Chapter 9

PROGRAMMATIC RESPONSE

A. Government Programs

The government of Cambodia does not have explicit objectives and goals in relation to adolescent reproductive health. It did not participate in the International Conference on Population and Development held in Cairo in 1994. However, the lack of policy was not attributable to this. Cambodia was engulfed in a highly destructive civil war for over three decades and it was only in the latter part of the last decade that peace and relative political stability returned. Another problem was the limited resources where budgetary allocation to public health was less than US$3 per capita. Much of the funding support for the public health sector came from NGOs and other bilateral and multilateral donors that supported the NGOs.

B. NGO Programs and Strategies

Three international NGOs were active in the field of adolescent reproductive health: CARE, Save the Children Fund (SCF) UK and Health Unlimited. Other international NGOs became involved as well. The EC/UNFPA Initiative for Reproductive Health in Asia provided funding of about 4.5 million dollars for eight different programs. The international NGOs also worked to provide capacity building for a variety of local NGOs as discussed below. Other local NGOs involved in the field of reproductive health included: United Neutral Khmer Students (UNKS), Association of Farmers Development (AFD), Battambang Women's AIDS Project (BWAP), Human Rights Protection & Rural Development Association (HURIPRUDA), Cambodian Children against Starvation and Violence (CCSV), Minority Organization Development Economy (MODE), Cambodian Development Relief Centre for the Poor (CDRCP), Khmer Human Rights Resource Development Association (KHRRDA) and Kasekor Thmey (KT). These NGOs received financial support from a variety of sources. Local NGOs were not financially self-supporting and needed external funds for support. The local NGOs were found in a variety of locations, including in rural districts of Takeo, Battambang, Prey Veng, Kampong Thom, Kampot, Kampong Chhnang and Kampong Cham (Table 26). It can be noted that there was no full coverage of all districts. The reasons for this included limited financial resources, poor infrastructure, and poor security due to the Khmer Rouge and high levels of banditry.
Table 26. International NGOs and their Partners in Cambodia

<table>
<thead>
<tr>
<th>International NGOs</th>
<th>Local NGO Partners</th>
<th>Coverage of Work</th>
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</table>
| CARE               | ▪ Reproductive Health Association of Cambodia (RHAC)  
▪ Cambodia Health Education Development (CHED) | ▪ Phnom Penh  
▪ Battambang  
▪ Sihanoukville (RHAC only)  
▪ Kampong Cham (RHAC only) |
| SCF-UK             | ▪ Women Organization for Modern Economy and Nursing  
▪ Solidarity of Urban Poor Federation  
▪ Kratie Women’s Welfare Association | ▪ Phnom Penh  
▪ Kratie |
| Health Unlimited   | ▪ CHED              | All areas reached by radio transmission from: ▪ Phnom Penh  
▪ Battambang |
| Pharmaciens Sans Frontieres | ▪ Friends/Mith Samlanh  
▪ Operations Enfants Battambang | ▪ Phnom Penh  
▪ Battambang |
| HIV/AIDS Alliance  | ▪ Khmer HIV/AIDS NGO Alliance (KHANA) | ▪ National |
| International Planned Parenthood Federation (IPPF) | ▪ RHAC                   | ▪ Phnom Penh  
▪ Battambang  
▪ Sihanoukville  
▪ Kampong Cham |
| Memisa Medicus Mundi | ▪ Cambodian Health Committee (CHC) | ▪ Kampot (one district) |


1. CARE

Project Title: CARE Project for Factory Workers

The CARE Project aimed to provide reproductive health information among young factory workers aged 15-29 years in Phnom Penh and Battambang. The goal was to improve knowledge on reproductive health among adolescents, young adults, reproductive health providers and educators. The project began in 1998 and after preliminary research; reproductive health providers and educators were trained. It obtained factory management support for upgrading on-site clinics. Reproductive health sessions were organized at the work place and surrounding areas in collaboration with local NGO partners. IEC materials developed in collaboration with the workers and strategies for participatory approaches in health care were designed. CARE was a major contributor to the baseline data concerning reproductive health issues since 1993. It also undertook the pioneering study of risk-related sexual behavior in Cambodia in 1994.

Project Title: Adolescent Reproductive Health (ARH)

Adolescent Reproductive Health was a three-year European Community/United Nations Population Fund supported project to improve the reproductive health conditions on a sustainable basis among working single adolescents and young adults in Phnom Penh and Battambang. CARE aimed to improve the knowledge and awareness of reproductive health among at least 10,000 out-of-school, working single adolescents and young adults, particularly females, as well as assist training in at least 50 reproductive health providers and educators. In addition, this project aimed to contribute the increasing availability and utilization of reproductive health services among single adolescents and young adults working or living near the project's sites. ARH also worked toward building national
capacity to generate greater community participation in reproductive health programs and to design, develop and manage similar projects in the future.

2. Media Education Project, Health Unlimited

Health Unlimited ran this project to improve adolescent and reproductive health through national radio in Cambodia, which was problematic in remote areas. Training modules in radio production and health education had been completed and recording studios in Phnom Penh and Battambang were constructed and equipped. Two radio magazine programs began broadcasting in March 1999, “Especially for You, Young People” and “Life Skills for Youth.” The former was very popular and was aired live on FM 94 twice a week. Young people made calls from Phnom Penh and other provinces with others writing letters. As such, there was a socio-economic bias in favor of some listeners since the poor did not have access to mobile phones (which were essential in the provinces) and poor young women were less likely to be literate than their male counterparts. In reaching the rural poor, the project launched a drama series “Lotus in Muddy Lake,” which was about the story of five young rural people who faced a lot of challenges in their young lives, including issues on reproductive health. Activities associated with the project also included the formation of focus groups among young people, quiz shows at high schools and collaboration with other NGOs.

3. Reproductive Health Project for Marginalized Youth, SCF-UK

The Save the Children Fund UK (SFC-UK) and its local partners were actively involved in the project in Phnom Penh and Kratie Province. SFC-UK, like CARE was one of the first NGOs to recognize the importance of reproductive health issues in Cambodia. The SFC-UK Project supported centers to provide reproductive health counseling and information to the out-of-school youth in the target areas. In 1999, the Project field tested IEC materials by holding several meetings at the community level. A booklet was produced and peer educators received further training in life skills approach to reproductive health decision-making. Each month, IEC sessions were held at the local partner office in Phnom Penh, attended by 15-20 young people. Training on Basic Project Management and other issues was held for the local partners. Since July 1999, the reproductive health team supported a local agency to implement the work in Kratie.

4. Umbrella Project (UP), SFC-UK

Under the auspices of this national program, SFC-UK assisted the UNFPA Field Office in maximizing collaboration and synergy between component projects. In 1999, monitoring visits to projects in and outside Phnom Penh took place. The UP advisor participated in several project activities and organized larger events such as the “Youth are the Future of Cambodia” on World Population Day. Quarterly meetings in Khmer and English were organized, fostering contacts and exchanges among partners of reproductive health issues on matters such as common indicators, exchange of IE material and setting up a mutual referral system. The UP liaised with other reproductive health partners and programs in the country and coordinated related activities with other organizations. Workshops on monitoring and evaluating as well as meetings on IEC materials were organized with the National Reproductive Health Programme and UNICEF, among others. Throughout the year, the UP served as a focal point for the Regional Dimension Projects and advocated the reproductive health issues at the national level. In November 1999, the UP helped organize two workshops for the Reproductive Health Issues Regional Dimension.

5. Reproductive Health Services, IPPF

The International Planned Parenthood Federation (IPPF) and its local partners managed a project aimed at delivering comprehensive, cost effective and quality reproductive health services to adolescents and encouraging the use of these services. In 1999, model reproductive health services that specifically tailored the needs of young people were developed in two centers. Youth volunteers were trained to provide outreach, peer education and referrals to reproductive health clinics. In October 1999, training was extended to teacher counselors. Two youth centers that also served as libraries were set up, offering adolescents a place to meet and discuss reproductive health related matters and received counseling. By distributing referral slips to other partners of reproductive health issues in Cambodia, linkages between related projects were strengthened. A successful quiz show at
the secondary school level was replicated at several other schools. An increase in the use of reproductive health services by young clients was noted.\textsuperscript{205}

6. Reproductive Health for Vulnerable Children and Youth

By providing training within the population, the project aimed to facilitate the harmonious social integration of vulnerable young individuals. A youth center was established in February 1999 in one of the squatter areas of Phnom Penh where social workers provided life skills education including reproductive health, as well as basic care and referrals. Visiting street children received counseling on reproductive health and related problems. Vocational training was available for youths and reproductive health was part of the curriculum. Outreach teams based in the provinces also rendered reproductive health education to young people in target areas. In addition, young people trained as peer educators carried out the reproductive health awareness outreach programs and had successfully developed IEC materials. Training of trainers, also in Battambang, was undertaken to extend the outreach program.\textsuperscript{206}

7. Reproductive Health Project for Young People in Rural Areas

Memisa Medicus Mundi and its local partners are implementing this project, which aims to increase the reproductive health knowledge of the target population and the use, accessibility and availability of reproductive health services. The project is now working in over 60 villages and four health centers. Youth representatives of opposite sexes were elected in each village. Education sessions in all villages are held each month with videos and games to attract the young audience. Young people are also involved in the production of IEC material. An effective local network with the authorities, including village leaders, guarantees the local support for the reproductive health activities. Village youth groups have been set up with peer leaders trained to carry out KAP surveys and to act as peer educators. Apparently, the demand for village sessions is much higher than it was first expected.\textsuperscript{207}

