



National AIDS Authority

“STRENGTHENING CAPACITY AND PARTICIPATION OF YOUNG  
PEOPLE TO REDUCE HIV/AIDS AND DISCRIMINATION AMONG  
MARPS IN CAMBODIA”

**Training Report**



3-4 September 2013

Phnom Penh, Cambodia



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## I. Acknowledgement

*This report document, the presentations and discussions made during the training course on Strengthening Capacity and Participation of Young People to Reduce HIV/AIDS Transmission and Discrimination among MARPs in Cambodia, held from 3-4 September 2013 at Sunway Hotel, Phnom Penh, Cambodia.*

*The primary objective of this national training was to introduce the country overview on HIV/AIDS Situation in Cambodia, Stigma and Discrimination perspectives among MARPs and building the capacity of young people in term of Leadership and Advocacy Skills. The training brought 50 participants from difference universities/schools across Cambodia, including Royal University of Agriculture, Royal University of Phnom Penh, Royal University of Law and Economic, Build Bright University, Panhasastra University of Cambodia, IIC University of Technology and Phnom Penh International University.*

*Many people we involved in making this training possible. The organizers would like to gratefully acknowledge all the participants for their valuable participation and inputs. A list of participants is included in the Annex of this report.*

*Phorng Chanthorn, Chheav Aphyra, Soth Nimol, Mey Sovannara, Heng Saly, Phal Sopat, Cheav Samphy, Srun Srorn, Mok Sokha and Yun Dina co-facilitated the training.*

*Our sincere thanks and gratitude to H.E Dr Teng Kunthy, Secretary General of National AIDS Authority (NAA) and Chairman of National MSM Technical Working Group who provided the leadership, guiding and direction in all the processes in organizing the training.*

*Finally, the training organizers would like to recognize the outstanding contribution of Finance and Admin Department of National AIDS Authority, Admin and Procurement Unit, and Finance Unit of KHANA for their excellent logistical and administrative support.*

*Dr. Tep Navuth, Deputy Director of Prevention, Care and Support Department, NAA, Phorng Chanthorn, MARPs Coordinator, NAA, Chheav Aphyra, Policy Officer, KHANA, Heng Saly, Technical Program Officer, FHI360, Srun Srorn, Coordinator, RoCK, Mok Sokha, Head of Health and Education, KYA, Yun Dina, Program Manager, KORSANG, Horn Bunvireak, Program Coordinator, CPN+, Prum Dalish, Acting Director, CCW coordinated the training, developed agenda and finalized this report.*

*This training was supported by KHANA and FHI360 under facilitating from the National MSM Technical Working Group and MSM Secretariat working Group.*

## II. Acronym and abbreviations

|               |  |
|---------------|--|
| AIDS          | : Acquired Immune Deficiency Syndrome                            |
| Boosted CoPCT | : Boosted Continuum of Prevention, Care and Treatment            |
| EW            | : Entertainment Worker   |
| HACC          | : HIV/AIDS Coordinating Committee                                |
| HIV           | : Human Immunodeficiency Virus                                   |
| KHANA         | : Khmer HIV/AIDS NGO Alliance                                    |
| LGBT          | : Lesbian, Gay, Bisexual and Transgender people                  |
| MARP          | : Most At Risk Population  |
| MSM           | : Men who have sex with Men                                      |
| NAA           | : National AIDS Authority  |
| NCHADS        | : National Center for HIV/AIDS, Dermatology and STD              |
| NGO           | : Non-Governmental Organization                                  |
| PLHIV         | : People Living with HIV/AIDS                                    |
| PWUD          | : People who Use Drug  |
| STI           | : Sexually Transmission Infection                                |
| TG            | : Transgender person or people                                   |
| VCCT          | : Voluntary Counseling and Confidential Testing                  |
| UNAIDS        | : Joint United Nations Programme on HIV/AIDS                     |
| UNESCO        | : United Nations Education, Scientific and Cultural Organization |

### III. Rational for this training

Cambodia has had considerable success in addressing HIV, shown by a substantial drop in HIV prevalence from 2.9% in 1997 to 0.9% in 2006 (NCHADS, 2006). The HIV prevalence among young people aged 15-19 is negligible at 0.1% for boys and 0% for girls. The prevalence rate is noticeably increased to 0.6% for young women aged 20-24 which is three times the prevalence among males of the same age group (0.2%) (CDHS 2005).

Similar to its neighboring countries, Cambodia is fast moving into the category of a concentrated epidemic, with increasing incidence of HIV cases in the most at risk populations (MARPS). With half of Cambodia's population below the age of 20 years (approximately 13.4 million), MARYP have become a critical population of interest in HIV intervention.

An estimated 45.2% of males and 50.1% of females aged 15-24 years have comprehensive knowledge on HIV (Data Hub), and a recent pilot study on Life Skills of HIV/AIDS Education (LSHE) commissioned by UNICEF country office found that 77.1% of 6th graders from project schools, compared to 45% from non-project schools, correctly answered all 5 HIV/AIDS related questions in Prey Veng province; 94.5% of respondents mentioned school or teachers as the main source of information about HIV and AIDS.

