Division 4300
Health, Education and Social Protection

Gender Based Violence and HIV/AIDS in Cambodia

Links, Opportunities and Potential Responses

WORLD HEALTH ORGANIZATION
ORGANISATION MONDIALE DE LA SANTÉ

GLOBAL CAMPAIGN FOR VIOLENCE PREVENTION
CAMPAGNE MONDIALE POUR LA PREVENTION DE LA VIOLENCE
VIOLENCE PREVENTION ALLIANCE / ALLIANCE POUR LA PREVENTION DE LA VIOLENCE

ICRW
International Center for Research on Women

gtz
Deutsche Gesellschaft für
Technische Zusammenarbeit (GTZ) GmbH

Acknowledgements

We would like to express our sincere gratitude to all of our interview partners for sharing their valuable time and experience with us. Their working and personal experience were invaluable for this report. A list of the interview partners can be found in the annex.

We would especially like to thank HE Ing Kantha Phavy, Minister, Ministry of Women's Affairs for her full support and hospitality during our visit.

This mission would have not been possible without the assistance and support we received in the planning phase and during our visit from Suzanne Mueller and Anne Erpelding from GTZ Cambodia as well as Geeta Sethi, UNAIDS. Your guidance, comments and the warm reception you gave us are highly appreciated.

We thank GTZ Office in Cambodia for the efficient organization and support as well as the personal commitment we received from Dr Thomas Engelhardt and his team, especially Ms Sok Radeth.

Finally, we are particularly grateful to Julia Weber for her dedicated support with the final editing of this report.

Nata Duvvury
International Center for Research on Women

Johanna Knoess
GTZ BACKUP Initiative

Table of Contents

Preface

There is growing evidence from different countries that gender based violence can increase the risk of HIV/AIDS as well as be an outcome of HIV/AIDS. Researchers, focusing on understanding the explosion of the HIV/AIDS epidemic among women and girls, have highlighted how sexual coercion and fear of violence limit women's ability to negotiate safe sex behaviors such as condom use and reduced number of partners, access services, and/or adopt practices to prevent mother to child transmission. Forced sex or rape directly increases the risk of HIV through physical trauma, especially for young girls.

This initial understanding of the links between the two epidemics has however not yet translated into programming in any systematic manner. Both issues are addressed in a vertical manner, with little cross dialogue between the two professional communities or little integration of messages that reinforce programs mutually. While some progress is being made separately on ending violence against women and stemming the spread of HIV/AIDS, national and international efforts would be vastly more effective if they addressed the interconnectedness between the two pandemics.

This requires a broader public health and human rights approach which integrates aspects of eliminating gender based violence; addresses the gender dimensions of HIV/AIDS; improves women's access to health care and promotes the general empowerment of women.

Building on several years of experience in combating HIV/AIDS and gender based violence, GTZ is one of the founding members of the recently established 'Violence Prevention Alliance', which aims at facilitating the implementation of the recommendations derived from the World report on Violence and Health.

GTZ has committed itself to fostering the international dialogue on the linkages between HIV/AIDS and gender based violence. In this context, the GTZ BACKUP Initiative supported case studies, including this report, and pilot projects.

We hope to promote the discussion on linkages between gender based violence and HIV/AIDS and promote further research and joint programming in Cambodia.

Stefan Helming
Director General, Planning and Development Department, GTZ

Dr Assia Brandrup-Lukanow
Director, Division of Health, Education and Social Protection, GTZ

Executive Summary

Cambodia is often cited as a country with the highest prevalence rate of HIV in Asia. The current prevalence rate is 1.9 % which is down from a high of 3.3 % in 1997. Despite this decline in prevalence, recent projections by the Cambodian Working Group on HIV/AIDS suggest that nearly half of new infections involve husband to wife transmission. If transmission among married couples is the primary route it poses new challenges and requires new strategies for combating the spread of the disease.

Gender based violence is equally rampant in Cambodia and ranges from sexual harassment to rape to domestic violence or intimate partner violence to trafficking. A problem of growing concern is sexual violence against women and children – which occurs both in domestic and community contexts. Another rampant form of violence is trafficking of women and girls which is especially widespread in poor districts.

That gender inequality fuels the HIV/AIDS epidemic is well understood and articulated within the policy documents and national strategy of Cambodia. In fact the National AIDS Authority has called for a shift "from a segmented, health centered and top-down approach to a more holistic development approach that is gender sensitive and people centered with a focus on empowering individuals, communities and society." Despite this favorable policy environment for addressing gender inequality and promoting gender sensitive programs, there are few examples of programs addressing issues of gender in a holistic manner. This is due, in part, to the minimal understanding of gender as concept among government officials and NGOs, as was commonly observed among those interviewed. Moreover programs reaching women, who are not involved in sex trade, are not extensive; and programs for sex workers employ a fundamentally punitive view of women as vectors of disease. Further peer education models targeting men and youth like that developed by FHI, while comprehensive and highly successful, have limited exploration of gender. For example, there is little exploration of the socialization of boys into men, the role violence plays in defining masculinity, and the links between alcohol, sexuality and violence.

There has been a recent expansion in HIV/AIDS education and sexual health programs targeting young women engaged in garment factories, karaoke bars, casinos, beer promotion, and restaurants, primarily in urban areas and in particular Phnom Penh. Some programs, such as those implemented by CARE, attempt to improve the access of these young women to sexual and reproductive health services, improve their conditions of employment and address the violence and harassment they face from employers and customers. RACHA and RHAC also provide innovative programs integrating HIV/ AIDS into reproductive health services. These emphasize couple counseling and attempt to involve men in their partners' reproductive health decisions.

KEY GAPS AND CHALLENGES

Despite massive and comprehensive efforts to address HIV/AIDS in particular, and gender based violence to a lesser extent, there are key gaps and challenges that limit the effectiveness of the national response to these epidemics. Among them, the key are:

Lack of coordination: Currently the efforts to address HIV/AIDS and GBV mainly operate in isolation to each other. Many of the HIV/AIDS organizations have little understanding of gender based violence. They have little awareness what responses are in place and which key players may be a source of information and support. An apt example of the level of disconnect was the misconception by several of the HIV/AIDS organizations interviewed that the draft bill on domestic violence had already passed.

Violence prevention organizations had a slightly better awareness of the seriousness of the HIV/AIDS epidemic, the various responses in place, and potential programs that they could turn to for support. However, many of these organizations were not aware that there was a national policy on women and girls and STI/HIV/AIDS; awareness was low even among people living with HIV/AIDS.

No Culture of Referrals: Not only is there little coordination between programs within or across organizations, a culture of referral is lacking. Those interviewed frequently highlighted that within service delivery there is no systematic practice of referral either in the health system as a whole or within the NGO sector. Referrals happen primarily at the initiative of motivated individuals. There are few guidelines or incentives promoting referrals either in HIV/AIDS or GBV programs which are imperative given the rapid scale up of HIV/AIDS programs.

Low Quality of Counseling: A significant gap in Cambodia is the lack of mental health programs and trained human resource to implement such programs. There was a strong perception that counseling within shelters for victims of violence and VCCT sites was inadequate. Additionally there is little information or support provided to think through and plan for the consequences of GBV for HIV/AIDS and vice versa. Counseling is thus an undeveloped area of service and yet extremely critical given the expansion of VCCT and home based care programs as well as scaling up of ARV treatment. Even within domestic violence programs counseling is rudimentary. Gold standard manuals for counseling and accredited courses providing quality training in counseling are urgently required.

Lack of attention to GBV in peer education programs: Although many peer education programs do explore the connections between notions of manhood, alcohol, sexuality and violence, they do not address gender based violence directly. There is no clear message that violence is not acceptable and no information is provided on the rights of persons experiencing violence or on the consequences for perpetrators. Developing a module on gender based violence for incorporation into peer education programs is essential especially as programs extend to youth.

LINKS BETWEEN HIV/AIDS AND GBV

Evidence

While there is no rigorous empirical evidence on the links between HIV/AIDS and GBV as in some African countries, there is an understanding that such links may in fact be in operation even in Cambodia. In most of the interviews the possibility of links was perceived as a new but important area to explore and integrate into programs. Many pointed to the growing levels of sexual violence and the increasing importance of transmission from husband to wife as important trends indicating the importance of exploring the link between HIV/AIDS and gender based violence. Among those working with PLHAs, it was commonly remarked that fear of disclosure was real for women given the risk of abandonment. CNP+, which coordinates 12 networks of positive people, has documented high levels of discrimination against positive persons, including isolation, being thrown out, and other forms of family and community violence. This affects women much more than men.

Opportunities

Within the context of this increasing global attention, two particular developments within Cambodia are key opportunities to push for attention to the links between HIV/AIDS and GBV. Interventions in the proposal for the 5th GFATM round including interventions specifically addressing HIV/AIDS and violence amongst married women are an important step forward towards linked HIV/AIDS and gender based violence programming. The Country Coordinating Committee of Cambodia and key partners involved in Global Fund projects have identified STI management among couples and prevention of

mother to child transmission as two of the four priority areas for the Round 5 proposal. Underlying both is the issue of gender based violence, particularly domestic violence, as it influences access to services, such as VCCT by women, and the adoption of protective behaviors. The second important opportunity is that Cambodia has been selected as one of the case study countries being supported by UNDP to realize the MDGs. As part of this process, UNIFEM and UNDP have supported a process of articulating a gender responsive implementation of the MDG goals. Ministry of Women's Affairs has articulated 8 goals, two of which are reducing the risk of women and girls contracting HIV/AIDS and reducing the risk of violence. Given the high visibility as a case study in the MDG process and the high level of commitment by the political leadership to the MDG goals, there is an opportunity to push for attention to the links between GBV and HIV/AIDS, as well as ensuring that the legal framework for addressing domestic violence and trafficking is strengthened.

Recommendations for Pilot Interventions

Based on the findings of this review and the mapping of opportunities, the following pilot interventions to address the links between HIV/AIDS and GBV in Cambodia are suggested:

- Consultation to enhance dialogue among NGOs, INGOs, and government departments engaged in responding to HIV/AIDS and GBV, and to promote a culture of referrals among them
- Pilot violence screening protocols in health clinics providing integrated reproductive health and HIV/AIDS services
- Pilot violence screening protocols in government antenatal clinics which provide PMTCT services
- Develop and test counseling manual on gender based violence and HIV/AIDS to integrate into training of counselors
- Adapt and incorporate a module on violence into peer education HIV/AIDS programs
- Develop and test basic messages on gender based violence and HIV/AIDS to incorporate into outreach programs, media efforts such as those by BBC and other communication programs
- Scale-up the recruitment and training of women police officers in provincial districts
- Identify with youth potential role models and test efficacy of communication by role models

Recommendations for Funding

Donors should prioritize addressing the links between HIV/AIDS and gender based violence in their funding strategies. To date there is no clear articulation of the need to address these links for improving the effectiveness of HIV/AIDS programs for prevention, treatment, and care and support. Currently most donors have vertical funding streams for both these issues making it difficult for organizations or partnerships interested in cross-cutting projects to identify the appropriate funding opportunities. In the case of the GFATM which does highlight in its Request for Proposals, the need to integrate/address gender concerns in country proposals, it has not moved to operational guidelines that would ensure innovative projects focusing on gender issues are developed, promoted and incorporated into country proposals. To create a more favorable environment for addressing the links between HIV/AIDS and GBV, it is recommended that

- Bilateral and other donors establish a special fund within the HIV/AIDS funding stream to address the links between HIV/AIDS and GBV
- Bilateral and other donors should ensure that requests for proposals for this special fund should reach both HIV/AIDS and GBV organizations. In particular requests for proposals should encourage or prioritize partnership between HIV/AIDS and GBV organizations
- GFATM should strengthen its Request for Proposals for more explicit statements on the importance of demonstrating how proposals will integrate/address gender concerns and performance indicators should include sex disaggregated data on number of women and men reached by the proposed activities

- Representatives of women's groups should be included in the Country Coordinating Committee established for developing and overseeing implementation of country proposals submitted to the GFATM
- Country Coordinating Committee should be obligated to ensure that the GFATM Request for Proposals reaches all civil society groups within the development sector, including women's groups

CONCLUSIONS AND RESEARCH AGENDA

Both HIV/AIDS and GBV are serious epidemics in Cambodia and emerging evidence indicates that they are interrelated. This interrelation is particularly important in the context of four new trends evident within Cambodia. The first is the increasing importance of transmission from husband to wife with more than 42 % of new infections being accounted by wives. Another critical trend is the increasing importance of mother to child transmission. A third equally disturbing trend is the growing incidence and wide acceptance of gang rape or *bauk*. There is an urgent need to explore in depth the contribution of gang rape to HIV risk. The evident complacency to this gross violation of women's and girls' fundamental rights also implies that the needs of those experiencing sexual violence are not being addressed within current HIV/AIDS programs. There is no discussion of whether introduction of post exposure prophylaxis should be given priority despite growing consensus at the international level that PEP is a standard of care for survivors of sexual violence. A final critical trend is the challenge of promoting and sustaining preventative behavior among HIV positives, especially positive men. The issue of violence within couples of either positive serostatus or discordant serostatus has received little attention. However, among organizations working with PLHA there is an incipient understanding that gender based violence can be a major impediment in realizing behavior change among that community.

To garner sustained attention to addressing the link between HIV/AIDS and gender based violence, as well as scaling up the national response to both epidemics, there is also a need for further research to provide empirical evidence of the links, gain a deeper understanding of the dynamics of the links and suggest critical entry points for addressing them. Some of the research required is:

- Synthesis of available research on gender based violence and additional population based empirical research, if required, to establish rigorously the correlates of GBV, the risk factors and impacts, especially the health impacts
- In-depth, empirical research to establish the interrelation between HIV/AIDS and GBV focusing in particular on the health consequences of this interrelation
- Qualitative research on masculinity to lay out more fully the socialization process of boys, deeper understanding of the impact of post conflict on male identity and the interrelation between alcohol, violence and sexuality
- Anthropological (or ethnographic) research on root causes of violence and linkages to HIV/AIDS, including an exploration of the impact of the dynamics of changing family structures
- Participatory action research with rural communities to transform gender norms and norms of acceptability of gender based violence

Cambodia is at a juncture in which a young population is maturing and beginning to search for new values within the context of a society recovering from trauma of insecurity and conflict. At one level, the society is in the throes of poverty, violence and disease. At another level, there is growing and articulate civil society, increasing democratization, and a deep desire to rebuild community solidarity. The national response to both the HIV/AIDS and GBV epidemics is within these contravening dynamics. Addressing the links between HIV/AID and GBV will in fact open a new space to strengthen dynamics facilitating the formation of new norms by confronting gender inequality.

