THE SCOPE FOR A UNV PROJECT TO SUPPORT AND FACILITATE ONGOING PROCESSES OF GREATER INVOLVEMENT AND EFFECTIVENESS OF BUDDHIST INSTITUTIONS IN THE RESPONSE TOWARDS HIV/AIDS IN CAMBODIA

a pre-feasibility study

Roger Henke
Sou Ketya
Lath Poch
Lim Sidedine
Hean Sokhom

Centre for Advanced Study (CAS)
PO Box 2030, # 85, Road 141, Sangkat Veal Vong Khan 7 Makara, Phnom Penh, Cambodia
Tel. +855-23-214494
cas@forum.org.kh

Contents

Annexes

Throughout this report we will make use of the acronym GIEBI for indicating "Greater Involvement and Effectiveness of Buddhist Institutions in the response towards HIV/AIDS in Cambodia".

Introduction
On the basis of initial discussions with (former) UNV Cambodia program officer Roland Campen and UNV's GIPA project coordinator Alex Marcelino about the importance of involving religious institutions in the Cambodian response towards HIV/AIDS and the possibilities for UNV to support ongoing and potential involvement, CAS was invited to produce a proposal outlining our ideas regarding possible ways to explore these possibilities.

As input for our proposal UNV provided us with its accumulated (grey) literature on the subject. As a first service[1] to UNV we produced a discussion document that – based on a preliminary analysis of the available material - proposes a pre-feasibility. This analysis already identifies several operational conditions that a UNV project addressing the greater involvement of religious institutions should fulfill:
- It should operate within a national framework within which a volunteer approach to supporting and facilitating ongoing processes of religious involvement can be embedded (this framework is available);
- It's major focus should be on ways to create an enabling environment;
- It should address both the policy level (national and provincial) and the local support level;
- It should test and demonstrate the effectiveness of this modality for supporting coordination and partnership between (activities of) religious institutions and GOs and NGOs in the sector of HIV/AIDS as an example for such coordination and partnership regarding other social issues.

This discussion document also outlines a list of issues that one would need more (solid) information about in order to be able to formulate practical objectives and activities for a UNV support project.

The document therefore proposes a two-stage approach: a limited pre-feasibility study followed by a more substantial follow up in case the pre-feasibility would discover real scope for a UNV support project.

After a feedback round, that included the current UNV program officer Ruby Bañez, this document was finalized as a pre-feasibility *proposal* (see annex 1) and served as the basis for a small-scale consultancy project executed by CAS and reported upon in the following.

1.Activities undertaken
All activities listed in the proposal (see annex 1) were undertaken:

1.Interviews were conducted in Phnom Penh with the Patriarch of the Mohanikaya sect and the secretary to the Patriarch of the Dhamayutakanikaya sect, the director of the NAA and the Secretary of State of the Ministry of Cults and Religions. Because of the central importance of UNICEF's support to the MoRC's religious response program both in terms of the number of activities undertaken and in terms of the fact that any UNV activity will have to be in line with this program, two key informants were added: UNICEF's project officer HIV/AIDS and the UNICEF paid consultant to the MoCR[2]. For the overview of relevant NGO activities (see below) three short interviews were conducted in Phnom Penh (see annex 2).
2.A site visit was conducted to a total of three Battambang-based NGO's. All of them are pagoda-based and we conducted interviews with program staff involved, most of them monks, and collected written material.

3.A tentative list of relevant NGO activities was drawn up (see annex 3).

3.Lay out of the report

These activities are reported upon in this paper along the lines specified in the proposal, with one new issue added to the list. This means that we do *not* report upon each individual interview, nor do we deliver assessments of the project sites visited in Battambang. The information collected is analytically used to address two core issues for assessing the feasibility of a UNV intervention as specified in the proposal.

- The commitment of the Buddhist hierarchy towards greater involvement of religious institutions
- The interpretation of greater involvement of religious institutions of other important stakeholders

To these issues, the UNICEF interventions are added as an important context factor that any UNV intervention will have to align itself with:

- The UNICEF Cambodia Buddhist Leadership Initiative 'Religious Response to AIDS'

Before concluding with a recommendation to UNV on how to proceed from here, we assess the list of question marks that came out of our initial analysis of the available material.

4.The commitment of the Buddhist hierarchy towards greater involvement of religious institutions

All involved, i.e. both the lay and the religious individuals interviewed, confirmed that the commitment of the religious hierarchy at the various levels, *but especially at the apex*, is important. It was also confirmed that neither of the two Patriarchs object *anymore* to Buddhist institutions' involvement in HIV/AIDS issues (two years ago this was not yet the case). The same seems true for chief monks at provincial and district levels.

However, according to what we were told by Samdech Tep Vong on the one hand and the secretary to Samdech Bour Kry on the other their interpretation of what kind of involvement is deemed appropriate seems to differ somewhat. *Mohanikaya* sees scope for moral education to prevent HIV infection, for material support to HIV/AIDS affected individuals raised by the Sangha but not provided within the Wat (i.c. care services), and (home-based) spiritual support/treatment. *Dhamayutakanikaya* sees scope for Wat-based care too.

However, both refer to Thailand as an example. Both stress the importance of prevention over care. Both are in favour of monks using traditional medicines and incantations to alleviate AIDS patients' suffering. Both are very explicit about what monks can and what they cannot address in their sermons: general moral education, yes, specific condom-use education, no, sermons during funerals or regular monthly holy days, yes, sermons during main religious ceremonies like New Year, Phchum Ben and Visak Bochea, no. Both are in favour of monks being educated about HIV/AIDS in order to enable them to use this factual knowledge in sermons and counseling. Both are in favour of monks collaborating with GOs and NGOs in responding towards the epidemic.

Both Patriarchs have participated in study trips, training activities and awareness raising events. Their willingness to participate and thereby support the legitimacy of monk involvement – *more evident*with Samdech Tep Vong than with Samdech Bour

Kry – is certainly an important facilitating factor for all activities aiming at greater involvement of Buddhist institutions in the response towards HIV/AIDS.

However, *their support is not very active*:
- They see no role for themselves as initiating activities themselves.
- Neither identified or argued for creating a stronger acceptance of the doctrinal basis for the Cambodian Sangha to become socially more active than is currently the case, a theme that was mentioned by all other national stakeholders as needing attention.
- And related to the above, neither identified the infrastructure of Wats covering nearly every nook and cranny of the country and having a privileged and trusted access to the people as an important asset for the social development of the country.

To summarize: the national leadership does condone involvement of monks in the response to HIV/AIDS but does not seem interested to play an active role.

Our interviews with socially active monks in Battambang showed evidence of two different bases of involvement of monks:
- The Buddhism For Development model takes the *Wats-as-infrastructure-for-development* thought as its basis. Programs are developed by the director (an ex-monk), sometimes upon initiative of donors, and monks operate as volunteers within those programs. Their involvement is without doubt part of the success of these programs but they do not primarily conceive of their involvement as being religiously motivated.
- The Wat Norea, or the social-Buddhism model takes a social conception of what being a monk entails as its basis. Its training is geared towards convincing other Wats to start activities in their own community, with Wat Norea playing an exemplary and a back-stopping rather than a program coordinating role.

