



The State of Health of Migrants Report

“Mandatory Testing”

2007

TABLE OF CONTENTS

	Page
◆ Abbreviations	i
◆ Forward	ii
◆ Executive Summary	iii
I. Introduction:	
a. Background of Research	1-2
b. Scope and Limitation of Research	2
c. Methodology	2-3
II. Country Situation:	3-4
III. Presentation and Analysis of Results:	
a. Pre-departure:	
i. Testing Procedures	4-6
▪ Informed Consent	6
▪ Pre and Post Test Counseling	7-9
▪ Confidentiality	9-10
▪ Gender and Culture Sensitivity	10-11
▪ Delivery and Disclosure of Result	11-12
▪ Confirmatory Tests	12-13
▪ Monitoring of Testing Centers	13
▪ Impact of Results	13-15
▪ Accessibility to Treatment, Care and Support	15
▪ Timing of Tests	16
▪ Transparency and Clarity on Testing Information	16
▪ Facility Equipment Test Kits	17-18
▪ Physical and Financial Accessibility of Testing Center ..	18-20
ii. Monitoring of Testing Polices and Procedures	20-21
b. On-site:	
i. Testing Procedure	21
ii. Monitoring of Testing Policies and Procedures	21-22
c. Reintegration:	22
IV. Conclusions and Recommendations:	22-23
V. References:	24

ABBREVIATIONS

- CARAM ASia : Coordination of Action Research on AIDS and Mobility
- CARAM Cambodia : Coordination of Action Research on AIDS and Mobility
- EPS : Employment Permit System
- FGD : Focus Group Discussion
- IDI : In-Dept Interview
- MoH : Ministry of Health
- MoLVT : Ministry of Labor and Vocational Training
- MoU : Memorandum of Understanding
- NCHADS : National Center for HIV/AIDS, Dermatology and STD
- QA : Quality Assurance
- QC : Quality Control
- VCCT : Voluntary Confidential Counseling and HIV Testing Center

FOREWARD

The State of Health of Migrants – Mandatory Testing Research is a production of CARAM Cambodia and it should be seen as tools for advocacy to decrease the vulnerability for STIs and HIV/AIDS of migrant workers. CARAM Cambodia stands for Co-ordination of Action Research on AIDS and Mobility. It is a south Asia network of organizations that are involved in advocacy work for documented as well as undocumented migrants, with a special emphasis on their health, labor rights and human rights of migrants. The CARAM Secretariat is based in Kuala Lumpur, Malaysia and technical assistance for the research is provided by “Health Care and Culture”, Faculty of Medicine of the Vrije Univeriteit in Amsterdam, the Netherlands.

CARAM produces knowledge to develop appropriate interventions and to ask attention for the needs of documented and undocumented migrants. In addition to its work with Vietnamese migrant sex workers, CARAM Cambodia is also involved in working with other migrant groups in Cambodia and in pre-departure programs for Cambodian migrant workers who are going to work in Malaysia, Thailand, Republic of Korea and so on.

The CARAM Cambodia team that produced the research and this publication consists of **Ms. Tep Mony, Ms. Ek Salan and the volunteers, Miss. Hem Chanary and Prak Sopheaknary, Eat Sopheak, Kleang Sovanna and support from Mr. Ya Navuth. Mr. Meas Saneth** helped to facilitate the whole process of the research with the analysis and report writing.

We would like to greatly thank the Task Force, **Ivan Wolffers, Cornelieke Keizer, Mara Quesada, Dilruba Karim and Michelle Roger** for facilitate among partners. Having provided technical support and comments from Task Force to improve this research is really meaningful for lesson learned in our team to the next step of research. Furthermore, special thanks for Ivan has tried the time and energy to facilitate the whole partners for setting up this regional research that is useful publication for advocacy in country and regional level.

A special thank for government agencies such **Ministry of Labor and Vocational Training (MoLVT), Ministry of Health, National STD Clinic (Phsar Depo), Kos Samak Hospital, Russia Hospital, Preas Keit Tomealea Hospital, Toul Kok Health Center, Pasteur Institute and NGO institute like MEC Clinic, RHAC as well as private sectors like Chantrea Clinic and recruiting agencies (Phillimore, Quata and Ellite, CLS branch)** which were contributing their time, energy and provided supporting documents for the research and made the research completely finished as time frame set. Without the contribution, collaboration and supporting, the search would not be completed on time.

EXECUTIVE SUMMARY

Coordination of Action Research on AIDS and Mobility (CARAM Cambodia) is a membership of CARAM Asia which has partners over twenty in South and Southeast in Asia. The State of Health of Migrants – Mandatory Testing Research is a production of CARAM Cambodia and it should be seen as tools for advocacy to decrease the vulnerability for STIs and HIV/AIDS of migrant workers. The research was jointly with CARAM Asia partners as regional and country level and **the research has been focused on the process of testing procedures with Cambodian migrant workers who seeks employment in destination countries like Thailand, Malaysia, and Republic of Korea and so on in order to be friendly tested at testing center before departure to work abroad and while the staying in destination countries required annually test and perspective of receiving country while Vietnamese migrant sex workers in Cambodia.**

Government agencies and other concerned institutes and Cambodia migrant workers were identified by CARAM team research to interview and consultation such as Ministry of Labor and Vocational Training (MoLVT), National STD Clinic (Phsar Depo), Kos Samak Hospital, Russia Hospital, Preas Keit Tomealea Hospital, Toul Kok Health Center, Pasteur Institute, MEC Clinic, RHAC, Chantrea Clinic and recruiting agencies (Phillimore, Quata and Ellite, CLS branch). Moreover, eighty six (86) Cambodian migrant workers who were departed and returned were interviewed to identify the encountering issues in original and destination countries regarding HIV test and testing procedure done by counselor and furthermore, fourteen (14) Vietnamese migrant sex workers were included that two were HIV positive with experience of testing.

Likewise, the finding and analysis of the research has focused on Testing Procedures, Informed Consent, Pre and Post Test Counseling, Confidentiality, Gender and Culture Sensitivity, Delivery and Disclosure of Result, Confirmatory Tests, Monitoring of Testing Centers, Impact of Result, Accessibility to Treatment, Care and Support for Migrants, Timing of Tests, Transparency and Clarity on Testing Information, Facility Equipment Test Kits, and Physical and Financial Accessibility of Testing Center which was occurred while migrants to be tested at health center or private clinic and annually test at destination countries. However, the recommendation in this report was reflected from the finding and writer ideally.

STATE OF HEALTH OF MIGRANTS – MANDATORY TESTING

CAMBODIA COUNTRY REPORT 2007

☆☆☆☆☆

I. INTRODUCTION

■ a. Background of Research:

State of Health of Migrants research on mandatory testing is a main topic which was decided by CARAM Asia workshop after the first round on access to health of migrant launched. The status of this research is done by country and regional level for a tool of advocacy on the above topic which is rarely done in Cambodia since the other issues or topics have been researched to publish such HIV/AIDS, trafficking and migration. The research focus on migrants friendly testing is main factor mentioned in below section because Cambodia has sent Khmer worker to work abroad based on sub-degree 57 signed on July 20, 1995. Since that period, over thirty (30) recruiting agencies have been operated their business by starting recruitment Khmer worker to work as domestic worker, plantation worker, worker in restaurant and industrial worker in Thailand, Malaysia, Saudi Arabia and Republic of Korea but the cheat and trafficking cases have been occurred by some agencies taking advantage from the recruiting process, so an informed letter was issued by Ministry of Labor and Vocational Training (MoLVT) in October 2006, recognized 12 legal recruiting agencies operated.

