

PURPLE BRICS

ISSUE 27 - NOVEMBER 2008
KHANA'S MONTHLY BULLETIN

www.khana.org.kh



CAMBODIAN IDUS AND HIV PREVALENCE

Sharing injecting needles and having unprotected sex with multiple partners may put Injecting Drug Users (IDUs) at high risk of HIV transmission, according to a survey made by a government health authority.

On 14 November, 2008 the National Center for HIV/AIDS, Dermatology and STD (NCHADS) released its results from a survey on HIV prevalence among drug users in the country in 2007. The survey aimed at estimating HIV prevalence among drug users in both rehabilitation centers and in communities. According to NCHADS, the survey also needs to find out knowledge, attitude and practices regarding drug use, HIV transmission, STI treatment, HIV testing and other health services among those populations.

528 drug users in the two places in three provinces -- Battambang, Banteay Meanchey, Siem Reap -- and Phnom Penh were selected to be the respondents. Based on the results, 24.4% of IDUs and 1.1% of non-IDUs are HIV

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BOAT RACERS: NEVER BRING HIV HOME



Boat racers gather at the west bank of Tonle Sap river before kicking off their final race at the final day of the three-day boat racing festival on 10-12 November, 2008.

"AIDS! Yes, I know and it is too dangerous. So I do not need sex during the five-day staying in Phnom Penh," said Pen Chamroeun, a 27-year-old male boat racer from Kampong Cham province. Sitting in his boat with his 71 team members on Tonle Sap river, Chamroeun said with smiling that his colleagues were also informed about keeping away from HIV infection. "My team members are informed about AIDS and we know about it," he said by grabbing his oar firmly ready to race with another boat from Kandal province.

Boat team leaders advised their men to stay safe without having sex to keep energy for the victory of their home villages. "I do not want any of my team members to get AIDS during their short stay here in Phnom Penh. In order to stay away from AIDS, I instruct

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USAID REFRESHES RECIPIENTS WITH FRAUD POLICIES

On November 6, USAID/Cambodia conducted a workshop on fraud in Phnom Penh for UDAID principal recipients and sub-recipients to gain more awareness of the issue in order to void corruption and other conflict of interests by using USAID fund.

Dr. Sok Buna, Team Leader of HIV/AIDS/ID of USAID, said the workshop aimed at updating, refreshing and reenforcing fraud policies. "It is a good opportunity that the speaker can share his experience in the topic to the participants," he said.

The workshop focused on cost/labor mischarging, big rigging, embezzlement, bribery and acceptance of gratuities, false

claim, significant mismanagement and waste of funds, conflict of interest, travel fraud, abuse of authority, theft or abuse of government property, computer crimes,

and employee misconduct.

Jonathan A. Schofield, Special Agent for Regional Inspector of General Office of Investigations of the U.S. Agency for International Development, was invited to be the special guest speaker during the three-hour meeting. Jonathan who has experiences in 20 nations and currently bases in the Philippines said if USAID suspects any fraud, it will investigate and when a fraud is found out money must be paid back. "When you are on business your family members and friends are not involved. This is illegal in the United States," he said. Jonathan also gave some examples of tricks and images of persons involved in fraud. *(By Chhay Sophal)*



Jonathan A. Schofield, Special Agent for Regional Inspector of General Office of Investigations of the U.S. Agency for International Development, speaks to about 100 representatives of UDAID principal and sub-recipients at a workshop on fraud in Phnom Penh on November 6, 2008.

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my men to stay in our shelters located at the west bank of the river. Of course, they can go for entertainment in groups at nights but not for sex," said Kry Srong, a team leader of a 72-oarer boat from Takeo province. "We come here for excursion and bring victory to our village, not to bring HIV home," said the 64-year-old man. His boat named Techo Sen Chey Baramei Pechmony Bati has 86 members: 72 on the race and 14 subsidiary men.

According to the National Committee of National and International Festivals, there were 424 boats with 21,250 male and 281 female boat racers. Phnom Penh municipality also estimated that about 4 million rural people had rushed into the capital for the three-day festivities.

Several organizations reached boat racers and others visitors to provide condoms and to inform them about safe sex. Mr. Sour Dina, Communication and Marketing Manager of PSI, said 250,000 free condoms were distributed and 65,000 others were sold out during the festival by his organisation.

However, many boat racers said similarly that they do not need condoms. Pen Chamroeun said he and several of his colleagues got a box of condoms each but they then left the condoms in the river as they strongly believed

that they never need sex in Phnom Penh. "We threw condoms away into the river because we are sure that we do not need sex during the racing. We do not want to bring AIDS to our village and our homes," he said by laughing with his teammates.

