

Sexual and Gender Based Violence: A Monitoring Assessment against National Strategic Framework and National Action Plan 2014-2018 of Ministry of Women's Affairs in Cambodia

The State of the Region Report on Sexual and Reproductive Health and Rights: International Conference on Population and Development (ICPD+25)





NATIONAL REPORT

Sexual and Gender Based Violence: A Monitoring Assessment against National Strategic Framework and National Action Plan 2014-2018 of Ministry of Women's Affairs in Cambodia

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ACRONYMS

ADHOC	The Cambodian Human Rights and Development Association
ADR	Alternative Dispute Resolution
APMD	The Asian and Pacific Ministerial Declaration
APPC	Asia Pacific Population Conference
ARROW	Asian Pacific Resource and Research Centre for Women
BPFA	Beijing Platform For Action
CCWC	Commune Committee of Women and Children
CDC	Chab Dai Coalition (CDC)
CDHS	Cambodia Demographic and Health Survey
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CMDG	Cambodia Millennium Development Goals
CRC	Cambodian Red Cross
CRM	Coordinated Response Mechanism
CSOs	Civil Society Organization(s)
CVACS	The Cambodia's Violence Against Children Survey
DPs	Development Partners
ESCAP	The Economic and Social Commission for Asia and the Pacific
EVAW	Cambodia Ending Violence Against Women
FGD	Focal Group Discussion
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
ICPD	International Conference on Population and Development
ICT	Information, Communication and Technology
IDIs	In-Depth Interviews
IPV	Intimate Partner Violence
LAC	Legal Aid of Cambodia
LBT	Lesbian, Bi-sexual, Transgender
LICADHO	The Cambodian League for the Promotion and Defence of Human Rights
MAG	Media Advisory Group
MDGs	the Millennium Development Goals
MMR	Maternal mortality ratio
MoEYS	Ministry of Education, Youth and Sports
MoH	Ministry of Health
Mol	Ministry of Interior
MoJ	Ministry of Justice
MoLVT	Ministry of Labour and Vocational Training
MoP	Ministry of Planning
MoSVY	Ministry of Social Affairs, Veterans and Youth Rehabilitation
MoT	Ministry of Tourism

MoWA	Ministry of Women's Affairs
NAPVAW	National Action Plan to Prevent Violence against Women
NCDD	National Committee for Sub-National Democratic
NGOs	Non-Government Organizations
NSDP	National Strategic Development Plan
OSSC	One-Stop Service Center
PB	Programs-based Budgeting
PBA	Programme-based approaches
PDoSVY	Provincial Department of Social Affairs, Veterans and Youth Rehabilitation
PDoWA	Provincial Department of Women's Affairs
PoA	Programme of Action
PVAW	Prevention of Violence Against Women
RGC	Royal Government of Cambodia
RFSU	The Swedish Association for Sexuality Education
RHAC	Reproductive Health Association of Cambodia
SCR	Security Council Resolutions
SDGs	Sustainable Development Goals
SGBV	Sexual and Gender-based Violence
SRHR	Sexual and Reproductive Health and Rights
SSC	Social Services of Cambodia
STIs	Sexually Transmitted Infections
TFR	Total Fertility Rate
TPO	Transcultural Psychosocial Organization
TWG	Technical Working Group
TWGG-GBV	Technical Working Group on Gender-Gender Based Violence
UN	United Nations
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
UNDRIP	United Nations Declaration on the Rights of Indigenous Peoples
VAW	Violence Against Women
VAWG	Violence against women and girls
VCSP	Village Commune Safety Policy
VSP	Village Safety Policy
WHO	World Health Organization

EXECUTIVE SUMMARY

The year 2019 will mark twenty-five years since the International Conference on Population and Development (ICPD), occasioning a comprehensive appraisal of the subsequent successes achieved and challenges encountered in implementing the Programme of Action (PoA) to which United Nations (UN) member countries agreed in 1994. In particular, this monitoring report assesses the progress that has been made with respect to those agenda items concerning gender equity and women's empowerment in Cambodia. Violence against women and girls (VAWG) continues to be recognized as a prevalent and urgent concern in Cambodia. Thus, an evaluation of the implementation of the National Action Plan to Prevent Violence against Women (NAPVAW) 2014-2018 – which the Ministry of Women's Affairs (MoWA) conceived in alignment with the ICPD PoA – reflects the general state of sexual and reproductive health and rights in Cambodia against the ICPD objectives.

To monitor the effectiveness of NAPVAW implementation, an assessment was undertaken in July to September of 2018. The methodology was comprised of desk review of relevant government policies and focus group discussions (FGDs) and in-depth interviews (IDIs) with key stakeholders, including national and sub-national government authorities, survivors of sexual and gender-based violence (SGBV), and clientele seeking services at the Reproductive Health Association of Cambodia (RHAC). Key areas that were assessed as reflecting the status of ICPD +25 were as follows:

1. Primary Prevention
2. Legal Protection and Multi-sectoral Services
3. Formulating and Implementing Policies and Laws
4. Capacity Building
5. Review, Monitoring and Evaluation

The monitoring assessment revealed mixed success in these areas. Primary prevention was identified as the area in which the most notable recent progress has been made. Active awareness-raising efforts were identified as increasing visibility and understanding of SGBV among communities, and government officials at multiple levels demonstrated earnest engagement with their particular responsibilities in addressing the problem of SGBV. At the same time, understanding and use of a coordinated response mechanism was found to be low, as was civilian and official knowledge of ICPD objectives. Responses regarding legal protections and multi-sectoral services indicated marked ambivalence, with some duty bearers claiming positive improvements in the availability of legal support to survivors, and others pointing to insufficient technical guidance and frequent turnover of relevant authorities and implementing partners (e.g. civil society organizations (CSOs) and non-governmental organizations (NGOs) bounded by project timelines) as recurrent obstacles in securing reliable protections. In many cases, the policies and laws formulated as part of NAPVAW had not been widely or effectively implemented due to human resource, funding, and capacity-related constraints. Capacity building was

found to be occurring with measurable success at the national level, but a significant gap separated this progress from the sub-optimal awareness and capacity of sub-national actors. Finally, while some preliminary steps had been taken by MoWA toward a coordinated national M&E system for continuous review and enhanced accountability, this was not currently found to be in widespread use, with much information sharing between national and sub-national authorities presently limited to monthly reporting and meeting processes.

In light of these findings, the following overarching recommendations may be given:

1. Capacity building and relevant activities, including awareness-raising on gender and GBV sensitization, shall be considered one of the top priorities for key actors.
2. Improving coordination/cooperation mechanisms between sectors is required to ensure a strong commitment for sustaining the work with stakeholders.
3. Internal coordination mechanisms in institutions at both the national and sub-national levels may need to be reviewed, since significant responsibilities are identified differently.
4. The educational system has a relevant role to play in community awareness and accountability.

The overarching recommendations may be further delineated in terms of the responsibilities of the government sector at the national, provincial, and local levels and of the non-government sector, including the responsibilities of development partners, CSOs, and RHAC itself.

This report should thus be referenced as evidence to inform the Mid-term Review of the 6th Asia Pacific Population Conference (APPC) in 2018 at the regional level, the national policy dialogues in 2019 at the national level, and the ICPD+25 review in 2019 at the international level; but it should also be considered as an actionable advocacy document in the ongoing effort to confront VAWG and improve the lives of Cambodian women and girls.

INTRODUCTION

Although global data have not specified exactly how many of the world's women are poor, there is considerable evidence that women tend to be at greater risk than men of falling into or remaining in poverty.¹ Causes of the feminization of poverty include gendered labour market discrimination, women's obligations with respect to child care and unpaid domestic work, low levels of female education, poor access to health care for women and girls, violence against women, and patriarchal cultural norms.

In order to eliminate gender-based marginalization and promote gender equality and equity, the PoA to which UN member countries agreed at the 1994 ICPD included the global need to consider and ensure the quality of all forms of Sexual and Reproductive Health and Rights (SRHR). As part of the ICPD agenda, gender equality and women's empowerment have thus been established as issues requiring a wide range of actions by each country's government, private sectors, and international and local CSOs. The areas for action include, among others, women's participation in political life, education, women's human rights, equal wages for women and men, the elimination of violence against women (including all forms of discrimination), women's ability assurance, and national laws and international conventions concerned with enforcing women's rights (including women's property rights and legal rights to inheritance). In fact, principle four of the PoA indicates clearly that:

Advancing gender equality and equity and the empowerment of women, and the elimination of all kinds of violence against women, and ensuring women's ability to control their own fertility, are cornerstones of population and development-related programmes. The human rights of women and the girl child are an inalienable, integral and indivisible part of universal human rights. The full and equal participation of women in civil, cultural, economic, political and social life, at the national, regional and international levels, and the eradication of all forms of discrimination on grounds of sex, are priority objectives of the international community.²

Cambodia is a country, located in mainland Southeast Asia with approximately 16,069,921 of population by 2019, male 7,899,824 and 8,170,09.³ The country situates between the Gulf of Thailand to the southwest, Thailand to the west and north, Laos to the north, and Vietnam to the east. With a large remain of rural, only 21% of the population in urban environments; 4 in 5 Cambodians live in a rural area.

Since Cambodia adopted the Programme of Action (PoA) of the (ICPD) in 1994, the Royal Government of Cambodia (RGC) has made tremendous efforts to address all concerns related to population and development, including SRHR noticeably. Its efforts have brought about many positive results, especially in terms of better laws and regulations to protect and ensure fair access to SRHR, maternal mortality reduction, improved family planning services, reduced HIV prevalence, gender mainstreaming at all levels, prevention of domestic violence and human trafficking, provision of care and rehabilitation to survivors, poverty reduction, and education for all. The government

¹ European Parliament, 2015. "Policy Department: Citizens' Rights and Constitutional Affairs". (p, 8)

² ICPD, 1994. "Programme of Action". Cairo. (p, 12)

³ Ministry of Planning, NA. "Population Projections For Cambodia, 2008-2030". Last consulted: 22, January, 2019. https://www.stat.go.jp/info/meetings/cambodia/pdf/rp12_ch10.pdf

should be cognizant of its achievements thus far and continue to support and mobilize both local and international funds for SRHR so that additional goals can be achieved by 2030.

Previously, the maternal mortality ratio was a risk of 1 in 50 dying a maternal death. According to Cambodia Demographic and Health Survey (CDHS) in 2005 showed that maternal deaths indication about 17% of all deaths of Cambodian women between the ages of 15 and 49. Comparing with data release by the CDHS 2010 showed a drastic improvement to risk of maternal death, along with a greatly decreased maternal mortality ratio (MMR). In 2010 the risk of a woman dying a maternal death was 1 in 165, and maternal deaths accounted for 8.5% of all deaths to women age 15-49.

The total fertility rate (TFR) has remarkably reducing from four children per woman in 2000 to less than three children per woman in 2013, though rural women tend to have one additional child more than their urban areas.

Moreover, Cambodia also has legalized law of abortion since 1997 in 15 articles, which define abortion as “a termination of the fetus by medication or any other method”. It shall be performed by a medical doctor, medium medical practitioner or mid-wife. Through procedure and condition for abortion, it was allowed to carry out only inside a hospital, health centres, public or private clinic which is authorized by Ministry of Health.

