 2013. Selection of factories is determined to a large extent by the donors/buyers, for example the suppliers of M & S and in the case of the JTF, which prioritizes Japanese companies and others. Currently RHAC works in 36 factories, mainly medium and large sized.

RHAC commences by meeting with Factory management and developing an MOU with them, covering mutual responsibilities between RHAC, M & S and the factory. There is a Factory Project Steering Committee (FPSC), made up of decision makers in the factories—president, owner, manager or a factory representative. The TORs for the FPSC always includes the provision of HIV and SRH for the workers.

The next step is to establish a Project Working Group (PWG) in each factory, usually composed of the following representatives: Human Resource Department,

<sup>19</sup> Interview with Jenny Conrad, CARE Cambodia Program Communications Advisor

<sup>20</sup> Personal Advancement and Career Enhancement (PACE) Project profile. (CARE Cambodia)

<sup>21</sup> Sewing for a Better Future (SBF) Project Profile, (CARE Cambodia)

<sup>22</sup> Interview with Dr. Samrith Rahman, Health Program Manager, RHAC

Administration, Factory Health staff, Workers or union representative, and the HIV/AIDS committee where it exists. In some factories the HIV committee becomes the PWG. RHAC also revised factory health staff job description based on the current situation of the factory and the project.

**The types of Activities implemented are:**

1. TOT training for PWG in BCC health promotion to cover hydration, general hygiene, FP, MCH, Nutrition, Anaemia, STD and HIV/AIDS.
2. Those who finished the training are put in charge of health promotion activities.
3. Large group education sessions (more than 200 participants), including quizzes and fun games.
4. Training of factory health staff (nurses and doctors) on provision of clinical services such as FP, SRH, Anemia, de-worming, STDs and HIV/AIDS, mother class, health education etc.
5. Referrals to RHAC clinics and FHCs for other medical problems that the factory clinic may be unable to handle, or provide on-site, such as HIV testing, STI Diagnosis and Management. Services provided by RHAC clinics to referred factory workers are free of charge
6. Health Day – Nutrition and Cooking Demonstration. The guest speaker in the event are Chef from five star hotel, Factory owner, singers and popular entertainers, and a specialist (gynecologist) can also answer questions related to SRH
7. Health Fair. In collaboration with the factory's HR/Admin departments. The objective of the event is to promote public awareness about the project, RH voucher, provide relevant health information on FP, STDs, HIV/AIDS, nutrition, hygiene, etc., conduct health checkups including testing the level of anaemia and provide some basic medical treatment. The health fairs provide an opportunity for RHAC and factory clinic staff to educate the factory workers about the free services at RHAC clinics and the location of RHAC clinics; and to put up posters and banners about the SRH/ HIV services available. Games were organized to be both fun and educational. Different games for fun and as facilitation methods were used during the events including STD games.

**4.3. Cambodian Women for Peace and Development (CWPD)**

CWPD is a local NGO working to promote the status of women in Cambodia. It was the product of a re-structure of the Cambodian Woman Association and has operated as a non-profit since 1999. Under the USAID-funded PRASIT Project, CWPD worked with both EWs and Casino workers, from 2007-2012, with technical support from FHI360. This paved the way to greater collaboration with the private (business) sector. This has been formalized with an MOU with CAMBREW, Ltd., the company that produces the Angkor beer brand. The MOU clarifies the responsibilities of both CWPD and CAMBREW and supports their collaboration to have women beer promoters access health information and HIV services, such as HIV testing, STI screening, informed choices for family planning counseling, risk assessment, and outreach work<sup>23</sup>. Transport subsidies are also provided to priority clients, as well as education on savings schemes and assistance in opening bank accounts. Innovative branding of this set of approaches is called the “SMART girl”, which is preferred by the target populations rather than the usual “EW” which has connotations of the workers as sex workers, bad, and stupid<sup>24</sup>.

<sup>23</sup> MOU between CWPD and CAMBREW Ltd, June 2014 to December 2015.

<sup>24</sup> End project Report, SMART girl and casino worker program, 2007-2012. CWPD.

CWPD also collaborates with CARE for the work in the garment factories; this collaborative work is funded by Levi's. Another private company that CWPD has had close collaboration with over the years is Coca-Cola. With the support of the soft drink giant, CWPD provides safe/clean water and hygiene and sanitation education to poor households, in Kampong Chhnang. Coca cola select the areas where there is less clean water, such as slums; sometimes there are main water lines but no connections–CWPD helps to make the line connections, by collaborating with the major water supply companies such as the Angkor Water company, to install the lines. Coca cola provides approximately 70,000 USD per year.

In the words of the CWPD Program Manager, Mr. Ann Chhorn,

*“From the start there should be an MOU to show the benefits of the collaboration to the company—that it will result to the good health of their staff. There must be good communication skills, do not use a “legalistic” approach like waving the law in their face....when a new intervention is proposed, one needs to have a better assessment first, then update the MOU....working with the private companies will depend on their vision—for example the company may have a vision that if people have good health and income they will buy their products....then develop a strategy based on the vision, we look at the concept notes for the proposal to see if our vision matches with them. CWPD will also look at sustainability, and also expanding access of the project benefits to others—so also it can run on its own after project phases out<sup>25</sup>...”*

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<sup>25</sup> Interview with Mr. Ann Chhorn, Program Manager, CWPD



