

Royal Government of Cambodia  
Nation – Religion – King



Ministry of Education, Youth and Sport

# Workplace Policy on HIV and AIDS

May, 2008

## Preface

The Ministry of Education, Youth and Sport (hereinafter referred to as MoEYS or the Ministry) understands that AIDS<sup>1</sup>, like any other serious illness, may significantly affect its efficiency.

The Ministry also recognises the important role education plays in reducing the spread of HIV and its responsibilities to provide guidance to its employees and others working in the education sector in Cambodia in providing effective education to the youth of Cambodia on HIV and AIDS.

The Ministry has therefore developed this Personnel Workplace Policy on HIV and AIDS for its teams and staff (referred to hereinafter as staff<sup>2</sup>) to help them protect themselves from HIV infection, to care for themselves and to know what support is available from the Ministry should they be infected with HIV and develop AIDS.

The Ministry is committed to the introduction and implementation of the Policy across all Departments, Offices, Schools, Universities, Colleges and other institutions including non-Ministry educational private establishments

The Policy sets out the obligations and responsibilities of all those working in the educational sector to participate in the multi sectoral response to the HIV epidemic across all Cambodia. Implementation of the Policy will enhance the quality of education and human resource development for all educators in line with all National Strategies, including the Cambodia Millennium Development Goals and the Rectangular Strategy of the Royal government.

The Ministry for Education, Youth and Sport expects all institutional other stakeholders engaged in education, youth and sport – officials, students, public and private institutions, UN Agencies, other development partners, civil society organisations and communities – to give all necessary attention to the effective and efficient of this Policy implementation.

Phnom Penh 09 May, 2008



**IM SETHY**

**Secretary of State**

For the minister

<sup>1</sup> HIV is the Human Immunodeficiency Virus which can lead to AIDS which is the Acquired Immune Deficiency Syndrome – see section 2.

<sup>2</sup> Staff is used to define all those working in the educational sector whether in government or private employment and also to applicants, volunteers and others as well as salaried staff the conditions of employment and service for which are the mandated responsibility of the Ministry.

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## **I-Background**

This Policy has been produced by the Department of Personnel of MoEYS with the cooperation of staff from all MoEYS departments. The document is based on consultations in six Provinces with staff of the Provincial and District Offices, teachers, non formal educators and their head office counterparts and managers in the Ministry Offices in Phnom Penh. Students and parents, including those living with HIV have also been consulted.


At two workshops attended by a wide cross section of Ministry staff from the Provinces and Phnom Penh and NGO and UN agencies, the views of staff on the policy issues have been collected. All these people are thanked for their frank and insightful contributions of information and their valued suggestions.

### **1.1 Introduction**

Infection with the Human Immunodeficiency Virus (HIV) weakens our immune system. Symptoms of HIV-infection may occur both at the beginning of HIV infection and after immune compromise sets in, leading to AIDS or Acquired Immune Deficiency Syndrome.

HIV infection is passed from people who are already infected (HIV+) to persons who are not through unprotected sex (sexual intercourse without correct and consistent use of a condom) and through contact with infected blood and other bodily fluids. HIV can be transmitted through use of contaminated injecting equipment such as needles, razor blades and other skin piercing tools. Furthermore, HIV can be transmitted through blood transfusions and transplants with contaminated human fluids or tissues.

HIV infection is NOT contagious and HIV transmission is NOT possible through normal contact with infected people through shaking hands, coughing or sneezing, not can it be transmitted through glasses, forks, spoons or chopsticks, toilets or swimming pools, nor through mosquito and other bites.

Most people in Cambodia who are infected with HIV caught the virus through unprotected sex with a HIV+ partner of either sex. Exposure to HIV is preventable: people need to practise safer sex and use condoms properly when having sex (including sex with spouses and same sex partners for men). Even when blood tests are negative for HIV, safer sex must be practised as a partner may have been exposed to infection, but still are in the window period between HIV exposure and detection of antibodies. HIV 

antibodies may take between three and six months to be detectable in a blood test.

Many people who are HIV positive are able to work fully for many years before developing AIDS. Moreover early detection, a healthy life style and timely initiation of antiretroviral treatment can suppress viral replication and slow the progress of HIV disease and delay the onset of AIDS.