Some *general observations* regarding these local level initiatives:
- A necessary ingredient of what makes both of them rather successful are the *leadership qualities* of the individual in charge. That leadership is crucial was confirmed by other interviewees, all of whom remarked upon the limited number of religious individuals who actually (manage to) convert HIV/AIDS *awareness* into an HIV/AIDS *response*.
- The *Wats-as infrastructure* model is attractive because it fits neatly into the current development concept. It makes use of the trust and privileged access of monks for making donor-funded development interventions successful. These interventions are much broader than HIV/AIDS. Apart from the above mentioned advantages, the use of monks as volunteers makes the programs also very cost-effective.
- The *social-Buddhism* model is attractive because it not only enlists the trust and privileged access advantages of the Wat-infrastructure but also its income-generating aspect. Within this model community funds, otherwise directed towards Wat-building, or not collected at all, are used for the material support of HIV/AIDS affected community members. This makes this model much less donor-dependant.

- The *scopes of both models* are different: the Wat-as-infrastructure model can be used for addressing a much wider range of social issues. The volunteers are primarily development workers. The social-Buddhism model tends towards a charity orientation, looking after the most needy. On the other hand, for some issues, e.g. gender, it has potential for attitude change that the infrastructure perspective lacks. When monks *as monks* rather than as volunteers/development workers question deep seated attitudes and their scriptural basis, i.c. the Cbap Srey, their impact can be more profound.

- Monks in both models told us that they discuss *condom use* with lay people. Both met with resistance at the beginning but this proved to be temporary. Their moral authority prevailed. In other words, the*fears concerning the loss of respect for religion* when monks get into detail about sexual matters, as expressed by the Samdechs, are not confirmed by those 'on the ground'.

- All BDF monks had a *community-care orientation*, squarely rejecting pagoda-based care. Most Wat Norea monks saw scope for *pagoda-based care*, some on a structural basis, others more in terms of a temporary facility until family/community members are willing/able to take over (again). Wat Norea itself is considering a Wat-based care programme for IDUs, which is in line with Thai examples.

- All monks interviewed were Mohanikaya. Different abbots hold different opinions about the Wat-as-asylum/hospice. It shows that the differences of opinion that we encountered at the Patriarch level about this matter are *individual* differences, not sect-related differences.

5.The interpretation of greater involvement of religious institutions of other important stakeholders

Apart from UNICEF staff (reported upon in the next paragraph) we have solicited the opinions of the Secretary of State of the Ministry of Cults and Religions and the director of the National Aids Authority.

The MoCR is the one and only Ministry which has (already) adopted a policy on its response towards HIV/AIDS and is very proud of it (MoCR 2002). The Secretary of State's opinions were in line with the policy (adopted in May 2002, after a two year development phase, funded and facilitated by UNICEF):

- Religious resource persons (Monks, Nuns, Achars, Pagoda support committee members and Buddhist youth) are an important resource for awareness raising regarding HIV/AIDS, both for prevention oriented messages and for care and non-discrimination messages. This resource is considered important for its access to the population, both in terms of coverage (infrastructure) and in terms of the trust they hold.
- Their messages should be integrated into their religious work, i.e. be made a part of their moral education. Also, religious resource persons should *not* turn into health educators or development workers but (only) complement and support the work of these other professionals.
- Their work should therefore also be closely coordinated with the other stakeholders in the field, through the NAA framework, and the *other stakeholders* should play the *coordinating role*.
- Their work should be *community-oriented*, i.e. their work should aim at communities taking up their social responsibility towards their HIV/AIDS affected members.
- The main and so far only *strategy* followed to realize these objectives is providing HIV/AIDS education to religious resource persons, often intertwined with Buddhist morality education.
- The *initiative* for becoming active is seen as lying with the individual religious teacher, and as being independent of the opinions of the religious hierarchy. In other words, as long as the Patriarchs and the provincial level and district level chief monks do not obstruct the program, it can fulfill its promises.

Like the Patriarchs, the Secretary of State explicitly mentioned that he did not object to monks acting as traditional healers.

The NAA strongly supports the involvement of religious resource persons, especially monks, for the same reasons as the MoCR. Obviously, involvement is conceptualized as being within the national framework coordinated by the NAA. The NAA supports the training efforts of the MoCR. Both the MoCR and the NAA are less 'conservative' than the Patriarchs regarding the extent to which monks can and should address practical issue like (proper) condom use etc.

But the following *additional observations offered the NAA* seem relevant:

- The *MoCR human resources* are very limited. Only the people at the Ministry directly involved in the program are really aware of it, the others are not and – more damning – are not very interested. The reason offered was that there is not much money involved and the program is therefore not taken seriously.
- A directly related issue brought up was that the training of religious resource persons, especially monks should be accompanied by efforts to *convince the public in general* that monks have a social role to play. From a pragmatic point of view, getting this message accepted by those staffing local authorities, respected elderly, etc. was identified as a major prerequisite for creating an enabling environment. Training monks is a necessary but not a sufficient strategy to make optimal use of the Buddhist infrastructure.
- The implicit message conveyed was that neither the MoCR nor the Buddhist hierarchy was active (enough) to publicly – i.e. beyond the confined circles of the national policy-arena - support involvement of religious resource persons.
- The NAA pointed out that this is one of the reasons that substantial activities carried out by Wats/monks are far and few between and are very slow to develop. Another reason given for this was the dependence of such activities upon committed leadership by capable individuals (whose numbers are limited).
- The NAA was very positive about Wats (like Wat Norea) developing hospice/orphanage/asylum initiatives. Given the urgency of the issue and the incapacity of the government to provide institutional care the more Wats would take up this role, the better it would be.
- The NAA explicitly mentioned the potential that popular trust in the Wat infrastructure holds for creating *sustainable*, i.e. donor independent programs.

To summarize: the visions of the MoCR and the NAA share a lot but the NAA thinks that the religious response initiative lacks a crucial element and is therefore less effective than it could be and the MoCR and the NAA differ regarding the Wat-as-asylum issue and the extent to which Wats should take initiative (rather than 'only' participate in programs directed by others).

6.The UNICEF Cambodia Buddhist Leadership Initiative 'Religious Response to AIDS'

UNICEF supported the MoCR in its policy development regarding a religious response towards HIV/AIDS program and in organizing training activities in a selected number of provinces. The support is ongoing, implying that the translation of policy objectives into strategic interventions will be facilitated and the training extended to other provinces.

Defining features of UNICEF's approach are:

❑GIEBI is important even if only because monks are one of the venues through which the general population can be reached and made aware of HIV/AIDS and how respond to it (other venues are teachers/school system, health workers, mass media,..). The current level of awareness (e.g. as evidenced by the DHS) is quite high and keeping this level up needs constant attention. *Monk training is*therefore *mostly awareness raising*.

❑All interventions should ultimately aim at facilitating a *community response*. Especially regarding the issue of care UNICEF's policy is clear cut: *the Thai model of pagoda-based care arrangements is not supported*. The reasons underlying this policy are:

✓(Extended) families are the natural helpers of PLHA and orphans; other facilities should be in 3rd or 4th line only;

✓Families who are not within the community are much worse off; communities need moral and material support to be better able to take up community-based care.