The context of sending labourer abroad have been mostly tested migrant's health especially HIV/AIDS, Hepatitis, pregnant before sending to destination countries which is in charged by department of occupational and health, Ministry of Labor and Vocational Training (MoLVT). It is an obligation and requirement made even it has been contrasted to Cambodia law on the prevention and control HIV/AIDS. However, most of tests with migrants have been performed by the doctor or medical personnel who are not professional staff in this section by just taking blood to laboratory without providing pre and post test counseling on HIV/AIDS test before sending to be conducted medical up and HIV/AIDS tests by MoLVT. It is seriously issue for migrants with HIV positive result led to suicide, living without welfare supporting services, discrimination from friends, neighbors, and social when their intendment to earn money for supporting family economically was failed by testing and repatriated to their communities. Cambodian migrant workers are always vulnerable from the perspective of testing in origin and destination countries, due to lack of information on testing procedure, terminological term of medical staff, language barrier, discrimination by medical staff, culture, gender and medical staff behavior to perform with migrants.

However, this research has been included the process of testing procedures with Cambodian migrant prepared to work abroad through legal recruiting agencies in Cambodia in order to work in Thailand, Malaysia and Republic of Korea. And the tests were dealt with other key stakeholders in some private clinics and public hospitals in Phnom Penh and provinces referred by recruiting agencies.

This research will contribute to the gap of testing process with Cambodian migrant worker prepared and intended to work abroad by ensuring the information on the law of prevention and control HIV/AIDS in Cambodia and other guidelines widely disseminated/sensitized to migrants, key stakeholders, private agencies and counselor for being well performing their duties.

■ **b. Scope and Limitation of Research:**

The State of Health of Migrant's Research on Mandatory Testing has been conducted to identify the problem of migrant's friendly test at testing centers before departure to work abroad and while staying in destination countries required annually test. The main issues of the research have been focused on the cycle of testing procedure done by counselor. Beside the topic was not widely covered such as mental, gender and labor exploitation issues. The research focused two perspectives which is firstly sending perspective by concentrating on Cambodia migrant worker to work in Thailand, Malaysia and Republic of Korea legally in the field of domestic worker, industrial, restaurant and plantation worker without including illegal migrant workers to work in Thailand as fisherman, bagger or in other fields. Second, receiving perspective with Vietnamese sex worker in Phnom Penh working in brothel, massage parlor and hair-cut shop in order to identify their problem encountered at testing process are known as illegal migrant worker.

In addition, the research was not included all counselors at testing centers and other relevant in the process of testing. It was identified to actively screen key stakeholders, due to the time limitation, so there were seven (07) key stakeholders from government agencies officials who are dealing with HIV testing were interviewed such as Department of Occupational and Health, Ministry of Labor and Vocational Training (MoLVT), National STD Clinic (Phsar Depo), Kos Samak hospital, Russia hospital, Phreas Keit Tomeal hospital, Toul Kok health center and Pasteur Institute and two (02) Non-Governmental Organizations (NGOs) provided HIV testing were also included like MEC and RHAC as well as one (01) private clinic and three (03) recruiting agencies such as Chantrea Clinic, Phillimore company, Quata and Ellite, CLS branch.

Moreover, eighty six (86) Cambodian migrant workers who were departed and returned were interviewed to identify the encountering issues in original and destination countries regarding HIV test and testing procedure done by counselor and furthermore, 14 Vietnamese sex workers were included that two were HIV positive with experience of testing.

■ **c. Methodology:**

Data gathering for the research has been interviewed with key stakeholders from government officials, private clinic and NGOs staffs by applying in-dept interview (IDI) methodology and the tape recorder was used for pre-consent during the interviewing by two staffs which was interviewer and note taker. Mostly, the interview was taken place at the stakeholders' office by pre-making appointment.

Additionally, Focus Group Discussion (FGD) was also applied with pre-departure migrants by asking permission of tape recorder usage which was one moderator and one note taker. The FGD was conducted at training center of recruiting agencies in Phnom Penh and one time in Battambang province. Most of them came from the provinces in Cambodia and the FGD with returned migrants were similarly used model pre-departure migrants but generally, traveling to provinces were done to

gather data by setting a common place for interviewing them because they were not at one place. Otherwise, life story with Vietnamese sex worker was interviewed for case study in term of receiving perspective.

Likewise, government policies or legislation, research documents, newspaper, magazine and literature review have been used in this research to support data gathering.

II. COUNTRY SITUATION

Cambodia is country in the center of the Indo-china peninsula. The population is approximately 15 million (13.8 million at 2005 Census) lives in 2.2 million households, in 13,406 villages in 24 provinces. The capital, Phnom Penh, has a population of 570,000; there are only three other towns over 100,000 population Battambang, Sihanoukville and Siem Reap. Population is predominantly rural (84%), but population density is var from 12 to 100 per square kilometer.

The Cambodian economy is predominantly agrarian, with agriculture employing 73 percent of its population (Asian Migrant Center, 2002). Chronic poverty, landlessness, and natural disasters such as droughts and floods are compelling many rural Cambodians to migrate to other rural areas, the urban bare or neighbouring countries to seek work. Other push factors include debts payments and a lack of viable livelihood options. The pull factors are the high demand for less skilled labourers in 3D jobs (dangerous, demanding, dirty) in countries such as Thailand, Malaysia and Republic of Korea, the prospect of paid employment and a better life, the ease of traveling within the country and to neighboring countries, the existence of an established network of recruiters and intermediaries that help facilitate migration, and kinship ties in destination countries and others.

Furthermore, there were 8,969 Cambodian migrant workers sent to work in Malaysia since 1998 until April 2007 through two recruiting agencies which has 7,042 women migrant workers and 4,349 women migrant domestic workers and the incomes from the labor force is around 1,300,000 US dollar each year to migrants. Since 2003 until today, 3,399 Cambodian migrant workers were sent to work in South Korea which has 468 women migrants and also yearly gotten income 8,150,000 UD dollar. Additionally, 37,142 Cambodian illegal migrants were become legal among 180,000 migrants in Thailand in 2006 and until today, 2,508 Cambodian migrants were further sent to work in Thailand through legal recruiting agencies and there were 708 women migrants¹.

Nevertheless, Cambodia is a source of sending Khmer worker to work abroad such as Thailand, Malaysia and Republic of Korea as domestic worker, factory worker, at restaurant and plantation in order to reduce poverty in Cambodia, according to sub-degree 57 on sending Khmer worker to work abroad. In this regard, Cambodia has signed Memorandum of Understanding (MoU) or bilateral agreement with destination countries and some articles or chapters have to be fulfilled which is included medical check up, blood testing for HIV/AIDS and Hepatitis are the major content of tests which is required by receiving countries.

Moreover, before sending Cambodian migrant worker to work abroad, all the 12 existing recruiting agencies, gotten license from Ministry of Labor and Vocational Training (MoLVT) are operating their business is an obligation to send migrants to

¹ The above statistic of Cambodian migrants sent to work abroad from Raksmeiy Kampuchea Daily News: Year 15th, Issued N° 4272, Tuesday, May 01st, 2007

Department of Occupational and Health to be conducted medical check up and blood testing for HIV/AIDS and hepatitis after recruiting in order to be accepted by the destination countries. The following content of tests has been conducted by the department:

- | | | |
|-----------------------|---------------------------------|---------------------|
| - HIV/AIDS | - Sexually Transmitted Diseases | - Diabetes Mellitus |
| - Tuberculosis | - Bronchial Asthma | - Peptic Ulcer |
| - Malaria | - Heart Disease | - Kidney Disease |
| - Leprosy | - Hypertension | - Cancer |
| - Epilepsy | - Hearing Problem | - Hepatitis |
| - Psychiatric Illness | | |

On the other hand, 129 Voluntary Confidential Counseling and HIV Testing centers (VCCT) in Cambodia are providing service to clients in Cambodia for voluntary testing, it is free of charge. The VCCT sites are also included Non-Governmental Organization (NGOs) services. Since January to June 2006, 99,102 clients received pre-test counseling, 8,857 shown HIV positive, 2,230 HIV negative, 98,756 HIV indeterminate and 96,454 received post-test counseling, according to National Center for HIV/AIDS Dermatology and STD report January to June 2006 (Session 1-2006). Furthermore, counseling and testing are important parts of the overall HIV/AIDS prevention and care strategy for several reasons, and in several forms (*Policy, Strategy and Guidelines for HIV/AIDS Counseling and Testing in Cambodia, 2nd Edition, September 2004, NCHADS*):

- Voluntary counseling and testing services can significantly reduce HIV transmission by reducing sexual risk behaviour. People who know their HIV status after good counseling are less likely to indulge in unprotected sex with multiple partners.
- Counseling and testing can help people access appropriate medical and social services. People who understand the nature of HIV infection and its effects on their health and life can make better choices about the kinds of medical care they choose.
- Counseling is an important part of the psychosocial services offered as part of home and community care programmes, as well as institutional and hospice care.
- Testing and counseling are particularly important in PMTCT programmes. Pregnant women need to know and understand their HIV status so that they can take full benefit from the PMTCT services offered.
- Testing is an essential part of the sero-surveillance system and research.