8. Capacity Building of NGOs, KHANA

In cooperation with 11 local NGOs, KHANA (Khmer HIV/AIDS NGO Alliance) contributed to reduce the vulnerability of young people aged 12-25 to STIs, including HIV/AIDS. The strategy was to strengthen the NGO sector’s capacity to develop sustainable, effective and appropriate responses to STIs and HIV/AIDS. In 1999, the capacity of these 11 NGOs had progressively built through both collective technical support and one-on-one intensive support. At least ten thematic workshops were implemented in 1999. Topics included: Participatory Monitoring and Review, Project Design, Care and Support and Working with Young Sex Workers. An HIV Question and Answer pack was developed, based on community discussions. At least three monitoring and supervision field visits were undertaken in 1999 by KHANA staff to each supported NGO. All NGOs reported to KHANA’s office on a quarterly basis and three NGO exchange visits took place.\textsuperscript{208}

9. RHAC Projects

The focus was on the Reproductive Health Association of Cambodia. First, it was headed by a woman; second, it adopted a very participatory approach to its organizational culture; and third, it sought to build local capacity. As a result of this, RHAC was one of the strongest and most vibrant NGOs operating in Cambodia’s very weak and poorly resourced health sector. Its family planning services equal between 25 and 35 percent of those provided by the public sector in all of Cambodia’s 22 provinces. It was its role in facilitating peer group education for young Cambodians that RHAC established a very good reputation. In the past, it was impossible to talk about RHI activities, such as “breaking the silence,” but now more than 250 peer group educators both in-school and out-of-school were trained in Sihanoukville, Phnom Penh and Battambang.

It is noted that most of the above programs were in line with recommendations made as a result of the in-depth study of young people’s sexual culture(s) in Cambodia. In the study, it was recommended that attempts should be made to avoid making generalizations about young people’s sexualities. The target of both adolescents in-school and out-of-school was recommended. This was implemented by several of the projects. Focus group discussions and other participatory tools and techniques were recommended. Most of the NGOs were well aware of such methods and were
actively utilizing. The other focus was the alternative sexualities such as “local” gay and lesbian sexualities.  

10. Marie Stopes International (MSI) Global Partnership on STI/HIV/AIDS Initiative

MSI focused on prevention in response to HIV/AIDS through national and international coordination. Although responses from each partner differed according to local need, a range of activities were undertaken to contribute to HIV/AIDS prevention at the grassroots level. This included:

- Information, education and communication activities (e.g. production of leaflets, posters, dramas and videos aimed specifically at youth, men, vulnerable and marginalized groups)
- Condom distribution
- Contraceptive social marketing
- Voluntary confidential counseling and testing (VCCT)
- STI/RTI prevention, treatment and counseling regarding AIDS
- Referral of clients to AIDS organizations for support, help and testing

The Cambodia Women’s Clinics (CWC), the MSI Partner in the country, undertook a range of HIV/AIDS prevention activities in Phnom Penh, including condom promotion and distribution, education and empowerment activities with sex workers, brothel owners and high-risk men. Moreover, CWC carried out voluntary confidential counseling and testing, and early treatment of opportunistic infections in the brothel areas. STI treatment and prevention was provided at all centers across Phnom Penh. In addition, peer and outreach education target garment factory workers and high-risk adolescents.

The MSI Cambodia also provided comprehensive sexual and reproductive health services to Cambodian women. The first center in Cambodia was established in the Psar Thmei district of Phnom Penh and the second opened in Chbar Ompouv in November 2000. These centers provided a variety of sexual and reproductive health services, including ante- and post-natal care, and screening for sexually transmitted infections (STIs) for both men and women. Also, mobile outreach projects were developed for the urban poor to render services that include the provision of intrauterine devices, smears and STI screening.

The services provided were a range of center-based and outreach sexual and reproductive health services including: family planning and contraceptive services, contraceptive social marketing, ante- and post-natal care, youth services, prevention and diagnosis of STIs, STI/HIV/AIDS awareness-raising initiatives, and voluntary confidential counseling and testing for HIV/AIDS clients. At the national level, many partners also linked with HIV/AIDS organizations and liaised with the government.

11. The Global Fund

Project Title: Partnership for going to scale with proven interventions for HIV/AIDS

Principal Recipient: Ministry of Health
Starting Date: 1 September 2003

The program aimed to reduce the burden of HIV/AIDS and addressed the mitigation of the impact of AIDS in the specific population groups especially inadequately covered segments of society such as military, police, youth garment factory workers; direct and indirect sex workers and their clients; people living with HIV/AIDS, especially pregnant women; vulnerable women and their children. The program started in 2003, with Ministry of Health as the principal recipient. The Principal Recipient was responsible for supervising and monitoring the HIV/AIDS implementation activities of 11 sub-recipients including:

- Ministry of Defense
- Ministry of Social Affairs, Labour, Vocational Training and Youth Rehabilitation
- Cambodian Red Cross
- National Centre for HIV/AIDS, Dermatology and Sexually Transmitted Diseases
The objective of the program was to slow down the spread of HIV infection among vulnerable populations; to extend the reach and improve the quality of STI services; to provide care for and treatment to people with HIV/AIDS; to reduce vulnerability of selected populations at higher risk; and to make condoms readily available. The main activities ranged through extending peer education programs to the military and the police and to newly identified populations at risk, including garment factory workers and youth; extending model STI case management in five provinces not yet fully covered by the national STI program; expanding care and treatment programs for people living with HIV/AIDS, including limited ARV therapy; extending impact mitigation programs in areas of heavy HIV prevalence; and extending the social marketing of condoms.

12. UNICEF

The UNICEF program in Cambodia addressed the threats to the fulfillment of children’s and women’s rights. The major priorities of the country program were:

- Reducing the spread of HIV/AIDS and the socio-economic impact of the epidemic on children, youth and families through preventive interventions as well as services and initiatives for people living with HIV/AIDS;
- Promoting improved child survival, development, protection and participation through a targeted advocacy and social mobilization approach

Regular health and nutrition interventions supported by UNICEF included women-friendly reproductive health services, promotion of breastfeeding and appropriate young child feeding practices, addressing micronutrient deficiencies, and the expanded program on immunization. At the national level, the UNICEF contributed to the formulation of policies and guidelines aimed at improving the overall delivery of health and nutrition services, including the five-year Health Sector Strategic Plan (2003-2007) and Cambodian Nutrition Investment Plan (2003-2007).

In child protection, UNICEF worked with the government and other partners to review, formulate, and enforce laws and other regulatory frameworks in accordance with the Convention on the Rights of the Child. In strategic partnership with several NGOs, UNICEF worked to protect, rescue and rehabilitate children against severe cases of abuse, exploitation and violence, particularly in urban and border areas.

The HIV/AIDS prevalence rate in Cambodia decreased, but there was increase in the proportion of husband-to-wife transmission and mother-to-child transmission. To combat to this trend, UNICEF focused on Voluntary Counseling and Testing (VCT) and Prevention of Mother-to-Child Transmission (PMTCT), with a particular focus on youth, adolescents and women. With the estimated 30,000 AIDS orphans below 15 years of age in Cambodia, the UNICEF program also aimed at supporting children affected by HIV/AIDS.

13. POLICY Cambodia

The goal of POLICY Project assistance in Cambodia was to build and strengthen the ability of organizations and institutions and to design, implement, and evaluate comprehensive HIV/AIDS prevention, care, and support programs and policies. The project worked with key government and civil society partners, including the National AIDS Authority (NAA) and faith-based organizations.
POLICY sought to improve multisectoral capacity and involvement in the country's national HIV/AIDS strategic plan, developed under the auspices of the NAA. In support of this objective, the project aimed to strengthen the functioning of the NAA by:

- Supporting the HIV/AIDS efforts of the Ministry of National Defense (MOND), the Ministry of Women’s and Veterans’ Affairs (MOWVA), and the Ministry of Cult and Religion (MOCR); and
- Expanding the meaningful role and contribution of people living with HIV/AIDS (PLWHAs)

The POLICY Project also focused on improving the HIV/AIDS response of the faith-based sector. Groups in this sector acted as powerful catalysts for addressing issues related to stigma and discrimination. POLICY supported initiatives that promote community acceptance of HIV, reduce stigma, and encourage PLHAs to practice preventive behaviors and seek relevant care and support.

Recent Successes:

- POLICY/Cambodia conducted two training workshops from March 1-9, 2005, on proposal-writing techniques for 20 members of the Positive Women of Hope Club.
- A POLICY junior program officer helped submit eight applications to the TIDE Foundation, promoting better access to treatment for PLWHAs and two were funded for US$10,000 each.

