

**Final Narrative Report  
GFATMT GRAMT ROUND 5  
MOA Number CAM 505-G07-H-FHI-1**

**Project Start Date: 01 February 2007 Project Completion Date: 31 August 2011**

**Subproject FCO Number 16204**

**Title of the Project:**

**HIV/AIDS/RH and Health Intervention for Military Families**

## **I. Executive Summary**

OEC starts running Smiling family Program (SFP) from 01 February 2007, supported by Global Fund Round 5 through FHI Cambodia. The project worked with military families and civilian families living around military barracks in the view of reducing the HIV vulnerabilities of high-risk families, increasing the accurate knowledge and strengthening the capacity of military families in 5th Region, ensuring the accessibility and promoting the use of condoms, increasing the number of military couples accessing health services, increasing the capacity of peer educators (PE) and peer facilitators (PF) to provide quality of sexual health education, strengthen the response to Sexually Transmitted Infection, increasing access to and use of STI services; encouraging and promoting voluntary counseling and testing for HIV (VCT) and voluntary counseling and confidential testing services (VCCT) to strengthen gender equality.

According to the agreement between MoND and FHI, OEC was entrusted to implement the Five-Year plan of Global Fund Round 5, to operate closely in cooperation with all military commanders under the commandment of the 5<sup>th</sup> military region, precisely in Battambang province: MR 5, Air-Protection, the whole Brigade 53; in Banteay Meanchey: the whole Brigade 51, the whole Sub-BMC, the Border Battalion 503 (platoon 2 and 5) including a total of 50 villages of 30 communes, treating in the project period the following main program: Deep knowledge of HIV/AIDS and its modes of transmission, its natural history (window period-dormant period-AIDS Related Complex, ARC -Full-blown AIDS); -description of symptoms, signs and risk factors of HIV infection; description of prevention methods (ABC, Reproductive Health, BCC) for the transmission of HIV; -ARV treatment and its requirements; -comparison of HIV/AIDS situation locally and nationally; -stigma and discrimination associated with HIV/AIDS;-the effect of HIV/AIDS including impact migration; communication; -Gender equality and domestic violence, -child's rights and good parenting; Voluntary Counseling and Testing (VCT) and Voluntary Counseling and Confidential Testing Service (VCCT); Reproductive Health (Birth spacing, purpose of birth spacing, methods of birth spacing, breast feeding, pregnancy diets, danger of abortion) in partnership with 20 Health centers to improve health condition of the military barracks. As outcome the project reached in total 229,243 individuals (Couple 1,161, Women: 3,367 & Men: 1,224) out of 15,375 families. Of the 81,874 people reached by SFP of OEC, 5,915 persons have used STI services; 2,363 persons used VCCT and 8781 persons practiced RH and other services. In total, 17,026 persons were assumed to have used voluntary counseling and confidential testing services (VCCT). 1,416,142 condoms were distributed freely to target groups during the five-year program.

## **II. Introduction:**

Operations Enfants du Battambang (O.E.B) was renamed into Operations Enfants du Cambodge (O.E.C) on 01 January 2007 authorized by the Ministry of interior N° 1564 dated 05 December 2007. O.E.C was started on 01 June 1996 and was legally recognized by the Ministry of Interior on 14 March 1997 and also recognized by the Ministry of Social Affairs Veteran and Youth Rehabilitation twice: the first on 7 September 2001 and the second on 15 September 2004. O.E.C has recently been awarded certificate of compliance with all standards in the code of Ethical Principles and minimum standard for NGOs on Cambodia, from CCC on August 12th, 2009.

**Our Vision:** Disabled children, handicapped people caused by mines, young people and children in areas facing difficulties in Cambodia receive heightened capabilities, good standing of life, with dignity, freedom, adequacy and equality of opportunity, living with each other in the society full of peace and prosperity.

**Our missions:** Is to build and raise capabilities, and good living condition of the above targeted people by means of primary health care, rehabilitation of working possibilities, reproductive health; support human rights education in formal and non formal settings in education and life skills development, by strengthening existing communal structure, and supporting logical initiatives of local people for cooperation.

OEC is an organization not-for-profit, nongovernmental, not to be part of, or controlled by, government or an intergovernmental agency and not affiliated with any political party, working to save and protect the rights of children, without any exception, distinction, or discrimination based on the basis of race, color, sex, language, religion, political or other opinions, national or original origin, state of wealth or birth, focusing principally on having the poor children, children with disabilities, orphans and vulnerable children affected by HIV/AIDS, children of landmine survivors and children addicted drug users, enjoyed equal basic rights and opportunity to their similar of normal conditions, especially right to life, to be protected, to development and to participation.

The Cambodian Demographic Health Survey (CDHS), conducted in 2005, included assessment of HIV infection status, which was based on a household sampling methodology, were formally released by the National Institute of Statistic, Ministry of Planning, in April 2007, the estimated national prevalence of HIV infection among adults aged 15-19 was 0.6%, and was identical in males and females. The result of this survey contrasted substantially with the findings of the HIV Sentinel Survey (HSS) that had been conducted by the National Centre for

HIV/AIDS in 2003 which found that the National Prevalence of HIV infection among pregnant women was 2.2%. This result provided the basis official national estimate of people living with HIV infection of 1.9% in 2003. The most recent HSS round was conducted during late 2006 and early 2007 in 22 out of the 24 Cambodian provinces/municipalities, and found that the prevalence of HIV infection among pregnant women had fallen to around 0.9%. The estimated proportion of sex workers infected with HIV is down to around 10 percent from over 21 percent in 2003, according to the 2006 HIV Sentinel Surveillance (HSS). However, the maternal mortality ratio in Cambodia remains the second highest in East Asia.

### **III-Project Background**

In Cambodia, young men, military and police forces, occupational hazards include long periods away from home, persistent peer pressure to drink alcohol, engage then in sexual activity, and the temptation of brothels that are often located near barracks or camps. These men who visit sex workers pass HIV on to their wives or girlfriends in the villages around. In 1995, within the military 5.9% and 7.1% in 1999 were infected. Therefore in 2000, Cambodia established a military HIV prevention committee, whose objectives were to strengthen and to provide the official response of HIV for all military services. The Ministry of National Defense developed a five-year HIV/AIDS strategic plan of prevention and care. HIV/AIDS cause the following impact on children: First there is an impact on access to education. Children may be denied access to school due to fears and stigmatization in the community; second is an impact on demand for education; children may be pulled out of school by their families to care for sick family members; third, impact on the supply of education; as teachers and administrators fall sick and die, often not enough new teachers and administrators can be trained in time to replace them; fourth impact on the quality of education; teachers and children may be traumatized and demotivated to teach or to learn; fifth, when the epidemic advances, there is an impact on the funds available for education, and on management and planning. The main impacts are on social, demographic and development. Noting the danger of HIV/AIDS, recognizing family as fundamental base for child development, OEC in respecting the vision, mission and core values stated, had the obligations to accept running the project "Smiling Family Program", granted by The Global Fund (having great mission to Fight AIDS, Tuberculosis and Malaria and reduce infections, illnesses and deaths) through FHI (which emphasizes the development of strategies to respond to the HIV/AIDS pandemic; other sexually transmitted infections; unintended pregnancies; and related reproductive health concerns of individuals and communities) for a period of five years, from 1st February 2007 to 31 August 2011.

