



Religious and Community Mobilization for Decreased Stigma and Discrimination in Cambodia

Methakaruna Thmey

Summary

Entrenched community fears and beliefs about HIV/AIDS are best addressed through long-term advocacy and community mobilization. The key is linking efforts to reduce stigma and discrimination with those that motivate communities to support vulnerable individuals in their village. An essential step is mobilizing gatekeepers such as commune council representatives, health care workers and villagers to the point where they feel *methakaruna*¹ (empathy and compassion) towards people living with and affected by AIDS, and are compelled to be involved in care, support and prevention efforts.

Effective approaches to stigma and discrimination reduction in Cambodia are in three areas:

- Partnership with Buddhist monks and other religious leaders to stimulate *methakaruna*;
- Empowerment and involvement of people living with HIV/AIDS (PLHA); and
- Sensitization and mobilization of community gatekeepers and villagers.

Start and end dates: April 1, 2001 – ongoing

Program sector: HIV/AIDS

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Principle Donors: USAID, PACT/REACH

Goal: To reduce the vulnerability of Cambodians to HIV, and improve the quality of life of people living with and affected by AIDS, by addressing the root causes of vulnerability through a rights-based approach.

Objectives:

- Increase care, support and treatment services to PLHA and orphans and vulnerable children (OVC).
- Increase protective behaviors among Cambodians at risk of HIV.
- Reduce stigma and discrimination, and increase ability of PLHA to live and die with dignity.

Background

Cambodia has the highest HIV/AIDS prevalence in Southeast Asia. Sentinel surveillance in 2002 established an infection rate of 2.6 percent² among the general population, with much higher

rates among sex workers and police. The highest HIV prevalence, however, is found in the Thai border provinces of Koh Kong and Banteay Meanchey. Recent epidemic modeling indicates that from 3.5 – 4.6 percent³ of people in Koh Kong are living with HIV/AIDS, more than double the national prevalence. In Banteay Meanchey, a massive inflow of Cambodian workers from other provinces and cross-border migrants confound surveillance; however, general prevalence is also believed to be between 3.5 and 4.6 percent. CARE concentrates its efforts in prevention, home care, and support for orphans and vulnerable children (OVC) in these two provinces, but also implements HIV/AIDS programs in Pursat and Oddar Meanchey province, and in Phnom Penh.

Economic opportunities are greatest in border areas and along trade routes. The border provinces are characterized by extremes in wealth and poverty, cross-border trade and trafficking, casinos and related gambling outfits, drug peddling and addiction, corrupt officials, minimal to non-existent health and social service infrastructure, and dynamic inflows of migrant workers. Women often migrate to the borders with their husbands who work as truckers or in other mobile occupations. Levels of community cohesion vary, but in general, movement of people in and out of villages increases social instability in already fragile communities devastated by decades of war.

In program areas, people living with HIV/AIDS (PLHA) have been denied public health services, forced to close their businesses, and thrown out of their homes by their families. Women become the principal caregivers when their husbands become ill, and the high cost of health care often puts the family in debt. Women with HIV/AIDS are particularly vulnerable and often blamed for bringing HIV/AIDS into the family and the village. A woman with HIV/AIDS may be rejected by her husband and his family. In some cases the husband abandons her and the children; in other cases the in-laws force her out of the house, but keep the children.

Children orphaned by HIV/AIDS, particularly girls, may be left to run their own homes, discriminated against in school or even denied social services. A needs assessment of OVC in the region

found that a small but substantial proportion were living in high-risk situations where they experienced domestic violence and parental drug/alcohol use, or were living in child-headed households. These children also faced reduced educational opportunities and poor nutrition with little or no family income.

Discrimination also manifests itself in the form of neglect. Health care workers in Cambodia are notorious for mistreating PLHA, particularly at the referral hospital level and in public hospitals, where the poor generally seek services. Former patients report being treated as pariahs and refused care, or cared for by the hospital's cleaning staff. A recently introduced prevention of mother-to-child transmission (PMTCT) program in one Cambodian province is having difficulty convincing midwives to attend the deliveries of HIV-positive mothers. The fear of discrimination also deters people from seeking HIV/AIDS-related information and services, such as voluntary counseling and testing (VCT), which has a negative impact on both prevention and care efforts.