✓The availability of pagoda-based care 'enables/invites' villagers to 'get rid' of PLHA and orphans;

✓Even home-based care (teams) is an outside intervention that ultimately does not support communities to take up their natural care responsibilities;

✓Pagodas tend to show a gender bias, preferring to take boys rather than girls;

✓Monks have no qualifications as teacher, health provider, orphanage manager, etc.;

✓Orphanages are not within the mandate of the MoCR but within the mandate of the Ministry of Social Affairs, and hospices are within the mandate of the Ministry of Health. Pushing/facilitating pagodas to take up such service provision without established mechanisms of monitoring and accountability is asking for trouble.

❑Related to the above: a community-based approach implies that community needs are central. In other words vulnerable families need to be supported whatever their vulnerability consists of. Most children still die from diarrhea and dengue. An orphan is an orphan, whatever the cause of her parents' death. This means that monk involvement should be aimed at *supporting communities to take care of all vulnerable members, not only the HIV/AIDS affected ones*.

(Other) relevant *observations* contributed by UNICEF

❑*Given the scale of the problem there is ample scope for additional interventions supporting GIEBI*;

❑The above depiction of UNICEF's policy does not mean that it intends to change the current reality at village level wherein 10 to 20% of the poorest are taken care of by the local pagoda. UNICEF considers this a *valuable end of pipeline safety net*. However, valuing such services as a safety net is different from making this the basis of one's policy. Policy should target the majority (80 to 90%).

❑The *income-generating possibilities of the Wat infrastructure* are recognized. However, funds collected through monks should primarily support community activities rather than enable the local Wat to run an orphanage or other shelter. If outside (donor) money is involved, the scenario in which the Wat takes the poorest in to attract money, especially if these are then limited to a particular vulnerability (e.g. AIDS orphans), should be opposed.

❑Involvement is very much dependant upon *individuals*, i.c. the abbot. These individuals are often islands to themselves.

❑There is a strong *need for more synergy and collaboration* between various HIV/AIDS initiatives. At the moment all organizations/projects develop their own response, their own IEC material etc. Apart from constituting a waste of resources and time this creates real possibilities of different initiatives counteracting each other.

The UNICEF approach and program has to be taken into account when thinking about a possible UNV GIEBI project. Given the Common Strategy 2001-2005 of the UN Country Team supporting the national response to the HIV epidemic in Cambodia, *it is imperative that a UNV project not only fits into the national framework (NAA) but also supports, complements and collaborates with UNICEF activities.*

UNICEF's Regional Buddhist Religious Initiative is currently being *reviewed* (see ToR document in references). Cambodia's program is part of this review. This review aims at informing the strategic plan and program design for the next phase of the initiative. For Cambodia the starting proposition is that the grass roots responses at local temple level have to be strengthened. In order to gather information on how to bring this about the program is being discussed with key stakeholders, and review questions include:

- What is the current role of monks in the community in general?
- What is the current role of monks in relation to HIV/AIDS?
- What do (focus group participants – householders and pagoda committee members, PLHA, relevant GO and NGO officials) stakeholders think the role should be?

Obviously, if UNV is seriously considering a GIEBI initiative, joining the review process - the second phase[3] of which will take place in January 2003 - is a golden opportunity to create a program with objectives that that are in synergy with the UNICEF program and at the same time constitute a sensible contribution in its own right.

7.Assessment of question marks identified in the proposal

Our proposal identified a list of issues that we would need to know more about in order to be able to develop possible objectives and approaches for a UNV GIEBI project. In this paragraph we will indicate what our study has delivered in terms of answers to these questions:

1.Although all stakeholders have pledged allegiance to the GIEBI it is not clear what different stakeholders mean by greater involvement.

The study bore out that *different stakeholders indeed hold different opinions*. On the other hand one should not oversee the very *important commonalities*:

- ✓All agree that involvement should be within the national framework, in close collaboration with GOs and NGOs;
- ✓All agree that GIEBI can address both prevention and care;
- ✓All agree on the freedom of individual Wats/religious individuals to initiate/participate in HIV/AIDS related activities, in other words, all downplay the importance of the religious hierarchy;
- ✓All equally agree on the importance of personal commitment and leadership at the level of individual Wats .

However, there is *no agreement* on and/or consistency regarding:

- ✓The issue of the Wat-as-asylum/orphanage/hospice;
- ✓The extent to which Wats should take initiative, be in the driving seat as opposed to participate in other-directed programs;
- ✓To which extent monks can and should address practical issue like (proper) condom use etc.
- ✓The extent to which monks and other religious resource persons operating as development volunteers should be motivated by and/or derive the legitimacy of what they are doing from religious doctrine; or expressed differently, in how far the Wat

infrastructure is most effective with or without religious doctrine playing an explicit role.

1.Institutional involvement within a national framework presupposes active and full-fledged support of the heads of the religious hierarchy. In other words their (as yet unknown) interpretation of involvement is crucial.

The study seems to suggest the following:
✓The national leadership does condone involvement of monks in the response to HIV/AIDS but seems not interested to play an active role. This passivity is evident on two levels:
oThe national leadership is not actively promoting a more socially oriented interpretation of Buddhist doctrine;
oThe national leadership is not actively trying to promote popular acceptance of Wat involvement in HIV/AIDS issues;
✓Although this is unfortunate and is argued by the NAA to hamper the effectiveness of the religious response program the study also showed that the presupposition expressed in the question is unfounded.*Passive* – as is the current reality – rather than 'active and full-fledged *support is a sufficient condition* for making GIEBI initiatives possible.

In a way the example of Thailand underscores this conclusion: in Thailand there is no national policy regarding GIEBI but there certainly are a lot of (flourishing) local Wat initiatives.

2.Various sources (see lit. ref.) point to different bases for GIEBI, including their importance for the transmission of moral values, compassion as a core Buddhist value, and the role of monks as counselors. All of these can complement each other but they do imply different kinds of involvement.

The study shows that none of the stakeholders argues for an exclusive focus on either prevention or care activities (although some would prioritize prevention). In fact most see both as pretty much inseparable, very much along the lines of the situation and response analysis document of the NAA that underlies its strategic plan.

The interviews also make evident that different stakeholders use similar Buddhist value-based arguments to legitimate practices that are, for all practical purposes, quite different. The most obvious example being care activities: "compassion" legitimates both Wat-based and home-based involvement. It certainly might be the case that further exploration of the value issue would uncover differences in the doctrinal basis that proponents for one or the other model would use to legitimate their activities. We were not able to go into this deeper. However, it is our impression that dis/advantages of Wat- versus community-based care involvement can be discussed with monks without resort to value arguments.

3.It is as yet unclear if ongoing initiatives based on religious institutions should be interpreted as mainly resulting from individual commitment, or can indeed be said to receive active support from the hierarchy.

It is very evident that *individual initiative*, leadership and commitment of particular monks, mostly abbots, is *at the heart of ongoing religious involvement*.

4.Although in general most sources subscribe to the positive potential greater involvement of Buddhist institutions there is also some evidence for religiously motivated exclusionary practices (e.g. CAS) and to potential conflicts between religious consultation and medical treatment. Not much is known about this.

The study suggests that *exclusionary practices indeed exist*: some religious resource persons and some of the laity still strongly object to any involvement of their Wat in HIV/AIDS directed activities. Obviously, we are in no position to say how far spread this attitude (still) is but the interviews indicate that it is diminishing, and that the monk-trainings are definitely countering these practices at the Wat level. They also suggest that active and committed monks can overcome prejudices amongst the lay community, but that at present they, i.e. these committed and active individuals are more or less on their own. The NAA suggested that stronger public, more explicit support for them from both the Buddhist hierarchy and other authority figures, possibly targeting those in a opinion leading position at local level, would make a real difference.

