HANDICAP INTERNATIONAL

A Qualitative Study on the Access to HIV Prevention and Sexual Violence Protection Services among Women and Men with Physical, Visual and Hearing Impairments of Battambang and Kampong Cham Provinces of Cambodia




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For any inquiries, please contact:

Handicap International Cambodia
Muriel MAC-SEING – Health and Rehabilitation Domain Coordinator
coordo-health@hicambodia.org

CHOU Vivath – Health and Rehabilitation Deputy Domain Coordinator and Project Manager
pm-hiv@hicambodia.org

Office: + 855 (0) 23 214 504

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List of Acronyms

ABC	Association of the Blind People in Cambodia
ADD	Action for Disability Development
AIDS	Acquired Immune Deficiency Syndrome
ANC	Ante-Natal Care
ART	Antiretroviral Therapy
CAMBOW	Cambodian Committee on Women
CBO	Community Based Organization
CBR	Community Based Rehabilitation
CC	Commune Council
CDHS	Cambodian Demographic Health Survey
CDPO	Cambodian Disabled People's Organisation
CHEMS	Cambodia Health Education Media Services
CMDG	Cambodian Millennium Development Goal
CP	Cerebral Palsy
CPA	Comprehensive Package of Activities
CRPD and OP	UN Convention on the Rights of Persons with Disabilities and the Optional Protocol
CSO	Civil Society Organization
DAC	Disability Action Council
DFT	District Facilitator Team
DOH	Department of Health
DPO	Disabled People's Organization
FGD	Focus Group Discussion
GDP	Gross Domestic Product
HACC	HIV/ AIDS Coordinating Committee
HCW	Health Care Workers
HI	Handicap International
HIV	Human Immunodeficiency Virus
IGA	Income Generation Activities
KII	Key Informant Interview
LICHADO	Cambodian League for Promotion and Defence of Human Rights
MARP	Most-at-Risk Populations
MEC	Médecins de l'Espoir du Cambodge
MOEYS	Ministry of Education, Youth and Sports
MOH	Ministry of Health
MOSVY	Ministry of Social Affairs, Veterans and Youth Rehabilitation
MOWA	Ministry of Women's Affairs
MPA	Minimum Package of Activities
NCPD	National Centre of Disabled People
MWHIs	Men with Hearing Impairments
MWPIs	Men with Physical Impairments
MWVIs	Men with Visual Impairments
NGO	Non-Governmental Organization
OD	Operational District

OI	Opportunistic Infections
PAC	Provincial AIDS Committee
PAO	Provincial AIDS Office
PAS	Provincial AIDS Secretariat
PFT	Provincial Facilitator Team
PHD	Provincial Health Department
PLA	Participatory Learning Action
PLHIV	People Living with HIV
PPRPD	Protection and Promotion of the Rights of Persons With Disabilities
PRDC	Provincial Rural Development Committee
PRC	Provincial Rehabilitation Centre
PWDs	Persons With Disabilities
PWHIs	Persons with Hearing Impairments
PWPIs	Persons with Physical Impairments
PWVIs	Persons with Visual Impairments
RHAC	Reproductive Health Association in Cambodia
RGC	Royal Government of Cambodia
SHG	Self-Help Group
SSN	Social Safety Nets
STI	Sexually Transmitted Infection
TBA	Traditional Birth Attendants
TPO	Trans-cultural Psychosocial Organisation
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
USD	US Dollars
UXO	Unexploded Ordinance
VCCT	Voluntary Confidential Counselling and Testing
VHSG	Village Health Support Group
WCFP	Women and Children Focal Point
WFP	World Food Program
WHO	World Health Organization
WWHIs	Women with Hearing Impairments
WWPIs	Women with Physical Impairments
WWVIs	Women with Visual Impairments

Worldwide and especially in developing countries, persons with disabilities face numerous environmental and attitudinal barriers in both urban and rural areas. These barriers prevent them from participating effectively in the society on an equal footing with non-disabled people. In Cambodia it is estimated that 4% of the general population is disabled (CSES, 2004), women accounting for 4.9% of general population against 4.5% among men (Knowles, 2005). Furthermore, rural areas are housing 4.9% of disabled population versus 4.0% of them living in urban settings.

Cambodia is among the few countries in the world where the HIV prevalence rate in the adult population has steadily decreased from 2.0% in 1998 to 0.9% in 2008 (UNAIDS, 2008). Among the new HIV infections, more than half of cases are involving married women and 33% involves mother to child transmission. Despite this information, very little is known about the population of persons with disabilities in regard to HIV infection in Cambodia, who are often wrongly believed to be sexually not active and not at risk to HIV and sexually transmitted infections. To this effect a Global study on disability and HIV/AIDS (Groce, 2004) reported that "individuals with disability are up to three times more likely to be victims of physical, sexual abuse and rape", hence increasing their risks to HIV infection and propagation. In Cambodia, 22% of women in reproductive age has been emotionally, physically or sexually abused by their spouse (CDHS, 2005). This figure does not account for all other women and girls not involved in a marital relationship who are also victims gender-based violence.

The main objectives of this qualitative baseline study, commissioned by Handicap International, were to give evidence based information to one of its projects on HIV Prevention and Sexual Violence Protection among Persons with Disabilities. This qualitative study hence provides data on the level of risks and vulnerabilities to HIV infection and sexual abuse persons with different impairments/disabling situations are experiencing, and their access to HIV prevention and sexual violence protection services. Data suggest that persons with disabilities are facing significant structural barriers in enjoying their civil, political and human rights. Gender imbalance has also been observed to be a strong determinant to HIV infection and vulnerability to sexual abuse. Yet, persons with disabilities are not aware of their rights. Similarly, services providers are not convinced that persons with disabilities deserve similar attention compared to non-disabled people due to their lack of knowledge, awareness raising and skills.

Five different groups of persons with disabilities/disabling situations participated in the study focus group discussions (FGDs) in the provinces of Battambang and Kampong Cham: 1) persons with physical impairments; 2) persons with visual impairments; 3) persons with hearing impairments; 4) persons with disabilities living with HIV; and 5) women with disabilities who have been sexually abused. In total 113 persons with disabilities participated in the study FGDs, among which 44% (50) was men and 56% (63) was women. In addition to this, the study aimed at collecting information from a wide range of stakeholders who were most likely called upon to be one of the community based services providers. The positions they held ranged from local authorities, health staff, justice and police officers and social workers to religious representatives. In total, 14 key informant interviews (14 % women) were undertaken, with key services providers in regard to their knowledge about disability issues, as well as whether they have been providing services to persons with disabilities.

Main study findings are summarized below, by persons with different impairments.

Women and men with physical impairments

- 28 persons (57% men and 43% women)
- Years of schooling is between 1.9 years (women) to 3.4 years (men)
- Average income among men is 5 times more than that of their female counterparts

- 63% of men are married versus 58% of women who are singles, 25% windows and 16% divorced
- 83% of men has some knowledge of contraceptive methods versus 38% among women
- 25% of men has more than 2 sexual partners, 13% has casual sex and 19% buys sex
- Only 38% of men and 25% of women have been invited to locally organized HIV/AIDS awareness raising activities
- 88% of men states to know how to use condom versus only 8% of women
- Both women and men have better knowledge than general population of men and women in relation to the location of VCCT centers in their community
- They mentioned difficult physical accessibility to public facilities, such health centers (no bars, no ramps, no lifts)

Women and men with visual impairments

- 28 persons (54% men and 46% women)
- Years of schooling ranging from 2.46 years among men to 2.51 years among women
- Women's income represents 8% of that of men
- 60% of men are married, while 46% of women are singles
- 93% of men earn a living, while only 33% of women are working
- 77% of men and 85% of women have not been invited to locally organized HIV/AIDS awareness activities
- 53% of men and 23% of women knew where the VCCT centers are located
- Both men and women with visual impairments scored better on basic knowledge on modes HIV transmission or non-transmission, compared to general population
- They mentioned that, though poor, having a radio set helps them have access to various types of information, including health messages
- Women expressed their concern regarding sexual abuse or exploitation, as they cannot "identify" the face of perpetrators

Women and men with hearing impairments

- Given the difficulty in finding adults with hearing impairments who know how to use sign language at the village level (communication issue), 29 students (45% men and 55% women) of Deaf Schools of Krousar Thmey[1] have been selected for FGDs
- 46% of young men and 63% of young women know about contraceptive methods against 98.6% among women of general population
- 77% of young men and only 19% of young women said they have received some HIV related information
- 58% of young men and none of young women have been invited to locally organized HIV/AIDS awareness activities
- 31% of young men states having used condom while having casual sex, while none of the women stated having sex with anyone
- 70% of young men knew where the VCCT centers are, while none of the women knew
- Young women expressed their sense of vulnerability related to sexual abuse
- No access to information from TV or radio programmes due to their hearing impairments (no sign language most of the time)
- They mentioned that health facilities staff are not skilled to communicate with them

Women and men with disabilities living with HIV

- 18 persons (6 men with physical impairments, 4 women with visual impairments, 3 women with hearing impairments, 2 women with physical impairments, 2 woman with mental illnesses, and 1 non-disabled woman infected by her disabled HIV positive spouse)
- 100% of men are married, while 36% of women are windows and 36% are married
- 50% of men and 54% of women earn a living
- 67% of men and only 18% of women have some knowledge on contraceptive methods

[1] Krousar Thmey is one of the main project partner organizations to this project on HIV prevention and sexual violence protection, implemented by Handicap International.

- Level of HIV related knowledge observed to be extremely low compared to general population
- All men and women knew where the VCCT centers are
- Most of them are under ARV treatment
- Men continued to be engaged in casual sex, while claiming always using a condom
- Women in a married relationship do not use the condom while having sex with their spouse
- With the combination of HIV and disabilities, participants of this group expressed experiencing serious economic difficulties in their lives
- They are somehow connected to some Self-Help Groups in their village, such as the MMM (Mondul Mith Chouy Mith) to which they share their experiences of being discriminated against and concerns about care, treatment and services
- Positive prevention has been a concern to men living with HIV, as some continue to be engaged in high risk sexual behaviours

Women with disabilities who have been sexually abused

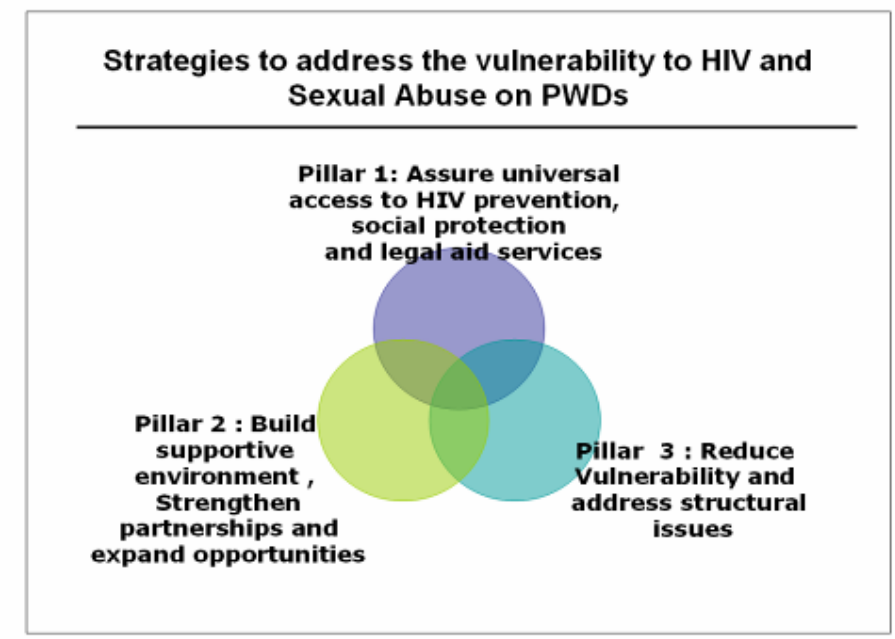
- 10 women (7 with hearing impairments, 2 with visual impairments and 1 with physical impairments)
- 80% of them are dependent upon family's incomes
- Youngest rape victim was 9, while the oldest of the group was 37
- In 50% of cases, a neighbour was the perpetrators and in 20% of cases, stepfathers were the abusers
- None of them knew how to use a condom
- Level on HIV related knowledge was remarkably low, compared to women of general population
- Only 20% have been invited to locally organized HIV/AIDS awareness activities
- Most of the time, victims and family have been silenced and threatened if they would talk to anyone about the rape
- Financial settlement between the abuser and the family of the victim often has been a solution to "buy peace", though illegal before the Law
- No or little police, legal or psychosocial services are provided to women with disabilities victims of sexual abuse

Services providers

- 14 persons (14% women) from Battambang and Kampong Cham provinces: deputy provincial governor, justice officers, inspectors of police, OD directors and deputies, NGO coordinators and managers and religious representatives
- Services providers' knowledge on disability and number of persons with disabilities in their area is limited
- Lack of "commitment" among services providers, due to lack of training and awareness raising on disability issues, thus impacting on their ability to provide services to persons with disabilities
- They admitted that there is almost no services for women with disabilities who are victims of sexual abuse, be they from governmental or non-governmental sources
- Gap of coordination between different stakeholders and limited coordination and communication with disability related organizations has been observed
- There is a lack of local mechanism in addressing the vulnerability to HIV and AIDS among and establishing a social protection system for persons with disabilities, in Battambang and Kampong Cham. However, this effort should not be isolated from other development actions
- As "duty bearers", services providers are not informed of the rights of persons with disabilities, especially those related to access to public services

Causal analysis suggests specific root causes that increase persons with disabilities' risks to HIV infection and vulnerability to sexual abuse. It also identifies the difficulties they are facing. Once they are infected or abused, their awareness on the rights, coupled with the difficulties in accessing public building hampers their access to health services and legal aid

assistance. Beyond supporting persons with disabilities towards *Universal Access to comprehensive HIV prevention and social protection and legal services*, two additional strategies have been proposed to the project in order to link with other existing programmes. Main proposed strategies are to *"build supportive environment", "strengthen partnerships and expand opportunities"* and *"reduce vulnerability and address structural issues*", as shown next.



From the findings and analysis, the following recommendations have been made for Handicap International's project on HIV prevention and sexual violence protection among persons with disabilities, implemented in Battambang and Kampong Cham:

1. Understand the situation of and the response to persons with disabilities
2. Develop operational plans with stakeholders
3. Coordination for effective implementation
4. Monitoring and evaluation

This project of Handicap International is an opportunity to conduct a pilot project which is expanding interventions beyond the medical vision. From this ground, it is expected that efforts will be mounted from and with different sectors, working especially at the local level to remove barriers that may hinder the full and effective participation of persons with disabilities, on an equal basis with other people in the society. Persons with disabilities constitute a sizable portion of the Cambodian society. They thus are *"rights holders"* and must be empowered to claim what they are entitled to. As *"Duty bearers"*, services providers, by virtue of their authority, position and social function, have the responsibility to respect, protect and facilitate the realization of these rights. Furthermore, they should see it as their primary concern to support persons with disabilities, as they strive to rise to the challenge of realizing their rights.

1. INTRODUCTION

1.1 Background of study

It is commonly assumed that people with disabilities are not at high risk of HIV infection. They have been incorrectly believed to be sexually inactive, unlikely to use drugs or alcohol, and less at risk of violence or rape than their non-disabled peers. In this regard, risk factors for individuals with mental illnesses have received more attention, but research and programmes for persons with different impairments still lag, behind compared to the ones of the general population in Cambodia. Yet, a growing literature indicates that persons with disabilities (PWDs) are at equal or face an increasing risk of exposure to all known risk factors. It is argued that there is a pressing need for research to shed light onto their situation, in order to provide them with improved access to public services at local and national levels.

According to the World Health Organization (WHO), one person in every ten worldwide, approximately 600 million individuals, lives with a disability significant enough to make a difference in their daily life. Eighty percent of the people live in the developing world, with a larger proportion in the rural areas than in the urban setting. Persons with disabilities are among the most stigmatized, poorest, and least educated of all the world's citizens.

At the national level, the Royal Government of Cambodia (RGC), through the implementation of the Phase II of the Rectangular Strategy, stipulates the support of PWDs under the Private Sector Development and Employment. Furthermore, under the component of the Capacity Building and Human Resources Development, efforts are supposed to be exerted to expand and enhance the access of all Cambodian citizens to prevention programmes and cure of communicable diseases, to be effective, equitable and sustainable.

A brief review of the literature available in the country shows that, while considerable attention has been paid to the disabling effects of HIV and AIDS on previously healthy people, there is no mention of the impact of the AIDS epidemic on the people living with a pre-existing disabling situation. Out of more than 10,000 scientific papers presented to the International AIDS Conference in Bangkok in 2004, only 20 studies addressed the issues of disability. Besides, there are limited innovative studies on HIV/AIDS education and intervention strategies targeting persons with disabilities.

Handicap International France (HI), an international non-governmental organization, established in Cambodia in 1982, is specialized in disability and chronic illnesses. HI is currently implementing projects in more than 50 countries. Its mission in Cambodia is to improve the quality of life of persons with disabilities, through various actions evolving around 1) Social Actions, 2) Health and Disability, 3) Physical Rehabilitation, and 4) Rights and Disability Policies. These areas are encompassed within two operational domains: Health and Rehabilitation and Inclusion and Rights.

More specially in the Health and Rehabilitation Domain, the implementation of a project on HIV prevention and sexual violence protection among women and men with disabilities, especially deaf women, has just been initiated in the provinces of Battambang and Kampong Cham. The main objectives of the project are to:

- Increase the awareness and scope of interventions of organizations working on disability within their prevention and support services
- Increase the awareness and scope of interventions of organizations working on HIV and AIDS to the issues of disability within their prevention and support services programmes
- Improve the access of people and women victims of sexual abuse to psychological and legal counselling and right awareness

Before conducting this current three year project, HI organized four participatory learning actions (PLAs) sessions in 2007, among different groups of persons with disabilities, including deaf women of Battambang and Kampong Cham provinces. One of the main observations, which resulted from these PLAs, was that the level of HIV awareness among physically impaired people was more or less the same compared to the non-disabled people. However, the level of access to prevention education among deaf persons was more at stake. Furthermore, the PLAs showed, out of the total number of participants, a high percentage of deaf women have been victims of sexual abuse or have been at a high risk of being abused. These specific observations led to the undertaking of this project and subsequently to the implementation of this qualitative baseline study.

1.2 Objectives of study

The purpose of this study is to make an instrumental follow-up to the previously conducted PLAs and establish a baseline of specific indicators. The results will enable the project management team to better decide and shape its programmes and activities accordingly.

To address this, a qualitative study on HIV prevention and sexual violence among persons with different impairments of Battambang and Kampong Cham provinces has been conducted from 10 to 20 March 2009. The specific objectives of this qualitative study were:

- To get more focused information on HIV and AIDS, sexual abuse and access to information and services, from specific groups of persons with disabilities and key informants, from Battambang and Kampong Cham provinces
- To identify main actors working on HIV and AIDS and analyze the effects (impact of the scope of their interventions) on persons with disabilities
- To obtain a baseline on the use of VCCT services among persons with disabilities in target areas
- To propose tailored approaches and strategies for the benefit of women and men with disabilities, by taking the project objectives into consideration

The expected results of the study were:

1. Baseline qualitative information on HIV/AIDS awareness, sexual abuse and access to information and services among different groups of persons with disabilities are obtained and analyzed
2. Effects of HIV/AIDS organizations' prevention programmes and services to different groups of persons with disabilities are revealed and analyzed
3. Awareness raising needs of different groups of persons with disabilities are identified
4. Quantitative baseline of persons with disabilities accessing services at VCCT centers is collected and analyzed
5. Approaches, strategies and tools are identified and proposed according to project objectives

2. METHODOLOGY

The study combined both qualitative and quantitative methods to gather data from national, provincial and community levels. Qualitative questions evolved around access to health and HIV awareness raising among persons with disabilities and their vulnerability to sexual violence. Quantitative information in relation to HIV related knowledge have been probed following the exact same questions used to assess people's knowledge on HIV/AIDS from the Cambodian Demographic Health Survey of 2005.

Literature review, meetings with Handicap International management teams and field assessments of different stakeholders (March 10-20, 2009), along with secondary data collection have been used by study researchers. Moreover, focus group discussions (FGDs), key informants interviews (KIIs), theme analysis and triangulation methods have been the main tools utilised to collect information from a purposive convenience sample.

All data have been disaggregated by sex and impairment/disabling situation. Five different groups of persons with disabilities participated in the FGDs: 1) persons with physical impairments; 2) persons with visual impairments; 3) persons with hearing impairments; 4) persons with disabilities living with HIV; and 5) disabled women who have been sexually abused. In total 113 persons with disabilities participated in the study FGDs, among which 44% (50) was men and 56% was women (63).

Given the novelty of this kind of qualitative study among persons with different impairment types, sign language interpreters and family members were also study collaborators to enable a more effective communication with persons with hearing impairments. The following table gives a summary of the FGD's participation breakdown.

Study sample size and breakdown

Sex	**Men**		**Women**	
Province	**Battambang Province**	**Kampong Cham Province**	**Battamban g Province**	**Kampong Cham Province**
Persons with physical impairments	8	8	6	6
Persons with hearing impairments	7	6	8	8
Persons with visual impairments	7	8	7	6
Persons with disabilities living with HIV (PLHIV)	3	3	6	6
Women with disabilities who have been sexually abused	-	-	5	5
Sub total	**25**	**25**	**32**	**31**
	50		**63**	
Grand total	**113**			

In addition to this, in terms of the key informant interviews, the study aimed at collecting information from a wide range of stakeholders, who was most likely called upon to be one of the community based services providers in relation to HIV prevention and sexual violence protection services. In total 14 people (14 % women) have been interviewed in regard to their knowledge about disability issues, as well as whether they have been providing services to persons with disabilities. The breakdown detail of the KIIs is summarized, as shown next.

Breakdown of key informant interviews

Battambang		Kampong Cham	
Men	**Women**	**Men**	**Women**
Justice Officer of Banan Distritc	-	OD Director of Prey Chor	Deputy Chief of Tbaung Kmom District
OD Director of Sangke	-	Deputy Chief of Ourean Euv District	-
Inspector of Police of Tmorkul District	-	Police Inspector of Oureang Euv District	-
Deputy Governor of Battambang District	-	-	-
Coordinator of LICADHO	-	Coordinator of LICADHO	-
Programme Manager of Homeland	-	Programme Coordinator of SPEAN NGO	Nun at Tropeang Praoh Pagoda, Prey Chor District
7	**0**	**5**	**2**
		Grand total	**14**

Limitations of study

- This study attempted to provide qualitative baseline information on issues related to HIV prevention, sexual abuse and access to information and services among persons with different disabilities for a programmatic orientation of the project. Quantitative findings of study have been collected from a small sample size and hence cannot be generalized to the entire population of PWDs of the provinces of Battambang and Kampong Cham. Nonetheless, the study findings have highlighted important aspects for improving the access of PWDs to various services, which they are entitled to receive.
- During the interview with deaf people, the study was conducted only with young people attending Deaf schools with the support of Krousar Thmey in Battambang and Kampong Cham. Both males and females in this group were young adults attending special schools. Therefore, the information from this group cannot be generalized to represent the wider range of sexually active persons with hearing impairments. It has been observed that this study sample have faced communication and understanding limitations when questions pertained to more abstract concepts, such as "vulnerability to HIV infection" or "supernatural reasons to contract HIV infection". To mitigate this, sign language interpreters and caregivers have been also used as study collaborators to help bridge communication between hearing impaired sample and study researchers.
- Given the low level of schooling of many study respondents, study researchers resorted to use local coordinators/project staff to help respondents answer and fill out the forms. It could have been possible that some answers were likely personal knowledge of coordinators, rather than copying answers given by interviewees. This could constitute a bias.
- During the FGDs, self-stigmatization might have tinted the answers PWDs provided in terms of information about sensitive issues, such as having multiple partners, having casual sex or visiting STI clinics.
- Furthermore, given the limited time spent with respondents, it is believed that the saturation[2] level of themes has not been reached. Provided that longer period of time has been given to conduct longer field assessments, further and richer information could have been elicited from women and men with disabilities of Battambang and Kampong Cham.

[2] According to the Grounded Theory, saturation refers to collecting and interpreting data about a particular category, when eventually interviews add nothing to what is already known about a category, and its relationship to a core category of themes.

3. OVERVIEW OF DISABILITY IN CAMBODIA

Statistics

Cambodia, with 13.3 million people, has been devastated by almost 30 years of civil conflict, war and genocide. This has resulted in serious loss of human resources and destruction of its physical and administrative infrastructures. The RGC, in a recovery process, has benefited from major international financial and technical support on infrastructure building, governance, health and education sectors alike.

To date, there are different sources of data related to the prevalence rate of disability in Cambodia, which are using different methodologies and ways of calculation. In light of this, the most reliable national statistics of disability prevalence are from the Cambodian Socio-Economic Survey (CSES) of 2004. According to the survey, it is estimated that 4% of the general population in Cambodia is disabled. While further analyzed by Knowles in 2005, women accounted for 4.9% and men for 4.5% of the population. Furthermore, there are more persons with disabilities in the rural areas (4.9%) compared to urban settings (4.0%).

According to the Cambodian Demographic Health Survey (CDHS) of 2005, 2.2% of the population in Cambodia had a physical impairment. Males were more likely (3%) to be physically impaired than women (1.5%). The most common cause of impairment was illness in 33% of cases. Other causes of impairments were due to unspecified accidents (22%) and birth defects (19%).

According to the WHO, the disability prevalence rate is estimated to reach up to 10% of any general population. To this effect, Cambodia is often cited as a country with a high number of disabled people, due to past wars which left behind thousands of unexploded ordnances and mines, and various causes of disability, such as diseases, malnutrition, accidents and unsafe mother and child health practices, to name a few.

Law and policies

The *Law on the Protection and Promotion of the Rights of Persons with Disabilities* (PPRPD) has been recently endorsed by the National Assembly (July 2009). According to the PPRPD, a person with disability is defined as follows:

"Any person who lacks, loses, or suffers impairment of their physical or mental being resulting in disturbance to their daily life or activities such as physical disabilities [loss of limbs and quadriplegia], visual, audio and mental impairments, consciousness disorders and other forms of disabilities resulting in an abnormal state."

Based on the above definition, disability is often addressed as a medical concern. While some individuals with disabilities do have health issues and rehabilitation needs, there is a growing realization that the greatest problems they face are social inequity, poverty, and violation of their human rights. Indeed, the United Nations has clearly stated that one can be both disabled and healthy. In accordance with the WHO guidelines, persons with disabilities are defined as:

"Individuals with physical, sensory, intellectual, or mental health impairments that have a significant and long-lasting effect on the individual's daily life and activities."