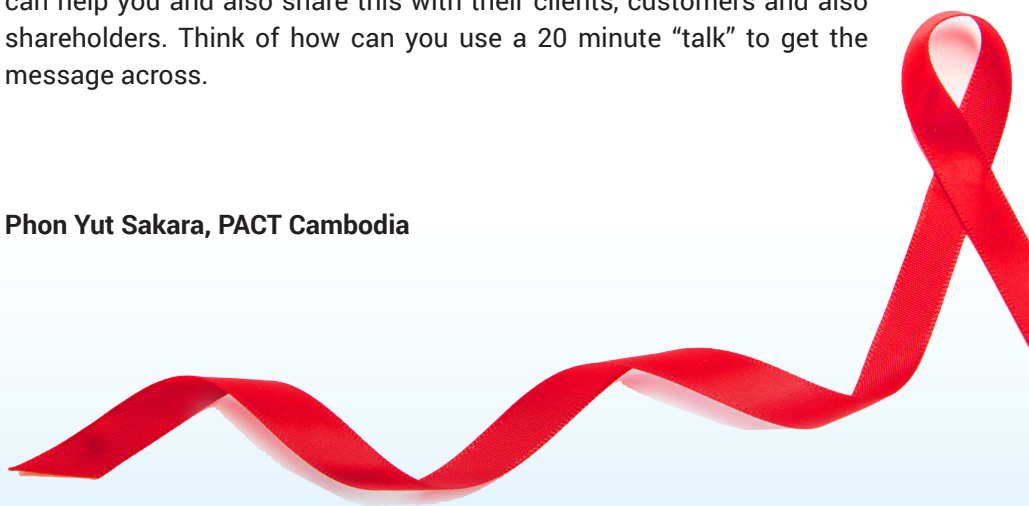
#### 4.4. PACT Cambodia

##### How it Started... PACT and CHEVRON

We first worked with a private foundation on HIV, the Pfizer foundation in 2002; through them PACT provided support to HACC and to CPN Plus. Pfizer HQs in the US funded PACT Cambodia until 2007. Then, in late 2008 we got small funding to do HIV/AIDS for IEC material for PLHA--and fishing community in Sihanoukville. Chevron relationship was started through the PACT Regional Director for Asia. Chevron was interested to support work in several countries in the region as part of their CSR and they also have a regional office in Bangkok. At the beginning they funded some HIV/AIDS work but now they also support Economic Empowerment of Women, in Sihanoukville., Prior to funding, they did the field visits several times--they prioritize SHV area, since they have business interests (oil exploration) there. Through PACT their contribution is between \$200-500K per year for Cambodia. (See annex for Chevron's description of their work in Cambodia, which includes support to several NGOs and the CRC).

**Lessons from working with the Private Sector:** Private sector is more benefits oriented; they do the business in order get income or profits, then can go back to the community or to their stockholders. It seems that CHEVRON wants to have a longer term partnership and they are also accountable to the place where they are operating. Not many Cambodian companies donate back to the community. To work effectively with the company, first, you need to understand about their business, what they are doing, what is their VMG, whether are they interested in social development--check if they have Corporate Social Responsibility policies; then talk to them, present who you are, build a good relationship, bring them to see the projects, let the affected people talk to them. It is better start small --start to know them better, to build trust and confidence, show them that you are transparent, doing this to support the people not just to support your own organization. Give them good updates regularly, let them see the project results too...also they should know the benefits that they will get. The private sector have many marketing and communications strategy, they have a lot of promotions--so they can help you and also share this with their clients, customers and also shareholders. Think of how can you use a 20 minute "talk" to get the message across.

**Phon Yut Sakara, PACT Cambodia**



## 7. Survey of Private Business Companies: Findings and Discussion

An important source of information on HIV/AIDS involvement of the private sector is the establishments themselves. There are several sources of information on this, such as external evaluations done, that included field visits, observations and interviews. For the purposes, of this assessment, a survey of establishments was done.

### 1. Selection of Respondents

Selection of Companies for the survey involved consultations with CBCA and GMAC. GMAC provided its most recent directory (2013) of all its members, totalling some 500 factories (footwear 47, garments, 426, and 58 associate and sub-contractor members). A sample of 8 footwear factories and 42 garment factories were randomly selected from the directory.

All CBCA partners listed in their website were selected, with the exception of 30 garment factories, as these were also the same GMAC members. The other partners were from several business sectors: Hotels (5), Entertainment (12), Banks (1) Telecommunications (3) Petrol and Gas (3) and Pharmaceuticals (1).

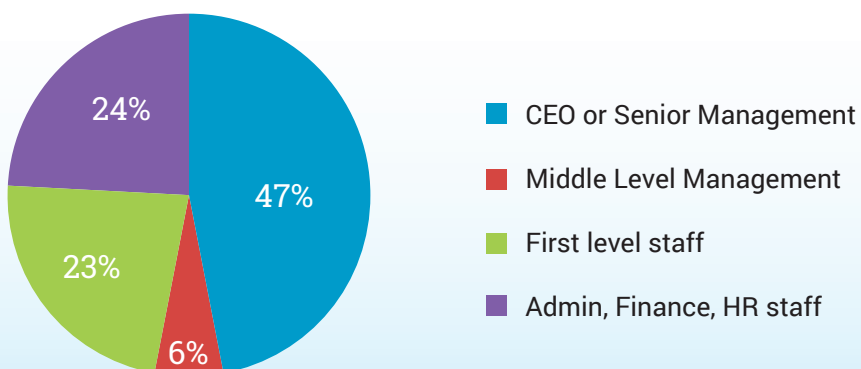
The survey questionnaire was reviewed by HACC, CBCA and GMAC. CBCA and GMAC also provided contact details and names of focal persons where applicable.

A total of 79 companies were selected, and 34 companies received the questionnaire (most actually could not be contacted, and a number had closed or moved). 17 questionnaires were received back, for a response rate of 50%. Some respondents needed to be interviewed via phone, while others sent in responses by email. All phone interviews were conducted by HACC staff, who underwent an orientation on the survey. Most of the companies could not be contacted. Reasons given for non-participation include:

- Time constraints
- Some companies were not able to respond owing to language considerations (only Chinese spoken by managers); others had moved or recently closed, or had changed names; contact details were not updated (wrong email addresses, wrong contact numbers, or same numbers but a different person was responsible, etc.)
- Some felt that the information was private and not to be shared

The respondents were mainly CEO or Senior Management, or worked in administration and Human Resources. Most had worked in the companies for between 3 to 5 years.