We found overall support for monks-as-traditional-healers. This means that the possibility of conflict – as suggested by foreign examples as well as by Cambodian literature on health-seeking behaviour in general – is real. Obviously, we did not uncover evidence of *conflict between religious counseling and medical treatment*, but given the objectives and scope of our pre-feasibility we are in no position to rule out the *possibility*. This issue needs further investigation.

2.Certain kinds of institutional involvement, within a national framework of partnership between GO's and civil society structures, imply coordination and collaboration between religious institutions at local level and e.g. local governmental health services. Hardly anything is known about current practices of coordination (if any) between various actors communicating health messages to villagers.

The interviews suggest that *the existing structure* of provincial level and district level AIDS committees and secretariats *indeed seems to provide a functioning platform* for exchange of information, coordination and collaboration. All interviewed agreed on the need for coordination and collaboration. UNICEF indicated problems in this area, but it is unclear in how far this refers specifically to Wat-based initiatives or more generally to all (NGO) HIV/AIDS activities.

3.In the plans (national strategic plan and MoRC plan) religious institutions are described as involving monks, but also lay persons, e.g. achar and the pagoda committee. While evaluations of foreign programs (e.g. see Dratshang Lhentshog et al.) point to the importance of being clear about whom to involve, nothing is known about how Cambodian religious authorities view the respective roles of monks/nuns and lay persons, nor about current project practices in this regard.

The MoCR and the Patriarchs are explicit about involvement of religious institutions having to be embedded in programs run by others (GOs and NGOs), but are not specific about possibly fruitful task differentiation between the various within-Wat actors. Those monks involved in actual projects are quite clear about task and involvement of lay people associated with the Wat. These differ according to the 'model' that the monk works within, close involvement being much more necessary in the social Buddhism model because this model is heavily dependant upon income-generation through the pagoda committee. But whatever the model, the monks are the

driving forces behind the activities. We did not come across any example wherein lay people took the initiative to involve 'their' monks.

4.Patterns of overlap, both in terms of participants and in terms of activities undertaken, between pagoda-based civil society structures and government-initiated ones, like Village Development Committees are very locally determined and not well studied. This brings up the issue of limiting activities that are aimed at GIEBI to religious institutions or rather opening them up to influential community members, be they institutionally active (member of pagoda committee, achar) or not.

The above suggested lack of public support for involvement of Buddhist individuals and institutions would imply a need for activities that *involves as many influential community members as possible*.

5.Foreign examples of GIEBI combine training and a focus on pagoda's as service providers (taking care of AIDS orphans, etc.). As Cambodia's Buddhist religious infrastructure is not really comparable with that of e.g. Thailand, especially in terms of the educational level of its monks, it is risky to just copy foreign examples as 'best practice'.

As indicated above the MoCR and UNICEF are very much against Wat-based care-arrangements. Monks active as volunteers in the Wats-as-infrastructure-for-development model argue for home- and community-based care arrangement. Monks working according a social Buddhism model are evidently inspired by the Thai examples and argue for a need for pagoda-based care arrangements. However, they hold different opinions about the nuts and bolts of such arrangements. Some argue for a temporary shelter facility and active family or community directed work towards reintegration, others argue for the Wat as a more permanent shelter. The NAA is positive about these activities, not differentiating between the two versions. The first opinion is easier to reconcile with the community-care vision underlying UNICEF's program.

6.The track record of (INGO) attempts to bring about GIEBI in general is not very positive. However, no meta-evaluation of these attempts has been done so far. Even an overview of what has been implemented does not exist.

The study confirms that efforts so far to make use of the Buddhist infrastructure in general for development purposes are quite limited. Given the wide support at a national policy level for Buddhist involvement in social issues, and in HIV/AIDS in particular, the list of annex 3 is not very impressive. We haven't looked into failures so cannot say anything about the reasons for this. We believe that a*more in-depth exploration* of why this might be the case is in order.

It is also evident that whatever has been initiated and shown success is geographically confined. Some activities in Phnom Penh, but most involvement is found in *Battambang*. Part of the answer might therefore be found in questioning this geographic oddity. What differentiates this province from the rest of the country - its Buddhist infrastructure, the relationship between that infrastructure and the surrounding communities, Thai influence,….?

8.A recommendation to UNV on how to proceed from here

The study has added one *operational condition* for a UNV GIEBI project to the list of conditions already identified in the discussion/proposal document (see introduction and annex1):

- It should operate within a national framework within which a volunteer approach to supporting and facilitating ongoing processes of religious involvement can be embedded (this framework is available);
- It's major focus should be on ways to create an enabling environment;
- It should address both the policy level (national and provincial) and the local support level;
- It should test and demonstrate the effectiveness of this modality for supporting coordination and partnership between (activities of) religious institutions and GOs and NGOs in the sector of HIV/AIDS as an example for such coordination and partnership regarding other social issues.

The addition is:

- It should support, complements and collaborate with UNICEF religious leadership initiative. The optimal way to ensure this is to join the table of the ongoing review of this program.

The study has identified some *possible objectives* for a UNV project. These objectives are not conceptualized as being either/or but could be integrated within one program:

- First of all, *an objective that does not make sense* given the ongoing activities: a UNV GIEBI initiative would not add anything specific if its major objective would be HIV/AIDS awareness raising of religious resource persons.
- On the other hand, 'creating an enabling environment' can be interpreted as interventions that *increase the acceptability in the eyes of the general public* of monks and other religious resource persons being involved with HIV/AIDS issues and more general social work. So awareness raising regarding 'social Buddhism' would make sense.
- *Collaboration and synergy between various ongoing Wat-centered activities* is definitely asked for. Such a networking/forum objective would fit quite well with one of the roles that the GIPA project envisions for itself.
- Our study and the premise of the UNICEF program review dovetail. What is important is to have *awareness at grassroots level translated into more actual responses.* We do not know what the review will recommend regarding strategies and activities that UNICEF might follow to realize this objective. Given the manifold approaches that our very limited study discovered at grassroots level we believe that whatever UNICEF will decide upon will leave room for fruitful synergistic activities for a UNV GIEBI program. UNICEF's own statement regarding the scope for more GIEBI initiatives says as much.
- Our study indicates at least the following issues in need of closer attention:
  - ✓Grassroots level initiatives work along at least two different models; it is unlikely that one is in principle, under all circumstances, superior to the other. Both have their advantages and disadvantages, and viable combinations of the models might be very well possible.
  - ✓The biggest issue of contention is without doubt the pagoda-based versus community-based perspectives. Given the diversity of opinion, who holds them (e.g. pagoda-based has the director of the NAA on its side), the admittance on the community-care side that there is some scope for pagoda-based care, and the assurance amongst some pagoda-based care proponent like Venerable Van Savet (Wat Norea) that this care is conceptualized as a temporary shelter, preparing for reintegration into the community, it makes sense to bring about an open and continuous dialogue

between individuals active within one and the other perspective, and entice them to look for a middle ground, possibly in a networked way, that makes use of the advantages of each perspective.