Similarly, this social model of disability is also endorsed by the *UN Convention on the Rights of Persons with Disabilities and the Optional Protocol* (CRPD & OP), which has been signed by the Royal Government of Cambodia, in October 2007 (ratification is pending). According to the CRPD, disability results from:

"… the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others."

For the purpose of this study, the definition of the UN Convention will be taken as a basis for data collection and analysis of findings.

Accessible environment

Despite the expressed commitment of authorities to build an inclusive society, people with disabilities still suffer severely from daily lack of accessibility to public services. Accessibility for persons with disabilities remains very poor throughout the country. Roads are not equipped for disabled people, especially to people using wheelchairs, crutches or white canes. Accessible public and private transport vehicles are hardly available. Furthermore, the majority of public buildings do not have ramps, handrails or any other mobility support systems. Corridors, toilets and bathrooms are often narrow and tiny, preventing their access to persons with disabilities. In addition, persons with hearing and visual impairments are often deprived from accessing services with sign language and Braille support material. Rare are the educational messages and training sessions, which are translated and adapted to help persons with sensory impairments. Moreover, negative attitudes and discrimination have created a wide range of barriers, which deny many persons with disabilities with the opportunity to access employment, health, education, resources and/or social and cultural events.

4. OVERVIEW OF HIV AND AIDS IN CAMBODIA

Estimated HIV prevalence among the general adult population aged 15-49 years declined from a peak of 2.0% in 1998 to 0.9% in 2006[3] (urban 1.1%, rural 0.8%). This rapid decline in prevalence is a significant achievement. However, the HIV prevalence in Cambodia is still high compared to the region as a whole. The total number of adults living with HIV in 2006 was estimated to be 67,200. The estimated number of children aged 0-14 years living with HIV in 2006 was 3,900. The total number of people living with HIV (PLHIV) was 71,100 people for the same year.

In 1999, an estimated 132,300 Cambodian adults were living with HIV. AIDS related deaths are estimated to have exceeded 10,000 each year since 2000. Furthermore, it is estimated that the number of new adult infections (incidence) declined from 12,700 in 1997 to 1,350 in 2006. This significant decline in HIV prevalence has resulted from a decreasing number of new infections due to effective prevention programmes, and a large number of deaths among people who have been infected in the early years of the epidemic[4].

Females represent an increasing proportion of the number of people living with HIV. In 2006, 52% of PLHIV were females, up from 38% in 1997. The increased proportion of females living with HIV is partially attributable to a high number of deaths among males, who represented the majority of infections in the earlier years of the epidemic. In addition, modeled estimates and projections suggest that since the year 2000, the HIV incidence among women has been higher than that of men[5]. Asian Epidemic Model projections further indicate that the HIV incidence, which has been declining among both men and women since its peak in the mid 1990's, will continue declining for the next several years. The estimate of further reductions in the incidence is based on the assumptions of sustained safe behaviours and the prevention benefit of lower viral load resulting from treatment. This estimate assumes condom use in the most-at-risk populations (MARPs) to remain at 95%.

Of the 71,100 people aged 0-49 years living with HIV in 2006, an estimated 33,100 were in need of antiretroviral therapy (ART). By 2010, the number in need of ART will increase to 38,600. Providing ART for all those in need will improve survival among people living with HIV. The estimated number of deaths will decline from 10,000 in 2006 to 1,200 in 2009, based on provision of ART at current and planned levels. The reduction in deaths will slow the rapid decline in the HIV prevalence observed before ART became widely available in Cambodia.

On the front of the voluntary confidential counselling and testing (VCCT) services, the number of services has drastically increased, from 12 sites in 2000 to 212 sites by the end of 2008. Of the current 212 VCCT sites, 190 of them are supported directly by the RGC, whereas 22 are supported by various NGOs, such as RHAC, Marie Stopes, MEC and Center of Hope. To date, 51 health facilities offer opportunistic infections (OI) and ART services in 20 provinces. Of the total 51 OI/ART sites, 27 sites also provide paediatric care. At the end of 2008, 31,999 active patients, including 28,932 adults and 3,067 children, were receiving ART.

[3] NCHADS, Report of a Consensus Workshop: HIV Estimates and Projections for Cambodia 2006-2012 ,2007. All epidemiological data in this section are drawn from these estimates, unless otherwise indicated.
[4] Neal, J. Overview of the HIV Epidemic in Cambodia, 2007.
[5] Neal, J. Personal communication, 2007.

5. OVERVIEW OF SEXUAL VIOLENCE AND RAPE IN CAMBODIA

Violence against women is widely prevalent in Cambodia. According to the Cambodian Demographic Health Survey (2005), 22% of women aged 15-49 were emotionally, physically or sexually abused by their spouse. More specifically, 13% of them were physically abused and 3% reported being sexually abused by their spouse. Excluded from these figures were women who were not in a marital relationship and girls. It is believed that in the majority of the instances, cases of sexual abuses against women and girls often go unreported, due to a culture of impunity and acceptance, threats towards the victim and her family and traditional gender related attitudes (Ministry of Women's Affairs 2008; GAD/C 2009).

Cases of rape reported to/by the Cambodian League for the Promotion and Defense of Human Rights (LICADHO) has significantly increased from 39 cases in 2003 to 88 cases in 2006. According to ADHOC, another human rights organization, reported rape cases increased from 380 in 2005 to 478 cases in 2006. Similarly, the media reported an increase of rape cases from 286 to 311 in the same period.

Cambodia has signed and ratified the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) in 1992. The CEDAW includes recommendations to reduce exploitation and discrimination against women and measures to increase women's status and rights. Despite this important international text being officially endorsed by the RGC, rape unfortunately remains one of the most heinous crimes committed against women and girls in the country. Rape is perpetuated against numerous Cambodian women and girls, many of whom have little or no means or access to legal or social redress (LICADHO, 2007). The system hence leaves the victim alone, without any support, and allows the perpetrators to go unpunished. Very often, cases of rape are illegally settled financially between the abuser and/or his family and the family of the rape victim. Coupled with this, the Cambodian culture perpetuates the idea that the event of rape is often the fault of the victim. This is furthering the discrimination and stigma against the victim and her family and deepening gender-based violence.

It is thus imperative that the Government and NGOs educate the public and law enforcement officers about treating sexual violence and rape as serious crimes, punishable before the Cambodian Law and provide rape survivors with medical assistance, psychosocial support and legal and police services. To this effect, the Ministry of Women's Affairs latest 5-year strategic plan stipulates the access of all women and girls to legal protection, health related services and improved psychosocial counselling, as one of its core strategies.

6. FINDINGS

6.1. HIV and AIDS, sexual abuse and access to information and services

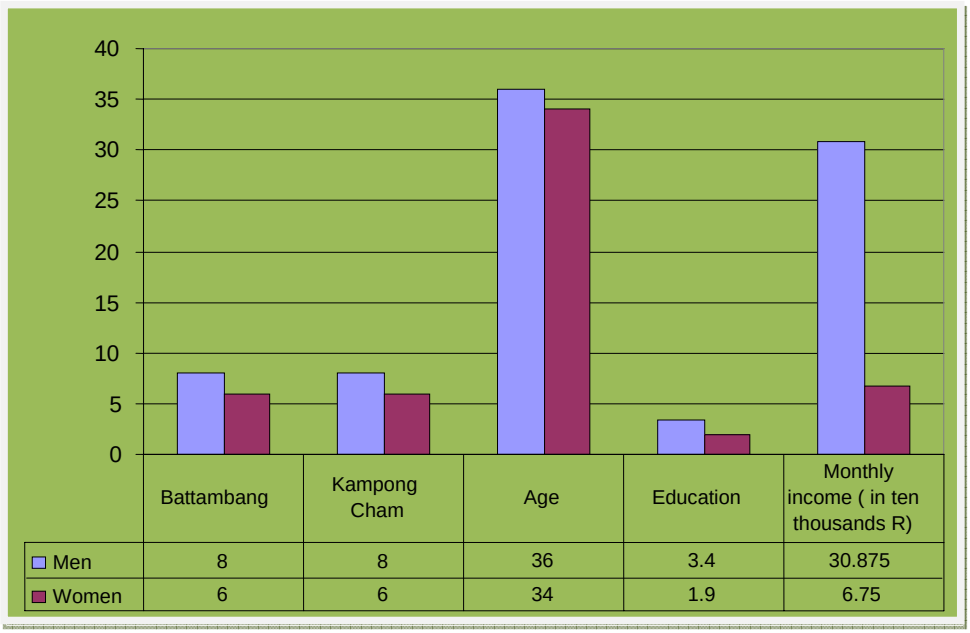
6.1.1. Persons with physical impairments

In this study, 16 men with physical impairments (8 from Battambang and 8 from Kampong Cham) and 12 women with physical impairments (6 from Battambang and 6 from Kampong Cham) participated in the FGDs. Most impairments in both groups were due to diseases such as poliomyelitis, chronic bone infection, birth defects, and home and road related accidents. Among men, there were also survivors of war, which affected them with specific physical impairments, such as amputation of limbs.

6.1.1.1. Quantitative findings

Twenty-eight persons with physical impairments participated in the FGDs (16 men and 12 women). The average age of men is 36 years, while women are younger, with an average of 34 years. The age among women ranged from 15 to 62 years, while it ranged from 19 to 56 years among men. Half of women and men had never been to school, while the others have been involved in some education for a few years. The average schooling is higher in men, when compared to the women's group (3.4 years in men versus 1.9 years in women).

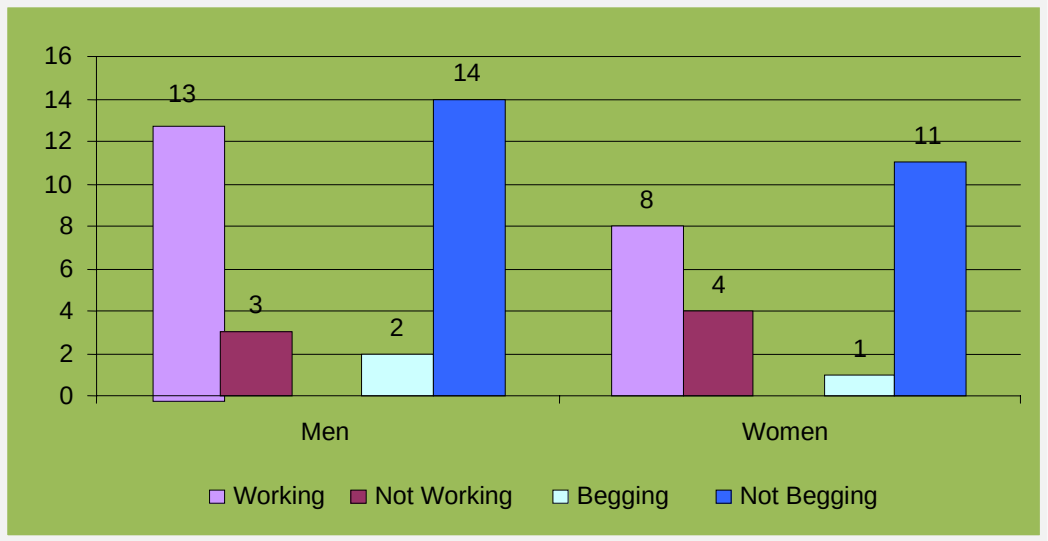
Most of them manage to earn their living from small scale jobs, such as TV and radio repair, poultry and piglet rising. All men in Kampong Cham earn their living from fishing in Boeing Thom district. With 5-6 kg catch of fish, their individual income is not more than 10,000 Riel per person per day. In spite of this low level of income, the monthly average income of men is still five times higher than that of women.



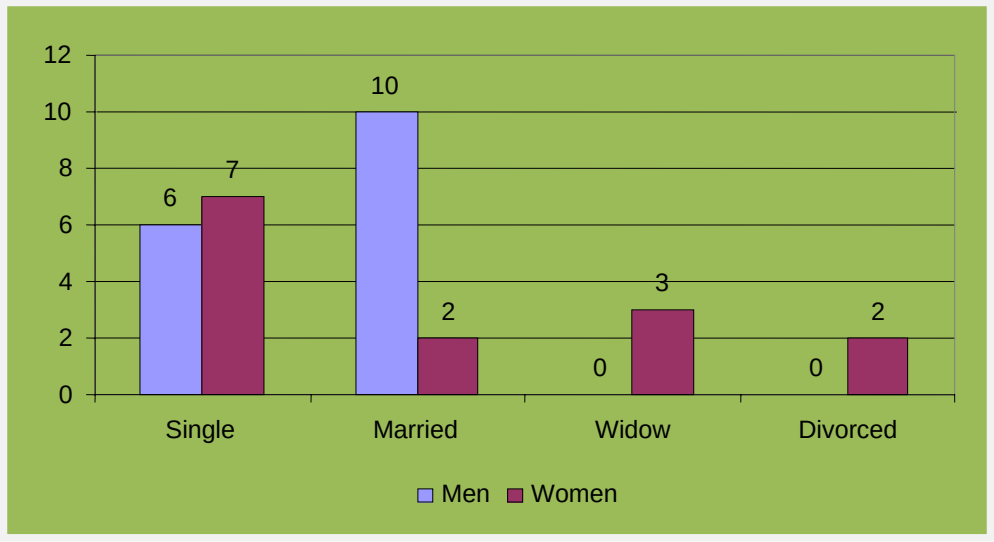
	Battambang	Kampong Cham	Age	Education	Monthly income (in ten thousands R)
Men	8	8	36	3.4	30.875
Women	6	6	34	1.9	6.75

Note: 1 USD equates to 4,100 Riel (R)

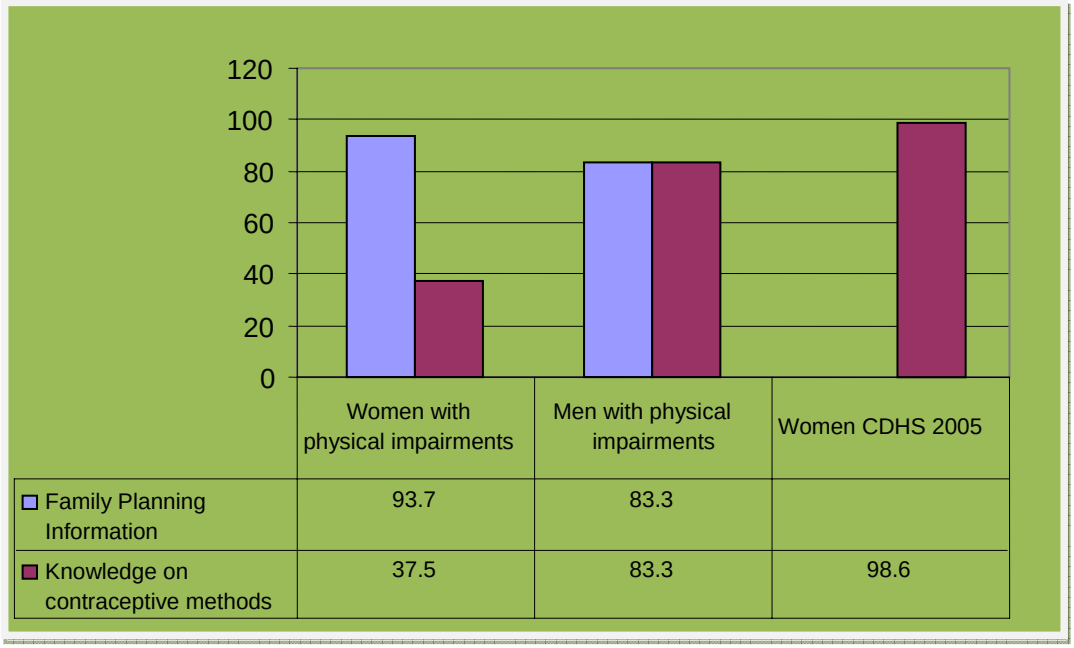
More specifically among this group of persons with physical impairments (PWPIs), the proportion of employment seems to be higher in men, compared to women. Around 10 percent of men and women earn their living from begging activities, as shown in the next graph.



In terms of marital status, among the men, 10 are married, while six others are singles. Among the women, seven are singles, while only two are married, three widows and two others divorced.

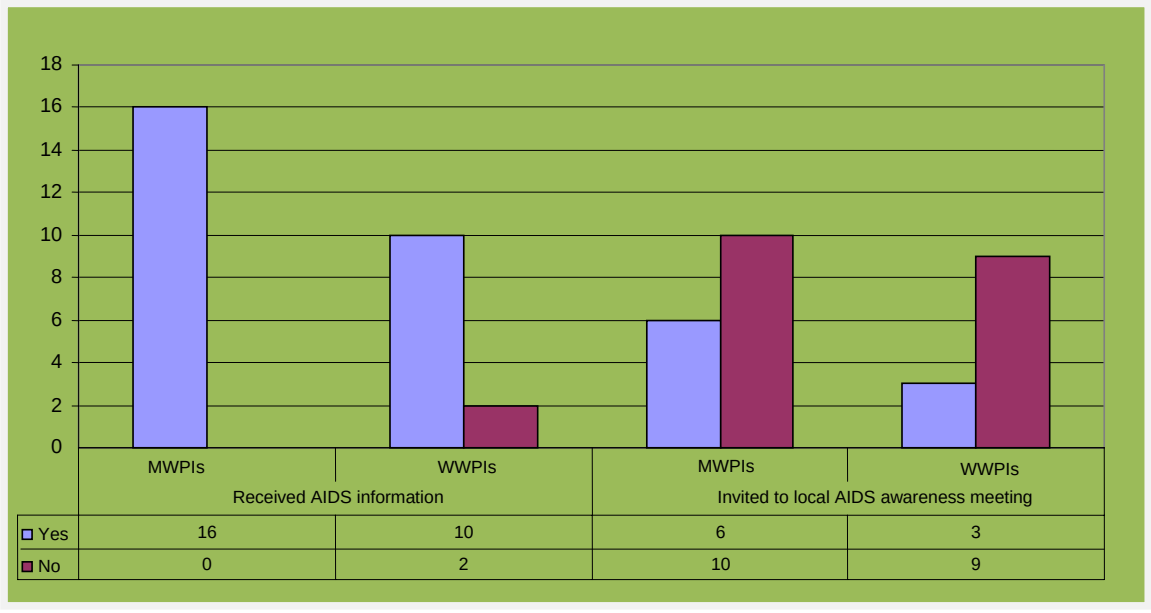


In terms of knowledge on contraceptive methods, women with physical impairments (WWPIs) scored better than their male counterparts. However, their level of knowledge is less than that of women of the general population, according to the CDHS 2005. These results are shown in the next graph.

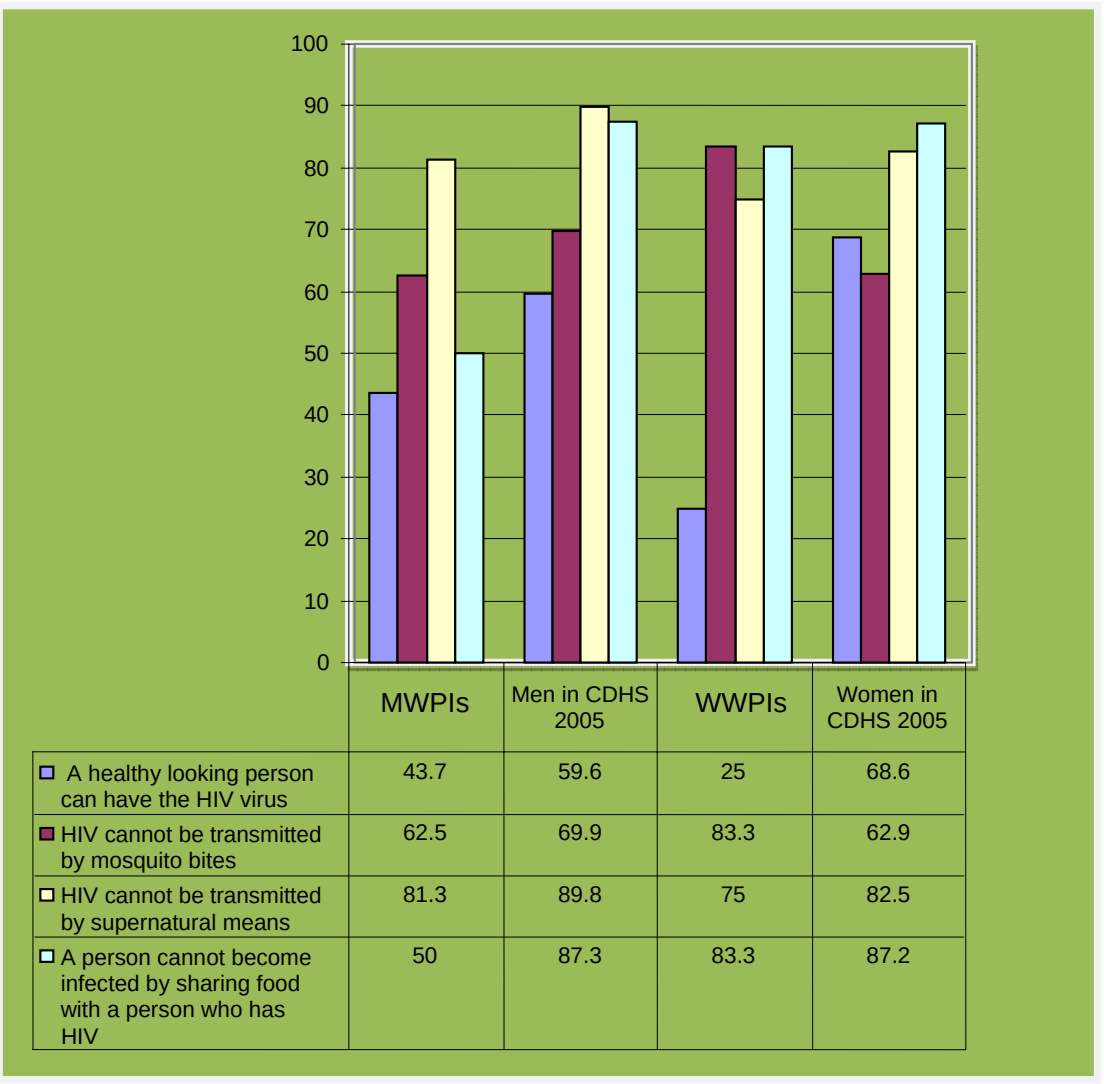


Out of the group of men with physical impairments (MWPIs), four of them said that they had had more than two partners in the past 12 months, two others stated having had casual sex, and three other men explained that they have bought sex. None of the WWPIs confessed having had been involved in casual sex or having paid sex. In addition, none of them said that they had been harassed or raped.

All MWPIs received HIV/AIDS related information, while two of the WWPIs did not. More men have been invited to local HIV/AIDS awareness meetings than women, as exemplified in the next graph.

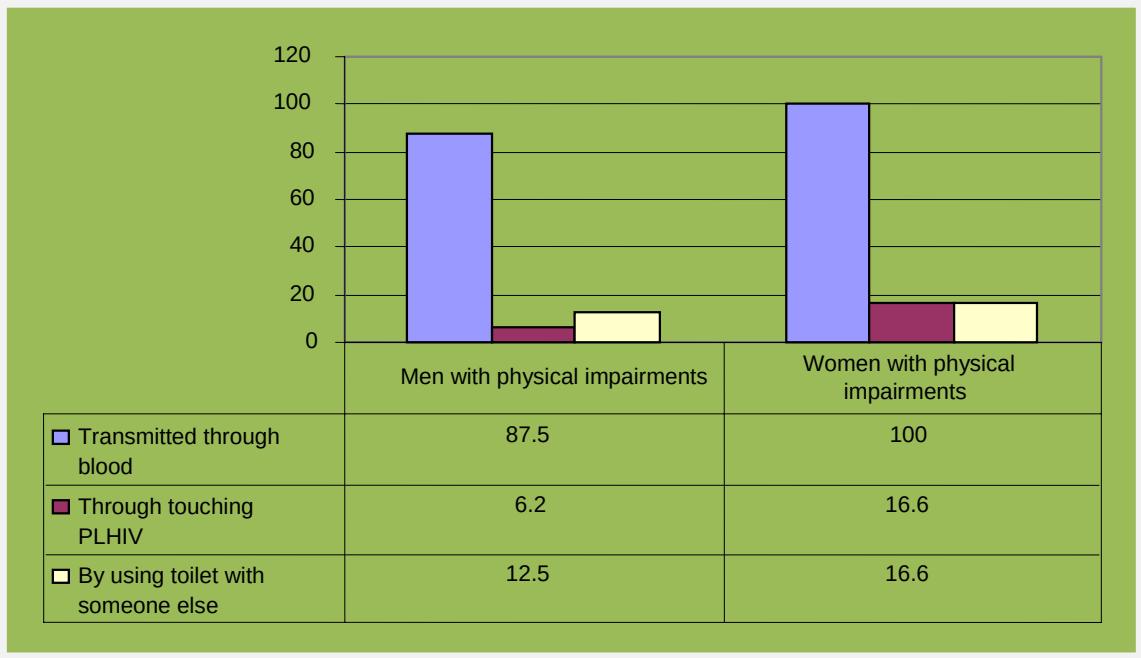


The following graph shows the general HIV/AIDS related information among the two groups of men and women with physical impairments.