Program Overview

CARE began HIV/AIDS programming in Cambodia in 1993, initially focused on understanding and addressing the vulnerabilities of migrant workers and other mobile populations who largely characterize the Asian epidemic. These include border area communities, women in garment factories, seafarers, entertainment industry employees, casino workers, sex workers, cross-border traders and truck drivers.

HIV/AIDS program activities have evolved in three phases:

The **Border Area HIV/AIDS Prevention (BAHAP)** project (1997-2000) greatly enhanced CARE's understanding of contextual factors responsible for vulnerability, such as stigma and discrimination, as well as practical ways to address these issues. CARE offices in Cambodia, Laos, Vietnam and Thailand worked together to promote the rights of migrants and protect them from discrimination and abuse.



The religious community in Cambodia has played an important role in CARE's project to combat discrimination and stigmatization.

BAHAP uncovered other areas of vulnerability around HIV/AIDS. From 2000-2002 CARE received funds from Family Health International (FHI) for its **Community Caring and Prevention (CCP)** project to pilot integrated home-based care, support, mitigation and prevention strategies in Koh Kong Province. Research was conducted to understand how stigma and discrimination were manifested in Koh Kong, the impact of stigma on PLHA self-perceptions and access to services, and experiences in implementing prevention, care and support services. CCP then established a community advisory board, obtained support from religious leaders, advocated for changes in the ways PLHA were treated at hospitals, and integrated a focus on compassion and respect into its work through home-based care, peer education and village outreach messages.

With a grant from USAID in 2002, CARE expanded CCP into a large-scale family health and HIV/AIDS program. The HIV/AIDS component was named **Methakaruna Thmey** (New Compassion). This program works in four western provinces bordering Thailand – Koh Kong, Pursat, Banteay Meanchey and Oddar Meanchey – and supports PMTCT and pediatric AIDS work in Phnom Penh. The sites were selected due to high HIV prevalence rates and high mobility.

REACH/PACT funds support intensive stigma and discrimination reduction work in Koh Kong and Banteay Meanchey provinces. In 2003, Methakaruna Thmey reached 1,500 PLHA and 3,700 OVC with care and support services, and another 20,000+ people with prevention skills, tools and information.

Strategies and Activities

Through Methakaruna's work over the past few years, three areas of focus in addressing stigma and discrimination have emerged:

- Partnership with Buddhist monks and other religious leaders in order to stimulate *methakaruna*;
- Empowerment and involvement of PLHA; and
- Sensitization and mobilization of community gatekeepers and villagers.

Stimulating a Religious Response

Buddhism provides the cultural and moral foundation of daily life in Cambodia. More than 85 percent of Cambodians are Theravada Buddhists. This form of Buddhism teaches tolerance and compassion, known as *methakaruna*, for the poor and vulnerable, and encourages people to earn merit by donating time and resources to helping those in need. However, fears associated with HIV/AIDS sometimes override these values.

Monk Interview

Kong Chanthol, monk from Wat Thmei (New Pagoda) has worked with CARE in Koh Kong for more than a year. He is very committed to HIV/AIDS work and is now a monk advisor, leading other monks in their response to HIV/AIDS in Koh Kong.

Q: Why is that you decided to become involved in HIV/AIDS work?

A: As monks we need to be willing to support people regardless. Buddhists are supposed to help others through the teachings of compassion.



Kong Chanthol

Q: And what can monks do about HIV/AIDS in the community?

A: Our role is not to give money or medicines to PLHA, but to help people in pain spiritually through home visits and meditation. It does not matter who the person is; we as monks must treat all people the same.

Q: Tell me more about what type of meditation support you do with PLHA?

A: As with all people, we bless them, chant together and meditate on the Buddha's teachings. For example, we reflect on death and the fact that all people will die and that we cannot know when that time will be, therefore we need to focus on living and think

Theravada Buddhism is based on the Four Noble Truths, which describe life as an endless cycle of suffering that can only be stopped by abandoning desire and following the Noble Eightfold Path to nirvana or enlightenment. This path includes the development of generosity, compassion, wisdom, and non-judgmental behavior. ⁴

During the war, virtually all of Cambodia's religious centers - Buddhist wats, churches and mosques - were destroyed. Buddhist monks were targeted by Khmer Rouge and murdered by the thousands. However, since the early 1990s, Buddhism has begun to reassert itself in people's lives.

