SiRCHESI’s NEWSLETTER: MAR. 2006

Siem Reap, Cambodia, adjacent to the Angkor Wat temples, attracted over 1,400,000 visitors in 2005; tourism is this provincial capital’s leading industry. **SiRCHESI** (Siem Reap Citizens for Health, Educational, and Social Issues) is a non-profit, non-religious, non-political and non-governmental organization (NGO) formed in Cambodia in 2000. It finances its activities independently through grants (e.g., Elton John AIDS Foundation, M.A.C. AIDS Fund) and donations. SiRCHESI has brought together concerned citizens, business persons, and community health and medical workers, and forging links to experts and resources. A multi-sectorial Participatory Action Research (PAR) approach guides SiRCHESI’s creation and monitoring of new health programs, helps strengthen local infrastructure and community health-promotion by focusing on gender equity, education, prevention of the trafficking of minors, and workplace welfare, health and safety. Since 2002, SiRCHESI has provided innovative, proactive and effective programs of HIV/AIDS prevention for women, men and young persons in Siem Reap. Dr. Sarath KROS supervises 8 part-time staff and a large network of volunteer peer-educators, student interns, and researchers. He heads the Siem Reap Provincial AIDS Office (PAO), is Secretary of the Provincial AIDS Committee (PAC), and thus ensures effective co-ordination and co-operation amongst government and NGO programs (SiRCHESI’s website is www.angkorwatngo.com).

**WHY IS THE HEALTH CRISIS SO DEADLY IN SIEM REAP?**

Siem Reap welcomes throngs of cultural tourists, but also arriving are traffickers of women and children, sexual tourists, paedophiles, and men who come to be “cured of HIV/AIDS by sleeping with young virgins”. These groups all increase HIV/AIDS and STI rates in the community. When impoverished or under-paid local women exchange sex for money, infections are “bridged” to local men earning income from tourism, then to wives, partners and newborns. Siem Reap’s HIV/AIDS prevalence rates are the highest in Cambodia, which has the highest rates in South-East Asia, particularly for young persons (15-19 years). In Siem Reap, an estimated 7-10,000 persons are living with HIV/AIDS (PLWHAs); in 2004, only about 100 adults and 9 children were receiving daily the life-

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**Special Guest: Mu Sochua,** Minister of Women’s Affairs (1998-2004), Nobel Peace Prize nominee (2005), Vital Voices Leadership Award for work against Trafficking (2005). With Professor Ian Lubek representing SiRCHESI.

**Musical Guests:** Marie-Lynn Hammond, Connie Kaldor, Gwen Swick, Caitlin Hanford, Khmer Folk Group of Toronto. Reserve: www.hughsroom.com

**W. D. ROOM, 2261 Dundas St. W., Toronto.** Tickets $18 (advance), $20 (door). Tax receipts. Group dinner prices for tables of 8-10.

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**HOW YOUR SUPPORT CAN IMMEDIATELY AND DIRECTLY HELP CAMBODIAN HEALTH PROJECTS**

Cambodia is one of the 20 poorest countries in the world, devastated by warfare and a population loss estimated at 25% during the genocide of 1975-9. Siem Reap, amidst a tourist boom, still cannot provide the basics for its citizens. Rather, many health services are provided by NGOs such as SiRCHESI, Doctors without Borders (MSF), ESTHER, CARITAS, and foundation-supported Angkor Childrens’ Hospital and Khanta Bhopa III Hospital. Various NGOs target other health, education, human rights, gender and micro-economic development issues. Like SiRCHESI, many coordinate their activities with government ministries (Women’s Affairs, Tourism, Health), National AIDS Authority (NAA) and NCHADS (National Centre for HIV/AIDS, Dermatology and STIs).
saving anti-retroviral therapy (ARVT) medications from NGOs and a private children’s hospital; a second private hospital began expanding a maternity program to prevent mother-child HIV transmission. SiRCHESI prods global/international corporations profitably doing business in Cambodia to provide fair wages, health education, safe work places and ARVT for their HIV+ employees (e.g., the beer promotion women for international beer brands are now 20% HIV+).

RECENT SiRCHESI ACTIVITIES:
Since 2001, SiRCHESI has built an active outreach program for groups at risk for HIV/AIDS, to which this year we added alcohol over-use. Four HIV+ risk groups are bi-annually surveyed, and by 2003 we had developed workshops and followup for married women and men, beer promoters, and for other NGOs. In 2004, our peer educators reached over 2500 men and women with HIV/AIDS prevention training; in 2005 we will reach 4000, with 5000 targeted for 2006. In 2004, SiRCHESI staff began providing street-proofing/micro-economic empowerment workshops for young souvenir vendors at Angkor Wat, at risk from sexual predators. Hospital-reported HIV+ rates(2004) in Siem Reap for infants, children and adolescents varied between 1.6% to 23%, depending on sampling.