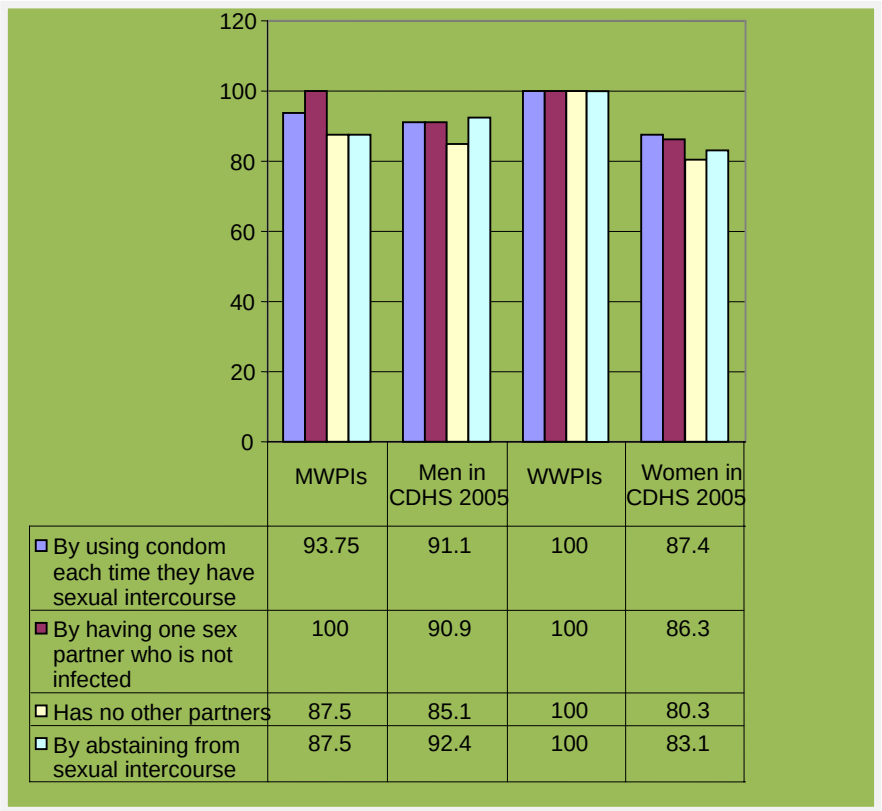
	MWPIs	Men in CDHS 2005	WWPIs	Women in CDHS 2005
A healthy looking person can have the HIV virus	43.7	59.6	25	68.6
HIV cannot be transmitted by mosquito bites	62.5	69.9	83.3	62.9
HIV cannot be transmitted by supernatural means	81.3	89.8	75	82.5
A person cannot become infected by sharing food with a person who has HIV	50	87.3	83.3	87.2

From the above graph, it is observed that the knowledge on HIV transmission among MWPIs is lower than that of men of the general population. Among the WWPIs, they had similar understanding about HIV transmission, however with less knowledge when it comes to “external appearance”. According to the next graph, WWPIs has better knowledge than MWPIs in regard to modes of non transmission of HIV infection.



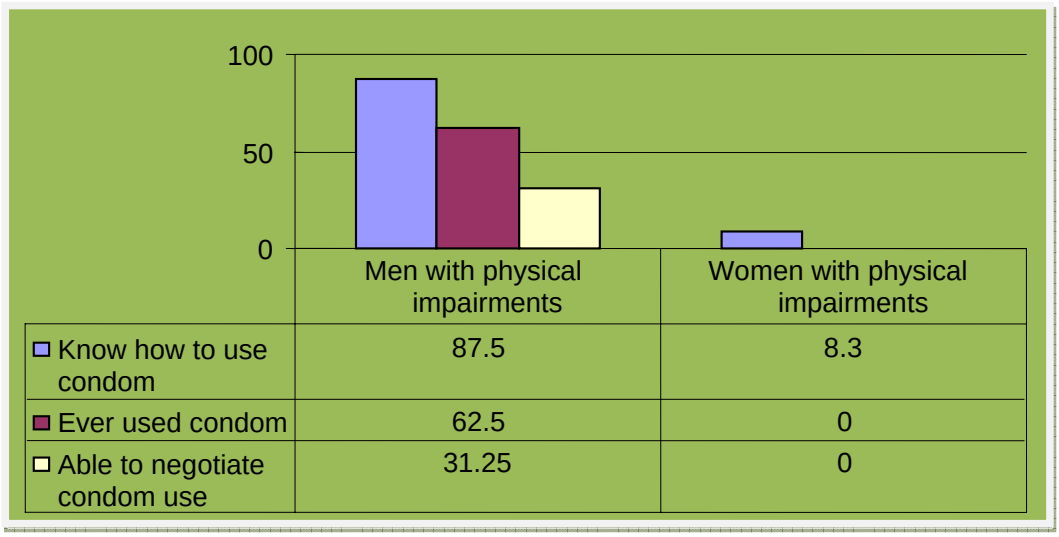
	Men with physical impairments	Women with physical impairments
Transmitted through blood	87.5	100
Through touching PLHIV	6.2	16.6
By using toilet with someone else	12.5	16.6

According to the next figure, WWPIs scored maximum on their knowledge on the HIV preventive measures, whereas physically impaired men had almost a similar degree of knowledge as men of the general population.



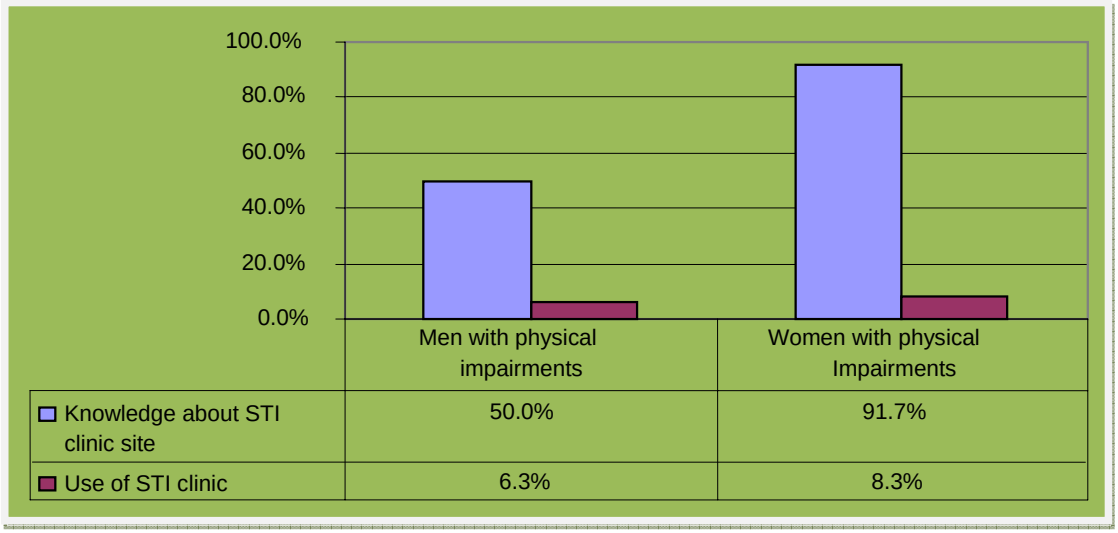
	MWPIs	Men in CDHS 2005	WWPIs	Women in CDHS 2005
By using condom each time they have sexual intercourse	93.75	91.1	100	87.4
By having one sex partner who is not infected	100	90.9	100	86.3
Has no other partners	87.5	85.1	100	80.3
By abstaining from sexual intercourse	87.5	92.4	100	83.1

Out of the 16 MWPIs, 14 reported knowing how to use a condom, 10 had ever used it and five reported being able to negotiate condom use with their sexual partner. Out of the 12 WWPIs, only one knew how to use a condom and nobody had ever used it, as shown next.



	Men with physical impairments	Women with physical impairments
Know how to use condom	87.5	8.3
Ever used condom	62.5	0
Able to negotiate condom use	31.25	0

Out of 16 MWPIs, eight knew where to seek sexually transmitted infections (STIs) treatment but only one of them had actually gone for STI treatment. Out of 12 WWPIs, 11 knew where to get STI treatment, while only one actually got treated.



	Men with physical impairments	Women with physical Impairments
Knowledge about STI clinic site	50.0%	91.7%
Use of STI clinic	6.3%	8.3%

6.1.1.2. Qualitative findings

6.1.1.2.1. Socio-economic aspect

Although PWPIs in both sites stated that in principle they have equal opportunity to attend locally organized workshops on income generating activities or health related issues, such as family planning and HIV/AID, however in most of cases, they have rarely been invited to participate in those trainings, which were often not accessible to them. They mentioned that it is very difficult to find support for starting a small business in their community. Compared to non-disabled people, PWDs face greater difficulties in earning their living, due to lack of support in the majority of the time.

> *"As a fisherman, I need to go deep in the water to fix the fishing net. As I dive down deep in the water, my prosthetic limb floats! So it is important that the job I do be adapted to my condition"*
>
> *Ex-military amputee man, 42, Boeing Thom village, Kampong Cham province*

6.1.1.2.2. *Facilitating/disabling environment*

In general, persons with physical impairments were at no significant disadvantage in terms of their ability to access any kind of information, such as HIV/AIDS and reproductive health. Men and women with physical impairments generally know as much (or as little) about HIV/AIDS as others do in their communities. However, accessing HIV services is less straightforward as thought. VCCT, Care and Support centers are often inaccessible and not equipped either with bars, ramps or lifts. Although there are no communication barriers for PWPIs, the difficulty in movement limits their accessibility to receive social support, education, or health services from public facilities. This case is exemplified by the testimony of a woman with physical impairment living in the province of Kampong Cham.

> *"We were invited to participate in a community meeting but we did not attend it, as it was hard for us to move from one place to another. In order to attend a meeting, I need a wheelchair, someone to carry me on and off it, and roads that allow me to travel on them with my wheelchair"*
>
> *Woman with physical impairment, Phnom Pros Village, Kampong Cham*

6.1.1.2.3. Vulnerability and risks

6.1.1.2.3.1. Men

With the youngest man aged 19 and the oldest aged 57, this group seemed to be more open to sensitive issues, such as sexuality and reproductive health, than any other study groups.

Some MWPIs in Kampong Cham have acknowledged having been drunk at several occasions, while having sex. According to them, there are no entertainment workers in the commune where they live, while sex can be bought at 2-5 USD per act, at Prey Totoeing. Information collected from the FGDs among MWPIs of both sites reveals that they are as

sexually active as other men. Some have been exposed to high risk sex. The following statements confirm such practices.

> *"Sex is a natural thing that people should not abstain from"*
>
> *Physically impaired man, Boeing Thom Village, Kampong Cham province*

> *"I do have a desire for sex. My reproductive track functions well!"*
>
> *Physically impaired man, Thmar Korl, Battambang province*

> *"I have sex with the daughter of the five strips Commander (I practice masturbation)"*
>
> *Physically impaired young man, Thmar Kaul, Battambang province*

> *"I have occasionally visited brothels"*
>
> *Physically impaired man, Thmar Korl, Battambang province*

Based on the testimonies made by MWPIs, some have shared their experience in joining the Water Festival held annually in Phnom Penh. They mentioned that during this event, there are ample educational opportunities to learn about condom use and reduction of number of sexual partners. Yet in spite of having received information, some have revealed that many of them, be they disabled or not, have been engaged in extra-marital sex and have received the services of entertainment workers.

> *"I have no problem with my wife even though she knows that I always bring condoms with me whenever I travel out of the village"*
>
> *Physically impaired man, Boeing Thom Village, Kampong Cham province*

All MWPIs from Boeing Thom village, Kampong province, interviewed during the study mentioned the "severe danger" of HIV and AIDS. All of them knew someone who died of AIDS (6 women and 4 men). They also mentioned the relationship between HIV/AIDS and mobility with mobility increasing the risks to HIV infection, especially when men are away from their households.

> *"More than 10 people in the village died of AIDS because of their risky behaviours associated with mobility. I am clear that if I keep my formula (of having extramarital sex), certainly my life and family will be affected. Then I need to change my behaviour"*
>
> *Physically impaired man, Boeing Thom village, Kampong Cham province*

However, a young man from Thmar Korl, Battambang province, had a different view.

> *"I am not aware that I could be infected by HIV. I have not seen any person with disabilities be infected by HIV"*
>
> *Physically impaired man, Thmor Korl commune, Battambang province*

6.1.1.2.3.2. Women

Women with physical impairments perceived themselves vulnerable to any kinds of harm, including the risk of getting HIV infection. Those who are married to non-disabled husbands mentioned that they are mostly to be cheated by their spouse, who can possibly expose them in return to the HIV and other sexually transmitted infections.

> *"I knew that he had been sleeping around with another woman until he left me. I am afraid to get HIV testing by fear of being HIV infected"*
>
> *Physically impaired woman, Ek Phnom commune, Battambang province*

However, other women respondents in this group did not feel at risk to HIV infection or any other STIs when their husbands stayed working in the premises of their household. These husbands were considered as faithful and free from any types of diseases, as exemplified in the next testimony.

> *"My husband goes fishing every day and rarely goes far away from home. How can he get HIV and transmit it to me?"*
>
> *Physically impaired woman, Peam EK commune, Battambang province*

Furthermore, WWPIs also discussed about their loneliness and fear of living alone without children around, while others were concerned about who could take care of their offspring. Some women shared feelings of being depressed and hopeless.

> *"No one cares about us. But as people with disabilities, we also have heart and can be in love as others. Only time is needed."*
>
> *Physically impaired woman, Peam Ek Commune, Battambang province*

6.1.1.2.4. Access to services

Persons with physical impairments can see and hear like anyone else. However, their physical impairments, coupled with lack of accessible buildings and services prevent them from receiving adequate health care, education and employment placement, as mentioned earlier.

6.1.1.2.4.1. Men

In Boeing Thom Village, Kampong Cham Province, the village deputy chief, who is also the traditional birth attendant, openly talked about HIV and AIDS. She said that she used to demonstrate condom use to people in the village. She mentioned that most of the PWDs of her village attend outreach education on HIV/AIDS. In terms of distance to the health care center located at 5 km away from the village center, many PWPIs mentioned not being able to afford transportation fees, even though health care fees are free for them under the Equity Fund scheme. Some MWPIs also shared their difficulty leaving their family to undergo corrective surgery, in fear of losing economic dividends while away from work.

> *"I see that the deformity of my leg is getting worse but I am too poor to go to the hospital for the X-ray and get surgery. One day, I took a 7 cm piece of bone out of my leg... It is ok as long as I can still walk, swim and go fishing to support my family"*
>
> *Physically impaired man, Boeing Thom, Kampong Cham province*

Persons with physical impairments expressed not being much aware of their rights and the availability of services. Since most of them are working outside of the formal sector, they are not entitled to social support in terms absence from work, convalescence rights, etc. They are not used to searching for information to get services when available in their province or in the country, unless there is a financial support for them to have access to these services.

In Boeing Thom village of Kampong Cham province, there is no self-help group for persons with disabilities. 19 March 2009 (period of field research) was the first time when eight of them met and shared their experience and concerns about HIV/AIDS and disability. However, they failed to mention that Handicap International physical rehabilitation center's outreach worker comes three times a year to follow up on their prosthetics management. This said, they mentioned that they have been rarely invited to the forums organized by the Commune Council or NGOs on educational activities. They might hence be less informed than other people in their village.

> *"I am not aware of ID poor or of the Health Equity Fund scheme in my village"*
>
> *Physically impaired man, Thmar Kolr commune, Battambang province*

However, one man in the group of MWPIs in Battambang asserted that he had been invited to join the Youth Club of the Cambodian Red Cross for the First Aid demonstration event.

6.1.1.2.4.2. Women

Even though there are some NGOs working on disability and for persons with disabilities such as Handicap International, it seems however that there has not been much help sought

or provided to them. This may be due to the lack of awareness, dissemination of services, or limited areas of coverage. Although health services, such VCCT services are free of charge, including to PWDs, general health services are not free of cost. For example, the charge of 500 Riel for each visit was only affordable to a few of this study respondents.

> *"…Indeed 500 Riel is not much (for a health visit), but sometimes we do not even have 100 Riel to buy sweets to my kids"*
>
> *Physically impaired woman, Peam Ek commune, Battambang province*

In terms of sexual abuse, some WWPIs stated that if there were any problem, the best and possible way to deal with it was to solve the problem on their own, instead of seeking help from the police. They felt that this procedure takes time and often leaves them helpless, due to lack of real commitment from local authorities and police officers to help and assist them.

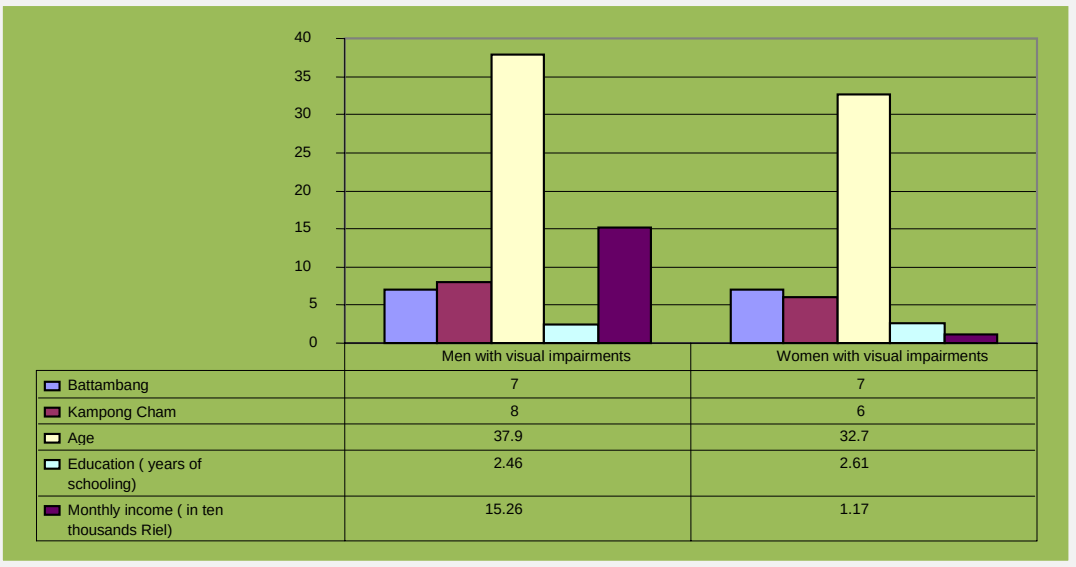
6.1.2. Persons with visual impairments

Fifteen men with visual impairments (MWVIs) (7 from Battambang and 8 from Kampong Cham) and 13 women with visual impairments (WWVIs) (7 from Battambang and 6 from Kampong Cham) participated in the study.

Most common reasons for visual loss and blindness have been attributed to measles, one of the common causes of blindness during childhood; cataract, usually occurring after 40 years old; and war and accident related injuries. For instance, a 35 year old man of Battambang province, reported that he became blind in both eyes from war injuries when he was 19.

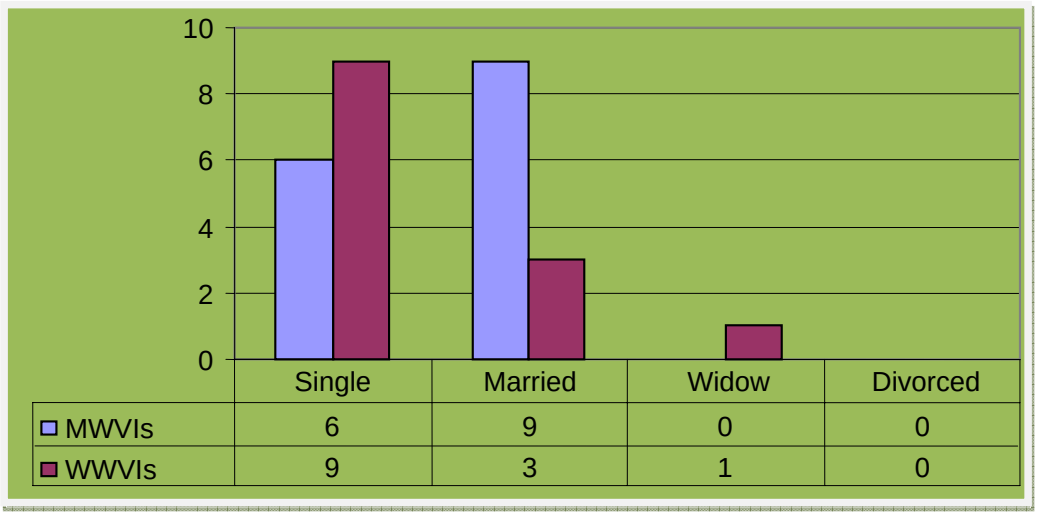
6.1.2.1. Quantitative findings

The average age of MWVIs is 37.9 years, while that of women is 32.7 years. Their level of education is almost similar (2.46 years among men and 2.61 years among women). However, in terms of income, MWVIs earn more than WWVIs, as shown next.

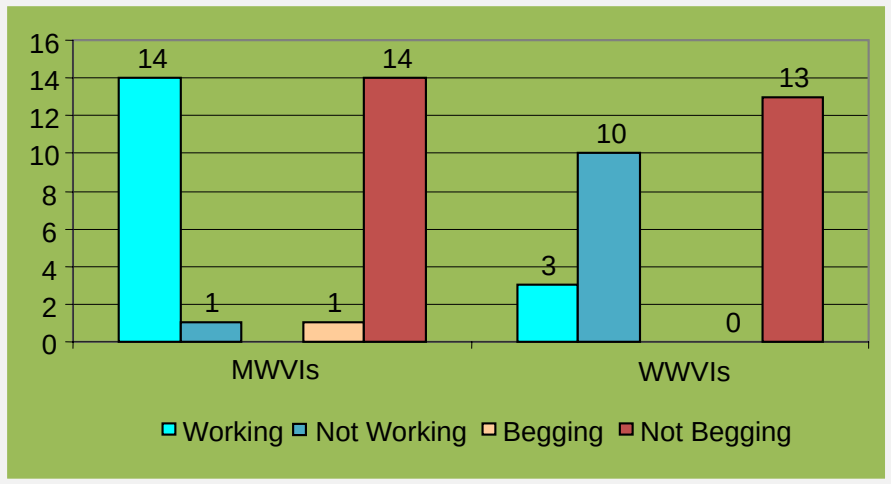


	Men with visual impairments	Women with visual impairments
Battambang	7	7
Kampong Cham	8	6
Age	37.9	32.7
Education (years of schooling)	2.46	2.61
Monthly income (in ten thousands Riel)	15.26	1.17

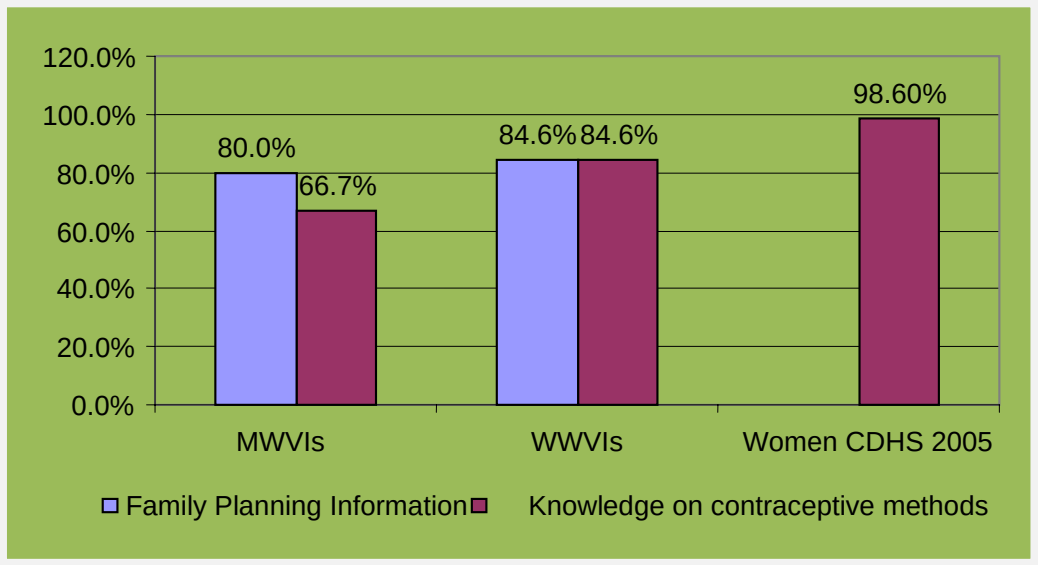
Out of the 15 men with visual impairments, six are singles while eight are married. In the women's group, nine are singles, three are married and one is a widow.



Among the group of men, 14 are working and only one is resorting to begging. However in the group of WWVIs, only three are working, while 10 depend on their extended family.

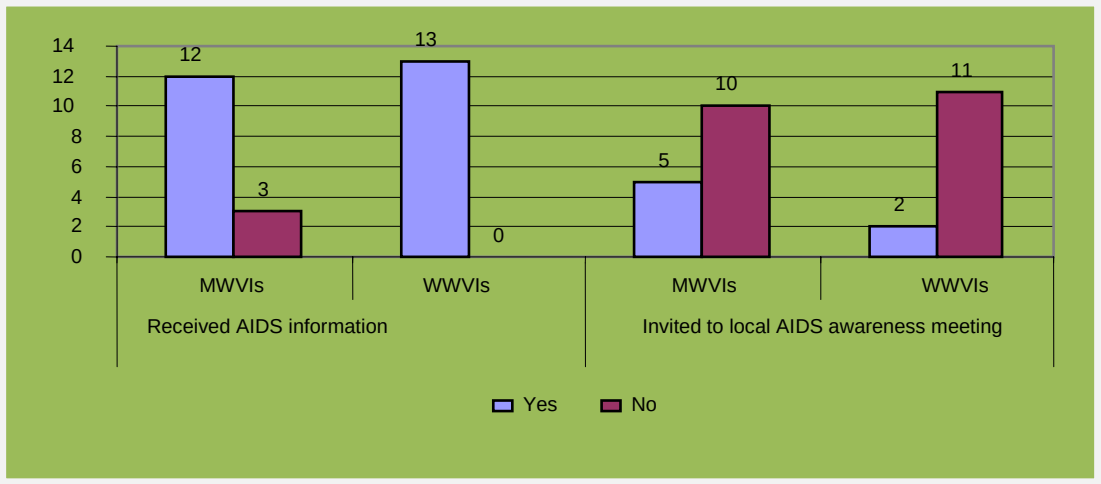


Out of the group of men, 12 of them (80%) received information about family planning but only 10 (66.7%) have knowledge of contraceptive methods. In the women's group, 11 of them (84%) received information about family planning and have knowledge of contraceptive methods. Compared to the general population of women (CDHS, 2005), the percentage of knowledge on contraceptive methods is lower among men and women with visual impairments, as seen in the next graph.