III. PRESENTATION AND ANALYSIS OF RESULTS

■ a. Pre-departure:

i. Testing Procedures:

Cambodia has the Law on the Prevention and Control of HIV/AIDS, which was enacted by the National Assembly on 14 of June, 2002. This law has the objective to determine measure for the prevention and control the spread of HIV/AIDS in the kingdom of Cambodia and the law has eleven chapters and fifty three articles to

cover the issue of HIV/AIDS which has also included voluntary testing section. Furthermore, to ensure of quality management this section, National Center for HIV/AIDS, Dermatology and STD (NCHADS) has developed some guidelines which are:

- National Guidelines for the Selection of People Living with HIV/AIDS for Antiretroviral Therapy, July 2003
- National Guidelines for the use of Antiretroviral Therapy in Adults and Adolescents, December 2003
- Guideline for establishing Voluntary Confidential Counselling and HIV testing (VCCT) centres, December 2004
- Serologic Assays for Human Immunodeficiency Virus Antibody in Dried-Blood Specimens Collected on Filter Paper, October 2006.

Cambodia is a source of sending, transit and receiving perspectives, which has sending Cambodian migrant workers to work abroad such Thailand, Malaysia and South Korea through legal channel company recognized by government, according to sub-degree 57 on The Sending of Khmer worker to work abroad, signed 20 July, 1995. To send Khmer worker abroad, all applicants have to fulfill some criteria which are required by origin and destination countries. They are the following:

- The curriculum vitae with photograph
- The justice clearance
- The health certificate issued by the department of occupational and health
- The copy of certificate or other qualification, if any
- The job application card

Based on individual series discussion meeting with key stakeholder government officials like Shihanouk hospital (former Russia hospital), department of occupational and health, Ket To Mealear and Kos Sameak hospital in order to know the situation of blood testing shown that before sending to work abroad, all Cambodia migrant workers have to be particularly tested on HIV/AIDS, Hepatitis A,B,C, Syphilis, lung x-ray for tuberculosis and others which have required by destination countries. The above key stakeholders have been involved in the process of testing Cambodian migrant workers who are sending to work abroad that were referred by recruiting agencies.

“Firstly, blood testing, lung x-ray to check tuberculosis, seconds HIV/AIDS testing, the third Hepatitis and Malaria; we have done lots to follow the requirement of receiving country” (Government Official, Russia Hospital, Phnom Penh).

Moreover, a separate discussion meeting with private agencies which are operating to send Khmer workers to work abroad in Thailand, Malaysia, and South Korea, recognized by the government such as Ellite agency-CLS branch (Cambodia Labor Supply company-CLS), VC and Phillimore Company revealed that Cambodian migrant workers have to be tested on HIV/AIDS, Hepatitis, Syphilis, Gonorrhoea, Urine and lung x-ray in order to be qualified for applying to work. All of them were sent by the agencies to access the tested because they came from the provinces mostly.

“Generally, all workers male and female as housemaid or factory workers, they need to be tested on three important tests, firstly STIs, second HIV/AIDS and third Hepatitis, we can accept them after they pass these tests

shown the result after three days or one week. We sent them to Thom hospital for medical check up like lung x-ray and Hepatitis. We monthly need to check urine up during they stayed in training center for getting pregnant, it is our guideline to do with domestic worker in Malaysia and they need to be tested again before employer take them to work” (Recruiting agency, Phillimore, Phnom Penh, Cambodia).

Having shown the outcome of conducting Focus Group Discussion (FGD) and In-dept Interview (IDI) with Cambodian migrant worker who were preparing to work in Thailand and Malaysia was that they were told by the agencies to be tested before going through the broker or branch office at the provinces and most of them agreed this matter because of needs the job to earn money for supporting family. In term of testing process, the recruiting agencies firstly hired a doctor/ medical personnel or others private/public hospitals to do blood testing for HIV/AIDS, Hepatitis, Tuberculosis and urine with migrants before referring them to be tested by department of occupational and health, due to different prices. The contents of test responded by migrants shown that they were tested on HIV/AIDS, Hepatitis, lung x-ray, Urine, Eyes, Ears and etc...

Conditionally, blood testing concept with Cambodian migrant workers preparing to work abroad and required by destination countries are contrary to the Law on the Prevention and Control of HIV/AIDS in the kingdom of Cambodia.

Informed Consent:

According to Cambodia law on the Prevention and Control HIV/AIDS has mentioned that *All HIV tests shall be done with voluntary and informed consent from the individual. For those who are minor, a written informed consent shall be obtained from his/her legal guardian. In case that such written consent could not be obtained from the legal guardian of the minor, and the test is considered to provide most interest to the individual, the test still can be performed only with an informed consent from the individual. The State shall be in charge of the mentally incapacitated individual, Chapter IV: (Testing and Counseling) Article 19.*

However, key stakeholders from department of occupational and health pointed out that *“100% are voluntary because they want to work abroad and it is the need of them, they never refused and they know clearly on testing”,* so conditionally it is an obligation for Cambodian migrant workers who wish to apply working abroad even it is contrary to the original country law.

Moreover, most of Cambodian migrant worker who was applying to work abroad like Thailand, Malaysia and South Korea was informed by the recruiting agencies or the broker in their communities in term of being conducted medical check up and blood testing for HIV/AIDS, Hepatitis, tuberculosis and other diseases and furthermore, they agreed this requirement because of need job to get income for supporting family.

“I knew and already prepare myself. The broker told that we have to do blood testing on HIV/AIDS, Hepatitis. The employer will be paid for us, and they take out the urine and blood to test with stayed for 2 to 3 day at agency for waiting employer” (Cambodian Migrant Returned from Malaysia).

Pre and Post test Counseling:

The Cambodia law has required to all general population must be provided pre- post test counseling on HIV/AIDS such as **Article 24**: *All testing centers shall provide pre-test and post-test counseling services for those who request HIV/AIDS testing. The counselors shall be sufficiently competent in conformity with a determined standards set by the Ministry of Health.* Furthermore, pre and post-test counseling² should be covered:

Pre-test counseling

- Discussion of the reasons for requesting testing services
- Assessment of the client's understanding of HIV/AIDS information
- Assessment and discussion of the client's HIV risk
- Discussion of the client's best options and plans for risk reduction
- Explanation of the meaning and implications of negative and positive test results, including explanation of the "window period".

Post-test counseling (negative results)

- Notification of the result and discussion of its meaning and implications
- Discussion of the result and summary of the client's plans for risk reduction, with psychological support from the counselor
- Planning for a further test as appropriate.

Post-test counseling (positive results)

- Notification of the test result and its meaning
- Reassurance that the client can learn to cope with his/her situation
- Discussion of client's feelings and emotions
- Emotional and psychological support
- Discussion of the implication of the test result for the client
- Discussion of the client's worries and fears
- Counseling on how to deal with immediate, practical problems
- Counseling on living and coping with HIV
- Information on how to stay healthy
- Information on medical/counseling/support services a series of separate counseling sessions. This supportive counseling is very important to help a client cope with his/her situation.

Nevertheless, most of the government officials from the hospitals cited similarly to all law mentioned as well during the interviewing with them that all the counselors have fulfilled their position by responsibility to their role, it means that all clients and migrant workers were provided pre and post counseling before getting blood testing for HIV/AIDS and after the result shown the counselors have also provided post counseling to clients and migrant workers.

Furthermore, the NGOs staffs who are working as counselor in term of HIV/AIDS testing was performed follow the principal of voluntary testing for HIV/AIDS guideline set as well, based on the interview.

