First of all I’d like to apologize for the preliminary nature of the presentation. We are in the very early stages of this project. We conceived of it about two years ago, originally, but we are only now just starting to actually plan the field phase. Probably more interesting to this forum then the data we are going to be collecting is the organization that is implementing this project. Before I go into that let me just give a brief overview of the environment in which this is happening.

As many of you who have worked in the developing world are familiar with, this is a typical example of disorganized data settings, as Dr. Meddings mentioned the other day. First of all, Cambodia is a country post-conflict, after chronic conflict for about 30 years. Fighting in Cambodia started during the 1960’s, has continued in some form or another until approximately 1998. As might be expected there are a lot of small arms. Estimates range between 300 to 900,000 unregistered small arms in the population. There are approximately 10 million people in Cambodia. A 1998 survey showed that arms are cheap and available in most of the country. AK-47s are going for about $5 to $50 right now. M-16s for $18 to $100. B-40 rocket launchers for as little as $32 US dollars. These arms have arrived from a variety of nations. IN the 1990s that has included North Korea, South Africa, the Czech Republic, Russia, Singapore, Indonesia, Seychelles, and Malaysia.

Aside from that, another issue that we’ve touched upon in other sessions is the distrust of security forces. In our work we have interviewed many different groups of people and they have reported that not only do they not trust the police, the military, and the militias to protect them, but these are often the main threats to their security. In other words, these legal bearers of arms are producing a demand for illicit weapons in these communities.

The last item there was basically a lack of strategic planning. There have been attempts in the past to deal with the issue of small arms by the Cambodian government and the UN transitional authority in Cambodia, which has been mentioned before. Mainly they focused on weapons collection and have been ill-planned, lacking in resources, and poorly coordinated. Issues such as troop demobilization and reform of the security sector have not been addressed.

So, in response to these problems, in 1998 a group of concerned local and international individuals and organizations formed the Working Group on Weapons Reduction in
Cambodia. This is a coalition network that currently includes active members from youth groups, religious groups, women’s groups, rural development, elderly groups, human rights groups, legal groups, you name it. The decision making structure is composed of 10 main organizations – five international NGOs and five local organizations. Of these five local groups, two are also coalitions representing over 100 local NGOs. In addition there’s a subcommittee on weapons law which includes another 11 international and local organizations. Aside from this central decision-making group there are literally dozens and dozens of other NGOs who are involved in the network and participate in their activities.

The basic aims of the working group are to transform the culture of violence, providing a peaceful means of conflict resolution, ensure the role of civil society in the small arms reduction work in Cambodia, and ensure government commitment to developing and implementing a strategic plan for reduction of small arms in Cambodia.

It’s not really possible, given the size of this project, to enumerate all the activities of the Working Group right here. But I can give you a brief run-down of their main foci and some of their main activities. First is public awareness and education. They are an information resource for all interested NGOs. They have cooperated with the Ministry of the Interior to develop public education materials on small arms and peacebuilding. They have designed a multimedia education campaign for radio and television in Cambodia.

The next one is network and alliance building, which is very central to the identity of the working group, and it encourages and supports local civil society members to become involved in issues of small arms, security, and peacebuilding. They have organized provincial workshops to promote discussion of security and small arms issues between local authorities and communities.

Information and advocacy mainly in relation to the government. The Working Group for Weapons Reduction has been asked by the Cambodian government to consult on a new draft weapons law. They have organized a national workshop with the Ministry of the Interior on small arms. They have provided and shared information with the government on small arms and light weapons collection and destruction experiences in other countries.

Finally, monitoring and research. The monitoring includes monitoring government activity such as weapons collection, destruction, storage, community security and troop demobilization. Gathering database information on small arms injuries and death, conducting research on topics such as health and security, weapons and human rights, and starting this year with this project we hope weapons and health.

The decision to include health in the work of the Working Group was triggered partly by WHO’s 1996 declaration of violence as a major public health problem. It’s a decision
That’s not difficult to justify in theory, but it has shown to be rather difficult to implement in practice. Medical organizations in Cambodia have been resistant to becoming engaged in this problem, which is why we created this current project.

Very quickly, I’ll run over some of the discussion we’ve had on this topic. So basically, what can a coalition of grassroots activists and organizations such as the working group stand to gain from a linkage with the health sector?