14. USAID Cambodia

USAID health programs supported Cambodia’s efforts to increase access to health services and to mitigate and prevent the effects of HIV/AIDS. USAID programs contributed significantly in the reduction of infant, child and maternal mortality as well as in HIV/AIDS prevalence, particularly among key target groups. A new integrated health/HIV/AIDS program built innovative outreach and development approaches for the prevention and management of HIV/AIDS, and for improvement of child survival and maternal health programs. Cambodia was a USG “rapid-scale-up” country for HIV/AIDS assistance, further expanding the funding available to address HIV/AIDS issues.

a) Counter Trafficking in Person

USAID supported The Asia Foundation (TAF) in human rights, democratization, and decentralization programs for over 10 years. In 2004, TAF became USAID’s primary partner in implementing anti-trafficking programs including those developed under President Bush’s Trafficking in Persons (TIP) Initiative. Serving as an umbrella organization, TAF provided sub-grants and technical assistance to 17 local NGOs and managed additional projects in the areas of trafficking prevention, protection, and prosecution.

USAID provided approximately $5 million since 2003 to support counter-trafficking programs focused on prevention, protection, and prosecution. Trafficking of women and children for the purpose of commercial sexual exploitation and bonded labor was a serious problem in Cambodia, a country that serves as a destination, transit, and source country for trafficked victims.

Partners:
- **International Organization for Migration (IOM):**

  IOM, in partnership with the Ministry of Women’s and Veterans’ Affairs (MoWVA), launched an information campaign in 18 provinces to raise awareness about migration and trafficking in women and children. The project was comprised of a multi-media information campaign, village-based activities, and development of counter-trafficking database. IOM also worked with the Ministry of Social Affairs, Labour, Vocational Training and Youth Rehabilitation (MoSALVY) to provide psychosocial rehabilitation and material support to 14 local NGOs servicing vulnerable and trafficked children.
International Justice Mission (IJM):
IJM assisted the local Anti-Trafficking Police, the Juvenile Protection Unit of the Ministry of Interior, by providing training on how to conduct an investigation. IJM also worked closely with court personnel during the investigation and prosecution of individual cases of sex trafficking and commercial sexual exploitation. In addition, IJM rescued victims and referred them to other NGO-managed shelters.

Results to Date:
• Public response to IOM’s information campaign was positive, averaging 3,000 attendees per performance. An estimated 150,000 people from 13 provinces were directly exposed to the campaign during the first and second year of implementation.
• In 2004, IJM trained 161 police officers of the Anti-Trafficking Juvenile Protection Department, assisted in rescuing 94 victims, and advised in court cases resulting in 29 convictions. CDP trained 50 police staff of the Anti-Trafficking, Juvenile Protection Department.
• The USAID supported trafficking program and assisted 1,378 at-risk women and trafficked victims, provided reintegration support to 1,288 people, reintegrated 118 persons back into the community, provided scholarships to 134 at-risk women and victims, helped 120 at-risk women and trafficked victims to obtain employment, and established 24 community networks in the provinces.
• Over 500 teachers were trained to educate their students and the public about the consequences of sex trafficking and child sexual exploitation.
• Ten youth clubs were formed to educate children about the negative consequences of trafficking and child sexual exploitation.
• Over 5,700 community members and migrant workers participated in courses and public forums on trafficking, child protection and safe migration.
• Twenty-three cases of human trafficking were referred to court proceedings by NGO partners, resulting in 7 convictions.
• Legal representation was provided to at-risk victims in 68 cases of domestic violence and rape.
• Scholarships were provided to 80 at-risk girls in secondary schools and a Career Resource Centre was established which has served 34 female victims.

b) HIV/AIDS
USAID Cambodia made significant contributions towards improving health care. Working with the Ministry of Health (MoH), as well as a network of non-governmental organizations (NGOs) and other donors, USAID Cambodia invested in the health sector and remained dedicated to its goal of strengthening health systems and improving the health status of the people. One of its goals was to reduce transmission and impact of HIV/AIDS.

Despite a significant decline in HIV/AIDS prevalence rates, Cambodia proportionately faced the most serious HIV/AIDS problem in Asia. About 130,000 Cambodians were HIV/AIDS positive and more than 60,000 of them were women. Some 16,000-20,000 Cambodians die from complications related to HIV/AIDS each year. The number of HIV/AIDS orphans in Cambodia was estimated at more than 50,000. The decline in Cambodia’s HIV/AIDS prevalence rate was a major achievement and was partly attributable to targeted interventions by USAID and other donors. For example, HIV peer education and prevention programs to the Cambodian military provided 100 percent coverage, with 85 percent of this coverage directly supported by USAID. A similar HIV peer education and prevention program funded by USAID reached over 50 percent of the country’s police officers.

USAID also supported HIV/AIDS prevention programs and sexually transmitted infections (STIs) treatment among prostitutes in 14 out of Cambodia’s 24 provinces. Data from the Behavioral Surveillance Survey (BSS) for 2004 indicated that the very high rates of condom use among the military, police, and prostitutes were being maintained. Cambodia was one of few countries in the region having a law on HIV/AIDS, which protected the rights of people living with HIV/AIDS. The law also aimed to reduce stigma and discrimination. With USAID support to the National AIDS Authority, progress was made towards making this law operational. USAID also
supported the “Cambodia Positive People Network”. The Network was focused on people with HIV/AIDS as well as the communities in which they live. For example, Buddhist monks, already leaders in many Cambodian communities, were assisted in their efforts to provide compassion to people living with HIV/AIDS and reduce stigma and discrimination.

Program Title: **HIV/AIDS and Family Health**

Pillar: Global Health  
Status: Continuing  
Year of Initial Obligation: 2002  
Estimated Year of Final Obligation: 2006

USAID’s integrated HIV/AIDS and Family Health program in Cambodia supported primary health care information and service delivery as well as expanded community outreach/coverage and strengthened health system performance. USAID’s assistance ensured that access to information and essential services continued to reach the most vulnerable populations. Essential services included comprehensive HIV/AIDS prevention and care, reproductive health and family planning, maternal and child health, and prevention and treatment of sexually transmitted infections and selected infectious diseases.

**FY 2005 Program:**  
Reduce Transmission and Impact of HIV/AIDS ($14,300,000 CSH)

USAID continued its comprehensive HIV/AIDS prevention and care program with emphasis on services for people with AIDS. To ensure sustainability, faith-based organizations and village leaders engaged to help build local capacity. Training in prevention measures were conducted with the Ministry of National Defense to reach 100 percent of military personnel. In geographic areas with high rates of HIV/AIDS, USAID aimed to improve capacity and increase the number of HIV testing/counseling sites. Home care, hospice care, and institutional training were aimed to strengthen and implement a scale up to reach more people in need. Interventions for orphans and vulnerable children provided social and health services to over 20,000 children. Prevention of mother-to-child transmission of HIV and efforts to strengthen the capacity of the network of HIV positive people, including addressing human rights issues continued.

Moreover, USAID pursued its multi-pronged strategy using targeted media campaigns for prevention and advocacy; providing training to improve clinical care; educating vulnerable populations; and continuing the “abstinence, be faithful, and condoms” approach to HIV prevention. To monitor program results, USAID aimed to improve the quality of Cambodia’s premier behavioral and HIV prevalence surveillance system. Improving the systems and building the capacity of both the public and private sectors to deliver health care were also aimed. USAID was working closely with the U.S. Centres for Disease Control and Prevention to ensure the U.S. Government’s overall HIV/AIDS were well coordinated. A Memorandum of Understanding was signed with JICA to jointly work on issues related to HIV infection. USAID’s work with the Global Fund positioned Cambodia to receive funds. The principal grantees were Family Health International, Khmer HIV/AIDS and NGO Alliance, CARE, Population Services International (PSI), the POLICY Project, and local partners.

Reduce Unintended Pregnancy and Improve Healthy Reproductive Behavior ($3,500,000 CSH)

This program will focus on providing technical assistance to providers, increasing client use of services, and promoting behavioral change at community and household levels. The USAID-promoted training for midwives, “Life Saving Skills” program that has now been accepted as part of the Ministry of Health’s (MoH) midwifery curriculum. Emergency obstetrical services with an emphasis on strengthening referrals from health posts remain a priority. USAID-funded social marketing will expand its product mix to include oral rehydration salts and broaden its reach to more rural areas. The principal grantees are Family Health International (FHI), Khmer HIV/AIDS and NGO Alliance, CARE, PSI, the POLICY Project, and local partners.
FY 2006 Program:
Reduce Transmission and Impact of HIV/AIDS ($14,700,000 CSH). As the AIDS epidemic matures, USAID anticipated expanding care and support services such as voluntary counseling and testing and home-based care and medical treatment to families and communities affected by HIV/AIDS. New areas to explore included HIV prevention among injecting drug users.

Reduce Unintended Pregnancy and Improve Healthy Reproductive Behaviour ($3,200,000 CSH). USAID planned to use additional resources to scale up evidence-based child and reproductive health interventions, expand training of health service providers, and improve service access to rural Cambodians.

Performance and Results:
USAID continued to produce noteworthy results under the health portfolio in Cambodia. HIV prevalence among sentinel populations continued to decline and the overall adult prevalence was estimated at 1.9 percent, a notable decrease from 2.8 percent in 2000. As a result of USAID-funded activities, increase in HIV infections, especially among females and perinatals, were averted. Due to a more strategic intervention approach for reaching youth, healthier lifestyles and behaviors continued to increase.