Despite relatively progressive legislation on SRHR such as TFR, MMR and abortion etc, lack of access to both receiving services and stigmatization remains a challenge in Cambodia, infringing on women reproductive health and rights. According to RHAC experience of hotline service, most women who find STI treatment services are not aware as they are victim of sexual violation.

A plethora of strategic mechanisms and new policies committed to addressing these issues, a recent report by the World Health Organization (WHO) still found that 1 in 3 women worldwide (35%) have experienced physical and/or sexual intimate partner violence (IPV) or non-partner sexual violence in their lifetime.⁴ In close approximation of global data, 25 percent of Cambodian women and girls report having been subjected to domestic violence, rape, sexual assault, and/or other forms of sexual abuse. This is due to unrecognized objectification of women in patriarchal society, perception of sexual and gender-based violence as an individual issue, and pressure for women to follow social norms. According to data from the Cambodia Violence against Children Survey (CVACS), the experience of sexual abuse before age 18 is also an urgent concern, with four percent of females and five percent of males aged 18-24 reporting at least one prior experience of sexual abuse. Common perpetrators of sexual abuse and violence have been identified by these respondents as husbands, siblings, relatives, neighbours, friends, and intimate partners. Among victims, 24 percent of females and nine percent of males aged 18 to 24 reported that they have been raped.

Due to this serious condition, the women's affairs sector is working hard to eliminate all forms of SGBV, with particular attention paid to women who are heads of household

⁴ WHO. Violence against Women. <http://www.who.int/news-room/fact-sheets/detail/violence-against-women>. Last consulted: 14, August, 2018.

and girls. To achieve this outcome, the Royal Government of Cambodia (RGC) strongly encouraged the integration of SGBV into Rectangular Strategies Phase I, II, and III, the National Strategic Development Plan (NSDP), Legal and Judicial Reforms, sectoral policies and programs, and the Village Commune Safety Policy (VCSP). According to the NAPVAW 2014-2018, which was prepared by the Ministry of Women's Affairs, eliminating VAW should be prioritized by all government-related institutions, private sector partners, and CSOs and addressed with renewed vigor and commitment.

In addition to local actions and plans to prevent and eliminate all forms of SGBV, agreement on the ICPD PoA, international intervention on behalf of the Millennium Development Goals (MDGs), Sustainable Development Goals (SDGs), and frameworks such as Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), Cambodian Red Cross (CRC), United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), and Security Council Resolutions (SCR) bolster efforts to address and reduce GBV through global partnerships. These global development frameworks have engaged progressively with gender and sexual rights, including prevention of SGBV, and they promote positive development.

In order to monitor the effectiveness of the NAPVAW 2014-2018 framework against practical issues, and to elucidate the way forward, this study assesses the effectiveness and efficiency of coordination and cooperation at all levels, including government ministries, institutions, development partners, service providers, communities, and civil society organizations. It has been undertaken by Reproductive Health Association of Cambodia (RHAC), which provides quality health services to the community, especially the poor and vulnerable sections of the population. RHAC also works with young people to advocate for and improve their SRHR. This study is also a part of SRHR awareness-raising, which includes the need to identify the level of policy implementation. A specific objective of the study is to examine the capacity of educational institutions to respond to violence against women through sound primary prevention interventions.

1. WHEN WAS THE MONITORING REPORT CARRIED OUT?

The assessment took place from the 10th of July to the 14th of September, 2018. The monitoring assignment is very significant in indicating the current conditions of accessibility to health and legal services for SGBV victims. This measurement also ensures compliance with requirements and standards and effective management of previously-identified impacts.

2. WHAT DID THE STUDY COVER?

The report will contribute to monitoring the outcome of implementing plans following the NAPVAW 2014-2018 and the National Strategic Framework on Access to Social Services and Protection of *Neary Rattanak IV*, both of which were developed by MoWA. The report also examines linkages between these national plans and the objectives of ICPD PoA on GBV.

2.1. Objective

The objective of this study is to monitor the effectiveness of the intervention as spelled out in the NAPVAW 2014-2018, which is aligned with the objectives of ICPD PoA on GBV in the following areas

1. Primary Prevention
2. Legal Protection and Multi-sectoral Services
3. Formulating and Implementing Policies and Laws
4. Capacity Building
5. Review, Monitoring and Evaluation

2.2 Expected Outcome of the Study

The monitoring outcome will serve as evidence to enhance the accountability of authorities at the sub-national and national levels to implement policies in accordance with the ICPD Programme of Action on GBV. It will create an opportunity to meaningfully address existing gaps and improve coordination on the part of all relevant stakeholders to ensure that Cambodia meets its commitment to the ICPD goals. The results of the monitoring report may also inform the design of future programs combatting GBV in order to maximize their relevance and impact.

2.3 Scope and Limitation of the Study

Due to the timeframe and practical limitations, this research has been carried out within several constraints. Firstly, due to deeply rooted norms related to GBV in Khmer life, some parts of the questionnaire raised sensitive issues indirectly. Secondly, considering the limited sample, this research may not claim to represent the whole of Cambodia as having the same conditions with respect to prevalence of GBV and the effectiveness of interventions. The data also may be subject to limitations in measurement and reporting, translation, and data processing.

In order to approach the outcomes and generate informed conclusions and recommendations, it was agreed for the scope of the monitoring assessment to use five parameters of NAPVAW: Primary Prevention, Legal Protection and Multi-sectoral Services, Formulating and Implementing Policies and Laws, Capacity Building, and Review, Monitoring and Evaluation. Activities undertaken as part of the assessment were as follows:

1. Review of relevant documents, especially NAPVAW 2014-2018 and Neary Rattanak IV, which were available to the consultant in advance
2. Discussion and consultation with relevant agencies; specifically, a sample of 68 respondents randomly selected from public, private, and civil society sectors in target provinces and cities

- Key Informant Interviews with MoWA, MoH, MoP, MoSVY, MoI, MoJ, MoLVT, MoT, Provincial Department of Women's Affairs (PDoWA), Commune Committee for Women and Children (CCWC), and local authorities, including village chiefs, who participated in the data collection process at villages in all selected target areas
- Focus Group Discussion (FGD) with RHAC's clients

3. Utilization of questionnaires developed based on the implementation matrix of NAPVAW 2014-2018, frameworks of the research study, and norms linked to livelihood and education of women.

3. METHODOLOGY

3.1 Data Collection Procedure

The quantitative methods in both primary and secondary data were used to determine the statistical significance of the assessment conclusions. The primary data were collected using FGD and in-depth interview methodology, which are mentioned in Table 1. The questionnaire Form A was developed for government officials at the national level. The survey tools for FGDs (Form B) and the tools used to review secondary data to identify the percentage of those who successfully accessed or provided services following instances of SGBV were developed in consultation with RHAC. The Form B questionnaire was conducted in Or Mal and Peam Ek communes, Battambang Province and was used by local authorities and CCWC members. The questionnaire Form C was used for victims of violence or women who received services from RHAC. Target areas for interviews are indicated in Figure 1.

Target area	Public Sectors (national level)	PDoWA	CCWC & Authorities	GWW omen/ Surviv or	Total # of Respondents
Phnom Penh	10			50	
Battambang		1			
Peam Kek			2	20	
Omal Dist.			2	10	
Total of each target group	10	1	4	53	68

Table 1: Estimated Number of Respondents for Primary Data Collection



Figure 1: Mapping Target Provinces/City

3.2 Secondary Data Collection

Before the FGD field work began, the study team conducted a review of existing literature on violence against women. NAPVAW 2014-2018 and *Neary Rattanak IV* (NR IV) were the main references for the research study.

3.3 Data Quality Control

The data were properly collected and verified after field work and interviews. Survey interviewers were trained for 1.5 days and their daily outputs (completed questionnaires) were reviewed and checked by field supervisors. Furthermore, daily debriefings were held to discuss and resolve any issues/questions on questionnaire. The field supervisors were assigned to each survey province and stayed with the enumerator teams until the survey completed.

The questionnaires were properly checked and edited before being processed. Identification numbers were assigned for each enumerator and each survey or FGD transcript was given a unique identity. The study team reviewed the FGD results in coordination with the supervisor of the team. The names of respondents were not encoded. The database sheet created for the study results was disseminated only to members of the study team and the support group. Completed FGDs were kept in a secure place until being transferred to the finalized study report.

3.4 Data Processing and Analysis

In addition, FGD results were transcribed and then analyzed according to emerging themes that corresponded to the research questions. Secondary data was also entered so that all data could be easily accessed for analysis and reporting.

3.5 Structure of the Report

The proposed structure of the report was approved by RHAC and the Support Group as part of the research protocol. The report contains a narrative of the survey results according to the flow of the questionnaire, with observation and FGD results integrated into the discussion

4. RESULTS AND FINDING

4.1 Characteristics of Study Areas

SGBV shall be clearly addressed in advancing monitoring and evaluations, with the aim to assess whether an activity is achieving its objectives and how frameworks can be learned from and fed back into further efforts. For the same reasons, other issues related to VAW shall also be identified. In fact, there have been a number of research studies about SGBV against women in Cambodia. According to a Cambodia Demographic and Health Survey (CDHS) report, 22% of the 1,707 married women who completed the 2005 domestic violence module reported that they had experienced physical, sexual, or emotional spousal violence since the age of 15 years.⁵ Meanwhile, 54.3% of men admitted that they had perpetrated at least one act of emotional abuse, 16.4% at least one act of physical abuse, and 53.2% at least one act of economic abuse.

Traditional gender norms and customs are deeply rooted in culture, and the results of the Cambodia's Violence against Children Survey (CVACS) suggested that learning experiences from early childhood entrench the gender stereotypes that are among the primary causes of VAW/SGBV. Moreover, as demonstrated in the 2014 VAWG assessment by MoWA, women and children exposed to violence as a routine conflict resolution strategy often come to regard this as normal behavior. According to NAPVAW II, approximately 87% of respondents who were victims of rape, sexual abuse, and physical violence had neither disclosed their experiences nor sought help. Additionally, 68% of women with disabilities who had experienced intimate partner violence did not report it.⁶

Generally, the underlying primary causes of violence against women and children are economic dependence and feminization of poverty, which render women and girls more vulnerable to sexual exploitation. Women and children who are victims of domestic violence exhibit greater prevalence rates of mental distress, sexually transmitted infections (STIs), self-harm, and suicidal ideation.⁷ The issue is frequently justified by the claim that a woman's disobedience of her husband caused the violence.