Donors supporting OEC are: FHI/GF5, Save the Children Norway (SCN), United Nations Children's Fund (UNICEF), Adopt-A-Minefield (AAM, Khmer HIV/AIDS NGO Alliance (KHANA)/USAID, GFR7), SCHMIT-HILLE-STIFTUNG (SHS), European Commission (EC), International Catholic Child Bureau dingily and right of the children, Australian Red Cross, and International Labor Organization/International Programme for the Elimination of Child Labor (ILO/IPEC) with a total funding budget in 2010 of 3,513,857USD.

### **IV-Project Goals**

To reduce the HIV vulnerabilities of high-risk families; increase the accurate knowledge and strengthen the capacity of military families in 5th Region; ensure the accessibility and promote the use of condoms; increase the number of military couples accessing health services; increase the capacity of peer educators (PE) and peer facilitators (PF) to provide quality of sexual health education; strengthen the response to Sexually Transmitted Infection; increase access to and use of STI services; encourage and promote voluntary counseling and testing for HIV (VCT) and voluntary counseling and confidential testing services (VCCT).

### **V-Project Target areas**

Working in collaboration with the Headquarter of military 5th region, operating in military positions of Battambang (MR 5, Air-Protection, Whole brigade 53) and Banteay Meanchey (Whole Brigade 51, Whole Sub-BMC), and Border-Battalion 503 (Platoon 2 and 5) spreading large impact on 50 villages of 30 commune in 8 district around the military barracks.

### **VI-Project Strategic Objectives**

- Increase access to and use of prevention, care, support, and treatment services;
- Build support for HIV prevention and care for most-at-risk military forces and populations
- Build the capacity of military personnel and their families with people around military positions to plan, implement, and monitor activities in targeted areas
- Support uniformed personnel and their families
- Increase access to quality care and refer to treatment services
- Build capacity of the military officers and key persons of the villages around the barracks

### **VII-Project Methodologies**

To succeed the developmental objectives of the project the project team used learning methods and awareness campaign as follows:

**Brainstorming:** To encourage active involvement from participants and build on the knowledge and expertise of the participations to say the first things that come to their mind and to keep ideas flowing, and then classified and discussed commonly to reach consensus decision or majority. **Case study:** To encourage participants to analyze situations they might face and to decide how they would respond, that force participants to think about problems, options and solutions to challenges they might experience. **Role play:** To encourage participants to practice skills acquired during the training that rehearse skills and activities, and they provide good preparation for real life situation, particularly well suited for practicing counseling and other communication skills. **Fish bowl:** To provide a physical structure that allows participants on the 'outside' to see something being done on the 'inside', a way of observing a role play on an actual situation, and then followed by common discussion for clarification and decision. **Lecturettes:** To involve short forms of lecture which are used to highlight key points of content, different from traditional lecture, because they often include interaction with participants for discussion, or sometimes used as introduction to topics, not longer than 15 minutes. **Buzz session or small group discussions:** To organize small discussion groups about a topic allowing participants to express opinions and reach consensus. **Video Show:** To organize successively video show explaining what is HIV/AIDS, mode of transmission and its natural history; describing the symptoms, signs and risk factors of HIV infection, prevention methods for the transmission of HIV; explaining about ARV treatment and requirements; explaining stigma and discrimination associated with HIV/AIDS.

In the intention of spreading widely and effectively protection and prevention measure against HIV/AIDS, the project team organized yearly the following public events in military positions, accompanied by music band, intercalated by series of Questions/Answers and educative games awarded, in district or communes near military barracks, as awareness campaign mobilizing people for common constant effort in efficacious fighting HIV/AIDS:

**Family Day:** Organized at nights explaining people to know that family is the fundamental building block for positive human development and the principal safety net for people facing chronic and acute challenges, that require them to practice individual, moral, familial, parental discipline with harmonious communication to build family happiness by permanent thinking of what is for the good of the family and what is for the good of society through daily right action? **International Women's Day:** Organize at night leading people to know historically the women struggle for rights, namely Elizabeth Cady Stanton and Susan B. Anthony and then reminding all Cambodian people to remember that enlightenment of Buddha also came from Neang Sujata, a woman who offered rice cooked with milk to him. Jaya Devi, the wife of Jayavarman VII was a great writer in Angkor Empire. Presently Madeleine Albright and Hillary Clinton are striking examples exciting all Cambodian women to follow their path, that mean all parents must push their daughters to learn equally to boys and to know using their rights guaranteed by international convention of Women Rights and Cambodian Constitution in unanimously strengthening gender equality for harmonious life and safe economy in family. **World Aid Day:** Organized at night to make first large appeal to all people to observe clearly the danger of HIV/AIDS and its affect on children economy of the country, and then bringing people to analyze the use of Human Rights in HIV prevention as follows: a-Rights of people infected by HIV to access to health care service, consultation and to participate in social, economical and political activities of the country. They have then the right to be free from stigma, silence and discrimination. In the other way all people have the rights to be free from contamination and infection that mean persons infected by HIV must tell the truth to their partners for protection from spreading, and vice versa people living with, or affected by HIV have the right to be protected psychologically and medically without any discrimination. **Candlelight:** Organized at night wishing people to remember how HIV has touched the lives of so many of Cambodian people, giving as evidence some figures listed in the statistics published by Cambodian Demographic Health Survey; and making a short description on how international solidarity has a positive impact on the lives of people living with HIV and affected by HIV worldwide. After that asked participants to keep firm ideas for change in lifestyle and behavior towards strengthening their own and nation's health to popularize good practices on HIV/AIDS and STIs prevention and sexual and reproductive health promotion making bright life as the candle flame.