15. Youth Council of Cambodia (YCC)218
YCC has health program on HIV/AIDS. The HIV/AIDS group discussion was designed to raise awareness among young people, aged 15-24 years on how to prevent HIV/AIDS infection. The HIV/AIDS group discussion curriculum focused on expanding the awareness on prevention HIV/AIDS infection and Life skills. Through discussions, YCC Outreach Trainers helped participants identify HIV/ADS and STIs, prevent from HIV/AIDS infection, and recognize appropriate behavior to avoid sexual diseases.

There were approximately 12 participants in each group discussion who live or work in the six target communities of Phnom Penh, such as Sangkat Tuol Sangke, Sangkat Toek Thla, Sangkat Kakab, Sangkat Chom Chao, Sangkat Stoeng Mean Chay, and Sangkat Boeng Tumpun. Each year, YCC is reaching out to over 6,000 young people.

16. Cambodian Red Cross (CRC)219
The CRC worked on HIV/AIDS since 1995 and implemented prevention, care and support of PLHAs and anti-stigma and discrimination projects using Red Cross volunteers (RCV) and youth to mobilize vulnerable groups and communities. Peer and life skills education programs targeted uniformed service personnel, university and school teachers & students. CRC supported PLWHAs and affected families through advocacy, capacity building, support for self-help groups, community based support and community mobilization. CRC currently worked in Phnom Penh and 10 provinces.

The combination of peer support and life skills represented a unique approach to HIV/AIDS intervention. The project made significant gains and affected a substantial shift in attitudes and behaviors regarding HIV/AIDS. Surveillance suggested that the epidemic in Cambodia was going from the “high risk” groups with which it was most associated, (commercial sex workers and uniformed services personnel), to a generalized epidemic affecting a broader section of the Cambodian population, including married women and children. Cambodian Red Cross responded to this trend with a strategic plan to mainstream HIV/AIDS activities of the CRC. The Cambodian Red Cross mission was to work in partnership with positive people and other key stakeholders to eliminate stigma and discrimination, reduce vulnerability, and alleviate the impact of HIV/AIDS.

Objectives:
- To reduce HIV/AIDS related stigma and discrimination
- To prevent further HIV transmission among vulnerable group
- To mobilize RC networks to provide community based advocacy and support for PLWHA and their families
- To develop the capacity of CRC through human resource and program development

Networks:

- HIV/AIDS Coordination Committee (HACC)
- Australian Red Cross supported AIDS Program (ARCAIDS)
- Member of Asian Red Cross/Red Crescent AIDS Network (ART Network)
- Member of National AIDS Authority (NAA)

**Strategic Plan 2004-2010**

The Cambodian Red Cross (CRC) recognized that if its vision of Cambodia free of discrimination towards positive people and their families, with reduced vulnerability to HIV/AIDS and where all positive people have access to treatment, care and support is to become a reality, then community-level strategies aimed at fighting HIV/AIDS must be undertaken in partnership with positive people and their families and that such approaches combine elements of service delivery and advocacy. Within these approaches fighting stigma and discrimination, providing preventative education, and facilitating access to treatment, care and support will form the central components of the Program’s work. Partnerships with positive people and their families were based on equality, respect, consultation and consensus. In working towards the vision, the Cambodian Red Cross used its unique strengths, which included its vast network of Red Cross Youth and Red Cross Volunteers; its ability to reach hard-to-access populations, particularly cross-border and mobile communities; and the universal recognition of the Red Cross emblem as a sign of hope.

Furthermore, this Strategic Plan supported the Cambodian Red Cross' Strategy 2003 - 2010 and the Health Strategic Plan that also contributed to national and regional responses to the HIV epidemic. At the national level the CRC HIV Program worked in close collaboration and partnership with the National AIDS Authority, the National Centre for HIV/AIDS, Dermatology & STIs, the Ministry of Education, Youth and Sport, the Ministry of Health, and Ministry of Interior. Through these relationships, it ensured that all the work of the Program contributed toward a coordinated national response to HIV.

At a regional level, this plan was designed to be complementary to the Australian Red Cross' International Operations Department 2003-2005 Strategic Plan and also the Manila Action Plan, which identified ‘Health and Population Movement’ as key tasks and priority issues for the work of Asia Pacific Red Cross Regional Societies through to 2006. An important contribution the CRC made in the regional HIV fight was through its leading role in the Asian Red Cross Red Crescent AIDS Network (ART). ART members initiated cross-border projects to deal with the special vulnerability of population movement between countries and the safe lifestyles program conducted through youth peer education as best practice by UNAIDS.

At the international level, this Plan was designed to contribute to the aims of the International Federation of the Red Cross’ Global Programme 2002-2005 to combat HIV/AIDS. These aims were to:

- Acknowledge that HIV/AIDS and the risk for contracting HIV/AIDS exists everywhere
- Scale-up prevention and education to all sectors of the community, particularly those most vulnerable
- Ensure that those already infected receive adequate care and are able to fully engage in the life of their communities
- Advocate for ready access to testing and affordable drugs and address the issues of HIV/AIDS-related stigma and discrimination
Addressing HIV/AIDS Stigma and Discrimination

At community level, RCV were mobilized and trained to conduct regular home visit to PLHA and their families. The RCV provided counseling, basic food, facilitated self-help and self-support group, initiated family income generation, and referred to relevant health care and treatment organization. They also ran advocacy session for neighbor community, authority leaders, and religious monks to provide them with accurate information about HIV/AIDS and way to combat stigma and discrimination as well as to support HIV/AIDS infected/affected families in their community. The regular RCV activities in the community gradually encouraged community support to PLHA and promote their positive living.

- The success of anti-stigma and discrimination started from changing the behavior of an individual, family, community and institution. The change from discrimination to non-discrimination, compassion and support, changed form despair to hope. After knowing that an AIDS patient took bath at a pond, villagers were scared of using that pond's water for fear of the infection. This was a miserable case study where stigma and discrimination against PLHA and their families was a big issue in the village. Intervention from RCV was successful and made villagers changed their negative attitude to compassion and support toward PLHA.

- Coordination linked individual, family, community, and hospital: PLHA needed comprehensive care and support from psychological to social and medical treatment. RCV or any one organization cannot provide all the needs to PLHA. Collaboration and coordination enabled the maximum services for PLHA possible. RCV linked with government hospital and international/local non-government organizations and transferred PLHA to receive VCT and medical treatment including ARV.

- The Cambodian Red Cross worked in partnership with and supported the Cambodian People living with HIV/AIDS network CPN+ especially during special events such as Red Cross Red Crescent, Anti-stigma and discrimination campaign, Candle light day, and World AIDS day. During the event, the CRC leadership held TV live talk show with PLHAs and visits to AIDS patient at hospital. The involvement of leadership had great influence to the public to change their attitude toward PLWHA.

17. Mith Samlanh / Friends, Cambodia

It is a Cambodian Non-Governmental, non-political and non-denominational organization aimed to run twelve interlinked programs for street children with centers in Phnom Penh, Kampong Speu and Kampong Cham provinces and outreach activities in all provinces in Cambodia. The organization supported various NGOs and government organizations throughout Cambodia and around the world (Pakistan and Thailand) to start effective street children projects. There were currently 201 Cambodian staff at Friends, and seven expatriate staffs with the capacity as technical advisors.

The overall objectives of Friends were:

1. Meet the street children's immediate essential needs in accordance with the Convention on the Rights of the Child:
   - The right to life through provision of nutritional meals, shelter, a safe environment and medical care;
   - The right to development by providing education and reintegrating them into public school and by developing their curiosity;
   - The right to protect by fighting all forms of abuse against children including physical, sexual, family, and emotional abuse;
   - The right to participate by making children aware of their responsibilities and promoting action within the centre and in the community;
2. Reintegrate the children into their families, into society, into the public school system, into their culture.

3. Build the capacity of the staff for Cambodian nationals to be able to run the program independently.

The following were the programs:

a. Young Migrants Program

Objective:
To support and provide information to young migrants (especially girls) about safe migration in allowing them to find adequate placement and employment, thus reducing the risk of being trafficked into the sex trade.

A team worked in the provinces in collaboration with government teams to provide information and ensure safe migration to the cities. Information was provided to prospective migrants through outreach, peer education and information centers. In the city, a team working with the outreach team identified young migrants at risk at their point of arrival (taxi and bus stations). The team provided them with information on safety measures. Some migrants were supported to access a drop-in center where they received in-depth information and orientation. They were then supported and directed to finding employment, receiving further training, returning to their family, and many others.

b. Youth Reproductive Health

To provide information and education to street children on the streets in the centers and to the children's wider communities (including families), allowing them to make informed decisions immediately and in the future about their sexual life and to access Reproductive Health services.

An education/awareness program was integrated within all Mith Samlanh programs (streets, centers and communities based projects) that included topics of hygiene, body changes, love and sexual relations, conception, STIs, birth spacing, safe motherhood and HIV/AIDS. The project provided and facilitated access to Reproductive Health medical services. A youth center (Club Friends) provided activities, education and services to children in centers and from the streets and develops peer education. A “Condom Café” ran by street children provided awareness, education and health care to a general population.

c. HIV/AIDS Program

Their purpose is to raise awareness about HIV/AIDS among street children and their families, to care for infected children and family members and support the social integration of orphaned children.