**Position/ Level of Respondents (n=17)**



**Figure 2:** Level/Position of Survey Respondents in the Business or Enterprise



It is important to note that while there was a random selection (or a take-all selection for CBCA partners, except the garment factory partners), the findings cannot be generalized for the whole of the private sector in Cambodia for the following reasons:

- It is limited to those who are members of GMAC and those who are partners of CBCA. Most of the Active CBCA partners responded
- There are at least 500,000 businesses in the country – less than 0.01% of these are members of GMAC or partners of CBCA
- However given the random selection among garments and footwear companies, it may be said that the answers/responses among the six garment and footwear factories may be more representative of the GMAC membership.
- A form of selection bias may operate—i.e., those who may have policies and received certificates may be more willing to respond (though this cannot be documented).

Due to the low number of responses, only a simple descriptive analysis is appropriate.

## 2. General Company or Establishment Information

This section of the questionnaire asks about the type of business, the annual production estimates in US dollars, duration of operations, number of staff and % of the workers who are female, and membership in the various business associations and coalitions. Garment Factories were asked if they were part of two on-going projects that had some HIV – related activities, such as the “SAFE” project (Levi’s) and Better Factories Cambodia (BFC) of the ILO.

Just over half of companies in the survey did not answer the question on the estimate of annual production value. The range was wide, from below 100,000 dollars to over 5,000,000 US dollars.

**Table 2:** Production Values for Participating Companies

Annual Production Value Estimate	Frequency	Percent
Below 100,000 US dollars	2	11.8
100,001-500,000 US dollars	1	5.9
500,001-1,000,000 US dollars	3	17.6
1,000,001-5 million US dollars	1	5.9
Over 5,000,001 US Dollars	1	5.9
No answer	9	52.9
<b>Total</b>	17	100

Most companies who responded had been established in the past five years (71%).

**Table 3:** Number of Years of Operation of Participating Companies

No. of Years Operating	Frequency	Percent
Below 3 years	6	35.3
3 to 5 years	6	35.3
6 to 10 years	2	11.8
Over 10 years	3	17.6
<b>Total</b>	17	100

The smallest company had about 30 staff, the largest had well over 1000 staff, and most of the companies (59%) had workforces that were mostly female.

**Table 4:** No. of Staff in Participating Companies

No. of Staff	Frequency	Percent
Less than 100 staff	5	29.4
101 to 500 staff	6	35.3
510 to 1000 staff	3	17.6
Over 1000 staff	3	17.6
<b>Total</b>	17	100

**Table 5:** Percentage of Employees in Enterprises Who Are Female

% of employees who are female	Frequency	Percent
Between 10-25%	1	5.9
26 to 50%	6	35.3
51 to 75	4	23.5
Over 75%	6	35.3
<b>Total</b>	17	100

### Membership in Business Associations and Coalitions and in Existing Projects

Respondents were asked if they were members or partners of the key business associations and coalitions such as CBCA, GMAC, CAMFEBA, the CCC, or other industry associations. Nine respondents said they were CBCA partners; two members of CAMFEBA, and one of the CCC. These are not mutually exclusive and three respondents said they were members of two associations/coalitions. All garment factories are members of GMAC. Eight respondents said they were not members of any of the business associations.

Garment Factories (6) were asked if they were part of the SAFE Core group and the Better Factories Cambodia project of the ILO. For the SAFE membership, only one of the six garment factories was a member, the rest said no or were not sure. Given that just about 60 of 500 factories are members of the SAFE Core Group, this proportion is not unexpected from the six respondents.

**Table 6:** Participants Who Are Members of Specific Projects

Project Name	Responses (n=6)
SAFE Core Group Members	Yes – 1 No – 2 Don't Know – 3
ILO Better Factories Cambodia Members	Yes – 3 No – 1 Don't Know – 2

## 3. HIV Related Policies and Activities

This section asked about the presence of an HIV policy and when it was established, the HIV-related activities being implemented, presence of an HIV committee or working groups in the company, estimates of budgets for HIV activities and funding sources, types of HIV activities being implemented, integration, and facilitating factors for the HIV response.

**Table 7:** Percentage of Companies That Say They Have an HIV Policy

Have HIV Policy	Frequency	Percent
Yes, the company has a policy	10	58.8
No, there is no company policy	5	29.4
Don't know or not sure	1	5.9
No response	1	5.9
<b>Total</b>	<b>17</b>	<b>100</b>

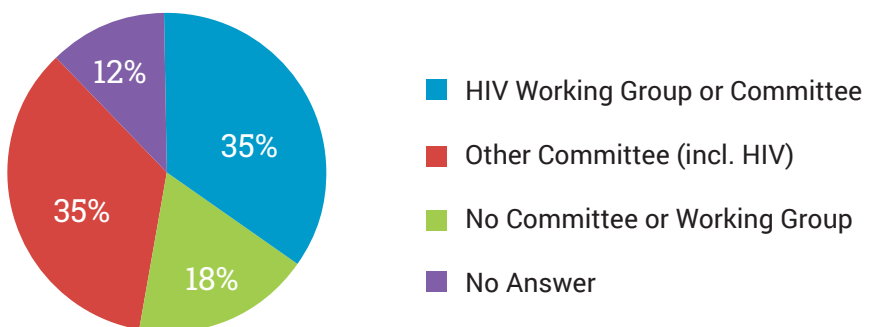
**Table 8:** Duration of the HIV/AIDS Policy

Duration of Policy	Frequency	Percent
Less than three years	7	58.3
Between three to five years	3	25
No response	2	16.7
<b>Total</b>	<b>12</b>	<b>100</b>

### HIV Workplace Activities: HIV Working Groups or Committees, and Different Types of Activities Being Implemented

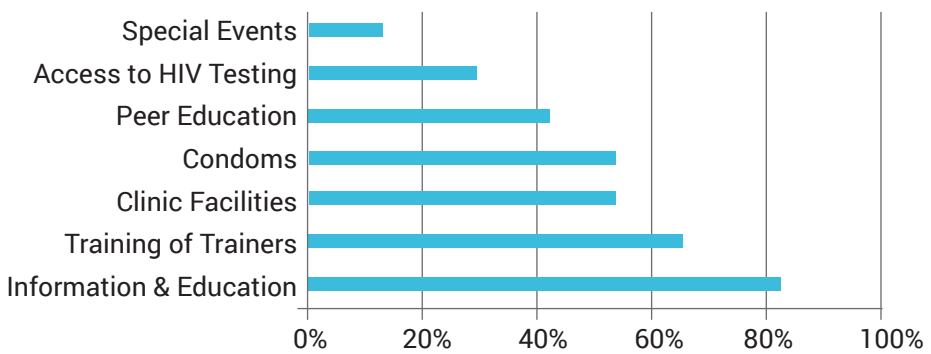
In accordance with provisions of Prakas 086 and the Guidelines (2010), business establishments are required to establish the Working groups or Committees according to the number of workers they have. Six of the 17 (35%) said they did not have any existing working groups or committees. One respondent did not answer the question. Six said they had specific HIV committees or working groups, while three said that HIV was included in other committees or working groups (such as, Occupational Health , Reproductive Health, etc.)