## VII-Project Program and Activities

### 1-Selection and training PF and PE

To succeed the operations, OEC received directly from FHI 44 former PEs, transferred from their previous work, 25PEs for BTB and 19PEs for BMC, who had already some experiences related to the project. OEC needed to recruit only new 44 women PFs, from military family members, 25 PFs for BTB and 19PFs for BMC, which had to be trained successively following the below responsibilities and training program with the obligation of organizing monthly women session for a full day and a full day of quarterly couples session. The former 44 PE participated in refresher course conducting for couple sessions.

### 2-Responsibilities of peer facilitators:

Training with major interventions for HIV prevention with military family members (couple session and women session), implementation of the intervention process, implementation of continuous quality improvement design, facilitating workshops for the project, participate in teams and external committees to communicate information,

resolve problems including referring the patients to referral health center services and achieve the goals of the organization, participate in staff, peer educator and peer facilitator training, communicate with military commanders and local authorities to realize different events for the success of strong awareness campaign, comply with the instructions of FHI, respecting military secrecy and closely cooperate with OEC team project heartedly by establishing monthly report, including regular updating of PF record book and mainly responsible for distribution of condoms and monthly supplies to militaries and to targeted people.

### **3- Communication skills:**

The following are approaching manners of PE and PF to succeed conversation encouraging partner to tell the truth for further solution: -Study environmental behavior of the object (in family, his/her relation with people around); - Contact in friendly way, avoid criticizing interlocutor, showing our honesty and sincerity, starting first by his past and actual life, then arouse interlocutor to want what all people like; - Bring him/her to do reflective and analysis for a prosperity life; - Finally guide him/her to see the solution and the motive by throwing down all challenge; - Knowing to use favorable and repeated contact times; - Very patient, always friendly with no irascible reaction in always respecting partner; -Keeping strong hope in convincing with perseverance; - Analyze experience of the first approach, then adapt and vary talking style for next approach accordingly; - Use chain of questions instead of giving direct order; - Let the partner safe face and praise his slightest improvement and all improvement.

### **4-Training program during the project period**

A Clear study and discussion on:- what is HIV/AIDS, followed by modes of transmission and its natural history (window period-dormant period-AIDS Related Complex, ARC -Full-blown AIDS); -description of symptoms, signs and risk factors of HIV infection; description of prevention methods (ABC, Reproductive Health, BCC) for the transmission of HIV; -ARV treatment and its requirements; -comparison of HIV/AIDS situation locally and nationally; -stigma and discrimination associated with HIV/AIDS;-the effect of HIV/AIDS including impact migration; communication; -Gender equality and domestic violence, -child's rights and good parenting.

#### **4-1. Training Activities**

First, the facilitators were advised to acknowledge the learning style of adults who decide for themselves what is important to be learned, need to validate the information based on their beliefs and experience, expect what they are learning to be immediately useful, have much experience upon which to draw — may have fixed viewpoints, significant ability to serve a knowledgeable resource to trainer and fellow learners. Therefore trainers and facilitators have to use these characters to prepare their session plan. OEC project team with close cooperation from medics of PHD, PAO, OD, and HC, especially by good communication with Battambang branch office of FHI had deepened the below items to strengthen the skills of couple members, peer educators and peer facilitators to realize smiling families:

##### **4-1-1. Sexual Hygiene**

Discussion among participants reached a conclusion that couple members must not allow sexually transmitted infections (STIs) to be passed on to another person or sex that could result in an unwanted pregnancy. Personal hygiene needs to be part of any intercourse. The simple prevention is using condom with knowledge of putting on and taking off. If anyone is sexually active or thinking about having sex, it is important to have information that will help him/her make the right choices. Avoid having sex while drunken. If anyone have had unsafe sex (eg. sexual intercourse without a condom), He/she must go to get medical advice about either having an STI check or a pregnancy test. Respect gender equality that means couple member should have consent to and no one feels pressured or forced into sexual contact.

##### **4-1-2. Gender equality to fight STI**

Trainer raised the problem of empowering women, enabling them to achieve gender equality in sexual and reproductive health with cooperation and participation of men, the husband or partner. It must be both, the couple members who commonly decide on the number and variety of sexual relationships, timing and frequency of sexual activity and use of contraceptives, without any coercion, violence, or masculine domination. In any places women must have the power to protect their own health, related to their life, guaranteed by women's human rights. For a familial happiness, men must recognize themselves as responsible, caring, and non-violent partners in reproductive and sexual health needs, built on mutual satisfying relationship, trusty and good communication. Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Any domestic violence against women, harming women will cause a great loss for the family, because when the wife falls in STI, all family members support the consequence: a large expense of money for medical care, children must stop learning to come taking care for their mother. In the contrary when the wife dares not talk with the husband about her STI status, and the husband becomes affected, falling sick and cannot work, all the family supports then an impoverished condition. Therefore gender equality, elimination of all domestic violence and sexual abuse in the family, and promotion of mutual respect for human rights with equal balance of power between men and women are the practical way to fights STI including HIV/AIDS.

##### **4-1-3. Gender Equality and the Empowerment of Women**

First facilitator provoked a brainstorming to see the Human Rights of Women Rights. Then they started analyzing and seeking to comprehensively understand all their rights and the consequence when losing these rights in relation to their reproductive health problems, including **maternal mortality and morbidity** which eliminate all family happiness. They tried to list then the favorable factors for their empowerment:

- She must be a good wife with fidelity and knowing the favorable time to speak with husband, shaped by strong courage and frankness, about good husband and good wife in family life. .
- She raises gender equality in the family which implies that wife and husband enjoy the same opportunities, outcomes, rights and obligations in all spheres of life, the both sexes are able to share equally in the distribution of power and influence in the family; have equal opportunities for financial management; enjoy equal access to develop personal ambitions. Promoting gender equality is the empowerment of the wife, with a focus on identifying and redressing power imbalances and giving the wife more autonomy to manage their own lives that means setting commonly family program including safe sexual intercourse frequency and bath spacing. The purpose of Birth spacing and its different methods were largely discussed, including Breastfeeding and its advantage (in this session OEC team invited a medic either from PAO or OD, or HC to assist them for well clarification of some technical affairs)
- It can delay the next pregnancy for a while (but don't completely count on it).
- It helps protects mother against breast cancer, ovarian cancer and osteoporosis.
- It maintains the baby's jaw shape, keeps his teeth healthy, and can protect him from obesity in the future.
- It helps with brain development and can increases his intelligence.

#### **4-1-4. Medical care during Pregnancy**

The facilitators led participants to analyze and recognize that pregnant women can do routine testing to make sure they are in good health and that they do not have any illnesses or other conditions that could affect their pregnancy. If the pregnant is healthy and there are no complicating risk factors, she can expect to see her health care provider:- every 4 weeks until the 28th week of pregnancy; - then every 2 weeks until 36 weeks; - then once a week until delivery.