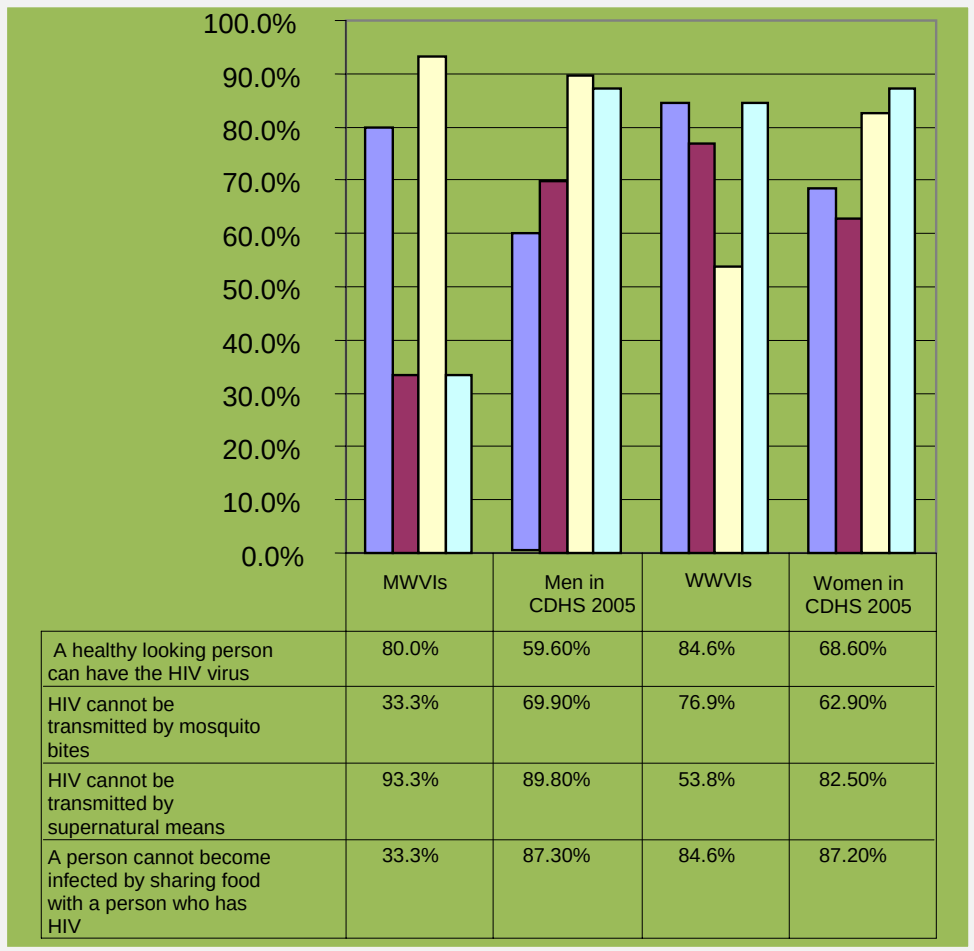


Out of the group of men with visual impairments, two said that they had more than two sexual partners in the past 12 months, one man stated he had casual sex and none of them stated having bought sex. None of the WWVIs mentioned being involved in casual sex or having paid for sex.

Women with visual impairments received more information than male counterparts, but more men have been invited to locally organized HIV/AIDS awareness meetings, according to the next graph.

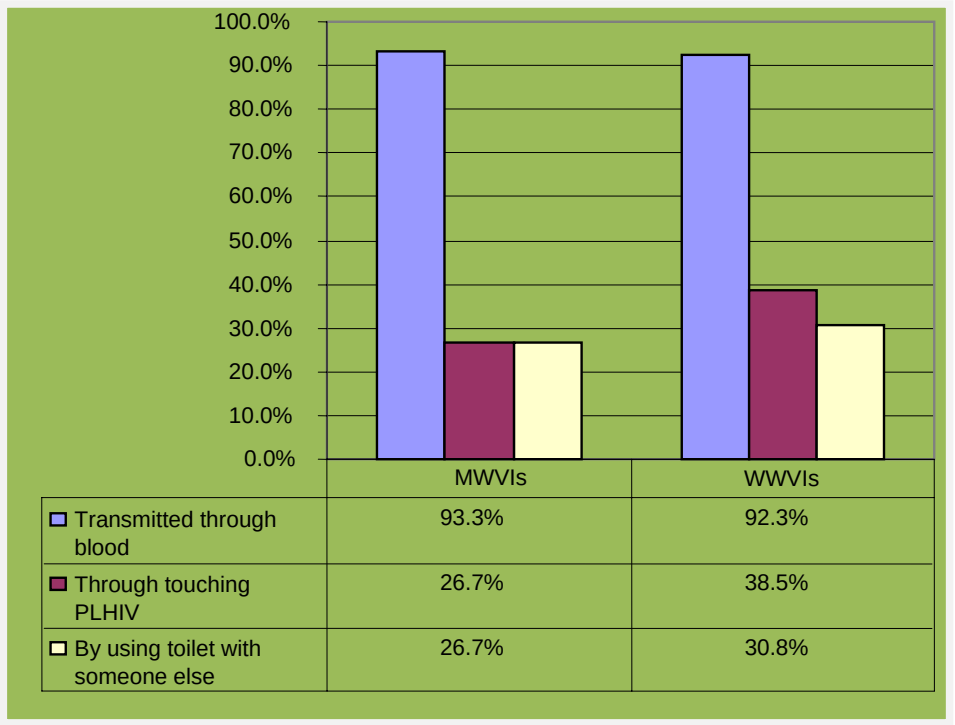


Based on to the next graph, men with visual impairments are found to be less knowledgeable on HIV transmission than the general population of men (CDHS, 2005). However, women with visual impairments have almost similar levels of knowledge as women from the general population. Also, women with visual impairments have better knowledge than their male peers.



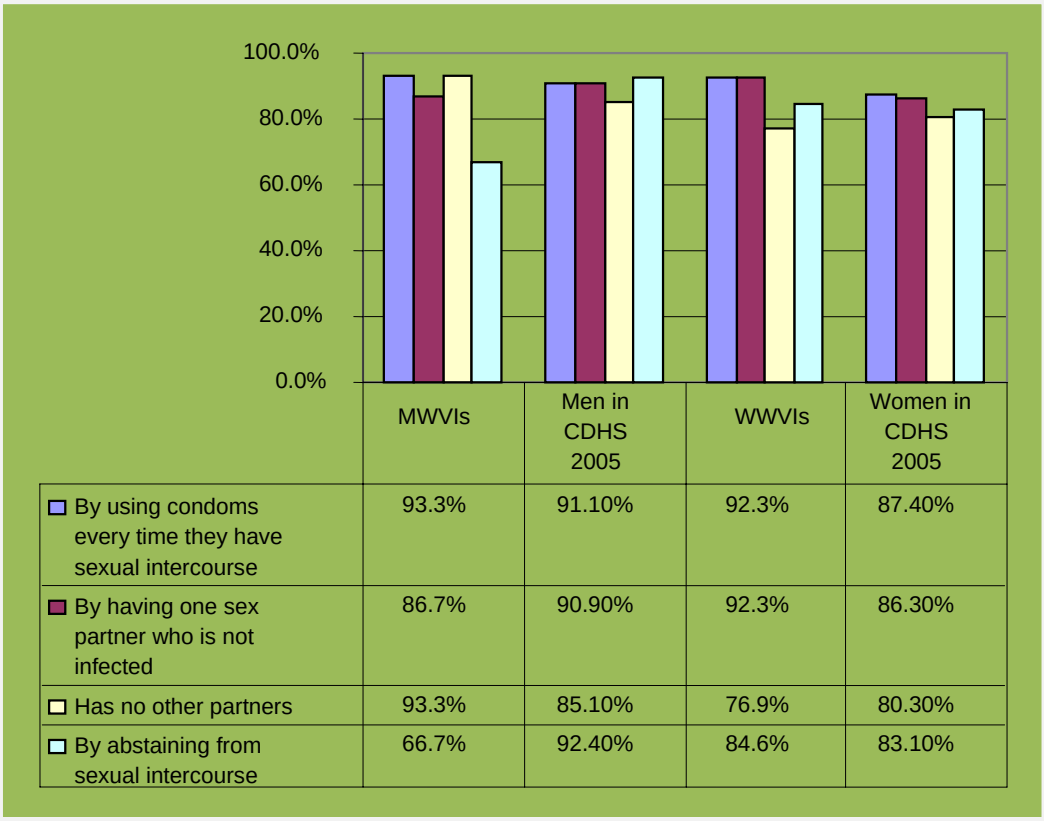
	MWVIs	Men in CDHS 2005	WWVIs	Women in CDHS 2005
A healthy looking person can have the HIV virus	80.0%	59.60%	84.6%	68.60%
HIV cannot be transmitted by mosquito bites	33.3%	69.90%	76.9%	62.90%
HIV cannot be transmitted by supernatural means	93.3%	89.80%	53.8%	82.50%
A person cannot become infected by sharing food with a person who has HIV	33.3%	87.30%	84.6%	87.20%

From the interviews, it is found that men and women with visual impairments have almost similar knowledge on HIV prevention when probed.



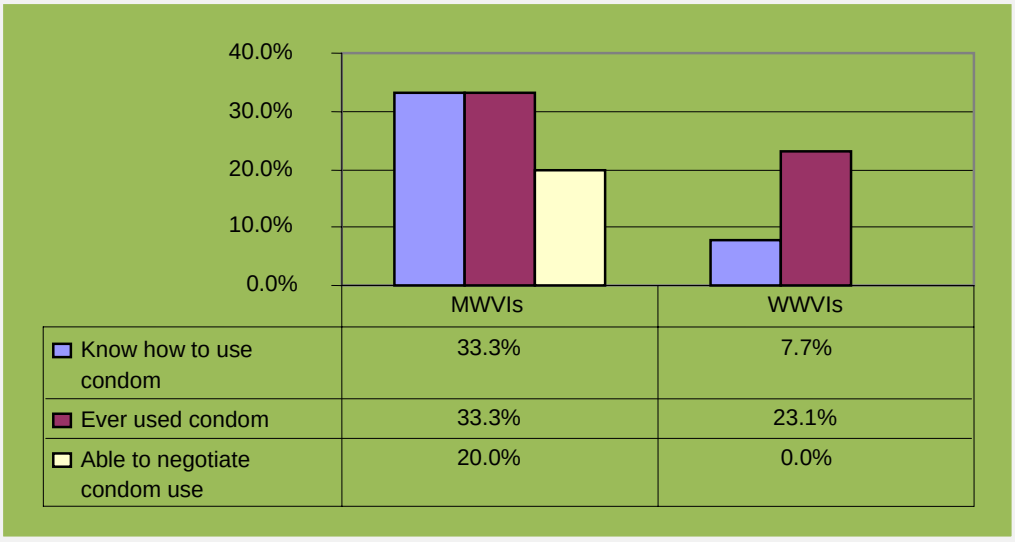
	MWVIs	WWVIs
Transmitted through blood	93.3%	92.3%
Through touching PLHIV	26.7%	38.5%
By using toilet with someone else	26.7%	30.8%

Regarding the HIV prevention measures, MWVIs have less knowledge than the general population of men, while WWVIs have almost similar level of knowledge as the general population of women according to the 2005 CDHS.



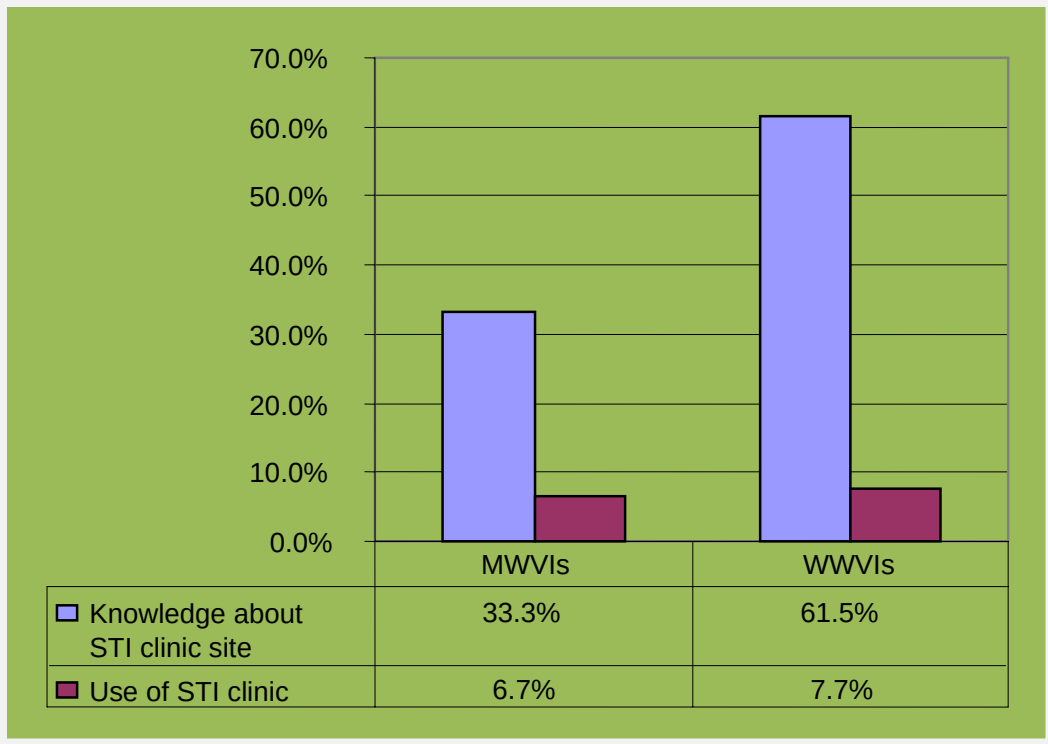
	MWVIs	Men in CDHS 2005	WWVIs	Women in CDHS 2005
By using condoms every time they have sexual intercourse	93.3%	91.10%	92.3%	87.40%
By having one sex partner who is not infected	86.7%	90.90%	92.3%	86.30%
Has no other partners	93.3%	85.10%	76.9%	80.30%
By abstaining from sexual intercourse	66.7%	92.40%	84.6%	83.10%

Out of the 15 MWVIs, five of them reported knowing how to use condom and have ever used it. Among the WWVIs, only one woman reported knowing how to use condom, while three have ever used it.



	MWVIs	WWVIs
Know how to use condom	33.3%	7.7%
Ever used condom	33.3%	23.1%
Able to negotiate condom use	20.0%	0.0%

Five of the 15 MWVIs (33%) reported knowing where the STI clinic is situated and one of them (6.7%) had been to that clinic for STI treatment. Eight of the 13 WWVIs (61.7%) reported knowing the site of the STI clinic, while only one of them had her STI treated.



6.1.2.2. Qualitative findings

6.1.2.2.1. Socio-economic aspect

No specific programmes helping them to increase their knowledge and skills have been found available, compared to the number of projects targeting non-disabled people. Furthermore, they mentioned that there is no employment support programmes in their community. The average monthly income among persons with visual impairments is 37.81 USD among men (14 out of 15 men work) and only 3 USD among women (3 out of 13 women work).

6.1.2.2.2. Facilitating/disabling environment

Persons with visual impairments (PWVIs) want to fully enjoy their rights as anyone else. They want to go to school, work and be productive. They also want to get married. However due to their visual impairments and poverty for many, they have been stigmatized and their aspirations turned down.

6.1.2.2.2.1. Men

All MWVIs in Battambang reported having access to general education. Their schooling ranges from grade 3 to 7. In contrast, all MWVIs in Kampong Cham are illiterate, except for a 15 year old school student, blind of one eye, who is currently attending grade 8. The average years of schooling of respondents in both sites combined is however only of 2.46 years of education. The opportunity and access to education using Braille is very slim according to them. Only one of the 15 MWVIs has heard about Income Generation Activities training. Limited basic knowledge generates important barriers to PWVIs to have opportunity to work and access public services and educational information on the same footing as others.

In terms of social activities, MWVIs shared their experience of being looked at during social events. According to them, although drinking alcohol seems to be an entry point for socialization with other men, this seemingly trivial act is not as obvious as it appears:

> *"I was invited to a wedding ceremony and people seemed to be surprised when I drank beer. And I replied "Don't you think I have got a mouth too?""*
>
> *Blind man, 37 years old, Bannan district, Battambang province*

When it comes to marriage, MWVIs expressed their difficulty in forging a relationship. A blind man explained that he was asked to pay 5,000 USD to get the approval from the parents of the woman he wanted to marry. He could only afford less than 2,000 USD, therefore his proposal has been rejected. Furthermore, according to some of them, religion does not permit persons with disabilities to become monks as explained below.

> *"Buddhism does not allow people with disabilities to become monks…"*
>
> *Blind man, 32 years old, Bannan district, Battambang province*

At the community level, there have been instances where a very few initiatives have been found to include persons with visual impairments. To this effect, few men with visual impairments from Battambang and Kampong Cham provinces have been invited to join the Association of Blind People of Cambodia. However, others deplored not having been included in any development activities at the commune council level.

> *"As a person with disabilities, I have never been registered in the commune to have access to income generation activities or social package support. I am sure that there is a lack of transparency in this process"*
>
> *Man with visual impairment, Banan district, Battambang province*

6.1.2.2.2.2. Women

Only one of them has never been to school, while other women have attended at least two years of schooling. In Kampong Cham, WWVIs were mostly older. Females with visual impairments came either from the community or from the Blind Schools of Krousar Thmey. In general, WWVIs, are given little opportunities to participate in community activities, as for many of them, family members and caretakers are very protective of them. In most of the cases, they stayed at home helping out with household chores, hence diminishing greatly their chance to work outside, continue to study for more than a few years and participate to community activities, due to lack of adaptive educational material and social support.

> *"When I asked my brother to accompany me to meetings, he said that he was ashamed to take me by my hand to go there"*
>
> *Blind woman, Sangke, Battambang province*

Although they have been seldom invited to community meetings organized by Commune Councils on topics, such as health or infrastructure development, they expressed their "inability" to do so because of their visual impairment. They further added not having the support or

encouragement of their own families to enable them to participate in social activities.

> *"I have not attended any meetings. Once, I wanted to participate, but I was told that people with disabilities do not need to attend, as it would just disturb the others. I felt upset. Even if I cannot see, I can hear what people are saying!"*
>
> *Woman with visual impairment, Sangke district, Battambang province*

6.1.2.2.3. Vulnerability and risks

6.1.2.2.3.1. Men

> *"There is no hope for us to have such dream!"*
>
> *Man with visual impairment, 25 years old, Tbaung Khmom commune, Kampong Cham province*

Based on the FGDs, MWVIs have expressed having less opportunities compared to their non-disabled male peers to "get close" to women for a date or to court them. As a result, in order to redress their feeling of affection, some have hired blue films or have watched such videos on their mobile phones. In addition, other men of this group have shared having multiple partners. As a consequence, they have contracted STIs along the process.

> *"People do not expect us to have multiple partners or to visit STI clinic or even the VCCT center. They may think that we are not supposed to have such diseases (or not being sexually active)"*
>
> *Man with visual impairment, O Dambang commune, Battambang province*

Fortunately, some radio programmes are airing HIV/AIDS awareness raising messages to the wider public, which is hence also readily available to visually impaired people. One man energetically shared that a radio spot on condom use used to say "when you go out, don't forget to use a condom!",

6.1.2.2.3.2. Women

When probed on the question of vulnerability, WWVIs mentioned about their increased exposed risks to unseen threats, such as accidents, abuse or harassment from both relatives and strangers. They believed that they are more "vulnerable" than other persons with disabilities, given their visual impairments. They added to be at a higher risk of being harmed as well, if that were the intention of others.

> *"We are at more risk than other people with disabilities (to rape), as we cannot see who the perpetrator is nor be aware of who has one or multiple partners. In those cases, we can be infected by diseases. We can also be infected if we are raped"*
>
> *Woman with visual impairment, Sangke district, Battambang province*

"If we were raped and condom was not used, we could be infected with HIV" (There have been reported cases of rapists using condom during a gang rape. This can connote knowledge of HIV prevention from the respondent)

Woman with visual impairment, Tuol Taek commune, Battambang province

Given their sense of vulnerability to sexual abuse, for many WWVIs, staying at home was the best solution they could find to stay safe.

"We should be very careful and always stay alert. If perceived being verbally harassed, we would seek help from the neighbours especially the elders by calling them for assistance"

Blind woman, Sla Ket commune, Battambang province

On the front of the risk to HIV infection, some WWVIs mentioned their fear of getting HIV from their husbands who are also mobile workers.

"HIV *can be transmitted by the husband, as he moves along with his business. He should not be trusted that easily. If suspected, he should be convinced to test for HIV."*

Woman with visual impairment, Tbaung Khmom district, Kampong Cham province

However, this view was not shared among older respondents who declared the following.

"We are old. We are not afraid that our husbands can transmit HIV to us"

Woman with visual impairment, Tbaung Khmom district, Kampong Cham province

In terms of social participation, many WWVIs mentioned that their visual impairments limited their engagement in several activities, given that they "need to be accompanied". In most of

"I am fearful when I am alone. I am afraid of being hurt by accident when traveling or being harassed, as I do not know who likes or dislikes me. Although this seems nonsense, I keep thinking about it...."

Woman with visual impairment, Tbaung Khmom district, Kampong Cham province

the cases, persons with visual impairments do not have access to white canes or training to help them become more independent in their daily living activities at the community level.

6.1.2.2.4. Access to information and services

Personal history of PWVIs is a very important factor determining his/her access to information and services, as observed by the following testimonies among various men and women.

6.1.2.2.4.1. Men

Among the group of MWVIs in Kampong Cham province, eight do not have a radio at home, only one has a radio set and three other men have a TV at home. In Battambang province, many of them have a radio at home, which is more affordable that a TV set. For this relatively poor group, a radio is more accessible to get news and information of all kinds.

Despite this obvious asset in accessing audible information, many other expressed their dependency upon relatives or other people to go to health centers or to any other public buildings.

> *"As a man with visual impairment, I am totally dependent on others to go to the Health Center"*
>
> *Man with visual impairment, 25 years old, Tbaung Khmom, Kampong Cham province*

> *"RHAC clinic may have staff who better understand us than those of the public hospital"*
>
> *Man with visual impairment, Bannan district, Battambang province*

However, some other men had more chance of getting services due to their personal history and connection.

> *"Since my wife is working as a Volunteer at RHAC, I am very well informed about Reproductive Health and HIV and AIDS. We do not have problem talking about contraceptive methods including condom use"*
>
> *Man blind of one eye, 35 years old, Ek Phnom, Battambang province*

6.1.2.2.4.2. Women

Among the group of WWVIs, it has been observed that listening to radio is unsurprisingly a hobby for most of them. The preferred programmes they cited were on social information such as road

> *"…I like to know, to hear as others, but I do not have a radio. So I try to listen at distance to the radio of my neighbours"*
>
> *Woman with visual impairment, Tuol Taek commune, Battambang province*

accidents, robbery, health and modern songs. While also learning about human rights, HIV/AIDS and reproductive health on radio programmes, they mentioned seldom hearing about disability and persons with disabilities related formation. Among those who do not have their own radio set, they would try to listen to neighbours' radios to get informed.

Women in FGDs also mentioned about reproductive health rights. They stated that despite the known rights, they hardly ever think of having a life partner due to their impairment. Yet, they reported the need to learn more about HIV/AIDS and STIs prevention, as well as reproductive health, including birth spacing programmes.

> *"…so what if we have those rights, we are even not invited to meetings, we still cannot participate"*
>
> *Woman with visual impairment, Rainsey commune, Battambang province*

Often, WWVIs feel isolated from others of the community and can only communicate with their family at home. When asked whether they have been invited to participate in any of community meetings, almost all of them agreed that they had not been invited to any. As a result, they feel intimidated by the community to do so.

In terms of access to voting procedures, experiences were mixed.

> *"They explained to me who was on the list and how to vote. They told us to vote for the party we like. Due to my condition, they told me that they would tick for me. But since I partly see, I told them I would tick for myself"*
>
> *Woman with visual impairment, Tbaung Khmom, Kampong Cham province*

> *"…I did not go to vote as I thought that even though I did go, they will anyway win the vote. We have rights, but we simply do not go"*
>
> *Woman with visual impairment, Tbanug Khmom, Kampong Cham province*

The same was observed when it came to accessing health care services at the local level. In some instances, health staffs were helpful and in other cases, persons with disabilities were deprived from their rights to be exempted from health fees, as per Government's official circular.

> *"…health staffs are helpful and caring. While pregnant, they taught me how to take care of myself"*
>
> *Woman with visual impairment, Tbaung Khmom, Kampong Cham province*

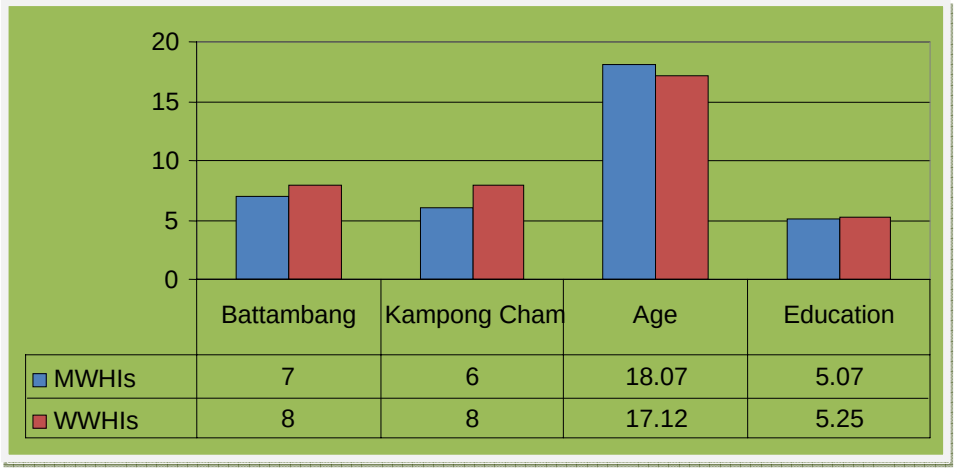
> *"...for the prenatal care, health staff asked for 1,000 Riel, even if we are disabled"*
>
> *Woman with visual impairment, Tbaung Khmom, Kampong Cham* province

6.1.3. Persons with hearing impairments

13 young men with hearing impairments (MWHIs) (7 from Battambang and 6 from Kampong Cham) and 16 young women with hearing impairments (WWHIs) (8 from Battambang and 8 from Kampong Cham) participated in the study. They are all under the support of Krousar Thmey Deaf Schools.

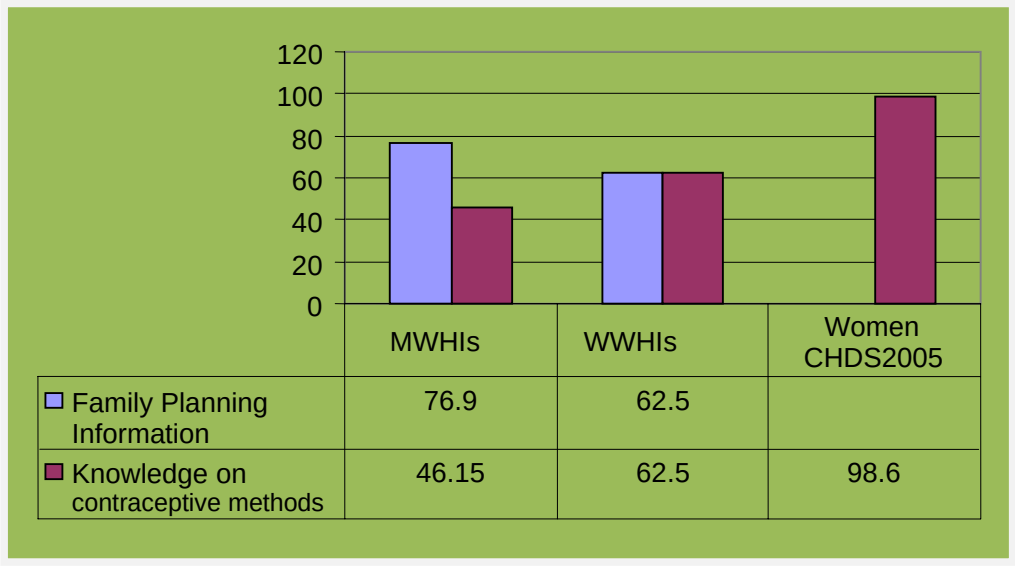
6.1.3.1. Quantitative findings

The average age among the young MWHIs is 18.07 years, while their mean number of years of schooling is 5.07 years. The average age of young WWHIs is 17.12 years, with an average of 5.25 years of education.