An awareness education program was integrated within all Mith Samlanh programs, providing information and material that allow children to protect themselves from HIV, AIDS and STIs. A team of street children was trained as peer educators (Safety Agents) to provide information and condoms to children on the streets.

As a high number of children got infected with HIV, a special team provided medical and emotional support to these children. Children received ongoing medical supervision, including access to ARV when possible. Children who were too sick were supported in their last moments and received a decent cremation ceremony.

Another team identified children affected by HIV (parents were infected and sick) on the streets, in the squatter areas and in hospital setting. Children and families were supported to prevent them from being pushed onto the streets because of their illness. Children who were to be orphaned were referred to foster care families or organizations. A Memory Book was designed with the parents before their death for children to trace their family history.
Friends were given great emphasis to Peer Education within all its programs. All children received basic training. Among these children, those who were most interested were asked to participate in further trainings. The best and most dedicated ones were selected and given specific education training. The Peer Educators then gave education, using their material, to street children in the streets, squatter communities, Mith Samlanh / Friends centers and other NGO's centers. Friends was working with 55 in-center Peer Educators divided into topics such as HIV/AIDS, drugs, reproductive health, hygiene or nutrition.

Friends also worked in close collaboration with international bodies such as UNDP, WFP, UNCHR, UNICEF, UNESCO, UNFPA and with the government such as the Ministry of Social Action, Labour, Education, police and local authorities.

18. United Nations Population Fund (UNFPA)²²²

UNFPA's mandate was to assist developing countries in addressing reproductive health and population and development issues. UNFPA is guided by principles of reproductive rights, gender equality and individual choice, which were agreed by the international community at the International Conference on Population and Development (ICPD) in Cairo in 1994. The Fund works toward the objective of universal access to reproductive health, including family planning and sexual health, for all couples and individuals by the year 2015. Advocacy is also supported as a strategy to promote awareness of RH, gender and population issues and build political will to address them.

Thirty years of war resulted in a higher proportion of women to men in the population and a higher rate of female-headed households (26.8%). Despite this, women remained disadvantaged in literacy, education, employment and participation. These and other gender concerns such as domestic violence, trafficking, and adolescent issues were reflected in the mandate of the Ministry of Women's and Veterans' Affairs (MWVA). One of the skills needed by the MWVA in order to pursue gender issues is advocacy. UNFPA is in a position to assist MWVA and relevant Ministries to develop advocacy skills to create an enabling environment for change.

UNFPA was able to work with other donors and NGOs in the field of RH/BS, population, and gender issues, particularly in cost sharing and joint programming arrangements. The World Bank, Asian Development Bank, WHO, UNICEF, KfW, DFID, AusAid, EC, GTZ, French Co-operation, JICA, USAID and international NGOs have, with UNFPA, provided substantial financial and technical support. Through the EC/UNFPA RH/BS Youth Reproductive Health Programme, UNFPA has developed an effective working relationship with a large number of local and international NGOs in RH and STD/HIV/AIDS as well as linking the NGOs with the government.

The Second Country Programme (CPII), 2001-2005

a. Approval by the United Nations Executive Board

The Executive Board of the United Nations Development Programme and of UNFPA approved CPII in September 2000 on the recommendation of the UNFPA Executive Director following the consideration of the Project Review Committee (PRC) of UNFPA on 25 April 2000. The PRC approved CPII, being satisfied that it was consistent with the Common Country Assessment (CCA), Country Population Assessment and the United Nations Development Framework for Cambodia (2001-2005). The PRC was also satisfied with the strategic direction of the program and noting the implications of the large presence of other donors and the coordination mechanism. The PRC suggested CPII to focus on priority RH interventions such as the promotion of condom use in light of the high HIV/AIDS prevalence, family planning interventions and building national capacities to manage and implement programs. The strategic focus of the CP should be to increase access to integrated RH services in health centers, with particular emphasis on birth spacing, antenatal care and STIs within the framework of the Health Sector Reform process.

b. Consistency with the United Nations Development Assistance Framework for Cambodia

The United Nations Development Assistance Framework for Cambodia – 2001 to 2005 (UNDAF) was a strategic planning and collaborative programming process to help identify priorities for UN
action. UNDAF identified common challenges, common responses and common resource frameworks for the UN agencies in Cambodia. Choices made for the UNDAF were based on the challenges faced by the country, on the Royal Government of Cambodia’s priorities in meeting these challenges, and on the comparative advantages of the UN system in Cambodia. CPII was drafted following intensive consultations with the Royal Government and UN and donor partners through the Country Population Assessment (CPA) and the Common Country Assessment (CCA) process. The UNDAF Monitoring Working Group continued to monitor the program through annual and mid-term reviews.

c. Goal of Second Country Programme (CPII) 2001-2005

The goal of the Country Programme is to contribute to the improved well being of Cambodians on a nationwide basis through better reproductive health, increased gender equality and a sustained balance between population, resources and socio-economic development. CPII provides support to the Government and selected NGOs in three sub-programme areas: (a) Reproductive Health; (b) Population and Development Strategies; and (c) Advocacy. Gender concerns are mainstreamed into each of these areas. The Sub-Programme outputs were developed with Cambodian counterparts based on the CPA recommendations, strategic interventions linked to the country's needs, past lessons learned, and an assumption/risk analysis.

d. Reproductive Health Sub-Programme

The purpose of the RH sub-programme is to contribute to increased utilization by women, men and adolescents of:

(a) Quality RH services
(b) RH information and counseling services resulting in safer reproductive and sexual behavior,

The sub-programme work towards its purpose through the following strategies:

- Improving access and quality of RH to women, men and young people through integrated health care delivery implemented under the Health Sector Reform process;
- Improving effectiveness and increasing co-ordination of IEC/BCC interventions through the national Centre for Health Promotion
- Improving access to RH/SH services for young people through expanded NGO services.

These strategies were implemented through three component projects. The largest of these was Improving Birth Spacing and Safe Motherhood Services in Cambodia (CMB/01/P02), complemented by Systematic IEC/BCC Interventions in Support of RH in Cambodia (CMB/02/P08) and Adolescent Reproductive Health (CMB/02/P07). The amount requested for this Sub-Programme was US$20.25 million.

The main interventions of the RH Sub-Programme were:

- Support for the provision of birth spacing at all functioning health centers. Training modules were developed for training service providers together with WHO, JICA, GTZ and RACHA. It was hoped that the community, including men and adolescents will increase usage of the health centers as service provision improves.
- Contraceptive provision. UNFPA worked with other donors to ensure that the government will have reliable logistics forecasting, management and distribution. UNFPA, through the Ministry of Health, supported expanded Community Based Distribution (CBD) in six provinces through two NGOs and the MWVA.
- With ITM Antwerpen, UNFPA supported the 100 percent condom use strategy to reduce HIV/AIDS transmission in Banteay Meanchey and Koh Kong.
- Reinforcement of safe motherhood clinical management procedures through the appointment of safe motherhood advisers. UNFPA cooperated with UNICEF, WHO, GTZ and MoH in promoting safe motherhood.
• Given the dire shortage of midwives, UNFPA in collaboration with other UN agencies, bilateral donors and NGOs, continued to take the lead in assisting the Government to train existing nurses, midwives and other health care professionals at Regional Training Centres in order to improve the quality of midwifery services.

• As abortion contributed significantly to maternal morbidity and mortality, UNFPA supported the formulation of guidelines for safe abortion, prevention and management of abortion complications and post abortion counseling and services. Related training was also provided in at least two functioning referral level health facilities per province.

• There was still a large gap between knowledge and practice in the field of reproductive health, particularly among women on contraceptive methods and among men on their involvement in RH and BS and amongst adolescents in general. UNFPA helped to disseminate relevant IEC and BCC (information, education and communication) materials for women, adolescents and men. There was also concern about the planning and coordination of RH IEC activities. For this purpose and in collaboration with Japanese Organization for International Cooperation in Family Planning JOICFP, assistance was provided to strengthen capacity of the National Centre for Health Promotion (NCHP) of the MOH and selected NGOs. In the second half of CPII there was also a promotion of clinics and health facilities to increase attendance.

• UNFPA planned to actively strengthen the technical and organizational capacity of local NGOs active in such areas as ARH, HIV/AIDS, gender violence, advocacy and IEC.

• A selection of the activities piloted under the EC/UNFPA RHI, including clinical, information, media and peer education activities targeted adolescents and youth by the local NGOs.

C. Advocacy Strategies

1. Political Lobbying

Since the post-UNTAC government was formed in September 1993, there were attempts made by many organizations to lobby the government to adopt appropriate reproductive health strategies for adolescents. The first CARE study on risk-related sexual behavior in 1993 was probably the first of such attempt. At the same time, the Global Programme on AIDS funded by WHO also attempted to join the lobby. Similarly UNFPA, UNICEF, UNDP and a range of other NGOs were also involved in their own forms of political lobbying.

Despite other pressing concerns in Cambodia and considerable opposition to the agenda of reproductive health issues, the situation was not at all that bad. The male principal of Phnom Penh’s largest secondary school welcomed related activities and even made arrangements late in 1994 for one senior staff member and several students to be involved. It was his argument at that time, now increasingly being echoed by other senior educators, that reproductive health issues needed to be incorporated into the school curriculum. At the same time, public health officials were also recognizing the importance of the problem, though the argument with them was over one of participatory versus non-participatory approaches to the problem. These officials were unwilling to concede that non-technically trained persons could play a useful role in reproductive health-based activities.