59-year-old Mom Ratha, one of the boat team leaders from Svay Rieng province, said he also warned his members not to have sex otherwise they are sacked from the team. "This is a boat racing festival, not sex festival. We have our rules and disciplines. If we find someone in the team who gets out for sex, we will fire him from the team but I do believe that my men never keep sex in mind during the boat racing festival"

A few entertainment workers/sex workers interviewed in Phnom Penh said the number of their clients was increased but they were not boat racers. Most of the clients, they said, were young men from different provinces. However, they said the men always used condoms while having sex. "I have noted that my clients brought condoms with them," said one entertainment worker who identified herself as Srey Leak. She said she and her friends who have the same career are aware of AIDS. "No condom, no sex because we are afraid of AIDS as well. However, most of

the customers are also aware of AIDS, so they use condoms," said another entertainment worker known as Srey Mao.

During the three-day event, education and raising awareness on HIV and AIDS, including other related issues such as drug use and safe sex, were provided through various entertainment: concerts, and other performances at several parks where both boat racers and visitors were populated.

Joining the nation in the specialty, KHANA also supported its implementing partners and networks to raise awareness on the issues. With the national Authority for Combating Drugs (NACD), KHANA provided some fund for conducting a campaign and producing IEC with a topic of "No AIDS and No Drug in my Choice". Concert, drama, video documentary, and T-shirts were performed and distributed through NACD's organizing during the event.

With a big smile, boat team leader Kry Srong, said his wish was reached as his boat won the three-day race and brought prize home. "Because our rules and disciplines and with no sex, we come to our successful end," he said.

(By Chhay Sophal)

MSM GET HEALTH CLINICS

To improve and increase health service for Men Who Have Sex with Men (MSM), both GOs' and NGOs' workers have recently met in Siem Reap province to discuss how to cooperate in order to reach the appropriate strategies for the issue.

During the two-day gathering organised by the National Center for HIV/AIDS, Dermatology and STD on 6-7 November 2008, the participants of several organizations, including KHANA and its implementing partners, from Phnom Penh and other seven provinces shared their lessons learnt, best practices and experiences related to the country's MSM's current situation and identified significant of HIV/STIs and behavioral issues for the target group.

As one of the key members of the National MSM Technical Working Group, KHANA in March this year also co-organised to officially launch the National Strategic Framework and Operational Plan on STI and HIV and AIDS for MSM. Other key members are FHI, UNAIDS, UNESCO, PACT, PSI, and others government institutes.



MSM who are KHANA's target group in Battambang. They need health care and their health clinics will be provided

Through its implementing partners, KHANA has reached 7,393 MSM in seven provinces: Siem Reap, Battambang, Prey Veng, Kampong Chhnang, Kampong Speu, Kampong Cham, and Sihanouk Ville. On 30 June 2006, KHANA also helped support to officially establish MSM network known as "Bandanh Chaktomuk". The network's strategic plan aims to reduce discrimination and stigmatization against MSM so that they can have equal rights and equal access to health service, including VCCT and ART, in the society.

According the 2005 STI Sentinel Surveillance survey found that HIV prevalence among MSM was 8.7% in Phnom Penh capital and 0.8% in both the second largest city, Battambang, and the main tourism city of Siem Reap. Based on the report, HIV prevalence was significantly higher among transgender population groups and MSM aged 25 years and older. It reported that 9.7% of MSM based in Phnom Penh and 7.5% based in Battambang and Siem Reap are living with STI's. Further, it reported that 45% in Phnom Penh and 84% of MSM population groups in provinces engaged in unprotected anal sex within that past month. David Lowe, the International Consultant for NAA, said in his presentation that there is about 4% or 140,000 MSM among the male adult population in Cambodia.

The meeting in Siem Reap also made strong commitment to reach the needs of health care and utilization of family health clinics for MSM. (By Chhay Sophal)

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positive and STI symptoms among IDUs were higher than non IDUs.

NCHADS presented that up to 60% of drug users reported having sex right after using drug and most of them acknowledged that the effect of drugs led to increase their sexual desires. The results indicated that consistent condom use in the past year with regular and non-paid partners remained less than 65%. However, consistent condom use with paid-sexual partners rose to 70%.

Only half of drug users had an HIV test in the

past and most of those who tested knew the result while up to 30% of drug users did not seek care for their last reported STI symptom. The survey also found that NGO staff and media were the main sources of HIV/AIDS information reported, said the results.

IDUs commonly used heroin while non-IDUs were using Yama and Crystal ice, the results indicated.