✓A lack of networking and mutual learning amongst Wat-based initiatives is identified by UNICEF as a problem. Our study does support this conclusion. We would add that networking and mutual learning might not only increase chances of local best practices spreading faster, but also create opportunities for a more Sangha-internal debate on Buddhist values and their interpretation in current times. It seems likely that – very similar to a lot of theological debate in Christianity – 'grassroots' (amongst active abbots) discussions about interpretation of e.g the Cbap Srey is a more powerful force of change than trying to work through the hierarchy.

A thought that imposes itself upon us when trying to think through the implications of the above is that there is a gap between objectives that are quite straightforward and the issues of attention for which it is not that clear what kind of 'how to go about' advice would make sense.

One major reason why that is the case is that it is not for outsiders to define the right way here but for the stakeholders, i.c. active monastics themselves. What has to be facilitated is dialogue. One might think of an action research approach, e.g. along the lines of what David Wharton (currently with CDRI's Centre for Peace and Development, who has been a monk in the Thai forest tradition for 13 years, including time spent in Cambodian monasteries) proposed two and a half years ago (see lit. ref.). One can envision a UNV action research project preferably co-chaired by UNICEF and operating as a laboratory and ongoing learning experience for 'how to go about' creating mutual learning networks amongst Wats, discuss opinions about different perspectives, create mentoring/back-stopping facilities between those with practical experience and those without it, etc. Such an arrangement would add a generator of innovative ideas and a flexible testing ground to whatever the UNICEF program would decide to take on board.

The above translates into the following recommendation to UNV on how to proceed from here:

1.UNV is advised to join the table of the UNICEF's Religious leadership Initiative review and establish a program framework in close collaboration with UNICEF.

2.UNV is advised to bring its program under the umbrella of the NAA rather than the MoCR. Such placement would create the best environment for synergistic collaboration between the NAA and the MoCR.

3.Presupposing UNICEF's review does not yet result in UNICEF taking the following on board within its own program, UNV is advised to offer a program that targets one or more of the following three major objectives:

- Awareness raising regarding 'social Buddhism' in order to *increase the acceptability in the eyes of the general public* of monks and other religious resource persons being involved with HIV/AIDS issues and more general social work.
- Networking amongst ongoing Wat-centered activities in order to increase *collaboration and synergy between various initiatives*, especially regarding use of IEC material etc.
- An action-research networking initiative of mutual learning regarding models of community involvement (the second and third objective could be combined into one).

9.Additional References

References not yet mentioned in the list attached to the pre-feasibility proposal (annex 1)

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Annexes

Annex 1

The scope for a UNV project to support and facilitate ongoing processes of a Greater Involvement and Effectiveness of Buddhist Institutions (GIEBI) in the response towards HIV/AIDS in Cambodia

A Centre for Advanced Study (CAS) proposal for a pre-feasibility study

Based on a meeting with Roland Campen (UNV program officer) and Alex Marcelino (GIPA project coordinator)

Introduction

The HIV/AIDS epidemic is a serious threat to for the future social welfare of the Cambodian population. "Cambodia faces an AIDS epidemic that potentially could reverse the development gains made since peace returned to the country. It is estimated that 2.8% of the adult population is infected with HIV, among the highest in Asia; that many tens of thousands have already died as a result; and that possibly two hundred thousand people including children will develop AIDS within the next 5-10 years" (Cambodia Human Development Report - CHDR, progress report 2001, p.7). Although the rate of infections is declining, the number of AIDS cases will increase. Because the country is ill equipped to face this social threat, having the next to lowest Human Development Index score of the region, efforts to increase the effectiveness of the national response are very important.

In consultation with all stakeholders the Royal Government of Cambodia (RGoC) has developed and adopted a National Strategic Plan for a comprehensive and Multi-sectoral Response to HIV/AIDS 2001-2005, providing a commendable framework for involving all stakeholders in a coordinated effort.

This framework explicitly recognizes the importance of greater involvement of religious institutions in mitigating the impact of HIV/AIDS. The major reasons underlying this recognition are that:

- the major challenge is to develop local responses (especially in rural areas)
- religious networks are often very effective local structures
- because they have privileged access to households
- as the individuals involved are often respected and trusted to a greater extent than outsiders, be they from GO's or NGO's
- and in case of illness and/or psychological problems are the first to be called (especially monks).

As part of this framework, the responsible sectorial Ministry of Cults and Religions (MoCR) has recently adopted a "Policy on Religious Response to the HIV/AIDS Epidemic in Cambodia" (which includes the Islamic and Christian response). This policy stance was again developed in partnership with all stakeholders, and is supported by the Supreme Patriarchs of both Buddhist sects.

This policy document is one of the outcomes of the development phase of the HIV/AIDS Religious Response Program (2002-2002). The MoCR's major partner for this development phase was UNICEF. The development of this program also included training activities, again mainly by UNICEF funded local government partners and NGO's.

Current UNV involvement in HIV/AIDS work in Cambodia

UNV is already involved in HIV-related work in Cambodia through its GIPA project: Greater Involvement of People Living with, and affected by HIV and AIDS. The objective of GIPA is a guiding principle for UNV/UNDP's HIV-related work since the Paris AIDS summit of December 1994. What is particular about the UN GIPA approach is:

- That it is aimed at involving those with the most direct experience of HIV/AIDS: people infected and their friends, family and caretakers;
- That its African experiences have shown the volunteer modality to be especially effective;

Cambodia has been chosen as one of the two Asian countries (the other one being India) to implement the lessons learned from African GIPA experiences because of 4 reasons:

1.There is strong official support and government backing for GIPA;
2.The existence of voluntary structures that fit GIPA program requirements;
3.But outside support is still necessary, both because civil society structures are still weak and,
4.Because HIV/AIDS is still very much taboo;

The defining characteristics of the Cambodian UNV GIPA project are:

5.It is aimed at creating an enabling environment through working at both the policy level (national and provincial) and the individual support level;
6.It is explicitly focused on realizing its ambition within the context of the national strategic framework;
7.It is explicitly set up as a pilot to support and facilitate ongoing processes of GIPA, and
8.Thereby increase the understanding of the potential of the UNV program to operate in such a supportive and facilitative role within a national framework that aims at creating effective coordination and partnerships between government and civil society organizations at all levels, and
9.Thus increase the awareness of the value of national and international volunteer contributions in the response to HIV/AIDS.

UNV interest in Greater Involvement and Effectiveness of Buddhist Institutions

The list of reasons for implementing a UNV GIPA project in Cambodia seems equally valid for implementing a Greater Involvement and Effectiveness of Buddhist Institutions (GIEBI) project:

- Strong official support and government backing for GIEBI
- Clear indications that religious (Buddhist) institutions are the most trusted volunteer structures and therefore an important potential instrument in the response towards HIV/AIDS; in other words, as GIPA aims at involving those most intimately affected, GIEBI would aim at those most trusted by people living with HIV/AIDS.
- Although there is a HIV/AIDS Religious Response Program, and although there is strong official support and government backing for GIEBI, the number of actual activities remains curiously limited. And, until now, the foreign success-stories, e.g. the Sangha Metta project in Northern Thailand, have not been replicated in Cambodia.