For young Cambodians, the Prime Minister decided to adopt a high profile on reproductive health related matters. At the First National AIDS Conference, he freely acknowledged that AIDS might kill more young Cambodians than the Khmer Rouge did and he urged all parties involved to devise constructive solutions to this problem. This implied that the political climate was in the process of change, a fact reflected in the activities, where reproductive health programs were able to inspire and to undertake in a wide variety of different contexts, including at the village level, in factories and at schools. Nevertheless, Cambodia traveled quite far in matters of reproductive health issues for young people, as compared to the situation a decade ago. Political lobbying by a range of different organizations including international ones were of considerable importance towards this end.
2. **Mass Media Campaign**

At least one international NGO and its local partners was involved in a media education campaign to provide health information to young people through interactive mass media. While these activities were also associated with IEC, they were also very much part of the mass media campaign.

The Umbrella Project (UP) managed by SCF-UK served as a focal point for advocating reproductive health issues nationally. It also helped organize large events such as the Youth are the Future of Cambodia, which were participated in by large numbers of young Cambodians. Some organizations such as World Vision tried to mobilize young people around the virtue of monogamy and abstinence from all forms of sexual activity before marriage. This was not a particularly successful form of advocacy, because while it might have been consistent with what World Vision thought to be dominant Cambodian cultural values (and also its own set of Christian values), it did not address the important issues. It appeared that World Vision left this field altogether.

Mass media campaigns sometimes ran into trouble. When Health Unlimited attempted to erect billboards around Phnom Penh focusing on reproductive health issues, the city authorities at that time opposed. It was argued that such billboards were inappropriate. Fortunately the situation has changed in the past two years.

The major mass media campaign and attempts at mobilizing young people occurred during World AIDS Day in December. The government joined forces with both international and local organizations to get young people to participate in activities related to this day. However, it can be noted that most of the activities were focused on Phnom Penh but not the provincial capitals, let alone district or commune centers. Hence, if advocacy issues were seen in the context of mobilization strategies, this point must be taken into consideration.

3. **Advocacy Seminars and Conferences**

The catalyst for advocating reproductive health through seminars and conferences was the First National AIDS Conference. Before 1999, it was very difficult to bring RHI out into the open but the Conference changed this to a large extent. Since then, organizations such as UNFPA conducted seminars on RHI, particularly through its Umbrella Project. In November 1999, the UP helped to organize two workshops for the RHI Regional Dimension. These workshops were associated with producing, monitoring, and evaluating indicators and guidelines, establishing a monitoring and evaluation database and strengthening the monitoring and evaluation capacity of NGOs. Such activities were important for quantifying the reasons for past and future advocacy work. In 1999, KHANA facilitated 21 workshops involving 478 NGO participants, 69 government participants and 25 other individuals. While the workshops were primarily technical in nature, they also served to advocate strategies that other stakeholders, including of course the government itself, should adopt in the field of RHI.

4. **Advocacy through Curriculum Change**

Changes were needed to the education curriculum in Cambodia. The MoEYS considered how to incorporate RHI in the curriculum. The RHI curriculum improved when the MOH and the MOEYS agreed to work with one another and other NGO groups.

5. **Coalition Building**

The MOH recognized that it lacked either the human or financial resources to oversee the implementation of a national reproductive health program for young people. Thus, they turned to NGOs and other organizations to take much of the responsibility for the implementation of reproductive health based programs. Among the NGOs, there was a loose although rather effective network where there was cooperation on a number of important issues that cannot be handled by a single organization. The most formal of these was the organization undertaken by KHANA of its 18 partner local NGOs. It not only provided technical training but also ensured accountability and transparency of these local NGOs.
It was likewise involved in advocacy with EC/UNFPA partners for better access to STD services for the rural youth. Given the high incidence of STIs among the rural youth in Cambodia, this was an important form of advocacy. In another instance, CHEMS provided training in radio program production for a number of both local and international NGOs. It also participated in school level quiz shows organized by RHAC. The latter also had links with Mith Samlanh and the United Neutral Khmer Students, particularly in relation to the training of peer educators, in which RHAC specializes. In fact, the EC/UNFPA was contributing to coalition building both inside Cambodia and between Cambodia and some of its neighboring countries through the UP. In particular, it developed the Information and Communication Network, linking over 60 local partners, 21 European partners, six UNFPA Field Officers, seven UPs, UNFPA in Brussels and in New York and the three Regional Dimensions Projects, of which Cambodia was also included.

6. Information, Education and Communication (IEC Strategies)

a. School Quiz Shows
   The MoEYS permitted some NGOs to work in schools or with young people attending school in developing an in-school education curriculum for RHI. One such NGO is the RHAC, which conducted highly popular quiz shows for young people attending school. During World AIDS Day in December 1999, there was television coverage of a wildly enthusiastic audience of more than 5,000 students taking place in a quiz show entitled “Breaking the Silence”. During the quiz show, which also featured dancing and music, young people were asked to talk about any issue they wanted to. Most did, and to the surprise of many observers, young females were very vocal, out-shouting young males to make their points. Since the beginning of the year 2000, a quiz show involving 1,500 students was held at Chbar Ampeu School on the outskirts of Phnom Penh. At Nit Yang School in Battambang, more than 2,000 students actively participated in a quiz show. On three different occasions at schools in Sihanoukville, more than 500 students participated in such quiz shows.

b. Youth Quiz Shows
   Pharmaciens Sans Frontieres, in conjunction with its local partners in Battambang and Phnom Penh, established the Naga Youth Centre in Phnom Penh which was originally located in the squatter’s quarters of Bassac. IEC was provided through a range of reproductive health related topics. Some of the topics covered included the sexual health needs of young men and women with some focus on abortion related issues. Before the center was closed down in late 1999 by the government for three weeks, 11,880 young people was targeted by center-based IEC strategies. Included in the centre’s activities was a considerable amount of outreach activity. Unfortunately, no gender disaggregated data was provided. Similar activities were developed in Battambang, although the number of vulnerable children and youth were fewer in absolute numbers, with even greater emphasis being given on outreach activities.

c. Community-based Seminars
   Three local NGOs, in conjunction with SCF-UK field-tested some IEC materials at the community level, including in Kratie, a somewhat remote province several hundred kilometers upstream from Phnom Penh. A new booklet was produced and peer educators were receiving additional training in life skills approach to decision-making. Each month, the three local NGOs were facilitating IEC sessions in Phnom Penh offices. With at least 20 different groups of minorities in Cambodia, the marginalized need focus and attention in IEC.

d. Participatory Approaches for Marginalized Youth
   This form of IEC was essential not only for industrial workers but also other young people, especially the marginalized youth. It is not involved the participation of young people and represented the opportunity for illiterate or semi-literate people to contribute to the design of IEC programs. As the socio-demographic data on Cambodia illustrates, there was a large number of young women and to a lesser extent young men, particularly in rural areas who were in this category. Utilizing the tools and techniques of participatory methods was one way of reaching out
to such groups. Regarding sexual health needs assessment of garment workers, CARE Project discovered that reproductive health facts were less likely to be successful when they were superimposed by cultural beliefs, and when there was no integration through participatory community-based approach. Behaviors in such non-participatory contexts were mediated by rumor, cultural beliefs and traditional roles. The results left both young men and women vulnerable.

Over eighty percent of young people live in the rural areas of Cambodia but less than 10 percent of all resources generated in Cambodia (local or international) found their way into the countryside. However, the international NGO Memisa Medicus Mundi and its local partners were active in Kampot Province. The project covered 102 villages in Kampong Trach District and at the time of this report, it was being extended to Angkor Chey. The real importance of this project was that it was operating directly at the village (srok) level, which made it the only operate at the lowest administrative level of Cambodian society. Beginning in January 1999, the project began a three-year program to address a range of issues. IEC started with sessions about sexual behavior, abstinence and sexuality throughout the life cycle. Following sessions focused on sexual health, STIs, HIV/AIDS, contraception, abortion and sexual abuse. Finally, sessions included the cultural, social, religious influences and gender roles in society. Other activities involved the production of educational material, the use of video, role-play, games, songs, quizzes and drama for use at the village level. A youth magazine was also compiled and distributed for education sessions targeted at parents were conducted as well.

Participatory approaches were evident in the development of IEC material by young people at the village level. Similar to the CARE experience with garment workers, the reproductive health needs of young people were identified. The attempt encouraged young people to adopt a holistic approach to their own life situations in the village. The training of peer educators was also a feature of the project. Young village people also developed their own innovative approaches to IEC, most notably through the use of songs, drama, role play, quizzes, puppet shows (still popular in some areas of rural Cambodia) and karaoke, which became a highly popular communication media.

D. Policies

1. Policy Support for Male Involvement

Political support for male involvement was manifested by a lack of opposition to it rather than by any specific support. Many respondents said that with the possible exception of the draft law on domestic violence, which reinforced the traditional perception of a man's role within marriage, they were unaware of laws and policies that either help or hinder efforts to involve men in reproductive health. The draft law did not recognize marital rape as a crime. One agency interviewed for this report explained that members of Cambodia’s National Assembly, the majority of whose members were men, were concerned that viewing marital rape as anything other than a man’s right would be seen as too threatening to Cambodian cultural values. Gender-based violence, including marital rape, was common in Cambodia. In tandem with women's limited powers of negotiation, many of the agencies interviewed saw marital rape as a significant influence on reproductive health, particularly with regard to condom use within marriage.