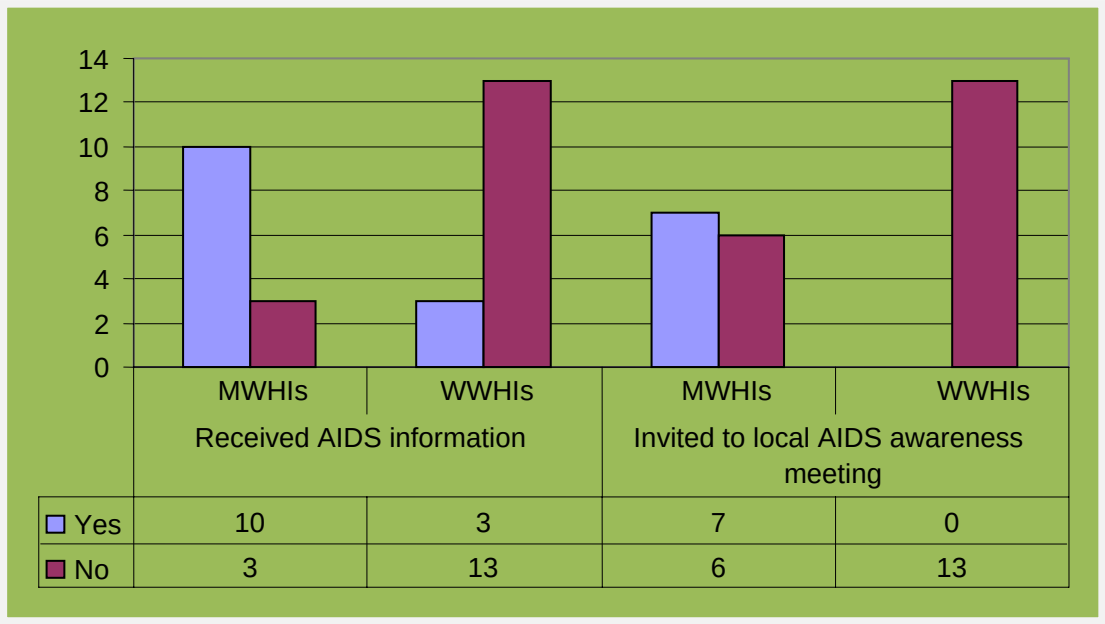
	Battambang	Kampong Cham	Age	Education
MWHIs	7	6	18.07	5.07
WWHIs	8	8	17.12	5.25

According to the next graph, MWHIs have more access to family planning information than WWHIs. However, more WWHIs are knowledgeable of contraceptive methods than MWHIs. But this rate is still low compared to women of the general population (CHDS, 2005).

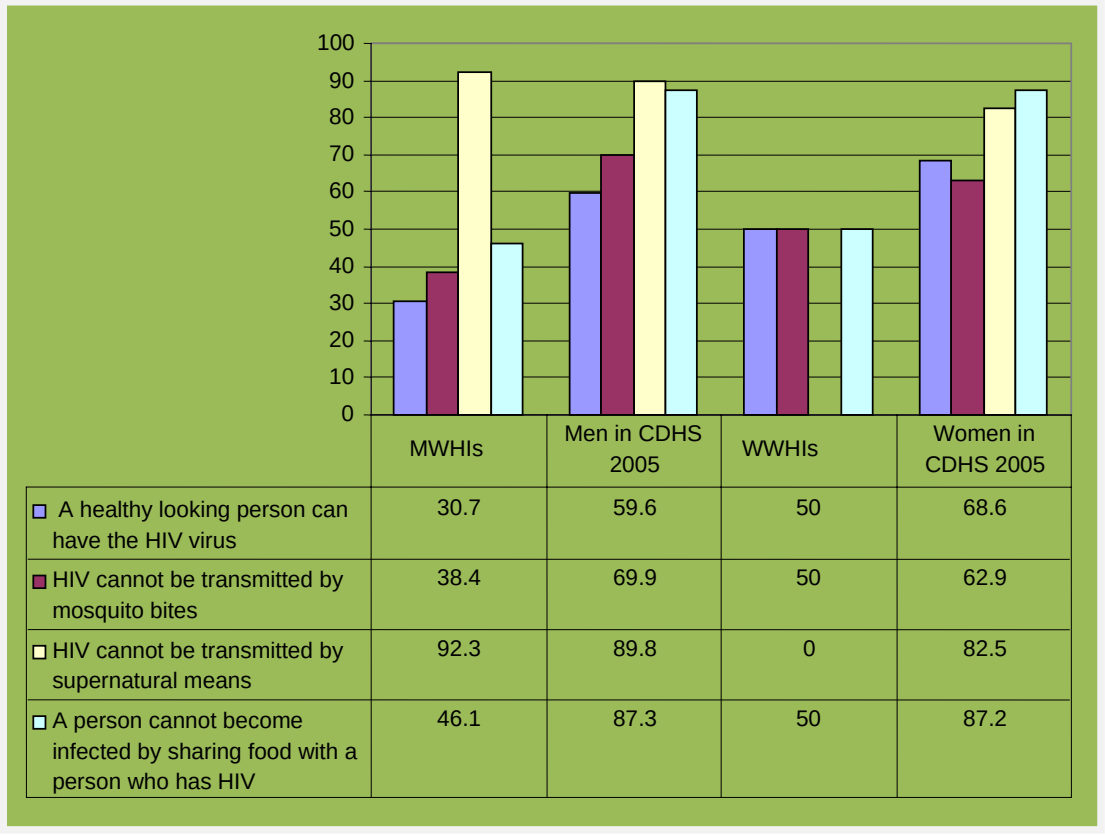


	MWHIs	WWHIs	Women CHDS2005
Family Planning Information	76.9	62.5	
Knowledge on contraceptive methods	46.15	62.5	98.6

More men have been invited to local HIV/AIDS awareness raising meetings and have better access to HIV related information than women. It is interesting to note that from the CDHS 2005, 98.5% of women and 99.2 % of men in the reproductive age have heard about HIV and AIDS.

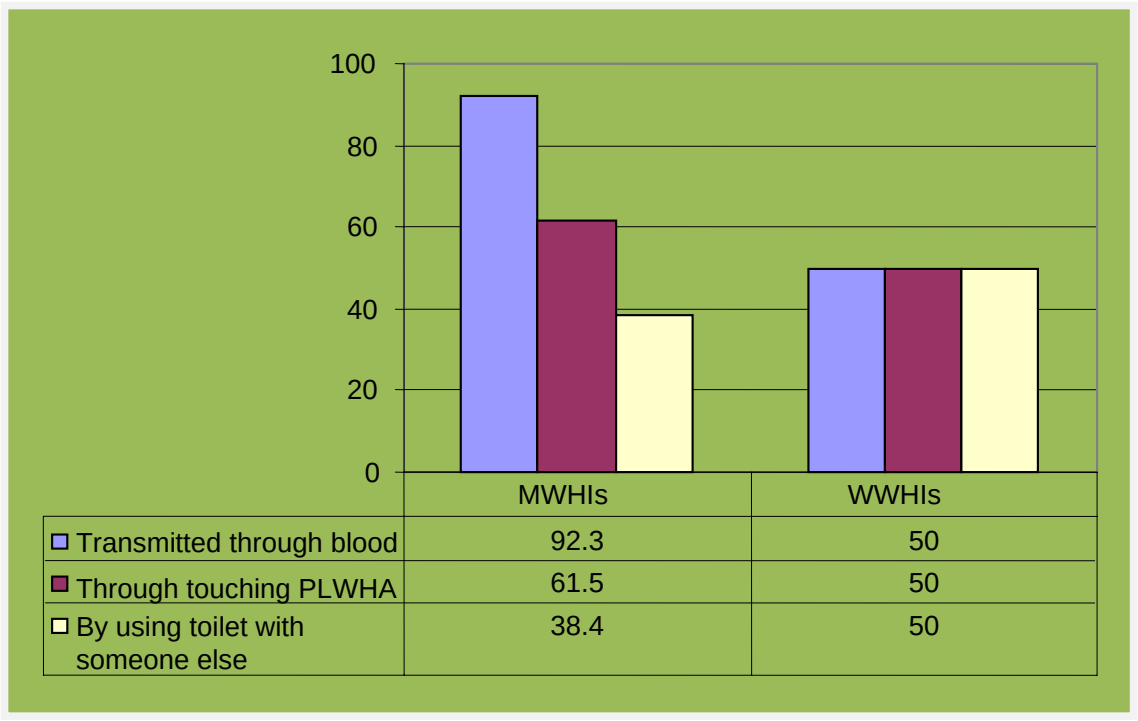


In general, MWHIs are less knowledgeable of the route of transmission of HIV, compared to the general population of men. Similarly, WWHIs in the study are not well informed about the route of HIV transmission, compared to the general population of women. Furthermore,



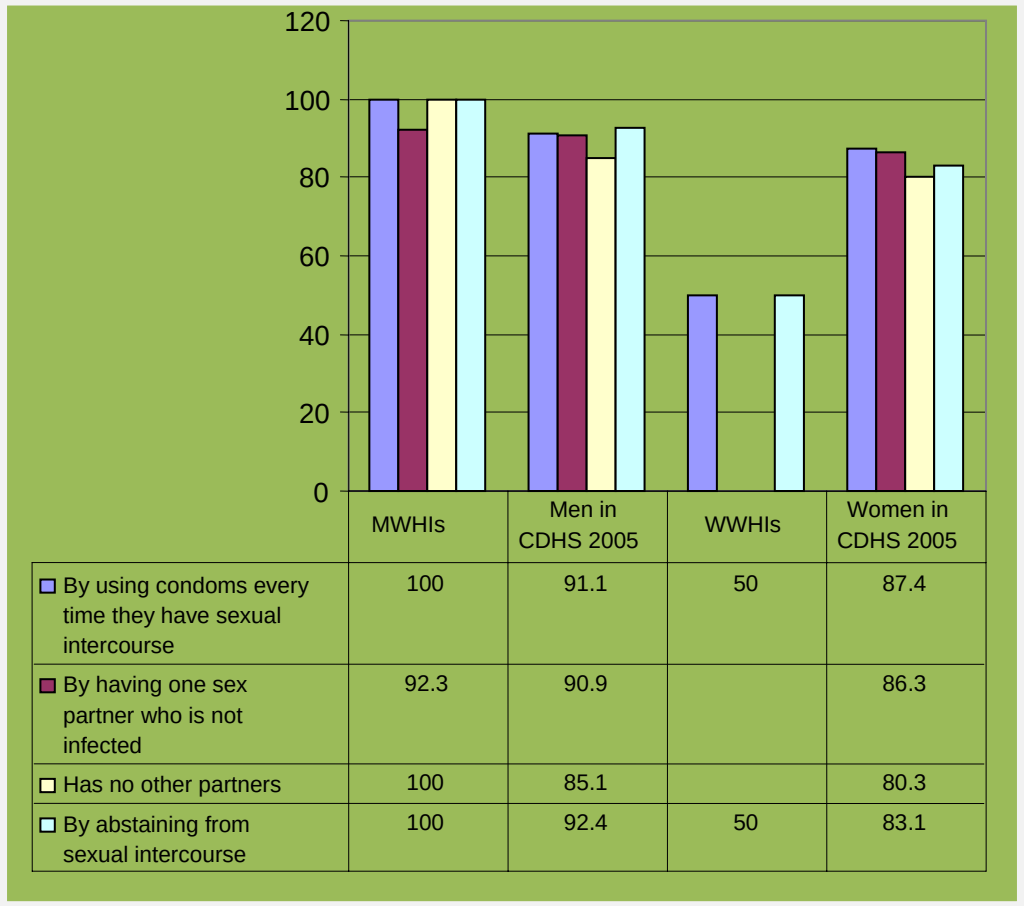
	MWHIs	Men in CDHS 2005	WWHIs	Women in CDHS 2005
A healthy looking person can have the HIV virus	30.7	59.6	50	68.6
HIV cannot be transmitted by mosquito bites	38.4	69.9	50	62.9
HIV cannot be transmitted by supernatural means	92.3	89.8	0	82.5
A person cannot become infected by sharing food with a person who has HIV	46.1	87.3	50	87.2

MWHIs are less knowledgeable than WWHIs women, except on the knowledge about supernatural means. The absurdity of this question could be the reason where WWHIs cannot answer. On the knowledge of blood transmission, contact with PLHIV and the use of toilet with someone else, MWHIs are better informed than their female peers, while women are more concerned about sharing the toilet, as shown next.



	MWHIs	WWHIs
Transmitted through blood	92.3	50
Through touching PLWHA	61.5	50
By using toilet with someone else	38.4	50

MWHIs are more knowledgeable of the HIV prevention methods than WWHIs. The knowledge of MWHIs is even better than the general population of men. However, the level of knowledge among WWHIs is observed to be remarkably low, as seen next.



	MWHIs	Men in CDHS 2005	WWHIs	Women in CDHS 2005
By using condoms every time they have sexual intercourse	100	91.1	50	87.4
By having one sex partner who is not infected	92.3	90.9		86.3
Has no other partners	100	85.1		80.3
By abstaining from sexual intercourse	100	92.4	50	83.1

Based on the above information, all 13 MWHIs know how to use condom. Four of them had ever used condoms, while one of them is able to negotiate condom use. None of the WWHIs knows how to use condom or has ever used condom.

Furthermore, out of the 13 MWHIs, only three of know where to seek STI treatment, but none of them had gone to get treated. None of the 16 WWHIs knows where to get STI treatment or have been ever treated before.

6.1.3.2. Qualitative findings

6.1.3.2.1. Socio-economic aspect

Since all respondents under this group are under 18, no one yet is earning money from any jobs as they are also still studying. They all depend economically on their families.

6.1.3.2.2. Facilitating/disabling environment

The young deaf people participating in this study constitute a minority so far who have access to sign language education provided by Krousar Thmey. However, this is not the case for other thousands of deaf youth in the country. Most of the time, their access to public services is hampered due to lack of enabling environment to help them to do so.

> *"I have difficulty to receive information from the TV when there is no sign language added. On TV and during community awareness on HIV/AIDS, I have never seen the utilization of any sign language"*
>
> *Deaf male student, Deaf School of Krousar Thmey, Battambang province*

To avoid anticipated communication difficulties with other people, many PWHIs mentioned they would prefer associating themselves with their own deaf peers.

> *"I rather choose my partner from my own group because I feel more comfortable communicating my thoughts and feelings"*
>
> *Deaf male student, Deaf School of Krousar Thmey, Kampong Cham province*

6.1.3.2.3. Vulnerabilities and risks

None of the MWHIs and WWHIs in the FGDs from both provinces stated that they have been engaged in casual sex or have paid sex. Furthermore, none of the WWHIs in the FGDs has reported experience of being raped. However, this situation is different from other women with disabilities living at the community level, especially deaf women, as explained in a subsequent section of this report.

6.1.3.2.3.1. Men

Young deaf men of this group in the province of Battambang have replied that they had no sexual relationships with their girlfriends. According to them, their relationship activities have been limited to courting and chatting. Nobody mentioned having more than two sexual partners, nor are having casual partners or having bought sex.

> *"I have no sweetheart. I just chat with girls in class. I have never been to any brothels"*
>
> *Deaf male students, Deaf School of Krousar Thmey, Battambang province*

However, the triangulation from individual questionnaires revealed that four (30.7%) young MWHIs acknowledged having ever used the condom. As they declared themselves as singles, it is hypothesized that they used condom with their casual sexual partners. Despite these events, the vulnerability to HIV of this group cannot be compared to the sexual behaviour practices of men of the general population as stated in the 2005 CDHS.

6.1.3.2.3.2. Women

According to WWHIs interviewed, they believe that their hearing impairment exposes them to a higher risk to sexual abuse and exploitation. To this effect, women perceive fear of staying alone at home or being harassed by people, when they are "out of the sight" of their family members.

> *"When I was 12 years old, one day I followed my mother and helped her in the vegetable garden. While my mother was away watering plants, there were 4 boys who asked me to play and have sex with them. I refused. My mother came and they ran away"*
>
> *Deaf female student, Deaf School of Krousar Thmey, Kampong Cham province*

Risk of being sexually harassed is a real concern among many WWHIs. They attribute this risk to their hearing impairment in many instances.

> *"A night few years ago, while sleeping, someone ambushed me under my bed. That night, my father (military) was on duty. At home, there were only three women, including my mother. The person under my bed touched me. I fought against him. I hit his arm. I was making so much noise that my relatives heard me. They came to my rescue and the abuser ran away"*
>
> *Deaf female student, Deaf School of Krousar Thmey, Kampong Cham province*

Despite their hearing impairments, young women of this group do not give up their hope and rights to get married and have kids one day. In addition, some mentioned they would choose a deaf person "like them" so they would be better "understood", while others stated they would choose to remain single, in order to avoid stigma and discrimination.

6.1.3.2.4. Access to information and services

As mentioned earlier, the quasi absence of education in sign language or resorting tosign language interpreters is limiting the access of many persons with hearing impairments to both public and private services. Due to this, many children with hearing impairments do not attend schools and as a result have a very low level of literacy capacity. This is hampering them from receiving adequate services such as health, legal protection and social services. In these cases, persons with hearing impairments heavily depend on their relatives to make the bridge with services providers, as in the majority of cases, community-based deaf people use home sign language[6] with their relatives.

> *"I am afraid whenever I get sick. My mom and the doctor do not understand well about the symptoms I have. Thanks to my sign language teacher who can help me (translate)"*
>
> Deaf female student, *Deaf School of Krousar Thmey, Battambang province*

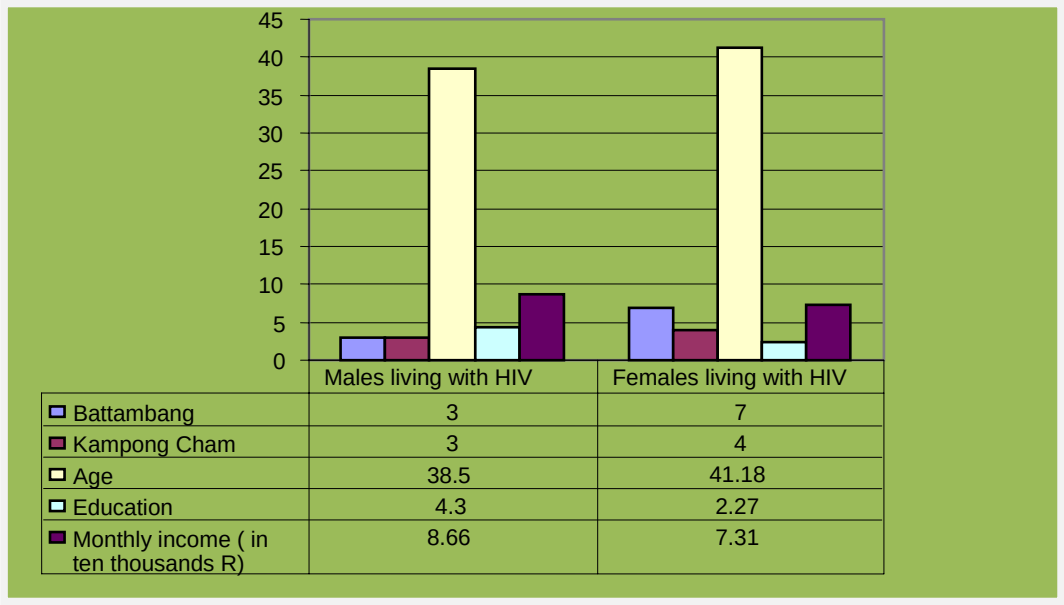
6.1.4. Persons with disabilities living with HIV

Six disabled men living with HIV (3 from Battambang and 3 from Kampong Cham) and 11 women living with HIV (7 from Battambang and 4 from Kampong Cham) participated in the study. The youngest was 30 years old, while the oldest was 62. Among the men's group, three became disabled as a result of war injuries, while three others became disabled following serious traffic accidents and injuries that happened at home. Among the women's group, four of them have visual impairments, three have hearing impairments, two have physical impairments, one has a mental illness and a last one has no impairment, but is married to a disabled man. Furthermore, among the women living with HIV, six are widows and the rest is married. Out of them, two have been sexually abused in the past.

6.1.4.1. Quantitative findings

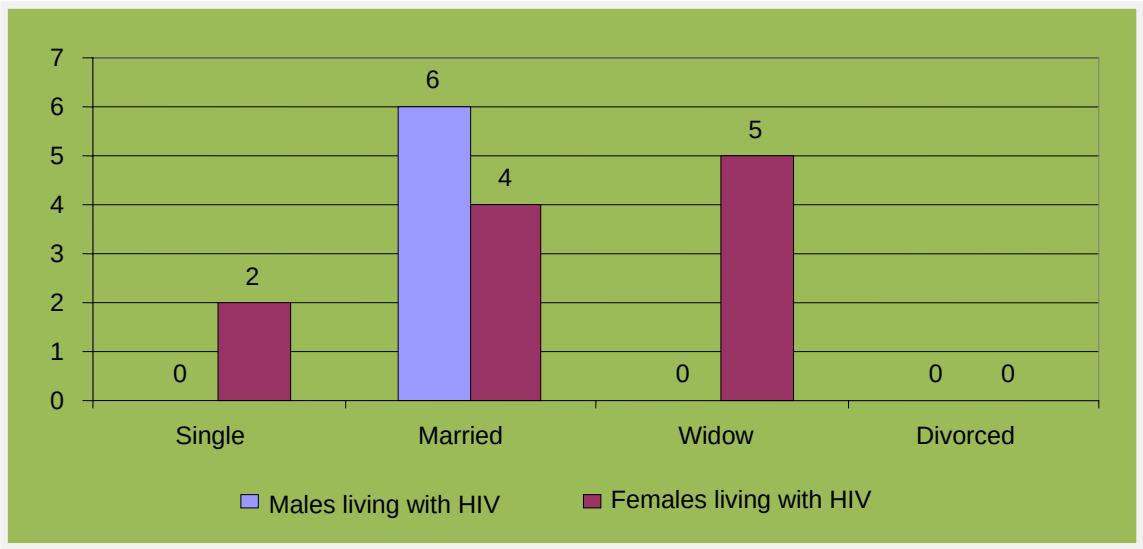
The next graph summarizes the main socio-economic data collected for both groups of men and women living with HIV.

[6] Home sign language refers to a system of signs that family relatives and the deaf person have developed themselves for the sake of communicating with one another. Hence the home sign language of someone might differ from that of another family. Home sign language is not standardized.

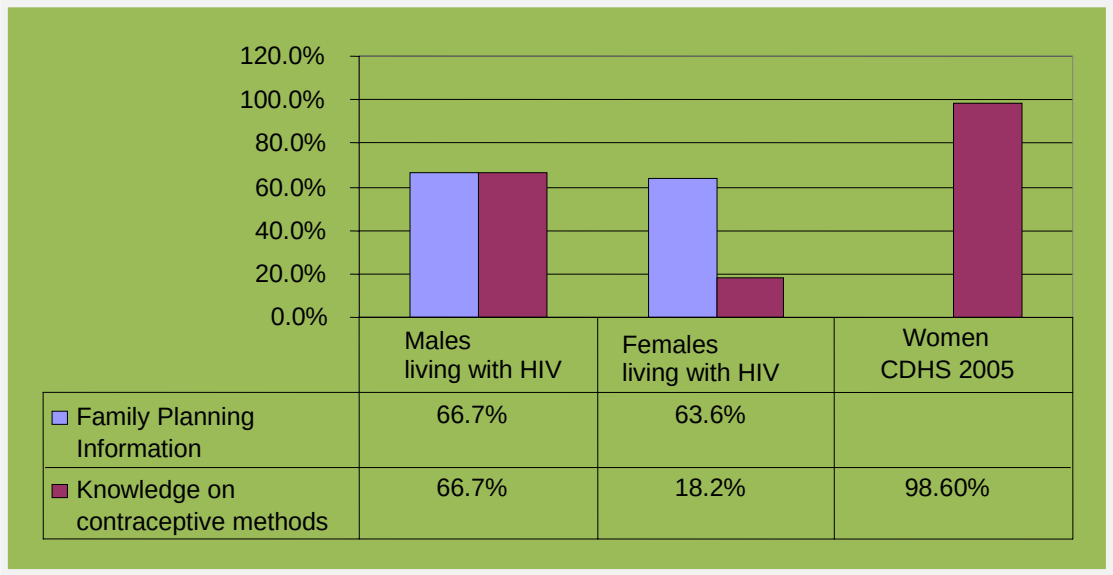


	Males living with HIV	Females living with HIV
Battambang	3	7
Kampong Cham	3	4
Age	38.5	41.18
Education	4.3	2.27
Monthly income (in ten thousands R)	8.66	7.31

All of the 6 disabled males living with HIV are married, while 4 disabled females with HIV are married, 5 are windows and 2 are singles.