Acknowledging the existence of this serious issue and aligning with development strategies, RGC continues to focus on equity as one of the four prioritized components – in addition to growth, employment, and efficiency – in Rectangular Strategy Phase III. The MoWA is one of governmental agencies developing policies and transferring them to strategic actions through its national action plan and close work with private

⁵ Ministry of Women's Affairs. "Women's Experience of Domestic Violence and Other Forms of Violence: Secondary data analysis report of CDHS 2015". September 2016. (p. 4)

⁶ Ministry of Women's Affairs. "Violence: Violence against Women and Girls Cambodia Gender Assessment". 2014. (p 17)

⁷ Ibid (p 16)

agencies. During the last five years, MoWA developed numerous key products, such as a framework in the NAPVAW 2014-2018, Referral Guidelines for Women and Girl Survivors of Gender-Based Violence, Minimum Standards for Basic Counselling for Women and Girl Survivors of Gender Based Violence 2016, Guidance Manual on Legal Protection for Women's Right and Children in Cambodia 2016, Manual for Facilitators of Caregivers, We are Ready: Supporting Teenagers' Development in Healthy and Happy Relationships 2018, Shaping our Futures: Developing Healthy and Happy Relationships Adolescents Manual 2018, Report on Data Analysis on Women's Experiences of Domestic Violence and Other Abuses 2016, Guidelines for Data Collection on Gender-Based Violence (GBV) Services Provided and Referred: Based on Referral Guidelines for Women and Girl Survivors of Gender Based Violence, and Guidelines on Basic Counselling for the Community Who Works with Alcohol Abusers 2017.

The knowledge products are officially endorsed as the national documents for implementation. However, the translation of these concepts to action has been limited by financial constraints, insufficient human capital, and lack of essential equipment, all of which impedes the guardianship of implementing agencies and delays timely intervention for survivors. As tends to be the case at the grassroots level, interviews with respondents at both the national and sub-national levels indicated that there are three main causes of ineffectiveness and inefficiency in the context of policies that combat VAW/G through the process of investigation on key despondences. First, there are gaps in knowledge and understanding on the framework and policies that are assigned at the national level. Second, social norms surrounding women's dependency usually promote extrajudicial mediation for ending family conflicts. This is a risk to women and is not a sustainable resolution to stop VAW/G, especially since responsible parties and stakeholders do not classify or clarify the definition of domestic violence as a crime. Third, there is a general lack of accessibility to services for survivors and no systematic mechanism to provide particular protection for them. Drawing from the experience of implementing agencies over the last ten years, the survey has shown that only financial and technical supports from NGOs can help survivors until they are secured and receive legal protection. Unfortunately, as mentioned, service and protection mechanisms are not available and easily accessible to all areas across the country. More rural and remote areas are still struggling to find services and secure accountable protections.

However, the result of the report also cannot ignore the progress of local authorities' intervention in terms of effectiveness and efficiency. Local authorities have shown willingness to eliminate VAW/G, follow the Village Commune Safety Policy (VCSP), and where possible, provide services free-of-charge in order to intervene on behalf of survivors particularly. For instance, a member of CCWC at Peam Ek District, Battambang who is over 75 years old still committed to work despite the complete absence of financial resources or essential equipment on violence intervention. Due to insufficient budgetary support for this work, no replacement for the position could be found. In a similar case in Omal District, the head of the commune fulfilled his own responsibilities without any expectation of financial support. Following the VCSP, a network group was established to work on primary prevention. The members were from different sectors and included CCWC members, heads of villages, police, doctors, social workers, and prosecutors. CCWC members and heads of villages also worked closely with NGOs who target diverse areas such as legal protection, rehabilitation,

and health. In addition to primary prevention on GBV, they work with efforts to promote awareness on VAW/G.

Primary Prevention

According to the answers of respondents regarding their experiences at the sub-national level, all survivors of violence sought help themselves. This is due to the limited ability of local authorities in receiving emergency information and increasing understanding of rights and recognition of services among women. The response is indicated in figure 2.

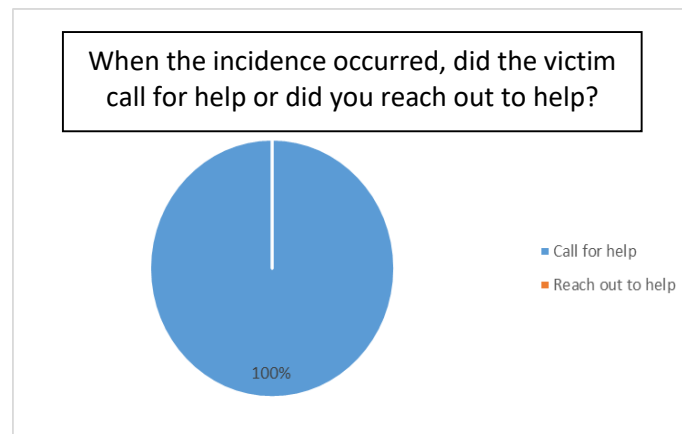


Figure 2: Way of receiving intervention

Awareness-raising in the communities seems notably active. Respondents cited a variety of media, such as TV, social networks, and provincial radio, as well as civil society organizations who work on GBV, as sources of information about prevention mechanisms and women and children's rights (see figure 3).

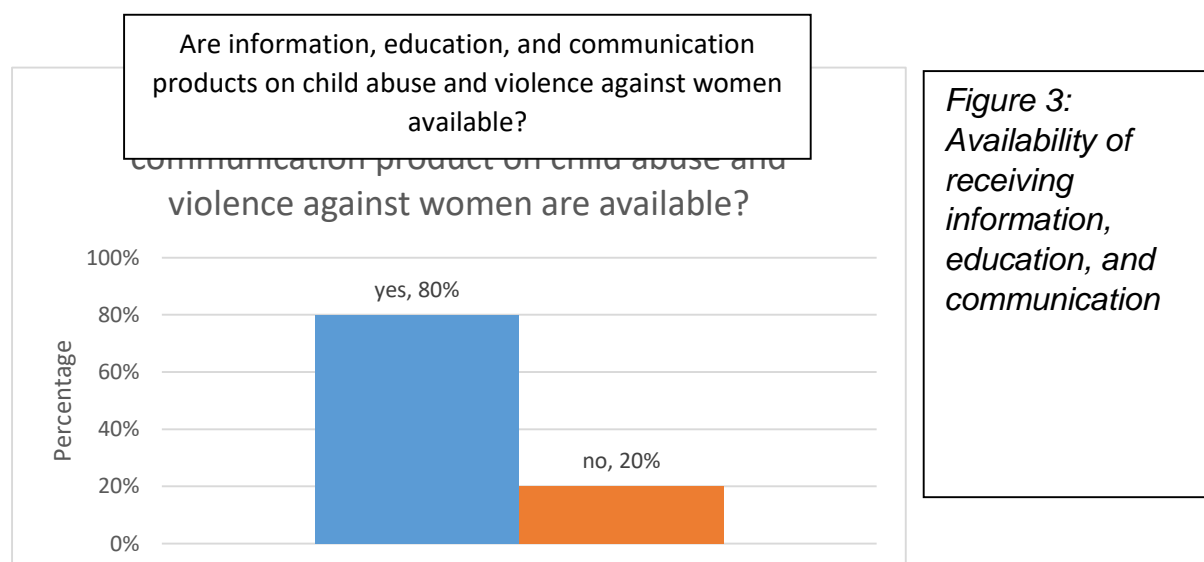


Figure 3: Availability of receiving information, education, and communication

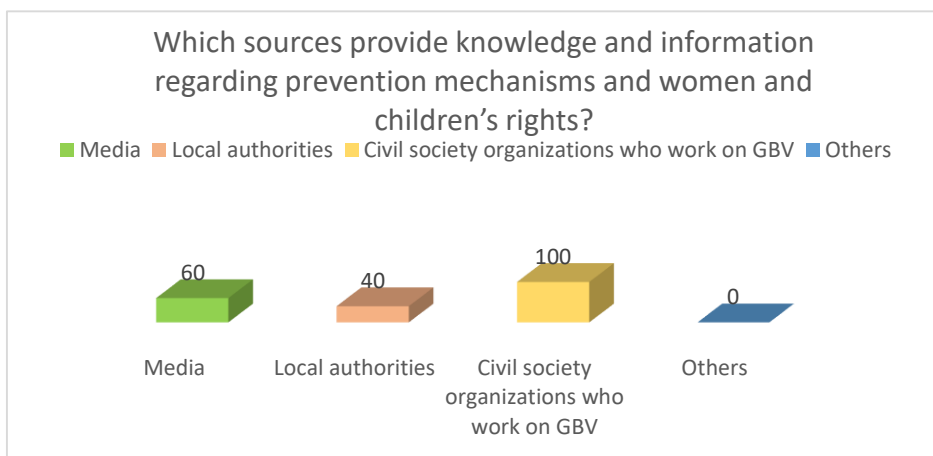


Figure 3-3: Sources providing information, education of prevention mechanism, included women and child right

Moreover, local authorities seem to have different understandings on the coordination mechanism from one area to another. Most of them understand their own responsibilities and work reflexively from case to case without any marked division of activities among the five strategies pertaining to eliminating SGBV: primary prevention, legal protection and multi-sectoral services, formulation and implementation of policy and law, capacity building and review, and monitoring and evaluation. In fact, only 20% of respondents were informed about the existing coordination mechanism led by CCWC members, and 40% claimed that they had no such mechanism. The remaining 40% were unsure if the responsibilities they were executing were part of an initiative or arrangement stemming from the national level.

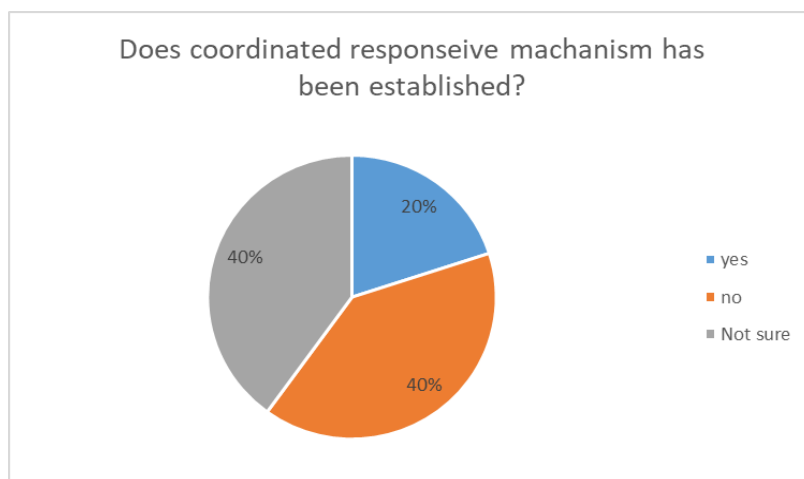


Figure 4: Coordinated responsive mechanism

According to the review of MoWA's first NAPVAW, there is inadequate coordination between service providers and key actors on prevention and response strategies. Mirroring key findings of the case study, only 40% of respondents claimed that the level of cooperation and coordination between service providers had been improved, whilst 20% did not recognize the improvement, and 40% responded ambiguously.