### **Mother to Child Transmission:**

HIV may also be transmitted to babies by their HIV+ mothers, either before or at birth, or after birth through breast feeding. The risk of mother to child transmission can be greatly reduced through adequate medical care and advice during and after pregnancy and timely initiation of antiretroviral treatment to the mother and the newborn infant<sup>1</sup>.

**AIDS** is a group of symptoms and illnesses called "Opportunistic Infections" (OIs) that develop as a result of damage to the immune system caused by years of attack by HIV.

With early testing for HIV status and timely treatment with medically supervised and monitored Antiretroviral Treatment (ART), a healthy lifestyle and good eating habits (nutrition), people living with HIV (PLWH) can live normal and productive lives without falling ill. However, there is no cure for HIV infection and although the antiretroviral treatment reduces the amount of HIV in the body, the virus remains present and can rise again to dangerous levels. In addition, the antiretroviral drugs can have serious and even potentially life threatening side effects.

**HIV prevalence** quantifies the proportion of individuals in a population who are HIV positive at a specific point in time.

## **1.2 Situation Analysis**

**HIV infection in Cambodia:** Cambodia is one of the few countries that have seen a reduction in the HIV epidemic. Adult (15-49 years of age) HIV prevalence has decreased from 2% in 1998 to 1.2% in 2003<sup>2</sup> and 0.9% in 2006<sup>3</sup>. The high level of political commitment and leadership from the Royal Government of Cambodia in responding to the HIV epidemic, together

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<sup>1</sup> See World Health Organisation for more information on mother to child transmission prevention.

<sup>2</sup> Data HIV Sentinel Surveillance Survey 1997 and 2003: 2003 adjusted as a result of an expert meeting conducted in June 2007.

<sup>3</sup> Report of a consensus workshop HIV estimates and projections 2006-2012, NCHADS/MoH June 2007

with financial support from various sources and civil society organisations have all contributed to this achievement.

The HIV epidemic in Cambodia is a concentrated epidemic primarily driven by commercial sex, although there are indications of rising prevalence amongst the injecting drug using population and men having sex with men. The number of people living with HIV in Cambodia was estimated in 2006 to be 67,200 people 15-49 years of age of which approximately 30,000 were in need of anti-retroviral treatment. As of 30 June 2007, 23,587 people living with HIV were receiving antiretroviral treatment, including 21,432 adults and 2,155 children.

Almost half of new infections are among married women, wives of clients of sex staff, and one third of new infections occur from mothers to their new-born infants.

Estimated number of adults 15-49 years of age living with HIV (2006)	67,200 (women 35,000/men 32,200)
Estimated number of children 0-14 years of age living with HIV	3,870
Prevalence <sup>4</sup> of HIV infection among adults 15-49 years of age.	0.9%
Prevalence of HIV infection in pregnant women visiting antenatal care services	1.1%
Projected number of annual death among adults aged 15 + due to AIDS	12,040

### **1.3 Workplace Policy**

HIV is a work place issue. It has a huge impact on the world of work. It reduces the supply of labour, increases labour costs, reduces productivity, threatens the livelihoods of workers and undermines basic rights. The impact of HIV strikes hardest at vulnerable groups including women and children and widens existing inequalities in society.

<sup>4</sup> HIV prevalence quantifies the proportion of individuals in a population who have HIV at a specific point in time. UNAIDS normally reports HIV prevalence among adults, aged 15-49 years.

Workplaces are communities. They are places where people come to work together, interact and learn from each other. They can be a central point for HIV prevention, care and support within existing programmes, including human resource development, training and health and safety. Workplaces are where standards are set for working conditions, labour relations and the protection of workers' rights.

The school is a particular type of workplace. In addition to the rights of employees are the rights of the children who are in their care. MoEYS is currently the largest civilian Ministry. It has over 104,000 employees (teaching and non-teaching staff) and provides education services from pre-primary to tertiary level to over 25% of the Cambodian population.

## II - Policy Implementation

### 2.1 Objectives and Purpose

The **Objective** of the Policy is to ensure the working environment for staff is safe and healthy and to help the Ministry and its staff contribute to halting the HIV epidemic in Cambodia.