Participants discussed additionally the cause of abortion: - financial incapability, being too young, an unhealthy baby, rape, being a single parent. During the first visit, the pregnant can expect to have a full physical, including a pelvic and rectal examination. A blood sample will be taken and used for a series of tests: - a complete blood cell count (CBC); - blood typing and screening for Rh antibodies (antibodies against a substance found in the red blood cells of most people); - for syphilis, hepatitis, gonorrhea, chlamydia, and other sexually transmitted diseases (STDs), including human immunodeficiency virus (HIV); - for evidence of previous exposure to chickenpox (varicella), measles (rubeola), mumps, or German measles;

As advice, all pregnant women need HIV testing to protect themselves and their babies. HIV-positive women will receive special care for safety of their baby. The goals of HIV management during pregnancy are to maintain and support the woman's health, provide optimal Antiretroviral (ART) to preserve or restore her immune system and suppress viral replication, and offering interventions that decrease the risk of prenatal HIV transmission. ART has proven highly effective in preventing mother-to-child HIV transmission.

#### **Routine Visits and Testing**

If the pregnant is healthy and there are no complicating risk factors, she can expect to see her health care provider:

- every 4 weeks until the 28th week of pregnancy
- then every 2 weeks until 36 weeks
- then once a week until delivery

#### **4-1-5. ABC Approach**

In prevention measure, especially for single militaries and youth in the military barracks and the villages around, ABC strategy was introduced in couple session to be spread out largely in military positions and in all villages nearby that focuses on:

- A bstinence for youth, single militaries including the delay of sexual debut and abstinence until marriage
- B eing tested for HIV and being faithful in marriage and monogamous relationships, especially pregnant women and their husband
- C orrect and consistent use of condoms for those who practice high-risk behaviors.

The militaries or villagers who practice high-risk behaviors include "prostitutes, sexually active discordant couples [in which one partner is known to have HIV], substance abusers, and others". This definition calls firmly and strongly to those who had their mission to accomplish for long time outside their original location to take with them permanently necessary and safe condoms avoiding to transmit HIV/AIDs to their faithful spouse. The session became more amusing but serious through observation and practice of the 7steps of using condoms. The facilitators additionally explained the way of keeping the condoms safe and of not re-using the male condom, with taking care, if buying, of the trade mark and the producer company.

#### **4-1-6. BCC training**

OEC Smiling Family Program team organized a one day training of BCC in every grouping center, attended by peer facilitators/educators, health center staffs and key persons of community members in Battambang and Banteay Meanchey. The Behavior change communication (BCC) is an integral component of a comprehensive HIV/AIDS prevention to promote positive health outcomes. BCC can reduce risk of HIV infection and decrease new HIV infected. First, facilitator causes participants to refer to the past examples seen in society, the suffering supported by family members left by father or mother died of HIV/AIDS that poses social, economical and moral consequence. The orphan children discouraged cannot finish fruitfully their study for their bright future. Avoiding these risks and danger require a personal behavioral change in the family to build common happiness and promote prosperous hope for children. Young people have to prepare themselves to be later good father and mothers. Members of couple must always awake themselves of what having learnt about the cause and symptoms of HIV/AIDS, mainly the preventive measure. They should follow ABC strategy. Young people must be abstinent from having sex, including delay of sexual debut, and abstinent until marriage

#### **4-1-7. Voluntary Counseling and Testing (VCT) and Voluntary Counseling and Confidential Testing Service (VCCT)**

In this session, trainer caused participants to remember the protection measure during pregnancy, moral and conscience as human being to see a smiling family full of happiness and prosperity, then asking them to imagine a life in uncertainty or doubt, and how to resolve that? By analyzing all together the individual security and happiness, the fundamental cause of marriage and the wish to see a prosperous descents in the future, participants found that the adoption of

voluntary counseling and testing should really be practiced by: (1) people sexually active with multiple partners; (2) young people before their marriage; (3) husbands who are not completely faithful to their own wife; (4) couple members who feel some doubt, to assure their quiet mind; (5) absolutely pregnant women to avoid transmission to their baby (PMTCT); (6) victims of sexual violation;

All trainees solemnly promised to use these arguments in monthly discussion groups, in couple sessions and with other women movements to encourage VCT and to spread the idea of considering VCT as routine medical check for individual and familial happiness.

#### **4-1-8. Couple**

First trainer asked participants to identify the definition and status of couples existing in the society, which build human family, then they discuss together all problems and solution for a healthy couple or family.

Since prehistoric times, families have served as the primary institution responsible for raising children, providing people with food and shelter, and satisfying people's need for love and support. Marriage is the relationship between a man and a woman who have made a legal agreement to live together and they become husband and wife, forming then a couple. Most couples decide to marry because they love each other and want to spend the rest of their lives together. A man and woman who marry usually hope to share a special sexual relationship and a permanent romantic attraction. But each hopes the other will always be a close friend as well. Each also expects the other to help with many problems and to share certain responsibilities. These responsibilities include earning a living, budgeting money, preparing meals, and taking care of a home. Most couples, who marry, plan to have children and to raise them together. A man and woman are more likely to marry if they have similar social and educational backgrounds. They are also more likely to marry if they are about the same age. A husband and wife are required by law to protect and care for their children. Marriage thus serves as the basis of family life. Legal or illegal couples, they have all the same sexual relationship. Therefore they support the consequence of their sexual activities that may be safe or unsafe. From the lesson learnt, trainer invited participants to find out the prevention measure from falling into sexually transmitted infection, and to build a smiling couple, that means couple partners have reciprocal duties toward each other by accepting to implement the following principles:

- Couple partners must take precautions during sex that can keep both from getting a sexually transmitted disease (STD), and from giving an STD to the partner. These diseases include genital herpes, genital warts, HIV, Chlamydia, gonorrhea, syphilis, hepatitis B and C, and others;
- Couple partners must not drink alcohol or use drugs that will cause a high-risk sex.
- Couple partners must develop mutual support to realize rights, dignity; responsibilities and likelihood security;
- In respecting gender equality, the couple members must commonly decide on the number and variety of sexual relationships, timing and frequency of sexual activity and use of contraceptives, without any coercion, violence, or masculine domination.
- Good Husband or partner must recognize that sexual and reproductive health encompasses a woman's ability to exercise her right to control what happen to her body, to make choice whether when to have children, to protect herself from diseases associate with production; Man as legal or illegal couple member must see to woman's nutritional needs during pregnancy, support woman in seeking out prenatal care, and recognize the system of complication.