We are grateful to the Elton John AIDS Foundation and M.A.C. Cosmetics AIDS Fund whose generous support launched our programs and provided community momentum. Other SiRCHESI fund-raising activities have included talks presented to Universities, international conferences, and community service groups, a benefit concert, and presentations to members of the Khmer communities living outside Cambodia. We also re-sell souvenirs from the Angkor Wat young vendors.

Our 6th Annual Siem Reap Conference on HIV/AIDS(Aug, 6-7, 2005) brought together over 100 representatives from NGOs (international and local), hospitals and community stakeholder groups to review the health promotion situation. Dr. Mee Lian Wong (National University of Singapore), summarized SiRCHESI’s health behaviour study (2001-2004) for 4 risk groups, reporting reduced sexual risk-taking and increased preventative activities. For the first 6 months of 2005, voluntary HIV testing (VCCT) indicated reduced HIV prevalence rates for various risk groups in the community, including married and pregnant women, and direct and indirect sex workers.

Despite these optimistic indications, we must accelerate prevention activities in this continuously expanding community, alongside other “continuum of care” activities (ARVT therapy, home-based care, stigma reduction, counseling, etc.).

THE DOUBLE THREAT OF ALCOHOL AND AIDS
We first began educating “beer promotion women” in 2002 about HIV/AIDS prevention and on Aug. 5, 2005, we launched, with help from CARE, an alcohol awareness workshop for 27 “beer promoters”. (See websites www.fairtradebeer.com, www.beergirls.org, and www.ethicalbeer.com). These women sell international brands of beer and alcohol but, according to our surveys, are chronically under-paid by 50%. To meet family economic obligations, some accept propositions to exchange sex for money after work, from clients with whom they are often forced to drink. Their HIV prevalence rates average 20% (1995-2004); they consume unsafe quantities of alcohol on the job, drinking 1.2 litres of beer nightly. This may reduce condom use and increase the risks for HIV/AIDS, STIs, and other health problems (liver damage, cancers) in addition to the work safety issues (violence, road accidents, harassment, absenteeism, etc.). At our August, 2005 conference, a session on “AIDS and Alcohol” engaged local beer-garden and restaurant owners, beer distributors and beer promoters in discussions following two NGO presentations.
HOW CAN WE MAKE IT SAFE FOR BEER PROMOTERS?

We are expanding these discussions and alcohol workshops in Siem Reap, and elsewhere. In September, 2005, a presentation was made in Amsterdam at Heineken’s International headquarters. Heineken executives were asked to take an even more vanguard role in the improvement of the lives of the women selling alcohol in Cambodia, beyond their current efforts with a “Selling Beer Safely” educational program. Short press releases appeared in the Netherlands and Belgium, and discussions continue with trade-unions, European regulatory officials, shareholders’ groups, and NGOs concerned about workplace risks to women and ethical investing. A scheduled presentation to INBEV (Interbrew) executives in Belgium was cancelled by the company.

SiRCHESI estimates that $150,000 is needed for each major international beer producer to eliminate these workplace health/safety risks for 200 beer promoters annually. Each sells an estimated $13,000-$30,000 annually, receiving remuneration of $660; increases of 2.5%-7.5% of the cost of a beer, a “fair trade” deal, would provide enough income to eliminate the need for any second job, and would cover ARVT medications.

SiRCHESI’s PLANNED PROGRAMS: 2005-2006

SiRCHESI’s programs include:

i) expanding our peer-education training program for married women, beer-promotion girls, and other groups of women, men and young persons at risk for HIV/AIDS with continuous community monitoring (560 clinical interviews per year) of responses to HIV/AIDS and its prevention and other health risks;

ii) developing safer, secure career opportunities for women in the hotel industry, with a paid apprenticeship, literacy and language training program for women who are currently excluded;

iii) programs for young persons confronted by sexual tourists, e.g., formation of the Angkor Wat Young Vendors Association to promote “polite” sales to tourists while avoiding personal risks; assessment of risks to infants, children and adolescents

iv) encouraging major international corporations doing business in Cambodia to contribute to the health and safety of their female workers by reducing workplace risks: by providing “fair wages” of $110 monthly to remove economic pressures, health education about HIV/AIDS and alcohol misuse, free antiretroviral medications (ARVT) when needed, preventing alcohol consumption at work, etc.(see www.fairtradebeer.com)

v) working with Cambodian legislators to change laws about entertainment industry workplace health/safety

vi) developing alcohol awareness/harm reduction programs for women serving alcohol and drinkers


We thank you in advance for your interest in our project and any support you are able to give us at this time, which will count double!!!