Buddhist wats are one of the few social structures to survive the Khmer Rouge era. At the center of every village is the wat, run by the monks and the achars, the lay spiritual men who facilitate the monks' work in the community. The wats traditionally sheltered and educated orphans, and cared for the sick, elderly and destitute. They were responsible for the spiritual care of villagers, ensuring that they had an opportunity to earn merit, be blessed and have a Buddhist funeral to ensure a peaceful send-off to the next life. While still recovering from 30 years of conflict, the wat

remains a vital force in affirming Cambodians' place in this world and the next.

With few other community safety nets, CARE and its partners have worked closely with wats to explore how monks can be more involved in supporting PLHA and OVC, and influencing change in community attitudes. Wats in project areas care for many OVC, organize funerals, provide shelter for homeless PLHA, preach compassion and kindness to villagers living nearby the wat and participate in the project advisory board.

In Koh Kong, monks visit the homes of PLHA and accept alms in the form of rice, which the monks eat when they return to the wat. This strategy has been very successful in improving the attitudes of villagers who were shunning their neighbors, as the villagers know that the monks must eat all the rice they receive from villagers and they therefore are not afraid to take food from PLHA. The International AIDS Candlelight Memorial ceremony is another public way of showing the community that monks accept alms from PLHA, and respect them as they would anyone else.

When home-care activities were first initiated, many villagers and achars were refusing to participate in PLHA funerals. Village leaders traditionally collect donations from community members who

about preparing our families for when ever it is that we die.

Q: Do you also talk about how to prevent HIV/AIDS?

A: Yes, of course. For religious holidays and festivals we provide people with advice through our prayers and through public speaking. We focus on giving advice on two main areas: asking people to be faithful to their partners and to avoid intoxicants.

Q: How can Buddhism contribute to reducing stigma and discrimination of PLHA and their families?

A: There are three main ways: 1) we must show people how to help each other by being role

models, 2) we must dispel incorrect information about how HIV is transmitted. We need to tell people that it is fine for people to touch PLHA and to eat with them, and 3) we must use holy days and festivals to communicate to people about HIV and compassion.

Q: I have heard that you are building a hospice for homeless PLHA and OVC at your pagoda. Why did you decide to do this?

A: I have seen so many people who don't have anywhere to live and are so poor. By building the hospice we can provide support, and will be able to see them very often. We will work hard to support a hospice. People living near

the pagoda will see that monks are not afraid of PLHA and this will have an impact on stigma and discrimination as well. During festivals, PLHA in the pagoda will also easily be able to participate, pray and be blessed.

Q: Do you have other ideas of ways in which monks can support PLHA?

A: Yes, it is very important for all people to receive a Buddhist funeral. When PLHA die, because of stigma and discrimination and poverty, they cannot afford to be cremated and to have the ceremony. We want to offer this to PLHA and their families at this pagoda so they don't have to worry about dying in peace.



Buddhist monks have the ties and the influence within local communities to encourage compassion toward PLHA.

attend the funeral, to pay for the washing and cremation of the body by the achars, and for prayers by the monks so that the deceased might attain a better next life. The home-care teams enlisted the support of the head monk to educate the achars about HIV transmission, and remind them that their obligation was to organize funerals for all members of the community. This strategy improved cooperation from the achars, and now the vast majority of affected families are able to raise the funds they need for a proper Buddhist funeral.

Muslim leaders were also invited to participate in HIV/AIDS work. Initially, they were reluctant to be associated with HIV/AIDS, but after government and CARE staff spent more time learning about the issues faced by Muslims

in Cambodia⁵, and expressed eagerness in learning about how to work with Muslim villagers in a way that was respectful to them and the religion, the imams welcomed the program. These villages now strongly support HIV/AIDS affected households and, in one village, the head imam holds regular HIV/AIDS prevention, and sexual and reproductive health discussion groups with the men in his village.

“Showing compassion toward sick individuals is the monk’s main responsibility, according to the Buddha’s advice, so I have to help them live with hope despite that they are dying.”

Monk, Wat Thmey, Koh Kong

Partnerships with the Buddhist wats and Muslim mosques extend to other activities supporting PLHA and affected children.