### Existence of HIV Committee or Working Group (n=17)

**Figure 3:** Types of HIV Committees/Working Groups in Participating Companies

The respondents were asked to tick the type of HIV activities that the company was implementing. The most frequent type of activity being implemented was the provision of information and education, in 82% of the companies. This was followed by participation in Training of Trainer (TOT) type activities, in 65%; Just over half (53%) of respondents provided condoms and/or clinic services. Peer education was implemented by 43% of the respondents, and Access to HIV testing and counselling was provided by 29%. Special Events were implemented by about 12%.

### Type of HIV related Activity (multiple responses possible)



**Figure 4:** Types of HIV-Related Activities Implemented by Participating Companies

Another finding is that 10 of the 17 respondents are implementing multiple, potentially reinforcing activities from the list above. For example, two respondents claim to be implementing all seven activities with their workforce, while eight say they implement four of the seven activities listed, in different combinations of activities. The level of coverage, as well as the “intensity” of these activities within the workforce is not known. Key informants familiar with the workplace activities (in particular the Garment factories) also note some limitations on the time of interaction with the workers, as mass awareness activities are often carried out during lunch hour breaks (usually 30 minutes) to minimize impact on the production capacity of the worker for the day.

**Table 9:** Frequency of Types of Activities Being Implemented in Participating Companies

Activities Type and Number	No.	%
Implementing Four of Seven Key activities	8	47%
With all Seven activities	2	12%
<b>None</b>	1	

Companies also may organize HIV activities on a one-off basis, or specific HIV activities (most often this is the situation of the entertainment-karaoke establishments), while others say the HIV messages and activities are integrated into other health and OSH activities.

**Table 10:** Separate or Integrated HIV Related Activities in Participating Companies

HIV activities	Frequency	Percent
Separate for HIV only	5	31.3
Integrated into other health activities	8	50
Both integrated and separate	1	6.3
No response	2	12.5
<b>Total</b>	16	100

### Budgets for HIV Activities and Sources of Funding

Three fourths of all respondents did not answer the question on the amount of budget allocated each year to HIV/AIDS. Those that did answer, which were in the minority, can be seen in the table below. For those that reply in the affirmative, the main source of funding for HIV is from within the company's own budget. NGOs are also cited as a source of funding by two respondents.

**Table 11:** Estimated Budget Allocation for HIV in Participating Companies

Budget allocation	Frequency	Valid Percent
Less than \$1000	2	11.8
Over \$10,000	1	5.9
Don't know or cant say	13	76.5
No response	1	5.9
<b>Total</b>	<b>17</b>	<b>100</b>

**Table 12:** Sources of Funds for HIV/AIDS of Participating Companies

Source of funds	Frequency	Valid Percent
Company itself	4	25
NGOs or external sources in Cambodia	2	12.5
Don't know or cant say	9	56.3
No response	1	6.3
<b>Total</b>	<b>16</b>	<b>100</b>

### Facilitating Factors for HIV Activities within the Companies: Personal Commitment from Top Management Is Key, though NGO Support Is Also a Major Factor. Multiple Factors May Be Operating.

Personal commitment of top management was noted most frequently as a facilitating factor. This was followed by support from NGOs, and Policy of the Company. It shows also that NGOs have a critical role to play and may also be at the forefront of implementing the activities and helping develop policy, or even influencing top management. The survey does not allow though for discussion of the most important or the key factor, but it is likely to be a mix. Nine respondents cited a minimum of two facilitating factors for HIV/AIDS activities.

**Table 13:** Facilitating Factors for HIV-Related Activities in Participating Companies

Facilitating Factors	No.	%
Personal Commitment of top management	10	59%
NGO support	7	41%
Policy of the Company	6	35%
Government requirement	2	12%
2 or 3 Facilitating Factors mentioned	9	53%
1 factor only	4	24%

#### 4. Opinions and Knowledge on HIV Policy and Personal Disclosure

This section of the survey asked for opinions and agreement or disagreement on several key statements. As noted earlier, respondents to the survey were mostly CEOs/Senior management or Administration & Human Resources personnel.

**Table 14:** Opinions on HIV: Participating Companies

Statement	Responses (% are rounded off)
Companies, Businesses and Factories should screen employees for HIV	Strongly Agree/Agree 65% Disagree/Strongly Disagree 23% No Opinion or No answer 12%
The Law requires companies to have an HIV/AIDS Committee	Strongly Agree/Agree 76% Disagree/Strongly Disagree 0% No Opinion or No answer 24%
All our workers are aware of our HIV/AIDS Policies	Strongly Agree/Agree 71% Disagree/Strongly Disagree 6% No Opinion or No answer 23%
My company employs people living with HIV	Yes 6% No 30% Don't Know 64%
In the event that I may get HIV, I think I will be able to tell my employer	Strongly Agree/Agree 53% Disagree/Strongly Disagree 24% No Opinion or No answer 24%
No Opinion or No answer 24%	

On screening employees for HIV, two thirds of those surveyed agree with the statement. It does not assume however that people who test positive are not offered a job, or are terminated. This high percentage is worrying given the high levels of awareness of the different ways by which HIV is transmitted or not transmitted. Company screening policies (indeed if they require HIV tests) are not known and have not been surveyed.