#### **4-1-9. Birth Spacing**

Trainer started first by asking participants to explain what birth spacing is, and to give some information about past practical method used by people in the community, including the main causes. After that they began studying the problem, causes, solution, methods and the usefulness of birth spacing. In reality there are young people newly married who want to delay pregnancy; women who have already numerous children do not want to have children any more; women caused by her poor health is advised to stop pregnancy. These conditions have a little difference from birth spacing which is a birth control, birth planning or family planning, or fertility control with a willingness to do it for the well-being of mother and her children.

##### **Purpose of Birth Spacing**

Birth Spacing refers to the time interval from one child's birth date until the next child's birth date. There are many factors to consider in determining what an optimal time interval between pregnancies is. However, researchers agree that 2 ½ years to 3 years between births is usually best for the well being of the mother and her children.

##### **Methods of birth Spacing**

Most birth control methods are designed to prevent conception and are called contraceptives. The most effective contraceptive method is surgical sterilization. The operation can be performed on both men and women. It makes conception impossible by blocking the sperm ducts in men or the fallopian tubes in women. Such an operation is called a vasectomy on a male. On a female, it is called a laparoscopic sterilization, a tubal ligation, or a tubectomy, depending on the procedure used. These operations can seldom be reversed if a couple later desire to have children. Other highly effective contraceptive methods involve the use of hormone drugs in order to prevent pregnancy. Oral birth control pills contain the sex hormones estrogen and progesterone. These drugs, also called oral contraceptives, hinder both the normal release of an egg once a month and the attachment of an egg to the uterus. Birth control pills are relatively expensive, require regular use to prevent pregnancy, and may produce harmful side effects in some women. In many developing nations, hormone drugs may be injected into the body. The injections must be given every 90 days and are as effective as birth control pills. In addition, contraceptive implants that contain hormone drugs are available in some countries, including the United States and Canada. The implants consist of tiny capsules that are surgically placed under the skin. The capsules slowly release hormone drugs into the body. The implants must be replaced periodically by a doctor and may be removed if pregnancy is desired.

Intrauterine devices, also called IUD's, are another highly effective method of contraception. An IUD is a tiny device made of plastic and metal. It is inserted into the uterus. Doctors are not yet sure how IUD's prevent pregnancy. When a woman wishes to become pregnant, she has the device removed. IUD's are relatively inexpensive and they require little attention for most women. But some users experience undesirable side effects. Such effects cease when the IUD is removed.

There are also several other methods of contraception. The condom is a thin sheath worn over the penis during sexual intercourse. Sperm are trapped inside the condom. The diaphragm and the cervical cap are devices that are inserted into the vagina so that they cover the opening of the uterus. A spermicide-a drug that kills sperm-must be applied to the diaphragm or cervical cap. These devices then hold the spermicide near the opening of the uterus. A spermicide-treated device called the vaginal sponge works on similar principles as the diaphragm and the cervical cap. Vaginal spermicides, in the form of creams, gels, and suppositories, can be used by themselves, but they are less effective in preventing conception. An even less effective method is withdrawal, in which the male attempts to withdraw the penis from the vagina before the sperm are released. Birth spacing is an important maternal and child health intervention, the couple members have to decide unanimously the method used depending on their health condition and their possibility.

#### **4-1-10. Child's rights**

The facilitator started first by informing the participant that the convention on the rights of the child was adopted and opened for signature, ratification and accession by UN General Assembly on 20 November 1989. Cambodia ratified the convention on 22 September 1992. The Cambodian constitution, article 31 stated that the Kingdom of Cambodia shall recognize and respect human rights as stipulated in the United Nations Charter, the Universal Declaration of Human Rights, the Covenants and conventions related to human rights, women's and children rights. Additionally the facilitator let all participants know that The Cambodian National Council for Children (CNCC), created in 1995, is entrusted with the task of coordinating the implementation, consideration and evaluation of all policies and programs related to Cambodian children. The Council is presided over by the Secretary of State for Social Affairs, Labor, Vocational Training, and Youth Rehabilitation and is composed of representatives of 11 ministries, the Council of Ministers and the Red Cross. This Council has as its primary responsibility to promote the implementation of the United Nations Convention on the Rights of the Child in Cambodia. Therefore all Cambodian people should study and implement children rights correctly.

After that the facilitator led participant study the basic rights of children and some other important articles related to parenting and violation of children rights. The 54 articles can be summarized as following:

- the right to survival - to life, health, nutrition, name and nationality

- the right to development - to education, care, leisure, recreation
- the right to protection - from exploitation, abuse, neglect
- the right to participation - to expression, information, thought and religion

The facilitator conducted discussion on the above rights to see what rights are not yet fulfilled by families and the government? Two articles deal specifically and only with education. Article 28 defines education as a right and recommends steps for this right to be achieved progressively and on the basis of equal opportunity. Primary education should be made available and accessible to every child, with financial assistance if needed. States are requested to encourage attendance

and reduce drop-out rate and to take measure to ensure that school discipline is administered in a manner consistent with the child's human dignity. They are asked also to promote international cooperation in the field of education, not least to meet the needs of developing countries. Article 29 is about the purpose of school education, which should be to assist child in developing his or her 'personality, talents, and mental and physical abilities to their fullest potential'. Another purpose is to develop respect for human rights and fundamental freedom. Respect for the child own roots is also stressed – parents, cultural identity, language and natural values – but also for 'civilizations different from his or her own'

The school should also help prepare for 'responsible life in a free society, in the spirit of understanding, peace, ethnic, national and religious groups and persons of indigenous origin' Finally article 29 stresses the importance of the school developing respect for the natural environment. Article 19 about measure to protect children against all forms of physical or mental violence, injury or abuse; Article 22 about the rights of refugee children; Article 23 about the rights of children with disabilities; Article 24 about health; Article 30 about children of minorities; Article 31 about the right to rest; Article 33 about protection against drugs; Article 34 about sexual abuse; Article 37 and 40 about the treatment of children in the justice system and in penal institutions; and article 38 about children in armed conflict.

The facilitator and the participants discussed and analyzed the different form of child abuse with trying to determine practical and legal solution and prevention to reduce all form of abuse, especially domestic violence against children, namely neglect, physical abuse, psychological/ emotional abuse followed by vivid and opened discussion leading to identify psychological and physical effects which reduce leaning quality of children.