Introduction

Gender based violence and HIV/AIDS are two epidemics raging across the globe today. Both are fuelled by gender inequality and require comprehensive and scaled-up responses to prevent and address the consequences of these epidemics. According to UNAIDS the number of people living with HIV/AIDS was between 35 and 42 million at the end of 2003 [UNAIDS 2004]. With respect to gender based violence one out of every three women has experienced sexual, physical or psychological abuse at some point in her lifetime [Heise et. al 1999]. This violence is gender based in that it is perpetuated or experienced in the context women's and girls' subordinate status relative to men and boys in most countries. While HIV/AIDS is seen as a serious public health concern, gender based violence is largely perceived by policy makers and programmers as a socio-cultural issue. The public health dimensions of violence are now being recognized and WHO, through its recent report on violence and health, has given momentum to addressing gender based violence as a global public health issue [WHO 2002].

There is now growing evidence that the two epidemics are inter-related – that gender based violence is a risk factor for HIV as well as an outcome of HIV/AIDS. Researchers, focusing on understanding the explosion of the HIV/AIDS epidemic among women and girls[1], have highlighted how sexual coercion and fear of violence limit women's ability to negotiate safe sex behaviors such as condom use and reduced number of partners, access services, and/or adopt practices to prevent mother to child transmission [Gupta and Weiss, 1998]. Forced sex or rape directly increases the risk of HIV through physical trauma, especially for young girls who are biologically immature. Evidence from South Africa and Tanzania indicate that women in abusive relationships are twice as likely to be HIV positive [Dunkle, et. al. 2004; Mamman, et. al 2000 and 2001]. Other data indicate that women who are HIV positive are more likely to experience violence in the family, including more severe forms of stigma such as being thrown out of the house, abandonment, and social isolation [Human Rights Watch 2003 and 2003a].

This initial understanding of the links between the two epidemics has however not yet translated into programming in any systematic manner. Both issues are addressed in a vertical manner, with little cross dialogue between the two communities or little integration of messages that reinforce programs addressing the two epidemics. This lack of integration is a significant gap especially as the HIV epidemic becomes a generalized one moving into low-risk but highly vulnerable groups such as married women.

1) More than 60 % of new infections are among young girls in Sub-Saharan Africa. See website of Global Coalition on Women and AIDS at www.unaids.org.

In light of this gap in programs in most countries, the GTZ BACKUP Initiative commissioned the International Center for Research on Women to undertake a study on Cambodia to map existing strategies to combat HIV/AIDS and gender based violence and identify potential opportunities to address the links between HIV/AIDS and gender based violence. The study objectives are to a) understand to what extent the links between HIV and gender based violence have emerged as critical issues on the ground, b) learn lessons about implementation challenges from ongoing programs, c) explore interest in developing and implementing pilot interventions addressing the links between HIV/AIDS and gender based violence, d) identify potential opportunities for such pilot interventions, and e) suggest some pilot interventions.

A trip was undertaken to Cambodia to collect available literature and interview key government officials, researchers, policy makers, implementing organizations (both national and international NGOs), and donors[2]. At the end of the trip a debriefing was held with those interviewed to share preliminary findings and receive feedback for incorporation into the report.

The report is structured as follows. In section one, the socio-politico and cultural context of Cambodia is discussed with special attention to the impact of a 30 year history of political turmoil on institutions, the norms of society around women's and men's roles and responsibilities, and norms of sexuality. This will be followed by a mapping of the strategies and programs to address the HIV/AIDS epidemic and gender based violence in sections 2 and 3. In section 4, potential opportunities to build synergies between these two sets of programs and possible innovations or pilot interventions to specifically address the links will be mapped. A concluding section will summarize the main findings with key recommendations on research and programs.

2) A list of those interviewed is attached as Annex I.

Section 1: The Cambodian Context

Cambodia is often cited as a country with the highest prevalence rate of HIV in Asia. The prevalence rate among adults 15-49 declined from a high of 3.3 % in 1997 to 2.6 % in 2002 [UNAIDS 2004a]. Recent surveillance data released by National Center for HIV/AIDS and STIs (NCHADS) for 2003 indicates a further decline to 1.9 %. The primary route of transmission is heterosexual though there is growing evidence of increasing rates of infection among MSM and drug users[3]. The epidemic is no longer limited to high risk populations but has spread into the general population. From an initially high rate of 48 % among sex workers, prevalence has declined to 24 % in 2002. However, a similar decline is not observed among – indirect sex workers – and there is growing concern that a 'transition' from established sex industry to informal or non commercial sex work is occurring [PSI 2002]. Moreover an increasing proportion of new cases are among married women (42 %) and pregnant mothers (35 %) [MOWVA 2003]. Recent projections by the Cambodian Working Group on HIV/AIDS suggest that nearly half of new infections involve husband to wife transmission. Many agree that in the next five years the important routes of transmission will be from husbands to wives and mothers to children. If transmission among married couples is the primary route it poses new challenges and requires new strategies for combating the spread of the disease.

Gender based violence is rampant in Cambodia and ranges from sexual harassment to rape to domestic violence or intimate partner violence to trafficking[4]. According to a report by LICADHO, nearly 17 % of married women aged 15-49 have experienced physical and sexual violence within marriage [LICADHO 2004]. The Population Census of 1998 indicated that 15 % of married women experienced violence by their husbands in the previous 12 months [UNAIDS 2004a]. A problem of growing concern is sexual violence against women and children – which occurs both in domestic and community contexts. LICADHO reports that out of 177 cases of rape and indecent assault (sexual harassment) investigated by the organization, 78 % of the victims were below 18 and more shockingly 41 % below 12 and 9 % below 5 [LICADHO 2004a]. Another rampant form of violence is trafficking of women and girls which is widespread especially in poor districts. Women and girls are trafficked across national borders and within the country for begging, labor and domestic work. Trafficking of girls into prostitution mostly appears to feed the sex industry within Cambodia rather than the cross border industry in Thailand or Vietnam. There are no reliable figures to gauge the extent of trafficking - a 1995 report by MOWVA suggested that 50,000 women and girls had been trafficked. Another report in 2003 based on a direct observation methodology estimated that out of a total of 18,256 sex workers identified, about 2,000 had been trafficked [Steinfatt 2003]. Whether by force or choice it is undeniable that women are driven into the sex trade through poverty, low education, lack of security and violence within the family. Moreover the conditions of sex work involve significant abuse by the owner, client and police [O'Reilly 2003; Womyn's Agenda for Change 2002][5]. Another disturbing form of violence that has come to the notice of programmers, researchers, and government officials is gang rape. While the number of cases is few, a disturbing finding of a PSI report on 'sweetheart'[6] relationships indicated that most of the young men knew someone or themselves had participated in gang rape or *bauk*, a colloquial term in Cambodia. The usual mode of operation was for one or two young men to hire a sex worker. When the sex worker is brought to a guesthouse there are usually 5-10 others who engage in sex with the sex worker. This multiple interaction is forced and sex workers are often beaten or payment is denied if there is protest. Most of young people interviewed do not see this practice as problematic as the sex worker has been hired [PSI 2002; Wilkinson and Fletcher 2002]. In a study by GAD, only 14 % of boys and girls agreed that this practice was rape [GAD 2003]. In the interviews, it was observed by several that the phenomenon of *bauk* is also occurring with young

3) Referred to in interviews with WHO, UNAIDS, David Wilkinson.

4) In this report the term gender based violence will refer to sexual violence, domestic or intimate partner violence and trafficking.

5) In the narratives of sex workers in the Womyn's Agenda report, sex workers talk about a range of abuse. For example "The brother owner was cruel to me. When I became sick and had a vaginal discharge I didn't want to receive clients, but she hit me on the back with a stick of wood and I bled." (sex worker in Tuol Kork)

6) Sweetheart relationships are consensual non marital relationships of some duration. Sex workers, employed young women, and students tend to have such relationships.

women who are not commercial sex workers such as garment workers, karaoke singers, waitresses and female high school and university students. Many of these women were characterized as *srey kalip* or 'modern women' who do not adhere to the *Chbap Srey*, the traditional Cambodian moral code for women, and thus not respectable. They are seen as sexually available.

Within the context of the new routes of transmission, domestic violence or intimate partner violence and sexual violence are particularly important forms of gender based violence that need to be addressed. Both the HIV/AIDS and gender based violence epidemics are fuelled by the economic scenario of Cambodia, the socio-political context, the strong patriarchal norms of the society, and norms of sexuality.

Economic Context

Cambodia is one of the poorest countries in the region with an average annual per capita income of $273 as per World Bank recent estimates. Poverty is widespread with 35 to 40 % of the population living below poverty line. Another important aspect of the economy is that skilled labor is extremely small. Despite a growth rate of 5 - 6 % of GDP between 2002 and 2004, the unemployment rate is high, reaching to 16 % in 2004, particularly among young men.[7] Another disturbing feature of socio-demographic profile is the high proportion of youth under 18 in the population (42 %) leading to an extremely high dependency ratio with the economically productive age group of 20-49 constituting only 16 % of the population. The young population, the high unemployment and high levels of poverty, combined with the social dysfunction of a post conflict state, present immense challenges to respond to the issues of HIV/AIDS and gender based violence.

Challenges of a Post Conflict State

Cambodia is a country shaped by 30 years of conflict and a shared national guilt of societal breakdown. A small country located between Vietnam and Thailand, Cambodia has been buffeted by political storms in the region. From the era of the

Vietnam War until 1993, the country was in the cross fire of the political conflict between Vietnam and United States. A defining moment for Cambodia was the short but horrifying rule of the Khmer Rouge between 1974 and 1979. In less than four years nearly 2 million people (or about one-third of the population) died due to executions, starvation, disease, and enforced migrations.[8] This period of genocide has had immense ramifications that continue to haunt the nation even today. In interview after interview the common phrase to describe Cambodian society today was 'social fabric torn'. The Khmer Rouge rule effectively destroyed all institutions at the familial and community levels which the Vietnamese rule did little to fully rebuild. The extent of destruction of institutions was so severe that at the end of the Khmer Rouge regime there were less than 500 monks in the country, virtually no teachers or health professionals, more than half the families had been uprooted and almost everyone had lost a family member. During the Vietnamese

7) From World Bank at www.worldbank.org/eapupdate.

8) There are numerous reports on the Khmer Rouge period which talk about the level of genocide, the extent of disease, the famine. See www.freedomsnest.com/rummel_cambodia.html for figures on deaths by reason.

occupation with continued resistance from Khmer Rouge guerrillas, the conditions for rebuilding society were at best minimal and people continued to live in a state of fear. The Peace Accords in 1993 led, for the first time since 1950s, to the formation of a national government and the first attempts to establish a democracy in Cambodia.

Cambodia is today a post conflict society attempting to rebuild institutions at the family, community and societal levels. The society is a mixture of contradictions and paradoxes. An observation in most interviews is that there are the outward attempts at democracy – elections, decentralization and so on – while the society is extremely hierarchal with strong patriarchal norms. Or that the social fabric is torn especially at the familial and community levels and yet strong family and kinship ties are important characteristics of Cambodian society.[9] Another common observation was that sense of honor and tradition are paramount, and at the same time there is lack of trust even among family members. This lack of trust was often attributed to the fact that during the Khmer Rouge period of terror, family members, especially young children, often betrayed parents, siblings and other relatives to regime officials. The lack of trust also reflects the fact that the genocide of the Khmer Rouge period was not perpetrated by outsiders (i.e. the Vietnamese) but was an internal savagery perpetrated by Cambodians on Cambodians.

Another critical feature of Cambodian society today that was highlighted in the interviews was that while there are strong leaders, there are no role models. Many of the attributes of a hierarchal society, such as unquestioning obedience and lack of accountability on the part of leaders, are widespread. This has laid the basis for widespread corruption by those in power at every level – from the political leader, to the government bureaucrat, to the health professional to the teacher and down. A culture of impunity exists from the top leadership down to the family. Another important feature that was repeatedly highlighted was that today's parents had no childhood during the Khmer Rouge regime and the subsequent period of conflict under Vietnamese rule, and consequently had no grounding in Cambodian culture and history. In other words there is a generation of young people around 30 today that grew up in disrupted families, did not have adolescence nor experienced parenting skills.[10] These young people have difficulties in their families now and do not convey a code of moral behavior and conduct to their children. All of this leads to little solidarity or friendship, with personal agendas being a driving force in the functioning of networks.[11] In fact, most agreed that community level institutions, which can often be a vehicle of support and change, are in an abysmal state in most of Cambodia.

Gender Norms and Inequality

Gender roles are as rigid in Cambodia as in other Asian countries with men providing for the household and women taking care of the household. However, while men are seen as the final authority in the household requiring deference, respect and obedience, women had a degree of economic autonomy reflected in their ownership of property and active engagement in entrepreneurial trades [Derks 2005:60]. Bilateral inheritance, uxorilocal custom of newlyweds residing with the parents of the bride, lack of negative sanction for divorce and remarriage all contribute to a relatively equal status between men and women [Ebihara 1968 and Martin 1994 cited in Derks 2005]. However, this equal status does not translate into power which is related to one's position in the social hierarchy, wealth, success and influence. The primary determinant of power is the balance of merits and demerits acquired in previous lives through a proper adherence to moral codes (chbap) that guide an individual's behavior. Thus women can achieve high status through proper behavior by adhering to the *Chbap*

9) In the interviews with Geeta Sethi of UNAIDS, Janet Ashby, GAD, David Wilkinson, Ministry of Women's Affairs, Mr. Bunna of UNIFEM.

10) This was most eloquently expressed by David Wilkinson who talked about the impact of the Khmer Rouge regime on children who were taken from families and who often viewed parents with suspicion. The harrowing fact of Cambodia is that so many young boys participated in the betrayal of their own families.