Also, the defining characteristics of the Cambodian GIPA project, seem fit for replication in a GIEBI project:

- The existence of a national framework within which a volunteer approach to supporting and facilitating ongoing processes of GIEBI can be embedded;
- By creating an enabling environment through working at both the policy level (national and provincial) and the individual support level;
- And thereby testing and demonstrating the effectiveness of this modality for supporting coordination and partnerships between government and civil society organizations.

In addition to the above, a GIEBI-in-the-response-towards-HIV/AIDS project seems relevant and timely because the lessons to be learned have implications way beyond the issue of HIV/AIDS. The question on Greater Involvement of Buddhist Institutions *in social services in general* is a most urgent one. And greater involvement in HIV/AIDS is an important testing

ground for GIEBI in general, exactly because for this sector a national framework has been established.

Why a pre-feasibility study

Irrespective of the many similarities there are fundamental differences between GIPA and GIEBI. Facilitating involvement of people living with HIV and their self-help groups is fundamentally different from facilitating institutional involvement. Also, translating the general objectives of GIPA into the Cambodian project is relatively straight forward compared to translating successful regional examples of GIEBI (e.g. the Sangha Metta Project) into a Cambodian version. Cambodian Buddhist human capital and its institutional infrastructure was near totally wiped out at the end of the Khmer Rouge regime and is far from rebuild yet. Developing objectives and activities for a UNV GIEBI project would presuppose more knowledge of at least the following issues:

10.Although all stakeholders have pledged allegiance to the GIEBI it is not clear what different stakeholders mean by greater involvement.

1.Institutional involvement within a national framework presupposes active and full-fledged support of the heads of the religious hierarchy. In other words their (as yet unknown) interpretation of involvement is crucial.

2.Various sources (see lit. ref.) point to different bases for GIEBI, including their importance for the transmission of moral values, compassion as a core Buddhist value, and the role of monks as counselors. All of these can complement each other but they do imply different kinds of involvement.

3.It is as yet unclear if ongoing initiatives based on religious institutions should be interpreted as mainly resulting from individual commitment, or can indeed be said to receive active support from the hierarchy.

4.Although in general most sources subscribe to the positive potential greater involvement of Buddhist institutions there is also some evidence for religiously motivated exclusionary practices (e.g. CAS) and to potential conflicts between religious consultation and medical treatment. Not much is known about this.

11.Certain kinds of institutional involvement, within a national framework of partnership between GO's and civil society structures, imply coordination and collaboration between religious institutions at local level and e.g. local governmental health services. Hardly anything is known about current practices of coordination (if any) between various actors communicating health messages to villagers.

12.In the plans (national strategic plan and MoRC plan) religious institutions are equated with monks, but in fact they also involve lay persons, e.g. the pagoda committee. While evaluations of foreign programs (e.g. see Dratshang Lhentshog et al.) point to the importance of being clear about whom to involve, nothing is known about how Cambodian religious authorities view the respective roles of monks/nuns and lay persons, nor current project practices in this regard.

13.Patterns of overlap, both in terms of participants as in terms of activities undertaken, between pagoda-based civil society structures and government-initiated ones, like Village Development Committees are very locally determined and not well studied. This brings up the issue of limiting activities that are aimed at GIEBI to religious institutions or rather opening them up to influential community members, be they institutionally active (member of pagoda committee, achar) or not.

14.Foreign examples of GIEBI combine training and a focus on pagoda's as service providers (taking care of AIDS orphans, etc.). As Cambodia's Buddhist religious infrastructure is not really comparable with that of e.g. Thailand, especially in terms of the educational level of its monks, it is risky to just copy foreign examples as 'best practice'.

15.The track record of (INGO) attempts to bring about GIEBI in general is not very positive. However, no meta-evaluation of these attempts has been done so far. Even an overview of what has been implemented does not exist.

Given this diverse (but still not exhaustive) list of lacking and/or incomplete information it makes sense to think about determining the scope of a UNV GIEBI project in terms of phases,

a pre-feasibility and a feasibility phase. Such phasing safeguards against unnecessary investment of resources:
16.a limited pre-feasibility study to determine if the concept of GIEBI indeed has the high-level support it seems to have, determine the meaning it is given by those whose support seems absolutely essential for any UNV GIEBI project within the national framework to be feasible, and determine for a limited number of ongoing GIEBI projects what they do, why they opted for this approach, what they run into while implementing their projects, and what impact they have in a limited number of project sites.
17.if this pre-feasibility study shows that the support is indeed real and the quick scan of some ongoing GIEBI activities indicates that a UNV GIEBI project to support and facilitate ongoing processes creating an enabling environment would indeed be helpful, the ToR for a feasibility proper can be formulated.

Design of the pre-feasibility study

The aim of this phase is
- to cost-effectively determine if the basic conditions that have to be met for any UNV project for GIEBI in the response towards HIV/AIDS in Cambodia to be feasible indeed exist.
- to generate input for the design of a feasibility study proper[4].

To realize these aims we propose:

1.Conducting interviews in Phnom Penh with:

- Samdech Tep Vong, Patriarch Mohanikaya sect or his deputy
- Samdech Bour Kry, Patriarch Dhamayutakanikaya sect, or his deputy
- Chhorn Eam, secretary of state MoRC
- H.E. Tia Phalla, secretary general NAA

These interviews will address the following issues:
- What is their general view on HIV/AIDS?
- What do they understand by greater involvement of religious institutions?
- Do they see scope for involvement for prevention and for care, or is one or the other a more appropriate objective for the involvement or religious institutions?
- What is the rationale for supporting GIEBI (as they interpret it)?
- May society expect active personal involvement of the patriarch or other important religious leaders in activities and/or programs targeting HIV/AIDS?
- Which authoritative monk practitioner (if any) can be expected to be willing and able to become actively involved in a program to create an enabling environment for greater involvement of religious institutions?
- What are the main hindrances to GIEBI (as they interpret it)?
- What kind of activities do they envision necessary to bring about GIEBI (as they interpret it)?
- How do they see the respective roles of religious practitioners and lay persons associated with the pagoda?
- How do they see the relationship between GIEBI and other actors communicating health messages and providing services to villagers?
- Do they understand GIEBI in the response to HIV/AIDS as a special case of GIEBI in social services in general?

The interviews will follow a format that is as open as possible to maximize the possibility of eliciting relevant information, with a concluding check on the coverage of the above indicated list of topics.

All interviews will be taped and transcribed.

2.Visit two Battambang-based NGO's that run GIEBI projects, including visits to one project-site (pagoda), for a quick scan SWOT analysis, collecting material on:

18.What activities does the respective project consist of?
19.Was the project NGO/donor initiated or did (local) religious institutions take the initiative?
20.What is the rationale for choosing these activities?
21.How do they view respective roles of monks/nuns and lay persons with a pagoda association?
22.How do they relate to other actors communicating health messages or offering health services in their target area?
23.Have they considered alternatives, and if so, why were these not implemented?
24.Which of their expectations are confirmed while implementing their projects?
25.Which are not borne out?
26.What unexpected developments did occur?
27.What is seen as the project's strengths?
28.What as its weaknesses?
29.What opportunities are identified that the project might make use of?
30.What are its major constraints?
31.What do monks and pagoda-committee members of a project-site pagoda think of the project?
32.What impact do their activities have on the project-site?