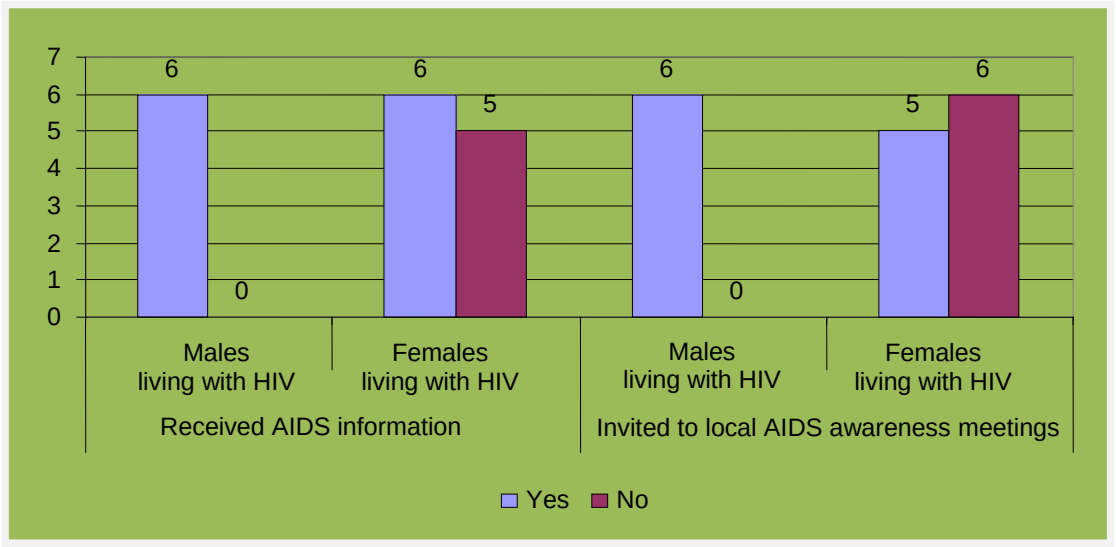


Based on the next graph, four out of the group of men are informed about family planning and have knowledge of contraceptive methods. Although women of this group have similar access to family planning, only two of them have good knowledge about contraceptive methods. Compared to the general population of women (CDHS, 2005), both men and women groups have lower level of knowledge on contraceptive methods.

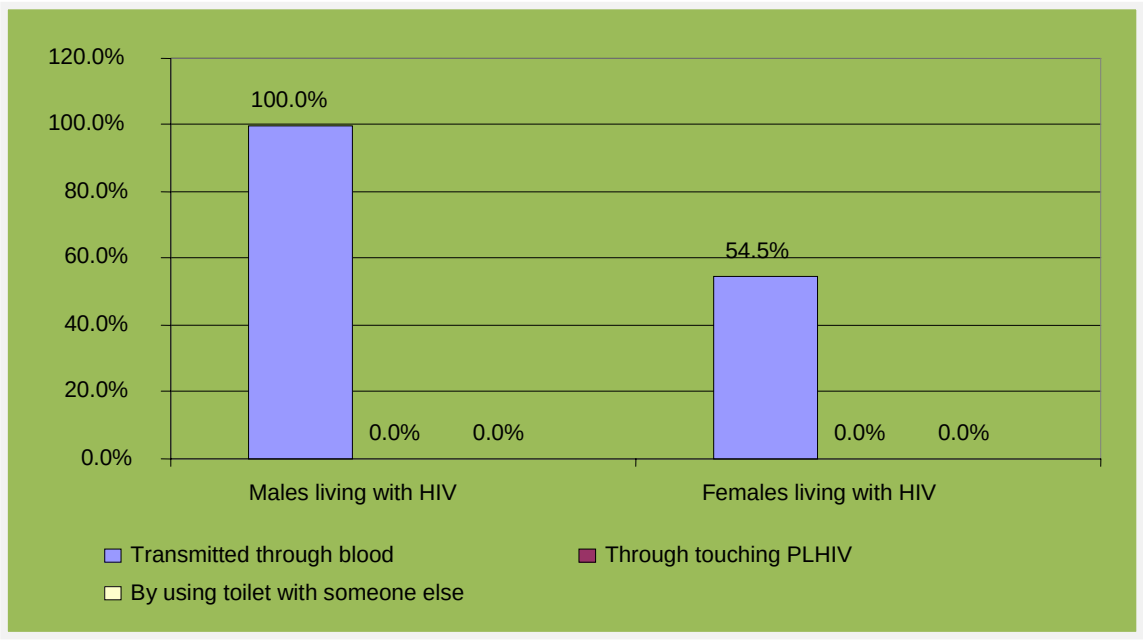


Out of the group of disabled men living with HIV, one stated having more than two sexual partners during the past 12 months, one mentioned having had casual sex, while another one had bought sex. Among the women living with HIV, none has been involved in risky sexual behaviours, according to them. However, two revealed that they have been raped. As a result, their HIV testing came back positive.

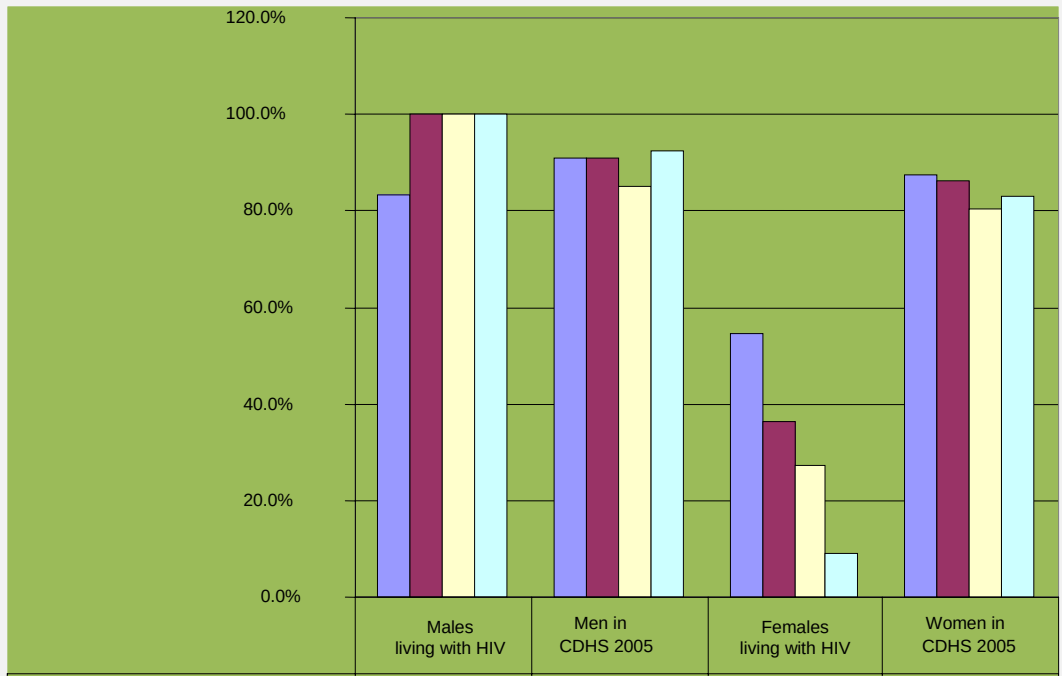
All six men of this group received HIV/AIDS related information, as well as have been invited to locally organized HIV/AIDS awareness raising meetings. Among the group of women, a bit more than 50% of them is informed about HIV/AIDS, while less than 50% of them have been invited to any awareness raising meetings, as shown next.



From the next graph, it is observed that the level of knowledge among disabled persons who are living with HIV is remarkably low, to the exception of answers on the fact that HIV is transmitted through blood among the group of men. Besides that question, neither men nor women were able to answer to questions on whether or not HIV can be transmitted by touching a PLHIV or by using the same toilet as someone else. In light of these results, prevention and education are of utmost importance in this group, in order to reduce the effects of HIV propagation.

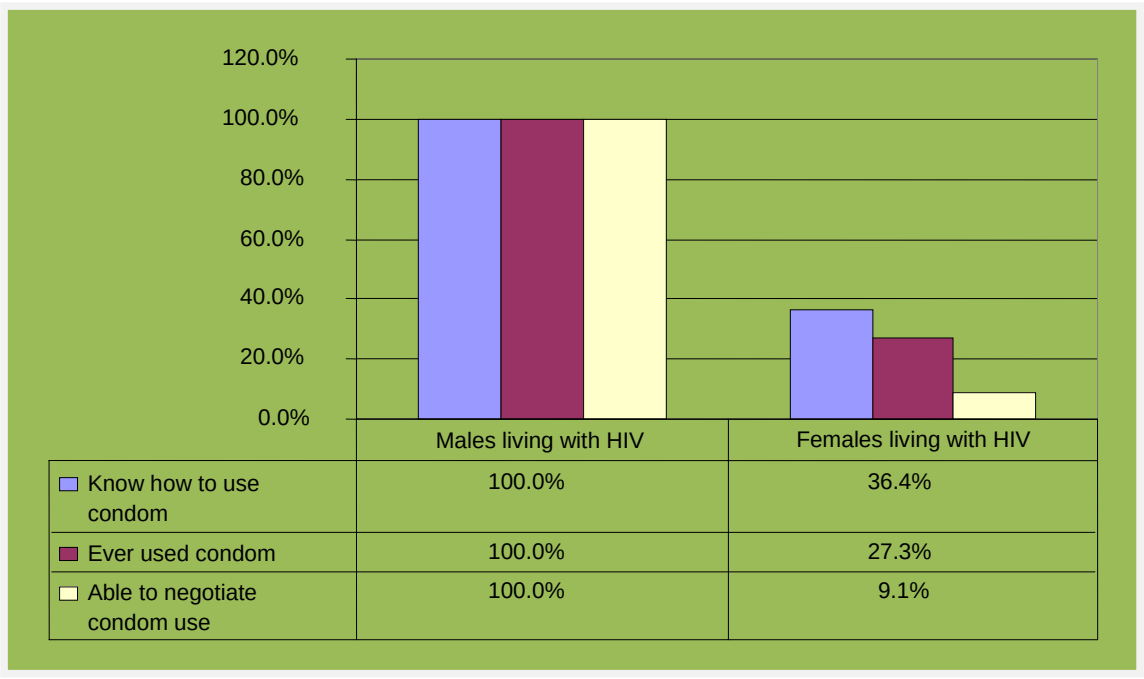


According to the next graph on HIV prevention, the knowledge and practices of disabled men living with HIV is more or less similar to that of men of the general population. However, the level of knowledge among women living with HIV is extremely low, compared to their male counterparts and women of the general population. This certainly will have to deserve more attention from HIV/AIDS services providers to systematically include these groups, especially women, into educational, care and support programmes.



	Males living with HIV	Men in CDHS 2005	Females living with HIV	Women in CDHS 2005
By using condoms every time they have sexual intercourse	83.3%	91.10%	54.5%	87.40%
By having one sex partner who is not infected	100.0%	90.90%	36.4%	86.30%
Has no other partners	100.0%	85.10%	27.3%	80.30%
By abstaining from sexual intercourse	100.0%	92.40%	9.1%	83.10%

According to disabled males living with HIV, all of them responded that they are using condoms when having sex, while most of their female counterparts hardly know how to use condom, ever used one and is able to negotiate its use during sex.



	Males living with HIV	Females living with HIV
Know how to use condom	100.0%	36.4%
Ever used condom	100.0%	27.3%
Able to negotiate condom use	100.0%	9.1%

All men and women in this group reported knowing where VCCT centers are located. They also reported to have been tested in the past. Out of the six disabled males living with HIV, only one does not know where the STI clinic site is. Of the female group, four knew where the site of STI clinic is and have had their STI treated in the past as well.

6.1.4.2. Qualitative findings

6.1.4.2.1. Socio-economic aspect

It has been observed that this group of disabled persons living with HIV is doubly discriminated against due to their disability and HIV positive status. Many expressed having faced serious economic difficulties since their impairment, which have been exacerbated once they learn they got HIV. More many, they became dependent on their family members from one day to another. For example, a paraplegic man mentioned that his inability to walk and work has created a burden on his family. Furthermore, others have shared that they have lost assets, along the reduction of work productivity. Currently, all of them are living under the poverty line. Two of the six males said that they have been phased out from the food support list of the Word Food Programme. In addition, most of them complain about the payment of health services, including laboratory tests.

6.1.4.2.2. Facilitating/disabling environment

All disabled persons living with HIV are somehow connected to a SHG situated in their community. They have been occasionally invited to the MMM (Mondul Mith Chouy Mith) meetings to share about their experiences of stigma and discrimination, as well as their concerns related to health care services.

6.1.4.2.3. Vulnerabilities and risks

6.1.4.2.3.1. Men

The vulnerabilities of men in this group seem to depend on whether they are engaged in high risk sexual practices or not. Three of them who used to be military personnel mentioned they used to have a "promiscuous" life before their accidents and still do. According to them, having multiple partners is not a "deviant norm". Men in this group continue to engage in casual sex as well.

> *"As a patient of Preah Keat Mealeas in 1996, I used to go twice a month with friends to visit brothels"*
>
> *Man blind of one eye, ex-military, 42 years old, Memot, Kampong Cham province*

> *"During my 2 years of hospitalization, I realize that I lost more friends to AIDS than to war!"*
>
> *Man with one blind eye, ex-military, 42 years old, Memot, Kampong Cham province*

In depth interview with the above respondent revealed that due to difficulty in finding a stable relationship, some disabled men opt for a promiscuous life in order to fulfill their needs. He shared that he started his first sexual experience with a girlfriend living in the same village. However due to his physical impairment, nobody wanted to marry him. At the time of interview, he revealed that he is having four concurrent girlfriends, with whom he is having sex, in addition to visiting brothels from time to time.

Case study of a 36 year old man with physical impairment, following a traffic accident, living in Memot, Kampong Cham province

He earns his living as a part time farmer and guard at the orchard of a rich employer. After his divorce with his first wife, he decided to remarry a widow who has three children.

One day while bringing his sick child to the referral hospital of Kampong Cham, he also discovered that he was HIV positive. Currently he is under OI treatment and his wife is under ART. He is not sure how he got HIV. However, he remembers that he used to buy sex of entertainment workers at local restaurants at Knorng Krapeu.

Now, he has no idea how to use a condom correctly. He admits having very little access to information on HIV/AIDS. He does not have either a radio or a TV. Furthermore, no outreach workers have ever come in the area where he works.

6.1.4.2.3.2. Women

As exemplified by the following different testimonies, disabled women who are living with HIV continue to be exposed to further risks related to their HIV positive status. Many of them are living with men who have high risk sexual behaviours. They also reported that preventive measures are often neglected when having sex. Coupled with this, their knowledge of prevention has been observed to not be very high.

> *"I got the virus from my husband and we are now both on OIs treatment, as our CD4 level is still over 400. My husband likes girls, games and drinking. Although he is HIV positive, he still sleeps around with other women, be they widow or married women, when he is drunk. We still have sex, sometime with condom, but most of the time, it is without condom as they are not always available"*
>
> *Disabled woman living with HIV, from FGD*

> *"I know condom is a preventive measure, but my husband is ugly and dark skin coloured. Why use it? I would have never thought that any women would like him. Besides, I never thought I would get HIV, as I am a housewife whose only sexual partner is my husband"*
>
> *Disabled woman living with HIV, Kampong Cham province*

> *"Why use a condom between a husband and wife, as if we were strangers?"*

Not using condoms was not always a straightforward answer, as many respondents claimed that they were not always available on one hand, and sometimes it was out of their capacity to buy them due to poverty, on the other hand. Furthermore, they believed that being in a marital relationship meant that the condom use was not necessary.

> *"We sometime even do not have money to buy rice. How can we afford condoms?*

> *"If I had money, I will surely buy and stock a box of condoms home"*

For some other respondents of this group, they were not aware of what the disease of HIV/AIDS meant to them until the death of their spouse occurred. As a consequence, they felt hopeless, depressed and even thought to put an end to their life.

"I did not know at first that I was infected with this deadly disease until my husband died. I had repeated diarrhea just by drinking coconut juice. I used traditional medicine but the diarrhea persisted. Only when I went to the VCCT center for HIV testing that I found I was HIV positive. I felt very depressed and wanted to kill myself"

Disabled woman living with HIV, from FDG in Kampong Cham

6.1.4.2.4. Access to information and services

In spite of what has been previously shared, all disabled persons living with HIV claimed receiving ART services. Besides, they also mentioned receiving from VCCT centers education sessions on HIV prevention and rights information. However, it is not always clear how well they have been followed up by the medical team, as shown below.

Case study of a disabled woman living with HIV

Mrs. X is under ARV treatment. She first was treated at Maung Russey where she got two tablets. She then was transferred to Thmar Korl where she received her ART. Later, she noticed she was losing weight and that her CD4 level decreased to a critical level. She told the physician about it, but she was blamed for not being compliant with her treatment. She was told to take again another CD4 count.

To date, most organizations working on HIV and AIDS are not trained to include persons with disabilities in their programmes, or do not know how to do it. Most of the time, IEC materials are provided on the assumption that they can be seen, heard and understood by all. This however can prevent persons with hearing or visual impairments for instance from having an appropriate access to services. Similarly, still a very few disability related organizations have HIV/AIDS education on their agenda, or do not know how to access this support.

6.1.5. Women with disabilities who have been sexually abused

In total 10 women with disabilities participated in the study, with seven with hearing impairments, two with visual impairments and one with physical impairments. The youngest respondent was just 9 years old and the oldest 37. Among the 10 women, seven have been raped and others were sexually harassed. In 50% of cases, perpetrators were neighbours and in 20% of time, stepfathers were the abusers. More than half of the group is illiterate. Only three of them are working.

6.1.5.1. Quantitative findings

The level of knowledge on HIV/AIDS was remarkably low[7]. None of them knew how to use a condom. Six women out of the group stated having received HIV/AIDS related information,

[7] Given the very low level of HIV/AIDS related knowledge among this group, graphs will not be used in this section.

while only two have been invited to locally organised HIV/AIDS awareness raising activities/meetings. Furthermore, only one woman was knowledgeable of contraceptive methods and two had access to family planning information.

6.1.5.2. Qualitative findings

6.1.5.2.1. Socio-economic aspect

Out of 10 women with disabilities and girls, only two can earn some income while the remaining are dependent upon their families. In addition, many of the respondents also rely on family members for other activities of daily living.

6.1.5.2.2. Facilitating/disabling environment

Unfortunately to date, there is very little support and inclusive policies to assist women and girls who have been victims of sexual abuse and rape. In most of the cases, when a rape is committed against a person, most likely a female or a child, the victim and family keep silent for fear of being stigmatized, ostracized and judged upon. Because of lack of law enforcement, rape cases are settled financially between the family of the abuser and that of the victim to "buy peace". Such out of court settlements, usually brokered by local authorities or even court officials who take a slice of the money for themselves, are considered illegal. In Cambodia, women are still expected to be virgins before getting married. In the advent of rape, women are considered not to be "marriable". Women in the FGDs expressed facing numerous barriers in participating in community life due to their disability and situation of rape survivors.

6.1.5.2.3. Vulnerabilities and risks

When a female with disabilities discloses that she has been a victim of sexual abuse or rape to family members, they are frequently not believed and turned away. Furthermore, women with disabilities may be more exposed to falling prey to sexual abusers who are taking advantage of their increased vulnerability.

Case study of a 19 year old woman with physical impairment

One night, she was raped three times by her stepfather, while her mother was away. He wanted to continue a fourth time but was interrupted by the crying of his own son. This allowed her to escape and seek refuge at a neighbour's place. She wanted to tell her mother, but was threatened not to do so by her stepfather. Later on, her mother and grandmother knew about it, but did not take any actions, despite the encouragement of a human rights organization.

Case of a 21 year old deaf woman

She was raped twice on separate occasions by two known men. The first rape was reported to the police and the case was closed with a settlement of 170,000 Riel given by the abuser. The second rape was later reported to local authorities, but no further investigation has been done because "no witness" was there. In that case, she was even blamed by the family of the offender to get money from their son. Following this, she became pregnant and underwent abortion. She is now living with the trauma of both rapes, with very little support available.

Case of a 28 year old blind woman

She was raped by a known married man of her village, while her mother was away. She has been threatened if she would talk to her mother. When the latter learned about it, she reported her daughter's case to the police, but to no avail due to absence of witness. On another occasion, she was again raped by the same man while he was on a drinking binge. This time she fought back and got his kromar and pants off of him. With these proofs, he could no longer deny his act. To avoid lawsuit, the offender proposed her to be her second wife, but she refused. He was then brought in jail.

In the meantime she is afraid of getting tested for HIV for fear of being discriminated against in the advent that the test would come back positive.

6.1.5.2.4. Access to information and services

In general, access to sexual violence protection information and services are lacking in Cambodia. In most of the cases, sexual abuse and rape cases are taboo and are not divulged enough, even not to get assistance and legal support. To date, when a rape case occurs, commune council chiefs and police officers are the first ones to be notified, when victims/families are not afraid of retaliation from the abuser. In these cases, notification rarely leads to judiciary lawsuits, as they are often financially settled internally. Human rights organizations such as LICADHO and ADHOC are fighting against human rights violation, including sexual abuses. But still, victims and their families are not resorting enough to avail of their expertise and services. In terms of medical management of sexual abuses, still little has been done to treat injuries of rape victims, collect medico-legal evidences on time and provide them with immediate trauma counselling. Slowly discussions around sexual violence protection begin to happen at the commune council level, through the Women and Child Focal Person and focal people for the safety and security of commune citizens and support of non-governmental organizations.

6.2. Service provision side: Opinions and views

In total 14 different services providers (14 % women) from Battambang and Kampong Cham were interviewed. Stakeholders met were: deputy provincial governor, justice officers, provincial operational and district directors/deputies, police inspectors, women and rights organisations' coordinators/managers and religious representatives.

Based on key informant interviews, one can observe that the knowledge and perceptions of services providers on disability at the community level were quite limited. They had neither idea about the prevalence of disability in the country nor the number of persons with disabilities in their community. They admitted that this was further limiting their "commitment" in pushing for inclusive services for persons with disabilities. To date, the mapping of the persons with disabilities goes through the Provincial Department of Social Affairs, Veterans and Youth Rehabilitation. However this process has not been always correct and reliable.

More specifically, services providers such as health care workers and social workers have not been trained to provide accessible health (including reproductive health, HIV, etc.) and psychosocial services to all persons with disabilities. For example, Health Based Care (HBC) team at the local level have little knowledge of the needs of persons with disabilities living with HIV in their catchment area. Furthermore, persons with hearing impairments cannot access popular TV or radio spots disseminating HIV/AIDS awareness raising nor persons

with visual impairments have access to well designed posters and flipcharts displaying educational messages. Also, persons with physical impairments moving in wheelchairs cannot access health facilities, which are not equipped with ramps or enabling physical environment for them to move about.

Another dimension that was pointed out by services providers was the observed enormous gaps between women with disabilities' needs for health and psychosocial and legal services after sexual abuse and the actual services that are available. Often, there is a striking disconnect between different key services providers, such as health, police, legal and psychosocial ones in assisting all women (and men) with different impairments who are victims of sexual abuse. Providers stated not being aware of how they should work together to provide services, for instance, to women with hearing impairments who have been abused, mainly on the front of communication. To this effect, interviewed providers also mentioned that their collaboration with NGOs and/or DPOs working on disability issues has been very limited so far.

It has been also discussed that the inclusion of persons with disabilities into the Commune Development Plan and Commune Investment Plan faces difficulty since "this social issue cannot compete" with other development projects such as infrastructure or irrigation schemes. This kind of views are most likely stemming from lack of knowledge, coupled with a lack of understanding of the rights of persons with disabilities. However, efforts must be exerted to lobby for the inclusion of persons with disabilities into more Social Safety Nets and Social Protection programmes.

6.3. Main actors working on HIV and AIDS and with Persons with Disabilities

Government institutions[8]

Historically, the **Ministry of Social Affairs, Veterans and Youth Rehabilitation** (MOSVY) has received the authority to lead national and local programmes pertaining to disability and persons with disabilities. Through the work of the Ministry, the RGC has adopted and signed the Law on the Protection and Promotion of Persons with Disabilities and has endorsed the National Action Plan for Persons with Disabilities and Landmine/UXO Survivors in 2009. Furthermore, specific groups like the veterans and orphans fall under the authority of the MOSVY.

In the **Health Sector**, there are four laws (Law on Management of Pharmaceuticals, Law on Abortion, Law on the Management of Private Medical, Paramedical and Medical Aid Services and Law on the Prevention and Combat against the Spread of HIV/AIDS) officially adopted, but they are all not related to disability. However, there is one proclamation of the Ministry of Health regarding service free of charge for persons with disabilities who require medical examination and illness treatment.

In the **Education Sector**, there are Law, Sub-Decree, Policies and Strategic Plan developed in order to improve the living situation of persons with disabilities. Education Law has three Articles that include persons with disabilities, for instance Article 31, Article 38 and Article 39 that describe about rights to education, special education and rights of disabled students. Meanwhile, in the Article 24, language use in teaching and learning does not include the language for people with impairments, such as those who have speaking and listening difficulty. Regarding the policies on Education, there are four policies (National Policy on Curriculum Development, National Policy on the Health of Education, Child Friendly School Policy and Policy on Education for Children with Disabilities) found and they all include persons with disabilities.

[8] Information in this section is obtained from a survey on disability law and policies undertaken by Handicap International in March 2009.

In the **Employment Sector**, there are no specific laws stating about the employment of persons with disabilities. In fact, the Labour Law contains no specific article related to people with disabilities. When analyzed, the Common Statute of Civil Servants (NS-RKM-1094-006) discriminates against persons with disabilities in Number 5 of the Article 11. However, there are some other Sub-Decrees which have been found to include persons with disabilities.

NGOs working with Handicap International on this project[9]

The following matrix provides the area of interventions, target beneficiaries and location of current NGOs partnering with Handicap International (as of March 2009).

NGO	Area of intervention	Target beneficiaries	Location
DDP-Deaf Development Program of Maryknoll	▪ Education ▪ Job training ▪ Interpreting ▪ Cambodian sign language ▪ Social services ▪ Deaf community	16 years old and older	▪ Phnom Penh ▪ Kampong Cham ▪ Kampot ▪ All Cambodia for interpreting services
CDPO-Cambodian Disabled People's Organisation	▪ Self-help groups and Disabled People's Organisations (DPOs)One workshop on HIV awareness raising to PWDs ▪ Radio programmes ▪ Media awareness ▪ Newsletters and magazines ▪ TV spots about rights of disabled people ▪ Training on disability rights to stakeholders	DPO members of CDPO	▪ 24 provinces planned in 2009
Krousar Thmey	▪ Education in special schools for deaf and blind children ▪ Social support ▪ Basic health and hygiene services ▪ Inclusive education	Deaf and blind children	▪ Phnom Penh ▪ Kampong Cham ▪ Siem Reap ▪ Battambang
ABC-Association of the Blind People in Cambodia	▪ Eye Care services ▪ Blind education ▪ Income generating activities ▪ Primary eye care training ▪ Blind people forum advocacy	Blind and visually impaired people	▪ Pursat ▪ Battambang ▪ Banteay Meanchey ▪ Siem Reap ▪ Kampong Thom ▪ Kampong Cham ▪ Prey Veng ▪ Kampot ▪ Kratie
DAC-Disability Action Council (National Coordination and Advisory Body)	▪ Inclusive education ▪ Livelihood and job placement ▪ Income generating and vocational training ▪ Physical rehabilitation ▪ Inclusive mainstreaming	People with disabilities	Throughout the country

[9] This information has been retrieved from the minutes of the project, while discussing with different partnering organizations.

