Making Model Men in Cambodia

By Sam Rith, Reprinted from the Phnom Penh Post, June 17-30, 2005

Chhoun Saveoun, a 53-year old soldier in Kampong Cham, knows that reducing his drinking would be a good idea. "My body feels very hot when I get drunk [and] I always hurt myself," Saveoun said. "Sometimes I walk and hit myself with a wall or tree and sometimes I fall down on the ground unconscious." A scrape to Saveoun's forehead testified to his drunken misadventures.

The military man was speaking at the launch of the Model Man campaign at Bek Peang headquarters, an event organized by FHI and the Ministry of National Defense to educate soldiers about the effects of excessive drinking and the risk behavior that often follows.

A survey of 135 police and soldiers conducted by FHI found that 63% drink until they are drunk and ¾ of those questioned have sex with sex workers after their drinking sessions. Participants admitted that they seldom used condoms.

"Now, even if I am very drunk, I will not go to have sex outside. I might be able to escape from a bomb, but I could not flee from dying if I had AIDS," said Saveoun, who appeared intoxicated at the June 13 event, but said he planned on giving up rice wine next month.

Since beginning earlier this month, more than 600 military personnel and their families have participated in the Model Man campaign to reduce alcohol consumption.

The campaign encourages soldiers to lessen their alcohol intake and suggests activities such as sports or helping with housework as alternatives to visiting brothels, said Son Ngak, FHI’s Senior Program Officer. If military men do visit sex workers, they are urged to use condoms to protect themselves from contracting HIV.

The serious educational messages were livened up by performances of traditional chhayam drumming and singing, jokes, drama performances and the reading of a poem dealing with the consequences of binge drinking. It seems the message is starting to get through to some soldiers.

Pom Peoun, 35, said he had cut back his drinking since the campaign started in early July at the Bek Peang headquarters.

"Before I always drank all the wine that I had when my friends came to visit, but now I drink wine just to make my rice more tasty," Peoun said.

The launch in Kampong Cham followed a similar event in Kampong Speu, two provinces where the Model Man concept will be tested over three months.
Launching *Tools for Life* in Phnom Penh

*I never dreamt I would have what I have today. Before I thought, I'm a woman who lives day by day. I have no value and may not be a good human. But when I carry the tools for life education bag it feels like I am flying, and I start thinking that the future is bright.*

A peer educator in Phnom Penh

On June 15 2005, women working in the entertainment sector converged in Phnom Penh to launch the *tools for life* - a set of 14 educational tools developed by and for sex workers. The mood was festive. Peer educators, program staff, and even the head of the National Centre for HIV/AIDS, Dermatology and STD Control, donned bright T-shirts with the message, "Tools for Life—for me and you." Songs were sung, dances performed, and tools for life unveiled and demonstrated to the eager audience. Outreach workers and peer leaders from across the country led the proceedings. "After all, tools for life belong to us," explained one peer leader.

Tools for Life arose because of the need for relevant, interesting and informative health education that responded to the needs and realities these women face. In a series of workshops facilitated by FHI and PATH, sex worker peer leaders came together to identify priority topics and develop the educational tools. The tools promote mutual discussion and sharing, using an active learning approach. They also facilitate skills building in areas such as condom use negotiation; drug use prevention; STI/HIV/AIDS risk reduction; personal hygiene and nutrition; access to health services; and planning for the future. There is even an educational tool developed specifically for *srey sros*, or transgendered sex workers. Peer leaders are currently being trained on how to best use these tools in their communities. For other organizations and women interested in using *Tools for Life* in their programs, please contact Ms. Bou Savy by e-mail: savvy@fhi.org.kh.

Smiling Families in Kampong Cham

In an effort to build on the successes of the Armed Forces peer education program, the Ministry of National Defense and FHI have launched the *Smiling Family* program. *Smiling Families* strives to reduce the HIV vulnerabilities and risks of military personnel families in Kampong Cham province. "We recognize that husband to wife transmission is one of the main ways that HIV is spread in Cambodia," said Mr. Sao Kosal, Deputy Commander of Brigade 21. "Something must be done to protect the wives and the children of our military men."