On HIV committees as being required by law, a good majority (75%) replied in the affirmative. However 25% did not know about this legal requirement.

On whether the company employed people with HIV, only one of the 17 stated "Yes", 30% stated "No", and about two thirds (64%) stated "I don't know". This is of course open to further interpretation but it gives an idea of the level of knowledge about company policy—though this may also mean that people are not obliged to disclose HIV status.

Finally, on whether the respondent would be able to tell his/her employer about his or her positive HIV status, 23% said they disagreed and 23% % also said they had no opinion on this. Just a little over half (53 %) said they agreed, which indicates that some workplaces may be more welcoming than others.

#### Challenges and Opportunities for Working with the Private (Business) Sector on HIV and AIDS

A consultation workshop on the initial findings of the assessment was held at the Green Palace Hotel on June 27, 2014. This was attended by 25 participants from the HACC membership (NGO members and several MARP community groups), CBCA, DoSH-MoLVT, ILO, and representatives of the private companies (garment factory and a popular footwear brand). A group discussion was organized and the participants came up with a list of challenges and opportunities for working with the private sector on HIV/AIDS in the country, as follows:

**Table 14:** Opinions on HIV: Participating Companies

	<b>Group 1 (NGO and MARPs)</b>	<b>Group II (Private Sector, CBCA)</b>
Challenges	<ul style="list-style-type: none"> <li>• Lack of CSR policies in many companies, especially local companies; no directive from the MoLVT to the private sectors to develop the CSR policies</li> <li>• Communication gap between NGOs and the Private Sector; we don't know who or how to contact and approach</li> <li>• Worker and Union representative involvement is lacking</li> <li>• Fee to become a member of CAMFEBA is high</li> <li>• Non-functioning HIV/AIDS coordinating committee in the private sector due to lack of resources</li> <li>• No decision makers from private sector attend the CCC for the GFATM or the NAA TWGs</li> <li>• Lack a coordinating body or a mechanism for linking the NGOs meetings or Annual meetings and the Private sector Associations, to arrange for Quarterly</li> </ul>	<ul style="list-style-type: none"> <li>• Success in HIV response means it is less of a priority and urgency in the workplace</li> <li>• No involvement of Headquarters and top level managers</li> <li>• How do we motivate business to care?</li> <li>• Many of the large companies think they do not need to educate their staff as they are already well educated</li> <li>• Top politicians not involved and less resources</li> <li>• Enforcement of law is inconsistent (i.e. Prakas on Workplace, or condom use policies?)</li> </ul>
Opportunity	<ul style="list-style-type: none"> <li>• CSR policies responsive to needs of beneficiaries can be developed or strengthened</li> <li>• Incentives of Cambodia being a good place for investors and a booming economy</li> <li>• ASEAN economic integration is an opportunity, can lead to lesser migration</li> <li>• Find out about the HIV and workplace policies of the company</li> </ul>	<ul style="list-style-type: none"> <li>• Some HQ managers are open to involvement</li> <li>• Look at the CSR policies</li> <li>• Good cooperation of private sector with Dep't of Occupational Safety and Health in MoLVT; regular OSH Inspection and Enforcement of regulations</li> <li>• Mainstream HIV policies not always separate</li> <li>• Potential to be a leader for the industry</li> </ul>



## Conclusions

**Private (Business) Sector in Cambodia is greatly diverse, from micro-business with one employee to large enterprises and factories with thousands of employees.** People working in this sector can be considered as “general” population and with the majority in the reproductive ages, from 15-49. Periodic CDHS data on HIV awareness, attitudes, access to testing, etc. is therefore applicable to this sector. Unless some of them sell sex, have many sexual partners of both sexes, or use and inject drugs they cannot and should not be considered “MARPs”.

**Little is known about the larger Cambodian-owned companies, and whether they engage in social development** (apart from charitable contributions, disaster relief or donations to the Cambodian Red Cross). It is also not known if they have Corporate Social Responsibility policies, unlike many of the well-known Multinational corporations.

**Different types of resources are available from Business sector. Partnerships are possible, and a good track record helps.** The business sector has both financial and human resources to support activities related to social development, but it is clear that economic benefits/profits are the priority. NGOs who have links to communities where the businesses are located and who have a good track record in implementing projects are potential partners. NGOs may also need to be flexible and adept at learning new skills.

**For purposes of the NSP III, it is necessary to focus on some segments of the private sector to achieve “Cambodia 3.0” (Zero New HIV Infections, Zero Deaths from AIDS, and Zero Discrimination); this has been correctly identified as the “entertainment” sector.** Here, some workers (though not all) are more vulnerable than others: those who do not earn a living wage and have to sit with clients in order to increase income or commissions – karaoke workers, beer promoters, beer garden sellers, gay bars and saunas, or men and women who work as masseurs, for example

**Working with the Garment Sector workers-turned-Entertainment Establishment workers: there are Information Gaps.** Several stakeholders have pointed out that there is no, or little information on the “real picture” of HIV and of sexual risk behaviours in the female garment factory workers, and wish to know the extent to which these workers also sell sex, or have turned to the entertainment sector for work. <sup>26</sup>However, it is possible to use proxy information from recent surveys done on young people (CHDS 2010) and the MARYP survey (2010). It can also be assumed that female garment factory workers have similar levels of knowledge on HIV to these populations, particularly young people as covered by the 2010 CDHS. The 2013 BSS has important findings and recommendations about EW; 14 % of the EW surveyed said they had worked in a factory within the previous 12 months. (51% of current EW had also worked in karaoke establishments in the past year). Turnover and migration to the city was also high, over 25% had moved in the past year. Another relevant report was published by ILO-BFC and APHEDA, discussed below. The small study (16 informants) focuses on women who were former factory workers and who are now in the entertainment industry (the term, Indirect Sex Workers is used). The recommendations based on the study are as follows: <sup>28</sup>

<sup>26</sup> Personal communication, Melissa Cockcroft and Chun Bora

<sup>28</sup> Powerpoint Presentation by Dr. MunPhalkun on the Behavioral Sentinel Surveillance Survey (BSS) 2013. Dec. 16, 2013. NCHADS