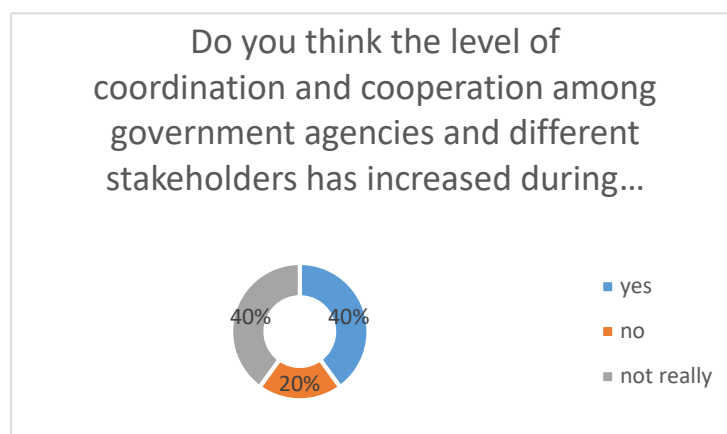


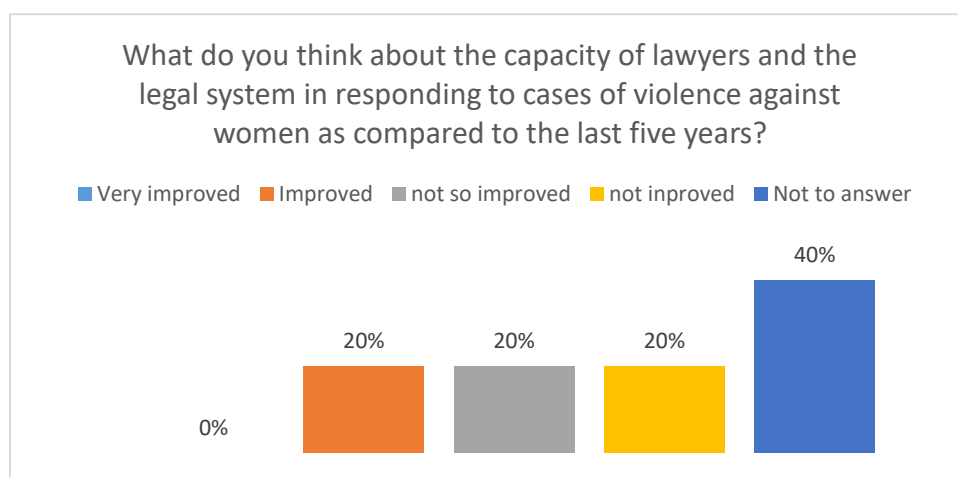
Figure 5: Improvement of coordination and cooperation between implementing agencies

Legal Protection and multi-sectoral services

The key reasons that respondents are not clear about improvement of coordination and cooperation between key actors have been observed to stem from two fundamental causes: frequent change of implementing members and similar variation in the active implementation period, mostly on the basis of the availability of NGOs' involvement. According to a new member of ccwc in Ormal district, she claims that *"I am a new officer, I am not yet aware of working process. And we have only 2 people, which is very difficult to have broad knowledge"*. These causes appear to mostly affect legal protection services. Though 20% of respondents insisted that there has been some level of improvement in legal systems and agencies, 40% of respondents attempted to avoid the subject. For instance, consider the establishment of a lawyer committee for survivors who are identity poor. The committee works effectively to defend and protect the survivors, providing the services free of charge under particular criteria. However, these may exclude other survivors who really need to seek protective services. Survivors who could access legal protection from the committee fell into two specific conditions, including the seriously injured poor and girls under 18 who have been raped. Most survivors in the communities seek help from CCWC and local authorities, and they are recommended to receive protection services from Legal Aid of Cambodia (LAC), CWCC, and Chab Dai Coalition (CDC), which are available in their area.

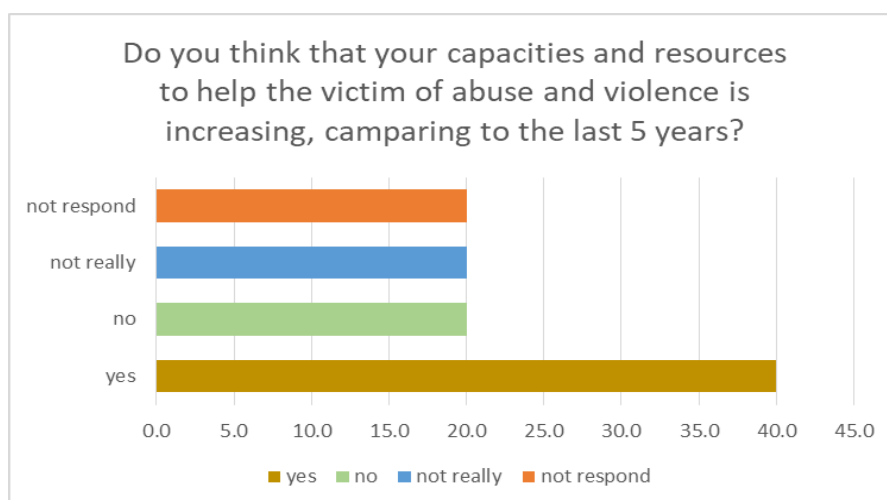
The research strongly suggests that most of the cases for which women seek help from CCWC and MoWA's focal points involve divorces and domestic violence, issues which are typically resolved through mediation (somroh Somruei). This is not only a traditional norm, but an institutionalized practice. The Mol officially established the Alternative Dispute Resolution (ADR) to address these conflicts before they are brought to resolution by the judiciary system.

The frequent change of implementing members resulted in a clearer level of capacity needs assessment and the way forward. Whilst the enforcement of protection is increasing in laws and policy at the national level, capacity-strengthening events are provided inadequately, and some events are held regularly with repeated topics that are not fulfilling the current requirement.



*Figure 6:
Improvement of
lawyer and legal
system in the last
5 years.*

*Figure 7:
Capacity building
of the key actors*



According to key implementers at the sub-national level, insufficient technical guidance for survivors – both in terms of dealing with their issues and in terms of providing any particular life skills – causes limited improvement for their living conditions. According to the 2008 National Population Consensus, 77.6 percent of Cambodian adults are literate, but there is a wide gap between male (85.1 percent) and female (71 percent), even when the level of literacy is defined only as the basic ability to read and write. 30% of the population remains unable to read and write, and this does not take into account calculations of truly functional literacy, which may challenge to the reported literacy level in Cambodia. Therefore, women are still considered the most vulnerable group who easily suffer, not only from various threats to their safety, but also from multiple structural barriers to advocating for themselves when they are victimized.

Year	Violence and Intentional Injuries		Domestic Violence		Sexual Violence	
	By case	by victim	By case	by victim	By case	by victim
2013	571	841	83	86	43	46
2014	546	793	67	68	47	48
2015	485	730	84	85	35	35
2016	506	708	91	91	46	46

2017	568	864	145	145	55	55
2018	-	-	-	-	-	-

Table 2: Transfer and Transmission of criminal cases for trial as misdemeanors (Actual Investigation)⁸

Formulating and Implementing Policies and Laws

In line with the study findings, NAPVAW 2014-2018 also insists that the understanding of authorities and others is still limited, as awareness-raising on laws and policies has not reached all people, especially in remote areas.⁹

According to second strategy, third component of *Neary Rattanak IV* (NR IV), it is possible that strengthening legal protection for women and girls could be implemented through partnerships with other relevant sectors under the leadership of MoWA. Prioritized sectors who shall work closely with MoWA are MoI, MoH, MoP and other civil society organization. NRIV has clearly mentioned a strategic framework for effectiveness implementation, including:

- Coordinate the implementation of NAPVAW II (2014-2018) through TWGG-GBV under the PBA framework.
- Identify specific measures to address GBV and discrimination against marginalized women and girls in collaboration with relevant stakeholders.
- Develop and use systems for baseline data and monitoring of data related to all forms of GBV.
- Promote public awareness about laws, regulations, and services related to the prevention of GBV and migration.
- Increase quantity and capacity of MoWA's Judicial Police Officers at both national and sub-national levels to assist GBV survivors.
- Strengthen and expand One-Stop Services for survivors of GBV.¹⁰

However, due to practical conditions, the implementing process might be incomplete or face additional challenges. Referring to capacity building for TWGG-GBV and resources to perform the roles and responsibilities for GBV prevention at national level, approximately 80% have been trained regularly with Program-based Budget (PB) supports 3 times per year, excluding other supports by Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) from 2004 to 2018 on consultation and lawyers. The trainings usually focus on human trafficking, domestic violence, policy for protection, and rape. With respect to other activities related to VAW, the MoWA has been working strongly with the support of UN Women, CWCC, LAC, Transcultural Psychosocial Organization (TPO), The Cambodian Human Rights and Development Association (ADHOC), The Cambodian League for the Promotion and Defense of Human Rights (LICADHO), Banteay Srey, Social Service of Cambodia (SSC), etc. However, their cooperation is not widespread across the country; this has only happened in target areas where civil society organizations are working.

⁸ The data is received from a record of interview with a representative of Ministry of Interior, 23, August, 2018.

⁹ MoWA. "National Action Plan to Prevent Violence against Women 2014-2018". Phnom Penh. (p, 34).

¹⁰ MoWA. "Neary Rattanak IV 2014-2018". Phnom Penh. (p, 41-43).

The national level focal points are clearly aware of the scope of works, whilst they also understand their limitations in approaching the indicators. In fact, One-Stop Service centers for survivors of GBV that were expected to be established in at least two provinces are still in the process of practical reconsideration. The centers were planned to be constructed in health centers so that MoH could be the lead. However, due to the limited space of the health centers, lack of funding supports, and the conflict between few daily cases and the number of staff who provide services to survivors, the process requires more time for observation and reconsideration. According to a representative of MoH who respond to the research in interview, he mentioned clearly that *“If we establish One-Stop Service Center, we need to consider about how effective it would serve to the communities, since there are only several cases in few months, and we need to spend for many officers from different sectors to stand by there every day”*.

The existence of a referral system faces conditions similar to those encountered with One-Stop Service centers, and is working well only with the support of development partners. The system has been piloted at only some provinces in Cambodia: Siem Reap, Kampong Thom, Kampong Speu, Banteay Mean Chey, Takeo, Preah Vihear, Steng Treng, Kampong Cham, Phnom Penh, and Sihanouk Ville. Phnom Penh is supported by Care, Sihanouk Ville and Kampong Speu are supported by UN Women, Siem Reap and Kampong Thom are supported by GIZ, Takeo, Kampong Cham, Steung Treng, and Preah Vihear are supported by UNFPA, and Banteay Meanchey is supported by CWCC. The services are mainly focused on legal aids such as reporting to the police, processing legal protection for the plaintiff, and monitoring trial review. In the pilot activities, the health sector has generally been involved with providing a guidance manual for capacity building at the sub-national level, and the police have provided protection and criminal codes. Moreover, technical working group also cooperates closely with CWCC to provide supports and rehabilitation.

These supports allow many survivors to effectively and efficiently receive a response and justice. At the sub-national level, coordination is strongly effective, since members of CCWC and PDoWA participate as a permanent member for the commune/district level. Unfortunately, the services and systems are not available to all provinces across the country, especially in the remote areas. The structure of the technical working group is indicated in Figure 8.