11) Ingrid Quinn of GAD remarked that Cambodian society while placing a value on family and kinship has no concept of friendship as all are part of kinship and social networks for personal reasons, and as a result there is little solidarity.

Srey, a code of women's behavior. According to this moral code, proper behavior consists of women serving and respecting their husbands regardless of the husband's behavior, honoring her parents, caring for her children, being subdued in appearance and speech, and so on. A famous Cambodian proverb aptly summarizes the status of women as follows

Man is gold and woman is cloth: Gold does not loose its shine nor is broken easily where as cloth tears easily and gets dirtied; great care has to be taken to ensure purity of women.

These traditional norms have translated into gender inequality at various levels. For example girls have less educational opportunities than boys. While primary enrollment is equal, there is a higher percentage of dropouts among girls than boys and enrollment rates drop sharply for girls in upper secondary and tertiary levels [MOWA 2004]. While labor female force participation rate is increasing, especially among young women in trades such as garment, beer promotion, karaoke and waitressing, these tend to be low paying and insecure pushing many into sex work for additional income.[12] In addition few women can make decisions such as whether to work or not, sell an asset such as land even though it is in her name, or participate in credit programs. In terms of health, women have relatively little access to basic health services – one study indicated that men benefit more from health sector spending than women [World Bank 2002 cited in MOWA 2004]. This lack of access is starkly reflected in a maternal mortality ratio of 437, which is one of the highest in the region apart from Laos [Cambodia DHS 2000, MOWA 2004].

Norms of Sexuality

Sexuality in Cambodia is strongly gender differentiated. According to the *Chbap Srey* a high value is placed on the virginity and sexual innocence among women and girls. The loss of a girl's virginity before marriage is viewed as bringing shame to her family's honor and status. There is equal acceptance that men's sexuality is uncontrollable and male sexual pleasure is an inherent right. Men and boys in fact report strong peer pressure to perform sexually, especially when men go out for leisure activities such as drinking, visiting massage parlors, and karaoke bars. To be masculine, a man should have multiple partners and frequent sex, in fact diverse sexual experiences are perceived as essential to maintain a man's physical and mental health [CARE International, Cambodia 2001]. This norm is held also by women as cited in the CARE report: "*He is a real man. He has to have many sex partners" or "Men always have many sexual partners"* or "*He is still a good man even though he has multiple sexual partners."* However, this acceptance of male sexuality and rights does not extend to the sex workers who provide the services. Sex workers are 'bad women' who 'have no husband' and 'have low morals'.

These rigid norms of sexuality have important implications for the practice of sex within marriage. Anecdotal evidence suggests that marital sexual relations are not very satisfying, and that respectable sex with wives is limited to the missionary position.[13] Uniformed soldiers gave multiple reasons for this lack of sexual variety within marriage: different positions may damage women's reproductive capabilities, wives' sexual inexperience and politeness

12) In a recent report by Hach (2005) on Investment Policies and Development in Cambodia, a study by MOWVA is cited which found that 60 % of sex workers surveyed in Phnom Penh were previously garment workers.

13) Interview with David Wilkinson

towards wives [FHI 2003]. Underlying these reasons is a lack of acknowledgement of women's pleasure and the narrow view that sex within marriage is purely for reproduction. Men's sexual pleasure can only be realized through exploration and fulfillment of sexual fantasies with the sex worker, however even sex workers are not perceived to have active sexual pleasure. In addition there is a perception that the cash transaction implies that the sex worker is owned and the client has a right to demand anything, whether extreme or not. The sex worker is less than human, especially in the context of Buddhist religious orthodoxy which emphasizes that the body is not the individual soul, and is thus unimportant [Derks 2005].

The lack of respect for the sex worker's body underlies the increasing phenomenon of *bauk* or gang rape. *Bauk* is occurring predominantly among students who see the sex worker as less than human and view the gang rape as a part of male bonding. This increasingly violent sexuality is also due to a lack of sex education combined with widespread availability of pornography.[14] There is now an explosion of video parlors showing violent pornography. CARE attempted to work with these video parlors to show less violent pornography, but found it extremely difficult as male customers openly demanded increasingly violent videos.[15] The impact of these videos are evident in both the rape of young girls below 10 and the rising number of police cases of young children indulging in sexual violence, "repeating what they saw".[16] Another factor contributing to the increased rape of young girls is the mistaken belief that sex with virgin girls will cure one of HIV/AIDS.[17]

Another important trend to note is the growing number of girls migrating into Phnom Penh as garment workers, beer girls, karaoke singers, and waitresses. Some of these young women engage in sex work for additional income, and therefore perceived as available. Even those who do not engage in sex work are perceived as 'modern' or 'high life' and thus accessible and open to sexual violence. In addition many of these young women are living alone, in a different context from the village, and are forming new relationships and changing their sexual behavior. They form the bulk of 'sweetheart' relationships, to which married and unmarried men are increasingly turning given the high rates of prevalence of HIV/AIDS among sex workers.

A final implication of the rigid norms of sexuality is the norm that condom use in non-commercial relationships is unacceptable.[18] Condom use or raising the issue of condom use is considered to be an admission of infidelity for men and lack of trust for women. Within the marital relationship men's multiple sexual interactions are accepted but not openly acknowledged; moreover most married women cannot request a condom, and if they did it could result in violence. The same applies to 'sweetheart' relationships, though some research indicates that young women and men agree that condom use would be a wise option (CARE Cambodia 2003; PSI 2002). Women in 'sweetheart' relationships seem to have a greater leeway to negotiate condom use by referring to prevention of pregnancy, which is not acceptable outside marriage.

Overall, gender norms and norms on sexuality combined with psycho-social stress of an era of conflict and weak institutions at the family, community and societal levels have led to a deeply entrenched culture of impunity. As one youth remarked "This is Cambodia, the law is just on the mouth of the people." [Doyle and Samean 2002] Such a culture of impunity also feeds into a sense of infallibility. *Bauk* is perceived by young men as not about women as it is about "male friendship and feeling powerful". While *bauk* is an extreme form of behavior, the norms of masculinity, especially demonstrating one's sexual prowess, underlie the spread of high risk male behavior into the general population. And given the gender construction of Cambodian society, women are unable to effectively resist neither the growing incidence of gender based violence nor the increasing risk of HIV/AIDS. It underscores the importance of addressing potential links between GBV and HIV/AIDS and developing new strategies to fill gaps in existing responses to both epidemics.

14) Some of the newspaper articles attribute the increase in bauk to also the closing down of brothels as part strict implementation of the 100 % Condom Use Program leading to closure of brothels not complying with regulations of the programs. As a result brothel based sex workers have increasingly turned to street sex, especially at night in parks, making them more vulnerable to bauk or gang rape. In fact sex workers who experience bauk often do so multiple times. See Doyle and Samean 2002.

15) Interview with Leah Doahey, CARE

16) Interview with Janet Ashby

17) According to a BBC report young girls tend to sold to brothel to satisfy this demand for virgins. Visit http://news.bbc.co.uk/1/hi/programmes/crossing_continents/3975965.stm

18) The extremely low level of condom use within marriage (about 1 %) is a reflection of this rigidity [MWA 2004]

Section 2: The HIV/AIDS Response

Cambodia has made progress in its fight against HIV/AIDS with the continuous decline in adult prevalence from 3.3 % in 1998 to 2.6 % in 2002 to 1.9 % in 2003. Much of this success can be attributed to the high level of political commitment early on, a strong response from civil society, and a wide range of national activities by the Ministry of Health, such as the 100 % condom use program. The Prime Minister in fact took a personal interest to initiate the 100 % condom use program and publicly stated "no condom no sex". There has been rapid progress in terms of development of national polices, strategies and coordinating institutions for a comprehensive response. The National AIDS Authority (NAA) was established as an inter-ministerial body with the responsibility of formulating and monitoring the national response to HIV/AIDS. NAA consists of a secretariat, 26 line Ministries, the Cambodian Red Cross and 24 provincial authorities.

The NAA has worked with government departments to articulate department strategies and fund HIV prevention activities from their regular budgets. The national strategy from 2004 to 2007 consists of seven strategies (see box) to address the following priorities:

- multi-sectoral response, involving ministries outside health
- continued implementation of the 100 % Condom Use Program
- improved STI prevention and treatment
- prevention of mother-to-child transmission of HIV
- HIV/STI school-based education and outreach programs to core groups
- HIV/STI community-based prevention programs

The National Strategic Plan (NSP) calls for a comprehensive multi-sectoral response to HIV/AIDS and advocates for "a new paradigm for our approach to the HIV epidemic in Cambodia". The documents describes a broadening of the national approach and response from a primarily health sector-based disease model to a holistic development-linked approach, drawing upon lessons learned from the response to date. Successful strategies identified in the response to date include the efficacy of strong partnerships between Cambodian civil society and government, a positive response to capacity building approaches versus knowledge-focused interventions, and the greater impact of integrated, decentralized, and participative approaches to HIV/AIDS.

Cambodia's National Strategic Plan to combat HIV/AIDS

Seven interdependent and mutually reinforcing sub-strategies constitute the core of Cambodia's National Strategic Plan to combat HIV/AIDS.

Strategy 1 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.

Strategy 2 Enhancing legislative measures and policy development.

Strategy 3 Strengthening the managerial structures, processes and mechanisms to increase the capacity for coordinating, monitoring, and implementing HIV/AIDS actions, and enhance cooperation with stakeholders at national and international levels.

Strategy 4 Strengthening and expanding preventive measures which have proved to be effective and piloting other interventions.

Strategy 5 Strengthening and expanding effective actions for care and support which have proved to be effective and piloting 'new' interventions.

Strategy 6 Strengthening national capacity for monitoring, evaluation and research.

Strategy 7 Mobilising resources to ensure adequate human capacity and funding at all levels.

In 2002, the Parliament adopted the Law on the prevention and protection of HIV/AIDS and announced its commitment to provide universal access to HIV/AIDS treatment at the Second National Conference on HIV/AIDS (October 2002). Several ministries including the Ministries of Defense, Education, Social Affairs and Women and Veteran Affairs have all developed the ministerial strategic plans along the lines of the NSP. Ministry of Women's and Veterans' Affairs also formulated a policy on Women, the Girl Child and STI/HIV/AIDS in 2002, and has been actively lobbying with other Ministries to address gender dimensions of the epidemic in their respective strategies and workplans.

The UNAIDS Country Profile 2004 gives an overview of the range of programs currently being implemented in Cambodia that are moving forward the National Strategic Plan on HIV/AIDS.[19] The level of activity is impressive, covering all segments of the population in the areas of prevention, treatment, care and support services.

Prevention

Prevention efforts include behavior change programs by both government and NGOs (including INGOS), production of IEC materials, social marketing of condoms, and peer education among vulnerable populations such as sex workers, garment workers, uniformed servicemen, police, mobile populations and youth. The other critical components of prevention efforts are management of STIs, prevention of mother to child transmission (PMTCT), and blood safety. STI management has made headway with good dissemination of guidelines and protocols in both public healthcare sites and NGO clinic sites. However, this not yet translated into availability of integrated STI services for the general population. PMTCT is still in early development with availability of services limited to 4 to 6 provinces and extremely low uptake even where available.[20] Significant success has been achieved in the blood safety program with the HIV prevalence in blood donations dropping from 4.8 % in 1998 to 1.8 % in 2002.

There are a few innovative community development programs which integrate HIV/AIDS education in micro-enterprise, food security, community health, and governance programs. For example World Vision has integrated HIV/AIDS prevention messages into its Micro-Enterprise Development program. Messages are integrated into the passbooks, credit agents disseminate information on health and HIV/AIDS and village banks call meetings of villagers in which a range of issues including HIV prevention are discussed. KHANA is working with World Food Program to ensure distribution of food assistance to PLHAs and Orphans and Vulnerable Children (OVCs). The International Women's Development Agency is working with Banteay Srei, a Cambodian NGO, to assist rural women in sustainable food production, provide shelter and counseling in cases of domestic violence and implement a holistic HIV/AIDS prevention and care.[21] Such community integrated programs need to be replicated more widely, especially in the context of the growing importance of transmission from husband to wife.

Treatment and Care

Treatment and care support programs include both hospital and home based care programs by the government and NGO sectors. An important entry point for treatment and care programs is Voluntary Confidential Counseling and Testing (VCCT). NCHADS has developed protocol and guidelines for VCCT in 2002. Today there are 58 NCHADS monitored sites, covering most of the provinces, which provide both pre and post test counseling. Many of

19) The following discussion of HIV programs is based on UNAIDS 2004 and Dhaliwal and Ellman 2003.
20) From WHO interview with Massimo Ghidinelli, HIV/AIDS Advisor.
21) See KHANA (2003) and www.iwda.org.au/work/cambodia.htm for detailed description of programs.

these sites are in partnership with NGOs such as RHAC, World Vision, and Red Cross whose staff have undergone UNICEF-supported training. However, there is a common perception that counseling in these testing sites is of poor quality and there is little referral to support services [Fletcher 2003].

Treatment of opportunistic infections is another critical component of care and treatment programs. Much of this treatment is hospital based, of uneven quality and expensive [Dhaniwal and Ellman 2003]. The exception is NGO supported hospitals where treatment of common opportunistic infections is free. In addition there is neither a mapping of private sector facilities nor enforcement of treatment guidelines. There is however a special focus on TB and integrating home based care for HIV/AIDS and home DOTS delivery.

Post Exposure Prophylaxis (PEP) is provided by some NGOs to those providing clinical care to people with HIV. There is no provision of PEP in the public health sector. Also PEP is not being implemented for those experiencing sexual violence.

The main focus of treatment programs is the provision of ARVs. While ARVs are available with or without a prescription from pharmacies, only four hospitals in Phnom Penh provide them free to poorer patients, who are selected among those attending the HIV clinic or admitted for in-patient care. Most select the patients on the basis of medical criteria and doctors play a leading role in the selection. Centre of Hope gives equal emphasis to ensuring that the patient has disclosed status as well as someone close to them who can provide support.

This is to ensure that there will be continuous support and encourage adherence which is essential for the treatment to be effective. There is currently no home care based approach to delivery of ARV treatment.