The results of this and other studies provide the basis for the following recommendations:

1. **Launch a campaign against violence and other abuses in the entertainment sector, and hold owners and managers accountable for such abuses.** This is in view of the clear and compelling link between harassment and dangerous workplace conditions and heightened vulnerability to HIV in entertainment establishments.
2. **Produce specialized informational and educational materials that respond to the vulnerabilities identified in this report and disseminate them to workplaces, targeting managers, entertainment workers and their clients.** Such materials should also cover issues relating to basic workers' rights, including decent wages, (overcoming) gender inequalities, and union membership.
3. **Actively include entertainment establishments in propagation of Prakas #086 (implementing legislation) on the Creation of HIV/AIDS Committees in Enterprises and Establishments and the Prevention of HIV/AIDS in the Workplace.** This would serve as a permanent, institutional platform to reduce the vulnerabilities of entertainment workers to HIV.
4. **Develop a licensing process for entertainment establishments that includes a basic set of conditions for employers to implement and comply with.**
5. **Develop a tripartite monitoring mechanism to conduct regular on-site inspections of conditions at entertainment establishments,** in partnership with the Ministry of Tourism, the 6 Department of Occupational Safety and Health, the Ministry of Labour and Vocational Training, and Employers and Workers' Organizations.
6. **Strengthen advocacy efforts to apply Decree 066 on the implementation of the 100% condom use program to entertainment establishments.** For this, the Decree would need to consider the special context of sex work within entertainment settings, including the practice of indirect sex workers not using condoms with regular clients and non-commercial partners.
7. **Facilitate a role for the tripartite partners to address the underlying vulnerabilities within the entertainment sector.** Unions should consider working in partnership with NGO associations for entertainment workers to begin addressing fundamental health and workplace safety and access to social security. Strengthening the partnerships of associations and unions is an essential step for improving health and safety conditions for entertainment workers.

**Need to focus on Vulnerable populations (MARPs) within SOME of the Entertainment Establishments; Respectful, Tactful Approaches needed, that recognize the impact of "labelling" establishments and workers.** Consider reactions of company management and owners if their entertainment establishments are labeled hot spots or required to have 100% CUP. The impact of "labeling" entertainment/beer workers as MARPs, for example, may not be acceptable to many of the workers, regardless of whether they frequently, or occasionally, sell sex.

**Different strategies are needed to approach individual companies or business associations;** charitable or sympathy approaches have limitations; use the language of business as well as approaches that provide benefit to all.

- For sub-contractors of well-known multinationals, buyer pressure is critical; global companies have more developed CSR policies
- Business Associations are key players: Entertainment sector associations role is not so clear
- Worker's Unions are also potential partners, though many beer promotion workers and beer sellers may not be union members, so other ways may be needed to advocate for the workers who are not members of unions
- Supportive legal framework exists, (Prakas 086). Recognition of establishments that implement well, as well as monitoring, are critical

<sup>28</sup> *Research Snapshot: Study of Indirect Sex Workers from the Garments Industry, ILO and APHEDA July 2010. [http://www.un.org.kh/attachments/338\\_ILO\\_research\\_IndirectSexWorkers\\_20100715.pdf](http://www.un.org.kh/attachments/338_ILO_research_IndirectSexWorkers_20100715.pdf)*

# Recommendations

A set of Recommendations was proposed from the consultation meeting on June 27 2014 (See Annex 3). Most of those recommendations are incorporated below.

Two sets of recommendations are proposed: One for NGOs wishing to explore working with the Business sector, and another for HACC, as a network of NGOs.

## 1. Recommendations for NGOs

1. NGOs should develop a clear strategy to approach the sector in general and specific companies or people in key positions in particular. For example, one way to approach the private company is to do the following:
  - Know more about the company – where does it work, what it does, is there a CSR policy, are they concerned about social development, what are their priorities, what projects have they supported in the past, etc.
  - Look at the company website and publications, note who may be their board members or major sponsors
  - Are they a manufacturer or a supplier or sub-contractor of any other company that is known for its social responsibility and HIV/AIDS work? (For example, Levi's, H & M, Mark & Spencer, the Gap, others ?)
  - Who might be a possible "entry point" for contacts into the company? (CEO, Human Resources, Management, etc.)
  - Consider what approach is best, your key message to the company or to the person you are trying to convince. Explore how they might respond to you, or to some other questions they might ask
  - Using business language with business persons. For example, "Investment Guide" is something that business persons may be able to relate to.
  - Consider if there are worker's unions in the factory, and whether HIV/AIDS may be incorporated into the work of the Union or its committees
  - Be aware of the potential benefits to the company if they develop a partnership agreement with the NGO
  - Make your message clear, short and precise.
2. Focusing on "MARPs" in a company may apply only to specific entertainment establishments and to specific classes of workers within the establishment. Labelling of "EW" and "Entertainment Establishments" as places for sex work may not be acceptable to many establishments as well as to workers.
3. Work in partnership with the establishment owners themselves, government agencies such as NAA and MoLVT, Business Federations, and specific business associations, ILO-BFC.

## 2. Recommendations for HACC

1. Presenting results of the Private/Business sector assessment to the TCC (done) and in join future TCC meetings
2. Share results of the Private sector Assessment more widely and if applicable, include recommendations in the HACC strategic plan
3. Convene small working group among HACC members to share their experiences and challenges, as well as approaches, relating to working with the business sector
4. HACC and its members might consider joining Federations of Enterprises (i.e., become an associate member of CAMFEBA, for example, as KHANA, PSK, PSF, and others have done)

5. HACC to continue sharing knowledge, information and experiences about social entrepreneurship and changing mind sets with members, during annual or quarterly meetings
6. Develop a directory of Business and Corporate supporters of HIV/AIDS work, similar to the 2008 “Business and AIDS” in Cambodia. HACC should work with CBCA on this. The directory can also contain information about compliance with relevant Prakas, the presence of a workplace policy that includes HIV (some companies may have a general occupational health policy), the types of activities being implemented, the partners of the companies, as well as any recognition given by the MoLVT.
7. Work in partnership with Business Associations and Government in award giving bodies for recognizing Private sector and Individual contributions to HIV/AIDS for their workers, or for MARPs.
8. Organize sharing sessions with Business sector in the Annual Membership Meeting
9. Introduce the “Social Enterprise” Concept rather than “from Non-Profit to make Profit so that my NGO can survive”. Some NGO members of HACC, such as Mith Samlanh, for example, have experience in this area and should be relied upon for their expertise (See Annex 4 for a broad description of Social Enterprise).