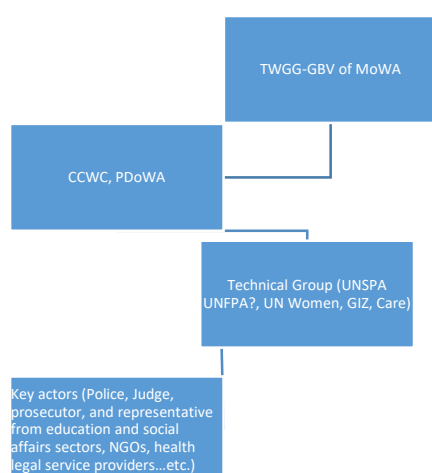


Figure 8: Structure of pilot referral system at 9 provinces Capacity Building

According to Strategic Area 4: Capacity Building indicators, there are ten main activities to be implemented:

1. Assess the capacity of all key actors at the national and sub-national level on their understanding of VAW, cooperation and collaboration skills, and understanding of best practice models in their respective sectors
2. Increase the capacity of all key actors at the national and sub-national level to provide improved prevention and response to VAW by developing a common understanding of violence against women, and best practices by sector in prevention and response
3. Increase capacity and resources of first responders to provide quality primary counselling to all survivors of VAW seeking help
4. Increase capacity of judges, prosecutors, and other legal authorities through a series of training courses on gender sensitivity and dynamics of VAW
5. Expand MoWA Judicial Police Agents to the District Level to provide advocacy support to survivors seeking legal interventions
6. Increase the capacity of the Cambodian National Police to implement the Village Safety Policy (VSP) in a gender sensitive way and in line with UNSCR 1325
7. Increase the capacity of health care workers to identify and respond (including referral) to VAW by providing training on new Clinical Guidelines to report GBV
8. Increase the capacity of all key actors at the national and sub-national level in data collection and monitoring of violence against women by providing training on NAPVAW II and M&E system
9. Increase the capacity of all key actors to understand the financial impact of VAW
10. Increase the capacity of key stakeholders in PBA and NAPVAW II under the umbrella of TWGG¹¹

As the researcher mentioned, in each part of these strategies, the achievement of capacity building faces challenges. At the national level, positive capacity improvement was noticeable. In fact, official members in the Department of Legal Protection of MoWA have more opportunities to be trained in particular topics than their requirement stipulates. Of 22 members (including 18 women), 95% of them have been trained well. In some cases, they also may have learned from acting as focal points in developing and implementing key products and from involvement with other research (see figure 9). However, there is a gap between capacity building at the national level and sub-national levels. At the sub-national level, MoWA has organized three annual trainings: “Domestic Violence,” “Rape and Migration,” and “Legal

¹¹ MoWA. “NAP-VAW II”, 2014, (p28-32)

Protection.” Despite MoWA’s involvement, participants are trained through being focal points with Provincial Department of Social Affairs, Veterans and Youth Rehabilitation (PDoSVY) and City Hall. At the sub-national level, respondents also point out that collaboration with CSOs could help them with building capacity. For instance, Amara, an organization in Banteay Srey, organizes workshops on protection for women, children, and survivors. However, the capacity to work independently is still limited. The most significant skills and knowledge for actors at the sub-national level are legal protection policy and technical referral system. According to TTWG-VAW in provincial level has pointed out that *“legal protection and capacity of understanding law related to GBV and justices are the most important for me, I need to learn more, because it is easy for me to understand about process of trail in court and how to respond to each cases which I involved with”* They also need to be involved with research activities.

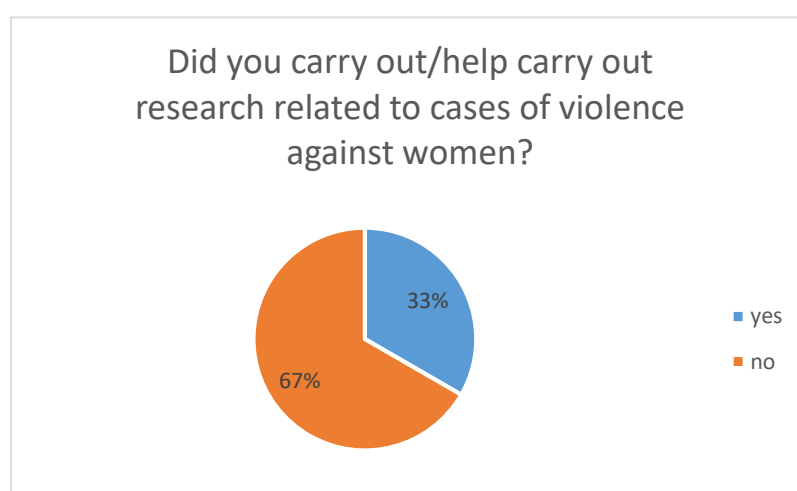


Figure 9: Involvement in Research on GRB/VAW at National Level

Review, Monitoring and Evaluation

MoWA does have an accountability mechanism and an M&E system, which is supported by GIZ and includes comprehensive tools for regularly collecting data and monitoring GBV against the indicators of MoWAs’ NAPVAW II. The data collection system has been drafted at Siem Reap and Kampung Thom. However, after concluding the project, the activities did not seem to proceed according to the plan. In fact, MoWA conducted M&E on the implementation of NAPVAW II between 2016 and 2017 to support the Annual Operational Plan for the TWGG-GBV through the support of UN Women. The activity seems very difficult due to inadequate capacity for collecting and analyzing data. To help guide the GBV sub-working group manage service documentation and reporting to the national level from the sub-national level, MoWA produced guidelines for data collection on GBV services in 2017. These were provided and referred to responding to strategy five, “to develop a comprehensive system for data collection and monitoring for analysis and evidence based reporting,” and responding to current need. However, the theory could not be promptly transferred to action due to cost-related constraints. Therefore, updated information is currently only communicated from the sub-national level to the national level in monthly reports and meetings during which they can share information on local conditions. Reviewing activities of M&E might happen in the women’s affairs sector only; this is due to

insufficient budget/budget allocation or negligible funding support from DPs/CSOs. This is one positive methodology by which to receive information under supports of PB, so activities could be mainstreamed into particular agendas, such as women's economic empowerment, gender equality and equity, and so on.

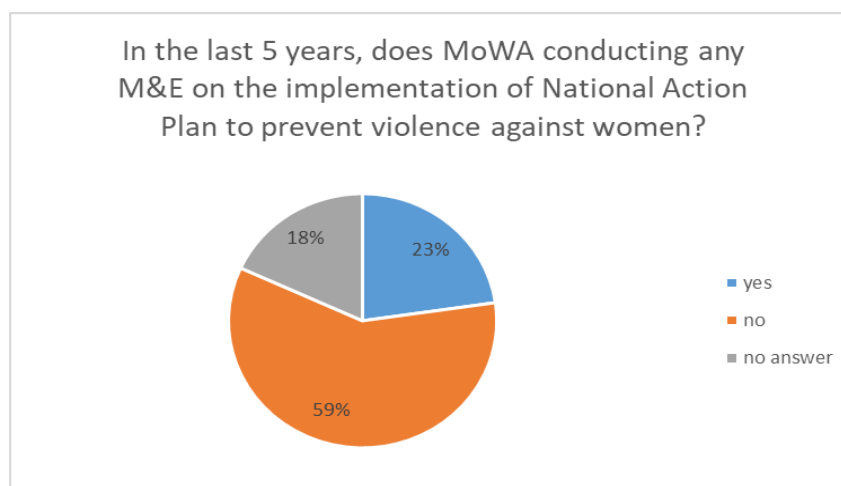


Figure 10: M&E implementation on GBV (sub-national response)

Survivors

Generally, there are two types of survivors who are targeted as respondents of case studies: girls under 18 years of age who have experienced sexual abuse/rape and women who have faced gender-based and sexual violence. In fact, according to interviews as well as anecdotal evidence, there are three common sets of conditions under which survivors are frequently exposed to violence, with corresponding data collection challenges specific to each.

Firstly, evidence suggests routine domestic violence in particular families. Women who have been subjected to and/or utilized violence in response to family conflicts tend to describe their experiences as normal or as resulting from 'sin' in their lives. Generally, they characterize domestic violence as a condition of family life that is not very serious and thus amenable to resolution beyond legal frameworks, usually through local authorities or ADR. Not only survivors, but also local authorities become accustomed to this view of violence. Therefore, the commune data reports only a few recorded cases.

Secondly, cases of violence against seasonal or permanent migrants often elude effective intervention because identifying and locating those victimized is very difficult (though not impossible). Women who encounter violence under these conditions may leave their communities and migrate elsewhere for work, giving the impression that violence-related issues have been resolved when in fact they have merely relocated. On the other hand, the same communities may subsequently witness a resurgence of the problem during holiday seasons, when most residents visit their homeland. Therefore, it is challenging to determine the extent and severity of violence faced by these particular survivors.

Lastly, survivors who have suffered violence that resulted in legal prosecution of misdemeanors or felonies often feel unsafe and uncomfortable receiving contact from outsiders. This is arguably the most serious obstacle researchers can expect to encounter when attempting to work with survivors of GBV. This condition can cause data collection procedures to take longer than expected.

Even though interviews are processed evenly, most survivors living in the community who researchers could access still did not expose their cases confidentially. Self-stigma causes many survivors to abstain from reporting VAW to the authorities. Some survivors do not feel confident that they will receive help due to prior history of SGBV mediated by local authorities or ADR, with the exception of misdemeanour or felony cases.

Meanwhile, some of the target victim's faces fear and become depressed, which requires professional counselling and/or other psychological supports. Children under 18 years of age are not only especially likely to have depression as a result of sexual abuse, rape, and other violence, but they also often have additional pressure from their family. Some mothers with low educational attainment have no choice but to keep their children in a victimized position due to economic dependency on the aid and support of outsiders. This condition may result in children developing serious mental disorders. The other issue is the need for women to be able to initiate divorce not only when physical or psychological violence is occurring, but also when socioeconomic factors necessitate it. This critical case should be addressed promptly. Supports from government, CSOs, and DPs are urgently needed to address current conditions for women in these types of circumstances, especially in remote areas. There are also a few documented cases in the target areas that involve migration as an additional factor to consider.

ICPD +25

According to a statement by Dr. Mam Bun Heng, Secretary of State for Health and Head of delegation of the Kingdom of Cambodia for the Hague International Forum S-12 in February 1998, Cambodia has been actively implementing Population and Development activities since 1994, with the support of UNFPA. The activities have expanded rapidly in multi-sectorial programs. Following the spirit of Cairo and in commitment to the ICPD goals, a number of laws and population-related policies were developed and adopted, such as the abortion law, women and family law, law against domestic violence, law against sex trafficking, law against drug abuse, National Policy on Safe Motherhood, National Policy on Birth Spacing, National Policy on STD and AIDS, National Policy on Primary Health Care, and so on.¹² Like in 1998, the results of discussion at the ESCAP/UNFPA Mid-Term Regional Review Meeting of the Sixth Asian and Pacific Population Conference in Bangkok, which was held from September 16th to 20th, 2013, Cambodia has shown particular progress in the implementation of Asian Pacific Ministerial Declaration (APMD). However, the report might require additional clarification – by form of violence and by age – about the exact percentages of ever-partnered women and girls aged 15 years and older subjected to physical, sexual, or psychological violence by a current or former intimate partner in the previous

¹² Statement to the Hague Forum 8-12 February 1999. Statement by Dr. Mam Bun Heng, Secretary of State for Health, Head of delegation of the Kingdom of Cambodia for the Hague International Forum S-12 February 1998, (p:1-3)

12 months. On the other hand, there is no clear data from the most recent year by which to discern, “the opposition of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in previous 23 months, by age and place of occurrence.”

