

# Cambodia

## Community, Rights and Gender Country Profile

Working Document



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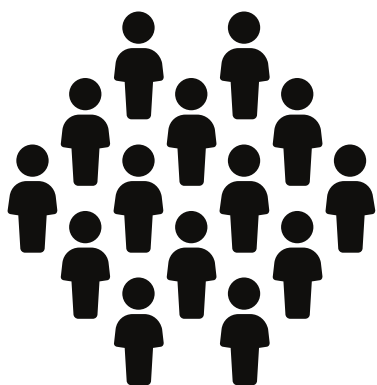


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# Quick Facts



**16.72 million people**

**Working Document**



**High TB Burden Country**



**High Impact Asia**

# UNHLM Targets



## Resource Needs (2022)

97.59 million (USD)

## Available TB Funding 2020 (USD)

Domestic :5.5 million

International (Excluding Global Fund):1.2million

Global Fund: 8.4 million

Funding Needs: 33.1million

## Diagnosis and Treatment Targets

(2020)



TB Target: 33,900

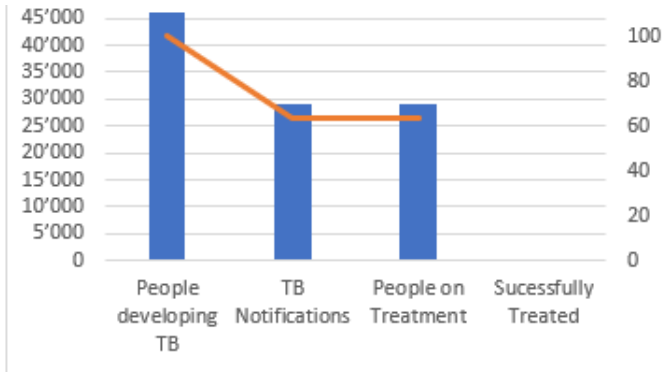
% Target Achieved: 86

# National Strategic Plan and Funding Opportunities

- Next National Strategic Plan Development: 2030
- Next Global Fund funding request proposal development: 2023

# TB Situation

## Epidemiological Data (2020)



### Major Gaps in TB Prevention and Care

- 16,950 Missing people with TB (3,043 were children)
- 3,300 people died because of TB
- N/A Laboratory confirmed people with MDR/RR-TB (WHO data, 2020)

**Acceptability issues:** limited hours and long wait times at public clinics, length of treatment and side effects, stigma & discrimination among HCWs and frequent visits to clinics for DOT

**Discrimination issues:** key populations face stigma & discrimination in the community and self-stigma. There is no legal prohibition of TB discrimination. Fear of discrimination and social stigma hinder services use and treatment adherence. HCWs stigma & discrimination behaviors toward people with TB.

**Freedoms:** criminalization of drug use deters TB services use.

**Gender:** not all TB data is disaggregated by sex, gender, age or geography. Budget planning and allocation is not gender-based, financial data is not sex or age disaggregated. However the NSP provides focus on pregnant women, children & elderly. There is no gender-sensitivity training for HCWs, no formal national coordination for gender equality in the TB response

**Key and Vulnerable Populations** prioritized groups include PLHIV, TB household contacts, TB close contacts, elderly people, people with diabetes, prisoners and PWUD. There are no official NTP estimates of national TB key population sizes, no NTP prevalence or behavioral surveys for key population or TB risk factors for each key population identified and listed.

**Participation:** national and subnational government coordination mechanisms include “village health support groups,” provide platforms for NTP, CSOs and development partners to meet and coordination for TB response, and for input from TB survivors.

**Remedies and Accountability:** there is a community level mechanism for service user complaints and community score cards.

**Source:** HHR: Health and Human Rights Journal: Building the Evidence for a Rights-Based, People-Centered, Gender-Transformative Tuberculosis Response: An Analysis of the Stop TB Partnership Community, Rights, and Gender Tuberculosis Assessment

## Community, Rights and Gender Data

The findings of the CRG assessment indicates the following:

**Accessibility Barriers** such as transport costs, distance to clinics, low knowledge about TB and services

**Availability Barriers** include lack of trained staff at public clinics and the need for a better integrated TB/HIV/diabetes services.

**Quality issues** evolve around length of treatment and side effects, lack of trained staff at public clinics, stigma & discrimination among Healthcare Workers, poor screening in prisons and weak referral system for HIV/diabetes

# Community Engagements and Representation

Active National Stop TB Partnership

- Yes

National Network of People Affected by TB

- No (District network, DNPET)

TB Network/Community represented on CCM

- Yes

National High-Level Engagement with Parliamentarians

- Yes

Celebrities Engagement in TB response

- Yes

Challenge Facility for Civil Society Round 10

- Khmer HIV/AIDS NGO Alliance

CFCS Round 10 Regional Level Partners

- Asia Pacific Council of AIDS Services Organization (APCASO)

Global Network:

- TB People
- Lean on Me Foundation/ TB Women



# Community Rights and Gender



- CRG Assessment Completed 
- Costed CRG Action Plan Available 
  - No
- TB Stigma Assessment Conducted 
  - No
- TB Stigma Elimination Plan Available 
  - No
- Community-led Monitoring Mechanism 
  - In progress (OneImpact)



# CFCS Round 10 Grantees

## Khmer HIV/AIDS NGO Alliance

- **Global Fund Principal Recipient**
- Project Location: Phnom Penh Capital City, Kandal, Thoug Khmum and Kampong Cham Provinces
- Timeline: November 2021- November 2022
- Objectives
  - To ensure the high level advocacy and engagement of national stakeholders in monitoring and ensuring that the UNHLM 2022 targets will be achieved in Cambodia.
  - To contribute towards national TB programme recovery from COVID-19 to meet the UNHLM 2022 targets, including leveraging donor opportunities for COVID-19 using CLM-OneImpactK+ in Cambodia.
  - To transform the TB response to be rights-based, gender transformative and people centered, in alignment with the UN Political Declaration on the Fight Against TB and the Call to Action from communities, as outlines in A Deadly Divide: TB Commitments vs TB Realities in Cambodia.
  - To participate and engage in TB advocacy and accountability initiatives at national, regional, and global levels.

# Questions? Contact us.

[cfcs@stoptb.org](mailto:cfcs@stoptb.org)