Not so different from many countries in the region, they have faced with specific needs in terms of prevention, care, treatment and social support. One of the challenges is the lack of strategic information on the profile of KP and many programmes overlook the rights and needs of the *Young Key Affected Populations* (YKAPs). The major issues of stigma and discrimination continue to hinder access to services. For Young MSM, Young TG, Young Entertainment Workers (EWs), Young PLHIV and Young People who inject/use drugs, even where services have been scaled up, access for them as young people, is restricted by age of consent policies or approaches that are not youth friendly in many cases. Therefore, building and expanding more partners of *Young Key Affected Populations* (YKAPs) absolutely need more attention and strategic responses.

Media system plays a very important role in gathering different information to public. Thus, the understanding of media agents about nature of Young Key Affected Population (YKAPs) and their HIV vulnerability is crucial in order for them to disseminate the right information to audiences. Furthermore, involvement and support of media agents to the national HIV response would tremendously contribute to the success in reducing stigma and discrimination among Young Key Affected Population (YKAPs), which is then expected to improve access to health services among the group.

***The objectives of this training are three-fold:***

- To provide the knowledge and information to young people in term of country HIV/AIDS overview and stigma and discrimination against MARPs
- To build the capacity on leadership and advocacy skills to young people
- To promote participation of young people the reduction of stigma and discrimination against MARPs in the society context

**1. *Welcome and Opening Session***

Moderator: Phornng Chanthorn, MARPs Coordinator, KHANA

**1.1. *Welcome Address by KHANA Representative***

Speaker: Mr. Hong Reaksmey, Policy Manager of KHANA

Mr. Hong Reaksmey started with the kind respectful to honorary guests and welcoming to all participants. This training with support from Flagship through KHANA and FHI360 and he also hopes it will be benefited to young people in getting involved with the national HIV/AIDS responses through their specific objectives and activities. He also expressed that H.E Dr Teng Kunthy, KHANA and himself are really interested in supporting to young people to be a part of the HIV/AIDS response.

In the meaningful, He highlighted the background of KHANA, KHANA

Last, he thanked very much to the training organizers and would encourage all participants to fully participation for this two days training in order to receive the necessary knowledge, information and skills as young people is change agent in society especially in HIV/AIDS perspectives.

**1.2. *Opening remark by National AIDS Authority***

Speaker: H.E Dr Teng Kunthy, Secretary General of National AIDS Authority, and Chair of National MSM Technical Working Group

H.E Dr Teng Kunthy expressed his thanks to partner representatives and participants for attending this training. It is not last time for the meeting but it is just the initial step for young people to get involved with the government and civil society organizations to reduce HIV/AIDS and stigma and discrimination against most at risk population in Cambodia.

This training provided the opportunity to participants to receive basic and general information, knowledge and necessary skills in order to build and strengthen the capabilities of young people. Although the HIV/AIDS prevalence has been decreasing among general people, 7 percentages in 2013 and around 1100 people are new infections which most of them are young people, so we have to consider this case and we have to respond together.

After the training, participants will develop the action plan that needs the commitment to take the lead in the own context. Participants can implement their work with the technical and financial support from the national MSM technical working group and MSM Secretariat working group. We would encourage participants to most focusing on writing the articles, case studies or innovative ideas relating HIV/AIDS-issues, Stigma and Discrimination among MARPs in community.

Finally, H.E Dr Teng Kunthy suggested to all participants to fully participate for this two days training and getting the specific needs. He would also thank to KHANA and FHI360 who provided the financial in this training, he sincerely thanks to training organizer who has been efforts to conduct the training.



*Distinguished guests from KHANA, NAA and UNAIDS*

## **2. Presentation and introduction to country overview on HIV responses**

Moderator: Phornng Chanthorn, MARPs Coordinator, NAA

### **2.1. Current HIV/AIDS Situation in Cambodia and efforts in national responses**

Presenter: H.E Dr Teng Kunthy, Secretary General of National AIDS Authority

H.E Dr Teng Kunthy presented an overview and statistics of HIV/AIDS situation and response in Cambodia. Epidemic among MARPs (especially EW, MSM and DU) is still our current concern. Some statistics in 2012 were:

- The HIV Prevalence among population aged 15-49 in 2012 was 0.7%
- EW was around 36000 people, with HIV prevalence of 15.2 %
- MSM was around 21000 people, with HIV prevalence of 5.4%
- Mode of transmission in Cambodia in 2012: sex work remained the highest proportion of new infection, figured at 30%, followed by wife to husband at 21%, and husband to wife at 17%...