#### **4-1-11. Good parenting**

Facilitator brought participants to try giving definition of parenting which is a moral, familial and psychological strategy of parents in their children rearing. Then he read 2 following articles of CRC for analysis: Article 5 stating that States Parties shall respect the responsibilities, rights and duties of parents or, where applicable, the members of the extended family or community as provided for by local custom, legal guardians or other persons legally responsible for the child, to provide, in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the exercise by the child of the rights recognized in the present Convention; Article 27 says “1. States Parties recognize the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development; 2. The parent(s) or others responsible for the child have the primary responsibility to secure, within their abilities and financial capacities, the conditions of living necessary for the child's development” Then all participants began analyzing the two following external sources to comprehensively understand the modern way of parenting:

Usually parents struggle with their children's common behavior problems using discipline techniques that deliver inconsistent results and fail to teach children how to learn from their mistakes. Many commonly used forms of discipline and punishment actually lead to more misbehavior and only teach children to not get caught next time! In fact good parenting is about bringing out the very best in their children using techniques that teach them respect, responsibility and compassion. Majority of parents start following these top 10 parenting tips below and they will actually motivate their children to want to be well behaved! Here is a quick overview of the Ten Basic Principles:

##### **a) What you do matters.**

“Tell yourself that every day. How you treat and respond to your child should come from a knowledgeable, deliberate sense of what you want to accomplish. Always ask yourself: What effect will my decision have on my child?”

##### **b) You cannot be too loving**

“When it comes to genuine expressions of warmth and affection, you cannot love your child too much. It is simply not possible to spoil a child with love. What we often think of as the product of spoiling a child is never the result of showing a child too much love. It is usually the consequence of giving a child things in place of love—things like leniency, lowered expectations or material possessions.”

##### **c) Be involved in your child's life.**

"Being an involved parent takes time and is hard work, and it often means rethinking and rearranging your priorities. It frequently means sacrificing what you want to do for what your child needs you to do. Be there mentally as well as physically.”

##### **d) Adapt your parenting to fit your child.**

“Make sure your parenting keeps pace with your child’s development. You may wish you could slow down or freeze-frame your child’s life, but this is the last thing he wants. You may be fighting getting older, but all he wants is to grow up. The same drive for independence that is making your three-year-old say ‘no’ all the time is what’s motivating him to be toilet trained. The same intellectual growth spurt that is making your 13-year-old curious and inquisitive in the classroom also is making her argumentative at the dinner table.”

**e) Establish and set rules.**

“If you don’t manage your child’s behavior when he is young, he will have a hard time learning how to manage himself when he is older and you aren’t around. Any time of the day or night, you should always be able to answer these three questions: Where is my child? Who is with my child? What is my child doing? The rules your child has learned from you are going to shape the rules he applies to himself.”

**f) Foster your child’s independence.**

“Setting limits helps your child develop a sense of self-control. Encouraging independence helps her develop a sense of self-direction. To be successful in life, she’s going to need both. Accepting that it is normal for children to push for autonomy is absolutely key to effective parenting. Many parents mistakenly equate their child’s independence with rebelliousness or disobedience. Children push for independence because it is part of human nature to want to feel in control rather than to feel controlled by someone else.”

**g) Be consistent.**

“If your rules vary from day to day in an unpredictable fashion, or if you enforce them only intermittently, your child’s misbehavior is your fault, not his. Your most important disciplinary tool is consistency. Identify your non-negotiables. The more your authority is based on wisdom and not on power, the less your child will challenge it.”

**h) Avoid harsh discipline.**

“Of all the forms of punishment that parents use, the one with the worst side effects is physical punishment. Children who are spanked, hit or slapped are more prone to fighting with other children. They are more likely to be bullies and more likely to use aggression to solve disputes with others.”

**i) Explain your rules and decisions.**

“Good parents have expectations they want their child to live up to. Generally, parents over explain to young children and underexplain to adolescents. What is obvious to you may not be evident to a 12-year-old. He doesn’t have the priorities, judgment or experience that you have.”

**j) Treat your child with respect.**

“The best way to get respectful treatment from your child is to treat him respectfully. You should give your child the same courtesies you would give to anyone else. Speak to him politely. Respect his opinion. Pay attention when he is speaking to you. Treat him kindly. Try to please him when you can. Children treat others the way their parents treat them. Your relationship with your child is the foundation for her relationships with others.”

There is no guarantee that following these guidelines will result in perfect parents... remember, there is no such thing!

“Raising children is not something we think of as especially scientific,” says Steinberg. “But parenting is one of the well-researched areas in the entire field of social science. It has been studied for 75 years, and the findings have remained remarkably consistent over time.” Good parenting, says Steinberg, is “parenting that fosters psychological adjustment—elements like honesty, empathy, self-reliance, kindness, cooperation, self-control and cheerfulness.

“Good parenting is parenting that helps children succeed in school,” he continues. “It promotes the development of intellectual curiosity, motivation to learn and desire to achieve. It deters children from anti-social behavior, delinquency, and drug and alcohol use. And good parenting is parenting that helps protect children against the development of anxiety, depression, eating disorders and other types of psychological distress.” “There is no more important job in any society than raising children, and there is no more important influence on how children develop than their parents.” (Source: Newswise/Temple University)

**Dr. Phil offers Five Steps on How to Discipline Your Kids—without spanking.**

**a. Commit Yourself.**

It’s crucial that your child knows that you’re going to do what you say you will. If you explain what a punishment will be, and then don’t act on it, you will have less credibility the next time. Make a commitment to your child’s discipline, and be consistent in your behavior toward them.

**b. Be Realistic in Your Expectations of Your Child.**

Don’t ask your child to do anything he/she cannot do. Make sure that what you are asking of your child is a behavior within his or her reach — if it’s not, your child will get frustrated and be less likely to listen to you in the future.

**c. Define Your Child’s Currency.**

Find out what your child values — it could be a toy, a particular activity, or even a privilege like getting to stay awake to a particular hour. Dr Phil explains: “If you control the currency, you control the behavior that currency depends on.” Once you understand what your child values, you can withdraw positive things (taking away the toy) or introduce negative things (making them take a time-out) as a form of discipline.

**d. Give Your Children Predictable Consequences.**

It's important for your child to understand that the same result will come from the same behavior. Make your child feel like he/she has control over their life: If your child behaves in "Way A," they need to be sure that they will always get "Consequence B." If he/she can count on the rules staying the same, they're more likely to abide by them.

**e. Use Child-Level Logic.**

Explain your values in terms your child can understand. Take the time to explain the reasons behind why you are asking he/she to behave in certain ways — if your child understands the kinds of behavior you'd like them to avoid, they're more likely to apply that reasoning to different situations, instead of learning to stop one behavior at a time.