- Monks and imams are learning about basic care for PLHA, offering more consistent shelter and care within the wat.
- An increasing number of monks and imams are participating in home care, visiting clients in near-by villages.
- Monks are including messages of tolerance, kindness and compassion in their regular sermons, and linking these behaviors to HIV/AIDS.
- Once a month, PLHA and their families are assisted in visiting the local wat to offer rice and other alms to earn merit for the next life.
- Monks participate in playgroups for children, telling stories about the life of the Buddha and the importance of tolerance, kindness and compassion towards oneself and others.
- Monks help teach PLHA how to pray and meditate, and provide individuals with Buddhist counseling.
- Monks and imams are helping to ensure that PLHA are offered proper funeral ceremonies.
- Imams and monks are supporting sex and gender discussion groups among married couples in their communities.

“In the past, people in my village did not know very much about AIDS. Today the men know how and when to use a condom.”

Village Imam, Koh Kong

“During traditional ceremonies in the wat, I always tell them to do good deeds to help people live, especially for people with AIDS and orphans.”

Monk, Koh Kong

Greater Involvement of People Living with HIV/AIDS

Meeting other people with HIV/AIDS, establishing support groups and discussing common issues increases PLHA's feelings of worth and

self-love. It has also helped to make PLHA and their neighbors more comfortable with each other. In late 2002, the vast majority of PLHA interviewed reported that the self-help groups had changed the way they felt about themselves and their relationships with others.

“I should have got counseling; I was in shock afterwards. I went home after getting the test, and stayed there for three days. I spoke to my fiancée and I told my mother. Then I heard about the Ponleu Chivit I Centre at Psar Depou. I went there, and they told me how to take care of myself; what to eat; they told me that everyone will die sometime. Then they told me about Ponleu Chivit II [support club for HIV-positive people supported by World Vision.] The club was the biggest help in making me feel better.”

Male PLHA, Phnom Penh⁶

Anecdotal evidence indicates that PLHA support groups have also significantly changed the way they are treated by health care staff, non-governmental organization (NGO) personnel, and their friends and families. For many years, PLHA in Cambodia have been viewed as passive receivers of aid. The benefactor-receiver interaction engendered feelings of pity and judgment among staff, and feelings of shame among their clients. Involving PLHA in HIV/AIDS program delivery and management has created greater respect on the part of program staff and enhanced self-confidence for PLHA.

Time and again, the support groups have shown what can happen when people are able to build strength from others in a similar position. As a result, support group members gain greater respect from people outside of the group. Some provincial PLHA groups have organized through petitions and national level meetings to demand greater access to anti-retroviral therapy (ART) from the government. Other groups have established revolving funds to support their members. Others are facilitating dating opportunities across support groups for PLHA who want to

marry/partner with other PLHA, and many are working to help PLHA who are facing stigma and discrimination in their village or workplace.

CARE facilitates PLHA empowerment and participation though:

- Partnering with the Cambodian People with HIV/AIDS Network (CPN+) to support PLHA self-help groups in each project site, assisting them in getting started, prioritizing group activities and, if needed, helping locate resources for implementing their group plans.
- Linking PLHA and self-help groups to livelihood opportunities, anti-retroviral (ART) treatment programs and other resources.
- Supporting the involvement of PLHA in the formal health sector as team members and counselors at the public VCT site, as client advocates to improve referrals, and as representatives on provincial government AIDS care advisory groups.
- Recruiting and hiring PLHA to CARE project staff.
- Providing household counseling, medical and socio-economic support.

Gatekeeper Recruitment and Sensitization

National advocacy efforts to reduce stigma and discrimination are complemented by recruitment and mobilization of local leaders. CARE has established community-level advisory boards to address barriers faced by home-care teams due to fear of HIV/AIDS. The committee members represent a cross-section of Cambodian society, including representatives from the Buddhist wats, the Department of Social Affairs, other government departments, and local hospitals and health centers, as well as PLHA, village and commune leaders, and CARE staff.

The bi-monthly meetings focus on:

- How local authorities can reduce discrimination against people affected by HIV/AIDS. Strategies include arranging home visits by local authorities to demonstrate acceptance of for people affected by HIV/AIDS; public talks on Buddhist tenets of compassion and care for people in need; and improving government medical staff attitudes toward PLHA.

- How to increase village support for PLHA and orphans and vulnerable children, including community foster care and adoption.
- Community advisory board members lead by example, actively supporting people affected by HIV/AIDS, as well as OVC. They have donated time and money to community initiatives, such as a hospice at one of the local wats.
- Reaching commune council leaders is vital for reducing stigma and discrimination. CARE, in partnership with the provincial AIDS office and local NGOs, provides sensitization training to the newly elected council members in all project sites. Some also become active as project volunteers. The commune council manages a budget, and PLHA groups can advocate for its use to support a variety of activities.
- Another focus for awareness-raising is health care workers. CARE provides AIDS care training to provincial government staff, and uses this opportunity to discuss client rights and provider responsibilities. The new AIDS law is also presented, which states that refusal to care for PLHA, provision of suboptimal care, or violation of client confidentiality can result in fines or even jail time.