Also, he summarized the NAA's national strategic plan (NSP) III:

- · Strategy 1: Increase coverage, quality and effectiveness of prevention interventions.
- · Strategy 2: Increase coverage and quality of comprehensive and integrated treatment, care and support addressing the needs of a concentrated epidemic.
- · Strategy 3: Increase coverage, quality and effectiveness of interventions to mitigate the impact of HIV and AIDS.
- · Strategy 4: Ensure effective leadership and management by government and other actors for implementation of the national response to HIV and AIDS, at national and sub-national levels.
- · Strategy 5: Ensure a supportive legal and public policy environment for the national response to HIV and AIDS.
- · Strategy 6: Ensure availability and use of strategic information for decision-making through monitoring, evaluation and research.
- · Strategy 7: Ensure sustained, predictable financing and cost-effective resource allocation for the national response.

Then, he highlighted the changing contexts in HIV response as follow:

- Changes in epidemiology and sciences in making blood testing more easily and accessible for people as prevention of HIV.
- Changes in financial support: due to decrease in funding supports, development partners wish to see the efficiency of fund using to better response to HIV.
- HIV response shall no longer be separated and be integrated with other development projects, education, gender and social welfare.
- The UN 3-zero policy to achieve No infection, No discrimination and No death.



Participants were interested in the presentation

## **2.2. Who are MARPs? Why are they at risk?**

Presenter: H.E Dr Teng Kunthy, Secretary General of National AIDS Authority

H.E Dr Teng Kunthy also illustrated the objectives of this presentation, it enables to participants to understand the MARPs definition, MARPs Group and their sexual behaviors as higher risk related HIV and AIDS, and provide the participants to understand the key issues of MARPs, especially what relates to stigma and discrimination.

MARPs comes from Most At Risk Population, there are three group of MARPs

- Entertainment Worker (EW)
- Men who have sex with Men
- People who use drug

He also added, Although prevention programmes have had significant results, HIV prevalence among these most-at-risk populations continues to be high and there is a general consensus that there is a real risk of a second-wave of HIV infections emerging from these groups<sup>2</sup>, especially female sex workers, their clients and sweethearts (EW), men who have sex with men (MSM) and injecting drug users/drug users (IDU/DU)

## **2.3. Targeted HIV/AIDS Services to MARPs (Boosted CoPCT)**

Presenter: Mr. Heng Saly, Technical Program Officer, FHI360

Mr. Heng Saly expressed his welcome to all participants. He provided the presentation on current national of the targeted HIV/AIDS services to MARPs (Boosted CoPCT), he also clarified that, for the national programmes there are many mechanisms, strategies and activities to support the Boosted CoPCT services package. In this presentation, it is a piece of those programmes which might be important for understanding. The Boosted CoPCT highlighted was:

- Goal: To achieve universal access and moving toward elimination of new HIV infections in Cambodia by 2020
- Objective: To improve and enhance the health condition of MARPs and their partners
- Boosted CoPCT: Boosted Continuum of Prevention, Care and Treatment
- Boosted CoPCT means to eliminate of new HIV infections in Cambodia by 2020 (3 Zero Strategies)

Also, he added the services are specified onto MARPs, the core services of Boosted CoPCT were:

- Behaviour Communication Change through outreach activities
- Social marketing (Selling and delivering condoms)
- STI and treatment services
- VCCT, care treatment services

The addition services

- Syringe and Needle Programme
- Methadone Programme
- Pre-ART and ART Services
- Sexual and Reproductive Health Services
- Mental health Services
- Legal aid services

***Mr. Heng Saly, presented on Boosted CoPCT Services Package***



Finally, the presenter answered some questions from participants as below:

| <b>Questions</b>                        | <b>Answers</b>   |
|---|--|
| What is VCCT?                           | Voluntary Counselling and Confidentiality Testing  |
| What is STI?                            | Sexuality Transmitted Infections   |
| Why TG is high risk?                    | TG is high at risk because they are unprotected sex, having more partners, uneasy accessing to health services, and getting stigma and discrimination from family, friends and community   |
| What is methadone service or programme? | Methadone Programme is the activities which are prescribing methadone – a synthetic opioid – as a substitute for heroin allows participants to stabilise their lives by eliminating the need to find money for drugs. They add that coupled with supports like transitional housing and job training, MMT can enable drug users to reform their lives. |

#### **2.4. Roles of CSO in HIV/AIDS Response in Cambodia**

Presenter: Dr. Cheav Samphy, M&E Coordinator, HACC

Dr. Cheav Samphy started with introduction himself, and then he moved to the presentation on the Role of CSO in HIV/AIDS response in Cambodia. In the first line, he highlighted the roles of CSO in generally, the key points were:

- CSOs also serve as an umbrella term that can include community-based organizations (CBOs), non-governmental organizations (NGOs), faith-based organizations (FBOs), charities and voluntary organizations.
- The functions of civil society are diverse. Overall, the categories of activities performed by civil society are the following (ODI, 2006):
  - Representation

- Advocacy
- Technical Inputs
- Capacity Building
- Service Delivery
- Social Functions

After that, he specified only of CSO in HIV/AIDS response in Cambodia. There is an institution who is representative of government. National AIDS Authority is the sole multi-sectoral government institution to lead and implement the prevention and control of HIV/AIDS epidemic in Cambodia. To achieve the mission to reduce HIV/AIDS, NAA needs to work closely with CSO including NGOs, development partners, private sector, ministries and UN team.