² Policy, Strategy and Guidelines for HIV/AIDS Counseling and Testing in Cambodia, 2nd Edition, September 2004, NCHADS

“The counselor they take their role and responsibility, before we do the testing we sent hem to meet counselor, after we know the positive result eg. Some have skin rash with positive we need to send them to treat and give them good advice to go to other place to get ARV, and some who have cough we send them to treat, so we need to explain them to access to health care clinic” (Government Official, STI Center, Phnom Penh).

“Voluntary testing, provide spacing medicine to protect from mother to child, but we have network to work for this. We do blood test for both clients and both sex and for pregnant woman and the testing is not for HIV only is for syphilis and hepatitis. Beside of services we have gynecology as we check mass in uterus and treat STI, if they have any problem for STI we need to send them to the hospital. We have ante-natal care before delivery and we provide vaccination as Tetanus or for meningitis etc. And post partum care as to control them on the exercise and one more is provide counseling to the new married couple and examination to the rape cases” (NGO staff, RHAC, Phnom Penh).

Otherwise, due to the consultation meeting with the key stakeholders from recruiting agencies found that the process of pre and post test counseling on HIV/AIDS testing required by destination countries are rarely performed by the doctor or medical personnel who has been hired by the recruiting agencies to do blood testing for HIV/AIDS, Hepatitis, tuberculosis and other diseases because they were not the professional counselors who are working in the counseling section and most of them working in laboratory for HIV test. This is because of cheap price concept of pre-testing on main diseases such as HIV/AIDS, hepatitis and urine for pregnant before referral to department of occupational and health recognized by destination countries.

“ Do not tell anything, just starting to get blood and urine” (Recruiting Agency Staff, Ellite Company, Phnom Penh).

“In general our company provide information as they want to go to Thailand or Malaysia, they need to make a contract told about their salary and how much we need to cut down and told them first they need to pass the medical check and paid by our company, for false or pass is for their have luck or do not. And explain about blood aspiration, is not affect to their health they only take less cc of (amount of blood)” (Recruiting Agency Staff, Phillimore Company, Phnom Penh).

Nevertheless, based on the in-dept and focus group interview with Cambodian migrant workers prepared to work in Malaysia as domestic worker and factory worker in Thailand cited that they mostly did not receive any pre or post test counseling in term of blood testing on HIV/AIDS even any documents that the testing is required by destination countries.

Additionally, the test was performed by the doctor or medical personnel who has been hired by the recruiting agencies in order to reduce the expense before sending migrants to be done by the department of occupational and health, Ministry of Labor and Vocational Training (MoLVT), recognized by the Cambodia government and destination countries. This process is familiar with the recruiting agencies in Cambodia because they could know the result to whether accept migrant to stay in training center or not. In the context of recruiting process in Cambodia, migrant workers must be firstly tested blood and urine for HIV/AIDS, Hepatitis and pregnant

before allowing migrants to stay in training center which has been provided skills related to their work in destination countries. Mostly, migrants are going to work in Malaysia as domestic worker frequently required staying in training center three to six months before sending to work abroad after being shown the result negative.

“They told that only one minute we can get the result on HIV/AIDS testing, but the doctor didn’t provide any counseling. So I wait for a bout 3 hours to get the result” (Cambodian Pre-Departure Migrant to Malaysia).

“They told nothing, we have to meet the doctor by individual. I went with other 10 migrant workers” (Cambodian Returned Migrant from Malaysia).

“Do not tell anything, just starting to get blood and urine” (Recruiting Agency Staff, Ellite Company, Phnom Penh).

“They told that only one minute we can get the result on HIV/AIDS testing, but the doctor didn’t provide any counseling. So I wait for a bout 3 hours to get the result” (Cambodian Pre-Departure Migrant to Malaysia).

“We did not receive counseling” (Male Migrants Returned from Malaysia).

“We were not provided any information before being conducted blood testing” (Female Pre-Departure Migrants to Malaysia, Kandal Province).

“Nothing to explain, when we arrived being started taking blood” (Female Migrants Returned from Malaysia, Kampong Thom Province).

Confidentiality:

Confidentiality of HIV/AIDS testing is crucial for client and migrant workers in order to keep secret of their status from discrimination, in this regards, the Law on the Prevention and Control of HIV/AIDS is also mentioned:

Article 33: *The confidentiality of all persons who have HIV/AIDS shall be maintained. All health professional, workers, employers, recruitment agencies, insurance companies, data encoders, custodians of medical records related to HIV/AIDS, and those who have the relevant duties shall be instructed to pay attention to the maintenance of confidentiality in handling medical information, especially the identity and personal status of persons with HIV/AIDS.*

Article 35: *All HIV/AIDS testing results shall be released to the following persons:*

- a)- The person who voluntarily requests HIV/AIDS testing;*
- b)- A legal guardian of a minor, who has been tested for HIV/AIDS;*
- c)- A person authorized to receive such testing results in conjunction with HIV/AIDS monitoring program as provided in the article 30 of this law; and*
- d)- The requirement of the court, as provided as point (C) in article 34 of this law.*

However, this matter is ignored and missed to perforce their duties by the doctor or medical personnel who is working for HIV/AIDS blood testing with Cambodian migrant workers prepared to work broad, hired by recruiting agencies and furthermore, the result was broken to inform migrants through the third parties such as recruiting agencies staff who referred migrants to do blood testing by verbal or telephone call and broker at the communities of migrant during to process of

selection. It is contrary to the Law on the Prevention and Control of HIV/AIDS that need to be performed.

“I was not clear but maybe not so long because the doctor was not directly meet. The result was passed to the company and the company passed to her” (Female Pre-Departure Migrants, Battambang Province).

Gender and Cultural Sensitivity:

There is not mentioned gender and culture sensitivity in the Law on the Prevention and Control of HIV/AIDS in term of counselor providing service to clients in order to ensure the ethic of doctor or medical personnel.

Meanwhile, there was limitation counselor working to provide sufficient service to client. Based on in-dept interview with key stakeholders from the hospital and health center in Phnom Penh, the majority respondent pointed out that no specification to consent male counselor with male client and female counselor with female client in order to ensure gender sensitivity equivalency in the service provided.

“No, we do in general. Our place had one male do blood aspiration, but if he busy we ask female to replace, but for counselor we need all female” (Government Official, STI center, Phnom Penh).

“No, we don’t, because we have only one counselor” (Government Official, Kettomealear Hospital, Phnom Penh).

“We are not point male or female, only the one that who trust, we don’t care about sex, but for Gynecology we need one or two medical staff stand with patient, we need to avoid the problem and for HIV blood testing are not necessary both for blood aspiration, examination or counselor awe work both male and female. And all doctors are specialist for reproductive problem” (Government Official, Kos Samak Hospital, Phnom Penh).

“Not separate, is complex and now we recruit one more female, but now the reduce the client we take one female staff to work with others part, our place never separate staff even gay, if we receive under 18 we allow their relative come along with them” (Pasteur Institute’s Staff, Phnom Penh).

However, this matter was not convenient feeling from some migrant workers who were experienced blood testing for HIV/AIDS, Hepatitis and other disease required by destination countries before going to work in Malaysia and Thailand as domestic worker and industrial worker but the other felt acceptance regarding this matter.

- *I was considered as my father because he was old.*
- *I was shy because I am a lady.*
- *I was not shy because it was the doctor role to check up, if we did not allow the doctor check up, so we did not know whether we got problem or not, (Female Migrants Returned from Malaysia).*

Voluntary testing service in Cambodia is available for all people to access but It was rarely accessed by the foreigner if compares to Cambodian client because of various possibility reasons which is included language, culture, quality of service and other issues.

“99% are Khmer and 1% is foreigner as Vietnamese and Europe). Most of European are partners of those women and we teach them about the impact of the spread from their partners and advice them that we need to treat their partners also. During these three months we received 10 Vietnamese women who come to do blood test and we provide counseling in Vietnamese language” (NGO staff, MEC clinic, Phnom Penh).