There are a few challenges to respond to the ICPD goals in Cambodia. Among these is the level of awareness on ICPD at the national level. Most focal points who work on ERAW seem to be unaware of the ICPD goal, since this more directly involves the MoP and other planning departments in sectoral ministries. The role of focal points of ICPD is mainly to collect data and information for reporting only, whilst the TWG on ERAW does not mention how its work and responsibilities are aligned with ICPD goals. At the national level, 66.7 percent of respondents indicated that they were unaware of ICPD, whilst 33.3 percent stated that their management team might understood ICPD goals (see figure 11). ICPD goals may not only focus on planning departments, but also on the technical working groups that work on ERAW or legal protection.



Figure 11: Awareness of ICPD at work

CONCLUDING REMARKS

Based on key findings of the monitoring assessment against National Strategic Framework and National Action Plan 2014-2018 of MoWA in Cambodia, which sought to monitor the effectiveness of implementing NAPVAW II with actual practices, the inconsistency and limited capacity of the comprehensive framework should be noticed and identified.

Primary prevention, which is the first strategy of NAPVAW II, is being implemented actively. At the sub-national level, TWG-GBV has been established and is mostly working willingly, even though some areas do not receive the necessary supports. TWG-GBV conducts regular meeting to share issues and challenges. The members are from government offices such as lawyers, prosecutors, CCWC, police, social affairs, local authorities, and CSOs. Therefore, positive interventions have been established clearly, including awareness of PVAW in the communities.

However, the implementation of the other four strategies seems to have encountered challenges. Due to insufficient technical and financial support and the absence of a well-established coordination mechanism, some indicators remain unreached at the end of 2018.

There is a need to increase public advocacy in order to illuminate these facts and the related issues that occur in communities. From the findings above, some specific recommendations are as follows:

POLICY RECOMMENDATIONS

Based on the key findings, suggestions, and ways forward to prevent and end VAW through the national framework and NAPVAW implementation, the evaluation team suggests the following three broad categories of policy recommendations; namely, an overarching policy recommendation, policy recommendation for government sector, and policy recommendation for non-government sector.

OVERARCHING POLICY RECOMMENDATIONS

To further consolidate and improve mechanisms, especially coordination mechanisms, to prevent and end VAW:

1. Capacity building and relevant activities, included awareness-raising, on gender and GBV sensitization shall be considered one of the top priorities for key actors.

- Primary intervention shall be clearly recognized as involving children and youths, not only at school but also in the communities. The communities should be trained in a systematic and continuous manner as observers on GBV and agents of child protection. These attitudes and behaviours shall shape young perspectives to prevent any form of violence in the communities, even among those children who do not have the chance to attend school as a prevention strategy.

- Counselling skills shall be provided technically. CCWC members shall be trained as professional counsellors, demonstrating that norms of being Khmer women and recognizing VAW as a crime are not mutually exclusive. Moreover, they should be trained on legal protection, including the foundation of knowledge required to understand conditions of survivors during the trial procedure.

2. Improve coordination/cooperation mechanisms between sectors: a strong commitment for sustaining the work with stakeholders.

- Work should not be restricted to the women's affairs sector, but should include all prioritized sectors, such as social affairs, health, justice, and interior. The work is not solely the responsibility of the women's affairs sector; all other sectors must consider that they are also executive agencies and leaders with the opportunity to reduce and eliminate VAW/G through NAPVAW.

- Mid-term review shall be conducted and reported upon regularly, and all relevant sectors should be invited to reflect on their current activities and plans on VAW.

- The network of professionals with relevant stakeholders should be strengthened, including civil society organizations, to provide therapeutic work to VAW/G perpetrators and survivors and expertise among the municipalities.

- Strong cooperation in recording and scaling VAW/G cases should be established, including observation on the condition of survivors and perpetrators who underwent counselling processes or therapies.

3. Internal coordination mechanisms in institution at both the national and sub-national levels may need to be reviewed, since significant responsibilities are identified differently.

- Protocols on inter-sectorial cooperation are being implemented with very different level of success, and further observation is needed. Therefore, each sector should continue to strengthen the process of first implementing internal procedures before continuing cooperation with other sectors. Individual roles and responsibilities should be specifically identified to enhance accountability.

- Legislative amendments of all national level cooperation are still required, especially on innovation of the criminal justice system.

- Justice sector shall be involved and receive more support, not only from the government, but also from other CSOs.

4. Educational System

- Prioritize responsibilities of parents on violence prevention for their local communities by establishing violence prevention committees or strengthening existing parent committees where they have already been established. The roles of the committee might focus on providing positive models of parenting, gender equality, children and women's rights, and zero tolerance for violence.

- The Youth Council, which is an existing mechanism in schools, should provide more role responsibility for reflecting with parent committees to ensure consistency between the results of both groups.

- It should be requested of School Support Committee to assume more responsibility on promoting zero tolerance for violence in their communities.

GOVERNMENT SECTOR

National Level

1. Prioritizing the strategic intervention on violence prevention or elimination, a higher degree of participatory planning in both inter and intra sectors shall be ensured.

2. Respective responsibilities after launching the national framework to prevent VAW should be guided by a clear division of inter-sectorial roles and monitored after one year in order to identify and consider the gaps or challenges that arise during implementation.

3. MoWA should request and review sectorial ministries with respect to detailed action plans for responding to the national framework and NAPVAW, providing technical guidance to approach each output of the sectorial ministries.

4. MoWA should also set protocols, procedures, and an accountability system for sectorial ministries to be implemented through sub-decree or inter-ministerial declaration.

5. Tighter cooperation among the key actors is necessary to ensure effectiveness of the results/key finding and may be achieved with regular meetings and annual conferences to identify challenges and issues in the implementation process and relevant protocols. They also need to issue clear deadlines or recommendation for all sectorial partners.

6. Other key sectors and relevant stakeholders shall not regard NAPVAW implementation as the sole responsibility of MoWA. Funding and technical supports shall be provided to any prioritized sectors who are working in close relation to the needs of survivors. For instance, this may include the TWGG-GBV at the national level and the social affairs, veterans, and youth rehabilitation at sub-national level.

7. Numbers of focal points or TGG-GBV at the national level should be increased in order to avoid the frequent change of resource persons. They also should be trained on how to write proposals for GBV prevention projects.

8. The GBV budget shall be allocated and increased in PB annually, at least with respect to the budget for awareness-raising and M&E.

9. To follow up on the effectiveness of the national framework, it is highly recommendable to the purpose is to track whether, after at least one year of implementation, agencies can achieve the expected results. The system should have clear and specific objectives, verifiable evidence of progress towards and achievement of the results, and lessons learnt during the implementation period. The system should also be designed to enable reflection on planning activities, current activities, and challenges to bear the achievement against the framework. For instance, a problem tree analysis with SMART indicators and independent sources of verification shall be kept in mind to validate the end of conflicts.

Provincial Level

Since the cases and conditions differ among each provincial level, the effectiveness of accountability at the sub-national level could be considered as a clear way to go forward. However, initiatives to prevent violence shall be encouraged promptly, excluding following the national framework or policy.

Local Level

In order to improve local service provision, it is important to support capacity development for key implementers, such as CCWC at the commune level and focal residents who play intervention roles. These parties should undergo a series of trainings in particular topics such as gender equality, GBV, human trafficking, women and children's rights, counselling, and so on. At the same time, capacity development activities should be continued by network meetings or exchanging best practices, which may be organized from the provincial level or national level. Sharing information might help them to learn actual practices and conditions from different locations. Moreover, they will also understand the measurement of safe/violent conditions at standardized levels by comparing cases cross the country.

Moreover, on the prevention side, the work with schools should be encouraged primarily to support a friendly environment, including zero tolerance on violence. Regular reports from both parent and youth councils that represent each district and are located near the schools should help verify conditions of violence against child and women.

NON-GOVERNMENT SECTOR

Development Partners

DPs will play a very important role in enabling all planned activities across the country. Key considerations for DPs include the following:

1. Provide technical and funding supports not only at the policy level, but also from the grass-roots level. Capacity is the most important issue for key implementers. Many knowledge products, such as guidelines, policies, and manuals, are developed but not used in practice. Therefore, using existing products and emphasizing implementation is a significant priority at both national and sub-national levels.

2. Produce strategic reporting and M&E for the projects/programs. Although reporting is always a recording tool for each activity and has been implemented regularly, a standard of reporting still needs to be improved for sharing the best lessons learned and challenges to be specifically addressed. This is also true for M&E systems, which are required significantly. Key implementers should receive technical training on M&E review and systems for assessing effectiveness of the outcomes.

3. Establish or support Risk Management system to ensure the existence of a dynamic environment between line sectors and from the national to sub-national level. It is highly recommended to use this system during assessment of all factors to identify negative impacts to the extent of projects' outcomes.

Civil Society Organizations

CSOs, NGOs, and private sector partners have important roles to assist governmental institutions, including having a unique ability to act as eyes and ears on the ground, monitoring and ensuring effective implementation of the national framework and NAPVAW. On the other hand, is also possible to explore additional opportunities to

support the most vulnerable areas that frequently and urgently need support. Moreover, raising awareness of gender equality in the community is also an important point to consider as a priority indicator. It is advisable to maintain close cooperation with TGG-GBV to examine emerging gender issues which need to be solved. They also need to support and encourage local organizations to engage closely on practicing Prevention of Violence against Women (PVAW), as well as building up capacity of and awareness on (PVAW) in the target areas. Another important task is lobbying and advocating for improved experiences of gender-responsive budgeting initiatives in target areas, a strategy for success and sustainability. It is worthwhile to lobby and advocate for an increased number of female decision-makers to work on gender equity, especially to promote PVAW in the education sector. The advocacy shall focus on several strategies:

1. Lobby for more women in decision-making positions: even though increasing the number of women at the decision-making level does not guarantee strengthened gender equality, gender concerns and interest shall be raised more extensively.

2. Engage closely with the right persons, especially in MoWA, MoJ, MoI, and MoSVY and line ministries for policy: successful lobbying shall depend on reaching decision makers, and therefore targeting the right persons with main arguments and specific information shall be an effective approach to creating more space for advocacy on various needs.

3. Link up advocacy and all research that has been done: it may be useful if the key findings of baseline research, sex-disaggregate reports, economic analysis reports, and M&E reports have been included in advocacy strategies.

4. Establish strategies for women empowerment network.

RHAC

RHAC is one of the key actors in working on VAW. RHAC should play an important role, not only by advocating for policy-level changes, but also by providing support at the community level, enhancing moral opposition to VAW by raising awareness, capacity building, and counselling service providers.

In the education sector, RHAC should support comprehensive knowledge on reproductive health, HIV, drugs, behaviour change, and sexual and gender-based violence. These supports could be translated through organizing campaigns, producing poster, and working closely with schools.