The CSO is playing the main role in various positions, membership of Technical Working Group (prevention, care and treatment, impact mitigation, advocacy and campaign), and membership of NAA TWGs, membership of NCHADS TWGs, Membership of CCC, UNs and Development Partners.

Mr. Cheav Samphy also presented type of NGOs who are working in Cambodia,

- Local NGO is 80
- International NGO is 31
- Community Based Organization is 1
- Other is 4

Last, he provided the figures of NGO who are working in the specific programs related HIV/AIDS issues:

- Prevention Program is 89 NGOs
- Care and Treatment Program is 72 NGOs
- Impact Mitigation is 42 NGOs
- Other is 63 NGOs

### **3. Roles of Young People into the HIV/AIDS responses in Cambodia**

Moderator: Mr. Phorng Chanthorn, MARPs Coordinator, KHANA

#### ***3.1. Roles of young people in achieving HIV/AIDS Response using core competencies***

Facilitator: Mr. Mok Sokha, Head of Health and Education, KYA

The facilitator divided participants into 5 groups and gave instructions to work on 2 questions.

1. What are the main issues young people facing?
2. What are the roles of young people into HIV/AIDS response in Cambodia?

After the group discussion, the key answers in each group were:

| <b>Group</b> | <b>Key Issues related HIV</b>   | <b>Roles of Young People</b>  |
|--------------|---|---|
| I            | <ul style="list-style-type: none"> <li>-HIV infection</li> <li>-Stigma and discrimination</li> <li>-Unprotect sex</li> <li>-Lack of knowledge on HIV/AIDS, condom use and SRH</li> </ul>  | <p><i>Individual:</i></p> <ul style="list-style-type: none"> <li>-General education</li> <li>-Ownership</li> <li>-Honest</li> <li>-Understanding how to prevent HIV</li> </ul> <p>Sharing experiences and lesson learnt</p> <p><i>Society:</i></p> <ul style="list-style-type: none"> <li>-Outreach</li> <li>-Reducing stigma and discrimination</li> <li>-Creating new programs</li> <li>-Training on HIV/AIDS, STI and SRH</li> </ul>                   |
| II           | <ul style="list-style-type: none"> <li>-Lack of understanding, information and experiences related HIV/AIDS</li> <li>-Foreign culture flow (sex film)</li> <li>-Using alcohol and drugs</li> <li>-Mental health</li> <li>-Living condition issue</li> <li>-Sex without condoms</li> </ul> | <p><i>Individual:</i></p> <ul style="list-style-type: none"> <li>-Providing outreach on HIV/AIDS to friends and community</li> <li>-Preventing to HIV/AIDS</li> <li>- No stigma and discrimination onto PLHIVs</li> <li>-Explaining to PLHIV to protect themselves</li> </ul> <p><i>Society:</i></p> <ul style="list-style-type: none"> <li>-Comprehensive mass-media relating HIV/AIDS</li> <li>-Providing training to young people and MARPs</li> </ul> |
| III          | <ul style="list-style-type: none"> <li>-Individual issues</li> <li>-Family issues</li> </ul>  | <p><i>Individual:</i></p> <ul style="list-style-type: none"> <li>-Sharing knowledge and information</li> </ul>  |

|    |   |  |
|----|---|--|
|    | -Society issues   | -Providing outreach<br>-Collecting all information related HIV/AIDS<br>-Encouraging to access VCCT & STI<br><i>Society:</i><br>-Providing the trainings on HIV/AIDS<br>-Providing outreach<br>-Expanding the coverage areas<br>-Providing the mental health services   |
| IV | -Friends issues<br>-Family issues (economic)<br>-Society issues (stigma & discrimination)<br>-Unemployment<br>-Individual issues (education, sex...)<br>-Culture issues (not opening) | Individual:<br>-High commitment<br>-Well understanding on HIV/AIDS<br>-Use condom every sex with partners<br><i>Society:</i><br>-Encouraging for community participation<br>-Improving the outreach activities<br>-Integrating HIV/AIDS into school curriculum   |
| V  | -Having sex with multi partners without condom use<br>-Using the joint syringes and needle<br>-Using alcohol, drugs and modern materials  | Individual:<br>-Regular using condom every sex<br>-Avoiding to have more partners<br>-Staying far away from drugs<br>-No intention in sex as youngest<br><i>Society:</i><br>-Providing the training on HIV/AIDS, STI and SRH<br>-Reducing the flowing of foreign culture<br>-Comprehensive mass-media relating HIV/AIDS<br>-Providing the mental health services |

Lastly, Mr. Mok Sokha summarized in his session that young people are playing the main roles in reducing HIV/AIDS transmission and discrimination among MARPs through their own activities, networks and NGOs. They also can provide education on HIV/AIDS into family, friends, schools and community.