The Smiling Family program will build on the successes of other couple-based programming, implemented in Cambodia by organizations like CARE and the Reproductive and Children Health Alliance (RACHA). The program also will closely coordinate with provincial health authorities and the Reproductive Health Association of Cambodia (RHAC) to ensure that reproductive and sexual health services are accessible to military families, many of whom live in poor, remote settings.

Should *Smiling Families* be successful in Kampong Cham, the Ministry of National Defense and FHI plan to scale up the intervention to ensure that there are many more "smiling families" among Cambodia’s armed forces.
A Model for a Continuum of Care in Cambodia

"Before, it was like being strange, and I just wanted to die. Now I feel like everyone else because I have access to good treatment."

a PLWHA support group leader, Battambang Province

An FHI project in rural northwestern Cambodia is fast becoming a model of HIV care for the region. Since 2003, FHI has worked closely with local agencies to implement a continuum of care for people living with HIV/AIDS (PLWHA) in hard-hit Battambang Province.

PLWHA are involved in all aspects of the project, including the determination of treatment criteria and the provision of services. Such involvement reduces HIV-related stigma and discrimination in the health care setting and the community. A key feature of the project is a services package at the referral hospital level. (See box.) There are also strong referral systems, both within hospitals and between hospitals and other care providers.

The project has provided antiretroviral treatment to more than 300 people since June 2004. More than 2000 PLWHA have received assessments and treatment relating to HIV and tuberculosis (TB).

Referral hospital services package

1) Voluntary HIV counseling and testing;
2) Prevention and treatment of opportunistic infections;
3) Expanded tuberculosis detection and prevention;
4) Prevention of mother-to-child transmission of HIV;
5) Antiretroviral treatment for adults;
6) Adherence counseling; and
7) Peer support.

Reducing the Impact of AIDS on Cambodian Children

FHI and its partners in Cambodia have now provided comprehensive assistance with care and protection services to over 3500 orphans and vulnerable children, including:

- Preparation for dispensing ARVs to children with HIV;
- Support for children before and after their parents pass away from HIV illness;
- Initiatives to help children live with extended and foster families and attend school;
- Vocational training and psychosocial support for children, along with income-generating assistance for families; and
- Community education to reduce stigma and discrimination.
Helping Men Safeguard Their Sexual Health

Virak’s story is a familiar one. “I was born in a small village in Kampong Cham,” he explains shyly. “I did not finish primary school because my family is very poor. When I turned 18, I came to Phnom Penh to look for work.”

Among Virak’s odd jobs was that of a worker on Phnom Penh’s tourist boats. “I sometimes had anal and oral sex with the tourists who came on the boat,” says Virak. Condoms were seldom used.

Virak contracted STIs through these casual encounters. He tried to self medicate through the pharmacy but the symptoms of urethral discharge did not subside. Virak admits that he was frustrated and scared, until he met the outreach workers from Men’s Health for Cambodia (MHC). The MHC staff provided Virak with valuable information on the signs, symptoms and consequences of STI infection. They also referred him to Medicine l’Espoir du Cambodge (MEC), a clinic that provides STI treatment for vulnerable groups like female sex workers and men who have sex with men. “My STIs finally disappeared,” exclaims Virak happily. “Now I know how to take good care of my health.”

MHC and MEC are key FHI/Cambodia partners in the fight against HIV/AIDS. MHC staff regularly conduct outreach in areas where men who have sex with men congregate. They also provide a drop in center where men can go for assistance, relaxation and education. Says Virak, “I often go to the drop in center to face my problems and release my worries. The staff help me.”

When their clients suffer from STIs, MHC staff refer them to MEC. MEC provides essential STI services in a warm and welcoming environment. Funded by FHI/Cambodia and Medicine du Monde, MEC’s clinic has two separate entrances and consultation rooms for MSM and female sex workers. MEC staff are trained in both STI syndromic and clinical management, and receive ongoing support on the provision of sensitive, non-discriminatory care.

Almost 400 men who have sex with men accessed MEC’s STI services in the last nine months, up threefold from 2003. Virak exclaims that he will continue to go to MEC whenever he has a sexual health problem. “The services are good,” he explains. “And the staff are friendly and kind. That is most important to me.”