### **3. Recommendation for MoLVT**

Approve of the Prakas for workers in the Entertainment sector and monitor its implementation, and continue giving recognition and awards to the private companies that have successfully implemented the Prakas.

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# Annex

## Annex 1: Some samples of Private Sector and Business Support for NGOs in Cambodia

### 1. CHEVRON

In Cambodia, Chevron supports community engagement programs focused on economic development, health and education.

#### *Fighting AIDS and Helping the Sick*

Chevron partners with Pact Cambodia to educate people about tuberculosis and HIV/AIDS prevention and treatment. Our work targets at-risk groups and people living with HIV as well as members of the fishing community. More than 7,300 TB-HIV informational booklets and 1,800 hygiene and sanitation posters have been printed and distributed to fishermen's families and people living with HIV.

In 2010, Chevron and Pact Cambodia began the Women's Empowerment and Health Promotion Project. The project aims to improve the health, education and livelihood of people through education about health issues like TB, HIV/AIDS and sanitation. So far, the project has helped more than 6,800 people. Information about family planning has been distributed, and more than 200 patients were referred to appropriate health centers and have been treated for TB and HIV. The program also works to improve the literacy and math skills of 800 underprivileged women by supporting micro financing at the village level and micro enterprise development. Chevron works with the Women Organization for Modern Economy and Nursing, a nongovernmental organization based in Phnom Penh. In 2010, our partnership organized a charity event to provide food to orphans and children affected by HIV/AIDS.

In 2011, Chevron and Cambodian HIV/AIDS Education and Care organized a charity event for People Living with HIV/AIDS and the Orphans and Vulnerable Children Project. The event provided necessities for 250 needy people from Kandal Province.

#### *Education*

Chevron worked with Pact Cambodia to build a new library for a junior school in Sihanoukville. The project provided books, bookshelves, equipment and training for librarians. The library opened in February 2012.

Chevron sponsored daylong seminars in 2010 and 2011 to help high school graduates prepare for success after high school. The event, organized by the nonprofit Help Our Homeland, was the first of its kind in Cambodia and the largest postsecondary seminar ever held in Phnom Penh. The two seminars attracted more than 4,400 young people from around the nation.

#### *Disaster Response*

Every year, Chevron donates funds to the Cambodian Red Cross for anti-poverty and humanitarian projects for the vulnerable.

In October 2012, Chevron donated relief materials, food and rice to families affected by the fire in Tomnoprolok Floating Village in Preah Sihanouk Province. The project helped rebuild 32 homes and construct a water storage container and water basin. We also provided new school uniforms for young students.

Also in October 2012, Chevron donated bags of rice to needy families in Otrest village, in Preah Sihanouk Province.

When record-breaking floods struck Cambodia in 2011, Chevron quickly responded. We contributed food to villages in Prey Veng and Siem Reap provinces.

Our employees helped distribute more than 21,000 pounds (9,500 kg) of rice, 480 cartons of instant noodles and 9,600 cans of sardines to families there. Chevron also contributed funds to the Cambodian Red Cross and Save the Children. In 2010, following a tragic bridge stampede, Chevron donated food to 130 victims being treated at Kosamak Hospital in Phnom Penh.

### *Road Safety*

In Cambodia, Chevron supports programs that promote safe driving, with a focus on motorcycle safety. In 2010, in partnership with Handicap International and the National Road Safety Committee, we distributed 260 helmets to students and teachers. The following year, we again partnered with Handicap International, to distribute 220 helmets to teachers and students at Preak Leab High School.

In 2012, we worked with Asia Injury Prevention to organize road safety awareness events for three high schools in high-risk traffic locations in Phnom Penh. Chevron donated 1,500 helmets and educated students on the importance of road safety.

## **2. Deutsche Bank – Support for two initiatives in Siem Reap**

Deutsche Bank has been funding the Kantha Bopha hospital's Outpatient Department since 2009, supporting personnel costs, training for both medical and non-medical staff, and providing medical supplies and equipment. In 2013, more than 50,000 children benefitted from our support.

In April 2014, the newly expanded and renovated Outpatient Department will officially open its doors to welcome more children in need. As part of Born to Be, Deutsche Bank will continue to fund the Outpatient Department. For more information, please

Deutsche Bank supports Kaliyan Mith's Vocational Training Programme in Siem Reap, Cambodia, which seeks to empower marginalized and vulnerable street living youths through access to quality skills training and to reintegrate them into society as productive citizens.

More than 200 youths between the ages 15 and 24 attend regular market-linked training workshops where they acquired skills in cooking, motor mechanics, sewing, and more. The non-profit organisation also offers these youths medical care and counseling services.

With support from Deutsche Bank as part of Born to Be, KaliyanMith will strengthen their programme and convert two training workshops into social businesses to help generate income and enable them to be self-sustainable.

Kaliyan Mith is part of Friends-International, a leading social enterprise saving lives and building futures for marginalised children and youths in South East Asia. For more information, please email [db.asiafoundation@db.com](mailto:db.asiafoundation@db.com).

Also has links to the websites of both organizations, from the Deutsche Bank website.

## **3. Johnson and Johnson**

### *CWW (Children without Worms) program*

Johnson & Johnson (J & J) provides medicines (mebendazole) for de-worming of schoolchildren. However, J & J reaches beyond mebendazole donations. CWW forms partnerships to provide hygiene education, improved sanitation and safe drinking water. Found mostly in tropical and subtropical areas, intestinal worms are a disease of poverty and caused by a lack of clean water and sanitation. "You must have a prevention component or children will be continuously re-infected," says Kim Koporc, CWW Acting Director. "The prevention component breaks the cycle." For example, CWW partners with Helen Keller International, which is working with the education ministry in Cambodia to incorporate hygiene education into the school curriculum.