*Group presentation on roles of young people*

### **3.2. Leadership Skills**

Facilitator: Mr. Phorng Chanthorn, MARPs Coordinator, KHANA

The presenter explained the objective of this session was to understand about leadership, leadership strengths, characteristics and values for leaders. There was no lecture in this session, but team exercises and role plays to get all participants work together, know new friends and draw lesson learned from leadership games.

The 1st exercise was participants working in pair to play Robot and Remote Control game. One participant was a remote control who functions as the leader and another was a robot who functions as the follower. The 2nd exercise was all participants were divided into 5 groups to discuss what is leadership, what do we define leadership by our own words. The 3rd exercise was all participants were grouped into 6 and thought about good characteristics of a leader whom we admire. Each activity was aimed as a method for all participants to reflect on how to lead other people, and what the good characteristics to be a leader are and what the strength and weakness of leaders are.

This session aimed to encourage participants to think about characteristics that a good leader should have to lead a group. The moderator had 14 participants to play the role as a leader by identifying good characteristics of a leader to promote themselves.



Group exercise on leadership



Group discussion on leadership

At the last presentation, facilitator gave the definitions of leadership and keys tips at advantages and core values of leaders.

- Leadership is a person who is a role model for others
- Leadership is powerful to decide something
- Leadership is a person who knows own vision and showing to colleagues
- Leadership is a process to show the specific directions and objectives of institution
- Leadership is to show the vision, to create core values and environment to be achieved
- Leadership is an incentive process in achieving any goals

Leaders need to be respectful of the needs and capacities of followers and not abuse their position of power or trust. It can be easy to lose focus on the needs of others when in a leadership role.

Then, the moderator explained 14 tips to be a good leader which was extracted from NewGen Asia Leadership toolkit to all participants as shown below:

|   |  |
|---|--|
| Hope and optimism: Always looks on the bright side of things      | Determination: focuses on goals and works hard to achieve them |
| Fairness: Treats people fairly and advocates for their rights     | Courage: does not hide from challenging or scary situations    |
| Honesty: speaks truthfully  | Enthusiasm: Has lots of energy and excitement for life         |
| Intelligence: learns quickly and think of good solutions          | Creativity: thinks of many different ways to solve challenges  |
| Loyalty: stays true to family and friends through difficult times | Humour: sees the light side of life and helps people to laugh  |
| Generosity: gives freely or their time and Possessions            | Tolerance: accepts difference and distress without anger       |
| Self-Control controls desires and sticks to Decisions             | Compassion: thinks of how others are Feeling                   |

### **3.3. Advocacy Skills**

Facilitator: Mr. Chheav Aphyra, Policy Officer, KHANA

Mr. Aphyra brainstormed what issue and policy are. An issue is a problem, a concern, obstacle, impediment, difficulty or challenge, or any situation that invites resolution. A policy is typically described as a principle, rule, specific decision, plans, laws, procedures, protocols, guidelines, instructions, speeches, instruments, statements, commitments, etc. Moreover, he explained the methods to identify issue by using Problem Tree, Problem Mapping, Problem Table and Problem Fishbone.

He presented the advocacy definition, advocacy is a process to change the policy, law and performances of individuals, groups and relevant institution. It is also a process to focusing on behaviours, activities, policies, laws by pushing potential people and institutions as system and structure to improve the life of people.

There are 8 steps in advocacy:

- Step1: Selecting an issues or problem you want to address
- Step2: Analyse and research the issue/problem
- Step3: Develop specific objectives for your work
- Step4: Identify your targets
- Step5: Identify your resources
- Step6: Identify your allies
- Step7: Create an action plan
- Step8: Implement, monitor and evaluate



*Mr. Aphyra presented on Advocacy*

Identifying the targets to advocate, the below example is the targets group that we need to advocate. There are two kinds of target group

- Direct targets: School principle/PoE, Minister, Priminister or President, President's friend
- Indirect targets: Friends, Minister, news agent, President's friend, community leader

At the last session, he also highlighted some points which are the key challenges of young people related HIV/AIDS.

- Never talking about sexual health and reproductive health
- Traditional issue
- Getting stigma and discrimination when parents have HIV
- Lack of community involvement
- Lack of information
- Health services still limited
- Be shy
- Lack of commitment

#### 4. Voices of MARPs

Moderator: Mr. Phorng Chanthorn, MARPs Coordinator, KHANA

Mr. Phorng Chanthorn showed the objectives for the voices of MARPs session. This session will provide the participant to get broadly aware of the real situation-needs, challenges and concerns of MARPs related to health, stigma and discrimination.

Ms. Keo Kheng, who is from Entertainment Network, presented why she has become Entertainment Worker, she did not want to receive this job but according to her current situation, needed the money to support her family at the province. She decided to work this job. Currently, she is facing many issues including stigma and discrimination from friends, family and community, difficult access to health services and always moves from one place to another place. What are the big challenge is, she has a boyfriend and never use condom all time while having sex.