However, home care teams are slowly expanding as the continuum of care framework becomes the main mechanism for service delivery. KHANA supports 32 home care teams in 6 provinces - Phnom Penh, Battambang, Kompong Cham, Siem Reap, Takeo, and Sihanoukville. Other home care teams are supported by NGOs such as World Vision, Centre of Hope, Servants, and Maryknoll. Home care teams, based in local health clinics, comprise government health care staff, NGO staff and community volunteers, including people living with HIV/AIDS (PLHAs). These teams provide basic clinical care, psychosocial support, support for referral and follow-up, and support people living with HIV at community level. In Phnom Penh approximately 1800 persons with HIV are supported by the home care network. An issue with the existing coverage of these teams is that few sex workers and military personnel are supported by home care.

Overall the response to HIV/AIDS is extensive, and a multitude of organizations and donors are working together to stem the epidemic in Cambodia. The Government works with nearly 72 NGOs, and all of the key INGOs such as CARE, FHI, PSI, World Vision, and International HIV/AIDS Alliance have major programs in partnership with the Government. Donors such as USAID, AUSAID, DFID and more recently the Global Fund have provided more than $ 80 million to the national effort. UNAIDS, UNICEF, WHO, UNFPA and UNDP provide much needed technical assistance to both NCHADS and NAA.

A Gender Sensitive Response

That gender inequality fuels the HIV/AIDS epidemic is well understood and articulated within the policy documents and national strategy of Cambodia. The NAA in its national strategy specifically focuses attention on the importance of having a gender sensitive strategy. In fact the NAA argues for a shift that "calls for a change to the existing paradigm for

HIV/AIDS actions from a segmented, health centered and top-down approach to a more holistic development approach that is gender sensitive and people centered with a focus on empowering individuals, communities and society." (NAA 2001:11) The document goes on to emphasize the importance of addressing gender equality through a greater understanding of the links between gender, development and the HIV epidemic in order to reduce the increased vulnerability of women. This attention to gender is reinforced by the National Policy on Women, the Girl Child and STI/HIV/AIDS introduced by the Ministry of Women and Social Affairs.

Despite this favorable policy environment for addressing gender inequality and promoting gender sensitive programs, there are few examples of programs addressing issues of gender in a holistic manner. This is due, in part, to the minimal understanding of gender as concept among government officials and NGOs, as was commonly observed among those interviewed. There is a tendency to conflate gender with women and conclude that programs targeting women are addressing issues of gender. However, even at this basic level, with the exception of programs targeting sex workers, programs reaching women are still not extensive, with most outreach programs targeting men in high risk groups such as military, police, mobile men such fishermen, or youth. For example, the 100 % Condom Use Program, which has been evaluated as largely successful based on an increase in condom use and reduction of HIV prevalence among sex workers, employs a fundamentally punitive view of women as vectors of disease. There are strict rules on registration of sex workers for STI management, threats to brothel owners to enforce condom use, and rigorous monitoring by a local committee of stakeholders including police, community leaders and health officials. Although there have been components of empowerment such as organizing sex workers, providing income generating activities and offering vocational training, a 2003 external evaluation of the program[22] raised issues of sex workers' confidentiality, the provision of quality STI care based on a sex worker's entire medical history, addressing the larger context of the sex worker's life, and inattention to clients (UNAIDS 2003). Some program implementers have also raised concerns that because of strict enforcement of the policy, there is likelihood that brothel owners force sex workers to have private tests for HIV, and then throw them out if the test is positive.[23] There is no research to establish how common this is but it could have implications for the validity of the downward trend in HIV prevalence rates among sex workers.

Although peer education models targeting men and youth like that developed by FHI are comprehensive and highly successful, the exploration of gender in them is however limited. The peer education model walks male participants through a series of participatory learning exercises on HIV and STI knowledge, condom use, care for PLHA, risk assessment, decision making, communication skills, gender issues and alcohol and risk behavior. In the latter four modules, the issue of norms on roles and responsibilities and sexuality are discussed in some depth. Violence against women is raised in the context of the stories that are used for discussion. Sexual violence as an outcome of alcohol is also raised. While these make some inroads into the acceptability of violence by men against women, the modules do not directly address issues of masculinity and its link to violence. At no point in these training sessions is there an attempt to explore the socialization of boys into men, the role violence plays in defining masculinity, and the links between alcohol, sexuality and violence. Not going deeper than the ideal roles of men and women, the program looses an opportunity to address underlying dynamics of behavior and thus a sustained transformation of individual attitudes and behaviors. A further drawback of these programs is that most of them target men in isolation and do not integrate couples into the program.

22) Supported by NAA, NCHADS, and UNAIDS
23) Discuss ion with Geeta Sethi, UNAIDS

There has been a recent expansion in HIV/AIDS education and sexual health programs targeting young women engaged in garment factories, karaoke bars, casinos, beer promotion, and restaurants, primarily in urban areas and in particular Phnom Penh. Some programs, such as those implemented by CARE, attempt to improve the access of these young women to sexual and reproductive health services, improve their conditions of employment and address the violence and harassment they face from employers and customers. RACHA and RHAC also provide innovative programs integrating HIV/AIDS into reproductive health services. These emphasize couple counseling and attempt to involve men in their partners' reproductive health decisions. In addition RACHA has a program focused on migrant couples to discuss potential risk for HIV/AIDS and facilitate joint decisions on strategies to address this risk.

RHAC is also addressing issues of domestic violence and rape. It provides clinical services to victims of rape[24], developed a rape and violence referral network and trained nearly 3000 volunteers to provide support to survivors of violence. RHAC has in fact plans to introduce systematic messages on gender based violence in its clinics and is interested in introducing a screening protocol on violence into their services. Another innovative program that focuses on couples is the program by CARE in Koh Kong province (see box).

Another important development is the involvement of faith base groups in programs providing care, addressing HIV-related stigma and discrimination and addressing gender inequality. A particularly comprehensive program is run by Norea Peaceful Children (NPC), a Buddhist FBO in Battambang town in Battambang Province.[25] NPC not only provides care to 400 orphans but is actively addressing stigma and gender issues, including domestic violence. It has established a Buddhist Leadership Network to encourage support at senior levels of the provincial government for HIV/AIDS care and support and anti-stigma and discrimination initiatives as well as question gender inequalities in the *Chbap Srey* in order to influence the content of school curriculum. A wisdom team of 40 men and women, who are community elders and opinion leaders, has reviewed the *Chbap Srey*, and has developed a more gender equitable version that is being advocated to be adopted in the school curriculum of Battambang Province. All of these programs provide possible directions for effective programming if the new routes of transmission of HIV/AIDS are to be addressed.

Couples In The Know

In May 2000, CARE Cambodia initiated the Cambodian component of the regional training for HIV/AIDS Prevention and Sexual Health (Women's Assertiveness) Project funded by AusAID. The two-year Women's Assertiveness project was implemented in two sites in Viet Nam and one site in Cambodia. The project aimed to increase the safety of sexual encounters among men and women by improving their negotiation skills and increasing their understanding of sexual health.

The Cambodian pilot took place in two villages in Koh Kong that were composed of very different cultural groups. The first was a predominantly Muslim ethnic Cham village. The second village, Smach Meanchey, was Khmer Buddhist. Although each village has different cultures and religions, they were both vulnerable to HIV/AIDS due to high levels of mobility.

Initially, married women were the focus of the program in Cambodian site, but it immediately became clear that working with couples would have greater impact. CARE was granted permission to implement the pilot with both married women and men in Koh Khon province.

An evaluation conducted at the end of the pilot phase found that the couple communication program had improved reported couple negotiation. About 88 % of participating husbands reported that it was appropriate for married couples to openly discuss sex and condom use, a 24 % increase over the baseline research. Due to its success, the program, now known as Couples In the Know (CITK), is being replicated in four other project sites, reaching over 15,000 husbands and wives.

(from Couples in the Know – CARE program description)

24) However, the medical certification of rape can be done only by the government health department.
25) See Ward and Chanthon 2004 for a more detailed description of this program.

Section 3: Gender Based Violence Response

Unlike the political will driving a multi-sector national response to HIV/AIDS, there is no similar level of political commitment for addressing and ultimately eliminating gender based violence. As previously noted, the critical forms of gender based violence within Cambodia are sexual, emotional, and physical violence within marriage including, sexual violence outside the domestic context, and trafficking of women, girls and boys. Cambodia does have constitutional guarantees for equal rights (Art 31) and the ban of violence (Art 48) and has ratified various conventions, covenants and declarations on human rights including CEDAW. However, the lack of political will has meant that these good intentions have not been translated into either policy statements or specific laws to address the epidemic of gender based violence.

Responses to Trafficking

The existing response to gender based violence has focused primarily on trafficking. In 2000 with funding from Government of Finland and technical support from IOM, MOWA initiated a three year project on prevention of trafficking in six provinces and municipalities. It is now in its second three year phase. The project has an outreach program providing information on trafficking and safe migration to vulnerable women and children, a referral network to provide support to families in a crisis that could result in trafficking, interventions for community empowerment including life skills training, and a pilot project in Svay Rieng Province to develop alternative livelihood strategies. In addition, legal literacy training is being provided to provincial, district, commune and village authorities. The MOWA is also hosting the national secretariat of the UN Inter-Agency Project against Human Trafficking in the Greater Mekong Sub-Region. Through a consultative process facilitated by UNIAP, a Coordinated Mekong Ministerial Initiative against Trafficking (COMMIT) has been established to strengthen a regional response to trafficking.

Apart from these activities of the government, International Organization for Migration in Phnom Penh, in collaboration with MOWA and with support from USAID, has launched a three year information campaign in 18 provinces and municipalities to combat trafficking in women and children. The project also aims to improve the capacity of the Ministry of Women Affairs to conduct advocacy campaigns, develop policy and carry out information campaigns about trafficking. In addition IOM provides legal assistance, medical services, counseling and reintegration to the survivors of trafficking.

Several Cambodian NGOs such as AFESIP and CWCC provide shelters for women who are traffikked, and human rights organizations such as LICADHO and ADHOC monitor the rights violations of the survivors of trafficking.

An important issue that has emerged regarding trafficking is the difficulty in ascertaining who is trafficked and who is voluntarily engaged in sex work. Some of the organizations have a perspective that all women and girls in brothels are trafficked and as such must be 'rescued' despite the protests of the sex workers. Unfortunately these shelters do not necessarily provide adequate alternate livelihood strategies and usually have a time limit of not more than 6 months for the provision of shelter, so most of the 'rescued' survivors go back into sex work.[26]

Rape and Sexual Assault Response

In terms of sexual violence outside of the domestic context, rape is a crime as per Article 33 of the UNTAC Criminal Code and also under Article 5 of the Law on Aggravating Circumstances of the Felonies, 2001.[27] Rape (or attempted rape) is punishable by 10 to 20 years imprisonment. A sentence of 15-20 years with labor must be applied if the rape is accompanied by threats with a weapon, or if the victim is pregnant, is physically or mentally disabled, or is aged under 14.[28] Sexual assault or indecent assault is avenged by 1-3 years imprisonment or double if the person assaulted is a minor below the age of 16. A major gap in the legal framework is that age of consent is not defined so statutory rape is not recognized. This is a significant gap in light of the fact that nearly 70 % of children surveyed in the tourist center of Angkor Wat reported that they were approached by tourists for sex (Niron et.al 2001). Rights groups and the UN's protection and monitoring unit in Cambodia are currently trying to have minors defined as under the age of 18, in line with

26) Discussion with Geeta Sethi, UNAIDS and Janet Ashby
27) The rape provisions of the latter law take precedence over those in the UNTAC law.
28) Law on Aggravating Circumstances of the Felonies, Article 5

international conventions on the rights of children. Current legislation dates back to the early 1990s when Cambodia was administered by a UN transitional authority. AFESIP is currently working with the MOWA to move forward specific legislation on Commercial Sexual Exploitation of Children.[29]

A problem identified by various stakeholders interviewed was that the existing rape and indecent assault laws are rarely implemented in getting justice for the survivors of sexual violence. This is partly due to the definition of rape, narrowly restricted to vaginal penetration and partly due to the patriarchal values held by police and judges. For example in a case of a young girl raped by a 60+ man, the judge ruled that rape was not possible because a man of such age could not hold an erection, and using fingers was not a violation.[30] Another issue highlighted in the interviews and literature reviewed was that women and girls are usually encouraged to settle for a monetary compensation rather than complete criminal prosecution. Corruption is often involved but the pressure for such a settlement is also brought by fear of bringing further shame to the family. In cases where there is a truly egregious assault then the most favored option is to have the girl/woman marry the rapist.

Domestic Violence Responses

Domestic violence is not considered a crime in Cambodia, unless there are sufficient injuries to prosecute under general category of assault or as homicide in case of death. This lack of a specific response to domestic violence is partly due to the wide acceptance of such violence among large sections of the population, including women themselves. Nearly 35 % of women surveyed in the Cambodian Demographic and Health Survey indicated that husbands were justified in beating their wives for at least one of the possible reasons listed. 31 % also believed that a wife had no right to refuse sex unless due to recent childbirth, or knowledge that the husband had HIV infection. The Ministry of Women's Affairs drafted a law on domestic violence in 2005 which was adopted by Council of Ministers on the 25th of March and is currently waiting to be debated in the National Assembly.

The Ministry has continued to push forward with technical support from GTZ on both developing and implementing a national plan of action and lobbying to get the draft law reintroduced and passed. A significant step forward in creating a more favorable policy environment was taken, with the support of UNDP, to engender the MDGs. In that process, MOWA has pushed for the adoption of the elimination of violence as Goal 7 of the gender-responsive implementation of the Cambodian MDGs. The policy recommendations are comprehensive, and include recommendations on strengthening the legislative framework on violence against women, developing a national multi-sectoral strategy for prevention of DV, and providing effective services to survivors (see Annex II). MOWA's recommendations are further supported by the fact that the National Poverty Reduction Strategy has also recommended that new domestic violence and anti-trafficking laws be passed.