The **Purpose** of the Policy is to protect the rights of staff and applicants to work in the education sector, and to provide the MoEYS and all over education sector staff with clear instructions and guidance on:

1. the behaviour of staff and their responsibilities to **prevent** HIV infection of themselves, their colleagues, families and students,
2. the **support and care** staff can expect to receive if they or their families are living with HIV,
3. the **duties and responsibilities** of staff of the Ministry and private educational employers to protect themselves from HIV infection and to seek care and support should they become HIV+,
4. the **responsibilities** of the Ministry to provide a safe, healthy and non violent working environment for all staff and students who may be infected with HIV, and to keep **confidential** information on staff or students living with HIV,
5. the roles of the Ministry and its staff in the elimination of all forms of **stigma and discrimination** against people who are affected by HIV and AIDS, and
6. guide the Ministry in developing appropriate **work plans** to implement Workplace Policy and actions coordinated by the Inter Departmental Committee on HIV and AIDS (ICHA), the Department of Personnel and all other Departments and institutions of the Ministry. Work plan

development must include collaboration between employers' and staff' organisations, the active involvement of staff living with HIV as well as with all relevant government authorities.

## **2.2 Key Principles**

HIV infection and AIDS is a workplace issue like any other serious illness that may affect the efficiency of the work of the Ministry, members of the education sector workforce and society. Furthermore, because of the ways in which HIV can be transmitted, the ways in which HIV and AIDS is addressed in education affect the entire community.

### 1. Recognition of HIV and AIDS as an issue affecting the education sector

HIV is an issue for all education institutions, not only because the virus affects employees and students, but also because the education institution can play a vital role in limiting the spread and effects of the infection.

### 2. Non-discrimination and reduction of stigma

In the interests of decent work and respect for human rights, there should be no discrimination against an employee or student who has, is perceived to have, or who is affected by HIV/AIDS. Discrimination and stigmatization inhibit efforts for prevention, care, treatment and support.

### 3. *Human Rights*

The MoEYS response to HIV will promote human rights including respect for the rights of people living with and affected by HIV.

### 4. *Gender Equality*

Gender norms and practices are important factors in the dynamics of the HIV epidemic. Women and girls are more vulnerable to HIV infection because of their lower status in society. MoEYS will address gender inequalities through education, youth and sports policies and programmes as well as through education on HIV. Gender mainstreaming will be linked to HIV mainstreaming.

### 5. *Mainstreaming*

MoEYS recognises HIV as a core issue for its work. Responding to HIV is an important responsibility for all departments at central and decentralised levels.



## *6. Equitable Access*

MoEYS will seek to provide the broadest coverage of HIV education through its integration into its educational programmes and other mainstream programmes in both formal and non-formal education.

## *7. Empowerment*

Through life skills education, MoEYS will work to support the empowerment of young people to increase and strengthen their control over their behavioral choices and how these affect others. Efforts will be made to increase the participation of children and youth, male and female, in programme development and implementation.

## *8. Community involvement*

MoEYS will seek to maximise community involvement in its HIV response to help foster a sense of ownership and responsibility for the success of the initiatives. Community involvement will help also in expanding the reach of the education interventions beyond the immediate target groups.

## *9. Involvement of People Living with HIV (PLHIV)*

MoEYS will encourage and involve people living with HIV in programme development and implementation, including monitoring and evaluation.

## *10. Multisectoral responses and partnerships*

MoEYS will work with other sectors and civil society partners to contribute to an enhanced national response aiming to ensure that the various HIV-related needs of Cambodian children and adults are appropriately met.

The principles used are consistent with and comply with:

1. The Law on The Prevention and Control of HIV and AIDS.
2. National education For All Plan (2003-2015)
3. The National Strategic Plan for a Comprehensive and Multisectoral Response to HIV and AIDS (2006-2010)
4. The several codes and plans to address the epidemic developed by the Health Ministry and its departments and the National Aids Authority (NAA)

5. The Education Strategic Plan 2006-2010 and the Education Sector Support Program 2006–2010.
6. ILO and other international Codes of Practice.
7. The Education Law and sub Decree.