Mrs. Sreyneth, who is from KORSANG, also presented why she has been using the drug (heroin), she started to use heroin sincere she first came Phnom Penh. At that time, she was no work to do then she decided to work as sex worker, from her work she could earn some money to buy heroin. She did not know her activities were at risk or not, she received many clients with using regular heroin. But after that, she had been contacted from KORSANG then her life getting better. She is now a peer facilitator to provide outreach and counselling to other drug users.

Mr. Kong Bunthorn, who are from the National MSM Network, also presented about the key issues of MSM and TG in communities, in fact, there is no one want to become MSM and TG but it is from the nature, they want to be recognized as the general people, they want to have equality rights. MSM and TG now, having many problems including HIV/AIDS, STIs, Stigma and Discrimination, difficult to get the jobs and education. They always get the cheat from partners or sweethearts.



#### 5. Stigma and Discrimination in Media Context

Moderator: Mr. Phorng Chanthorn, MARPs Coordinator, KHANA

##### 5.1. What is stigma?

Facilitator: Mr. Heng Saly, Technical Program Officer, FHI360

Mr. Heng Saly gave the objectives of the session. By the end of this session, participants will be able to describe what stigma means, can be explaining specific personality and behaviours, and understanding about appearances of stigma and discrimination.

He then presented about the meanings of stigma as below:

- Blaming people for bad behaviour
- Avoiding contact with people
- Shaming and blaming
- Treating as outcasts
- Treating people with contempt
- Condemning people for breaking social norms
- Treating people as inferior
- Treating as different
- Isolating or rejecting
- Keeping at a distance

Stigma is a process where we (society) create a “spoiled identity” for an individual or a group of individuals. We identify a difference in a person or group, for example a physical difference (e.g., physical disfiguration), or a behavioral difference (e.g., men having sex with men) and then mark that difference as having a negative attribute.

To stigmatize is to believe that people are different from us in a negative way, to assume that they have done something bad or wrong (e.g., sinful or immoral behavior). When we stigmatize we judge people, saying they have broken social norms and should be shamed/condemned; or we isolate people, saying they are a danger/threat to us.

Also, he divided participants into 4 groups and doing discussion with the following questions:

1. What are the forms of stigma and discrimination?
2. What causes of Stigma and Discrimination?
3. What are the effects of stigma and discrimination?
4. What are the key solutions?

***Group1: Forms of Stigma and Discrimination***

- blaming
- targets of negatives attitudes
- Look down

|   |
|---|
| <ul style="list-style-type: none"> <li>- Insulted</li> <li>- Mistreated</li> <li>- Not spoken to</li> <li>- Gossiped about</li> <li>- Denied friendships</li> </ul>   |
| <p><b>Group2: Causes of Stigma and Discrimination</b></p> <ul style="list-style-type: none"> <li>- Wealthy</li> <li>- Behaviours</li> <li>- Beauty</li> <li>- Knowledge</li> <li>- Religion</li> <li>- Health</li> <li>- Language</li> <li>- Race</li> <li>- Gender</li> <li>- Age</li> <li>- Title</li> </ul>  |
| <p><b>Group3: Causes of Stigma and Discrimination</b></p> <ul style="list-style-type: none"> <li>- Hopeless</li> <li>- Physical and mental health</li> <li>- Loneliness</li> <li>- Becoming a bad person</li> <li>- Lack of rights</li> <li>- No self-confidents</li> <li>- Staying far away from others</li> </ul>   |
| <p><b>Group4: Key Solutions of Stigma and Discrimination</b></p> <ul style="list-style-type: none"> <li>- Develop the law and policy relates stigma and discrimination</li> <li>- Creating or pushing to mass media to support</li> <li>- Family, community and society have to support the activities</li> <li>- Clinics and health centres have to provide the comprehensive services</li> <li>- We need to work together to reduce stigma and discrimination in the society</li> </ul> |

In addition, Mr. Phal Sophat, had a short brief of stigma and discrimination in the global. There are 76 countries that homosexual is illegal, and there are 7 country having law to punish the homosexual person. Those countries are Mauritania, Sudan, Saudi Arabia, Yemen, Iran, Somalia, and Nigeria.

**5.2. Words and languages in term of MARPs context**

Facilitator: Mr. Srun Sorn, Facilitator of RoCK

Mr. Srun Sorn started with giving the objectives of this session. This topic all participants will know the term of word and language to be used in their news stories in order to avoid stigma and discrimination against MARPS and they know some articles in existing laws related to MARPs.

Then, he gave the chance to participants to brainstorming about the key words and languages where people always use as daily activities. The whole group summarized the key words and languages which might be affected into MARPs.

Last, he provided the key messages for this topic as below:

- Since MARPs are at risk and need support from the society while having legal rights, media should inform the public to avoid using words and language leading to more stigmatize and discriminate against MARPs.
- Through their news articles, editorials, columns and opinion articles, journalists can encourage the public to have moral and sympathy for MARPs.