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<http://www.jnj.com/caring/patient-stories/keeping-children-free-of-infection>

**Annex 2: List of Key Informants**

- MoLVT – Dr. Huy Han Song, Secretary of State; also provided key documents
- NAA – Dr. Tia Phalla, Vice Chair
- HACC Staff and management: Tim Vora (Executive Director), Heng Koy (Deputy Director, Program Management & Resource Mobilization)
- CBCA – CHUN Bora (Executive Director), EAT Sopheak (Senior Trainer)
- GMAC – Ly Tek Heng (Operations Manager)
- PACT – PhonYutSakara (Economic Empowerment Manager)
- CRS – Dr. Sok Pun (Health and HIV Program Manager)
- RHAC – Dr. Samrith Rahman (Health Program Manager)
- BSIC – Mr. HakVuthy (email responses)-Public Relations Officer
- ILO- ChuongPor (Focal Point for HIV/AIDS and Gender)
- CARE – Jenny Conrad , Program Communications Advisor
- APHEDA – Mr. Lim Sok San, Project Coordinator
- CWPD – Mr. Chhorn Ann (Program Manager)
- FHI360- Nith Sopha

**Annex 3: Recommendations from the consultation workshop meeting****Group 1 (NGO members of HACC, MARPs groups)**

- Strengthen the HACC
- Develop more mechanisms to link private sector and NGOs
- Ask CAMFEBA to lower their membership fees
- Hold Annual Mini Conference between private sector and HACC members
- Can update the directory and contact list of the businesses that support HIV/AIDS in the workplace
- Meet with CARE, PSK etc. focal points to learn about how they work with the private sector

**Group II (CBCA, Private Sector representatives)**

- OSH inspection and enforcement could include HIV
- Participate more actively through the Government-Private Sector Working Group and the eight TWGs
- Participate through the Government-Private Sector Forum, held every six months, and chaired by the Prime Minister
- Approach/involve top business leaders—for example, H.E. Van Sou Ieng who is Chair of GMAC and also CAMFEBA
- Collaborate on annual awards for companies
- Involve Chambers of Commerce and the Ministry of Commerce
- Should have annual sharing and forums between Private Sector and NGOs, on HIV in workplaces
- Consider allocating a % of profits into HIV
- Approaches of NGOs to Private sector needs to be more “motivational” rather than confrontation

#### Annex 4: Some concepts of “Social Enterprise” (source: [http://en.wikipedia.org/wiki/Social\\_enterprise](http://en.wikipedia.org/wiki/Social_enterprise))

A **social enterprise** is an organization that applies commercial strategies to maximize improvements in human and environmental well-being, rather than maximizing profits for external shareholders. Social enterprises can be structured as a for-profit or non-profit, and may take the form of a co-operative, mutual organization, a social business, or a charity organization. Many commercial enterprises would consider themselves to have social objectives, but commitment to these objectives is motivated by the perception that such commitment will ultimately make the enterprise more financially valuable. Social enterprises differ in that, inversely, they do not aim to offer any benefit to their investors, except where they believe that doing so will ultimately further their capacity to realize their social and environmental goals. The term has a mixed and contested heritage due to its philanthropic roots in the United States, and cooperative roots in the United Kingdom, European Union and Asia. In the US, the term is associated with ‘doing charity by doing trade’, rather than ‘doing charity while doing trade’. In other countries, there is a much stronger emphasis on community organizing, democratic control of capital and mutual principles, rather than philanthropy. In recent years, there has been a rise in the concept of social purpose businesses which pursue social responsibility directly, or raise funds for charitable projects.

#### Annex 5: Terms of Reference for a Consultant-Private Sector Assessment Background

Following a period which saw one of the fastest growing HIV epidemics in Asia in the 1990s, Cambodia has become one of the few countries to have reversed its HIV epidemic, from an estimated prevalence of 2% (among adults aged 15-49) in 1998 to 0.6% in 2012. This steady decline in the general population is due to 1) increasing coverage of ART (over 84% eligible are on treatment), leading to decreasing infectiousness of HIV infected individuals, 2) successful implementation of targeted HIV prevention activities (including 100% Condom Use Program, VCCT, PMTCT/linked response, STI care, outreach program) and 3) decreasing number of new HIV infections (HIV incidence fell by 88% between 2001 and 2011). In 2010, Cambodia was recognized by the MDG Awards for its outstanding national leadership, commitment and progress towards achievement of Goal 6 and particularly in working towards halting and reversing the spread of HIV.

HACC in collaboration with Cambodian Business Coalition on AIDS (CBCA) and with financial support from CAFOD is seeking **Consultant to conduct assessment with private sectors** in response to HIV and AIDS in Cambodia.

##### Objective:

1. To assess the potential roles of private sector to response to HIV and AIDS
2. To assess services and resources from private sectors in response to HIV and AIDS
3. To identify factors hindering participation of private sector in providing and supporting on HIV/AIDS services
4. To review fund raising mechanism and barriers among private sectors in response to HIV and AIDS
5. To propose funding mechanism from private sectors in response to HIV and AIDS
6. To compile best practices of the involvement of private sectors in response to HIV and AIDS



**Scope of consultancy**

The consultant will conduct a study on the involvement of private sectors in response to HIV and AIDS in Cambodia.

- i. **Study Site:** The study will be conducted in Phnom Penh with related private sectors
- ii. **Study duration:** March 2014

**Key responsibilities:**

1. Preparing research protocol
2. Desk review of relevant documents
3. Conduct Key Informant Interview with key stakeholders and private sectors
4. Data entry, cleaning and analysis for both quantitative and qualitative
5. Prepare dummy table for data analysis
6. Facilitate organize consultative meeting with key stakeholders to discuss on finalization of the report
7. Submit final report





# THREE ZEROS



**For further information, please contact  
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