### ***2.3 Rights and responsibilities of the Ministry and staff in the educational sector***

1. The Ministry will respect the rights of its staff to participate in and be consulted on the implementation of Workplace Policies on HIV and AIDS. Participation should include the co-operation of employers, staff and their representatives.
2. The human rights of all staff and students must be respected in all decisions and actions of the Ministry (mentioned in Key Principles).

### ***2.4 The prevention of HIV infection***

The environment at the education institution should be safe in order to prevent the transmission of HIV and be supportive to those living with or affected by HIV and AIDS. Every education institution should also foster and maintain a social climate wherein health, well-being, non-violence and safety are an important part of everyday work and learning.

Recognising that the Ministry has a central role to play in halting the spread of HIV through its educational, youth and sports responsibilities the Ministry will take the following steps:

#### **For Employees**

All employees will be given the opportunity to participate during working time in a planned HIV education programme that addresses their concerns concerning coping strategies with regard to risk, as well as care, treatment and support. The programme will:

- provide factual and current information on HIV transmission and prevention
- help employees assess their own risk and understand means of prevention and universal precautions
- provide guidance on behaviour change
- assist staff to maintain productive, non-discriminatory and stigma-free staff, student, parent and community relations

- inform employees on rights and benefits of care, treatment and support provided in the institution as well as in the local community environment
- include means for monitoring, evaluation and annual review sessions.

### **For Students**

All students in education institutions should have access to HIV education programmes. HIV education should be integrated in the curriculum and included in co-curricular activities. The goals of HIV education are to promote healthy living, provide a supportive and caring environment to those affected by HIV and AIDS, and discourage behaviours that place students at risk for HIV infection. The education programme for students will:

- be appropriate to student's developmental levels
- be gender responsive
- build upon knowledge and skills developed previously
- use instructional methods known to be effective, participatory and culturally appropriate
- promote an understanding of basic human biology (including reproductive health, STI and risks involved with drug use) and treatments
- develop supportive attitudes towards those infected with and/or affected by HIV and work against stigma and discrimination
- stress the benefits of abstinence and safe sex, including the use of condoms, and faithfulness to one partner, and avoidance of drug and alcohol abuse
- address students' own concerns
- include means for monitoring and evaluation
- be taught by well-prepared teachers
- be sensitive to the psycho-social environment in which the learner lives.

MoEYS will:

1. Include a short HIV and AIDS awareness session in all training and other events organised by and for MoEYS staff
2. Ensure that first Aid kits and necessary protective equipment (for example latex and heavy-duty gloves) are available for emergency use and for routine protection against the risk of HIV transmission at the education institution at all times according to universal standards. At least 2 staff in each workplace, and especially physical education instructors and technical/vocational education teachers, must complete an approved first aid and injury prevention course.

## ***2.5 Non-Formal Education and Sport staff***

Recognising that the Ministry employs significant numbers of staff to educate young people who are not engaged in formal education (especially in rural areas) and that the Ministry is also responsible for the sports activities of young people, the Ministry will:

1. Encourage and facilitate Non-Formal Education staff to use appropriate interventions and the Life Skills curriculum (which includes HIV and AIDS) to reach out of school youth.
2. Cooperate with NGOs working with out-of-school young people. Cooperate with employers' and staff's organisations in reaching out-of-school youth, who may be absorbed into the workforce.

## ***2.6 Testing for HIV status***

The education institution will not engage in the mandatory testing for HIV of employees or students as a condition for employment or admission, for continued employment or enrolment, or educational activities. Recognising that there is a network of Government Voluntary and Confidential Counselling and Testing Centres (VCCTs) across the country. MoEYS will encourage staff and young people to voluntarily use HIV testing facilities and to understand the purpose and value of knowing their HIV status.

## ***2.7 Ensuring confidentiality***

All health records, notes, and other documents that make reference to an employee or student living with HIV, should be kept confidentially in a secure place accessible only in accordance with provisions of the International Labour Organisation code of practice on the protection of workers' personal data (Appendix 5). Only those persons who have received written permission from the employee, student, parent or emergency medical personnel may have access to those records.