Indicator 10 of Cambodia's Universal Access "aims to increase the exposure of HIV prevention services provided to IDUs, from 15% during the baseline studies, to 80% in 2010."

KHANA is conscious to aid in the delivery of frontline HIV programs and services to the nation and it works with the following partners to carry out prevention and support services for IDUs. It also aims to support the up-scale of harm reduction activities to IDUs, inline with the Royal Government of Cambodia.

With these activities, Korsang, KHANA's partner, is working towards dismantling the stigma and discrimination surrounding IDUs within the Cambodian community.



Korsang, KHANA's partner, works with Injecting Drug Users (File picture)



Injecting needles used Injecting Drug Users (File picture)

Cambodia National Strategic Plans requires that policymakers, politicians, communities, researchers and frontline workers to join a comprehensive harm reduction package, recently gaining UN approval as it has been recognised as a crucial element to controlling the HIV and AIDS epidemic, consisting of; NSPs, substitution therapy (ST), and care, support and treatment for IDUs.

(By Chhay Sophal)

MESSAGE OF DR. OUM SOPHEAP, KHANA EXECUTIVE DIRECTOR, AT THE WORLD AIDS DAY ON DECEMBER 1, 2008.

The theme for this 20th World AIDS Day is Leadership: Stop AIDS, Keep the promise. I would like to take the opportunity to share some perspectives on this theme in Cambodia.

The leadership of the Royal Government of Cambodia in the response to HIV is recognised internationally as a success story other countries can learn from. Effective and committed leadership and partnership and cooperation with development partners, civil society and communities have contributed to a notable reduction in HIV prevalence in the country.

While the reduced rate of HIV infection in Cambodia is a great achievement, the epidemic has not gone away. We must maintain the momentum of the response to prevent a second wave of infections and meet PLHIV's needs. In the current global economic climate we may not be able to depend on the international community in the longer term, so it is critical that the Royal Government of Cambodia's commitment and leadership is reflected in the national budget allocation to the AIDS response.

The slogan 'Stop AIDS: Keep the Promise' reminds us that the epidemic is a continuing challenge to our society. The epidemic is changing and our response needs to change. This is something we can do, through a real partnership between the Royal Government of Cambodia, civil society and communities with support from development partners.

Continuing leadership is important to ensure that prevention efforts remain effective and relevant. Over 40% of Cambodia's population are aged under 25 and youth are among the most vulnerable to HIV and the forthcoming National Youth Policy is an opportunity to empower them to protect themselves and further reduce HIV prevalence.

Entertainment workers, men who have sex with men and drug users are at high risk of HIV in Cambodia. But recent crackdowns on sex workers, due to the implementation of the Law on Suppression of Human Trafficking and Sexual Exploitation, undermine prevention efforts. Violence against MSM and transgender people drives them underground and severely limits their access to HIV prevention. Law enforcement can also make it difficult to reach drug users with services and information which could significantly reduce their HIV risk.

Of course this could not have been achieved without strong leadership in the government, good partnership and collaboration between different players namely Ministry of Health, Justice, National Police, local authorities and community. This is clearly one of the best practices for us to learn, adapt and apply to our context to respond to drug use and HIV.

These examples show that we need a more enabling environment in order to maintain Cambodia's status as a champion in the response to HIV. Policies, laws and procedures to promote positive attitudes to high risk groups and equal access to services are essential. Leadership can promote public tolerance, sensitivity and positive behaviour. Continuing multisectoral partnership is needed to ensure prevention remains effective and targeted and use a holistic approach, respecting human rights.

Forty per cent of new HIV infections in Cambodia are among married women. This reflects gender inequalities which put women at risk. We must address gender issues including men's responsibility, women's empowerment, domestic violence and couple communication about sexuality. These are difficult issues but they must be taken seriously. Promoting male responsibility requires strong leadership and role modelling



to develop harmonious, prosperous families where men and women both thrive.

For those people who are already living with HIV, it is essential to keep up the momentum of providing care, support, impact mitigation and treatment. These issues can not be separated from prevention as they are interlinked.

Cambodia's success in responding to the challenge of HIV and AIDS so far is a result of the multisectoral response in which the RGC, civil society and communities work closely together. We need to keep working together with continuing leadership and commitment to meet the challenge and keep the promise to stop AIDS. Thank you

KHANA's Purple Brief is a monthly news bulletin covering real life stories of Cambodians living with, and affected by HIV and AIDS. The publication also raises significant awareness of the impacts of HIV and AIDS on the broader national and international communities.

The KHANA Communication Committee (KCC) is responsible for the development and publication of the monthly bulletin and the content does not reflect the views and opinions of the donors.