Additionally, Migrants felt friendly to communicate with the doctor or medical personnel attitude performed their duty for conducting medical check up even they met male or female doctor or medical personnel, according to the study found with Cambodian Migrant Worker prepared to work abroad in Malaysia and Thailand.

“His attitude is fine (please take your shirt off), (Male Pre-Departure Migrant to Thailand).

“The doctor was welcome because they know my aunt” (Female Pre-Departure Migrant).

“It was fine even male and female doctor” (Female Pre-Departure Migrant).

Delivery and Disclosure of Result:

The Law on the Prevention and Control of HIV/AIDS, **Article 35:** All HIV/AIDS testing results shall be released to the following persons:

- a)- The person who voluntarily requests HIV/AIDS testing;
- b)- A legal guardian of a minor, who has been tested for HIV/AIDS;
- c)- A person authorized to receive such testing results in conjunction with HIV/AIDS monitoring program as provided in the article 30 of this law; and
- d)- The requirement of the court, as provided as point (c) in article 34 of this law.

Likewise, HIV testing centers have dealt with recruiting agencies for the process of blood testing for HIV/AIDS with Cambodian migrant worker prepared to work broad, are frequently disclosure the result through the third party which is represented by the recruiting agencies staff or brokers at migrant communities acknowledged migrants through verbal or telephone call.

“If the result has been shown today or other day, we go to pick it up and send to Malaysia at least 5 to 10 persons in order to be processed. We have to conduct 2 times of blood testing in order to be sure of negative result. Sometimes when they arrived and were tested by Malaysia they found Hepatitis B. There were 3 maids tested result shown Hepatitis B when they arrived Malaysia one week and were sent back, so we wasted time and money for round trip air ticket cost and including the lending money as well. Furthermore, If migrant workers infected STIs we would get lose as well because the doctor will be responsible for the testing result in the period of 3 months only. Regarding the testing result, they put into the closed envelop, they just report to us for those having problem” (NGO Staff, MEC Clinic, Phnom Penh).

“We communicate by telephone, if they want to send labor to testing, we can send any time, they have support person, because it is not difficult for blood testing, we call them with they come on time and can get the result in the afternoon or every Friday. They have put the name in syringe and we can get after 2-3 hours if we need to get urgent with a form, but for labor hospital we

told them we have one group of labor, they prepared and received us, they received general as from industry, garment factory etc. And we go to take all result from them, they did not send to us or cannot tell us, we follow –up ourselves, Private hospital have fast service as arrange for labor, fast to know the result” (Recruiting Agency Staff, Phillmore Company, Phnom Penh).

Cambodian migrant worker was delivery and disclosure of their HIV testing result mostly through agency or staff worked with because testing was taken place while migrant in training center or agency office to be taken blood by the doctor or medical personnel who was hired to perform this task. Mostly, the result was dealing between the doctor and agency. It is seriously for migrant who has been infected HIV without getting any counseling from the professional counselor, due to conducting focus group discussion and in-dept interview with Cambodia migrant worker who prepared to work broad.

“The result was told to the teacher who did the registration at our village” And then the teacher (refer to the broker who worked for the company) told the result at our house” (Cambodian Female Migrants Returned, Kampong Thom Province).

“Two days, I heard from the broker” (Cambodian Male Pre-Departure Migrant, Kampong Thom Province).

“After one day, I got the result through the teacher because the doctor told the teacher and the teacher told me the result. It was around 2 minutes for taking blood. That time, there were 2 to 3 persons conducted blood testing but we were not told regarding this matter, we were just taken our blood to check up. And the teacher did not tell anything, just told I passed the result and being allowed to stay in center but for failure person, the company sent back home. Some of them were fail because of infection hepatitis, HIV/AIDS and were not allowed to stay long time because of being afraid of transmitting” (Cambodian Female Returned Migrant).

“The doctor told the teacher and the teacher acknowledged the students and in term of hepatitis infection persons, they were separately allowed to stay and eat but HIV/AIDS infection could join eating” (Cambodian Female Returned Migrant).

“I got result about 5pm or 9am; the doctor called to company and told what the result is. I was existed that I was passed with blood testing because I was afraid with Hepatitis and HIV/AIDS” (Cambodian Female Returned Migrant).

“The Company doesn’t tell about the result, but they will tell to whom are failed. For migrants who pass will be let to study until go to work” (Cambodian Female Returned Migrant).

Confirmatory Tests:

Confirmatory tests are always rarely done by the professional institutes in Cambodia because they have recognized by the public of result quality. According to key stakeholder respondents showed most of un-clearance blood testing for HIV/AIDS have to be done twice in order to make sure the result before being shown to client or migrant workers.

“At least 2-3 times to be clear. and the cost are: free for the voluntary, but we cannot use the test as public, because we don't put the name of them, we put only code number, but if through the hospital they need to pay for services and can use in public” (Government Official, Kos Samak Hospital, Phnom Penh).

How to analyze?

- *Serodia*
- *Determine HIV/Uni-gold*
- *Western blood to confirm the negative result, in this case the patient needs to pay more or consult them to go to check by themselves.*

The cost:

- *10,000 Riels for*
- *Serodia or Determine*
- *\$30 for Western blood*

Monitoring of Testing Centers:

Article 31: All HIV/AIDS testing centers shall adopt measures the maintenance of confident of confident of the report, medical records, personal information including all coding system that promotes anonymity.

In spite of the availability of excellent rapid tests, the reliability of the test results depends on their correct use; misdiagnosis may have severe consequences for individuals and for communities as well. Quality monitoring and evaluation of testing is thus very important and systematic and continuous quality monitoring and evaluation of the testing procedures includes Quality Assurance (QA), Quality Control (QC) and Quality Assessment (QC), according to Guidance for Establishing Voluntary Confidential Counseling and HIV Testing (VCCT) Centers, National Center for HIV/AIDS, Dermatology and STD (NCHASDS), 2004. However, this guideline has been enforced by HIV testing centers in Phnom Penh due to consultation meeting with individual key stakeholders from the hospital and HIV testing centers. The majority of them cited that the staffs working in these areas were provided training in order to be effective work and internal monitoring was also done.

“For mechanism the effectiveness is we have train all staff and after that we do follow- up and we fill them the gapes, eg. We train more if the used impolite word etc” (Government Official, Ket Tomealea Hospital, Phnom Penh).

“According to our standard we need to have internal control as quarterly meeting and evaluate by NCHADS every two year” (NGO Staff, MEC Clinic, Phnom Penh).

Impact of Results:

Article 39: Discrimination against any person with HIV/AIDS in seeking public position is prohibited. The right to seek elective and appointive public position shall not be refused to a person based on the actual, perceived or suspected HIV/AIDS status of that person or his/her family members.

Voluntary HIV testing has mentioned in the Law on the Prevention and Control of HIV/AIDS and promoted thought local medias in order to sensitize general popular aware in order to reduce HIV prevalent in Cambodia. Moreover, HIV testing has been required by destination countries which was in charged by recruiting agencies to send migrant to be done blood testing at Labor hospital, private sector or relevant

institutes dealt with before allowing to stay in training center and waiting for flying. In this process, it would be impact the recruiting agencies if they found HIV positive and fail test because of not fitting the criteria, so the recruiting agencies would waste money for transportation, medical check up and time for sending back to their communities, it is frequently taking place with Cambodian migrant workers who are preparing to work abroad, according to the stakeholders from recruiting agencies in Phnom Penh.

“If the result positive, we do not accept. We send them home and if they do not have money we pay for them but they go themselves if they have money, we just call to their mother of failure testing. For me, I am hopeless and frustration, as for the company we regret because we spent much on training but they failed. My company is different from other regarding registration and we do not ask for money because Malaysia side demands but I said Cambodian (Khmer) is poorly to pay that why Malaysia side (employer in Malaysia) agreed this matter. We lend \$130 to some migrants but when they arrived Malaysia, they ran away, the company loss money, so they (Malaysia side) contacted me to collect this money from the migrants. I do not think migrants pay money back. They (migrants) made much problem for me. Consequently, we spend much on them but the cost of testing is \$25-\$30 fixed. Actually, I firstly spent \$50 at Labor Hospital but when i went to Russia hospital they charged me \$25, so the lump sum amount at Russia hospital is \$30. We knew that we worked with foreigner, so I decided to pay \$30 because I do not want to be accused by the Malaysian to put high price of getting commission. Malaysia side sends money to pay for this; migrant workers did not pay because we want to help the poor (migrants) such as medical, toothbrush, each month we spend around \$200-\$300 and monthly payment to the clinic around \$250-\$300 for treatment migrant such as stomach disease, women disease ...etc. My suggestion is that CARAM should provide or find other service for free of charge.