In light of this slowly but increasingly favorable policy environment, one of the most important areas of work has been sensitizing police and incorporating a greater attention to gender in both recruitment and investigative procedures. AUSAID has been providing support to the Ministry of Interior for a five year project to work with the national police, ministry of justice and prison officials. A gender action group has been formed within the Ministry of Interior whose chair is the director of the anti-trafficking unit. The program consists of raising gender awareness and creating behavior change among police in terms of their relationships at work and at home. As part of gender awareness, gender trainings in partnership with Gender and Development have been held in nearly 13 provinces. In fact, the gender training has become a requirement for newly recruited police officers. The course covers gender and sex, relationships, gender strategy, gender based violence and HIV/AIDS. A newsletter is being

29) AFESIP has in fact drafted a law on Commercial Sexual Exploitation of Children.
30) Interview with staff of UNAIP

circulated regularly that shares perceptions of police leadership and police personnel as they go through the trainings. Another focus of attention has been strengthening the quality of investigation of crimes against women and demonstrating the efficacy of women police officers. A success has been that the regular investigation course for police officers now has two days devoted to gender awareness. The program is now launching into a second phase focusing on behavior change with a particular emphasis on behaviors outside of work. In partnership with FHI, and building on the peer education model for uniformed servicemen, a five day course of training and reflection will place special focus on attitudes towards women, sexual behaviors, violence, alcohol, and HIV risk. In the program for prison officials, families have been included in the training program leading to a more open discussion of family planning, domestic violence, women's rights, and women's participation in political processes. Another important program being implemented is community safety program at the district level. In this program, police interact with local community leaders and elected officials to involve community members in promoting, responding, and monitoring crimes within the locality, including violence against women. There is a growing recognition that health officials also needed to part of the local committees which monitor community safety and engage in addressing violence against women.[31] This is a potential opportunity that needs to be explored.

Project Against Domestic Violence (PADV) was established in early January 1995 with support of the Asia Foundation following a conference entitled 'Conference on Intra-Familial Violence' in which the results of the first ever survey on DV in Cambodia were presented. PADV focuses on preventing and eliminating domestic violence by means of research, education, training and public awareness-raising. PADV's mandate is to raise the health dimensions of domestic violence including the facts that more women report sexual abuse and injuries during and after pregnancy than at any other time, and that health care providers have limited information on options or services available to women for responding to domestic violence. Programs and activities of PADV's are based on human rights principles of protecting individuals. PADV's success has been limited so far.

Numerous NGOs offer shelter, legal aid and counseling services for women experiencing domestic violence. Cambodian Women's Crisis Center, for example, has three regional offices and confidential crisis shelters, a drop-in-center and a counseling program. Counseling support, group education (including session on HIV/AIDS), medical treatment, and livelihoods training are offered in the shelters. Recently CWCC has actively developed referrals to VCCT sites run by NYEMO[32] and HAGAR[33] to assist trafficked women who come to the shelters. If a woman admitted to the shelter is found to be HIV positive, CWCC networks with HIV/AIDS programs to find long-term care, including ARV treatment and leverages other programs to find nutritional supplements for the woman while she in the shelter. LICADHO is another leading organization monitoring human rights violations, including trafficking, sexual violence and domestic violence. With 12 offices in the districts, it provides medical services, counseling, mediation, and legal aid. LICADHO engages in cross referral with NYEMO and HAGAR who provide VCCT services and with other organizations such as CWCC, which provides shelter. LICADHO also provides training on human rights, rape, trafficking and domestic violence to police, local officials and community members, and engages in numerous advocacy activities. Another important organization is Gender and Development, which works to promote gender equity in social, economic and political process in Cambodia. GAD's major activities include IEC, training on gender, and advocacy. An innovate GAD project is the 'Peer Education Against Rape Project' in which workshops are conducted by high school students for

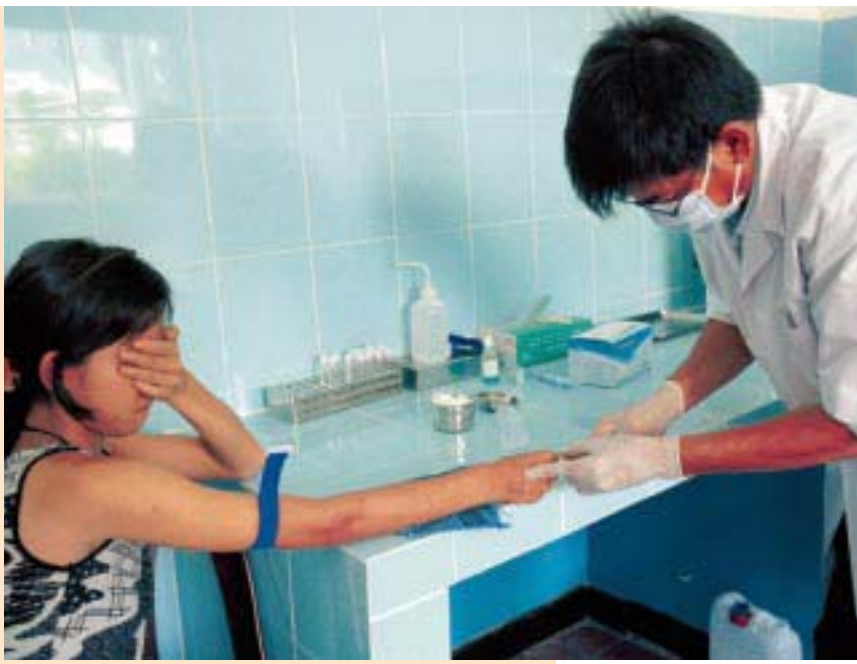
31) Interview with Kuy Kuch Nalin of the Criminal Justice Assistance

32) The NGO Nyemo aims at facilitating the establishment of small scale reintegration programmes for vulnerable people through linking existing resources and building a sustainable social and economic safety net. NYEMO provides extensive rehabilitation and vocational training for victims of human trafficking; counseling and preventative education for victims, including HIV/AIDS education. It is also a shelter and training centre for vulnerable women including victims of rape and domestic abuse.

33) HAGAR is another NGO established to provide services for victims of trafficking and domestic violence.

their peers on issues of rape, human rights, and law. The students conducting the workshops receive training of trainers. Another activity of GAD is to support the Cambodian Men's Network, the first of its kind in Cambodia dedicated to eliminating violence against women and children. A network bringing together more than 1000 men who share the commitment to eliminate violence against women and children, it operates in 12 or half of the provinces in the country and two cities. The network holds an annual consultative meeting to develop its workplan for the year. Three key committees – Coordination Committee, Technical Committee and Regional Committee – are responsible for carrying out the workplan. The CMN has been highly successful in conducting the White Ribbon Campaign[34] as part of the 16 Days of Activism Against Violence.

An important aspect of activity within the field of domestic violence prevention in Cambodia is the formation of networks – most of the organizations working on human rights and violence are part of two large networks that engage in joint advocacy, especially around legislation. Another important characteristic is that there is some minimum cross referral happening, especially in the context of HIV/AIDS. An issue of concern is the quality of counseling that is being done by most organizations. Many interviewees pointed out that there are few well trained counselors who go beyond didactic advice.[35] This is in part due to the lack of attention to mental health and the virtual absence of trained psychologists and counselors. The Social Services of Cambodia and the Transcultural Psycho-social Organization are among the few organizations attempting to provide good quality training courses, which however have no accreditation. At present the SSC is offering a course on Basic Social Work Skills for working with people who have experienced gender based violence, including domestic violence, rape, sexual exploitation, and trafficking with support from GTZ. Many NGOs send their staff to the course given the growing demand for trained counselors by NGOs, especially those running shelters. Expanding the number of training courses and improving the quality and content of such courses are important entry points to combat gender based violence, improve HIV/AIDS counseling programs and promote a culture of cross referrals.



Another encouraging trend within program activity around domestic violence is the growing interest in utilizing the health system for addressing domestic violence. The PADV report cited previously highlighted that the health system is in fact the first entry point for most women who experience domestic violence. UNFPA has been training health professionals to raise their awareness of gender based violence. In an innovative pilot project, the Rockefeller Foundation is supporting a joint project between Urban Sector Group and the Municipal Health Department to raise sensitivity to domestic violence among the health staff, introduce protocols for identification of clients experiencing violence, provide counseling, and provide referral for follow-up legal and judicial support.

34) www.whiteribbon.ca

35) Anne Horsely, IOM, Ellen Maniotti, Suzanne Mueller. Ellen particularly pointed out there is usually a status differential between the one being counseled and one who is counseling. Within the culture and especially the Buddhist religion, counseling

Section 4: Key Gaps and Challenges

Despite massive and comprehensive efforts to address HIV/AIDS in particular, and gender based violence to a lesser extent, there are key gaps and challenges that limit the effectiveness of the national response to these epidemics. From this overview of the responses to HIV/AIDS and GBV, certain key gaps are evident.

Lack of coordination: Currently the efforts to address HIV/AIDS and GBV mainly operate in isolation to each other. Many of the HIV/AIDS organizations have little understanding of gender based violence. They have little awareness what responses are in place and of the key players who may be a source of information and support. An apt example of the level of disconnect was the misconception by several of the HIV/AIDS organizations interviewed that the draft bill on domestic violence had already passed. Violence prevention organizations had a slightly better awareness of the seriousness of the HIV/AIDS epidemic, the various responses in place, and potential programs that they could turn to for support. However, many of these organizations were not aware that there was a national policy on women and girls and STI/HIV/AIDS. Surprisingly there was a low awareness about this policy even among the HIV/AIDS groups.

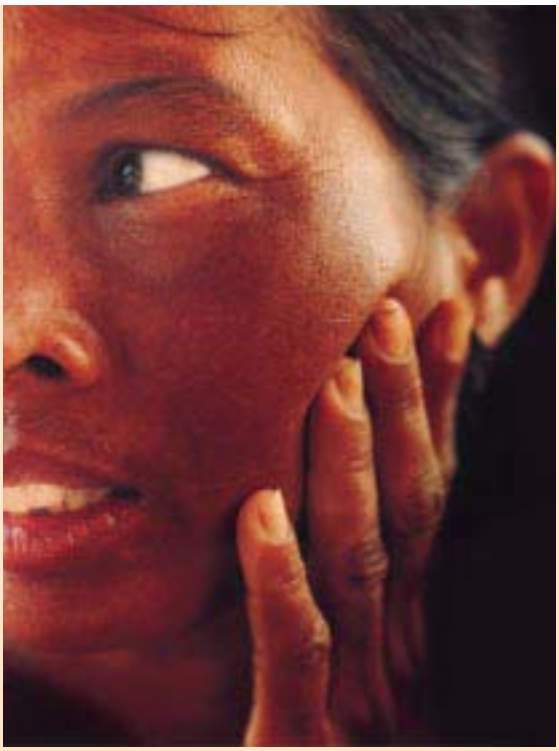
Even within organizations that may be addressing both issues, there is little coordination and cross-dialogue. Within the Ministry of Women's Affairs for example, the team providing support on domestic violence is not fully informed about HIV/AIDS programs. There was no strategic thinking that the epidemic may in fact be a vital leveraging point for building support for the passage of the draft bill. Partly this was due to the lack of understanding among NGOs and government officials of the underlying power dynamics fuelling both GBV and HIV/AIDS. Among human rights oriented NGOs, there was little indication that groups working on women's rights interacted or worked closely with those monitoring rights violations within the HIV/AIDS issue. Coordination and leadership were pointed to as significant problems even within the technical Working Groups formed by the NAA on various issues.

There is a need to identify and support opportunities for dialogue and information sharing among NGOS and government ministries working on both or either of the issues of HIV/AIDS and GBV.

No Culture of Referrals: Not only is there little coordination between programs within or across organizations, a culture of referral is lacking. Those interviewed frequently highlighted that within service delivery there is no systematic practice of referral either in the health system as a whole or within the NGO sector. Referrals happen primarily at the initiative of motivated individuals. There are few guidelines or incentives promoting referrals either in HIV/AIDS or GBV programs which are imperative given the rapid scale up of HIV/AIDS programs.

Low Quality of Counseling: A significant gap in Cambodia is the lack of mental health programs and trained human resource to implement such programs. There was a strong perception that counseling within shelters for victims of violence and VCCT sites was inadequate and involved little reflection or sense of individual agency. Additionally there is little information or support provided to think through and plan for the consequences of GBV for HIV/AIDS and vice versa. Counseling is thus an undeveloped area of service which is in fact highly problematic given the expansion of VCCT and home based care programs as well as scaling up of ARV treatment. Even within domestic violence programs counseling is rudimentary. Gold standard manuals for counseling and accredited courses providing quality training in counseling are urgently required.

36) Interview with Suzanne Mueller, GTZ



Lack of attention to GBV in peer education programs: Although many peer education programs do explore the connections between notions of manhood, alcohol, sexuality and violence, they do not address gender based violence directly. There is no clear message that violence is not acceptable and no information is provided on the rights of persons experiencing violence or on the consequences for perpetrators. In the Cambodian context where violence is accepted as a normal mechanism to end conflict, it may be particularly hard to develop messages reinforcing the non-acceptability of violence.[37] Developing a module on gender based violence for incorporation into peer education programs is essential especially as programs extend to youth.