Gender issues found their way into Cambodia's national agenda. However, concern with gender inequity in Cambodia almost always took the form of policies and programs that promoted the role, rights, and situation of women. Interviewees noted that such an approach led donors to neglect male involvement in reproductive health while implementing agencies maintain a sole focus on women. One intervention that could help policymakers address gender issues and male involvement in reproductive health was the establishment of the Cambodian Association of Parliamentarians on Population and Development (CAPPD). The CAPPD launched its Person-to-Person Advocacy with Parliamentarians Project in 2002, promoting RH care issues among Parliamentarians and commune council members in accordance with the principles of the ICPD Plan of Action. The project's first phase lobbied 131 lawmakers (the majority of whom were men)
on issues such as birth spacing, safe motherhood, and HIV transmission, covering three-quarters of the National Assembly and two-thirds of the Senate. The CAPPD extended the project to target the new members of the National Assembly and commune councils who won their seats in the 2003 elections.

While a limited number of government strategies and policies were made in reference to men, implementing agencies did not translate words into practice. One way to ensure that policy implementation contributed to the full and effective involvement of men in RH issues was the development of clear male involvement guidelines. The policies that benefit from these guidelines were as follows:

a. The National Population Policy, which included the objective: “To support couples and individuals to decide freely and responsibly on the number and spacing of their children, and to have access to the information, education, services and means to do so.” It also outlines a strategy to “Promote male responsibility and partnership in RH at the household and community levels.”

b. The Policy on Women, the Girl Child, and STI/HIV/AIDS, which stated, “The Ministry... recognizes that this is a gender-based pandemic and that the spread of HIV/AIDS among women and girls can be slowed only if concrete changes are brought about in the sexual behavior of men. Gender and HIV mainstreaming efforts at the national, provincial and local levels are hampered by negative attitudes towards discussing sex, sexuality and reproductive rights. Accordingly, MWVA places prevention, care, support and protection of women and the girl child plus the need to change the behavior of men on the agenda for policy-makers and service-providers through the Policy...”

c. The new five-year National Reproductive Health Strategy launched by the Ministry of Health in 2006. The strategy included six emphasis: the expansion of RH care services; the strengthening of service provider capacity; the strengthening of MoH managerial capacity; effective information, education, and communication (IEC); research; and the development of political support (including multisectoral and civil society support). All of these areas of emphasis offered strong opportunities for integrating components of male involvement.

d. The Socio-Economic Development Plan II (SEDPII), which intended to promote maternal health by providing ante- and postnatal care and promoting birth spacing for high-fertility groups.

e. The Health Sector Strategic Plan 2003–2007, which identified the provision of maternal health services, including birth spacing, ante- and postnatal care, safe deliveries and emergency obstetric care, safe abortions, and post abortion counseling as priority areas.

f. The National Strategic Plan for a Comprehensive and Multi-Sectoral Response to HIV/AIDS, 2001–2005, which focused on “empowering the individual, the family and community in preventing HIV and dealing with the consequences of HIV/AIDS through the promotion of a social, cultural and economic environment that is conducive to the prevention, care, and mitigation of HIV/AIDS.” In particular, the plan aimed to “lessen the vulnerability of women and girls to HIV/AIDS and to increase their status by seeking to offset prevailing discriminatory attitudes in society especially among men.”

g. The Birth Spacing Policy for Cambodia, which stated in its general principle that “Cambodia will take all appropriate measures to ensure, on a basis of equality of men and women, universal access to health care services, including those related to reproductive health care... Couples and individuals have the right to decide freely and responsibly on the number and spacing of their children and to have the education and means to do so.”
h. The Safe Motherhood Policy, which included the policy directives to “Increase the awareness of families, men and women about the importance of safe motherhood . . .” and to “review pre-service nursing and midwifery training programs to assure a cadre of personnel capable of carrying out quality midwifery care . . . including a review of the distribution of male/female admissions to nursing training.”

i. The lack of financial and technical resources in Cambodia showed that, in the near future, the nation was unlikely to provide additional RH care services specifically targeted to male needs. Instead, Cambodia was working toward integration of RH initiatives with HIV/AIDS programs, for which donor support remained strong. Nonetheless, the current fiscal climate might present an opportunity for male involvement. That is, for the integration of RH care and HIV/AIDS services to be effective, the integrated services must focus on issues such as STI referral, treatment, and counseling; the use of condoms as a dual-protection method; and birth spacing for high-risk couples.

In 2000, the Cambodian National Council for Children (CNCC) created a Sub-Committee on Trafficking and Sexual Exploitation in December 2000 to promote and coordinate the implementation of the Five Year Plan of Action against Sexual Exploitation and Trafficking of Children. It is chaired by the Ministry of the Interior and comprises 14 members. Moreover, in terms of prevention, the Ministry of Women’s and Veterans’ Affairs (MOWVA) has a project with the IOM on the Prevention of All Forms of Trafficking in Women and Children. The project’s activities include legal training in six provinces, grassroots awareness raising campaigns, and a national media and advocacy campaign. The awareness raising campaigns reportedly reach about 50,000 people in remote areas. Also, UNICEF’s “Community-Based Child Protection Network for Prevention and Early Intervention” project ran a TV campaign against both sexual exploitation and the trafficking of children every day for 2 months. Since 1999, it was implemented in 52 villages in Battambang province. The NGOs such as Acting for Women in Distressing Situations (AFESIP) also played a major role in campaigning for prevention and awareness of Commercial Sexual Exploitation of Children (CSEC).

In the area law enforcement, the Law Enforcement against Sexual Exploitation of Children Project (LESECP) was continued. Training and seminars for police took place, and police operating procedures, and investigator’s manual, a trainer’s manual and interactive training videos were developed. A hotline was also operated under this project. In the first two months of the operation, the Ministry of Interior received 213 calls, 67 of which were followed up and investigated. The hotline resulted in the rescue of 40 victims and the arrest of six brothel owners. In terms of rehabilitation and reintegration, the Ministry of Social Affairs with the cooperation of NGOs, UNICEF, and IOM, managed the repatriation of Cambodian children who were trafficked to Thailand. Services included government transit center at the border and a reception center. NGOs also have recovery centers and reintegration programs, which included non-formal and vocational training as well as medical treatment.

With regards to youth participation, the MOWVA invited some prostituted children to participate in two consultations. In August 2001, the Child Rights Foundation conducted a workshop on trafficking and sexual exploitation of children. The aim of the workshop was to collect children and young people’s views on CSEC for them to be used at the Second World Conference against Commercial Sexual Exploitation of Children.

In 2005, Cambodia joined ASEAN in its efforts to increase joint cooperation to stop and fight crimes and terrorism. The ninth annual Directors-General of Immigration Department and Heads of Consular Affairs Division (DGIDHCAD) of Ministries of Foreign Affairs Meeting of ASEAN foreign ministers was held in Siemreap province of Cambodia. The joint press release said that the relation and coordination between ASEAN members were important to stop transnational crimes and terrorism. The conference looked for ways to implement ASEAN’s goals to combat human trafficking especially involving women and children. In its 2005 annual reports on human
trafficking situation around the world, the US State Department placed Cambodia in tier 3 along with Burma and North Korea. In June 2006, the United States praised Cambodia for its efforts to improve anti-human trafficking and upgraded the country from its Tier 3 to Tier 2 Watch List, according to a statement released by the US Embassy in Phnom Penh (Box 10).

**Box 10. U.S. Praises Cambodia for Improvement in Anti-Human Trafficking**

The United States praised Cambodia for efforts to improve anti-human trafficking and upgraded the country from its Tier 3 to Tier 2 Watch List, according to a statement released by the U.S. Embassy in Phnom Penh.

The statement said U.S. Secretary of State Condoleezza Rice announced the upgrade in her address on the State Department’s 2006 Trafficking in Persons Report. A Tier 2 designation is used to indicate governments that do not fully comply with the minimum standards laid out in the Trafficking Victims Protection Act of 2000 but are making significant efforts to bring themselves into compliance with those standards.

The U.S. Embassy “commends the Cambodian authorities” on progress they made in combating trafficking in persons over the past years, including intensified efforts to prosecute and convict traffickers, progress on a new Anti-Trafficking Law that met international standards, continuing cooperation with the United State on PROTECT Act cases of U.S. citizens who commit sex crimes against minors in Cambodia, and implementation of a nationwide anti-trafficking plan by the Ministry of Interior.

Embassy charge Mark C. Storella said, “Today’s announcement by Secretary Rice reflects my government’s recognition of the improved efforts by Cambodian officials in the Ministry of Interior, the Ministry of Women’s Affairs and the Ministry of Justice, who are working in concert with courageous Cambodian and international NGO partners. The record over the past year demonstrates the high-level commitment by the (government) and the prime minister to improve the government’s performance in fighting trafficking in person,” he said.