The company pays for medical test by reducing their 4 months' salary when they arrive to work in Malaysia; migrant workers have to be tested two times” (Recruiting Agency Staff, Ellite Company, Phnom Penh).

“For the first step of blood testing is related to the blood, eg; they have spread disease, we give opportunity them to get treatment and we provide them money and they solve the problem by themselves, but we did not allow them to stay here to treat, because they can spread to the others as Hepatitis have two kinds as one can be cure and another one cannot.

For the difficulty of labor is the most they have Hepatitis or HIV we don't have work with any NGOs or state hospital, but after we know their false result we should send the report to related work hospital we never do that, but we gave them advice, if rarely to tell them about HIV positive, we told their guide or their relative and allow them to find out the way to avoid them to have short thinking.

Normally our company have a lot of impact as first for transportation, second is for medical check up, because we don't know that who false or pass, is we need to pay and is affect to our recruitment process, Eg If they false, most of Khmer feeling are jealous if they don't have some things as they can go and cannot go, and they want another cannot go same as them, sometime we talk to use the word to make every body unhappy, but only some of them” (Recruiting Agency Staff, Phillimore Company, Phnom Penh).

However, Cambodian migrant who was experienced blood testing for HIV/AIDS and Hepatitis before going to work broad found that they were discriminated by the neighbors and society in term of HIV infection. Some migrants were separately kept to eat and live from the group when they got HIV or Hepatitis; and furthermore, they were also regret because of not allowing to work broad and the most important is need supporting from family while repatriated from the recruiting agencies.

“I am single. The parents will be sad if we couldn't go to work abroad because we have low education. I don't know what disease I got, but the neighbor will criticize us. It is no problem when we got liver, but the neighbor will be look down us when we got HIV/AIDS” (Cambodian Male Returned Migrant).

- I used to be in Ellite, the company sent home if someone got HIV/AIDS and not much taking care.

- They were discriminated and dislike, (Cambodian Female Pre-Departure Migrant, Battambang Province).

“I heard that If found HIV/AIDS, tuberculosis and hepatitis, we would be not allowed to go” (Cambodian Female Pre-Departure Migrant, Kandal Province).

“I were feel frustration and hopeless because I felt I were not able to support my family and the neighbors would mock” (Cambodia Female Returned Migrant).

Accessibility to treatment, care and support for migrant:

Article 26: The state shall ensure that all persons with HIV/AIDS shall receive primary health care services with free of charge in all health networks, and encourage the participation from the private sector.

Article 27: The state shall mobilize the participation of the citizens, families, organizations, monks, religious groups and the most vulnerable groups to provide treatment, care and supports to those who have HIV/AIDS all over the Kingdom of Cambodia.

Article 29: The state shall promote the prevention and control of sexually transmitted disease (STD), which contributes to preventing the spread of HIV/AIDS. The counselor working in public hospital and NGOs were mostly referred clients or migrants to appropriate health services in term of found any diseases by telling the available and clients or migrant could access themselves.

“We need to take time a lot to them explain, some want to die after they got the result and some we advice to access health care clinic, but they don't go and for positive HIV affected to their families social, works and severe stress. And very difficulty for those from the province that don't have services, this is made them don't want to do blood test” (NGO Staff, MEC Clinic, Phnom Penh).

“For future plan RHAC need to develop through the need of the people, but I think that now is enough, for the lack is ARV, if we meet HIV we send them to other places We have one more service as care patient after they have incomplete abortion with bleeding, we remove to be complete, but we don't do induce” (NGO Staff, RHAC Clinic, Phnom Penh).

However, according the responds shown that migrants would need support from their family if they were found HIV positive and other diseases; furthermore, they preferred private clinic service than the exiting in their communities.

Timing of Tests:

Medical check up is always conducted with Cambodian migrant worker prepared to work abroad and it is also required by destination countries such as Thailand, Malaysia and South Korea at Department of Occupational and Health. Most of migrant knew they will be annually tested at in Malaysia; the information of testing was informed by recruiting agencies at recruiting process in their communities or the company.

"I was done 2 times and firstly, 1 day after arriving destination country (Malaysia) and yearly" (Cambodian Female Returned Migrant, Phnom Penh).

"We were annually checked up" (Cambodian Female Returned Migrant, Kampong Thom Province).

"We will be tested again in Malaysia and some migrant will be tested during stay at employer's house" (Cambodian Female Returned Migrant).

Transparency and Clarity on testing information:

Recruiting process has been disseminated through local media such newspaper radio and television in order to reach the interested population who intend to apply working abroad; it is also establishment a branch at the provinces to ease attractive applicants. Due to the interview in Cambodian migrant workers who were preparing to work in Thailand and Malaysia pointed out that they were acknowledged the information on medical check up for HIV/AIDS, STI, Hepatitis, urine, diabetic, protein in urine, tuberculosis, gonorrhea, cancer and other diseases through radio, recruiting agencies broker, newspapers, television and recruiting agency staff before decision to apply working, so it means migrants know as much as they could regarding the information on testing. Furthermore, some migrants knew this information via the neighbors, relatives and ex-worker

"I heard from the neighbor but they told me like they did not want me to go and some said that "the person who go to Malaysia is not good and sold to be prostitute", that why I decided myself to go because if just heard without seeing my eyes are not true.

The Phillimore company told me when I arrived I have to be tested on liver, Hepatitis, HIV/AIDS. I heard the information through radio about salary only, not health" (Cambodian Female Returned Migrant, Phnom Penh).

-I heard to be checked up but if we get HIV/AIDS, liver, phthisis and if Typhoid fevers it can be treated.

-I heard the company will be check up Hepatitis, HIV/AIDS, heart and phthisis.

-I heard through radio to be checked up on HIV/AIDS, Hepatitis, phthisis, Diabetic, Protein in urine (Cambodian Female Returned Migrant, Phnom Penh).

"I had known that migrant have to be testing by toke blood out, and I know it through listen to radio. When I had reached the company, they told me to do medical testing. I have to be blood testing at training center after I arrived for one day. My blood has been to take out, so I wait for 2 days to get the result that alert by company" (Cambodian Female Returned Migrant).

Facility Equipment Test Kits:

There is a standardization of the equipments for Voluntary Confidential Counseling and HIV testing (VCCT) Centers which was developed by National Center for HIV/AIDS, Dermatology and STD (NCHADS) in order to ensure the quality and function effectively of establishing VCCT in Cambodia, (*Guideline for Establishing Voluntary Confidential Counseling and HIV Testing (VCCT) Centers, NCHADS 2004*).

The following equipment shown below:

- 1- Furniture:
 - a. 1 Bed for blood sample collection
 - b. 1 Table for blood sample collection
 - c. 2 Office desks
 - d. 6 Office armchairs
 - e. 2 Guest chairs
 - f. 2 Cup board
 - g. 2 Lab chairs

- 2- Office Equipment:
 - a. 1 set of desktop computer
 - b. 1 UPS
 - c. 1 Printer (Laser)
 - d. 1 Printer Cartridge
 - e. 1 Auto voltage
 - f. 4 Diskettes
 - g. 2 Air conditioners
 - h. 1 Refrigerator
 - i. 2 Fans

- 3- Lab Equipment:
 - a. 1 Pipettes (micropipettes) 20-200ul
 - b. 1 Pipettes 20-1000 ul
 - c. 12 "U" shaped micro plates
 - d. 1 Centrifuge
 - e. 1 Plate shakers

However, this guideline has been mostly applies with public health centers and NGOs clinic which have been gotten permitted from the Ministry of Health. Otherwise, the private clinic severed this service is not applicable this guideline due to the high cost expenses of these equipments but the lab equipment is also modern because of import from outside the country, according to the interview with private clinic in Phnom Penh.