In addition to these gaps, the following challenges were frequently observed by the stakeholders interviewed for this study:

- Low understanding of gender and gender based violence
- Low technical capacity among public and NGO sectors especially at provincial levels
- Little monitoring of counseling
- Institutional fragmentation and no mechanism for coordination between sectors
- Multiple donor agendas intensify institutional fragmentation
- Collaboration between ministries is difficult, especially lack of clarity about who should lead in coordinating issues of the various working groups formed by the NAA
- Vertical HIV/AIDS programs leading to inefficient management and overload of staff within the health system, especially at the provincial level
- Climate of pervasive corruption impacting delivery of health, legal and judicial services
- Lack of vision and leadership on incorporating and monitoring the private sector, especially private physicians, clinics and pharmacies
- Donors' results orientation encouraging a medicalized approach to HIV/AIDS despite overall commitment to holistic and people centered approaches
- Low involvement of PLHAs in most programs

37) Suzanne Mueller suggested that when 58 % of men think it is okay to shoot a wife if she is not paying respect to the husband developing messages that would resonate with such men is an extremely difficult process.38) Gary Jacques, Center of Hope

Section 5: Links Between HIV/AIDS and GBV

Evidence

While there is no rigorous empirical evidence on the links between HIV/AIDS and GBV as in some African countries, there is an understanding that such links may in fact be in operation even in Cambodia. In most of the interviews the possibility of links was perceived as a new but important area to explore and integrate into programs. Among those working with PLHAs, it was commonly remarked that fear of disclosure was real for women given the risk of abandonment.[38] In connection with the International Women's Day on March 8th the newly formed network of HIV positive women participated in a conference and talked about violence as being pervasive in their lives.[39] A human rights organization monitoring rights violations of positive persons found that a majority of these violations was among women. CNP+ which coordinates 12 networks of positive persons, has documented high levels of discrimination against positive persons, including isolation, being thrown out, and other forms of family and community violence.[40] This affects women much more than men. An interesting observation made in the interview with Loap Srey Luch was that self stigma among HIV positive man may in fact fuel greater violence against wives or female partners. Both CNP+ and Khanna pointed out that preventative behavior among positive men was particularly difficult and there was little evidence of understanding the risk of re-infection. Moreover there was no recognition of the ethical responsibility of an HIV infected person not to transmit the infection. Both felt that gender based violence, especially domestic violence, was an issue that the HIV positive networks have to incorporate in their training and support services. Increasing awareness about GBV and the increasing attention for HIV transmission amongst couples and mother to child transmission has led to the inclusion of a component focusing on couples in the Round 5 proposals to the Global Fund. This provides a good opportunity to address GBV and ensure adequate funding and technical support for interventions.[41]

Among violence prevention organizations, there is an equally growing awareness of the link between violence and risk of HIV. For organizations working with women and girls who have been trafficked, there is an effort to ensure that their clients receive VCCT and referrals to ARV treatment. The phenomenon of *bauk* has raised concern among organizations working with youth to raise their awareness about HIV/AIDS. Organizations working on prevention of violence outside of marriage are increasingly aware of the link between GBV and HIV/AIDS. However, there is less clear understanding of the potential link between domestic violence and HIV/AIDS. Violence prevention organizations do not routinely inform domestic violence survivors who seek support, of the potential risk of HIV/AIDS. However, in public awareness campaigns especially around women's rights, there are often twin messages around HIV/AIDS and gender based violence.

Opportunities

At the international level, the statement by Kofi Annan in 2004 on gender and HIV/AIDS in the annual global report on the AIDS epidemic presents an important opportunity to press for greater attention to the links between HIV/AIDS and gender based violence. The 2005 report of the UN Special Rapporteur on violence against Women also highlights the intersections of violence against women and HIV/AIDS.[42] In addition WHO's clear call to address inter-personal violence, including gender based violence, as a global public health concern and for the development and implementation of a health system response, has resulted in various donors, multilateral organizations, and UN and bilateral technical assistance organizations to prioritize the issue.

Within the context of this increasing global attention, two particular developments within Cambodia are key opportunities to push for attention to the links between HIV/AIDS and GBV. Interventions in the proposal for the 5th GFATM round including interventions specifically addressing HIV/AIDS and violence amongst married women are an important step forward towards linked HIV/AIDS

38) Gary Jacques, Center of Hope
39) Geeta Sethi of UNAIDS, Dr Phalla of NAA and Dr Sophiny of Khanna mentioned the conference.
40) Interview with Loap Srey Luch, Assitant Coordinator of CPN+
41) Geetha Sethi of UNAIDS and Dr Phalla of NAA suggested that the time to address GBV within HIV/AIDS has come, especially given the new focus on couples and prevention of mother to child transmission in the Round 5 proposal to the Global Fund.
42) 2005 Report of the UN Special Rapporteur: 'E/CN.4/2005/72' Intersections of violence against women and HIV/AIDS

and gender based violence programming. The Global Fund itself now recognizes the lack of attention to gender issues in country proposals and would welcome innovative interventions that would impact the gender inequality fueling the vulnerability of women and girls.[43] The Country Coordinating Committee of Cambodia and key partners involved in Global Fund projects have identified STI management among couples and prevention of mother to child transmission as two of the four priority areas for the Round 5 proposal. Underlying both is the issue of gender based violence, particularly domestic violence, as it influences access to services such as VCCT by women and adoption of protective behaviors. In fact, lack of attention to the links between gender based violence and HIV/AIDS could in fact limit the effectiveness of interventions being proposed. The second important opportunity is that Cambodia has been selected as one of the case study countries being supported by UNDP to realize the MDGs. As part of this process, UNIFEM and UNDP have supported a process of articulating a gender responsive implementation of the MDG goals. As part of this process the MWA has articulated 8 goals, two of which are high priority for reducing the risk of women and girls contracting HIV/AIDS and reducing the risk of violence. Given the high visibility as a case study in the MDG process and the high level of commitment by the political leadership to the MDG goals, there is an opportunity to push for attention to the links between GBV and HIV/AIDS, as well as ensuring that the legal framework for addressing domestic violence and trafficking is strengthened.

At the programmatic level, the growing recognition of the links between GBV and HIV/AIDS among a range of practitioners is itself an immense opportunity. First, within HIV/AIDS groups, the challenge of sustained preventative behavior among HIV positives as they live longer with ARV treatments has emerged as a critical concern. There is a greater openness to explore factors that may facilitate or hinder adoption of preventative behaviors, and especially a willingness to explore gender differentiated experience of people living with HIV/AIDS. A clear recognition is emerging that family violence, especially by a positive man towards a wife or partner, is a serious issue to consider. Secondly, the fear women experience regarding disclosure and their lack of control over reproductive rights has sensitized providers of HIV and reproductive health clinic services to the importance of addressing gender based violence. Finally the lack of uptake of VCCT among women accessing ANC services has been an issue of concern, due to the growing importance of addressing mother to child transmission, and it is possible that domestic violence may be an underlying factor. As a result, there is openness to testing the impact of incorporating guidelines to identify and provide support for pregnant women experiencing domestic violence.

A particularly important program is underway which directly is making the links between HIV/AIDS and GBV. The Ministry of Women's Affairs, in collaboration with Policy Project, has developed a workshop series to influence policy change on gender and HIV/AIDS/STI. The workshops address gender based violence and its link to HIV transmission, with a focus on transmission from husband to wife, and on gang rape and transmission among youth. They are to be held with provincial policy makers to identify resources, policies and support needs to address these issues. The recommendations from these workshops are to be discussed with national policy makers and HIV/AIDS stakeholders.

43) Richard Feachem, CEO of the Global Fund acknowledged this lack of attention to gender in a public meeting at Center for Strategic and International Studies (CSIS) in May 2005.

Recommendations for Pilot Interventions

Based on the findings of this review and the mapping of opportunities, the following pilot interventions to address the links between HIV/AIDS and GBV in Cambodia are suggested:

- **Consultation to enhance dialogue among NGOs, INGOs, and government departments engaged in responding to HIV/AIDS and GBV, and to promote a culture of referrals among them**

  A consultation between stakeholders involved in both issues would be a critical first step to encourage dialogue, identify potential partnerships, and creating opportunities and synergies to address the links between HIV/AIDS and GBV in Cambodia. The consultation should be designed as a knowledge sharing exercise with the specific outcomes of:
  - an action plan of key strategies for addressing the links between HV/AIDS and GBV,
  - a basic database of organizations and programs, and
  - identified mechanisms for partnership.
- **Pilot violence screening protocols in health clinics providing integrated reproductive health and HIV/AIDS services**

  An important opportunity that is available is the interest by RHAC to pilot a violence screening protocol in its clinics providing integrated reproductive health and HIV/AIDS services. RHAC is a member of the IPPF and has participated in workshops on gender based violence conducted by IPPF which has developed and implemented a screening protocol in Latin America. GTZ and IPPF have also established a partnership and one of the main interventions is the development of a training course addressing HIV/AIDS vulnerability for health professionals. This provides an opportunity to address the issue of violence screening tools. The Inter-Agency of the Working Group on Gender within USAID has been pressing for the integration of gender based violence into reproductive health and HIV/AIDS services and has supported the work of IPPF.

  USAID Cambodia should explore with RHAC the adaptation of the IPPF screening protocol to Cambodia. The experience of the project funded by the Rockefeller Foundation between the URBAN SECTOR Group and the Municipal Health Department to implement a screening tool and referral network in health clinics operating in three slums of Phnom Penh should be tapped.

- **Pilot violence screening protocols in government antenatal clinics which provide PMTCT services**

  The current focus on extending and improving PMTCT services in Cambodia provides a unique opportunity to ensure that gender based violence is incorporated into the guidelines for PMTCT. Both JICA and WHO expressed support for the idea of incorporating attention to gender based violence in the PMTCT guidelines. Equally important is to demonstrate the feasibility, the efficacy and the value added of addressing gender based violence in ensuring the uptake of PMTCT services. In collaboration with UNFPA which has already initiated training of health providers in the government sector on gender based violence, the Maternity Child Hospital in Phnom Penh should pilot a screening protocol that includes a screening tool, referral network and counseling.

- **Develop and test counseling manual on gender based violence and HIV/AIDS to integrate into training of counselors**

  A critical issue highlighted by all was the poor quality of counseling in both GBV and HIV/AIDS programs. A manual for counseling that addresses both issues is essential and could establish a 'gold standard' for counseling that is absolutely critical.

  The Social Services Council of Cambodia has been training high quality counselors who are in demand from the government as well as the NGO sector. To develop the manual, SSC should take the lead to identify 'model' VCCT or violence counselors based on a set of criteria. This group of 'model' counselors and trainers at the

SSC should draft the manual. In order to develop a wider support for the manual, there should be a set of feedback sessions with other institutions that providing training on counseling such as the TPO, UNFPA, FHI, IOM, KHANA. The manual should be tested in both a gender based violence program, a VCCT site and if possible a home care program. A course should be developed on the basis of this manual and Ministry of Health should lobby with the Ministry of Education to give accreditation to the course.

- **Adapt and incorporate module on violence into peer education HIV/AIDS programs**
  Peer education is an important model being employed in HIV/AIDS programs to encourage behavior change. Although many of these peer education programs do explore the connections between notions of manhood, alcohol, sexuality and violence, they do not address gender based violence directly. At the same time there is no clear message that violence is not acceptable and no information is provided on the rights of persons experiencing violence or on the consequences for perpetrators.
  The Ministry of Women's Affairs in collaboration with GTZ has produced an excellent training manual for raising awareness of domestic violence. This is a manual that should not be limited to organizations working on domestic violence prevention but be widely circulated to groups working on HIV/AIDS, reproductive health and rights, community development, peace and security and so on. There are plans to disseminate a final Khmer version of the manual to women NGOs, GBV organizations, HIV/AIDS NGOs and donors. A pilot project should be initiated between FHI and GTZ to adapt elements of this training manual into the peer education manuals produced by FHI. An immediate opportunity exists with the development of the second phase of the Gender and Behavior project being implemented with the police and supported by AUSAID. In the current module which has been developed in association with FHI, there is little attention to critical exploration of domestic violence, though norms of sexuality and roles of men and women are explored in some depth.

- **Develop and test basic messages on gender based violence and HIV/AIDS to incorporate into outreach programs, media efforts such as those by BBC and other communication programs**
  Within Cambodia there are numerous efforts to raise awareness on both HIV/AIDS and gender based violence through community outreach programs, media campaigns and other communication programs on radio and theatre. One baseline survey on messages on DV used by NGOs has highlighted that none of them have worked thus far.[44] The findings of this study should be discussed broadly to develop three or four emotive messages that are repeated consistently within different communication vehicles and across the breadth and depth of the society. Donors should fund a pilot to test the efficacy of messages and fund a systematic impact study once the messages go to scale.

- **Scale-up the recruitment and training of women police officers in provincial districts**
  An important success of the gender and police project has been the demonstration of the positive impact of having women police officers, especially to investigate crimes against women. An advocacy and communication campaign is needed to highlight the need for scale-up of recruitment and training of women police officers. As a first step, it is suggested that the AUSAID supported project engages in a dialogue with violence prevention organizations and networks, such as CAMBOW, to disseminate the positive impacts demonstrated in the project. An action plan for advocacy can be drawn up jointly with these networks and Ministry of Women's Affairs. The National AIDS Authority is another important point of entry to explore for support of scaling up of recruitment of women police officers, given the fact that sexual violence outside the dome-

44) Interview with Suzanne Mueller, GTZ

stic contexts, and especially gang rape or *bauk*, are potentially dangerous routes of transmission that are not being currently addressed within HIV/AIDS programming.

- **Identify with youth potential role models and test efficacy of communication by role models** An important gap identified by most of those interviewed is the lack of role models for youth. With a highly young population and virtually absent structure of family and community support for guiding young people, Cambodia is sitting on a time bomb that could result in a further dissolution of the social order. The culture of gang rape, the lack of reprehension among young people for this practice and the non-recognition of the rights of the 'other' are serious impediments to addressing GBV and HIV/AIDS. At the same time, there are important youth directed initiatives such as the Playing Safe initiative by CARE and UNESCO, the Youth Emotional Support Service Project by GAD, and the White Ribbon Campaign against Violence. It is important to distill the lessons from these programs and identify what messages and by whom have worked. Such an assessment would lay the basis for identifying potential role models for youth and designing a pilot. There is also best practice available internationally that could be incorporated.

Recommendations for Funding

Donors should prioritize addressing the links between HIV/AIDS and gender based violence in their funding strategies. To date there is no clear articulation of the need to address these links for improving the effectiveness of HIV/AIDS programs for prevention, treatment, and care and support. Currently most donors have vertical funding streams for both these issues making it difficult for organizations or partnerships interested in cross –cutting projects to identify the appropriate funding opportunities. In the case of the GFATM which does highlight in its Request for Proposals, the need to integrate/address gender concerns in country proposals, it has not moved to operational guidelines that would ensure innovative projects focusing on gender issues are developed, promoted and incorporated into country proposals. To create a more favorable environment for addressing the links between HIV/AIDS and GBV, it is recommended that

- Bilateral and other donors establish a special fund within the HIV/AIDS funding stream to address the links between HIV/AIDS and GBV.
- Bilateral and other donors should ensure that requests for proposals for this special fund should reach both HIV/AIDS and GBV organizations. In particular requests for proposals should encourage or prioritize partnership between HIV/AIDS and GBV organizations.
- GFATM should strengthen its Request for Proposals for more explicit statements on the importance of demonstrating how proposals will integrate/address gender concerns and performance indicators should include sex disaggregated data on number of women and men reached by the proposed activities.
- Representatives of women's groups should be included in the Country Coordinating Committee established for developing and overseeing implementation of country proposals submitted to the GFATM.
- Country Coordinating Committee should be obligated to ensure that the GFATM Request for Proposals reaches all civil society groups within the development sector, including women's groups.