### **5.3. Law related MARPs focusing on stigma and discrimination**

Facilitator: Mr. Srun Sronn, Facilitator, RoCK

Facilitator asked the questions “Why we need to have law?” then participants answered the as the whole. The key answers were:

- Respect to each other
- It is a tool that people using together
- It is a core values and principles of organization, institution and country
- It has been performed together
- It is very important that people follow to
- Justice
- Development

Also, he highlighted on the universal declaration on human rights. He would encourage the participants to go through website <http://cambodia.ohchr.org> for more detail. Below are the some human rights.



Article 1: All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.

Article 2: Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.

### **5.4. Roles of Media to reduce stigma and discrimination against MARPs**

Facilitator: Mr. Mey Sovannara, Senior Communication Officer, KHANA

The facilitator started with briefing of stigma and discrimination term. Stigma comes from internal and external. Internal stigma are included loveless, depressed, isolate, alone scared, worthless, vulnerable, stupid, ugly, shame and blame, the external stigma are restriction, limitation, unfair treatment, exclusion, emotional and decision making.

He then went through the social media tools, the social media tools are:

- Facebook
- Twitter
- LinkedIn
- Blogs
- YouTube or other video
- Google+
- Photos sharing sites
- Forums
- Social bookmarking/news sites

At the last session, he presented about the role of the media in the fight against HIV and AIDS. The key role of media that has contributed to reduce HIV/AIDS, stigma and discrimination are:

- Correct and accurate information
- Education
- Entertainment
- Advertisement
- Correlation of part of society

Media can contribute in reducing stigma and discrimination as the following activities:

- Broadcasting voices of MARPs
- Keep confident
- Avoid using the words becoming to stigma
- Using respectfully words and language
- Playing a role model for community when interviewing

## 6. Action Plan Development

Facilitator: Mr. Soth Nimol, Technical Program Officer, UNESCO Cambodia

Mr. Soth Nimol asked to participants to consider 2 questions, and list down 5 points in each questions.

1. What have you learned from this course?
2. What you are not clear from this course?

Then, he let the participant to develop action plan with provided format, after that participant will share their action plan to other participants.

| <i>Activities</i> | <i>How</i> | <i>When</i> |
|-------------------|------------|-------------|
|                   |            |             |

#### IV. Reference

##### *Annex1: Agenda for HIV/AIDS and Media Training among Young People*

*Sundway Hotel, 3-4 September, 3013*

| Time        | Topic  | Responsible        |
|-------------|--|--------------------|
| Day1        |  |                    |
| 07.3-08:00  | Registration   | NAA                |
| 8.00-8.05   | National Anthem  | Facilitator        |
| 08:05-08:10 | Speech remarks   | KHANA              |
| 08:10-08:20 | Opening remarks by Secretary General of National AIDS Authority  | H.E Dr Teng Kunthy |
| 08:20-08:30 | Self introduction of the participants  | Participants       |
| 08:30-08:40 | Introduction to training objectives  | Facilitator        |
| 08:40-10:00 | - Current HIV/AIDS Situation in Cambodia and efforts in national HIV responses<br>- Who are MARPs? Why are they at risk?   | NAA                |
| 10:00-10:15 | Coffee Break   |                    |
| 10:15-10:10 | - Targeted HIV/AIDS services to MARPs ( CoPCT,... ) and mechanism at national and sub-national levels  | MSM Secretariat    |
| 11:00-12:00 | - Roles of CSO in HIV/AIDS Response in Cambodia  | HACC               |
| 12:00-13:30 | Lunch  |                    |
| 13:30-13:45 | Energizer  | Facilitator        |
| 13:45-14:15 | - Role of the Young People in achieving HIV response using core competencies   | KYA                |
| 14:15-15:15 | - How can media help to reduce stigma and discrimination against MARPs and HIV-related discrimination in the society?  | KHANA              |
| 15:15-15:30 | Break  |                    |
| 15:30-16:45 | What is leadership?<br><ul style="list-style-type: none"> <li>• What are the Qualities of good leaders of a community network?</li> <li>• Leadership skills</li> </ul> | KHANA              |
| 16:45-16:50 | Day1 Evaluation  | Facilitator        |

|             |   |                          |
|-------------|---|--------------------------|
| 16:50-17:00 | Wrap-up   | NAA                      |
| Day 2       |   |                          |
| 8:00-8:15   | Energizer   | Team                     |
| 8:15-8:30   | Reviewing the day one lessons   | Facilitator              |
| 8:30-9:30   | Voices of MARPs (MSM&TG, EW, IDU and PLHIV)   | MARPs<br>Representatives |
| 9:30-9:45   | Coffee break  | Hotel                    |
| 9:45-11:00  | <ul style="list-style-type: none"> <li>- What is stigma ?</li> <li>- Effects of Stigma and Discrimination</li> </ul>  | FHI360                   |
| 11:00-12:00 | <p>ADVOCACY:</p> <ul style="list-style-type: none"> <li>• What is an effective advocacy? And how to do advocacy effectively?</li> <li>• Identifying advocacy partners, right audiences</li> </ul>   | KHANA                    |
| 12:00-13:30 | Lunch   |                          |
| 13:30-13:45 | Energizer   |                          |
| 13:45-15:00 | <ul style="list-style-type: none"> <li>- Word and language use in term of MARPs in order to avoid stigma and discrimination.</li> <li>- Laws related to MARPS, especially punishment for stigma and discrimination against MARPS</li> </ul> | RoCK                     |
| 15:00-15:15 | Break   |                          |
| 15:15-16:30 | Develop individual action plan  | Participants             |
| 16:30-16:45 | Training assessment   | Participants             |
| 16:45-17:00 | Closing   | NAA                      |