"My machine I bought from French from Europe is modern already and it is the medium style not necessary to change to the big, because we never use all. I have communication with many company and they gave good feedback, they say that our clinic are very good and they admire that have modern instrument and cheap services, whose don't want to get good services, I think that we cannot think the higher and here is garment factory and agriculture location, so we collect money from the poor people, if we looking high of income, they can not afford and they must dream to looking for another medical treatment place that close to their house, so that we cut down the cost from \$40-50 to \$4-10, I don't have income same as others, if they have

income \$10, I have \$7-8, we decrease to give a chance to garment factory workers” (Private Clinic, Chantrea Clinic, Phnom Penh).

Additionally, migrants felt hygiene and modern of equipments with accessed testing center at private clinic and government hospital because they have never known those equipments. Most of testing centers were referred by recruiting agencies to be done blood testing them before going to work abroad.

“It was different from our country like equipment because of having air conditioner and more modern than us” (Cambodian Male Migrant Returned, Kampong Thom Province).

“It is clean and they really control, and modern equipment” (Cambodian Male Migrant Returned).

“It was modern because I have never seen” (Cambodia Female Migrant Returned, Kampong Thom Province).

Physical and Financial Accessibility of Testing center:

Cost of treatment and HIV testing in Cambodia is not fixed price, it depends on the institute or private clinic set but all persons with HIV/AIDS shall receive primary health care services with free of charge in all public health networks, and encourage the participation from the private sector, according to the law on prevention and control of HIV/AIDS. However, stakeholders from recruiting agencies pointed out that price for HIV/AIDS, Hepatitis and other tests are expensive at department of occupational and health, required by destination countries if we compare to private clinics and other institutes in Phnom Penh which have been dealt with recruiting agencies for conducting testing Cambodian migrant workers prepared to work abroad. Furthermore, some recruiting agencies have started turning their direction for medical check up, HIV/AIDS and hepatitis testing to other hospitals instead of department of occupational and health because of price reason and the hospitals are the government institution that is also reliable for the destination countries site. The cost is 45 to 50 US dollar at department of occupational and health for medical check up which is included HIV/AIDS, hepatitis and other tests has been set by the government for charging from the recruiting agencies. Moreover, 20 to 30 US dollar is the price charged by some hospitals dealing with recruiting agencies for conducting medical check up and other diseases as well, according to the director of recruiting agency in Phnom Penh.

“Depending on the Malaysia side is agreed on this matter first and then we send the brand name of the hospital to them and being checked by themselves. For example, they chose labor hospital before but later on they did not agree, I don’t know what was wrong? then they chose Russia hospital because of having ministry of health’s logo and another company they chose different hospital. The Malaysia side though that the hospital (Russia hospital) has legally section and confident because of Ministry of Health’s logo. Next, the Ministry (Ministry of Labor and Vocational Training-MoLVT) tried to contact to Malaysia side to accept Labor Hospital, but now we do not know how the process is going on? they accepted it before (MoLVT) and later on the did not accept. It’s very expensive. Currently, we spend \$20 or \$25 or \$30 but Labor Hospital cost is \$50 or \$45” (Recruiting Agency Staff, Ellite Company, Phnom Penh).

Based on the interviewing with Cambodian migrant workers preparing to work abroad, some conditions were the obstacle of them to access the testing center because they were sent by the broker or branch office at the province to be conducted blood testing at the head office in Phnom Penh city where the recruiting agencies sent them to do medical check up and blood testing. Some circumstances, migrants were taken their blood when they arrived the recruiting agencies even branch office at the provinces; this process frequently performed by the doctor or medical personnel, hired by the recruiting agencies. Moreover, in the case of taking blood at the province, their blood was sent to be conducted at Phnom Penh and the result informed by phone via branch office at the province. However, the price of medical check up and other tests were paid by the agencies that migrants did not know how much to pay for those tests. All these expenses related to medical check up and blood testing were in charged by the agencies and will be reduced their salary based agreement between migrant and agency before departure to work abroad. This process has been mostly taken place with Cambodian migrant workers preparing to work abroad.

- I did not because I was done blood testing here (refer to the interview place).

- I was conducted blood testing in Phnom Penh.

- I was at the hospital, it was a separated room and the doctor was female.

- The blooded testing was separated, it just behind the brand name "Sell medicine". The clinic was nearby central market (Phsar Tmeiy). When I arrived the counseling room, I was asked to be bed and conducted blood testing, (Cambodian Female Pre-Departure Migrant, Battambang Province).

"No. I was called to center and the person who worked for the company in the administration section took my blood to keep in searing and sent to Phnom Penh, then the person worked in Phnom Penh told who was passed or fails like this way" (Cambodian Female Pre-Departure Migrant, Battambang Province).

"I was done blood testing on the way while traveled. I was afraid of difficulty to get my blood because I was difficult to inject.

9- I was afraid of failing testing while I was traveling by car. When I arrived car's park I was picked up by the teacher to do blood testing at private clinic. When I got off the car to do blood testing I felt being afraid (Paiy Chib Chib) of failing testing, then the teacher was nearby me told me I would be surely passed and until 11 at night the teacher called me. There were two persons passed but I did not know my result. Later on, I was told passing the test and other failure. The teacher told me that do not worry because my first test was passed, so this time was also passed" (Cambodian Female Pre-Departure Migrant, Battambang Province).

"I was done blood testing in Phnom Penh after arriving one hour" (Cambodian Female Pre-Departure Migrant, Battambang Province).

"We did not know because the company paid for us. (Mony: Thank you)" (Cambodian Female Returned Migrant, Phnom Penh).

- The company paid for us. I did not know because I was done 60blood testing on the way" (Cambodian Female Pre-Departure Migrant, Battambang Province).

- I knew 15000 Riel for HIV testing, 15000 Riel for Hepatitis and the lump sum amount was 35000 Riel.
- I did not know.
- I did not know because the company paid for all expend, (Cambodian Female Pre-Departure Migrant, Battambang Province).

ii. **Monitoring of testing policies and procedures:**

National policy exists for HIV testing algorithms of blood. The policy, strategy, and guidelines for HIV/AIDS counseling and testing state that all serum/plasma should first be tested using a simple/rapid test. If this is positive, the serum/plasma should be re-tested with either another rapid test or with ELISA (Enzyme-Linked Immunosorbant Assay-an older type of "rapid" test where an antibody or antigen is linked to an enzyme as a means of detecting a match between the antibody and antigen, and sometimes referred to as EIA) (Source: *Voluntary Confidential Counseling and Testing in Cambodia: An Overview by Gillian Fletcher, Policy and CARE, September 2003*).

Furthermore, the monitoring and supervision of VCCT services within an Operational District (OD) is the responsibility of the VCCT Officer in the Provincial AIDS Office (PAO).

Enclosed below is VCCT Officer job description (source: *Guideline for Establishing Voluntary Confidential Counselling and HIV testing (VCCT) Centers*).

- **Title of the post:** VCCT Officer (PAD)
- **Accountable to :** Provincial AIDS Office Manager
- **Accountable for:** N/A
- **Job Description:**

To manage and coordinate the VCCT element of the HIV/AIDS and STD programme in the province, ensuring it fulfills all the program targets to which it is committed and that cohesive strategic and operational plans are prepared to guide future activity.

- **Specific Responsibilities:**
 - o Train health workers for and supervise VCCT services in ODs and RHs
 - o Coordinate all VCCT referral network in established and functioning
 - o Identify requirements for drugs and consumable supplies for VCCTs in the ODs and ensure availability and distribution
 - o Maintain VCCT records and data
 - o Prepare VCCT report for the province
- **General Responsibilities:**
 - o To work with due diligence in carrying out the tasks of the position
 - o To cooperate helpfully within and between units of the PHD and ODs to strengthen the performance of the PAO
 - o To ensure regular, punctual and full-time attendance to duties during official working hours.
 - o To strive all times to assist the PAO attain the highest level of accuracy and honesty in all its activities.