Section 6: Conclusions and Research Agenda

Both HIV/AIDS and GBV are serious epidemics in Cambodia and emerging evidence indicates that they are interrelated. This interrelation is particularly important in the context of four new trends evident within Cambodia. The first is the increasing importance of transmission from husband to wife with more than 42 % of new infections being accounted by wives. There is little evidence on the extent of transmission in 'sweetheart' relationships, though there is evidence that these more stable non-marital relationships are increasing. In both types of relationships, condom use is difficult to negotiate and domestic violence can be common. Another critical trend is the increasing importance of mother to child transmission. In all three of these new routes of transmission, gender based violence can contribute to increased risk for HIV/AIDS, and can be an important outcome of HIV/AIDS serostatus. Another equally disturbing trend is the growing incidence and wide acceptance of gang rape or *bauk*. There is an urgent need to explore in depth the contribution of gang rape to HIV risk. The evident complacency to this gross violation of women's and girls fundamental rights also implies that the needs of those experiencing sexual violence are not being addressed within current HIV/AIDS programs. There is no discussion of whether introduction of post exposure prophylaxis should be given priority despite growing consensus at the international level that PEP is a standard of care for survivors of sexual violence. The fourth important trend is the challenge of promoting and sustaining preventative behavior among HIV positives, especially positive men. The issue of violence within couples of either positive serostatus or discordant serostatus has received little attention. However, among organizations working with PLHA there is an incipient understanding that gender based violence can be a major impediment in realizing behavior change among that community.

The links between HIV/AIDS and gender based violence are beginning to be recognized in Cambodia among researcher, programmers, and government officials; and there is an interest to take concrete steps to build a momentum on addressing these links, including identifying pilots that may point in the direction of change.

To garner sustained attention to addressing the link between HIV/AIDS and gender based violence, as well scaling up the national response to both epidemics, there is also a need for further research to provide empirical evidence of the links, gain a deeper understanding of the dynamics of the links and suggest critical entry points for addressing them. Some of the research required is:

- Synthesis of available research on gender based violence and additional population based empirical research, if required, to establish rigorously the correlates of GBV, the risk factors and impacts, especially the health impacts.
- In-depth, empirical research to establish the interrelation between HIV/AIDS and GBV focusing in particular on the health consequences of this interrelation.
- Qualitative research on masculinity to lay out more fully the socialization process of boys, deeper understanding of the impact of post conflict on male identity and the interrelation between alcohol, violence and sexuality. Both GTZ and Worldvision plan to do more research on these areas.
- Anthropological (or ethnographic) research on root causes of violence and linkages to HIV/AIDS, including an exploration of the impact of the dynamics of changing family structures.
- Participatory action research with rural communities to transform gender norms and norms of acceptability of gender based violence

Cambodia is at a juncture in which a young population is maturing and beginning to search for new values within the context of a society recovering from trauma of insecurity and conflict. At one level, the society is in the throes of poverty, violence and disease. At another level, there is growing and articulate civil society, increasing democratization, and a deep desire to rebuild community solidarity. The national response to both the HIV/AIDS and GBV epidemics is within these contravening dynamics. Addressing the links between HIV/AID and GBV will in fact open a new space to strengthen dynamics facilitating the formation of new norms by confronting gender inequality.

Annex I – List of Persons Interviewed

NAME	POSITION
Janet Ashby	Cambodia Project Manager
H.E. Chou Bun Eng	Director General
Sok Buna	Dev. Assistance Specialist for HIV/AIDS/ID
Markus Buhler	Independent Consultant
Moeung Bunnath	National Coordinator
Uong Chheng	Head of Outreach Department
Va Chivon	Executive Director
Lea S. Dooley	HIV/AIDS Program Advisor
Penny Edwards	Research Fellow
Thomas Engelhardt	Country Director
Anne Erpelding	Programme Coordinator
Craig Ewers	Project Advisor
Darlene Foote	IWID Fellow, M&E & Gender Specialist
Massimo Ghidinelli	HIV/AIDS Advisor
Sim Kim Horn	Executive Director
Anne Horsley	Project Manager
Nicolet Hunter	Programme Support Officer
Gary Jacques	
and his colleagues	Executive Director
Kazuhiro Kakimoto	Chief Advisor, Maternal and Child Health Project
Samvada Kheng	Gender and Development Specialist
Annette Kirchner	Assistant Representative
Pierre Le Roux	Research Unit Director
Loup Srey Luch	Assistant Coordinator
Bettina Maas	Representative
Muroi Maki	Assistant Resident Representative
Ellen Minotti	Director
Suzanne Mueller	Team Leader
Kuy Kuch Nalin	Communication Office
Sun Nasy	Deputy Executive Director
Song Ngak	Senior Program Officer
Doris Nueckel	Legal Advisor
Chanthol Oung	Executive Director
Ingrid Quinn	Technical Advisor
Khien Serey Phal	Executive Director
Tia Phalla	Secretary General
H.E. Dr Ing Kantha Phavy	Minister
Noun Phymean	Executive Director
Naly Pilorge	Director
Meas Ramo	IEC Program Officer
Phal Sano	Chief of AIDS Care Unit
Chhim Sarat	Programme Manager
Kok Sarun	Programm Officer
Romdoul Seang	Deputy Country Director
Candiee Sainsbu	Executive Director
Seshu Babu	Consultant
Geeta Sethi	Country Coordinator
Chi Socheat	Programme Coordinator Reproductive Health
Heng Sokrithy	Coordinator
Seng Sopheap	Coordinator
Pum Sophiny	Programme Officer
Ly Penh Sun	Chief of Technical Bureau
Ly Sunlina	National Project Coordinator
Or Vandine	Deputy Director Communicable Disease Control Department & Manager Principal Recipient GFATM
Kiev Serey Vuthea	
Ung Vanna	Project Assistant
Christina Warning	Project Advisor
David Wilkinson	International Health Consultant

ORGANIZATION/PHONE

Asia Regional Cooperation to Prevent People Trafficking
Ministry of Women's Affairs
USAID/Cambodia

UNIFEM
AFESIP
RHAC
CARE
The Center for Cross Cultural Research of Australia,Buddhist Institute of Cambodia
GTZ
GTZ, Support to Health Sector Reform
Cambodia Criminal Justice Assistance Project
USAID/Cambodia
WHO
Cambodian Health and Human Right Alliance (CHHRA)
IOM
DFID

Sihanouk Hospital Centre of Hope
JICA
ADB
Asia Foundation
AFESIP
Cambodian People Living with HIV/AIDS Network
UNFPA
JICA
Social Services of Cambodia
GTZ, Promotion of Women's Rights Project
Cambodia Criminal Justice Assistance Project
RACHA
Family Health International (FHI)
Center for International Migration and Development
CWCC
Gender and Development for Cambodia
CWDA
National AIDS Authority (NAA)
Ministry of Women's Affairs
People Improvement Organisation Cambodia NGO helping women and children in poor areas
LICADHO
Cambodian People Living With HIV/AIDS Network
NCHADS
Khmer HIV/AIDS NGO Alliance
Asia Foundation
AFESIP
Policy Project
National Centre for Parasitology, Entomology and Malaria Control
UNIADS
CARE
Cambodian People Living with HIV/AIDS Network
HACC
Khmer HIV/AIDS NGO Alliance
National Centre for HIV/AIDS, Dermatology and Sexually Transmitted Diseases
UN Inter-Agency Project on Human Trafficking in the Greater Mekon Sub-region

Ministry of Health
RACHA
UN Inter-Agency Project on Human Trafficking in the Greater Mekon Sub-region (UNIAP)
UNIAP

Annex II

Policy Recommendations of Ministry of Women's Affairs for Goal 7 of the Cambodian MDGS

STRENGTHEN THE POLICY ENVIRONMENT

Strengthen the legislative framework on VAW

[Lead Ministry: Ministry of Women's Affairs with: Ministry of Justice; Ministry of interior; and, NGOs]

- Review the draft law on Domestic Violence currently in the National Assembly.
- Ensure that the draft Anti-trafficking law is completed and presented to the National Assembly.
- Develop an advocacy strategy to inform parliamentarians on the draft Domestic Violence and Anti-Trafficking Laws.

Monitor and publicize actions taken to address VAW

[Lead Ministry: Ministry of Women's Affairs with: Ministry of Health; Ministry of Justice; and, Ministry of Information]

- Monitor the actions of medical, police, legal and judicial agencies, the number of prosecutions and the outcomes in terms of number and duration of sentences.
- Monitor the functioning of the legal and judicial system in relation to crimes against women
- Increase the accountability of the judicial system on the issue of VAW through reporting to a high-level monitoring body.
- Ensure that the results of monitoring VAW are widely disseminated through the media and used strategically in advocacy.

Develop a national multi-sectoral strategy to assist survivors of VAW

[Lead Ministry: Ministry of Women's Affairs with: Ministry of Health; Ministry of Social Affairs, Veterans and Youth Rehabilitation; and, Ministry of Interior]

- Involve government and civil society through participatory processes to develop and implement a comprehensive and multi-sectoral national plan to prevent violence against women.
- Include an action plan with a specific timetable and budget.
- Support the Social Work Institute to implement a social work and counseling curriculum that includes a specific focus on VAW.
- Support the Social Work Institute to provide appropriate courses to meet the great need for trained professionals to support survivors and counsel men who are perpetrators.
- Replicate and expand pilot programmes providing care and support to survivors of VAW.

PROVIDE AND IMPROVE EFFECTIVE SERVICES FOR SURVIVORS OF VAW

Develop and incorporate training and capacity building in the health, judicial, police and social service area.

[Lead Ministries: Ministry of Health; Ministry of Justice; Ministry of Interior; and, Ministry of Social Affairs, Veterans and Youth Rehabilitation with: Ministry of Women's Affairs]

- Establish systems to ensure the health staff provide appropriate and adequate care to survivors of VAW.
- Review protocols used in other countries in the region to identify cases of VAW among clinic and hospital patients and develop an appropriate set of protocols for Cambodia.
- Establish systems to ensure that survivors receive appropriate support and to avoid further victimization in the police, judicial and social service areas.
- Integrate services for survivors and preventive measures into community-based health and other services.

Implement specific measures to protect survivors and prevent perpetrators from re-committing offences

[Lead Ministries: Ministry of Women's Affairs with: Ministry of Social affairs, Veterans and Youth Rehabilitation; and Ministry of Interior]

- Men's groups working against VAW might play a role in working with perpetrators.

- Review the experience of other countries in the region in working perpetrators – such as Mongolia and Philippines – in order to develop appropriate and effective approaches in Cambodia.

Ensure that actions to address VAW are taken at the provincial level through the Seila Programme

[Lead Ministry: Council for the Development of Cambodia with: Ministry of Women's Affairs; and, Ministry of Interior]

- Allocate increased resources to each province to undertake programmes against domestic violence.
- Improve prosecution and management of cases of VAW and implement programmes to reduce VAW at the provincial level.

INCREASE AWARENESS THAT VAW IS A CRIME AND AN ABUSE OF WOMEN'S HUMAN RIGHTS

Address social and cultural norms that support VAW

[Lead Ministry: Ministry of Women's Affairs with: All agencies]

- Shift from an 'individual' behavioural change approach to focus on social and attitudinal change.
- Build local ownership and promote local content through dialogue, debate and negotiation on issues.
- Promote a safe environment in which they can speak openly about violence, and where shame and blame fall on the perpetrators, not the survivors.
- Undertake research on masculinity and its links with VAW in the Cambodian context, including comparative perspectives between survivor and perpetrator perspectives.
- Use the research results to incorporate men's roles, behaviours, attitudes, and responsibilities in prevention and advocacy strategies.
- Expand and replicate pilot projects to work with men who are apposed to VAW and involve men's groups in awareness-raising activities and focus on men's responsibilities for reducing VAW.

Increase community awareness, especially among men, that VAW is both a crime and an abuse of human rights

[Lead Ministry: Ministry of Women's Affairs with: Ministry of Health; Ministry of Social Affairs, Veterans and Youth Rehabilitation; Ministry of Interior; and, Ministry of Education, Youth and Sports]

- Develop and implement an awareness strategy with appropriate resources to raise awareness, particularly among men, that violence against women is a crime under any circumstances.
- Develop training modules on violence prevention for inclusion in the curricula of training for medical, nursing, legal, judicial, and policy staff, commune councils, and in primary and secondary education.
- Monitor the implementation and impact of training.

IMPROVE THE AVAILABILITY OF INFORMATION ON VAW

Develop a national system for collecting, reporting and monitoring data on all forms of VAW

[Lead Ministry: Ministry of Women's Affairs with: National Institute of Statistics; Ministry of Health; and, Ministry of Interior

- Establish a national data system on all forms of VAW, as well as on training on VAW for women survivors and men perpetrators, through participatory processes and multi-stakeholder involvement.
- Collect report and monitor data in hospitals, policy stations, community centres and other places where authorities come into contact with survivors and/or perpetrators.
- Develop reporting protocols on VAW for use in hospitals and clinics.
- Include both women and men in the next Demographic and Health Survey as informants on violence against women both inside and outside the household.

References

Brown, Sherrie, Meas Samnang, Sim Souyong, Chan Sotheavy and Op Vibol (1998) Cambodian Law and the Convention on the Rights of the Child Legal Aid of Cambodia: Phnom Penh, reprinted March 2000

Cambodia DHS 2000 Cambodian Demographic and Health Survey, 2000. Phnom Penh and Calverton, MD: National Institute of Statistics, Directorate General for Health and ORC Macro.