The issue of severe discrimination by government health workers towards PLHA is now on the national agenda. However, few ideas on how to address the situation have been offered, outside of the standard AIDS care training. CARE and others will continue to push for updated or new human rights training for health workers. We also will advocate for a government policy supporting implementation of the national AIDS law, including provisions to reprimand health care providers who break this law.

Program Outcomes, Results, and Sustainability

Results of the three focus strategies – partnership with Buddhist monks and other religious leaders; empowerment and involvement of PLHA; and sensitization and mobilization of community gatekeepers – are encouraging. PLHA have reported more than 70 percent improvement in the attitudes and actions of their families, neighbors and health care staff.⁷ In addition, responses to CARE's

baseline knowledge, attitude, practice and coverage survey questions (KAPC) regarding stigma and discrimination were 10 times more favorable in areas where CARE is working than in other parts of the province.

While a KAPC is not an indication of changes in behavior, it can point to changes in community norms. Changes in norms happen when compassionate behaviors are modeled by key people and diffused through a community already familiar with Buddhist principles. CARE believes that by expanding this work to other program sites, there will be sustainable behavior change in stigma and discrimination.

Another indication of reduction in stigma and discrimination is the change that has occurred in those who are willing to be affiliated with the HIV/AIDS program. In the first year, only people who were very poor and very ill were interested in receiving home-care services – the fear of being identified as having HIV/AIDS was very strong, even though the home care teams also served people with other illnesses. After three years, middle class HIV-positive people are also seeking CARE's and the government's services. Non-symptomatic individuals are increasingly deciding to participate in PLHA support group activities and volunteer work. This may be explained in part by the recent expanded availability of ART in some areas of the country, and the desire to know about these services before developing AIDS. But as experiences in other countries can testify, access to ART alone may have very little impact on increasing people's willingness to be open about their status – CARE staff believes that the change was brought about largely by their sustained and intensive effort to de-stigmatize HIV/AIDS.

Both Buddhist and Muslim religious leaders have seen their positive influence on society grow since becoming engaged in the fight against HIV/AIDS. NGOs have been able to catalyze monks to take the lead in community support for people affected by HIV/AIDS, and support their return to a role that they once enjoyed as spiritual and social support centers of Cambodian life.

Buddhist wats generate their own resources and can use them according to their own priorities, so



Buddhist monks work with CARE to ensure the care and support of orphans and vulnerable children.

those that have become very active in HIV/AIDS will be able to continue this work. Buddhism is the common element that connects people even in very mobile populations, and monks play an extremely important role in improving trust and increasing ties of responsibility among villagers.

Monks in project areas have repeatedly expressed interest in and commitment to becoming more involved in community-based HIV/AIDS



The religious community has proven ready to contribute to work that alleviates suffering and shame associated with HIV/AIDS.

work. CARE is building upon its current work by providing interested wats and mosques with small matching grants to start activities. Monks contact their peers in new wats to stimulate interest in the program. Buddhist meditation for PLHA will also be expanded. By the end of 2004, up to 300 monks, achars and imams will be participating in the HIV/AIDS care, support, and stigma and discrimination work.

PLHA support groups are also sustainable because they need few outside resources. In Koh Kong province, villages affected by HIV/AIDS are implementing savings groups, revolving loans and establishment of small businesses. Villages that also support livelihood and food security activities

have a chance to sustain HIV/AIDS activities past the life of Methakaruna Thmey.

CARE's partnerships with local government, NGO and community structures maximize sustainability. The HIV/AIDS program has already established strong ties with these Cambodian institutions, and will continue to nourish them over the next few years. By continuing to build the commitment and capacity of the wats, mosques, village leaders, PLHA groups, commune councils, health care workers and other gatekeepers, more PLHA will have similar experiences to this woman's:

"There are many who give me support. They do not only stand and look. They gather if I get fever in the night-time. They massage me and stay with me until morning. Then I can go to the hospital."