NGO	Area of intervention	Target beneficiaries	Location
ADD-Action for Disability Development	▪ Education on disability and rights in community ▪ Inclusion and right project ▪ Strengthening of DPOs ▪ Project on PWD's rights violation	PWDs, women and children	▪ Kampong Speu ▪ Kampong Chhnang ▪ Kampong Cham ▪ Svay Rieng ▪ Pursat ▪ Prey Veng ▪ Battambang ▪ Pailin ▪ Siem Reap ▪ Banteay Meanchey ▪ Kampot ▪ Kandal
HACC-HIV/AIDS Coordinating Committee	▪ Membership based ▪ Care and treatment support, network of NGOs like KHANA, RHAC, CARE, WVC, FHI, etc. ▪ Policy and advocacy ▪ Prevention ▪ Impact mitigation	▪ NGOs working in HIV/AIDS and reproductive health ▪ General population ▪ PLHIV ▪ Orphans and vulnerable children	Nation wide
LICHADO-Cambodian League for Promotion and Defence of Human Rights	▪ Human rights violation investigations ▪ Medical team ▪ Legal services ▪ Counselling ▪ Advocacy on human rights	All human beings	▪ Kampong Cham ▪ Battambang ▪ Kampong Thom ▪ Siem Reap ▪ Banteay Meanchey ▪ Pursat ▪ Kampong Chhnang ▪ Phnom Penh ▪ Kampong Speu ▪ Sihanoukville ▪ Koh Kong ▪ Svay Rieng
TPO-Transcultural Psychosocial Organisation	▪ Individual counselling ▪ Clinical treatment ▪ Psychosocial awareness ▪ Training to community resource people ▪ Workshops to NGOs and government officials ▪ Self-help groups ▪ Clinical development in mental health	▪ Victims of domestic violence ▪ Abusers ▪ Caregivers ▪ Trafficked women and children ▪ PWD ▪ Children at risk ▪ Female headed households	▪ Battambang ▪ Phnom Penh ▪ Pursat ▪ Banteay Meanchey ▪ Kampong Thom

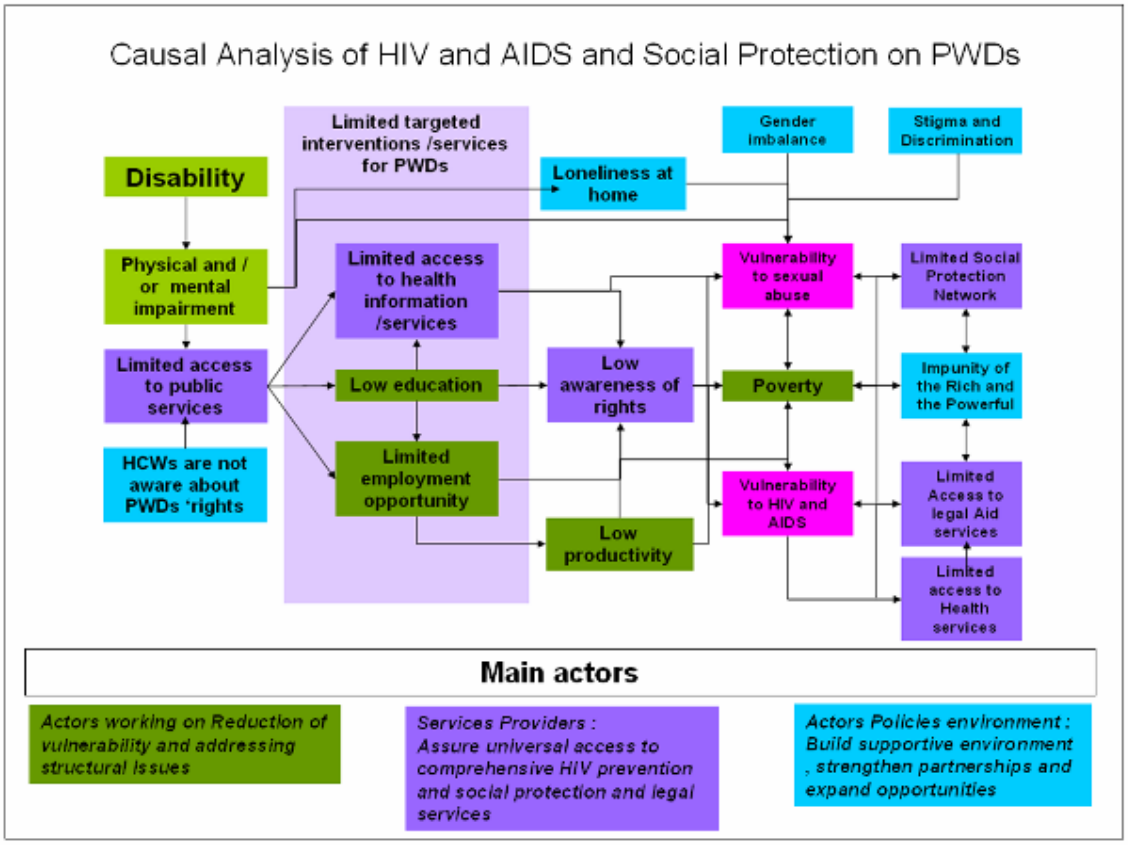
Main actors working on HIV and AIDS and Disability

From the causal analysis of vulnerability to Sexual Abuse and HIV and AIDS among persons with disabilities, three main actors should be considered for enabling PWDs to attain their rights.

- Services providers: Assure universal access to comprehensive HIV prevention and social protection and legal services

- Actors working on Policies to build supportive environment, strengthen partnerships and expand opportunities
- Actors working on Reduction of vulnerability and structural issues

Causal analysis on HIV and AIDS and social protection for persons with disabilities



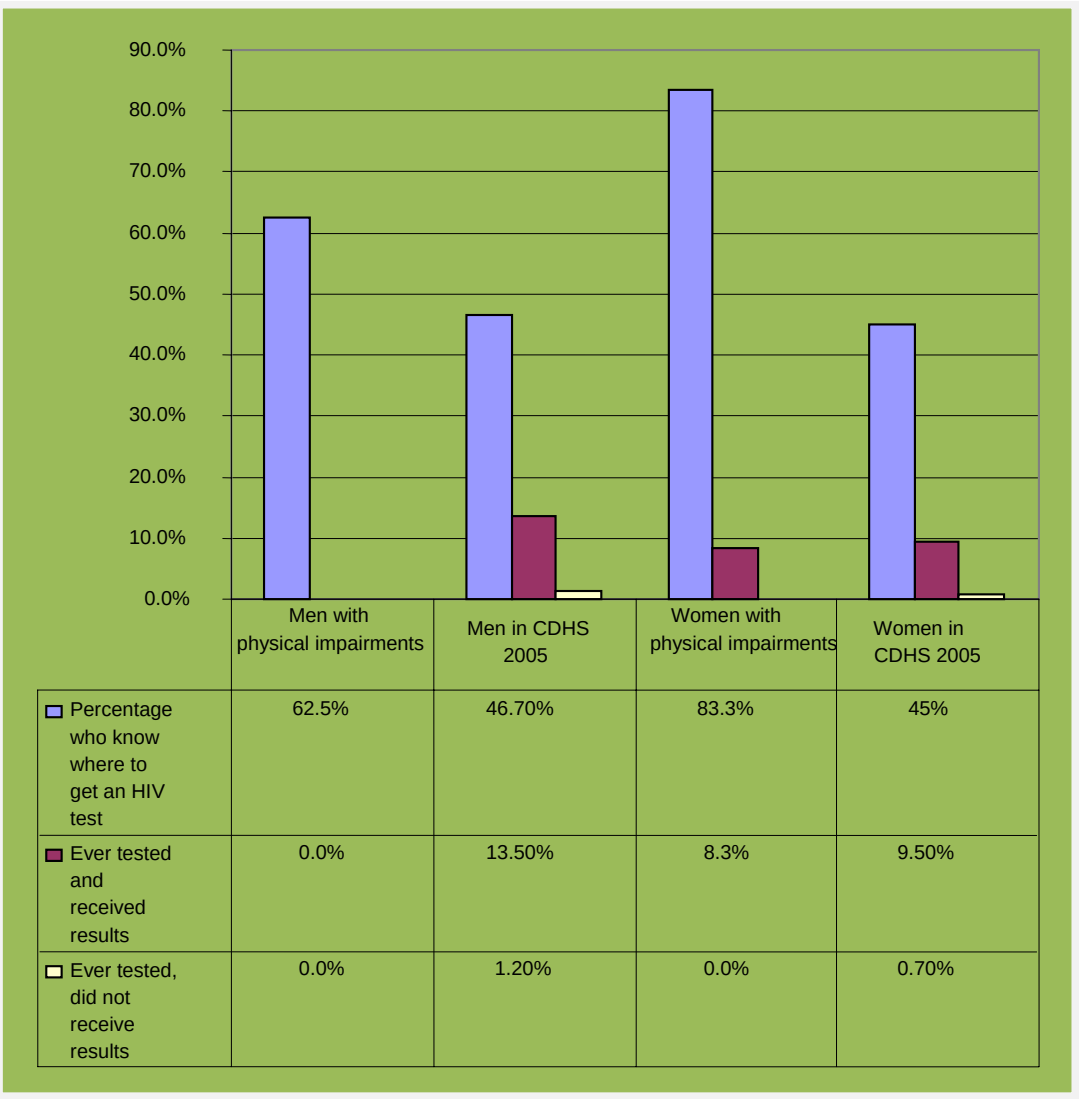
6.4. Baseline information about VCCTs in target areas and their use by persons with different impairments

At the 212 VCCT sites around the country, there are no breakdown categories that include persons with different impairments. Routine passive reports from all sites are collected and sent to the National Center for HIV/AIDS, Dermatology and STIs (NCHADS) on a quarterly basis.

The following figures illustrate the knowledge of VCCT sites, their use and services, and HIV testing among the different groups of persons with disabilities of the study. It is to be reminded that these data cannot be generalized to a wider population of PWDs in Battambang and Kampong Cham provinces due to the sample size of 113 people.

6.4.1. Persons with physical impairments

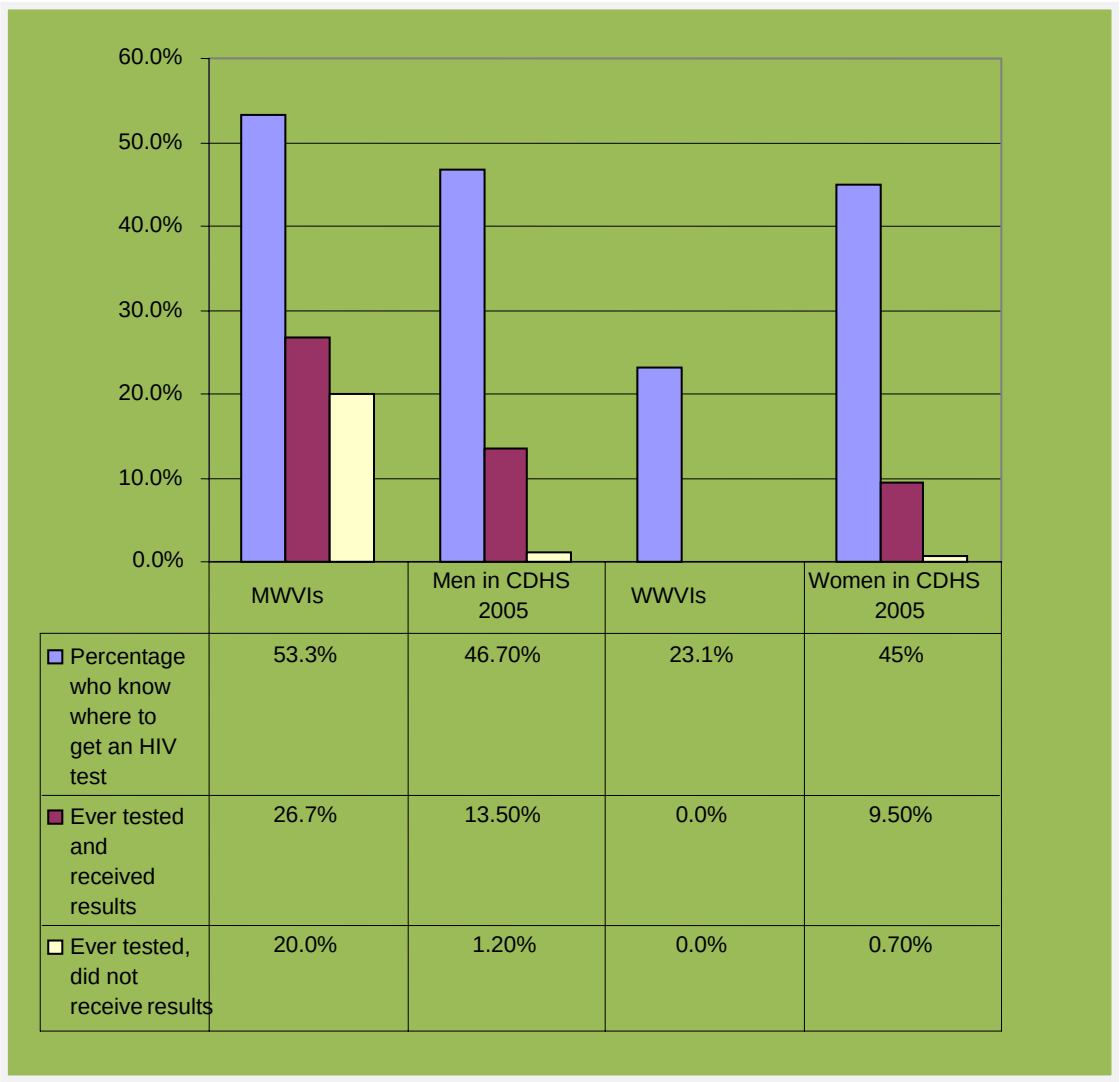
Men and women with physical disabilities have better knowledge of HIV testing sites than men and women of the general population (CDHS, 2005).



	Men with physical impairments	Men in CDHS 2005	Women with physical impairments	Women in CDHS 2005
Percentage who know where to get an HIV test	62.5%	46.70%	83.3%	45%
Ever tested and received results	0.0%	13.50%	8.3%	9.50%
Ever tested, did not receive results	0.0%	1.20%	0.0%	0.70%

6.4.2. Persons with visual impairments

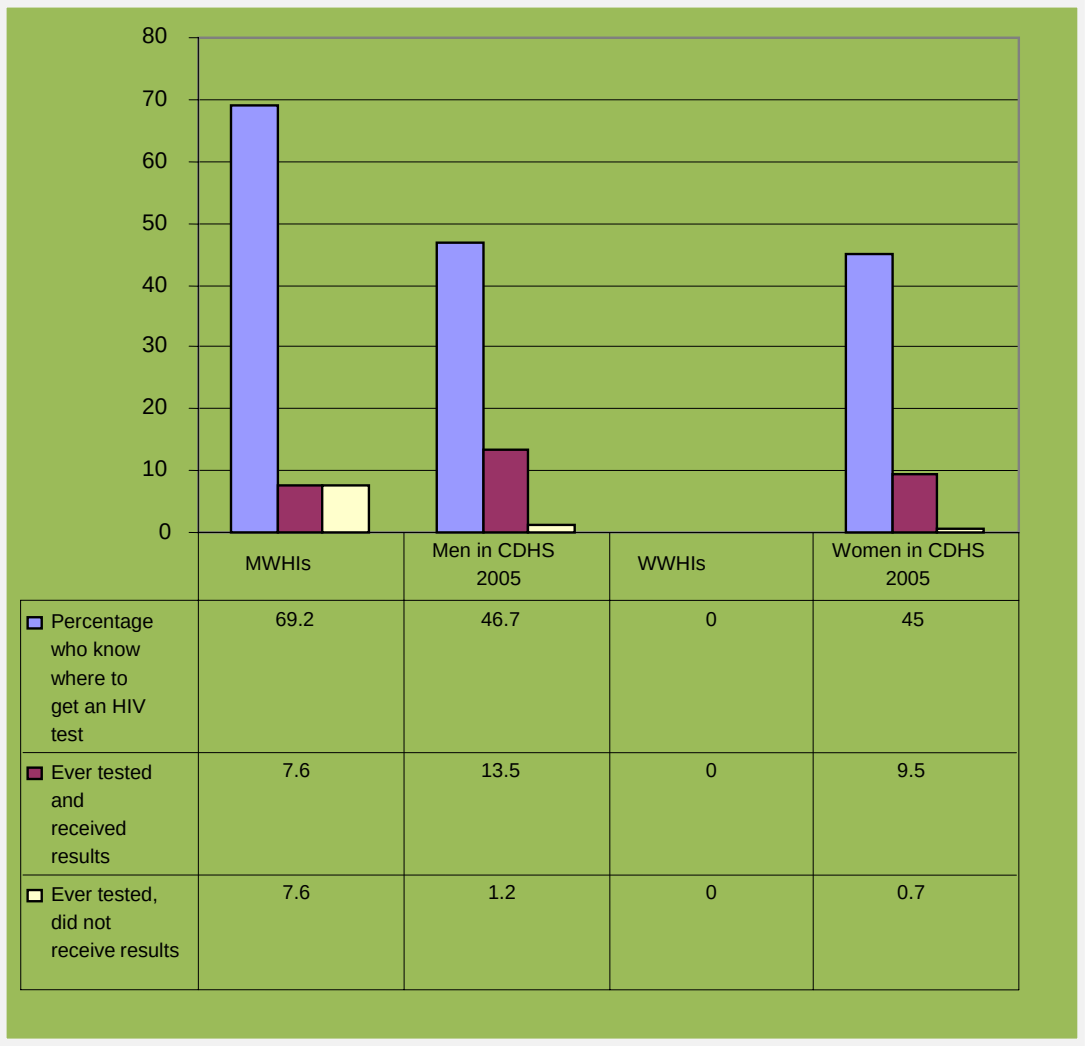
Among the MWVIs, eight (53.3%) of them knew where to get HIV testing, four (26.7%) of them had already been tested and three (20%) claimed that they have not yet received their HIV results after being testing. Among the WWVIs, only three (23%) of them knew where to go for HIV testing.



	MWVIs	Men in CDHS 2005	WWVIs	Women in CDHS 2005
Percentage who know where to get an HIV test	53.3%	46.70%	23.1%	45%
Ever tested and received results	26.7%	13.50%	0.0%	9.50%
Ever tested, did not receive results	20.0%	1.20%	0.0%	0.70%

6.4.3. Persons with hearing impairments

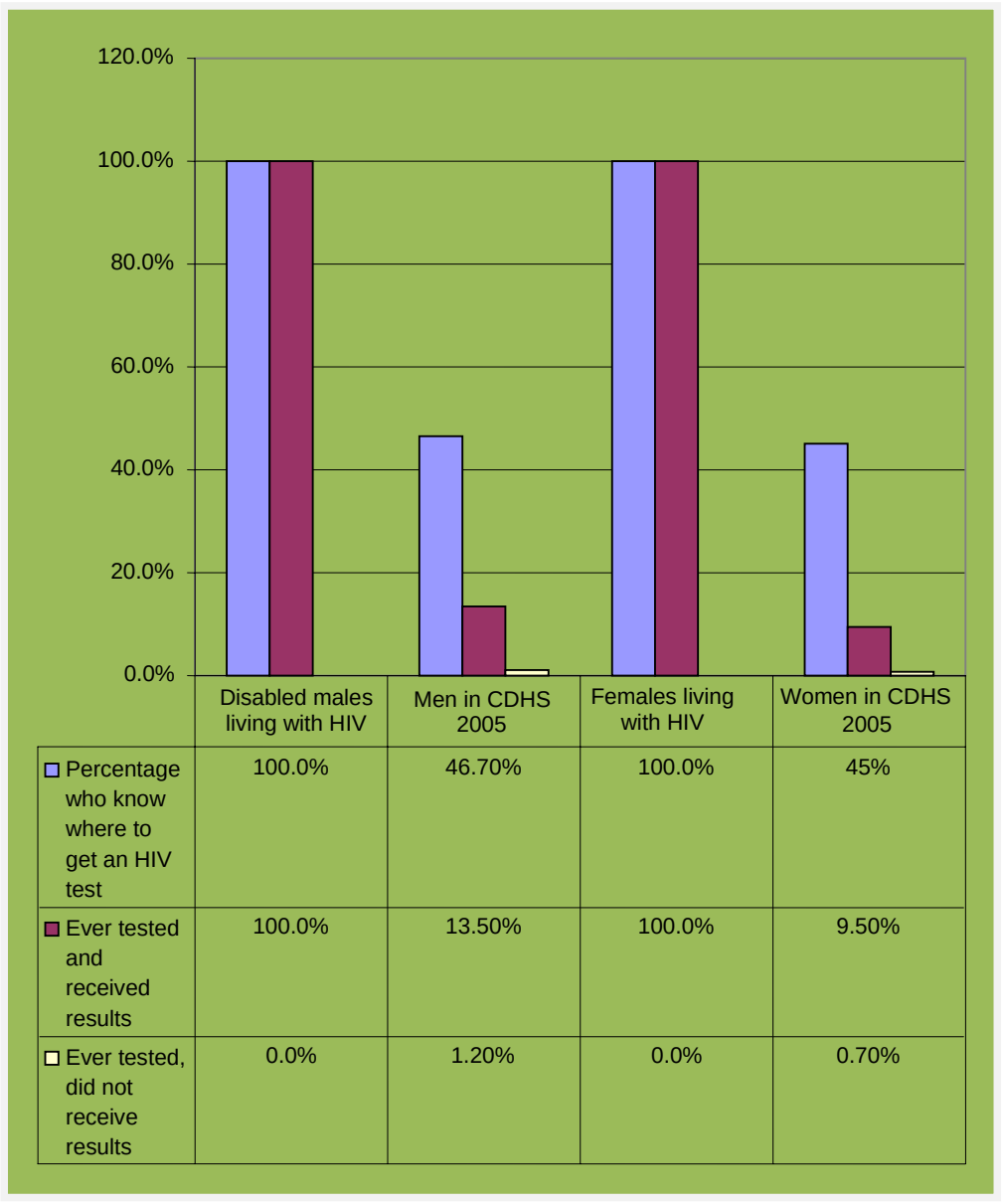
Men with hearing impairments are better informed about the site of HIV testing as compared to men of the general population. Only one of the 13 MWHIs has ever been tested for HIV. None of the women with hearing impairments provided information related to HIV testing. In 2005, 45% of the general population of women knew where to have HIV testing done.



	MWHIs	Men in CDHS 2005	WWHIs	Women in CDHS 2005
Percentage who know where to get an HIV test	69.2	46.7	0	45
Ever tested and received results	7.6	13.5	0	9.5
Ever tested, did not receive results	7.6	1.2	0	0.7

6.4.4. Persons with disabilities living with HIV

All disabled men and women living with HIV have undergone HIV testing. They also claim knowing where to get HIV tested, as shown below. This is much higher than the findings among the general population of men and women (CDHS, 2005).



	Disabled males living with HIV	Men in CDHS 2005	Females living with HIV	Women in CDHS 2005
Percentage who know where to get an HIV test	100.0%	46.70%	100.0%	45%
Ever tested and received results	100.0%	13.50%	100.0%	9.50%
Ever tested, did not receive results	0.0%	1.20%	0.0%	0.70%

6.4.5. Women with disabilities who have been sexually abused

Given that some of the respondents did not give all their answers, graphs are not used here. This said, one can still report that out of the 10 females with disabilities who have been sexually abused, five of them knew where to get HIV testing done, whereas only one of them had undergone such HIV testing.

7. ANALYSIS

Analysis of findings will be organized by study group and impairment, as follows.

Women and men with physical impairments

Based on socio-economic data collected, persons with physical impairments interviewed in the study earn less than their non-disabled peers, while women with physical impairments earn even less than their disabled male counterparts. Most MWPIs are in a marital relationship, while WWPIs are more singles, windows or divorced. This is hence increasing WWPIs' economic dependency upon their family members.

In general, the level of family planning and HIV related knowledge of persons with physical impairments is more or less similar to that of the general population of men and women, based on comparisons made with data from the CDHS of 2005, with the notable exception of the knowledge on how to use a condom, which was extremely low among WWPIs. This can be attributed to the fact that around only 50% of persons with physical impairments has been invited to locally organized HIV/AIDS programmes and activities. Despite this information, though most persons with physical impairments knew more the location of VCCT centers, compared to women and men of the general population, their levels of awareness on "ever been tested for HIV" are much lower. Related to HIV infection vulnerability, around 25% of men interviewed in this group reported having more than two sexual partners, 13% reported to have casual sex and 19% mentioned they have been buying sex. This is contradicting the widespread belief that persons with disabilities are not sexually active and are not at risk of any sexually transmitted infections.

Furthermore, in terms of physical accessibility to services, though they are hearing and seeing persons, they have actually less access to public services, such as health facilities, due to lack of ramps, bars or adapted settings to facilitate their mobility, and lack of mobility assistive devices. This is not to be neglected, as it has been observed to be a deterrent for them to receive adequate services when necessary. Persons with physical disabilities interviewed also deplored the lack of representation of their voices, as no self-help groups of PWDs were located in their community. This has to be further explored with local authorities and DPOs.

Women and men with visual impairments

It has been observed that while only 33% of women with visual impairments is earning a living in this study, their income only represented 8% of that of their male counterparts. This is further exacerbating their economic dependency upon others, as 46% of them are singles, versus 60% of MWVIs who are in a marital relationship. Also the average years of schooling has been noted to be only around 2.5 years.

Based on the quantitative data, contrary to the level of family planning and HIV/AIDS related knowledge among the persons with physical impairments, that of WWVIs scored higher than their male counterparts, and sometimes even higher than that of women from the general population on questions related to HIV prevention measures. This can be explained by the fact that many WWVIs mentioned the importance of owning and listening to a radio set that enables them to have access to both entertainment and educational programmes aired on FM channels. This piece of information might be very instrumental in disseminating information among PWVIs and assist them increase their knowledge and skills base around different issues, such as reproductive health and disability rights alike. However, on the front of the knowledge of VCCT centers' location, both men and women with visual impairments scored less. This might be attributed to the fact that they require someone to help them move around, given the lack of mobility assistance to PWVIs in Cambodia.

Furthermore, men of this group showed as well their sexual activities with 13% of them stating having more than two sexual partners and 7% of them having casual sex. Women of this group have not divulged any instances of having other sexual partners besides their husband for those in a married relationship. Related to vulnerability to sexual violence among WWVIs, many of them expressed their fear of staying alone and risks of falling prey to sexual abusers. They added that by being visually impaired, this might be used against them, as they cannot see and hence cannot "identify" sexual abuse perpetrators in the advent of a rape.