Khieu Sospheak, spokesman for the Ministry of Interior, told Kyodo News that Cambodia welcomed the report as “a reflection of a reality. It is good news. We welcome such fair and positive assessment based on the fact that we are committed to fighting against human trafficking in persons,” he said. While praising Cambodia for the efforts made, the U.S. government also noted Cambodia still has much work to do. “In terms of recommended areas for improvement, the State Department report notes that the Cambodian government should make greater efforts to prosecute and convict public officials who profit from or are involved in trafficking and should also pass and enact comprehensive anti-trafficking legislation,” the statement said.

The U.S. placed Cambodia on Tier 3 last year. The U.S. government added that as a result of the new ranking, all non-humanitarian and non-trade sanctions levied on Cambodia as a Tier 3 country will be lifted.

May 2006, governments of six Greater Mekong Sub-region countries met in Cambodia and promised to bolster cooperation in the fight against human trafficking in the region. The six said that while significant achievements from the past year were highlighted, the governments in the region also acknowledged the challenges that they encountered and that human trafficking continues to prevail.

2. The Trafficking Law

The Law on the Suppression of Kidnapping, Trafficking, and Exploitation of Humans (the Trafficking Law), established a prison sentence of 15-20 years for any person convicted of trafficking in persons under 15 years of age. The penalty is from 10-15 years for trafficking persons over the age of 15 years. A local NGO reported 150 arrests of suspected traffickers and rescue of 672 victims in 2004. About one-fifth (134) of these cases involved underage girls. The trafficking law contains no provisions to protect foreign victims from being charged under the country’s immigration laws.

Enforcement of the anti-trafficking laws and prosecution of perpetrators continued to be uneven. However, there was some improvement in prosecution and conviction rates. In 2004, the MOI reported that police investigated 106 trafficking cases, arresting 113 individuals and rescuing 366 victims under the Trafficking Law. Phnom Penh Municipal Police arrested 52 suspected traffickers and rescued 202 trafficking victims, including 45 underage victims. A local NGO reported that only 7 of the 150 trafficking suspects arrested in 2004 were successfully prosecuted by year’s end, with 75 released for lack of evidence and the remainder awaiting trial. A legal advocacy NGO brought 50 trafficking cases to court in 2004. Of the 14 cases that went to trial, convictions were obtained against 6 traffickers with sentences ranging 2-20 years of imprisonment. In addition, the convicted traffickers were ordered to pay $400 to $600 (1.6 million to 2.4 million riel) to each victim as compensation. There were no reports of cases settled out of court. Moreover, a New Zealander was convicted of debauchery and sentenced to 20 years, and another New Zealander was convicted by debauchery for sexually abusing 4 boys aged 11-16 years and sentenced to 10 years in prison in addition to being ordered to pay $2,000 (8 million riel) to each victim as compensation.

Several government ministries were active in combating trafficking. In 2000, the Government adopted a 5-year plan against child sexual exploitation that emphasized prevention through information dissemination and protection by law enforcement. The Government established mechanisms for monitoring and reporting to Department of Anti-Human Trafficking and Juvenile Protection. There were specialized MOI anti-trafficking departments in 7 provinces and anti-trafficking units in the remaining 17 provinces. The Ministry of Social Affairs, Veterans, and Youth Rehabilitation worked with the International Organization for Migration to repatriate trafficked victims from Thailand to Cambodia and from Cambodia to Vietnam. However, repatriation to Vietnam continued to be a long and arduous process. In addition, the MOSAVY worked with UNICEF and local NGOs to manage community-based networks aimed at preventing trafficking. The Ministry of Women’s Affairs continued public education campaign against trafficking, which focused on border provinces. In June 2003, the Government signed a Memorandum of Understanding with Thailand to pursue joint investigations of transnational traffickers.

Most adult and child victims were trafficked for the purpose of commercial sexual exploitation. Estimates of the number of trafficking victims in the sex industry ranged from 2,000 to more than 3,000. Of these, about 80 percent were Vietnamese women and girls. Some Vietnamese women and girls were trafficked through the country for exploitation in the commercial sex trade in other Asian countries. One study estimated that 88,000 citizens worked in Thailand as bonded laborers at any given time; many were exploited in the sex industry or were employed as beggars, particularly children. Similarly, children were trafficked to Vietnam for begging.

Trafficking victims, especially those trafficked for sexual exploitation, faced the risk of contracting sexually transmitted diseases, including HIV/AIDS. In some cases, victims were detained and physically and mentally abused by traffickers, brothel owners, and clients. Traffickers used a variety of methods to acquire victims. In many cases, victims were lured by promises of legitimate employment. In other cases, acquaintances, friends, and family members sold the victims or received payment for helping deceive them. Young children, majority of them girls, were often “pledged” as collateral for loans by desperately poor parents. The children were made responsible for repaying the loan and the accumulating interest. Local traffickers covered specific small geographic areas and acted as middlemen for larger trafficking networks.
Organized crime groups, employment agencies, and marriage brokers were believed to have some degree of involvement.

Moreover, some law enforcement and other government officials received bribes that facilitated the sex trade and trafficking in persons. High-ranking government officials or their family members reportedly operated, had a stake in, or received protection money from brothels that housed trafficking victims, including underage sex workers. There were no known prosecutions of corrupt officials for suspected involvement in trafficking in persons. They referred trafficking victims to NGOs. Most assistance to victims was provided by local NGOs and international organizations. The Government participated as a partner in a number of these efforts. However, its contributions were hampered severely by limited resources. Some victims were encouraged by NGOs and the MOI to file complaints against perpetrators, though victim protection was problematic, and victims often were intimidated into abandoning their cases. In 2004, NGOs worked with the Ministry of Women’s Affairs to repatriate nine victims of sex trafficking from Malaysia.

The Government established specialized anti-trafficking and juvenile protection units in several provinces, which raided a number of brothels. In 2004, the raids of the specialized unit in Phnom Penh resulted in the rescue of 68 victims of human trafficking, 36 of whom were under the age of 18 years. Other police units also conducted raids of brothels and rescued numerous prostitutes, including underage workers. The Government provided most rescued victims with protection, while working with NGOs to reunite the victims with their families or to place them in a shelter. Trafficking victims, especially those exploited sexually, faced societal discrimination, particularly in their home villages and within their own families, as a result of having been trafficked.

In December 2004, the Ministry of Interior’s Anti-Trafficking and Juvenile Protection Police raided a notorious Phnom Penh hotel, detaining 8 suspected traffickers and placing 83 women and girls from the hotel under NGO care. A day after the raid, the suspects were released by police. The Government subsequently failed to protect the women and girls during the process of an investigation. In the same year, there were no reported cases of trafficking victims being treated as illegal immigrants. Although the Government protected persons who admitted they were victims of trafficking, there were cases in 2002 in which victims who claimed they were 18 years and entered prostitution willingly, were treated as deportable aliens.

In 2001, the Ministry of Women’s Affairs launched a major information campaign as part of a 3-year education project in conjunction with IOM. The IOM continued to work with the Ministry throughout the year to expand this project to all provinces. In 2004, the Government, together with the ILO, IOM, UNICEF, and local and international NGOs cosponsored a national forum against trafficking. Four child delegates selected during this event then represented the country at a regional trafficking forum convened as a complementary advocacy effort to the Coordinated Mekong Ministerial Initiative against Trafficking (CMMIT). The Government used posters, television, radio, and traditional local theater to raise public awareness of human trafficking.

Prosecutions

Cambodia does not have a comprehensive anti-trafficking law, though it used existing statutes to prosecute traffickers. The Council of Ministers reviewed a draft anti-trafficking bill that would provide law enforcement and judicial officials with more powers to arrest and prosecute traffickers. In 2003, the Cambodian police investigated over 400 trafficking-related cases. The Ministry of Interior claimed that 153 individuals were arrested for trafficking and trafficking-related offenses. Of these, 142 individuals were serving sentences, which ranged from 5 to 20 years imprisonment. The court also gave victims modest financial compensation. Corruption and a weak judiciary remained the most serious impediments to the effective prosecution of traffickers. Cambodian authorities, particularly the police anti-trafficking unit, cooperated with the U.S. Government in arresting and turning over three U.S. citizens for prosecution due to extra-
territorial crimes of child sex tourism. Cambodia also cooperated with other foreign governments seeking to prosecute their nationals for child sexual exploitation.

Protection

Although hampered by severe resource constraints, the Cambodian government continued its efforts to provide assistance to trafficking victims. The Cambodian government operated two temporary shelters for victims and attempted to place victims with NGOs for long-term sheltering and relied primarily on foreign and domestic NGOs to provide protective services to victims. Cambodian victims were not treated as criminals and they have the right to seek legal action against traffickers. In 2003, Cambodia signed a memorandum of understanding (MOU) with Thailand to regularize the repatriation of Cambodian citizens/trafficking victims. Cambodia proposed to enter into similar MOUs with Vietnam and Malaysia. Law enforcement officials received trainings to sensitize them to trafficking and victim protection issues.

Prevention

The government cooperated with numerous NGOs and international organizations on prevention, including the strengthening of community-based networks to inform potential victims of the risk of trafficking. The government, through the Ministry of Women's and Veterans' Affairs, continued to carry out information campaigns, which included grassroots meetings in key provinces. It also worked with NGOs to produce workshops, pamphlets, and videos informing the public about the dangers of sex tourism, including child sex tourism.
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