**4-1-12. Domestic Violence**

It was the last training program of the five-year project, that FHI invited two women staff from Provincial Women Affairs to collaboratively conduct training workshop on Domestic Violence for the interest of military families. The session was very vivid, because some women jokingly accused military men to be dominators and use military rules with their own wives. In fact they seriously participated, discussed and analyzed actively the following types, causes and effect of violence. Domestic abuse between spouses or intimate partners is when one person in a marital or intimate relationship tries to control the other person. The perpetrator uses fear and intimidation and may threaten to use or may actually use physical violence. Domestic abuse that includes physical violence is called domestic violence. The victim of domestic abuse or domestic violence may be a man or a woman. Domestic abuse occurs in traditional heterosexual marriages, as well as in same-sex partnerships. The abuse may occur during a relationship, while the couple is breaking up, or after the relationship has ended. Domestic abuse often escalates from threats and verbal abuse to physical violence. Domestic violence may even end up in murder.

**A-Types of Domestic Violence:** There are four main types of intimate partner violence: -

**Physical violence** is the intentional use of physical force with the potential for causing death, disability, injury, or harm. Physical violence includes, but is not limited to, scratching; pushing; shoving; throwing; grabbing; biting; choking; shaking; slapping; punching; burning; use of a weapon; and use of restraints or one's body, size, or strength against another person.

**-Sexual violence** is divided into three categories: **1) use of physical force** to compel a person to engage in a sexual act against his or her will, whether or not the act is completed; **2) attempted or completed** sex act involving a person who is unable to understand the nature or condition of the act, to decline participation, or to communicate unwillingness to engage in the sexual act, e.g., because of illness, disability, or the influence of alcohol or other drugs, or because of intimidation or pressure; and **3) abusive sexual contact.**

**-Threats** of physical or sexual violence use words, gestures, or weapons to communicate the intent to cause death, disability, injury, or physical harm.

**-Psychological/emotional violence** involves trauma to the victim caused by acts, threats of acts, or coercive tactics. Psychological/emotional abuse can include, but is not limited to, humiliating the victim, controlling what the victim can and cannot do, withholding information from the victim, deliberately doing something to make the victim feel diminished or embarrassed, isolating the victim from friends and family, and denying the victim access to money or other basic resources. It is considered psychological/emotional violence when there has been prior physical or sexual violence or prior threat of physical or sexual violence. In addition, stalking is often included among the types of IPV. Stalking generally refers to "harassing or threatening behavior that an individual engages in repeatedly, such as following a person, appearing at a person's home or place of business, making harassing phone calls, leaving written messages or objects, or vandalizing a person's property".

**B- Risk Factors for Domestic Violence**

- **Individual Risk Factors:** Low self-esteem, low income, low academic achievement, young age, heavy alcohol and drug use, Anger and hostility, unemployment, having few friends and being isolated from other people.
- **Relationship Factors:** Marital conflict-fights, tension, and other struggles, Marital instability-divorces or separations, Dominance and control of the relationship by one partner over the other, Economic stress, Unhealthy family relationships and interactions
- **Community Factors:** Poverty and associated factors (e.g., overcrowding), Low social capital-lack of institutions, relationships, and norms that shape a community's social interactions, Weak community sanctions against violence (e.g., unwillingness of neighbors to intervene in situations where they witness violence)
- **Societal Factors:** Traditional gender norms (e.g., women should stay at home, not enter workforce, and be submissive; men support the family and make the decisions)

**C-Domestic Violence Prevention**

The goal is to stop domestic violence before it begins. There is a lot to learn about how to prevent abuse between intimate partners. The first is to find effective way to eliminate the above risks, encouraging low-rank officers to have opportunity to continue learning in military academy or in public universities for their development or promotion. The second is to strengthen women rights and gender equality with studying possibility to have library

or literature salon in the military barracks. The third is to empowering women by socio-economic and cultural education enabling women to possess financial power and capable of running small business. The fourth is to reinforce the 5<sup>th</sup> bureau to have the possibility to promote individual, familial and social discipline through entertainment session. The fifth is to study possibility to organize sportive competition between military families to create friendship relation and happy atmosphere reinforcing mutual assistance.

### VIII-Project Results

**a)-Behavioral change:** According to direct observation and information given by PE and PF, the five-year project has strikingly changed communication behavior of military forces of all ranks in all military barracks:- The habitude of taking alcohol in group after the sunset have completely disappeared, remaining only a small number of individual drinking at home without causing any trouble. – Physical, emotional and verbal abuse have left no remarkable sign; - Majority of military wives, during the last women sessions confirmed that they felt more respected by their husband especially by lovely manner in offering small thing as gift when returning from a short trip; - They remarked that their husband behaved more patient and tolerant; Vice versa, by direct contact, some company and battalion commanders expressed frankly that after being trained and participating in the couple sessions, military wives showed their attention in accomplishing daily home work in preparing food, sometimes with poor condition, but with a serious care that caused them an internal happiness, in short all military family members recognize the effect of FHI/OEC smiling program as an invigorating source to create a smooth and lovely life in the family.

### B)-Use of Health Care Service

Military wives/husbands, even positioning near the forest like platoon 2 and 5 of border battalion 503 of Banteay Meanchey and battalion 532 and 533 of Battambang regiment, more than 100km.from Battambang city, they all seized completely using any traditional medicine and joined health center for any medical consultation or to get cured from some illness. Lieutenant Colonel Mao Chheour, deputy commander of 5<sup>th</sup> Regional Health Center declared with great satisfaction that military couples went enormously to be tested, that prove discrimination and shame caused by uncertainty of being affected by HIV do not exist anymore in people mind.

### C)-Courage and openness

Military family members and villagers around the barracks became courageous and discussed openly everything related to their production or sex organs without shame during consultation with health center staff about birth spacing or sexuality transmitted infection, and clearly during monthly and quarterly meeting and pregnant period. These characters are good for diagnosis and inter-cooperative learning to determine exact causes and effects, or to allow doctor to make good medical prescription.

### IX-Human Resources of the project

The project was actively managed by 10 OEC project team members, seconded by 44 PF, as below listed, selected from military family members having strong commitment in fighting HIV/AIDS and in getting behavioral changed for gender equality to build harmonious families.