- To draw the attention of the PAO Manager immediately to any irregularity of other matter of significance affecting the efficient and honest functioning of the unit.
- To undertake any other duties assigned by the PAO Manager of the PHD Director.

■ **b. On-site:**

Sending Cambodian migrant workers to work abroad such as Thailand, Malaysia and South Korea is a major strategy among others of Cambodia government to reduce poverty. The norm of sending based on agreement or Memorandum of Understanding (MoU) between government and government and allowed private company to proceed this sending by being controlled by the Ministry of Labor and Vocational Training (MoLVT). Currently, Cambodia government and Republic of Korea signed MoU to send Khmer labor to work in Korea through Employment Permit System (EPS), it is only allowed government and government to proceed recruiting and selecting without involving private company like Thailand and Malaysia. Contextually, before sending Khmer to work abroad, all workers have to be conducted medical check up and other tests which have been agreeable between sending and receiving countries in the agreement or MoU is a topic mentioned.

i. Testing Procedure:

Mostly, destination countries have required doing medical check up for migrants before allowing to entry such as Malaysian law requires migrant workers to undertake medical test for hepatitis, HIV, AIDS, tuberculosis and STIs after arrival. Periodic tests are required for renewal of work permits without any pre and post test counseling and migrant workers are required to sign a consent form before undergoing medical tests for renewal of work permits. The form requires that the workers sign away the right to privacy, confidentiality, and possibly the right to employment and freedom from discrimination when testing HIV positive. Several aspects of this procedure are questionable. Was a choice offered? Were the consequences of giving consent for the mandatory tests and potential deportation fully understood and realized and was a choice possible? When faced with requirements of testing and the ensuing consequences, the migrant worker also faces considerable loss. Furthermore, mandatory testing for HIV/AIDS/hepatitis for migrant workers in Malaysia, Saudi Arabia, Singapore and South Korea is compulsory every year, when they renew their work permits (*source: The forgotten spaces, Post Arrival, CARAM Asia, 2002*).

ii. Monitoring of testing policies and procedures:

Most national policies do not include migrant workers in their plans of action to fight HIV/AIDS. If they do, it usually takes the form of mandatory testing for HIV for prospective migrant workers, pre-employment and departure. This practice violates the basic human rights and creates the impression that the country needs to protect their citizens from migrant workers and is not based on the needs of these migrants.

In Malaysia, the clinics registered under the privatized consortia of FOMEMA (Foreign Worker Medical Examination Monitoring Agency) conducts the mandatory medical examination prior to the renewal of work permits. This agency is directly connected to the Ministry of Health and Department of Immigration. Results of medical examinations are immediately transmitted to these departments. If the migrant worker tests positive for any of the many infections diseases listed by the

government, including HIV, he or she is deported immediately (source: *The Forgotten Space, Post Arrival, CARAM Asia, 2002*).

■ **c. Reintegration:**

There is no police/legislation to require having medical testing with migrants returnee from abroad in Cambodia but in term of trafficked victim from overseas will be conducted in order to make sure their healthy is properly condition before integration to society and the family, IOM in Cambodia (*Presentation in CARAM meeting, Dr. Dy Mey.P, 1998*). However, migrant workers are going to intend to re-apply for working again at overseas will be required medical testing even they have completely the contract.

Many returnees who have tested HIV positive face rejection, blame and stigmatization from family and even state agencies. On return, there is a lack of care and support, and access to treatment. The absence of post-test counselling exacerbates existing trauma. Migrant returnees are from poor families and poor countries, where treatment is often unaffordable. This further disables and disempowers them (source: *The Forgotten Spaces, Abridged Version, CARAM Asia, 2004*).

IV. CONCLUSIONS AND RECOMMENDATIONS

Migrant feeling:

Having the law on the prevention and control of HIV/AIDS, it is still limitation known from the public mostly migrants felt good of being conducted medical check up and blood testing, required by recruiting agencies before going to work even it is contrary to the law and furthermore, it is also a requirement by the destination countries to accept foreign workers to work in their countries. However, migrants perspective felt that it is very important and useful for them being conducted medical check up and blood testing because they could know their health status without paying of service even they fail the result. They would be happy if their result shown negative, allowed working abroad as their expectation but if positive result, there is not option for them to be repatriated to their communities without getting any counseling from the counselor; they would depress with their result and living in the condition of being discriminated by the communities or neighbors because their intention is to work abroad to get money for supporting family.

Recommendation:

- There is no policy or legislation to require having male doctor has to meet client male and female doctor with female client in order to ensure code of conduct of doctor. This matter should be applied with Cambodian migrant workers who applied to work abroad because they have to be conducted medical check up and blood testing at government of hospitals and especially department of occupational and health, but less female doctor or medical personnel than male staff to perform this duty. Mostly, migrants were referred by the recruiting agencies to do blood testing. Furthermore, the majority of sending migrants abroad is female migrant, worked in the field of domestic worker, plantation, restaurant and industrial, so migrants would be shy to share with the doctor or medical personnel during medical check up or blood testing because of culture and traditional norm.

- Moreover, the recruiting agencies should be hired professional doctor or medical personnel to do blood testing with Cambodian migrant workers who are applying to work abroad in order to ensure medical check up or blood testing provided pre -post testing counseling and confidentiality accordingly followed standardization norm which has been mentioned in the law and set by ministry of Health. Furthermore, the result of HIV testing should be disclosed to migrants by being provided pre and post test counseling from the professional counselor in the condition of face to face to make sure migrant can deal with the result and avoiding depression.
- Additionally, the recruiting agencies should have referral system for migrants with HIV positive result to appropriate health care services in Cambodia in order to ensure the impact of result without discrimination from friends, neighbors, family and social. Moreover, the government especially Ministry of Health and Ministry of Labor and Vocational Training should closely monitor and follow up this matter by taking action with licensed recruiting agencies who is failing to protect and support migrant rights as the law on the prevention and control HIV/AIDS mentioned.
- Practically, the doctor or medical personnel working at health centers and private clinics for HIV blood testing with migrants should be provided training as counselor on HIV/AIDS testing and the law on the prevention and control of HIV/AIDS in order to ensure migrants friendly testing.
- Likewise, the law on the prevention and control HIV/AIDS should be further promoted to the public, doctor, medical personnel, counselor and other relevant in order to sensitize them for respecting their role, responsibility and code of conduct and serving for population health.
- Ministry of Labor and Vocational Training (MoLVT), Department of Occupational and Health should have counselor section on HIV/AIDS testing with migrants who are going to work abroad specifically to perform this task and the law on prevention and control HIV/AIDS has been enforced in order to protect the human rights, so all Cambodian migrants who are going abroad through legal channel have to be provided pre, post testing counseling and confidentiality of HIV/AIDS testing.
- Ministry of Labor and Vocational Training (MoLVT) should restrict the recruiting agencies for extra hiring doctor or medical personnel to take blood of Cambodian migrant worker who is in applying process to work abroad before being conducted medical check up and blood testing by department of occupational and health because migrants could face the high risk by living in serious conditions without getting any support from family, friends, neighbors and social, so their rights should be ensured and protected.

V. REFERENCES

- Raksmeiy Kampuchea Daily News, Year 15th, Issued N° 4272, Tuesday, May, 01st, 2007
- Policy, Strategy and Guidelines for HIV/AIDS Counseling and Testing in Cambodia 2nd Edition, September 2004, NCHADS
- Sub-degree 57 on Sending Khmer Workers to Work Abroad, 20 July 1995
- Cambodia Law on the Prevention and Control HIV/AIDS
- Guideline for Establishment Voluntary Confidential Counseling and HIV Testing (VCCT) Center, NCHADS 2004
- Voluntary Confidential Counseling and Testing in Cambodia: An Overview by Gillian Fletcher, Policy and CARE, September 2003
- The Forgotten Spaces, Post Arrival, CARAM Asia, 2002
- The Forgotten Spaces, Abridged Version, CARAM Asia, 2004