*PLHA, Poipet,
Banteay Meanchey Province*

Lessons Learned

- **In Cambodia, monks are approachable and often want to receive training and opportunities to participate in community work.** CARE staff initially feared working with monks because they are highly revered and there is a different Khmer vocabulary that must be used in communicating with them. Many were concerned they would not be able to speak with monks in a respectful manner. Female staff were especially concerned with how to manage this relationship, as culturally women are subtly viewed as less spiritually valuable than men. After much convincing and visits to other programs working with monks, CARE staff began to feel comfortable working very closely with the wat and training monks as peer leaders. Once the initial training was done, the CARE staff's level of self-confidence in their role as trainers increased tremendously.
- **Using government as a pressure point to leverage the support of monks was greatly successful and resulted in more wats participating in the program than would have on their own.** CARE began working with the Ministry of Religion and Cults to improve the

likelihood of successful and appropriate interaction with the monks. This increased the level of community/government interest in the role of monks in HIV/AIDS prevention, care and support. It also enabled CARE to leverage a higher level of commitment from some of the head monks, and wat committees led by the achars, who were previously tepid about participating.

- **Monks are already in a position of relative social power with a cultural-religious mandate of compassion and healing, and are often very ready to contribute to work that alleviates suffering and shame.** In fact, once inspired, monks can respond to HIV/AIDS innovatively and independently without requiring much support from government or NGOs. This is a very sustainable approach to reduction of stigma and discrimination.

- **Respect for minority religions is essential in building trust and understanding.** Most CARE staff are Buddhist and know very little about what it means to be Muslim. However, CARE needed the support of the imams for successful HIV/AIDS work with Muslim villages. The project decided to consult the imams for approval and advice in how to discuss HIV/AIDS in their villages. CARE also invited an imam to instruct CARE staff in Islam. This gesture resulted in the imam being very committed to working with CARE, and this relationship persists today.

- **People living with HIV/AIDS are the absolute key to addressing stigma and discrimination.** One cannot overstate the value of the process by which PLHA develop self-confidence and assert their rights. People who interacted with PLHA, such as government and NGO staff and people in the community, learned to respect the value of people living with HIV/AIDS and to listen to their needs and opinions.

- **PLHA support groups can be nurtured and supported, but they are fundamentally their own organizations.** The more that CARE and government staff let go of their perceived need to provide constant support to the PLHA groups, the more likely it was the group would decide to do things to benefit their members that were not expected by CARE and government staff. The growing autonomy of the PLHA groups resulted in an

increased sense of self-confidence among the group members and innovative ideas for addressing common concerns.

- **When people in positions of power were able to meet PLHA, their response to HIV/AIDS changed.** Since the PLHA support groups were formed, there seems to be a much greater fulfillment of PLHA's patient rights. Health care staff and PLHA meet together in a monthly forum to publicly discuss the issues of services and rights. Issues raised publicly carry more weight than private conversations, but may also provoke anxieties for PLHA who rely on the care providers to continue caring for them. However, as a result of these meetings, several changes have been made to the way in which care is provided to PLHA.

Conclusion

Addressing societal and individual fears and prejudices related to HIV/AIDS is a long-term process. However, work that improves the beliefs and actions of individuals towards PLHA is inherently sustainable, particularly if these shifts are repeatedly reinforced over several years. Maintaining advocacy and community mobilization at the local and national level is vital to eventually overcoming stigma and discrimination, and thereby reducing the impact of HIV/AIDS in Cambodia.

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Acknowledgements: USAID, PACT/REACH, CARE Cambodia, CARE Australia, CARE USA HIV/AIDS Unit, and CARE USA Marketing and Communications Department.

¹ Literal translation of Methakaruna is "Loving Kindness."

² 2002 HIV Sentinel Surveillance, National Center of HIV/AIDS, Dermatology and STDs (NCHADS), Royal Government of Cambodia.

³ A Global Overview of the HIV/AIDS Epidemic in Cambodia, NCHADS, RGC, April 1, 2004.

⁴ "What is Theravada Buddhism?" www.buddhanet.net.

⁵ The Cham are one of the most populous ethnic minorities in Cambodia, although they make up only about 5 percent of the population.

⁶ Fletcher, Gill. "Voluntary Confidential Counseling and Testing in Cambodia: An Overview." September 2003, CARE Cambodia and the POLICY Project-Cambodia.

⁷ PLHA well-being survey, CARE Cambodia Community Caring and Prevention Mid-term Evaluation, 2002.



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