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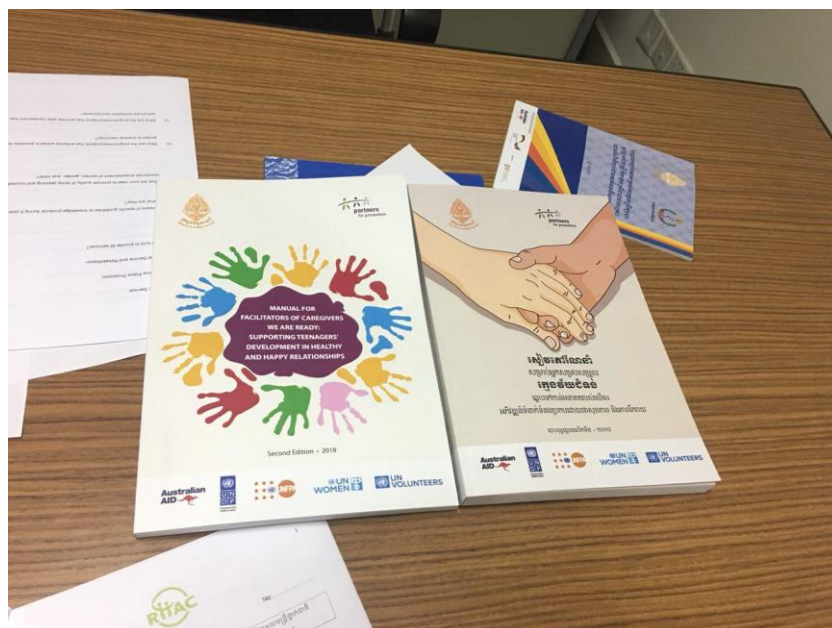
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Appendix 1: Photos



Picture 1/2: Ms. Sar Sineth, Director of Legal Protection Department, Ministry of Women's Affairs, explains about key knowledge products that MoWA has produced during the last five years.





Picture 3: H.E Chunh Sokhai, Under Secretary of State, Ministry of Interior, details about mainstreaming gender strategic 2019-2023 and action plan 2019-2021, on 23 August 2018.



Picture 4: Discussion with representatives of the ministry of Social Affairs, Veterans and Youth Rehabilitation about challenges on VAW implementation, 27, August, 2018.



Picture 5: Interview with CCWC at Omal district on 11 August 2018.



Picture 6: Interview with Head of Omal Commune on 10 August 2018.

Appendix 2: Questionnaire Forms

Form A



កម្រងសំណួរទម្រង់ ក

No:.....

កម្រងសំណួរស្ទង់មតិរកទិន្នន័យដើមគ្រា Questionnaire for Baseline Survey	សម្រាប់សម្ភាសន៍ជាមួយមន្ត្រីថ្នាក់ជាតិ For National Interview
--	---

- Schedule of interview:.....

- Position:.....

Institution:.....

.1 Is the ministry's Action Plan integrates coordination for violence against women prevention? ☐ Yes, ☐ No

.2 Does the mechanism and detail tasks of the primary prevention group (PPG) is established in your institution?

☐ Yes, ☐ No

3. Does PPG under the TWGG-GBV build capacity and resources to effectively perform the roles, responsibilities for gender based violence prevention?

☐ Yes, ☐ No

If yes, how many of them?

Who support the capacity building activities?

.....
.....

4. Does the ministry have initiative coordination/collaboration mechanisms for primary prevention at national level?

☐ Yes, ☐ No

If yes, what are they?

- Internal ministry:
- With line sectors:
- With CSOs/private sectors:
- With other:

5. Does the ministry have coordination groups at sub-national level and local level?

- ☐ Yes, ☐ No

- If Yes, Who are

they?.....

- If No, please continue with the question number 7

6. What are your primary prevention role with:

- Provincial Department:

.....

- PDoWA:

.....

- CNCW:

.....

- Local authorities:

- Mol:

.....

- Other:

.....

7. How many model of cases by using coordination mechanism during 2014-2018?

Year	Total project/programme	Total cases	Total beneficiaries
2014			
2015			
2016			
2017			
2018			

8. Effectiveness and efficiency have established by using coordination mechanisms?

(Please give examples of some effective cases:

9. Do you have referral system to improve service providers/ relevant stakeholders ability to identify VAW and refer survivors to services based on survivors own needs and choices?

☐ Yes, ☐ No

If yes, how many of them?

- Counseling:

- Legal Aids and Access to justice:

- Health Service:

- Effective Police Protection:

- Social Service and Rehabilitation

Who support fund to provide all services?

.....
.....
.....

10. Numbers of specific guidelines or knowledge products during 5 years?

- What are they?

.....
.....

11. What are your roles to promote quality of family planning and counseling programs that incorporate empowerment of women, gender, and VAW?

.....
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.....

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.....
12. What are the programmes/projects that enhance women's economic empowerment to women's access to financial resources?

.....
.....
13. What are the programmes/projects that promote safe, harassment-free and respectful public and private workplace environments?

.....
.....
14. Does your institution develop and implement a comprehensive information and communication strategy and campaign to promote positive social norms, gender equality and peace?

☐ Yes, ☐ No

If yes, what are they?-Media Advisory Group (MAG)

.....
.....
15. Number of raising awareness Campaign/training?

- What are they?

.....
- Who support the activities?

.....
.....
16. What are the main sources for budget allocation to promote the activities?

17. What are the best practices that you think it should be the model of preventing GBV?

.....

.....

18. Do children/youths involve with the activities of preventing GBV?

☐ Yes, ☐ No

If yes, what kind of activities they involved with?

☐ Learning at class, ☐ Involve with activities at communities

☐ Agency for promoting positive behavior in family, ☐ Agency for
response GBV on children

☐ Other.....

If you are/ or working with MoEYS, does school curriculum incorporates module addressing
VAW, including human rights as legal and policies?

- numbers of school model that provide sensitive sexual and reproductive health and
rights (SRHR)?

- Numbers of programmes/workshops/training provide SRHR and prevention of
VAW.....

- Number of peer groups trained on the intervention and facilitation the topics?
.....

- Personage of effectiveness of the implementation school program on VAW?
.....

If you are/ or working with MoH:

- Do you have Minimum Standards of Service (MSS), protocols for delivery of a
package of appropriate health services, including PEP against HIV?

☐ Yes, ☐ No

If yes, what are they?

☐ Clinical Guidelines (CG) to response

☐ Health care facilities using the comprehensive CG to respond to GBV

- ☐ Health care facilities delivering minimum package of services
- ☐ Appropriate treatment for victim
- ☐ Treat injury victims
- ☐ Promote the availability of psycho-social counseling for survivors of VAW
- ☐ Other.....

Numbers of cases recorded/documentation:

Details	Number of cases
Health care facilities using the comprehensive CG to respond to GBV	
Health care facilities delivering minimum package of services	
Appropriate treatment for victim	
Treat injury victims	
Promote the availability of psycho-social counseling for survivors of VAW	

If you are/ or working with MoI and MoJ:

- Percentage of increasing availability of free and unconditional legal services for survivors of VAW:

Year	Percentage
2014	
2015	
2016	

2017	
2018	

- Clients represented by lawyers in criminal and civil cases of VAW

Year	Number
2014	
2015	
2016	
2017	
2018	

- GBV cases attended by lawyers in court:

Year	numbers
2014	
2015	
2016	
2017	
2018	

- Availability of Judicial Police Agents (JPA) in district level? ☐ Yes,

☐ No

Year	number of cases
2014	
2015	
2016	
2017	
2018	

19. Did you carry out/or helped to carry out research related to the case of violence against women?

☐ Yes ☐ No

If yes, who support that research?

.....

.....

What is research about?

.....

.....

20. In the last 5 years, do you have accountability mechanism along with M&E system include comprehensive tools for regular collecting data and monitoring on GBV with indicators of MoWA's National Action Plan to Prevent Violence against Women 2014-2018?

☐ Yes, ☐ No

- If yes, who support the activities?

.....

.....

.....

21. In the last 5 years, does MoWA cooperate with you to conduct any M&E on the implementation of National Action Plan to prevent violence against women?

☐ Yes ☐ No

- If yes, who support the activities?

.....

.....

22. Do you have any additional comment for improvement of NAP to prevent VAW 2019-2023?

.....

.....

.....

23. Did you adopt the work with ICPD +25? (International Conference on Population and Development)

☐ Yes ☐ No

- If yes, the activities?

.....

.....

24. If you have any other comment:

.....

.....

.....

Thanks so much for your contribution!!



កម្រងសំណួរទម្រង់ ខ

No:.....

កម្រងសំណួរស្តង់ដារមតិកទិន្នន័យដើមគ្រា	សម្រាប់សម្ភាសន៍ជាមួយមន្ត្រីថ្នាក់ក្រោម ជាតិ
Questionnaire for Baseline Survey	For PoDWA, CCWC & Authorities

- Schedule of interview:

- Position: Institution:

.....

1. General Questions

1. For the last 5 years, according to your observation, does the case of child abuses and violence against women increase or decrease?

☐ Increase

☐ Decrease

☐ constant

☐ No idea

2. When the incidence occurred, did the victim mostly called for help or you reach out to help?

☐ Call for help

☐ reach out to help

☐ the same

3. What are the services available for the victim of abuses and violence?

.....

4. Do you think that the incidence of child abuses and violence against women link to the migration? If yes, can you elaborate more?

☐ Yes

☐ No

.....
.....
.....

2. Questions specific to the national action plan

2.1. Primary intervention

5. Does coordinated responseive mechanism has been established? ☐ Yes
☐ No

If yes,

Who are the members?

.....

Who initiate the idea?

.....

Who is funding such coordinated responseive mechanism?

.....

6. Do you think the level of coordination and cooperation among government agencies and different stakeholders has been increased during the last 5 years?

☐ Yes ☐ No

If yes, who are the most active agencies?

.....

7. If the information, education and communication product on child abuse and violence against women are available? ☐ Yes ☐ No

If yes,

How do you get it?

.....

What method you do use to reach out or disseminate to all women, especially women at risk?

.....
.....
.....
.....

How often do you carry out such dissemination?

.....
.....

Who is funding this campaign?

.....
.....

8. Have you been able to show/guide where women can access to support from relevant authority?

☐ Yes ☐ No

If yes,

How you do obtain such knowledge/information?

.....
.....
.....
.....

Do you follow up whether such support is helpful or not? ☐ Yes ☐ No

Who is funding such support service?

.....
.....
.....
.....

9. What do you think about the capacity of Cambodian national police in responding to the case of violence against women comparing to the last 5 years?

☐ Very improved ☐ Improved ☐ not so improved ☐ not improved

☐ Have no idea

10. What do you think about the capacity of lawyer and legal system in responding to the case of violence against women comparing to the last 5 years?

☐ Very improved ☐ Improved ☐ not so improved ☐ not improved

☐ Have no idea

11. Have you been seeing any positive behavioral change to women within your community or outside your community? ☐ Yes ☐ No

If yes, What do you think is the reason behind the behavioral change?

.....
.....
.....
.....

12. In the last 5 years, does the information increase to educate/show any message to promote the child and women right, and information related to the prevention mechanism in the case of child abuse and violence against women?

☐ Yes ☐ No

13. Which sources mostly provide the knowledge and information of prevention mechanism and women and child right?

☐ Media ☐ local authorities ☐ NGOs who work on GBV

☐ Other:.....