Three NGO's are active in and around Battambang city: Wat Norea Peaceful Children's Home (NPC), Buddhism and Development (BFD) and Tean Thor Association/COERR. We propose to visit NPC and only one of the other two as their programs have the same objectives.

3.*Collect a first overview of all relevant GIEBI projects (i.e. also projects outside the HIV/AIDS sector; both ongoing and completed).*

4.Expected output
The pre-feasibility is expected to deliver a concise report that presents the team's findings on:
1.The commitment of the Buddhist hierarchy of the two Cambodian sects.
2.The interpretation of greater involvement of religious institutions that this commitment is based upon, as well as the meaning of GIEBI in the eyes of important government stakeholders.
3.An overview of all GIEBI relevant projects.
4.A recommendation to UNV on how to proceed from here. In case the pre-feasibility indicates scope for a UNV project this recommendation will be a two-page pre-proposal.

The team
The team will consist of a UNV advisor assisting with conceptualizing, analysis and report-writing, a research-coordinator and a research assistant.

Estimated time-investment
Ad 1:
Organizing, conducting and process 4 interviews: 2 researchers x 4 days 8 person-days
Analysis: 2 researchers x 1 days 2 person-days
Ad 2:
Travel-time, data-collection: 2 researchers x 4 days 8 person-days
Analysis: 2 researchers x 1 days 2 person-days
Ad 3:
data-collection: 2 researchers x 3 days 6 person-days
Analysis: 2 researchers x 1 days 2 person-days

Report writing: 2 researchers x 5 days	10 person-days
Total	38 person-days

Budget[5]

UNV advisor	PM
Research coordinator 19 days x $ 20/day	$ 380
Research assistant 19 days x $ 10/day	$ 190
Transcription 4 interviews x $ 25	$ 100
Travel costs:	$ 150
Per diems 2 researchers x 4 days x $ 20	$ 160
Office costs	PM
Total	$ 980

Time-schedule

To simplify the logistics of the project, which are very much dependent upon the availability of the interviewees, some of which are bound to have quite inflexible agenda's, and identifying an opportunity for visiting Battambang that suits both NGO's we propose a project duration of two months. CAS will aim to deliver a draft report on time for an early December stakeholder meeting.

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Gyallay-Pap, P. (2002) Khmer Buddhism resurfaces. In: Vijghen, J.L. *People and the 1998 national elections in Cambodia*. ECR, nr. 44, pp. 109-116.

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Ministry of Planning (2002) *Cambodia Human Development Report. Societal Aspects of the HIV/AIDS Epidemic in Cambodia, Progress Report 2001*. PP.

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National Aids Authority (2001) *National Strategic Plan for a Comprehensive and Multi-sectoral Response to HIV/AIDS 2001-2005*. PP

NPC. 2001. *Project for setting up Monk network to cope with the spread of HIV/AIDS.*
Project proposal to UNICEF
First progress report

Sangha Metta Project (2000) *Buddhist Monks and HIV/AIDS Prevention and Care: Evaluation Report.* (Thailand)

United Nations Volunteers (2001) *Greater Involvement of People Living with, and affected by HIV and AIDS (GIPA) in Cambodia*. Project Document. PP

Annex 2: List of Key Informants

Phnom Penh
1.Samdech Tep Vong, Patriarch Mohanikaya sect at Unalom pagoda.
2.Venerable Yos Hot, Vice Chair of Association Dhamma.
3.H.E Chhorn Iem, Secretary of State of the Ministry of Cults and Religions.
4.H.E Tia Phalla, Secretary General of National AIDS Authority.
5.Venerable Lai Yuvaneadh, Secretary to Samdech Bour Kri, Patriarch Dhamayutakanikaya.
6.Dr. May Noy, Consultant on HIV/AIDS religious response program development UNICEF/MoCR.
7.Mr. Ing Chivorn, Director of Khmer Buddhist Society Cambodia.
8.Mr. Sok Sony, Director of Buddhism Association for Relief of the poor
9.Mr. Etienne Poirot, Project Officer HIV/AIDS UNICEF

Battambang
1.Venerable Van Savet, Director of Wat Norea Peaceful Children's Home (NPC).
2.Venerable Men Sovann, program manager (NPC) in charge of HIV/AIDS education at 13 Makara pagoda, Chamkarusei village, Prah Sdech commune, Battambang district, Battambang.
3.Venerable Siang San, program manager (NPC) in charge of HIV/AIDS and morality education at Balath pagoda, Balath village, Norea commune, Sangke district, Battambang.
4.Venerable The Kong, program manager in charge of HIV/AIDS and Buddhism-related morality education at Boran Mongkul Hop pagoda in Hop village, Hop commune, Mongrusei district, Battambang.
5.Venerable Khut Ang, Chair of Kien Kes Volunteer Networking Team on HIV/AIDS Education in the community.
6.Mr. Siv Lay, Vice Chair of Kien Kes Volunteer Networking Team on HIV/AIDS Education in the community.
7.Pok Socheat, Health Project Manager of Buddhism for Development.
8.Venerable Touch Yun, Administrative Assistant of Buddhism for Development at Anglong Vel pagoda.
9.Venerable Thuk Dam, Program Assistant of HIV/AIDS and morality education in Anglung Vel community.
10.Venerable Proeung Preuy, Mobile Ciciv Education Team Leader and HIV/AIDS Trainer at Thmo Puok pagoda, Thmo Puok district, Banteay Meanchey.
11.Venerable Soeun Rithy, program manager of health, HIV/AIDS and morality education at Preak Rokar, Battambang.

Kompong Chhnang (by phone)
1.Venerable Kim Hun, Director of Wat Ponley Association for the Elderly.

Pursat (by phone)
1.Mr. Phum Phavath, Director of Buddhism Association & Supporting Environment at Wat Peal Nhek.

Annex 3: A tentative overview of all projects/non-governmental organizations relevant to the issue of social involvement of Buddhist religious institutions

1. Buddhism for Development (BFD; Battambang)
- Providing general health services, hand dug wells and pump wells, environmental and hygienic programs and program on HIV/AIDS education about condom uses and counseling to people in the communities.
- Providing encouragement and materials to AIDS patients and visiting AIDS patients in the communities.
T 855-053 370 041, 016 881 521
Mr. Heng Mony Chenda, director

2. Norea Peaceful Children's Home (Battambang)
- Taking care of drug-infected children, domestic violence-infected children, HIV-infected children and children whose parents have passed away due to AIDS.
- Network building program on prevention of the prevalence of the HIV/AIDS epidemic have been carried out in 6 districts in Battambang.
Providing AIDS education, counseling and encouragement to people in communities.
- Facilitating suspected people to have their blood tested at Battambang provincial hospital free of charge.
H/P 012 754 613
Venerable Mony Savet, NPC Director

3. Kien Kes Volunteer Network Group (Battambang)
- Taking care of orphans who have been abandoned and whose parents have died of AIDS.
- Providing AIDS education, counseling, rice, encouragement and medicines to cure opportunist diseases for AIDS people in communities.
- Home based care.
Follow up AIDS-infected people.
H/P 012 727535
Venerable Khut Ang, director

4. Tean Thor Association/CORRR (Action of Compassion; Battambang)
HIV/AIDS response program involved, working for Monks HIV/AIDS home based care and counseling in the communities.