Cambodian Women's Crisis Center (CWCC) (2004) Semi Annual Report July-December 2004

Cambodian Health Education for Development (CHED) (2001) LIVING OPENLY: HIV Positive Cambodians tell their stories Phnom Penh: Policy Project

CARE Cambodia (2002) Gambling with One's Health: STI/HIV/AIDS Vulnerability of Casino Workers Along the Thai-Cambodian Border Phnom Penh: CARE

CARE Cambodia (2003) A Stitch in Time Save Nine: Tailoring Health in Garment Factories: Evaluation and Comparison of a Sexual and Reproductive Health Project in Intervention and non-Intervention Factories Phnom Penh: USAID and CARE

CARE Cambodia (2004) Through the Eyes of Men: A qualitative appraisal of male to male sexual risk behaviors and knowledge about HIV/AIDS/STI, in two Thai-border areas of Cambodia Phnom Penh: CARE

(2004a) Couples in the Know: Strengthening Communication and Negotiation Skills Among Couples in Cambodia (brochure)

CARE International, Cambodia (1999) SEWING A BETTER FUTURE? A Report on Discussions With Young Garment Factory Workers About Life, Work and Sexual Health Phnom Penh: CARE

(1999a) A Stitch in Time Saves Nine: Tailoring Health in the Garment Factories Phnom Penh: CARE Cambodia

(1999b) PLA Tools in Action: Lessons Learnt During a Sexual Health Needs Assessment with Cambodia's Young Garment Workers Phnom Penh: CARE

(2000) Sex and shore: An exploration of the life, health and sexuality of Koh Kong's fishermen Phnom Penh: CARE

(2001) A Good Wife: Discussions with Married Women about Life, Health, Marriage and Sexuality

(2001a) Evaluating Participatory Approach: Adolescent Sexual and Reproductive Health Programme in the Garment Sector

(2002) Sex is as essential as rice: Discussions with Koh Kong Uniform Servicement about Sex, Condom Use, HIV/AIDS/STIs and General Health Services Phnom Penh: CARE

Chea Huot and Sok Hach (2001) "The Cambodian Garment Industry." Cambodia Development Review, Vol.5 (3), July-Sept., pp. 1-4.

Chou Meng Tarr (no date) "Study of Contextual Factors Affecting Risk-Related Sexual Behavior Among Young People in Cambodia" Unpublished

COMMIT (2004) Coordinated Mekong Ministerial Intiative against Trafficking in the Greater Mekong Sub-region: Senior Officials and Ministerial Meetings, Proceedings, Myanmar, 27-29 October

Derks, Annuska (2005) Khmer Women on the Move: Migration and Urban Experiences in Cambodia Amsterdam: Dutch University Press

Dhaliwal, M. and Tom Ellman (2003) Improving Access to Anti-retroviral Treatment in Cambodia London: International HIV/AIDS Alliance and KHANA

Dunkle, Kristen L., Rachel K. Jewkes, Heather C. Brown, Glenda E. Gray, James A. McIntryre, Sioban D. Harlow (2004). "Gender based violence, relationship power, and risk of HIV infection in women attending antenatal clinics in South Africa." The Lancet; 363, 9419.

Doyle, Kevin and Yun Samean (2002) "Youth of Today: Gang Rape has become the sport of the young generation" Cambodia Human Rights at http://cambodia.ahrchk.net/mainfile.php/news200304/595

Ebihara, May (9168) "Svay, a Khmer Village in Cambodia" Ph.d. thesis, Columbia Univeristy

FHI Peer Education Manual: For HIV/AIDS and STD Prevention Among Uniformed Services

FHI (2003) Strong Fighting: Sexual Behavior and HIV/AIDS in the Cambodian Uniformed Services

FHI 2004 When you Fall in Love, You Have to Pay for it: Men who have sex with men in Phnom Penh, Cambodia

FHI (2005) Draft Questionnaire for Evaluation of Peer Education among Uniformed Services

Fletcher, Gillian (2003) Voluntary Confidential Counseling and Testing in Cambodia: An Overview Phnom Penh: Policy Project and CARE

Fletcher, Gillian (2004) Talking About Sex in Myanmar Master Thesis, School of Educational of Studies, La Trobe University, Australia

Forsythe, Steven (2002) "Resource Requirements for Cambodia's 2001-2005 HIV/AIDS National Strategic Plan" Policy Project, Futures Group

Gender and Development for Cambodia (GAD/C) (2004) Annual Report December

Gender and Development for Cambodia (2003) Paupers and Princelings: Youth Attitudes Toward Gangs, Violence, Rape, Drugs and Theft Phnom Penh: GAD

Global Fund Country Coordinated Proposal for the Global Fund to Fight AIDS, TB and Malaria: Cambodia March 2002

Hach, Sok (2005) "Investment Policies and Development in Cambodia" Economic Institute of Cambodia at www.eicambodia.or/publication/AER/partii.php

Heise, Lori Mary Ellsberg and Megan Gottemoeller (1999), Ending Violence Against Women, Population Reports, Series L, no. 11. Baltimore: John Hopkins University School of Public Health, Population Information Program,

Human Rights Watch (2003). "Just Die Quietly: Domestic violence worsens vulnerability to AIDS in Uganda".

Human Rights Watch (2003a) DOUBLE STANDARDS: Women's Property Rights Violations in Kenya New York: HRW

JICA (2005) JICA's Cooperation to Cambodia (as of 1 February 2005) unpublished

Japanese Organization for International Cooperation in Family Planning (JOICFP) (2003) Working Together for a Brighter Day: Best Practices of Engendering Community Support for

Adolescent Sexual & Reproductive Health Programs, Tokyo:JOICFP

KHANA (2001) Entertainment Workers and HIV/AIDS: An appraisal of HIV/AIDS related work practices in the informal entertainment sector in Cambodia Phnom Penh: KHANA and Alliance

KHANA (2001) "When you are ill you always hope": An exploration of the role of traditional healers in HIV/AIDS care and prevention in Cambodia Phnom Penh: KHANA and Alliance

KHANA (2004) Strategic Plan for 200-2008 Phnom Penh: KHANA

LICADHO (2004) Cambodian Women Report 2004: A brief on the situation of women in Cambodia Phnom Penh: LICADHO July 2004

LICADHO (2004a) Rape and Indecent Assault Phnom Penh: LICADHO March 2004

Maman, S. et al. (2000). "The intersections of HIV and violence: Directions for future research and interventions." Social Science and Medicine. 50(4):459-78.

Maman, S. et al. (2001). HIV and partner violence: Implications for HIV voluntary counseling and testing programs in Dar es Salaam, Tanzania, Horizons Final Report. Washington, DC: Population Council.

Martin, Marie (1994) Cambodia: A Shattered Society, M.W.McLeod, transl, Berkely: University of California

McLellan, Iain et.al (2003) Review Report: Ministry of National Defense HIV/AIDS Peer Education Program 1999-2002 Phnom Penh: FHI

Millado, Maria Cecillia (2003) Integrating HIV/AIDS into Community Development Phnom Penh: KHANA and JICA

Ministry of Health (2002) Policy, Strategy and Guidelines for HIV Counselling and Testing December

Ministry of Health (2004) Strategic Plan for HIV/AIDS and STI Prevention and Care Ministry of Health, Cambodia 2004-2007, Second Edition

Ministry of Health (2004) Voluntary Confidential Counseling and Testing for HIV (VCCT) A Guide for Implementation January

Ministry of Interior, Commissariat General National Police. GENDER, a newsletter

Ministry of Women's and Veterans'Affairs (2000) "Workshop Report" The Regional Workshop on Women and HIV/AIDS in Cambodia, December

Ministry of Women's and Veteran Affairs (2003) Policy on Women, the Girl Child and STI/HIV/AIDS Phnom Penh: UNAIDS, UNFPA, and Policy Project

Ministry of Women's Affairs (2003b) National Action Plan 2003: To support the implementation of the Law on the Prevention of Domestic Violence and the Protection of the Victims

Ministry of Women's Affairs (2004) A Fair Share for Women: Cambodia Gender Assessment and Policy Briefs Phnom Penh: UNAIDS, UNDP

National AIDS Authority (2001)

Nuon Rithy Niron, Yit Viriya and Laurence Gray (2001) Children's Work, Adult's Play: Child Sex Tourism, a Problem in Cambodia USA: World Vision International

O'Reilly, Kevin et.al (2004) The Review of the 100% Condom Use Programme in Cambodia: A Report of Findings and Recommendations Phnom Penh: Ministry of Health, National AIDS Authority and UNAIDS

PSI (2002) Sangsar, Ta-Ta, Bong Samlanh: Love, Sex and Condoms in the Time of HIV Cambodia: PSI

Project Against Domestic Violence (2004) "Men Against Violence Toward Women: Evaluation of Phase One and Presentation of Emerging Issues and Themes" (Xeroxed)

Sovannara Kha and Chris Ward (2004) Men Who Have Sex with Men in Cambodia: HIV/AIDS Vulnerability, Stigma, and Discrimination Phnom Penh: Policy Project

Steinfatt, Thomas (2003) Measuring the Number of Trafficked Women and Children in Cambodia: A Direct Observation Field Study, Part III of a Series USAID

Surtees Rebecca (no date) "Rape and sexual transgression in Cambodian Society" in Violence Against Women in Asian Societies, pages 93-113

UNAIDS (2004) 2004 Report on the Global AIDS Epidemic Geneva:UNAIDS

UNAIDS (2004a) Country Profile: An Overview of the HIV/AIDS/STI Situation and the National Response in Cambodia (5th Edition)

UNAIP (2004) Step by Step, Issue 1

You and AIDS (2005) Cambodia at a Glance www.youandaids.org/Asia

Ward, Chris and Uy Chanthon (2004) "Moving Beyond Care and Support: The role of a Cambodian Buddhist FBO in challenging stigma and promoting gender equality" Sexual Health Exchage at www.kit.nl

Weiss, E. and G. Rao Gupta (1998) Bridging the Gap: Addressing Gender and Sexuality in HIV Prevention. Washington, DC: International Center for Research on Women.

WHO (2002) World Report on Violence and Health Geneva: WHO

Wilkinson, David (2004) Cambodia Country Coordinating Mechanism: A Case Study: Global Fund to Fight, AIDS, Tuberculosis and Malaria Geneva: GFATM

Wilkinson, David (2000) An Evaluation of the MoH/NGO: Home Care Programme for People with HIV/AIDS in Cambodia London: International HIV/AIDS Alliance

Wilkinson, David and Gillian Fletcher (2002) Sex Talk – Peer Ethnographic Research With Male Students and Waitresses in Phnom Penh Phnom Penh: PSI

Womyn's Agenda for Change (2002) Women's Voices of Anger Frustration and Despair: Cambodian Rural Women, Beggars, Garment Workers and Sex Worker Phnom Penh: Womyn's Agenda for Change

World Bank (2002) "Integrated Fiduciary Assessment and Public Expenditure Review (IFAPER); Health, First Draft for Comment, Washington DC

List of Acronyms

ADB	Asian Development Bank
ADHOC	Cambodian Human Rights and Development Association
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal care
ARVs	Antiretroviral treatment
AFESIP	Agir Pour Les Femmes En Situation Precaire
AUSAID	Australian Agency for International Development
BBC	British Broadcasting Company
BCC	Behavior change communication
BSS	Behavior Surveillance Survey
CAMBOW	Cambodian Committee of Women
CBO	Community-based organization
CEDAW	Convention for the Elimination of Discrimination Against Women
CHEC	Cambodian Health Education Committee
CHHRA	Cambodian Health and Human Rights Alliance
COMMIT	Coordinated Mekong Ministerial Initiative against Trafficking
CPN+	Cambodian Positive Network
CWCC	Cambodian Women's Crisis Center
DFID	Department for International Development (Britain)
DHS	Demographic and Health Survey
DOTS	Directly observed therapy, short course
DV	Domestic Violence
FHI	Family Health International
GAD	Gender and Development
GBV	Gender Based Violence
GDP	Gross Domestic Product
GFATM	Global Fund to fight AIDS, Tuberculosis and Malaria
GIPA	Greater involvement of PLWHA
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit (German Technical Cooperation)
HACC	HIV/AIDS Coordinating Committee
HIV	Human immunodeficiency virus
HSS	HIV Sentinel Surveillance
IEC	Information, education, and communication
INGO	International Nongovernmental organization
IOM	International Office of Migration
JICA	Japanese International Cooperating Agency
KHANA	Khmer HIV/AIDS NGO Alliance
LICADHO	Cambodian League for the Promotion and Defense of Human Rights
MDGs	Millennium Development Goals
M&E	Monitoring and evaluation
MOH	Ministry of Health
MOWA	Ministry of Women's Affairs
MOWVA	Ministry of Women's and Veterans' Affairs
MSF	Médecins sans frontièrs
NAA	National AIDS Authority
NCHADS	National Center for HIV/AIDS, Dermatology and STDs
NGO	Nongovernmental organization
NPC	Norea Peaceful Children
NSP	National Strategic Plan
OI	Opportunistic infection
OVC	Orphans and Vulnerable Children
PADV	Project Against Domestic Violence
PEP	Post Exposure Prophylaxis
PLHA	People living with HIV/AIDS
PMTCT	Prevention of mother-to-child transmission
PSI	Population Services International

RACHA	Reproductive and Child Health Alliance
RHAC	Reproductive Health Association of Cambodia
SSC	Social Services of Cambodia
STD	Sexually transmitted disease
STI	Sexually transmitted infection
TB	Tuberculosis
TPO	Transcultural Psychosocial Organization
UNAIDS	United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNIAP	United Nations Inter-Agency Project on Human Trafficking
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
UNDP	United Nations Development Program
USAID	United States Agency for International Development
VCCT	Voluntary confidential counseling and testing
WHO	World Health Organization

IMPRESSUM

Published by Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) GmbH
Postfach 5180, 65726 Eschborn, Germany
www.gtz.de

Division 4300
Health, Education and Social Protection

Authors:
Nata Duvvury
Johanna Knoess (Co-Author and Editor)

Photos:
GTZ, Agenda, Laif, Bilderberg

Design and Production:
design werk, Wiesbaden,
Germany, www.design-werk.com

Eschborn, August 2005

The Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) GmbH is a government-owned corporation for international cooperation with worldwide operations. GTZ's aim is to positively shape the political, economic, ecological and social development in our partner countries, thereby improving people's living conditions and prospects. Through the services it provides, GTZ supports complex development and reform processes and contributes to global sustainable development.

Deutsche Gesellschaft für
Technische Zusammenarbeit (GTZ) GmbH

Dag-Hammarskjöld-Weg 1–5
Postfach 5180
65726 Eschborn
Tel.: +49-(0)-6196-79- 0
Fax: +49-(0)-6196-79-11 15
For further information, please go to
www.gtz.de/backup-initiative/aids-and-violence