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www.khemara.org

Our Background

Khemara was the very first local NGO founded in 1991 as Cambodia emerged from two decades of war and isolation. It played a pioneering role in working for the advancement of women and children and acted as model and advisor to other local NGOs that comprised the nascent civil society in Cambodia at that time. It was also a leading advocate of women's rights, both in the national and international arena.

Working in the semi-urban district of Russey Keo on the outskirts of Phnom Penh, Khemara's strength as an organization came from community-based programs that address the needs of poor villagers, especially women and children. Specifically, it worked to promote the basic rights to education, health, livelihood, and protection from domestic violence, HIV/AIDS prevention and STI, reproductive health and gender.

Our Vision

A better world in which people, especially women and children, can achieve their potential to participate in a society where there is equality, equity, justice, democracy, and security for all.

Our Mission

To work directly with communities and co-operate with relevant organizations and institutions in order to promote the capacity, self-confidence, and well-being of people, especially women and children, through the sharing of information, education and counseling, including the encouragement of women to recognized women's potentials and rights to participate in decision-making.

Our Goals

To promote the right to education and health of poor and underprivileged people through non-formal classes on literacy and numeracy and establishment of public libraries; and provision of training; education and basic services on primary health - with a focus on reproductive health; maternal and child care assistance to families while the parents, especially mothers find work for additional income.

To share information on gender, democracy, and human rights through research, publication, networking, training workshops and to collaborate with other organizations.

To support women, men, and families in crisis through counseling, conflict-resolution, and vocational skills that would help rehabilitate their lives.

To promote women's economic well-being by helping them establish income-generation, micro-enterprises.

Our Projects:

Gender-Centric Sexual Health Education and Service for Cambodian Women In Marginal Communities

Community Education on Gender Awareness within the communities on gender and domestic violence;
Education that integrates gender, reproductive and sexual health in the communities;

Effective model of a gender-centered approach to sexuality and reproductive health in marginalized communities;

Provide counseling and psychosocial/legal support to victims of sexual violence.

Enhance the capacity and staff to effectively apply gender sensitive approaches of sexual health into existing programmes.

Health Education Center

Conduct behavior change intervention.

Education on HIV/AIDS PreventionEnsure the access to quality STI treatment services and access to condoms;

Care and support: to improve sex workers access to HIV/AIDS care and support services, and their knowledge and ability to provide simple care and support to HIV+peers;

Reduce contextual vulnerable to STI/HIV infection among sex workers;

Initiate Community development;

Increase the capacity of staff, outreach workers and peer educators to plan, implement and monitor HIV/AIDS prevention and care activities.

Community based care for OVC and families affected by AIDSPlay Group

Improve quality of life of orphans and vulnerable children and PLHA;

Strengthening community based responses to the needs of OVC and PLHA;

Increase capacity of OVC to meet their own needs;

Increase capacity of families and PLHA to take care of OVC and PLHA.

Women Helping Women

Vocational TrainingProvide vocational skills training and other necessary knowledge to vulnerable women;

Enhance the leadership skills of potential women leaders to develop plans for their needs in communities;

Develop a revolving fund for vulnerable women to use for economic activities;

To improve literacy and numerical skills of people especially women and children.

Childcare CenterEducation Through Games

To manage Childcare centers for poor families;

To provide opportunities for their families to earn additional income.

To educate and care of poor children in the community, prepare them for primary school and refer them to certain primary schools.

Donations: Khemara operates on a minimal budget and is always seeking funds to create and run new much needed programs. If you would like to contribute to Khemara work, please contact us:

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A note about choosing alcohol beverages this evening:

The following beer brands have been marketed in Cambodia using women beer servers, but are not yet providing fair wages (US$110 monthly). Nor do they provide, in Cambodia, anti-retroviral medications for HIV+ beer servers (about 20% of the workforce). The companies are not yet providing effective education to reduce workplace drinking (1.3 litres nightly), reduce violence, and prevent the spread of HIV/AIDS in the midst of the local epidemic.

ABC Stout Ale
Angkor Beer
Asahi
Bass Ale
Beck’s Beer
Black Beer
Bintang
Branik Special
Budweiser (produced by Labatt, in Canada)
Carlsberg (owns Holsten, Hite and Angkor)
Cass
Ceres (reportedly ceases sales in 2003)
Corona
Fosters (temporarily ceased trading 2005, has 1500 beer promoters in China)
Heineken (produced by Molson’s Canada)
Hite
Holsten
Jade Beer
Labatts Ice (Siem Reap since 2001-2003)
Leo
Love Beer
Mittweida
Pax
San Miguel
Singha
Stella Artois
Three Horses
Tiger Beer
Valor

COGNACS:
Otard
Hennessey

WHISKEYS
Johnny Walker
Jim Bean

WINES
Roberts Estate (Aus)
Chateau Malesan, (Bordeaux)