2.2. Legal protection and multi-sectoral services

14. When the case of child abuse and violence against women happen, who you are working with to help them?

.....
.....

15. How effective and efficient does the health center and hospital service in providing the services to the victim of violence?

☐ Very effective and efficient ☐ effective and efficient ☐ not so effective and efficient
☐ not effective and efficient ☐
Have no idea

2.3. Formulating and implementing policies and laws

16. Do you see any change in term of laws and policies on the case of child abuse and violence against women? ☐ Yes ☐ No

If yes, can you elaborate more in detail?

.....
.....

17. Does the safe village/commune policy help to reduce/prevent child abuse and violence against women?

☐ Yes ☐ No

If yes, can you elaborate more in detail?

.....
.....

2.4. Capacity building

18. In the last 5 years, how many workshop or training on child abuse and violence against women have you been attending?

.....
.....

Who organize that events?

.....
.....

What are the topics that have been discussed during the workshop or training?

.....
.....

19. Do you think that your capacities and resources to help the victim of abuses and violence is increasing, comparing to the last 5 years?

☐ Yes ☐ No

If yes, can you elaborate more in detail?

.....
.....

2.5. Review, M&E

20. Did you carry out/or helped to carry out research related to the case of violence against women?

☐ Yes ☐ No

If yes,

Who support that research?

.....
.....

What is research about?

.....
.....

21. In the last 5 years, does MoWA conducting any M&E on the implementation of National Action Plan to prevent violence against women?

☐ Yes

☐ No

.....
.....

Final comments and suggestions, if any

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.....
.....
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.....

Form C:



កម្រងសំណួរទម្រង់ គ

No:.....

<p>កម្រងសំណួរស្ទង់មតិរកទិន្នន័យដើមគ្រា</p> <p>Questionnaire for Baseline Survey</p>	<p>សម្រាប់សម្ភាសន៍ជាមួយស្រ្តីរងគ្រោះអតិ/ថ្មីជន</p> <p>អង្គការរ៉ាក់</p> <p>In depth Interview</p>
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- កាលបរិច្ឆេទសម្ភាសន៍:

- ទីកន្លែង:

១ .តើអ្នកគិតថាឱកាសនៃការរំលោភបំពានលើកុមារនិងអំពើហិង្សាទៅលើស្រ្តីពាក់ព័ន្ធនឹងការធ្វើចំណាកស្រុកទេ?

☐ បា/បាទ

☐ អត់ទេ

ប្រសិនបើចម្លើយ បា/បាទ សូមបញ្ជាក់បន្ថែម

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២ .តើសេវាកម្មអ្វីខ្លះដែលអាចស្វែងរកបានសម្រាប់ជនរងគ្រោះនៃការរំលោភបំពាន និងអំពើហិង្សាដែលអ្នកដឹង?

.....

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៣តើមានភាពងាយស្រួលក្នុងការស្វែងរក និងទទួលបានសេវាជួយអន្តរាគមន៍ និងសង្គ្រោះទាំង .

នោះដែរឬទេ? ☐ បា/បាទ

☐ អត់ទេ

៤តើស្ថាប័ន ឬនរណាខ្លះដែល .អាចអន្តរាគមន៍ ឬជួយអ្នកបាន?

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៥ .តើអ្នកបានដឹង និងយល់អំពីព័ត៌មានដែលទាក់ទងនឹងសេវាកម្ម និងការជួយអន្តរាគមន៍ ដែលអ្នកអាចស្វែងរក និងទទួលបាននៅពេលដែលមានអំពើហិង្សាលើអ្នកឬកូនរបស់អ្នកដែរឬទេ?

☐ បា/បាទ ☐ អត់ទេ ☐ ដឹង ប៉ុន្តែមិនសូវយល់ច្បាស់

ប្រសិនបើអ្នកដឹង និងយល់,

សូមធ្វើការរៀបរាប់អំពីសេវាកម្ម ស្ថាប័ន ឬនរណាខ្លះ?

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តើអ្នកដឹងព័ត៌មាននេះពីណា?

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៦នៅពេលអ្នកមើលទូរទស្សន៍ ឬស្តាប់វិទ្យុតើអ្នកបានឃើញ និងឮព័ត៌មាន .ស្តីអំពីការប្រឆាំងនឹងការរំលោភបំពានលើកុមារ អំពើហិង្សាលើស្ត្រី និងការណែនាំអំពីកិច្ចការដែលត្រូវធ្វើក្នុងករណីរំលោភបំពាន និងអំពើ

ហិង្សាកើតឡើង?

☐ បា/បាទ ☐ អត់ទេ ☐ ដឹង ប៉ុន្តែមិនសូវចាប់អារម្ម

សូមពិពណ៌នាបន្ថែម

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៧តើនគរបាលមានការចូលរួមជួយអន្តរាគមន៍ប្រកបដោយប្រសិទ្ធភាពដែរឬទេ បើប្រៀបធៀប .

ក្នុង រយៈពេល៥ ឆ្នាំចុងក្រោយនេះ?

☐ មានភាពប្រសើរខ្លាំង ☐ មានភាពប្រសើរ ☐ មិនសូវជាមានភាព

ប្រសើរទេ

☐ មិនមានការប្រសើរអ្វីសោះ ☐ គ្មានយោបល់

សូមពិពណ៌នាបន្ថែម

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៨នៅពេលដែលអ្នក .សម្រេចចិត្តប្តឹងនរណាម្នាក់ដែលប្រើប្រាស់អំពើហិង្សា តើអ្នកដឹងទេថាត្រូវទៅទីណាហើយនរណាអាចជួយអ្នកបាន?

☐ បា/បាទ ☐ អត់ទេ

ប្រសិនបើដឹង សូមរៀបរាប់៖

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ប្រសិនបើប្រៀបធៀបក្នុងអំឡុងពេល៥ឆ្នាំចុងក្រោយនេះ តើងាយស្រួលជាងមុនក្នុងការ
ស្វែងរកអន្តរាគមន៍ពីគាត់ដែរឬទេ? ☐ បា/បាទ ☐ អត់ទេ ☐
ធម្មតា

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សូមធ្វើចំណាត់ថ្នាក់ក្នុងការជួយអន្តរាគមន៍របស់គាត់ដូចខាងក្រោម៖

☐ ជួយអន្តរាគមន៍ខ្លាំង ☐ ជួយអន្តរាគមន៍ ☐ មិនសូវ
ជួយអន្តរាគមន៍ ☐ មិនជួយអន្តរាគមន៍ ☐ គ្មានយោបល់

៩ .ប្រសិនបើអ្នកត្រូវសម្រាកនៅមន្ទីរពេទ្យ ឬក៏ជនរណាម្នាក់ដែលរងការរំលោភបំពាន ឬអំពើហិង្សាទៅមន្ទីរពេទ្យតើអ្នកទទួលបានការអន្តរាគមន៍ ឬជួយសង្គ្រោះទៅតាមអ្វីដែលអ្នកត្រូវការដែរ
ទេ?

☐ បា/បាទ ☐ អត់ទេ

ប្រសិនបើទេ តើអ្នកចង់សំណូមពរអ្វីខ្លះដើម្បីធ្វើការកែប្រែ?

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១០ .តើអ្នកដឹងទេថាបច្ចុប្បន្នរដ្ឋាភិបាលកំពុងអនុវត្តគោលនយោបាយភូមិ ឃុំមានសុវត្ថិភាព -?

☐ បា/បាទ ☐ អត់ទេ

ប្រសិនបើដឹងតើគោលនយោបាយភូមិ ឃុំមានសុវត្ថិភាព /ជួយកាត់បន្ថយ ទប់ស្កាត់ការ /
រំលោភបំពានលើកុមារនិងអំពើហិង្សាលើស្ត្រីដែរឬទេ? ☐ បា/បាទ ☐
អត់ទេ

សូមរៀបរាប់៖

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១១ .នៅក្នុងអំឡុងពេល ៥ ឆ្នាំចុងក្រោយនេះ តើអ្នកធ្លាប់បានចូលរួមក្នុងសិក្ខាសាលា ឬវគ្គបណ្តុះបណ្តាល ឬក៏ចូលរួមផ្តល់នូវការប្រឆាំងនឹងការរំលោភបំពានលើកុមារ និងអំពើហិង្សាលើស្ត្រីដែរ
ឬទេ?

☐ បា/បាទ

☐ អត់ទេ

តើស្ថាប័នណាជាអ្នករៀបចំ?

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តើមានប្រធានបទអ្វីខ្លះដែលត្រូវបានពិភាក្សានៅក្នុងសិក្ខាសាលាឬការបណ្តុះបណ្តាលទាំងនោះ ?
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១២. តើអ្នកដឹងទេថាអ្នកគួរស្វែងរកនរណា និងស្ថាប័នណាខ្លះ នៅពេលដែលអ្នករងការរំលោភបំពាន ឬអំពើហិង្សា?

☐ បា/បាទ

☐ អត់ទេ

តើអ្នកគិតថាស្ថាប័នទាំងនោះមានការជួសជុល និងអន្តរាគមន៍ប្រសើរជាងមុនដែរឬទេប្រើសិនបើប្រៀបធៀបក្នុងអំឡុងពេល៥ឆ្នាំមុន?
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១៣. តើមានស្ថាប័ន ឬនរណាខ្លះដែលបានចុះមកសម្ភាសន៍អ្នកទាក់ទងនឹងការរំលោភបំពានលើកុមារ និងអំពើហិង្សាលើស្ត្រី ? ☐ បា/បាទ ☐ អត់ទេ

14. តើអ្នកមានមតិយោបល់ ឬសំណូមពរអ្វីបន្ថែមដែរឬទេ?
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សូមអរគុណ!

This research is part of State of the Region Report on Sexual and Reproductive Health and Rights: International Conference on Population and Development (ICPD+25) monitoring initiative by ARROW. This initiative includes 13 partners and generates monitoring evidence around twenty-five years of implementation of the ICPD Programme of Action (ICPD POA) in the respective countries for advocacy. The evidence from the report is expected to inform the Mid-term Review of the 6th Asia Pacific Population Conference (APPC) in 2018 at the regional level, the national policy dialogues in 2019 at the national level, and the ICPD+25 review in 2019 at the international level.

ARROW is a regional and non-profit women's NGO based in Kuala Lumpur, Malaysia, and has consultative status with the Economic and Social Council of the United Nations. Since it was established in 1993, it has been working to advance women's health, affirmative sexuality and rights, and to empower women through information and knowledge, evidence generation, advocacy, capacity building, partnership building and organizational development.

The **Reproductive Health Association of Cambodia (RHAC)** is an indigenous Cambodian non-governmental organization (NGO), which was established in 1996 with a strong determination to bring quality health services to the community, especially for the poor and vulnerable sections of the population. RHAC is an active collaborating partner and works closely with the Ministry of Health in supporting its Health Centers to improve quality, access and utilization of services. At the community level, RHAC supports a network of community based health volunteers to promote access to mother and child health services at public facilities. RHAC has a network of 15 non-profit clinics that provide a full range of quality services in sexual and reproductive health (SRH). Since 1997, RHAC has been the pioneer and continues to work with young people to advocate for and improve their sexual and reproductive health and rights (SRHR).

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