Number one, monitoring. There is an interest in monitoring the progress of the group and its activities, and of course surveillance tools used in public health are ideal for that purpose.

Another is risk factor analysis. Initially the Working Group was conceived of as a group of organizations who were interested in doing a weapons collection campaign. They had thought initially of maybe organizing some sort of buyback campaign. After looking at the problem in more detail it became obvious that it was much more complex than that, and that that was a very simplistic solution that was not going to achieve their objectives. So there have been numerous projects, surveys, to look in more detail in the different regions of Cambodia what is the mechanism that creates the demand for weapons; how are they used; how are they stored; where are they coming from? So on and so forth. Classical risk factor analysis research can quantify what we already know from our qualitative research.

Finally, cost-benefit analysis. It helps to expand this issue beyond the ethical and political realm. If you quantify things in dollars it becomes much easier to work with decision-makers in the government, to justify programs directed towards the reduction of small arms.

And then finally recognition by the health sector. It confers legitimacy to the issues being discussed. The health sector is seen as being a more formal sector. The data used by it is recognized as being perhaps more objective – I don’t know if that’s always true, but there is that perception. And also the health sector is more of a global network. It allows us to increase global awareness of a local problem. It is also another international forum for advocacy and networking which this conference definitely qualifies as. It is also the basis for creating effective health education and prevention programs. As I mentioned before the government and authorities in Cambodia are not really trusted very much by much of the public. Most incidents involving small arms are not reported to the police. Medical professionals often have more access to more cases, and high risk cases, then, say, the legal system or the military.

Our first attempt at implementing these ideas occurred in 1999. It was also a Non-Violence International Southeast Asia program. At that time we had an intern in political science who started looking at available data sources. It was an attempt to pilot
a surveillance database, and what she tried to do was collect as many reports of incidents as possible. And she came up with 1,173 incidents of injuries relating to small arms between 1993 and 1999.

The first attempt had serious limitations. First, reporting bias. The data came from a very wide range of sources, was very inconsistent in coverage of different areas over different time periods. There was a serious bias towards urban cases. Additionally it was second hand data often from newspapers or databases maintained by human rights groups. None of it could be confirmed or followed up on. And finally it was not very consistent. They were learning how to define the cases as they went along. Case and risk factor definitions were developed along the way, and that obviously affects the outcomes.

Despite all those limitations, a quick look at the database showed some interesting trends, of course given the limitations I would really take this with a lot of salt. But it gave us something to think about for future research.

First of all we found that armed victims are more likely to be killed than unarmed victims. That was statistically a significant finding, for all that’s worth. Then additionally we found that the perpetrator’s relationship to the victim, especially in the case of women, was more likely to be a relationship in which she knew the perpetrator – this is for female victims when compared to male victims.

So, given this information we are now embarking on phase two. SALWAP is the Small Arms and Light Weapons Action Plan. This is the health sector mobilization project, and it is a collaboration between Non-Violence International Southeast Asia, which will be coordinating the project – that’s my role. YRDP is the Youth Resource Development Program, another Working Group partner NGO, who will be helping to implement the field collection. WHO, Dr. Etienne Krug’s office, has kindly offered to provide us with technical assistance. Our objectives for this phase will be first capacity building to train a core group of working group networks and partners that were partners and staff in basic data collection and analysis issues and techniques. We hope to create, basically to strengthen the research component of the working group.

Secondly, design a statistically sound community based survey, focusing on risk factors for small arms related violence and the health outcomes. We hope with the data we collect to publish or present the results in international and national forums. And finally to use that information in future education and advocacy efforts. This is something which, as I have found out, many other NGOs are also engaging in, and I hope we can learn a little bit from previous experience. Finally, to summarize, this project is unique mainly in that it is being initiated by a group of activists in civil society. This is a group that is normally excluded from formal medical research. But it is a group which is particularly skilled in information dissemination and advocacy. The size and the reach of the working group gives it an unusual ability to reach out to both the community at
grassroots level and the world at a more international level. The complex nature of the health problems we are facing today such as small arms is beyond “magic-bullet” solution. There will be no vaccine for small arms. It requires an innovative approach, we hope such as this one, that will address more directly the social and political components of the problem.

And finally, this photograph is from a small arms destruction ceremony in Phnom Phen in 1999 in the Olympic stadium. And I quite like the proverb that they used as the motto for the event, and it says “Any persons who spread water will get soaked.”

Thank you