**Annex2: List of participants**

| <b>No</b> | <b>Name</b>        | <b>Location</b> | <b>Telephone</b> |
|-----------|--------------------|-----------------|------------------|
| 1         | Heng Thida         | Phnom Penh      | 077 268686       |
| 2         | Leang Kosal        |                 | 016 443280       |
| 3         | Chhum Rotha        |                 | 017 990365       |
| 4         | Sem Reaksmey       |                 | 010 384899       |
| 5         | Kunthoeun Reaksmey |                 | 096 2812471      |
| 6         | Ros Monyren        |                 | 093 952928       |
| 7         | Ven Saroeut        |                 | 086 339967       |
| 8         | Eal Sambath        |                 | 096 3637389      |
| 9         | Choeun Chantrea    |                 | 093 318574       |
| 10        | Sim Por Leang      |                 | 093 759541       |
| 11        | Mang Cham Pey      |                 | 069 604939       |
| 12        | Your Chanarith     |                 | 098 655478       |
| 13        | Chhit Ratana       |                 | 015 599200       |
| 14        | Sophal Makara      |                 | 093 969837       |
| 15        | Peas Mala          |                 | 097 3251082      |
| 16        | Hon Bopha          |                 | 097 6889171      |
| 17        | Nak Lihuot         |                 | 096 2218345      |
| 18        | Kong Kuymeng       |                 | 098 479453       |
| 19        | Kum Sok Hang       |                 | 068 444458       |
| 20        | Kuy Chantrea       |                 | 097 2780705      |
| 21        | Phoeuk Srey Pich   |                 | 069 440456       |
| 22        | Chea Chan Mithona  |                 | 010 363032       |
| 23        | Ping Eam Sreang    |                 | 010 673001       |
| 24        | Eng Phearun        |                 | 077 883596       |
| 25        | Cheam Sok Maravy   |                 | 010 838861       |
| 26        | Kin Mealea         |                 | 017 562019       |
| 27        | Pai Thida          |                 | 010 830198       |
| 28        | Touch Sopheak      |                 | 096 3718198      |
| 29        | Chey Minea         |                 | 097 7342421      |
| 30        | Chiv Sok Muy       |                 | 012 557175       |
| 31        | Leav Chamroeun     |                 | 093 269649       |
| 32        | Thuk Thearin       |                 | 016595344        |
| 33        | Mey I Neang        |                 | 097 3246491      |
| 34        | Heng Sok Chea      |                 | 089 313255       |
| 35        | Ly Sokha Visa      |                 | 096 3508503      |
| 36        | Tit Pisey          |                 | 010 321235       |
| 37        | Tach Hour          |                 | 098 699892       |
| 38        | Khuon Panhavuth    |                 | 097 9198898      |
| 39        | Kong Gech          |                 | 070 536092       |
| 40        | Kong Kim           |                 | 070 536092       |
| 41        | Eng Dalin          |                 | 069 242459       |
| 42        | Teng Lai           |                 | 097 3382409      |
| 43        | Che Rotha          |                 | 010 582805       |
| 44        | Thann Sreyhorn     |                 | 098 491526       |
| 45        | Din Bunheng        |                 | 069 853599       |
| 46        | Say Seak Lay       |                 | 010 545155       |
| 47        | Chhorng Socheata   |                 | 098 496181       |

|    |                |  |             |
|----|----------------|--|-------------|
| 48 | Vorn Rotha     |  | 097 3220335 |
| 49 | Tum Vireak     |  | 070 293324  |
| 50 | Tuoch Sak Sith |  | 098 818480  |

***Annex3: List of Guest Speakers and Moderators***

| <b><i>No</i></b> | <b><i>Name</i></b>   | <b><i>Institution</i></b> |
|------------------|----------------------|---------------------------|
| 1                | H.E Dr Teng Kunthy   | NAA                       |
| 2                | Mr. Hong Reaksmeay   | KHANA                     |
| 3                | Mr. Phorng Chanthorn | KHANA                     |
| 4                | Mr. Mey Sovanara     | KHANA                     |
| 5                | Mr. Chheav Aphyra    | KHANA                     |
| 6                | Mr. Phal Sophat      | FHI360                    |
| 7                | Mr. Heng Saly        | FHI360                    |
| 8                | Dr. Cheav Samphy     | HACC                      |
| 9                | Mr. Soth Nimol       | UNESCO                    |
| 10               | Mr. Srun Sronn       | RoCK                      |
| 11               | Mr. Mok Sokha        | KYA                       |
| 12               | Mr. Yun Dina         | KORSANG                   |