5. Association Dhamma (Phnom Penh)
- Humanitarian programs concerning social work, health and education have been implemented in urban areas. Workshops on health, education and development have been held. The association creates network for the Buddhism community.
- Thousands of trees have been planted over the last four years.
- A hospital was built in 1996 in Trabek district, Prey Veng.
- Development programs consist of small-scale irrigation system, electricity and pump water wells and credit in Trabek district.
Training courses on the produce of Kampos fertilizers have been provided to people in Trabek.
- Buddhism-related morality education has been given to young people since 1999.
- Buddhist Meditation Center has provided meditations to Buddhists every Thursday and Saturday afternoon since 1997.
T 855-23-721 001
Venerable Yos Hot, vice chairman
Mr. Ry Chor, operation officer

6. Khmer Buddhist Society Cambodia (KBSC; Phnom Penh)
- From 1992 to 1996, training programs on human rights, development, democracy, community development policies, general health and hygiene were provided to monks in 21 provinces and cities. Those monks became master teachers to train people in the communities through out the country.

- Providing training programs on Buddhism, human rights, environment and democracy to more than 400 police, military police and staff of the Ministry of Cults and Religions and Environment.
- Training courses on HIV/AIDS and human rights have been provided to 50-60 Chaov Adhika (chiefs of monks) in 7 provinces, Kandal, Kompong Speu, Kompong Chhnang, Prey Veng, Svay Reang, Takeo and Kampot since 2000. After training, these monks become master teachers to train other 600 monks through out Cambodia, except for Udor Meanchey province.
- Training courses on emergency programs were provided 60 monks at Toul Tompung, Nirudh, Komsan and Stoeung Meanchey pagodas in Phnom Penh to raise money from people during traditional ceremonies to support AIDS patients. Monks visit AIDS patients in hospitals.
T 855-23 362 423, 855-012 813 100
F 855-023362 423
Mr. Ing Chivorn, director

7. Salvation Center Cambodia (SCC; Phnom Penh)
SCC is a leading NGO working with Buddhist monks and its major activities providing counseling, home base care, disseminating HIV/AIDS education to AIDS patients in the community and hospitals and serving orphans who are victimized and whose parents have died from HIV/AIDS. Boosting and persuading relatives, neighbors and communities to support and help children who have been affected by the AIDS epidemic.
H/P 855-012 901 738
Mr. Prum Thoeurn, director, PC.

8. Buddhism Association for Relief of the poor (Phnom Penh)
- Training courses on sewing, repairs of motorbikes, radio and television have provided to poor people in Phnom Penh.
- Education about tradition, beliefs and crop plantation and environmental conservation and prevention has been given to young people in Battambang.
H/P 855-016 886 116
Mr. Sok Sony, director

9. Shanti Volunteer Association (SVA) Cambodia (Phnom Penh)
A school Construction Project, a Library Project, a Cultural Support Project, a Rural Village Development Project and the Asian Children's House Project
28, St 288, Sangkat Olympic, Khan Chamkarmon, Phnom Penh
P.O. Box: 2, Phnom Penh
T 855-023 219 080, 855-023 364 229
F 855-023 216 924
Mr. Naito Ryo, director

10. Meditation Center of Wat Nonmony (Phnom Penh)
Developing the HIV/AIDS social response and religious interest through mind concentrated, observing the discipline of the Buddha and upgrading the national program, through HIV/AIDS religious response sensitization meeting.

11. Santi Sena (Svay Riang)
Preservation of natural resource and micro economic (rice bank, pig bank, credit program, non formal education, environment on prevention of community forests and solving and managing conflicts in the community)
T 855-044 715 026, 855-012 924 855
Venerable Nehm Kim Teng, Director

12. Buddhism Association & Support Environment (Pursat)
- Providing environment and community development-related programs and literacy classes to people in Pursat province since 1994.
- Environmental programs are concerning preservation forests and fishery in the community.
- The association has taken care of 13 children whose children passed away of AIDS and worked closely with 6 of 124 pagodas in Pursat to provide incentives, rice and materials to AIDS-affected people. It has cooperated with Provincial AIDS Committee and concerned organizations in Pursat to visit AIDS patients in the community and monks have taken many AIDS patients to Pursat provincial hospital. The AIDS-related program has been carried out since 2000. Monks have roles in taking care of children whose parents died of AIDS as long as their community doesn't accept them and in providing sermons to people in the communities about AIDS in some communities.
H/P 855-012 866 450
Mr. Phum Phavath, Director

13. Wat Ponley Association (Kom Pong Chhnang)
- Providing education on non-violent Dharma, health and AIDS to young people in the community surrounding pagoda.
- Providing encouragement and materials to the elderly.
- Raising money and resources from people in the community to building roads and school
Being involved in development activities in the community.
- Solving problems relating to land and rice fields between local authority and people in the community.

14. Buddhist Association of Cambodia (BAC; Phnom Penh)
To develop a booklet on HIV/AIDS religious response and National Workshop and Training on Buddhist Morality Education.

15. Buddhist Education Inspection (Phnom Penh)
Developing HIV/AIDS religious response to Buddhist students of Buddhist High School, Buddhist University in Phnom Penh, provinces and pagodas based school.
Health educator on HIV/AIDS religious response and public health development with both Buddhist Morality Education integrated.

16. Mlub Baitong (Phnom Penh)
Monks have provided education on prevention of forests and environment to the communities in Kompong Speu and Kompong Thum since 1998.
T 855-023 214 409, 855-012 782 536
Mr. Va Moeun, Vice Director

17. Buddhism and Democracy (Battambang)
1.Short-term training courses on local democracy have been given to people, police and local authorities in Thmor Kol, Bavel and Komrieng districts since 1998.
2.Programs on child and women rights
3.Program on investigation in human right violence
4.Providing training courses on decentralization to commune councils
Public forum between local authorities and people have been organized.
5.Publishing newsletter and providing money and materials to 15 children whose parents have passed away due to AIDS.
420, group 7, Romchek 4, Battambang district, Battambang
Mr. Yoeun Yoeunt, director (012 921 401)

18. NYEMO (Phnom Penh)
An international NGO that runs a programme focusing on the reintegration of vulnerable women living with children and vulnerable women living with HIV/AIDS. This programme involves monk volunteers
14 & 33, Steet 310, BKK1
nyemo@camnet.com.kh
023-213 160/216 944

[1] UNV supports CAS since many years. Currently this support consists of one Dutch institutional strengthening specialist. The time he devoted to this project is considered a free service of CAS to UNV. In addition, the project budget is based on below-regular staff salaries and does not cover any overhead.
[2] UNICEF took the initiative to be included in this pre-feasibility. This initiative is well appreciated because it greatly improved the validity of the study's conclusions and recommendations
[3] During this phase organizational/project structures and design processes are identified that support action by Buddhist leadership and clergy.
[4] Although this goes beyond the confines of this pre-feasibility proposal we suggest that such a feasibility study starts with a proper meta-evaluation of all GIEBI (in general, not limited to HI/AIDS) attempts to date. The feasibility's aim is to generate practical project design options. These can then be the basis for a separate project formulation process that might include a mission and a workshop with major stakeholders, or project formulation may be the concluding part of the feasibility study itself.
[5] As this study is conceived as a service of CAS to its supporting agency UNV this budget is not based on our normal rates.