No	Name	Job Title	Place/ Barrack	Sex	Length of implement	% of time working on Project
1	Tith Davy	ED	BTB	F	5 Years	24%
2	Tith Kanya	Finance	BTB	F	5 Years	24 %
3	Dos Reung Deth	Admin	BTB	M	5 Years	24%
4	Dean Malis	PM	BTB&BMC	F	2 Years	100 %
5	Vin Sophon	FO	BMC	F	3 Years	100 %
6	Moung Mada	FO	BMC	F	4 Years	100 %
7	Hay Sophy	FO	BTB	F	4 Years	100 %
8	Pich Kunthea	FO	BTB	F	3 Years	100 %
9	Sive Lay Hoy	FO	BTB	F	4 Years	100 %
10	Houy Sokunthea	FO	BTB	F	3 Years	100 %
11	Saen Chanty	PF	Sub PnP	F	5 Years	25%
12	Hak Phaly	PF	Barrack 1 <sup>st</sup>	F	4 months	25%
13	Phai Chenda	PF	Bri 51	F	5 Years	25%
14	Sok Sovutha	PF	Bri 51	F	5 Years	25%
15	Kong Sopheap	PF	Battalion 514	F	5 Years	25%
16	Chheun Sopheap	PF	Battalion 511	F	5 Years	25%
17	Hour Sokhan	PF	Battalion 514	F	5 Years	25%
18	Seun Lab	PF	Bri 51	F	5 Years	25%
19	Kao Savonn	PF	Bri 51	F	5 Years	25%

20	Nheok Pheap	PF	Bri 51	F	5 Years	25%
21	Kao Sen	PF	Bri 51	F	5 Years	25%
22	Un Sophy	PF	Battalion 513	F	1 Year	25%
23	Mut Ny	PF	Battalion 513	F	4 Years	25%
24	Chea Sophal	PF	Sub Malai	F	3 Years	25%
25	Som Sokry	PF	Sub Malai	F	3 Years	25%
26	Touch ched	PF	Battalion 512	F	2 Years	25%
27	Bun Kolab	PF	Battalion 512	F	2 Years	25%
28	La Lak	PF	Platoon 05	F	5 Years	25%
29	Nguth Sai	PF	Border 503	F	3 Years	25%
30	Mao Mom	PF	MR 5	F	3 Years	25%
31	Mun Sareth	PF	MR5	F	1 Years	25%
32	Ou Chantha	PF	Battalion 534	F	4 Years	25%
33	Sean Chanthou	PF	Battalion 534	F	3 Years	25%
34	Hang Sopheak	PF	Brigade 53	F	3 Years	25%
35	Keo Suphaon	PF	Battalion 532	F	3 Years	25%
36	Meach Sokheang	PF	Brigade 53	F	3 Years	25%
37	Bin Savoeun	PF	Battalion 534	F	3 Years	25%
38	Kin Sarann	PF	Battalion 531	F	3 Years	25%
39	Chheng Satum	PF	Battalion 532	F	8 months	25%
40	Soch Phalla	PF	Battalion 532	F	3 Years	25%
41	Boeun Sambo	PF	Battalion 532	F	3 Years	25%
42	Koun Chhen	PF	Battalion 532	F	3 Years	25%
43	Phuong Sopha	PF	Battalion 532	F	3 Years	25%
44	Chhoeung Savy	PF	Battalion 532	F	3 Years	25%
45	Uon Honn	PF	Battalion 531	F	3 Years	25%
46	Top Bin	PF	Battalion 531	F	3 Years	25%
47	Suos Sruimom	PF	Battalion 531	F	3 Years	25%
48	So Peou	PF	Battalion 531	F	3 Years	25%
49	San Savet	PF	Battalion 531	F	3 Years	25%
50	Sun Suphy	PF	Battalion 533	F	3 Years	25%
51	Pol Bunthoeun	PF	Brigade 53	F	3 Years	25%
52	Chhouk Naom	PF	Battalion 533	F	3 Years	25%
53	In Huch	PF	Battalion 533	F	3 Years	25%
54	Sam Sitha	PF	Battalion 533	F	3 Years	25%

## X- Future Solicitation

- Majority of the 5th region commanders wish to have the project extended to Pursat province and Pailin province, with also good attention to complete the remaining military units in Banteay Meanchey that benefited from the project one year later than Battambang. Another idea comes from their wish to strengthen health care education, morale and gender equality for safe sex that keep military forces spiritually strong for efficacious defense.
- As planned in its strategic plan 2011 and 2015, OEC have the same wish as verbally expressed by majority of commanders contacted.
- In case of not having any more support from Global Fund/FHI, OEC would do its possibility trying to see other funders who have initiative to support strengthening culture, health, and transformation of army philosophy for peace building and social with economical development, especially to promote liberty of opportunity and outcome.

## XI-Solemn Request

Presently OEC is running 8 projects: Children with Disabilities, becoming actually Children without Appropriate Care, supported by Save the Children Norway (SCN); Socio-Economic Reintegration of Landmine People Survivors supported by Adopt-A-Minefield (AAM); Building Sustainable Livelihood of Landmine People Survivors, supported by AAM Sweden through CMAC; HIV/AIDS and Drug USE Prevention, supported by USAID and Global Fund through KHANA; Improving Education and Health care of the poor children and children of family affected by HIV/AIDS, supported by Schmitz Stiftungen; Towards Sustainable Income Generation Activities for Landmine Victims, supported by European Community (EC); Toward the elimination of Child Labor in Brick Making Sector and in other fields, supported by ILO/IPEC; Inclusive Education for Children with Disabilities supported by Australian Red Cross. Three projects are now in course of decision related to child protection, abolition of violence against children and support to neglect children.

To succeed the operations serving development goal of the above project, we need to conduct large awareness campaign through artistic show, entertainment activities, especially for people and children in remote areas. To facilitate comprehension and absorption of some lessons related to rights, law and other items requiring practice, we need visual materials to help understand the topic. In circle talk or meeting in the village, we need sounding material supporting materials to stimulate discussion. As we work in distance zone along Khmer-Thai border we need then motorbike.

Consequently we would like to implore GLOBAL FUND to sympathetically accept our solicitation for keeping the materials updated by on 1<sup>st</sup> September 2011, by Mr. Svay Kimthân.

Date, August 31, 2011

Date, August 31, 2011

Approved by: **Tith Davy**, Executive Director

Prepared by: **Dean Malis**, P.M

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

### ACTIVITIES BY PICTURES



Women education organized for military wives and villagers wives around the camp



Sensitive game to reinforce faithfulness and gender equality



Lt. Col. Mao Chhoeun, dty.Cdr. of 5<sup>th</sup> RHC regrets FHI leaving during International Women's Day



TEM TRY, commander of military camp in Phnom Proek Expresses his grateful thanks to Global Funds, FHI and OEC



Positive prevention training organized for military wives in Banteay Meanchey province



Couple Mentoring Session to strengthen gender equality and heighten familial happiness



Exercise showing good couple of strong gender equality discussing family planning, based on actual situation and necessary need for family happiness.