Concerning the access to information, many PWVIs mentioned that, though they are able to hear, many educational information are not accessible in Braille and little attention is given to their "hearing ability" during awareness raising activities. To this effect, a big majority of them are not invited to locally organized HIV/AIDS awareness raising activities. As explained earlier, the use of radio programmes might proof to be a strategic tool in working with persons with visual impairments alike.

Women and men with hearing impairments

As explained earlier in the methodology section, analysis of persons with hearing impairments under this study has been obtained from Deaf male and female students attending special Deaf schools. Hence, this is excluding the views of persons with hearing impairments from the community, due to the fact that the majority of PWHIs who reside in villages do not know the Cambodian sign language. This said, the average years of education in this group is around 5 years of school, compared to only two among the other study groups.

In general, the level of family planning and HIV/AIDS related knowledge is much lower among PWHIs when compared to the general population of men and women, and even lower among the group of young women with hearing impairments interviewed. This was strikingly observed when none of the WWHIs have been invited to locally organized HIV/AIDS meetings and activities, compared to 58% among their male counterparts. Furthermore, while 70% of MWHIs stated knowing where the VCCTs were located, none of the women have been able to answer to this question. This raises concerns related to the access of women with hearing impairments to any type of educational activities and programmes. To this effect, many also have shared their sense of vulnerability to sexual abuse. During FGDs, they openly expressed their "fear" of being alone or left alone home. Some of them have reported sexual abuse attempts towards their person at night or while alone in the field. This vulnerability to sexual abuse among WWHIs seems to be corroborated by a subsequent section on women with disabilities who have been sexually abused, whereby WWHIs have been among the biggest number of rape victims among women with disabilities. Prevention and protection measures for this particular group need to be further explored when designing programmes to ensure safety and social participation of WWHIs in the society.

Related to access to information and services, PWHIs unanimously mentioned that the quasi absence of sign language and sign language interpreters hampered greatly their access to public services, such as health care, education and employment. Many of them mentioned their "luck" in having access to sign language education provided by Krousar Thmey. However most of the PWHIs still do not have access to sufficient services targeting their needs, as only Krousar Thmey and DDP-Maryknoll are providing education to a small number deaf children and adults respectively throughout few provinces of Cambodia.

Persons with disabilities living with HIV

Respondents under this group are all living under the poverty line. For many, the combination of disability and being HIV positive deepened their economic difficulty, shifting many men from a breadwinner position to depending upon other family members to survive economically and socially. While all men with disabilities living with HIV are in a marital

relationship, only less than one third of the women are married, leaving most of them in precarious conditions.

After interviews and FGDs, it has been noted that all men in this group scored quite high in terms of family planning and HIV/AIDS related knowledge. In contrast, the level of knowledge of women living with HIV was especially low, compared to their male counterparts and women from the general population. Despite the fact that all of them are HIV positive, men are still engaged in high risk sexual behaviours, such as having more than two sexual partners, while women in marital relationship do not use a condom when having sex under the argument that "spouses do not need to use condoms". In light of this information, it seems that there are somehow important gaps in their follow up and advices provision from health staff, as many of them have claimed undergoing regular HIV testing and ART. In addition, some of them are connected to the MMM (Mondul Mith Chouy Mith) meetings to share their experience of stigma and discrimination and concerns about services of care and treatment support made available to them. It is argued that positive prevention might be further stressed, in particular with men and women living with HIV who are still engaged in risky behaviours. Tailored behaviour change and communication activities might also be explored to help them change behaviours and decrease the risk of HIV propagation.

Women with disabilities who have been sexually abused

The stories of the women and girls are compelling, as the youngest who has been raped was only 9 years old and the oldest of the group was 37. Being mostly illiterate, 80% of the respondents has been observed to be highly dependent upon their family members' income to live. Among the 10 women of this group, 70% of them was raped. In 50% of the time, neighbours were the abusers and in 20% of cases, stepfathers were the culprits. In most of the cases hence, known men to the victim perpetrated the crime. This poses a serious societal question as to how community leaders, human rights defenders and women's and disabled people's representatives alike can best prevent sexual violence cases to occur and protect both disabled and non-disabled females in their community.

Based on the data collected, the level of family planning and HIV/AIDS related knowledge and information is remarkably low, when compared to women of the general population. In many instances, they reported not being invited to HIV/AIDS awareness raising meetings locally organized in their community. Most of them do not know much about where the VCCT centers are located or how to be tested for HIV. Moreover, little social and legal support has been provided to them in the aftermath of rape. In the majority of the time, they have been silenced by their perpetrator and financial settlement has been the solution to halt any further legal action, involving most of the time the families of the victim and perpetrator, local authorities and police officers.

Women in this group expressed their feelings of despair and impacts of their double discrimination (being disabled and raped). To this, one can also add the gender discrimination, which puts the blame on the rape victim rather than on the abuser, for many societal reasons, such as the search for family honour preservation, community harmony and mostly preservation of the women's and girl's virginity. All these factors are adding on to the list of barriers women who have been raped are facing on a daily basis in the Cambodian society.

Services providers

Based on the analysis of key informant interviews with main services providers, one main finding is worth mentioning as a background to their lack of commitment to serving persons with disabilities. Key respondents shared that their lack of knowledge and awareness on disability issues, as well as not knowing about how many persons with disabilities live in their community, hamper their level of engagement in providing them with inclusive services.

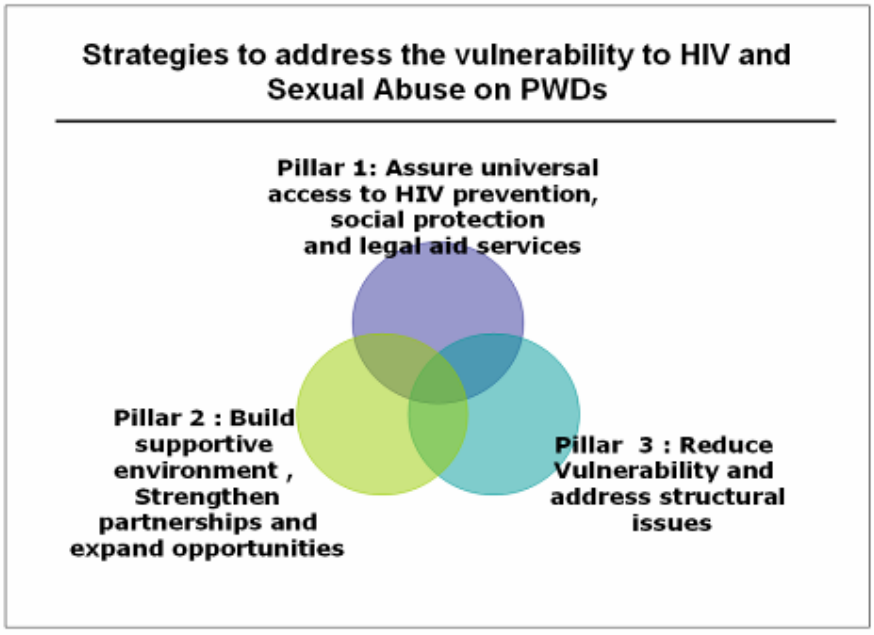
More specifically, some respondents such as health staff and social workers admitted that they have not been trained to give adequate services to persons with different impairments. For example to date, very little or no services are providing with the assistance of sign language interpreters, material in Braille or accessible facilities at the local level.

Services providers interviewed also shared the current lack of local mechanisms addressing the vulnerability of persons with disabilities to HIV/AIDS and sexual violence protection. Though commune councils are the first to be called upon for assisting their citizens to have a better access to all kinds of basic services in their community, often this platform is not utilized to its full capacity. On the front of HIV/AIDS response, linking with the Provincial AIDS Office and its local officers might be a starting point for PWDs to receive more adequate HIV and AIDS related services. Furthermore, there is still a lack of coordination between all stakeholders in joining efforts to respond to HIV infection and sexual violence, as most of them are working in isolation. Handicap International is initiating links between all actors through the implementation of this project, but this needs to be systematically formalized at all levels, in order to bridge all gaps and address the rights of persons with disabilities, by reducing as much as possible barriers to their social participation.

Given that persons with disabilities share similar challenges and difficulties as other marginalized groups, it is argued that the following strategies might be explored for addressing their vulnerability to sexual abuse and HIV and AIDS:

- Strategy 1: Assure universal access to comprehensive HIV prevention and social protection and legal services
- Strategy 2 : Build supportive environment, strengthen partnerships and expand opportunities
- Strategy 3 :Reduce vulnerability and address structural issues

These strategies might also be visually represented as follows, where the interplay between each strategy is seen to be interdependent upon the two others.



In other words, each strategy is an essential building block to the others. They thus need to be well coordinated and implemented simultaneously, so that all three pillars can exert long-term changes in the life of persons with disabilities.

8. RECOMMENDATIONS

In light of data collected and findings analyzed, recommendations will be formulated, through general and specific recommendations.

General recommendations

- In reference to commitments and targets of the Millennium Development Goals (MDGs) and international human rights treaties and conventions, all stakeholders should strive to provide inclusive HIV and AIDS Universal Access Services to equally cover persons with disabilities and persons living with HIV
- Strong advocacy support and lobbying should be undertaken to place disability on to the political and policy agenda for changes, without which the MDGs cannot be achieved
- Services providers, such as Health Care Workers and Social Workers should be trained and informed about the rights of persons with disabilities, therefore reasserting their motivation to provide services as "duty bearers"
- Empowerment of persons with disabilities should be as one of the key strategies to a people centered approach in addressing their rights and assisting them to come out of the circle of "voicelessness" and sense of "powerlessness". Working hand in hand with disabled people's organizations can lead the way
- Gender disparities between men and women with disabilities need to be addressed and tailored strategies implemented for effective response to HIV and AIDS and sexual violence patterns in the Cambodian society
- A multi-sectoral approach is imperative when working with persons with disabilities, both horizontally and vertically, and at all levels from local to national, when preventing and/or managing HIV infection and sexual violence
- Pursuing evidence-based studies is necessary to scale up knowledge base in order to influence policy and project designs

Specific recommendations

Understanding the situation of and the response for persons with disabilities

- Identify the risks, vulnerabilities and needs of PWDs
    - Define, quantify and map the direct and secondary beneficiaries where the project of Handicap International works
    - Use study findings to address particular needs of persons with different impairments, as well as persons with disabilities living with HIV
    - Project teams of Handicap International should work with local authorities at sub national level (district, commune and village) in 13 project target areas of Battambang and Kampong Cham provinces, in order to develop a matrix listing the risks, vulnerabilities and needs of persons of different impairments
- Identify main stakeholders that could potentially assist the implementation of the project such as:
    - At provincial level:
        - Provincial Facilitator Team (PFT) of Ex-Com/Provincial Rural Development Committee (PRDC)
        - District Department of the Social Affairs, Veterans and Youth Rehabilitation (DOSVY)
        - Department of Health (DOH)
        - Department of Women's Affairs (DOWA)
        - Provincial AIDS Committee (PAC)
        - Provincial AIDS Office (PAO), especially the CoC Coordinator, NGOs and CBOs
    - At district level:

- District Facilitator Team (DFT)
- NGOs and CBOs

o At commune level:
- Women and Child Focal Persons (WCFP)
- Disabled People's Organizations (DPOs)

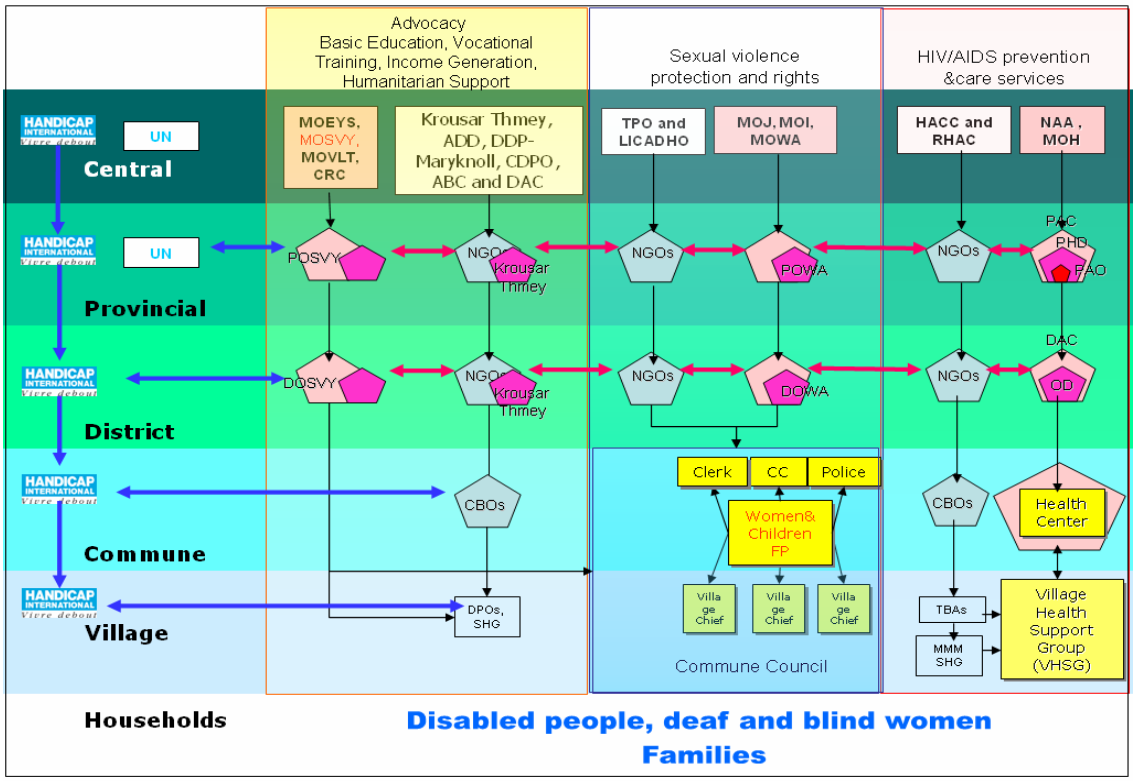
o At village level:
- Self-help groups (SHGs)
- Traditional birth attendants (TBAs)
- Village Support Health Groups (VSHGs)

Develop operational plan with stakeholders

- Based on the causal analysis on Sexual Violence Protection and Vulnerability to HIV and AIDS among persons with disabilities, classify all potential stakeholders which are currently working on the three strategies (Vulnerability Reduction, Services Provision and Enabling Environment)
- Work with stakeholders to design interventions from the three strategies for persons of different impairments
  - o Vulnerability (e.g. literacy, economic activities, gender imbalance, etc.)
  - o Services provision (HIV/AIDS, social protection, psycho-legal services, etc.)
  - o Policies, Environment and Partnership
- Develop an Operational Plan listing interventions for persons of different impairments, with indication of responsible institutions/organizations, associated costs, and expected outputs with indicators linked to each sets of activities

Coordinate implementation

HI can play an important coordination role at the national, provincial, district and community level, by identifying governmental institutions and NGOs listed in the Operational Plan to achieve the expected results of interventions. HI could bring all these partners found vertically to work horizontally with their respective mandates, as shown next.



Based on this, vertical and horizontal coordination are very crucial for a successful implementation of the Operational Plan of the project. Beyond the access to services (information, prevention, care, treatment, support, social protection and psycho-legal services), main actors working on Sexual Violence Protection and Rights, and HIV and AIDS Prevention, Care and Services, need to coordinate closely with those who are working on the components of the Enabling Environment and Vulnerability Reduction. These combined efforts will enable the project of Handicap International to work alongside various actors and through existing mechanisms and platforms.

From this coordinated response, it is expected that the links between disability, sexual violence protection, HIV/AIDS, gender, social protection and social safety net could address in a comprehensive manner the needs of both men and women with disabilities.

Monitoring and Evaluation

- Monitor performance of the project with regular site visits
- Review and report performance
- Use performance information for improved project management and implementation
- Evaluate the project against the data provided by this study, draw lessons learnt and disseminate findings

Annex 1: List of key informants

	Name	Position	Province
1	Mr. Chan Vichet	HI Site Representative	Battambang
2	Dr. Im Chetra	Director of OD Sangke	Battambang
3	Mr. Sim Virath	Program Manager of Homeland	Battambang
4	Mr. Phem Moth	Police Post Thmar Korl Commune	Battambang
5	Mr. Bee Beng Sor	HBC Coordinator of Buddhism For Development	Battambang
6	Ven. Prak Chandara	Community Activist , Buddhism For Development	Battambang
7	Mr. Heng Sayhong	Human Right Monitor , Battambang Branch	Battambang
8	Mr.Yath Kamsant	Human Rights Monitor of LICADHO , Battambang Branch	Battambang
9	Mr. Uy Ry	Governor of Battambang District	Battambang
10	Mr. Pen Ratha	Deputy Bureau of DOSVY, Battambang District	Battambang
11	Mr. So Vanna	Chief of Social Affairs and Veteran Bureau of Battambang District	Battambang
12	Mr. Ham Mony	Attorney of Law	Battambang
13	Dr.Poun Sanith	Home Based Care Coordinator	Battambang
14	Dr. Hoeung Thol	Director OD Prey Chhor and Board Director of SPEAN	Kampong Cham
15	Mrs.Sit NaySay	Deputy District Governor Thbaung Khmom	Kampong Cham
16	Mr.Yorng Sophal	Deputy District Governor O Raing Auv	Kampong Cham
17	Mr. Bou Virak	Human Rights Monitor of LICADHO , Kampong Cham Branch	Kampong Cham
18	HE Meng Soun	Deputy Governor and Chair of PAC	Kampong Cham
19	Mr. Khy Horn	Chief of Social Affairs and Veteran Bureau of Prey Chhor District	Kampong Cham
20	Mr. Yun Key	PWD SHG Sra Lop Commune, Thbaung Khmom District	Kampong Cham
21	Dr. Su Lim Sun	OD Prey Chhor	Kampong Cham
22	Mrs. Buth Mom	SPEAN Holland	Kampong Cham
23	Mr. Leung Rathar	Police O Raing Auv	Kampong Cham
24	Mr. Norng Song	Community Leader	Kampong Cham
25	Ms. Chheng Orn	Blind Nun	Kampong Cham

Annex 2: Questionnaires for key informant interviews

1. What can you tell about PWDs?
   - social environment regarding PWDs
   - rights
   - Vulnerability and risks (sexual violence, HIV, etc.)
   - Needs (medical, social, legal, information and services, etc.)

2. How should you be involved in disability?

3. How in reality are you involved?
   a. Exclusive (PWD is not part of the society) or Inclusive (PWD is part of the society)
   b. If inclusive to what extent? (e.g. Can you give concrete example?)

4. Do you have experiences in working with PWDs?
   a. Vulnerability
   b. Provision of information and services
   c. Risk
   d. Support and reintegration

5. What are the obstacles and challenges in doing so?
   a. Social environment of PWDs
   b. Existence of Community Based Organisations that promote the welfare and interest of PWDs
   c. How to involve the mainstream development agencies to put more emphasis on disability and HIV and AIDS issues?
      i. Communication (IEC materials) and facilities for PWDs
      ii. Adaptation of services to fit with the needs of PWDs (e.g. sign language for hearing impaired people
   d. How to enable PWDs to take both the leadership and ownership responsibility of the process?

6. What can things be changed? What do you need to have (capacity building, lobbying, support, etc.)?

7. How can you contribute to better access of people with disabilities to the services you are giving (social, medical, legal, police, religious, etc.)?

8. If there is a project on increasing the access of PWDs to various services in your community, would you be interested to be part of it? If yes, how and why?

Annex 3: Questionnaires for focus group discussions

1. What is the situation of PWDs in the study site? Education, information/services, rights, sign language, source of income, etc.?

2. What is the level of awareness, knowledge and attitudes of people with disabilities towards issues of HIV and AIDS?

(A small KAP is probably needed to compare with the CDHS)

3. Vulnerability of PWDs:
    a. Explore the sexuality of people with disabilities to understand their vulnerability to HIV infection

    b. What are the vulnerability and risks of HIV among PWDs? What are predisposing conditions that may increase the vulnerability of PWDs to HIV and AIDS infection?

        1. PWDs as victim: Knowledge, perception, personal experiences of sexual violence, type, severity, by whom? Support provided (medical, social, psychological, and legal?

        2. PWDs as vulnerable groups (premarital sex; multiple partners in the past 6 months; condom use rate; drug and substance abuse; health seeking behaviour: access to services STI/ VCCT…)

3. What are the needs of PWDs? Which of the needs are met? How are the needs met?
    c. Income generation
    d. Rights to health and education services
    e. Health services (RH, special support for PWDs)

4. Services for PWDs :
    a. What do PWDs think about the available services and their needs? What are the barriers for PWD?
    b. Assess the exposure to and appropriateness of HIV and AIDS programmes and services (STI, VCCT, and PMTCT, to the needs of PWD? (*Rapid assessment on the use of those services*)
    c. Is there NGO working with PWDs? What about caregivers?
    d. Adapting information and services by organisations to fit to PWDs?
    e. Are you aware of EC and PEP services?

5. Additional Information and suggestions from PWD :
    a. Stigma and discrimination
    b. Participation and representation (e.g. in the CDP/CIP process)
    c. Commitment for support

Explore lonely home environment

Annex 5: Schedule for FGD and KII in Battambang province
10-14 March 2009

1. Focus Group Discussions

N	Describe	Name Group	# participants	Place for group interview	Responsible person	Date Interview	Distance	Duration
1	Physically disabled	Group Female (8)	8	Preak Chdor primary school, Ek Phnom District	Kim Hun	14/3/09-8:30 AM	15km	20mn
		Group Male (9)	8	Rong Pagoda, Crey commune, Tmokul District	Kim Hun	14/3/09- 2:00 PM	50km	1h
2	Deaf people	Group Female (3)	8	Krousatmey	Savath-Navy	11/3/09- 8:00 AM	3 km	10mn
		Group Male (4)	8	Krousatmey	Savath-Navy	11/3/09- 10:00 AM	3 km	10 mn
3	Blind people	Group Female (5)	8	Located near the Krousa Tmey school, Battambang District	Kim Hun	12/3/09- 8:00 AM	3km	10 mn
		Group Male (6)	8	Sangker commune, Sangker District	Kim Hun	12/3/09-2:00 AM	8km	15 mn
4	Disabled PLHIV	Group Female (1)	8	Located Ocha commune,BTB district	Savath-Navy	10/3/09- 8:30 AM	8km	15 mn
		Group Male (2)	8	Slaket commune, BTB Disrict	Savath-Navy	10/3/09- 2:00 PM	7km	15 mn
5	Already Abused Disabled people	Group Female (7)	8	Located Ek Phnom District	Savath	13/3/09- 8-00 AM	12km	20mn
Total			**72**					

2. Key Informant Interviews

N	Kind of KII	Name	Position/Place	Tel/Address	Date interview	Distance	Duration
1	Justice	-Khen Kou	Justice Banan District	012441298		27 km	30mn
2	Police	- Phem Moth	Inspector of Police, Tmorkul District	012673534	14/3/09- 4:00 PM	35 km	40 mn
3	Health Care worker	Im Chetra	OD Sangker	016829912	12/3/09-10:30 PM	7km	15 mn
4	Community leader	-Phok Sinnary	Deputy district governor BTB district	012518918	11/3/09-2:00PM	3 km	5 mn
5	NGOs	-Sin Nirath	HIV project manager/ Home Land	012510378	11/3/09- 4:00PM	3 km	5mn
6	Human Right	-Sun Tek	LICADHO	012955161	13/3/09-2:00PM	3 km	5 mn
7	Religion	Prak Chanra	Monk	012313263	13/3/09-4:00 PM	4 km	5 mn

Annex 6: Schedule for FGD and KII in Kampong Cham province

16-20 March 2009

I. Focus Group Discussions

N	Describe	Name Group	# participants	Place for group interview	Responsible person	Date interview	Distance	Duration
1	Physically disabled	Physically disabled	Physically disabled	Damnak pongror village, Mean commune, Prey chhor district.	Kimsroon	16/3/09 - 9:00AM	20km	20mn
				Kampang Samnanh village, Mean commune, Prey chhor district	Kimsroon	16/3/09 - 2:00PM	20 km	20 mn
2	Deaf people	Deaf people	Deaf people	Krousar thmey organization	Kimsroon	20/3/09- 8:00 AM	5km	10 mn
				Krousar thmey organization	Kimsroon	20/3/09-10:00 AM	5km	10mn
3	Blind people	Blind people	Blind people	Kou Sala pagoda in khnar village, Srolob commune, Tbong khmom district.	Kimsroon	19/3/09 -9:00 AM	50km	60 mn
				Kou Sala pagoda in khnar village, Srolob commune, Tbong khmom district.	Kimsroon	19/3/09-11:00 AM	50km	60 mn
4	Disabled PLHIV	Disabled PLHIV	Disabled PLHIV	Prey Chhor District	Kimsroon	17/3/09- 9:00AM	20km	20 mn
				Prey Chhor Disrict	Kimsroon	17/3/09- 2:00 PM	20km	20 mn
5	Already Abused Disabled people	Already Abused Disabled people	Already Abused Disabled people	Prey chhor district is middle place (1 at AFESHIP, 2Chamkar Leu,1CDPO, 1LICADHO but still to know about her new address)	Kimsroon	18/3/09- 9:00 AM	25km	20 mn
Total			**72**					

II. Key Informants Interviews

N	Kind of KII	Name	Position/Place	Tel/Address	Date interview	Distance	Duration
1	Justice	Mrs. Seth Niesoy	District deputy chief at Tbaung Khmom district	012 62 38 33	19/3/09-2:00 PM	The same FGD	10mn
2	Police	Mr. Loeung Ratha	District police inspector at Oureang Euv district	012 85 91 81	20/3/09-2:00 PM	37 km	45mn
3	Health Care worker	Dr. Hoeung Thol	Director of Operation District (OD) at Prey chhor district	017 51 75 25	18/3/08- 2:00 PM	The same FGD	10 mn
4	Community leader	Mr. Nourn Song	District deputy chief at Oureang Euv district	017 57 30 58	20/3/09- 4:00 PM	The same Police	10 mn
5	NGOs	Ms. But Mom	Program coordinator of SPEAN organization	011 56 65 00	16/3/09- 4:00 PM	5km	10 mn
6	Human Right	Bou Virak	Officer Coordinator of LICADHO-Kampong Cham	011 85 87 89	17/3/09- 4:00 PM	5 km	10 mn
7	Religion	Blind Nun	Tropeang Praoh pagoda, Tropeang Praoh commune, Prey chhor district.		18/3/08-4:00 PM	The same FGD	10 mn