Information regarding HIV status will not be added to a student's permanent educational record. Confidentiality should also be assured by providing a private environment for personal interviews, and by working out arrangements for care and support with the person concerned. Medical certificates do not have to specify an employee or student's HIV status

If the Ministry or any of its staff know the results of any tests the information will be kept confidential and not shared internally or externally

to the Ministry, except when required to do so by law, for examples to provide anonymous statistics and data on HIV prevalence.

Disclosure should always be voluntary; if information on the HIV status of an employee or student needs to be communicated by anyone other than the person concerned it should be only on the basis of their written consent.

## **2.8 Employment, Care, Treatment and Support**

### 1. Recruitment and admission:

HIV infection should not be taken into consideration as part of the employment or admission procedure or decision for any individual applying to the education institution for work or studies.

### 2. Employee rights, careers and right to study:

#### a) Employees:

Employees living with HIV should not be discriminated against in decisions concerning their job security or tenure, renewal of fixed term contracts, opportunities for professional development or promotion. They may, however, be transferred from work positions that have been determined by their physician to be too strenuous for their condition or where specific duties may carry a risk of infection to the employee or to others. Such transfers should occur in consultation with the employee living with HIV and may be subject to the grievance procedure provisions of the Policy.

#### b) Students:

Administrators and teachers should follow established policies and procedures for students with chronic health problems. HIV is not a cause for denial of normal study opportunities or segregation in the education institution.

If a student becomes incapacitated and unable to follow normal education coursework, the education institution should apply the principles of reasonable accommodation to ease their workload as would be the case for any major illness, disability or incapacity, including - if possible and in cooperation with the education services and HIV support networks in the community- making home study available to them.

### 3. Care and treatment:

The Ministry recognises as employer it must do all that is reasonable to support and care for its staff when living with HIV in the same way as for any other sickness or illness<sup>5</sup>.

The education institution should facilitate access to medical services and healthy living programmes, including condom provision and ARV/T, to relieve HIV-related symptoms and common opportunistic infections, nutritional advice and supplements, and stress reduction measures.

#### 4. Statutory benefits:

a) Employees living with HIV and AIDS should enjoy the same social protection, including social security benefits under national law, education service regulations or education institution provisions, as employees with other chronic or serious illnesses.

b) The Ministry will retain all staff living with HIV on full pay for as long as they are certified by qualified medical staff as medically fit for the duties assigned to them. Employers, in discussion with affected staff and their representatives, will adjust and reduce as necessary their work loads, as for any other sickness or disability, to a level at which they can perform and contribute to the work of the Ministry or other employers with confidence and effectively.

c) The Ministry will develop a specific guideline on the termination of all staff unable to work at the end of permitted sick leave.

d) The Ministry will ensure that staff with family care responsibilities related to HIV and AIDS, especially female staff, are supported and assigned appropriate work that enables them to care for their families.

e) The Ministry will support staff to access testing, ARV/T and other treatment at no cost through links with governmental and non-governmental health and care service providers at local level when these are available. Assistance from MoEYS includes time off from work, administrative work, and other incentives as specified in the guideline.

## **2.9 Gender differences and equality**

Recognising that males and females have different biology and women are more easily infected than men; that women may need support in asserting their rights to safer sex and that women frequently carry a

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<sup>5</sup> These responsibilities are set out in the sections on Key Principles and Rights and Responsibilities of this Policy. They are referred to in ILO Code of Practice as "Reasonable Accommodation" and describe the steps to be taken by employers to retain and provide employees living with HIV with appropriate work for as long as is reasonable and possible and as assessed through standardised objective medical assessment

greater burden of stigma, loss of reputation and family responsibilities than men, the Ministry will:

1. Ensure that training for staff includes gender awareness, promotes and supports the equal rights of women and establishes procedures for addressing sexual harassment in and outside the workplace.
2. Ensure that female teachers and other staff are trained in reproductive health (RH) and deployed to provide sexuality and RH education to girls who are both in and out of school, in situations where girls may prefer to be taught by female staff.

### ***2.10 Responsibilities of staff and Ministry to OVCs and families***

Recognising that orphans and vulnerable children (OVC) are frequently unable to attend school due to the burden of seeking income for their daily living needs, the Ministry will :

1. Ensure that the rights of all young persons to free education under Cambodian Law is respected .
2. Ensure identification of OVC and put them forward for scholarships as required for all students in need of support to continue with their studies to the highest level of their ability, including University studies.
3. Request staff to assist OVC to access support from national and international sponsors, NGOs and fostering services.
4. The Ministry will take all possible steps to avoid the drop out of OVC from education through appropriate support schemes.

### ***2.11 Discrimination and Stigma***

Recognising that despite the best efforts of programmes of Government, the media and NGOs to reduce stigma and discrimination that a large proportion of the population remain prejudiced against people living with HIV, the Ministry will:

1. Not tolerate staff who discriminate against a colleague or young person or their family and will actively counsel offending staff to change their attitudes and behaviour. In persistent cases of discrimination, disciplinary action will be taken.
2. Include in training and refresher training for staff education about stigma and discrimination.

## **2.12 Collaboration and Monitoring**

Recognising that HIV and AIDS is a cross cutting issue for the Ministry<sup>6</sup>, but that resources are limited for supporting the large range of these cross cutting issues, implementation of the HIV Workplace Policies will include the following actions:

- a) Collaboration in developing all action plans for HIV Policy implementation with people living with HIV, educational sector staff and their representatives.
- b) Every MoEYS Department and institution to appoint a focal person (or committee for larger teams) to coordinate the development of a Departmental Action Plan to implement the Policies.
- c) The Department of Personnel (DoP) shall be charged with oversight of Policy implementation and monitoring against targets and indicators. These target and indicators to be set, negotiated and agreed with Departments through ICHA as a moderating body.
- d) The School Health Department shall cooperate with relevant departments to develop and provide training courses on HIV and AIDS for staff where these are additional to those already included in the curriculum for training teachers.
- e) Benefits will be paid to staff on presentation of valid medical certificates efficiently and without delays that could cause further hardship.

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<sup>6</sup> Education Strategic Plan and Education Sector Support Programm (2006-2010)



## Annex: Abbreviations and glossary

AIDS	Acquired Immune Deficiency Syndrome – the sicknesses and illnesses that people infected with the HIV virus may develop
ARV	Anti retroviral – drugs that kill or prevent the replication of retroviruses like HIV.
DoP	Department of Personnel – MoEYS department responsible for personnel and human resource development
HE	His Excellency
HIV	Human Immunodeficiency Virus - the virus that causes AIDS
HIV+	HIV positive: the presence of antibodies to HIV in a person's bloodstream (confirmed by blood test). Note: HIV antibodies may take between three and six months after exposure to HIV infection before being detectable in a blood test
ICHA	Interdepartmental Committee on HIV and AIDS – MoEYS committee comprised of representatives of 15 departments involved in the MoEYS response to HIV and AIDS
ILO	International Labour Organisation – UN agency
MoEYS	Ministry of Education, Youth and Sports
NAA	National Aids Authority – Government organization responsible for the coordination and monitoring of the National HIV and AIDS response
NCHADS	The National Centre for HIV AIDS Dermatology and STDs. Ministry of Health
NGO	Non Governmental Organisation
OI	Opportunistic Infections(s) – infections that take advantage of a weak immune system. People with AIDS can die from OIs that are treatable and many OIs can be cured with drugs. Tuberculosis is the most common life-threatening OI for people living with HIV.
OVC	Orphans and vulnerable children – children and young people without one or both parents (not only because of HIV and AIDS)
PAP	Priority Action Plan – Government supported priority plans for implementation by Ministries
PLWH	People living with HIV
RH	Reproductive health
UNAIDS	Joint United Nations Program on HIV/AIDS, established in 1995 and based in Geneva
VCCT	Voluntary Confidential Counseling and Testing – Ministry of Health or NGO run centres for client initiated confidential HIV testing and counseling. Test result will only be provided to the client. Anonymity and confidentiality for all HIV testing is guaranteed under article 22 and 31 of the law.
WHO	World Health Organisation
STI	Sexual Transmitted Infection
ARV/T	Anti-retroviral Drugs/Therapy